

# State Level Repository Attestation Incentive Tracking (SLAIT)



## User Guide For Eligible Providers

### The Vermont Medicaid Data Aggregation and Access Program (MDAAP)

Version 1.0

gwinwell

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## Acronyms

MDAAP	Medicaid Data Aggregation and Access Program
SLAIT	State Level Repository Attestation Incentive Tracking
EHR	Electronic Health Record
CEHRT	Certified Electronic Health Record
HIT	Health Information Technology
IAP	Incentive Application Program
NPI	National Provider Identifier
DA	Designated Agency
SSA	Special Services Agency
MMIS	Medicaid Management Information System
RA	Remittance Advice

## Introduction

The Medicaid Data Aggregation and Access Program (MDAAP) is an incentive-based program that will provide health information technology (HIT) infrastructure support to Vermont Medicaid providers in order to increase HIT use and connectivity to the state's health information exchange. The program's initial focus is on mental health providers, substance use disorder (SUD) treatment providers, and long-term services and supports providers that predominantly serve the Medicaid population. Details about the MDAAP including program eligibility requirements can be found at the program website: <https://healthdata.vermont.gov/mdaap>. A web-based application tool to manage MDAAP applications and payments, called State Level Repository, Attestation, and Incentive Tracking (SLAIT) has been developed. Eligible providers participating in MDAAP will use SLAIT to submit their initial applications and subsequent milestone attestations. SLAIT is accessed through the Provider Medicaid Portal on the Vermont Medicaid website. This SLAIT User Guide has been developed to assist providers in accessing SLAIT and to provide guidance on how to complete each screen and submit their applications.

## How to Access SLAIT

Eligible providers will access the SLAIT attestation by going to the [Vermont Medicaid Portal \(vtmedicaid.com\)](http://vtmedicaid.com), under the heading "Transaction" selecting "Login" and entering their user id and password. The direct link to the logon is: <https://vtmedicaid.com/secure/logon.do>



Provider Lookup ▾ Provider Enrollment ▾ Provider Education ▾ Information ▾ Transactions ▾

### Sign in

User ID

Password

[Forgot password](#)

### Create an Account

Providers who do not wish to submit electronic claims files, or submit claims electronically using a billing service or clearinghouse wanting to verify eligibility, check claim status, download Remittance Advice and more, contact [vtproviderenrollment@gainwelltechnologies.com](mailto:vtproviderenrollment@gainwelltechnologies.com) to request an account.

Once your request has been processed, you will receive an invitation code to register for our online Provider Management Module. Completion of your registration will allow you to access the [Provider Management Module](#) and this site.

### Trading Partner Account Setup

To set up a trading partner account in order to submit electronic claims files: click on and print [EDI Registration and Trading Partner Agreement](#). Fill out both documents and mail them to us (both documents require signatures). We will set up an account and mail the account information back to you.

Disclaimer: This website is provided as a convenience to providers and stakeholders of Vermont Medicaid Program. Use of the Vermont secure web pages is restricted to authorized users. User activity is monitored and recorded by system personnel. Anyone using this web site expressly consents to such monitoring and recording. BE ADVISED: if possible criminal activity is detected, system records, along with certain personal information, may be provided to law enforcement officials. (Despite our best intentions to maintain complete and accurate information, discrepancies may sometimes occur and materials on this site may not be consistent or up-to-date with current program guidelines. If in doubt, contact Provider Services at 800-925-1706).

The SLAIT program can then be accessed from the main page via the blue “Click here to connect to SLAIT” link, or by choosing it from the list under the Secure Options tab.



What are you looking to do?

Check Eligibility Status
Check Claim Status
View RA Files
View Weekly Check Amount

User Maintenance

Manage Your Profile
---------------------

SLAIT Program Information

The Medicaid Data Aggregation & Access Program (MDAAP) provides incentive payments to eligible Vermont home and community-based services providers to implement electronic health record (EHR) systems and to share data with the Vermont Health Information Exchange. More specifically, the MDAAP is designed for mental health providers, substance use disorder treatment providers, and long-term services and supports providers (e.g., home health nursing, physical therapy, occupational therapy, speech therapy, etc.) who were not eligible for previous EHR incentive programs.

Visit <https://healthdata.vermont.gov/mdaap> to see if you are eligible and to learn how to participate.

[Click here to connect to SLAIT](#)

To ensure you are prepared for a potential audit, save all electronic or paper documentation that supports your SLAIT attestation.

Secure Options ▾

- Secure Home
- Eligibility Search
- Claims Status
- Upload Files
- Download Files
- View RA Files
- View Weekly Check Amount
- InterQual® Solution
- Connect to SLAIT

Once SLAIT is chosen, if multiple eligible Medicaid provider ids are linked to the trading partner id, those ids will be listed in a drop down. Providers will select the appropriate Medicaid provider id.

