**MAPCP Portal**

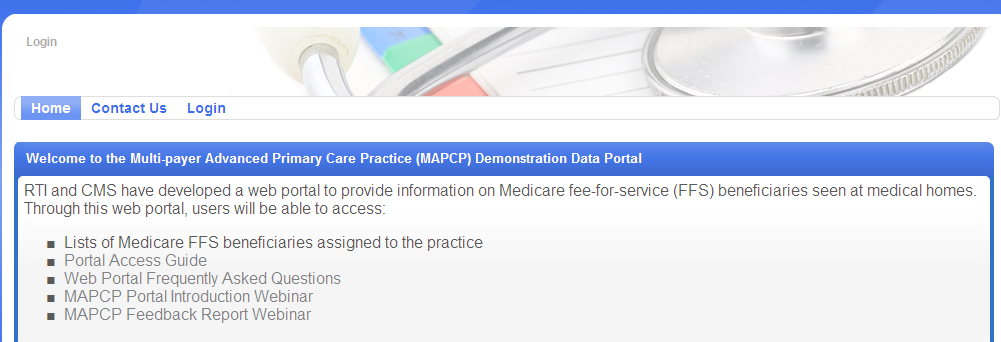
This is the portal for practices who participate in the Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration, the Centers for Medicare & Medicaid Services (CMS). All practices that entered the CTC-I Program prior to 2013 are participants in the MAPCP Demonstration project.

**MAPCP Portal Login: https://mapcp.rti.org/**

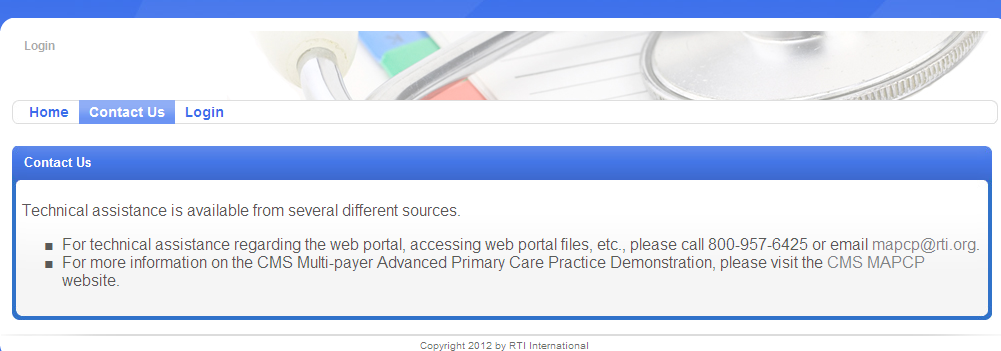
**CTC-RI MAPCP Portal Contact Information**

Michele Brown, Project Coordinator  
CTC-RI Project Team, 508-421-5919  
michele.brown@umassmed.edu

**MAPCP Home Page**

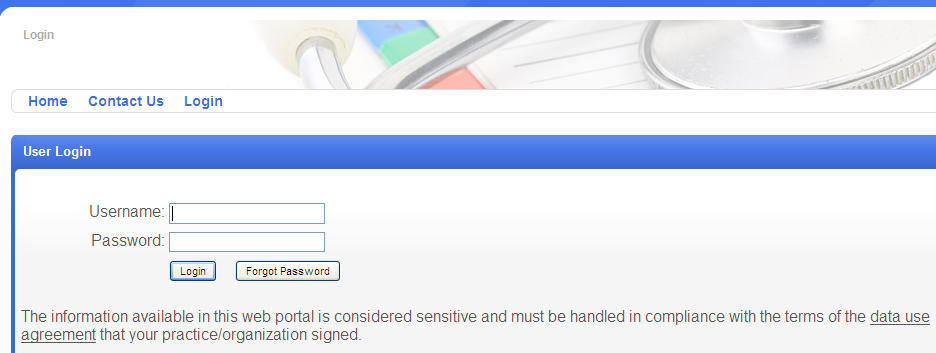
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**Technical Assistance**

