



EMPIRE HEALTHCARE
INDEPENDENT PHYSICIANS ASSOCIATION

ACTY Portal Overview

CARE MANAGEMENT



EMPIRE HEALTHCARE
INDEPENDENT PHYSICIANS ASSOCIATION

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
Choose your role

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
lindseytiff

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

reCAPTCHA
Privacy - Terms



EMPIRE HEALTHCARE
INDEPENDENT PHYSICIANS ASSOCIATION

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

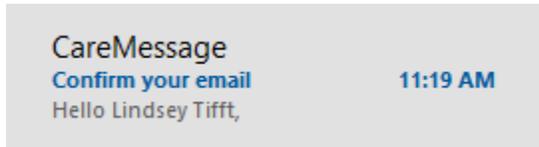
Thank you for registering. Next you will receive an email from CareMessage@allcaretoyou.com asking you to click on a link to confirm your email address. Once your email address is confirmed we will be able to configure your account access.

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



EMPIRE HEALTHCARE
INDEPENDENT PHYSICIANS ASSOCIATION

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



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.



EMPIRE HEALTHCARE
INDEPENDENT PHYSICIANS ASSOCIATION

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](#)



EMPIRE HEALTHCARE
INDEPENDENT PHYSICIANS ASSOCIATION

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](#)



EMPIRE HEALTHCARE
INDEPENDENT PHYSICIANS ASSOCIATION

ELIGIBILITY LOOK UP – Check Eligibility

Eligibility Lookup

Tips

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

First Name	LastName
<small>first name</small>	<small>last name</small>
Member ID	Date Of Birth
<small>member id</small>	
<input type="button" value="Submit"/>	<input type="button" value="Reset"/>

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

Enter Member’s Name, ID or Birthdate and click Submit to find Member *Using “Member Unknown” for HPI purposes.*

Eligibility Lookup

Tips

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

First Name	LastName
<small>first name</small>	<small>last name</small>
Member ID	Date Of Birth
<small>member id</small>	
<input type="button" value="Submit"/>	<input type="button" value="Reset"/>

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



EMPIRE HEALTHCARE
INDEPENDENT PHYSICIANS ASSOCIATION

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

Search Again? 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		<input checked="" type="checkbox"/>

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

DOB: 01/01/1990
 Gender: F
 Language:

Health Plan Code: XXXX
 Health Plan Name: Default Commercial Hmo
 Other Coverage:

Eligible:

Eligibility Details

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

Eligibility Flags

Status	Disposition	Effective From	Effective To
--------	-------------	----------------	--------------

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
----------	---------------	--------	---------------------	--------------------	-----------	----------	---------------	-------------

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.

Requesting Provider Information (required)

Requested Provider Information (required)

Submit Referral

Reset

Required for submission: Please add the Members First Name.

Referral Details (required)

ICD Codes (required)

Service Codes (required)

Clinical Notes (required)

Attachments

or drag and drop file here
 *accepted file types: pdf, jpg, jpeg, xlsx, docx, tif, tiff, msg



EMPIRE HEALTHCARE
INDEPENDENT PHYSICIANS ASSOCIATION

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: <input type="text" value="morgan"/> Search!	Requested Provider Information (required) <input type="button" value="Select Requested Provider"/>
--	--

View results and select the appropriate Provider

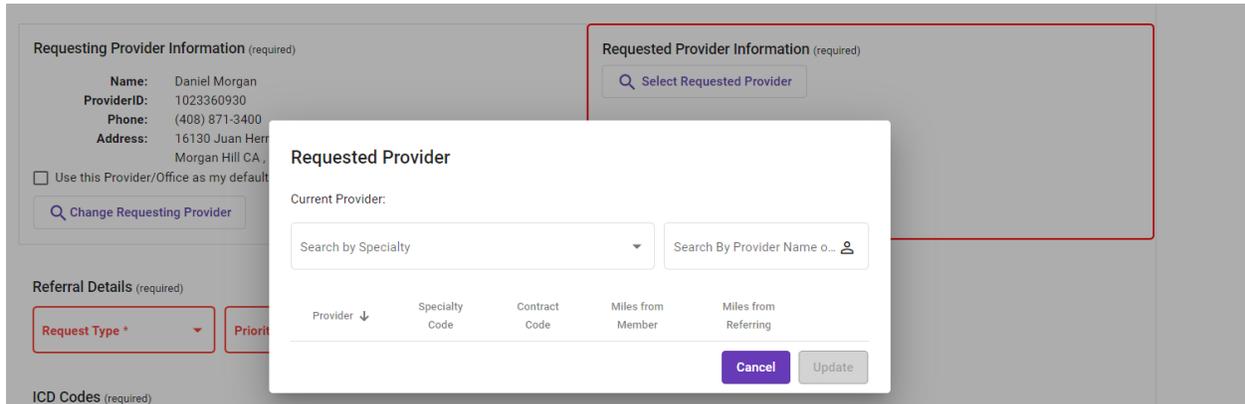
Submit Referral Reset **Required for submission: Please add the Requesting Provider**