Note: Only Medicaid provider ids that have a valid provider type and specialty for the MDAAP program will be listed. The SLAIT Provider Selection window below will only appear if there are multiple eligible providers ids associated to the trading partner id. When there are not multiple id's associated, the User will be directed to the Incentive Payment Program (IAP) page and will not see the SLAIT Provider Selection window.

### SLAIT Provider Selection

The provider you select will be the one used for this instance only. If you return to this screen at a later time, you will need to make a provider selection again.

Select a provider id to administer for SLAIT

[Go to Slait](#)

## IAP – Incentive Application Program window

### IAP Incentive Application Program

Filter Options

Created At

State

Applications

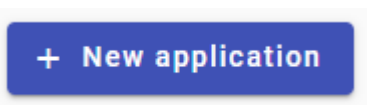
[+ New application](#)

Date Created	Last Updated	Username	Provider ID	Application status	Action
No data found					

Items per page: 25 0 of 0

## Starting an Application in SLAIT

To begin a new attestation application the User will click on “New Application” in the right-hand corner of the IAP window.



A new window will be presented “Start a new application”. On the window the provider id will be displayed. The User will see the provider is known to Vermont Medicaid as either

an individual or a group. In the example below the provider is enrolled with Vermont Medicaid as an individual.

Are you attesting as solo provider of a practice (Individual) or an Organization/Facility/Group?

Individual  Group

The User will then progress to enter the Submitter's Name (person filling out the application), submitter phone number and the email address where notifications should be directed. To save this information and progress through the application the User will click on "Create" at the bottom of the window.



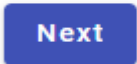
## Step 1: Provider Information

The "Medicaid Data Aggregation and Access Program Application Form" is presented. Step 1 is to complete the Provider Information. The User will see the Provider ID and National Provider Identifier (NPI) (if applicable) are prepopulated based on the id chosen at the start of the application process. Individuals/solo providers will enter the Practice Name and select the Provider Name using the drop-down. Groups will enter the Practice Name.

1 Provider Information

The following information should be completed for the provider's Vermont location that is participating in MDAAP

Practice name		
Provider Name	Provider ID	NPI



Click on **Next** after each step to advance to the next step in the application process. Note: The information entered is saved when clicking Next.

## Step 2: Provider Physical Address

Select the Provider's Physical Address using the drop-down. Optional addresses from the Medicaid Management Information System will be presented. Click **Next** to save the information and move to the next section.

### 2 Provider Physical Address

Select Physical Address 

Location Name Street Name

City State Zip

**Next**

## Step 3: Provider Mailing Address

Select the Provider Mailing Address using the drop-down.

### 3 Provider Mailing Address

Select Mailing Address 

Location Name Street Name

City State Zip

**Next**

## Step 4: Provider Alternate Contact

Enter alternate contact information if applicable.

### 4 Provider Alternate Contact

Contact Name Title

Phone Number Email




## Step 5: Participation Track

Check the DA (Designated Agency) or SSA (Special Services Agency) box if applicable. Use the drop-down to select the Participation Track.

5 Participation Track


Are you a DA or SSA provider?

Participation Tracks 


**Milestone**

For each milestone that you are attesting for, please provide [documentation for tracks and milestones](#)

As part of initial attestations for the first program milestone numerator and denominator. Details about the fields that

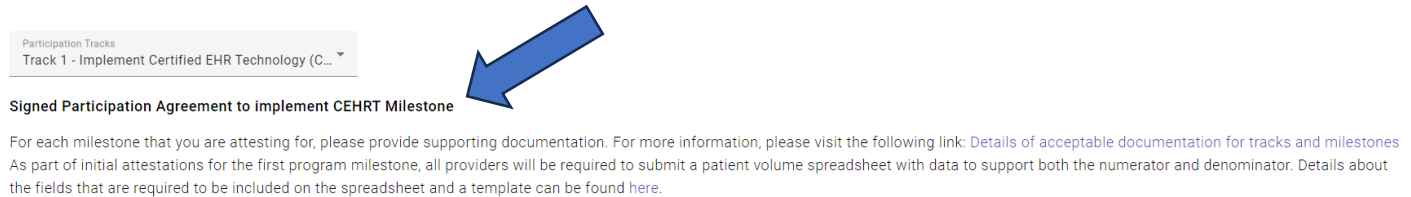
 Please upload your supporting documentation

**Next**

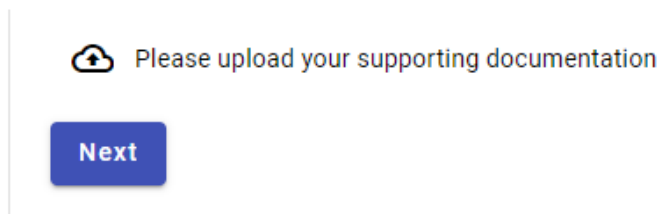
Participation Tracks 

- Track 1 - Implement Certified EHR Technology (CEHRT)
- Track 2 - Implement an EHR Lite or Other Program-Eligible System
- Track 3b - VHIE Connection with a CEHRT System – Non-DAs/SSAs
- Track 4 - VHIE Connection with a Selected EHR Lite or Other Program-Eligible System
- Track 5 - VITL Access Connection and Training

