



ACTY Portal Overview

CARE MANAGEMENT



ACTY Portal Landing Page

<https://portal.allcaretoyou.com/ehi>



[Home](#) [Register](#) [Login](#)

© 2021 | ACTY Portal | [Privacy](#) | [Terms Of Service](#) | Version: 1.0.51.0 | ClientEnv: Prod | PortalEnv: Prod

PORTAL REGISTRATION – To Register, click Register on the top right of the page



[Home](#) [Register](#) [Login](#)

Register to Request access

Access to the website is restricted to Providers and agents of the IPA and contracted Health Plans. Please do not register here if you do not qualify.

Once you complete registration you will receive an email with a link to validate your email address. We may contact you if we have questions about your registration, once the requested has been approved your registration will be complete.

1) Your Information.

Role that best describes me

First Name

Last Name

Email

Re-enter Email

Business Phone

2) Access You Are Requesting

IPA / Medical Group

TaxID and related NPIs
(Enter one TaxID per line and list its related NPIs below it.)
TAX-ID1
NPI1, NPI2, NPI3, NPI4
TAX-ID2
NPI5, NPI6

Comments for our registration team

3) Select user login and password.

Preferred User Login

Password

Passwords must be at least 8 characters. Include at least 1 capital, 1 lowercase, 1 number and 1 special character (! # @ \$ % ^ &)

Re-enter password

Terms of Use
These terms of use are entered into by and between You ("You" or "Your") and All Care To You, LLC. ("Company", "We," "Us", "ACTY", or "Our"). The following terms and conditions, together with any documents they expressly incorporate by reference (collectively, these "Terms of Use"), govern Your access to and use of www.allcaretoyou.com, and all subdomains of

☐ I agree to the Terms of Use

☐ I'm not a robot 



Fill out all the required fields, agree to the Terms of Use, click the I'm not a robot box, then click the blue Register button.

Terms of Use

These terms of use are entered into by and between You ("You" or "Your") and All Care To You, LLC, ("Company", "We," "Us", "ACTY", or "Our"). The following terms and conditions, together with any documents they expressly incorporate by reference (collectively, these "Terms of Use"), govern Your access to and use of www.allcaretoyou.com, and all subdomains of

☒ I agree to the Terms of Use



I'm not a robot



reCAPTCHA
[Privacy](#) - [Terms](#)

Register

Once you click the Register box, you'll receive confirmation for registering and notification of the next steps in the registration process.

Next steps

Thank you for registering. Next you will receive an email from CareMessage@allcaretoyou.com asking you to click on a link to confirm your email address. Once your email address is confirmed we will be able to configure your account access.

IMPORTANT! Be sure to look for and allow emails from CareMessage@AllCareToYou.com



Check the inbox of the email address you registered with. You'll receive an email from CareMessage to confirm your email address.

CareMessage
Confirm your email
Hello Lindsey Tifft,

11:19 AM

Confirm your email



CareMessage
To ● Lindsey Tifft

Hello Lindsey Tifft,
Please confirm your Portal account email address by [clicking here](#).

Once you've confirmed your email address, you'll receive notification that the registration process is complete and that your access is currently being established.



Confirm Email Address

Thank you for confirming your email address.
Your access is currently being established. Once granted you will receive another email notice to login and start using the portal.



Once your access has been established, you'll receive another email confirming that setup has been complete.

Portal Account Setup Complete



CareMessage
To  Lindsey Tifft

Hello Lindsey Tifft,

You portal account for UserName **lindseyatiff** has been setup and is ready for you to use.

<https://portal.allcaretoyou.com/ehi>.

PORTAL LOGIN - Click Login on the top right of the page



[Home](#) [Register](#) [Login](#)



Log in

Authorized User

UserName

lindseytiff

Password

.....

☐ Remember me?

Log in

[Forgot your password?](#)

[Register as a new user](#)

EHI Home Page



[Home](#) [Register](#) [Login](#)



Eligibility Lookup

Search for members by first name, last name, member ID, or birth date

Member ID	Health Plan	Company	Member Name	Date of Birth	Gender	EffDate	TermDate	Eligible
Items per page: 50							1 - 50 of 50	

Eligibility Lookup

Search for members by first name, last name, member ID, or birth date

Member ID	Health Plan	Company	Member Name	Date of Birth	Gender	EffDate	TermDate	Eligible
Items per page: 50							1 - 50 of 50	<< < > >>



Eligibility search results - Click on the Member ID to select the Member

Eligibility Lookup

[Tips](#)

Search for members by first name, last name, member ID, or birth date

Found 1 records. Searched LastName: "unknown" .