Requesting Provider Information (required) DANIEL MORGAN 1023360930 16130 JUAN HERNANDEZ AVE #100 MORGAN HILL, CA <input type="checkbox"/> DANIEL MORGAN 1023360930 625 LINCOLN AVE SAN JOSE, CA <input type="checkbox"/> GREG MORGANROTH 1639217458 525 SOUTH DR #115 MOUNTAIN VIEW, CA <input type="checkbox"/> Search by name, or by ID: <input type="text" value="morgan"/> Search!	Requested Provider Information (required) <input type="button" value="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 <input type="checkbox"/> Use this Provider/Office as my default <input type="button" value="Change Requesting Provider"/>	Requested Provider Information (required) <input type="button" value="Select Requested Provider"/>
--	--

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



The screenshot shows a web application interface for finding a provider. A modal window titled "Requested Provider" is open, allowing the user to search by specialty. The background shows the "Requested Provider Information" section with a "Select Requested Provider" button.

Requested Provider Information (required)

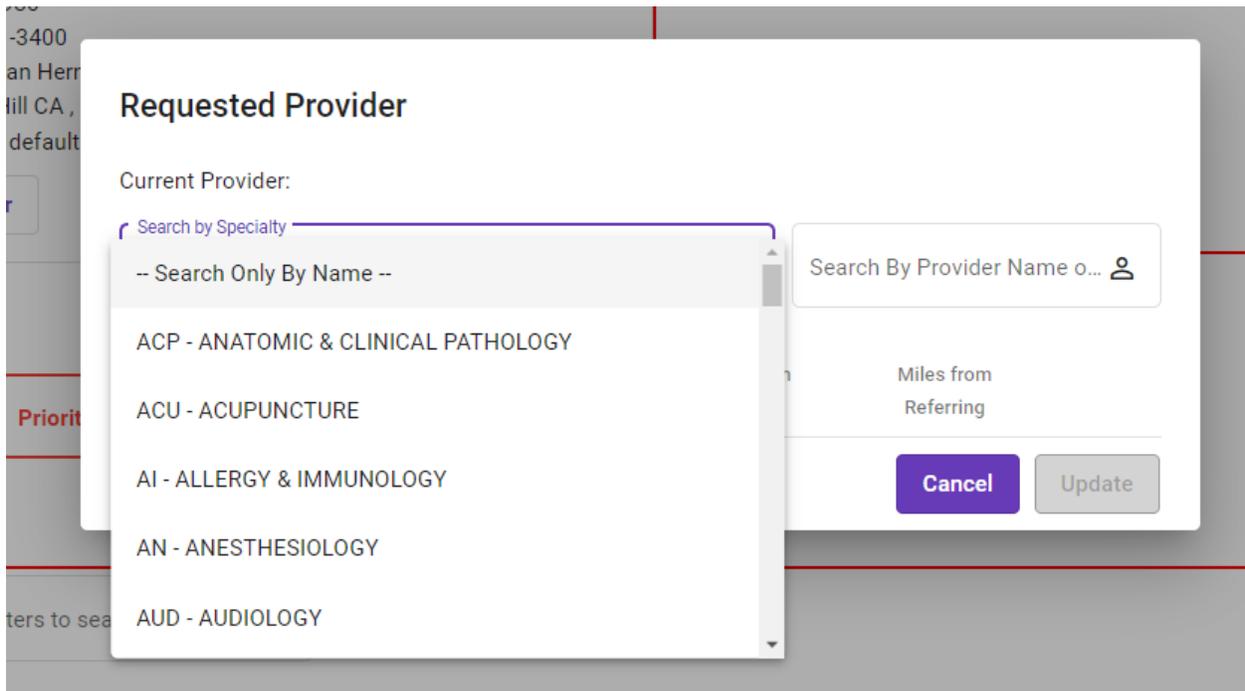
Requested Provider

Current Provider:

Search by Specialty

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

Click on the desired Specialty



This screenshot shows the "Requested Provider" modal window with the "Search by Specialty" dropdown menu open. The menu lists various medical specialties. The "Search By Provider Name" search box is also visible.