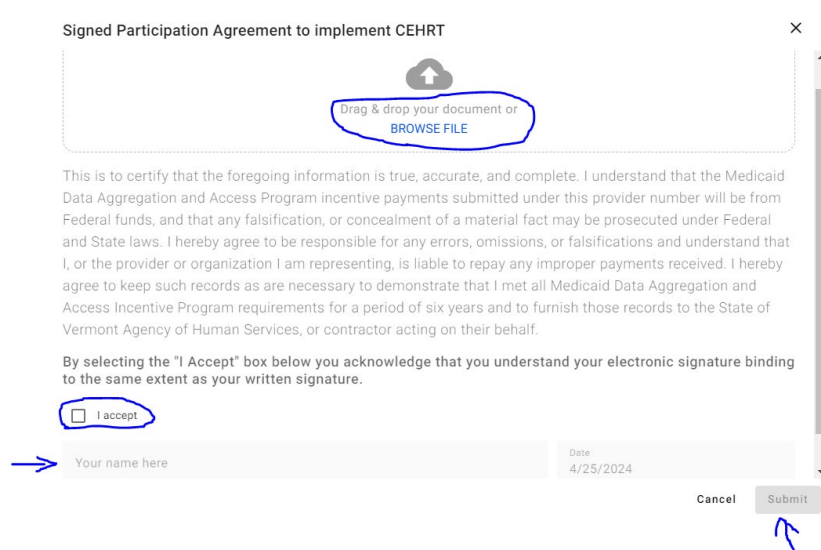
Each “Track” will display the track’s required documentation for the initial milestone, to be uploaded when the application is submitted. For example, when Track 1 is selected, text is displayed that a signed participation agreement to implement the certified electronic health record technology (CEHRT) milestone is required. For more information on milestone documentation requirements, please visit the following link: <https://healthdata.vermont.gov/mdaap/milestone-attestation-documentation-requirements>



Once the Track has been chosen the User will attach/upload all supporting documentation that supports the Track chosen. By clicking on the up arrow within the cloud depicted in the screenshot below, the option to upload/attach documents is available.

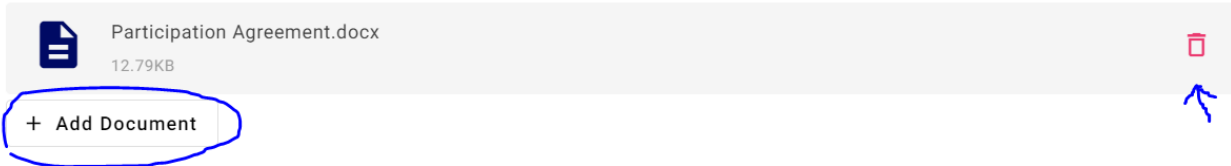


The following screen is presented. “BROWSE FILE” can be clicked to locate supporting documentation to upload, or a file can be dragged and dropped to the space. The box next to “I accept” must be checked, and the provider’s name entered, before you can hit the ‘Submit’ button.



Please note there is the ability to upload multiple files if needed. After uploading the first file, the button “+ Add Document” appears and can be clicked to upload additional files. If an error was made in the file upload, the red garbage icon can be used to delete files.

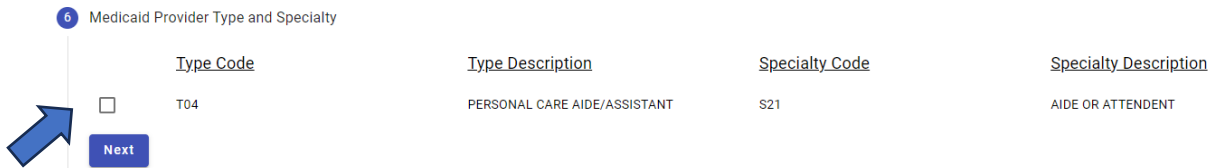
Signed Participation Agreement to implement CEHRT >



This is to certify that the foregoing information is true, accurate, and complete. I understand that the Medicaid

## Step 6: Medicaid Provider Type and Specialty

Step 6 displays the applying/attesting provider’s Vermont Medicaid provider type and specialty. To confirm the display the User will check the box next to the Type Code. The User may then click “Next” to be directed to Step 7.



## Step 7: Patient Volume

Patient Volume is Step 7. The volume information consists of patient volume information from a 90-day time frame. The 90-day time frame can be within the previous calendar year or within the previous 12 months. Once the patient volume start date is selected, the end date, 90-days later, is automatically calculated. In the example below the patient volume time frame is January 1, 2023, through March 31, 2023.



If an invalid patient volume start date is selected, you will receive a warning message that the date range is invalid.