If after searching you cannot find the eligible member and need to start a referral, our Eligibility team can help. Click [Help With Member Not Found Referral](#).

Member ID	Health Plan	Company	Member Name	Date of Birth	Gender	EffDate	TermDate	Eligible
ZZZZ	XXXX	SVMD	Member Unknown	01/01/1990	F	01/01/2019		☒

Items per page: 50 1 - 1 of 1

REFERRAL SUBMISSION – Click Refer Patient (purple box)

Patient Information for Member Unknown

[Refer Patient](#)

Member Information

Demographics

Name: Member Unknown

MemID: ZZZZ

Address: 1234 Unknown St #1234

Los Angeles, Ca 90002

Phone: (310) 123-1234

Health Plan Code: XXXX

Health Plan Name: Default Commercial Hmo

Other Coverage:

DOB: 01/01/1990

Gender: F

Language:

Eligible: ☒

Eligibility Details

HP-Option	EmpGroup	From	Thru	OrigHPGrpDate
XXXX - Unknown Dummy Unknown Member		01/01/2019		01/01/2019

Eligibility Flags

Status	Disposition	Effective From	Effective To
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Member Referrals

Filter Referrals by any column displayed, eg. Auth, Name, ID, Status, Provider, etc.



Auth No.	Date Referred	Status	Requesting Provider	Requested Provider	Specialty	Priority	Decision Date	Expire Date
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Full Referral Submission Page

Submit Referral

Reset

Required for submission: Please add the Members First Name.

Referral Submission

Member information

Enter the information here for the member you can not find and our Eligibility team will help.

First Name



LastName



Date Of Birth



Gender



Member ID



Health Plan Name



Requesting Provider Information (required)

Search by name, or by ID:

Search!

Requested Provider Information (required)

Select Requested Provider

Submit Referral

Reset

Required for submission: Please add the Members First Name.

Referral Details (required)

Request Type *



Priority *



Place of Service *



ICD Codes (required)

Please type at least 3 characters to search/find a ICD C...

Add ICD Code +

Service Codes (required)

Please enter at least 3 characters to search services co...

Modifier



Service Unit

Add Service Code +

Clinical Notes (required)

Current problems, history lab and pertinent work up *

Attachments

Add Attachment

or drag and drop file here

*accepted file types: pdf, jpg, jpeg, xlsx, docx, tif, tiff, msg



Search for provider requesting referral by entering Name and clicking Search!
This is usually the PCP or the Specialist requesting this service for the Member

Submit Referral

Reset

Required for submission: Please add the Requesting Provider

Requesting Provider Information (required)

Search by name, or by ID:

morgan

Search!

Requested Provider Information (required)

Select Requested Provider

View results and select the appropriate Provider

Submit Referral

Reset

Required for submission: Please add the Requesting Provider

Requesting Provider Information (required)

DANIEL MORGAN
1023360930
16130 JUAN HERNANDEZ AVE #100 MORGAN HILL, CA

☐

DANIEL MORGAN
1023360930
625 LINCOLN AVE SAN JOSE, CA

☐

GREG MORGANROTH
1639217458
525 SOUTH DR #115 MOUNTAIN VIEW, CA

☐

Search by name, or by ID:

morgan

Search!

Requested Provider Information (required)

Select Requested Provider

Submit Referral

Reset

Required for submission: Please add the Requested Provider

Requesting Provider Information (required)

Name: Daniel Morgan
ProviderID: 1023360930
Phone: (408) 871-3400
Address: 16130 Juan Hernandez Ave #100
Morgan Hill CA , 95037-5527

☐ Use this Provider/Office as my default

Change Requesting Provider

Requested Provider Information (required)

Select Requested Provider



Search for the Requested Provider by entering the Provider's Specialty

Requested Provider Information (required)

Name: Daniel Morgan
ProviderID: 1023360930
Phone: (408) 871-3400
Address: 16130 Juan Herr
Morgan Hill CA,
☐ Use this Provider/Office as my default

[Change Requesting Provider](#)

Referral Details (required)

Request Type * [Priority](#)

ICD Codes (required)

Requested Provider Information (required)

[Select Requested Provider](#)