Requested Provider

Current Provider:

- Search Only By Name --
- ACP - ANATOMIC & CLINICAL PATHOLOGY
- ACU - ACUPUNCTURE
- AI - ALLERGY & IMMUNOLOGY
- AN - ANESTHESIOLOGY
- AUD - AUDIOLOGY

Miles from Referring



EMPIRE HEALTHCARE
INDEPENDENT PHYSICIANS ASSOCIATION

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

The screenshot shows a web form titled "Referral Submission". At the top, there are buttons for "Submit Referral", "Reset", and a warning message: "Required for submission: Please add the Requesting Provider". Below this is the "Member information" section with fields for "First Name", "Last Name", "Date Of Birth", and "Gender". A "Member ID" field contains the value "123456". A modal window titled "Requested Provider" is open, showing a "Current Provider:" section with a dropdown menu set to "-- Search Only By Name --" and a "Search By Provider Name o..." field. Below the modal is a table with columns: "Provider", "Specialty Code", "Contract Code", "Miles from Member", and "Miles from Referring". The "Requesting Provider Information" section is partially visible at the bottom, with a search 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

Requested Provider

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

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 *
 Physician

Priority
 Routine

Facility Selected

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 

Last Name
 Un

Member ID
 123456 

Health Plan
 Un

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

Requested Provider Information (req

Search by name, or by ID: Search

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 * Priority * Place of Service *

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

[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	Description	
A04.4	OTHER INTESTINAL ESCHERICHIA COLI INFECTIONS	

Please type at least 3 characters to search/find a ICD C... [Add ICD Code +](#)

Enter Service Codes

⚠ Required for submission: Please add at least one Service

ICD Codes (required)

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

Service Codes (required)

Please enter at least 3 characters to search services codes

<input type="text" value="52214 - CYSTOSCOPY AND TREATMENT"/>	<input type="text" value="Modifier"/>	<input type="text" value="Service Unit"/>	<input style="background-color: #4a4a8a; color: white; padding: 2px 10px;" type="button" value="Add Service Code +"/>
---	---------------------------------------	---	---

- 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

ICD Codes (required)

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

Service Codes (required)

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

Clinical Notes (required)

Current problems, history lab and pertinent work up *

OTHER INTESTINAL ESCHERICHIA COLI INFECTIONS

G

Add any Attachments

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

ICD Codes (required)

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

[Add ICD Code +](#)

Service Codes (required)

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

[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



EMPIRE HEALTHCARE
INDEPENDENT PHYSICIANS ASSOCIATION

Once all the fields are completed, click Submit Referral at the top left of the page

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

Referral Submission

Member information

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

First Name: Member Last Name: Unknown Date Of Birth: 6/25/1954 Gender: Female

Member ID: 1234567 Health Plan Name: United Healthcare

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)

Name: Robin Hays
 ProviderID: 1821152679
 Specialty: ACUPUNCTURE
 Phone: (408) 946-9332
 Address: 485 Los Coches St
 Milpitas CA , 95035-5422

[Change Requested Provider](#)

Referral Details (required)

Request Type: Physician Priority: Routine Place of Service: 21 - INPATIENT HOSPITAL

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

Eligibility Lookup

[Tips](#)

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

[Search Again?](#) Found 0 records. Searched LastName: "Tiff".

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
Items per page: 50 0 of 0 < < > >								



CLAIMS SEARCH – Click on the Claims header



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

Claims Lookup

Showing Date Received
Last 90 days

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

carol

Claim No.	Patient Account	Status	Memb ID	Member Name	DOB	Rendering Provider	EarliestServiceDate	Date Received	Date Paid	Paid	Check No / EFT
202103179202133000002	[REDACTED]	InProcess	385M97380	Carol A	12/19/1946	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	Memb 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 202102010649553170014	Vendor Name QUEST DIAGNOSTICS WEST HI	Claim Type P	Health Plan [REDACTED]	Tax ID 710897031	Reject Reason Unable to identify Member
--	---	------------------------	----------------------------------	----------------------------	---

If you have any questions or need support, please call 949-750-2061