Attesting Groups and Facilities will see a Group Definition section. A Group Definition must be supplied that includes the complete set of Billing NPIs and Medicaid IDs across all client service programs defining the Group. The plus sign can be used to add the applicable IDs and NPIs. A word document or spreadsheet containing the Group definition can also be uploaded as an attachment to the patient volume section.

#### Group Definition

For each group practice/facility attesting with Group Patient Volume, a Group Definition must be provided at the time of attestation. The Group Definition must contain:

The complete set of Billing NPIs and Medicaid IDs across all their client services programs defining the Group.

[Medicaid ID](#) [Billing NPI](#)


 Add group definition

Your Group Patient Volume must incorporate ALL encounters under your practice's set of billing NPIs and Medicaid IDs. If a provider works both within and outside of the clinic or practice, then the patient volume calculation includes only those encounters associated with the clinic or group practice, and not the provider's outside encounters unaffiliated with the clinic or group practice.

Within the Patient Volume section, individual/solo providers may choose one or more clinical sites where they practice, to calculate their patient volume. Please note that at least one MDAAP-participating practice site must be within the State of Vermont.

Attesting Groups and Facilities must also add the clinical location addresses used in the calculation of their Group patient volume. Group patient volume must incorporate all encounters under the set of billing NPIs and Medicaid IDs that define the Group.

To add clinical locations the User will click on the “+” sign next to Add clinical location address.

 Add clinical location address

The User will then proceed to enter the patient volume data:

Number of Medicaid patient encounters during the 90 day period:

0 

Number of total patient encounters during the 90 day period:

0 

\*\*\* The patient volume percentage is multiplied by the administrative State Adjustment Factor of 0.9763 to arrive at the Medicaid patient volume of MDAAP. All providers are required to have a minimum Medicaid patient volume of at least 20%. A volume of 19.5% will be rounded up to 20%. \*\*\*

State adjustment factor:


0.9763

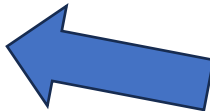
Medicaid patient volume ⓘ :

% 0

Providers are required to submit a patient volume spreadsheet with the supporting numerator and denominator data. Fields required to be included on the spreadsheet and a template can be found at: <https://healthdata.vermont.gov/mdaap/medicaid-patient-volume-requirements> To complete Step 7 regarding patient volumes upload the supporting patient volume spreadsheet in the field below then click “Next”.

Please upload your patient volume spreadsheet. You should also save your patient volume spreadsheet in your records.

 Click to upload your supporting document



Next

**Providers are advised to save all documentation supporting their attestation for a period of 6 years in case of audit.**

## Step 8: Acknowledgement

To certify the information reported is true, accurate and complete the User will click on the box next to “I Accept” in Step 8, the Acknowledgment.

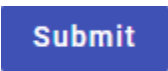
By selecting the “I Accept” box below you acknowledge that you understand your electronic signature binding to the same extent as your written signature.



After the above field is completed, the User will “free form” enter their name. This should be the name of the person completing the application/attestation. The date field will automatically default to the current date.


Your name here	Date 4/15/2024
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At the end of Step 8 is the option to “Submit”. This button should be clicked on once Steps 1-7, and the Acknowledgement and Name fields have been completed. Submission indicates the application/attestation is complete and ready for the State Administrator to review.



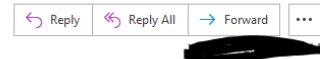
The User will receive notification (email supplied at time of application/attestation) that their SLAIT application has been submitted for review. Example notification below:

MDAAP Application Submitted

 noreply-slait@vbkix.net  
To [REDACTED]

 This sender noreply-slait@vbkix.net is from outside your organization.

 Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.



Medicaid Data Aggregation and Access Program Application Submitted

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DEPARTMENT OF VERMONT HEALTH ACCESS

Dear Provider/Preparer:

Thank you for applying for a Vermont Medicaid Data Aggregation and Access Program (MDAAP) incentive payment. This letter is to confirm that we have received your submitted application through the State Level Repository and Incentive Tracking (SLAIT) System.

During the review of your application, Vermont's MDAAP Team will contact you if additional information is needed to determine your eligibility. We anticipate that all applications will be reviewed within 30 days.

To view your MDAAP application, log into the SLAIT application by clicking the link and following the instructions below.

[Connect to SLAIT](#)

**VTMedicaid Instructions:**

- After you login to vtmedicaid.com, you can click on the Secure Options menu item and select "Connect to SLAIT".
- Follow any further instructions on vtmedicaid.com to be redirected to the SLAIT application.

For more details on MDAAP, please visit the Vermont MDAAP website: <https://healthdata.vermont.gov/mdaap>

If you have any questions, please contact the Vermont Medicaid MDAAP Team at: [ahs.dvhamdaap@vermont.gov](mailto:ahs.dvhamdaap@vermont.gov)

Sincerely,

The Vermont Medicaid Data Aggregation and Access Program Team

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## State Review/Approval

The State Administrator will review the submitted attestation data. If it is found additional information or documentation is needed to progress the submission to an approved status, the Administrator will contact the User/submitter through the email entered in SLAIT.