Requested Provider

Current Provider:

Search by Specialty [Search By Provider Name o...](#)

Provider	Specialty Code	Contract Code	Miles from Member	Miles from Referring
----------	----------------	---------------	-------------------	----------------------

[Cancel](#) [Update](#)

Click on the desired Specialty

Requested Provider

Current Provider:

[Search by Specialty](#) [Search By Provider Name o...](#)

-- Search Only By Name --

- ACP - ANATOMIC & CLINICAL PATHOLOGY
- ACU - ACUPUNCTURE
- AI - ALLERGY & IMMUNOLOGY
- AN - ANESTHESIOLOGY
- AUD - AUDIOLOGY

[Cancel](#) [Update](#)



If you do not know the Specialty, you can select Search Only By Name and enter the Provider's name

The screenshot shows the 'Referral Submission' form. At the top, there are buttons for 'Submit Referral', 'Reset', and a warning message: 'Required for submission: Please add the Requesting Provider'. The 'Member information' section includes fields for 'First Name', 'Last Name', 'Date of Birth', and 'Gender'. Below these are fields for 'Member ID' (with the value '123456') and 'Health Plan'. A modal titled 'Requested Provider' is open in the center. It has a 'Current Provider:' section with two search options: 'Search by Specialty' (a dropdown menu currently showing '-- Search Only By Name --') and 'Search By Provider Name o...' (with a person icon). Below the search options is a table with columns: 'Provider ↓', 'Specialty Code', 'Contract Code', 'Miles from Member', and 'Miles from Referring'. At the bottom of the modal are 'Cancel' and 'Update' buttons. In the background, the 'Requesting Provider Information' section is partially visible, showing a 'Search by name, or by ID:' field and a 'Search!' button.

If the requested Provider is not listed for selection, then select US – UNSPECIFIED and list the following in the notes:

First and Last Name
Specialty
Phone Number
Address



Submit Referral Reset

1234567 United Healthcare

Requesting Provider Information (required)

Name: Daniel Morgan
ProviderID: 1023360930
Phone: (408) 871-3400
Address: 16130 Juan Herr
Morgan Hill CA,
☐ Use this Provider/Office as my default
Change Requesting Provider

Referral Details (required)

Request Type * Physician
Priority Routine

Facility Selected

Requested Provider Information (required)

Current Provider: Robin Hays

Search by Specialty

- SS - SPINE SURGERY
- SSP - SPEECH/LANGUAGE PATHOLOGY
- U - UROLOGY
- US - UNSPECIFIED
- VIR - VASCULAR AND INTERVENTIONAL RADIOLOGY
- VS - VASCULAR SURGERY

Search By Provider Name o...

Miles from Referring

Cancel Update

Select the appropriate Provider and click Update

Submit Referral Reset Required for submission: Please add the Requesting Provider

Referral Submission

Member Information

Enter the information here for the member

First Name Member

Member ID 123456

Requested Provider

Current Provider:

Search by Specialty

ACU - ACUPUNCTURE

Search By Provider Name o...

Provider ↓	Specialty Code	Contract Code	Miles from Member	Miles from Referring
ROBIN HAYS Provider Id: 1821152679 485 LOS COCHES ST MILPITAS, CA	ACU	1		

Cancel Update

Add Referral details *Note – Facility is required for the following Place Of Service (21,22,24)



Submit Referral

Reset

Required for submission: Please add at least one ICD Code

Referral Details (required)

Request Type *
Physician

Priority *
Routine

Place of Service *
21 - INPATIENT HOSPITAL

Facility Selected

Name: El Camino Hospital - Los Gatos

Provider ID: 1417199340

Address: 815 Pollard Rd Los Gatos CA , 950321438

Phone: 4083786131

Change Facility

Enter ICD Codes

Submit Referral

Reset

Required for submission: Please add at least one ICD Code

Change Facility

ICD Codes (required)

Please type at least 3 characters to search/find a ICD Code

A

Add ICD Code +

A04.0 - ENTEROPATHOGENIC ESCHERICHIA CO...

A04.1 - ENTEROTOXIGENIC ESCHERICHIA COLI ...

A04.2 - ENTEROINVASIVE ESCHERICHIA COLI I...

A04.3 - ENTEROHEMORRHAGIC ESCHERICHIA ...

A04.4 - OTHER INTESTINAL ESCHERICHIA COLI...