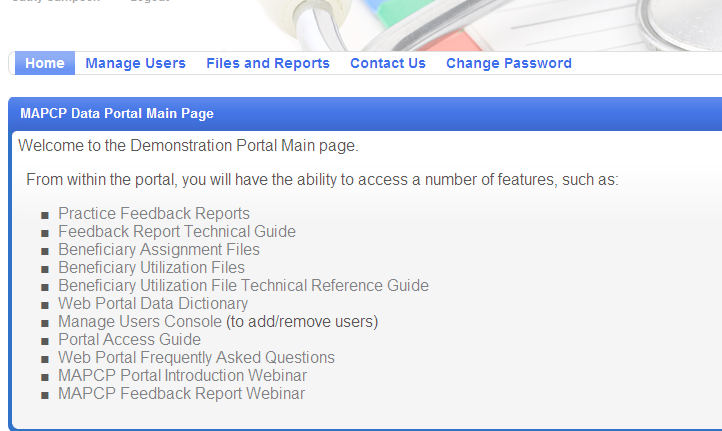
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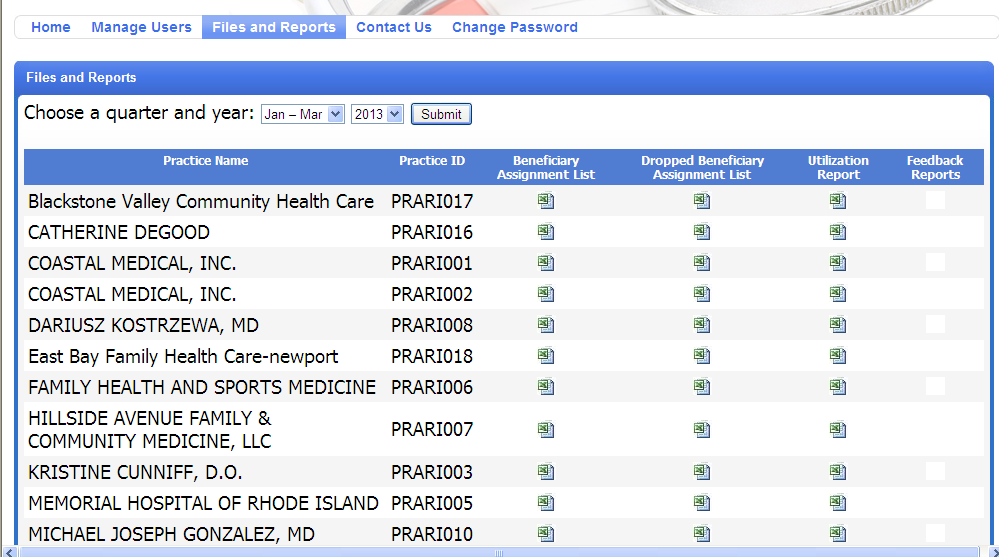
**LOGIN Page**

If you have forgotten your password, click the Forgot Password button and you will be sent at Password reset email to your registered email address.

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**Date Portal Main Page**

****

**Files and Reports**Each practice will only have access to view their own practice data. ****

**Reports include:**

* **Beneficiary Assignment Lists**

**Data Fields:**

|  |  |  |
| --- | --- | --- |
| Patient ID | MI | HIC |
| New Patient | Zip | Practice ID |
| Last Name | County | Medical Home |
| First Name | DOB | CHO ID |
| Address | Gender | CHO Name |

* **Dropped Beneficiary Assignment Lists**

**Data Fields:**

|  |  |  |
| --- | --- | --- |
| Patient ID | Zip | Practice ID |
| Last Name | County | Medical Home |
| First Name | HIC | CHO ID |
| MI | DOB | CHO Name |
| Address | Gender |  |

* **Beneficiary Utilization Reports  
  Data Fields:**

|  |  |  |
| --- | --- | --- |
| Patient Number | Chest Pain | Discharge date of 4th Hospitalization |
| Last Name | Spondylosis/Other Back Problems | Facility of 4th Hospitalization |
| First Name | COPD or Bronchiectasis | Principal Diagnosis 4th Hospitalization |
| Age | Urinary Tract Infection | ACSC Admission 4th Hospitalization |
| DOB | Pneumonia | Discharge date of 5th Hospitalization |
| Gender | Congestive Heart Failure | Facility of 5th Hospitalization |
| HCC Category | Inpatient Expenditures | Principal Diagnosis 5th Hospitalization |
| Claims based diagnosis of diabetes | Specialty Provider Expenditures | ACSC Admission 5th Hospitalization |
| HbA1C Test | Primary Care Provider Expenditures | Discharge date of 6th Hospitalization |
| Date of HbA1C Test | ER Expenditures | Facility of 6th Hospitalization |
| Hba1c done by practice | Number of Hospitalizations | Principal Diagnosis 6th Hospitalization |
| LDL-C Test | Discharge date of 1st Hospitalization | ACSC Admission 6th Hospitalization |
| Date of LDL-C Test | Facility of 1st Hospitalization | Number of ER visits |
| LDL-C done by Practice | Principal Diagnosis 1st Hospitalization | Date of 1st ER visit |
| Eye Exam | ACSC Admission 1st Hospitalization | Facility of 1st ER visit |
| Eye Exam done by practice | Discharge date of 2nd Hospitalization | Principal Diagnosis 1st ER visit |
| Nephropathy | Facility of 2nd Hospitalization | Date of 2nd ER visit |
| Date of Nephropathy Screening | Principal Diagnosis 2rd Hospitalization | Facility of 2nd ER visit |
| Nephropathy Screening done by practice | ACSC Admission 2nd Hospitalization |  |
| Claims based diagnosis of Heart Disease | Discharge date of 3rd Hospitalization |  |
| Complete Lipid Panel | Facility of 3th Hospitalization |  |
| Date of Complete Lipid Panel | Principal Diagnosis 3rd Hospitalization |  |
| Lipid done by practice | ACSC Admission 3rd Hospitalization |  |

* **Practice Feedback Reports**

The Feedback Report Technical Guide on the Home Page provides information regarding the Feedback Report.