Upon approval of the supplied application data and milestone attestation documentation, a payment will be made to the provider and the status will be changed to "Payment Approved". The provider will receive an email notification when an application/attestation has been approved. Example notification below:

Notice of Approval of MDAAP Payment



noreply-slait@vtix.net  
To [REDACTED]

Reply Reply All Forward ...

Wed 4/24/2024 11:14 AM

This sender noreply-slait@vtix.net is from outside your organization.

Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

**EXTERNAL SENDER: Do not open attachments or click on links unless you recognize and trust the sender.**

Notice of Approval of Medicaid Data Aggregation and Access Program Payment

DEPARTMENT OF VERMONT HEALTH ACCESS

Dear Provider/Preparer:

This notification is to inform you that as part of your application in the State Level Repository and Incentive Tracking (SLAIT) System, you have been approved to receive a Vermont Medicaid Data Aggregation and Access Program (MDAAP) payment.

Your incentive payment will be issued within the next three weeks and will be listed on your Vermont Medicaid Remittance Advice (RA). If you have an outstanding liability with Vermont Medicaid, or any of Vermont's Green Mountain Care programs, please be aware that your MDAAP payment will be reduced by the amount of that liability.

If you have any questions, please contact the Vermont Medicaid MDAAP Team at: [ahs.dvhamdaap@vermont.gov](mailto:ahs.dvhamdaap@vermont.gov)

Sincerely,

The Vermont Medicaid Data Aggregation and Access Program Team

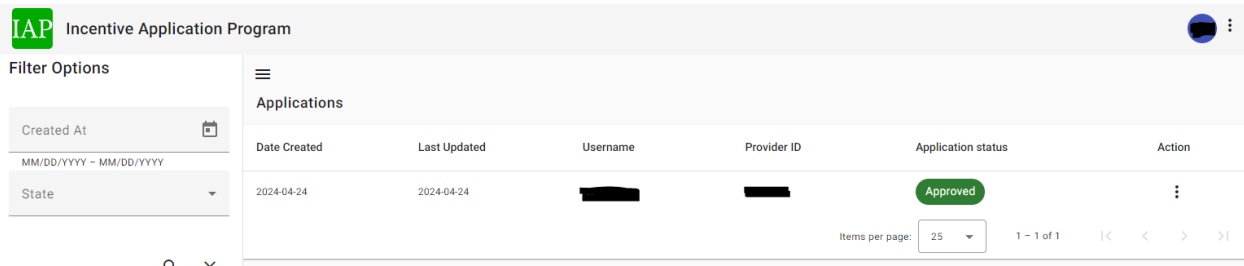
Gainwell Technologies -- This message is transmitted to you by or on behalf of Gainwell Technologies or one of its affiliates. It is intended exclusively for the addressee. The substance of this message, along with any attachments, may contain proprietary, confidential or privileged information or information that is otherwise legally exempt from disclosure. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient of this message, you are not authorized to read, print, retain, copy or disseminate any part of this message. If you have received this message in error, please destroy and delete all copies and notify the sender by return e-mail. Regardless of content, this e-mail shall not operate to bind Gainwell Technologies or any of its affiliates to any order or other contract unless pursuant to explicit written agreement or government initiative expressly permitting the use of e-mail for such purpose.

Gainwell Technologies will act as the fiscal intermediary for the MDAAP program and will provide the approved payment via electronic funds transfer (EFT) to the account information on file with Vermont Medicaid for the provider/group. In the event there is no EFT information on file, the payment will be mailed in the form of a paper check to the address on file. Payments and adjustments will be shown on the provider's Remittance Advice Summary for the week the financial transaction takes place. When the payment is finalized the application status will be changed to "Completed". Providers can access their application/attestation at any point to see if the status has been updated.