Modifier

Service Unit

Add Service Code +

Submit Referral

Reset

Required for submission: Please add at least one Service

Change Facility

Change Facility

ICD Codes (required)

ICD-Code
A04.4

Description
OTHER INTESTINAL ESCHERICHIA COLI INFECTIONS

Please type at least 3 characters to search/find a ICD C...

Add ICD Code +



Enter Service Codes

[Submit Referral](#) [Reset](#) Required for submission: Please add at least one Service

ICD Codes (required)

ICD-Code	Description
A04.4	OTHER INTESTINAL ESCHERICHIA COLI INFECTIONS

Please type at least 3 characters to search/find a ICD C...

[Add ICD Code +](#)

Service Codes (required)

Please enter at least 3 characters to search services codes

52214 - CYSTOSCOPY AND TREATMENT	Modifier	Service Unit
----------------------------------	----------	--------------

52214 - CYSTOSCOPY AND TREATMENT
67221 - OCULAR PHOTODYNAMIC THER
73221 - MRI JOINT UPR EXTREM W/O DYE
74221 - X-RAY XM ESOPHAGUS 2CNTRST
81221 - CFTR GENE KNOWN FAM VARIANTS

Enter Clinical Notes

[Submit Referral](#) [Reset](#)

ICD Codes (required)

ICD-Code	Description
A04.4	OTHER INTESTINAL ESCHERICHIA COLI INFECTIONS

Please type at least 3 characters to search/find a ICD C...

[Add ICD Code +](#)

Service Codes (required)

CPT Code	Description	Modifier *	Service Unit
52214	CYSTOSCOPY AND TREATMENT	20 - MICROSURGERY	1

Please enter at least 3 characters to search services co...

Modifier

Service Unit

[Add Service Code +](#)

Clinical Notes (required)

Current problems, history lab and pertinent work up *

OTHER INTESTINAL ESCHERICHIA COLI INFECTIONS



Add any Attachments

Submit Referral

Reset

ICD Codes (required)

ICD-Code

Description

A04.4

OTHER INTESTINAL ESCHERICHIA COLI INFECTIONS

Please type at least 3 characters to search/find a ICD C...

Add ICD Code +

Service Codes (required)

CPT Code

Description

Modifier *

Service Unit

52214

CYSTOSCOPY AND TREATMENT

20 - MICROSURGERY

1

Please enter at least 3 characters to search services co...

Modifier

Service Unit

Add Service Code +

Clinical Notes (required)

Current problems, history lab and pertinent work up *

OTHER INTESTINAL ESCHERICHIA COLI INFECTIONS

Attachments

Add Attachment

or drag and drop file here

*accepted file types: pdf, jpg, jpeg, xlsx, docx, tif, tiff, msg



Submit Referral

Reset

Referral Submission

If a Member cannot be found, click [Help With Member Not Found Referral](#). Then continue the same process listed above.

Tips

Search Again? Found 0 records. Searched LastName: "Tifft".

Member ID	Health Plan	Company	Member Name	Date of Birth	Gender	EffDate	TermDate	Eligible
						Items per page: 50	0 of 0	



CLAIMS SEARCH – Click on the Claims header



Company ▾ Home Eligibility Referrals Cases **Claims**

Add a filter or show all claims for the past 90-730 days

Claims Lookup

Showing Data Received
Last 90 days

Search Filter claims by any column displayed, eg. Claims No, Member ID, Member Name, Status, Provider, Check No, Paid, Service Date

carol

Claim No.	Patient Account	Status	Member ID	Member Name	DOB	Rendering Provider	EarliestServiceDate	Date Received	Date Paid	Paid	Check No / EFT
202103179202133000002		InProcess	385M97380	Carol A	12/16/1946	Mark Adams	03/03/2020	02/01/2021			

Items per page: 100 1 - 1 of 1

Click on the line to see details or RA

Claim No.	Patient Account	Status	Member ID	Member Name	DOB	Rendering Provider	EarliestServiceDate	Date Received	Date Paid	Paid	Check No / EFT
8525039634R		Rejected	02201972	Cerda Norma	02/20/1972	Mark Adams	12/01/2020				
EDI Claim ID	Vendor Name	Claim Type	Health Plan	Tax ID	Reject Reason						
202102010649553170014	QUEST DIAGNOSTICS WEST HI	P		710897031	Unable to identify Member						

If you have any questions or need support, please call 949-750-2058