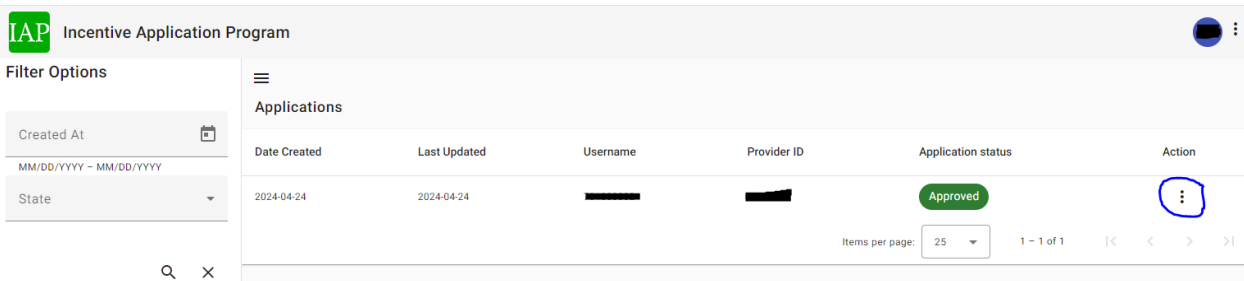


# Submitting Attestations for Additional Milestones

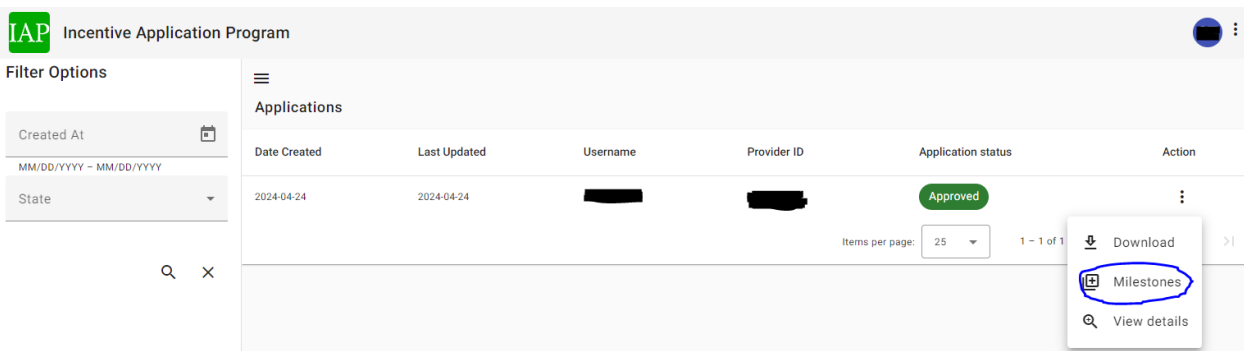
After the initial application and milestone has been approved, the provider can login to SLAIT and submit additional milestones when ready. When logged into SLAIT, the following screen will display, showing the initial application and associated milestone was approved.



To attest to the next milestone, click the three vertical dots under the column labeled “Action”.



When the three vertical dots are clicked, three options appear: Download, Milestones, and View details. To proceed with another milestone submission, click “Milestones”.



Clicking “Milestones” will bring you to the following screen. The top section has data from the Approved Application, including name, address, Medicaid ID, NPI, and track selection. The bottom half of the screen displays the Attestation Milestones. In this example, the milestone Signed Participation Agreement to Implement CEHRT was the initial milestone, and the “State” column indicates this milestone was ‘Approved’ in green.

IAP

Incentive Application Program

Medicaid Data Aggregation and Access Program Attestation

**Approved Application**

Practice Name	Medicaid Billing NPI [REDACTED]	Medicaid Provider ID [REDACTED]
Physical Address undefined - undefined, undefined, undefined undefined		
Mailing Address undefined		
Mailing City undefined	Mailing State undefined	Mailing Zip undefined
Track Selection Implement Certified EHR Technology (CEHRT)		

**Attestation Milestones**

Document title	Document name	Licenses	Submitted by	Submitted at	Approved at	Notes	State	Action
Signed Participation Agreement to implement CEHRT	[REDACTED]	N/A	[REDACTED]	2024-04-24 11:30 AM	2024-04-24 11:32 AM		Approved	⋮
Go-live achieved and sending production clinical data (CCD) to the VHE							Draft	⋮
Signed Scope of Services Agreement to implement CEHRT							Draft	⋮
New CEHRT technology purchase (2015 Cures Edition)							Draft	⋮
New CEHRT Go-Live							Draft	⋮
Conduct or review a security risk analysis							Draft	⋮
Completed VITL Access credentialing, training, and usage							Draft	⋮
Vendor contract for ADT interface							Draft	⋮
Vendor contract for CCD interface							Draft	⋮
Go-live achieved & sending production encounter data (ADT) to the VHE							Draft	⋮

To submit another milestone, hover over the three vertical dots under the 'Action' column. The word 'Edit' will appear next to a pencil. Click "Edit" to proceed".

Document title	Document name	Licenses	Submitted by	Submitted at	Approved at	Notes	State	Action
Signed Participation Agreement to implement CEHRT	New Text DocumentL1713972619069.txt	N/A	hk	2024-04-24 11:30 AM	2024-04-24 11:32 AM		Approved	⋮
Go-live achieved and sending production clinical data (CCD) to the VHIE							Draft	⋮
Signed Scope of Services Agreement to implement CEHRT							Draft	⋮
New CEHRT technology purchase (2015 Cures Edition)							Draft	⋮
New CEHRT Go-Live							Draft	⋮
Conduct or review a security risk analysis							Draft	⋮
Completed VITL Access credentialing, training, and usage							Draft	⋮
Vendor contract for ADT interface							Draft	⋮
Vendor contract for CCD interface							Draft	⋮
Go-live achieved & sending production encounter data (ADT) to the VHIE							Draft	⋮

In this example, the milestone Signed Scope of Services Agreement to implement CEHRT was selected. The following screen will display.

**IAP** Incentive Application Program

undefined

Mailing City  
undefined

Track Selection  
Implement Certified EHR Te

**Attestation Milestones**

**Document title**

Signed Participation Agreement to imple

Go-live achieved and sending production

Signed Scope of Services Agreement to

New CEHRT technology purchase (2015

New CEHRT Go-Live


Conduct or review a security risk analys

Completed VITL Access credentialing, to

Vendor contract for ADT interface

Vendor contract for CCD interface

**Signed Scope of Services Agreement to implement CEHRT**



Drag & drop your document or  
[BROWSE FILE](#)

This is to certify that the foregoing information is true, accurate, and complete. I understand that the Medicaid Data Aggregation and Access Program incentive payments submitted under this provider number will be from Federal funds, and that any falsification, or concealment of a material fact may be prosecuted under Federal and State laws. I hereby agree to be responsible for any errors, omissions, or falsifications and understand that I, or the provider or organization I am representing, is liable to repay any improper payments received. I hereby agree to keep such records as are necessary to demonstrate that I met all Medicaid Data Aggregation and Access Incentive Program requirements for a period of six years and to furnish those records to the State of Vermont Agency of Human Services, or contractor acting on their behalf.

By selecting the "I Accept" box below you acknowledge that you understand your electronic signature binding to the same extent as your written signature.

I accept

Your name here

Date  
4/24/2024

Cancel Submit

Notes

State

Action

Approved

Draft

Draft

Draft

Draft

Draft

Draft


Draft

Draft

Draft

Supporting documentation for the milestone must be uploaded. Under the cloud icon, click 'BROWSE FILE' and select the file you want to upload. After uploading a file there is the option to upload additional supporting documents as needed using the "+ Add Document" icon.

Signed Scope of Services Agreement to implement CEHRT X



Drag & drop your document or  
**BROWSE FILE**

This is to certify that the foregoing information is true, accurate, and complete. I understand that the Medicaid Data Aggregation and Access Program incentive payments submitted under this provider number will be from Federal funds, and that any falsification, or concealment of a material fact may be prosecuted under Federal and State laws. I hereby agree to be responsible for any errors, omissions, or falsifications and understand that I, or the provider or organization I am representing, is liable to repay any improper payments received. I hereby agree to keep such records as are necessary to demonstrate that I met all Medicaid Data Aggregation and Access Incentive Program requirements for a period of six years and to furnish those records to the State of Vermont Agency of Human Services, or contractor acting on their behalf.

By selecting the "I Accept" box below you acknowledge that you understand your electronic signature binding to the same extent as your written signature.


I accept

Your name here Date  
4/24/2024

Cancel Submit

The accept box must be checked and the provider's name entered before one is able to hit the Submit button.

Signed Scope of Services Agreement to implement CEHRT X

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This is to certify that the foregoing information is true, accurate, and complete. I understand that the Medicaid Data Aggregation and Access Program incentive payments submitted under this provider number will be from Federal funds, and that any falsification, or concealment of a material fact may be prosecuted under Federal and State laws. I hereby agree to be responsible for any errors, omissions, or falsifications and understand that I, or the provider or organization I am representing, is liable to repay any improper payments received. I hereby agree to keep such records as are necessary to demonstrate that I met all Medicaid Data Aggregation and Access Incentive Program requirements for a period of six years and to furnish those records to the State of Vermont Agency of Human Services, or contractor acting on their behalf.

By selecting the "I Accept" box below you acknowledge that you understand your electronic signature binding to the same extent as your written signature.

I accept

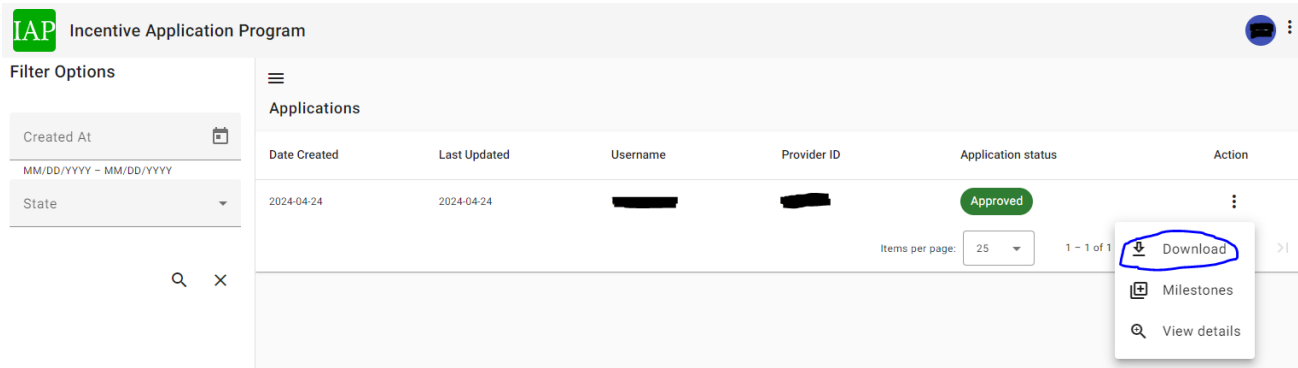
Your name here Date  
4/24/2024

Provider Name

Cancel Submit

## Downloading Application

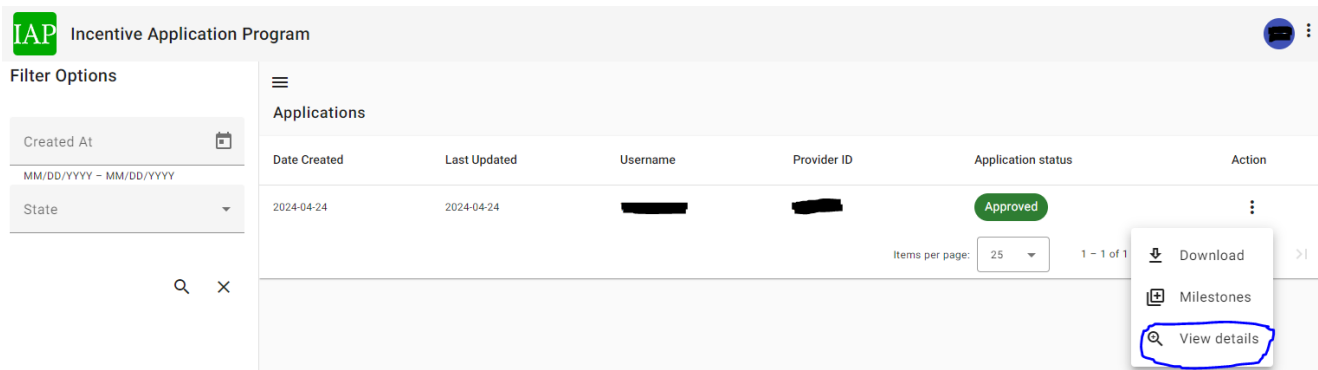
A copy of the application and associated milestones can be downloaded from SLAIT and saved. It is advised that all MDAAP applicants download and save a copy of their attestation for their own records and in case of audit. Clicking the three dots under the Action column will display the Download option. Clicking 'Download' will download a copy of your entire application and associated milestones.



The screenshot shows the 'Incentive Application Program' interface. On the left, there are 'Filter Options' for 'Created At' (with a date range MM/DD/YYYY - MM/DD/YYYY) and 'State'. The main area displays a table of 'Applications' with columns: Date Created, Last Updated, Username, Provider ID, Application status, and Action. A single application is listed with 'Date Created' and 'Last Updated' as 2024-04-24, and 'Application status' as 'Approved'. The 'Action' column contains three dots. A dropdown menu is open, showing 'Download' (circled in blue), 'Milestones', and 'View details'. Below the table, there are controls for 'Items per page' (set to 25) and '1 - 1 of 1' items.

## Viewing Application

Clicking the three dots under the Action column also displays the View details option next to a magnifying glass. Clicking View details displays the initial application data, including name, phone number, email, address, alternate contact, participation track, provider type and specialty, patient volume, and the acknowledgement section. Additional milestone attestations are not displayed.



This screenshot is identical to the one above, showing the 'Incentive Application Program' interface with the 'Download' option circled. In this version, the 'View details' option in the dropdown menu is circled in blue instead.

## State Review/Denial

If a MDAAP application/attestation is denied an incentive payment, the State Administrator will notify the provider via email. The letter will be sent to the email within SLAIT supplied at the time of submission. A description of the results of the review and any identified discrepancies will be included in the notification. Providers can submit a request for reconsideration, which will be the first step in the appeal process. There will be a period of 30 days from the receipt of the denial notification to file for reconsideration. Further information regarding Reconsideration and Appeals can be found here: <https://healthdata.vermont.gov/mdaap/reconsideration-appeals>

## Additional Information/Notes

The MDAAP Team is available to assist providers. They can be reached at: [Apply for MDAAP/Contact Us | Health Data \(vermont.gov\)](#). Complete the form page presented and a team member will reply to assist you with your questions. You can also send an email to the MDAAP team mailbox at [AHS.DVHAMDAAP@vermont.gov](mailto:AHS.DVHAMDAAP@vermont.gov).

The MDAAP Team has published Webinars and provided Slide presentations regarding a High-Level Overview of MDAAP, Medicaid Patient Volume for Solo Providers, Medicaid Patient Volume for Group Practices/Facilities and Program Track 1. Information is located at: [Webinars & Office Hours | Health Data \(vermont.gov\)](#)