



# Aetna Better Health of Illinois Availity Reporting

Spring 2025



# Summary of Availability Reports

# Availity Reporting Capabilities

Live Today

## Ambulatory Sensitive Conditions

Member-level report detailing utilization for members with specific ambulatory care sensitive conditions

## Assigned Member Panel

Group-level member panel showing all members assigned to provider group rather than individual TIN or practitioner; includes basic member contact information and PCP assignment

## Claims Remits

Group-level detailed report of all remits, including Medicaid ID, claim ID, payment amount, paid date, and check number

## Combo 10 Vaccinations

For members under the age of two only; utilizes state I-CARE dataset to show the number of each vaccine in the Combo 10 series remaining for each member to achieve Combo 10 completion

## Combo 3 Vaccinations

For members under the age of two only; utilizes state I-CARE dataset to show the number of each vaccine in the Combo 3 series remaining for each member to achieve Combo 3 completion

Refresh Cadence

Monthly

Weekly

Daily

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## Cost and Utilization Dashboard

Detailed cost and utilization tool with drill-down capabilities from group, to NPI, to member level

## Denied Claims

Providers all denied claims – both header and/or line level – including denial code and reason description

## Financial Statement

Report showing monthly membership, revenue, expense by category, and performance to shared savings/risk goals; report is available for providers in shared savings or shared risk agreements only

## Gate to Surplus - Quality

Report detailing progress to Quality targets for providers in shared savings and risk agreements; includes member-level gap data for all relevant measures

## Gate to Surplus - Visits

Member-level report detailing which members have seen a PCP in the contract year and which still need a visit with their PCP group; report is available for providers in shared savings or shared risk agreements only

Refresh Cadence

Monthly

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## Group-Level P4Q Performance

Quality gap report including YTD performance against targets by provider group and PCP, incentive earnings for all measures, and member-level gap data; includes all of provider's TINs in a single report

## Inpatient ADT Census

Inpatient census report populated using state Admit, Discharge, and Transfer (ADT) data; shows members currently admitted at a hospital or other inpatient facility; updated four times per day

## Inpatient ADT Census Lookback

Historical version of the Admit, Discharge, and Transfer (ADT) census; provides detail on inpatient admissions recorded in the past 120 days

## Inpatient Authorization

Utilizes authorization data to estimate inpatient stay expenses; assists in accounting for costs that will not be reflected in financial reporting for potentially weeks or months

## Inpatient Authorization Census

Inpatient census report populated using authorization data; shows members currently admitted at a hospital or other inpatient facility and estimates discharge date

Refresh Cadence

Monthly

Weekly

Daily

# Availity Reporting Capabilities

*Live Today*

## Member Attribution Grid

Snapshot of how many members are seeing their assigned PCP, a non-assigned PCP, or not seeing any PCP in the past 12 months; includes member detail for each category

## Negative Balance Claims

Group-level report detailing payments modified to recoup negative balances; provides claim and payment detail for each negative balance

## Newly Assigned Pregnant Members

Member-level report showing all members assigned to a provider who have recently enrolled with ABHIL and are in need of prenatal care; includes expected due date and date of enrollment

## Pharmacy Non-Adherence

Uses Rx claims data to identify members taking maintenance medications who have missed expected prescription fill dates. Includes member and prescription detail.

## Pharmacy Utilization Detail

Member-level report including demographic information, drug class, prescription and fill dates, etc.

Refresh Cadence

Monthly

Weekly

Daily

# Availity Reporting Capabilities

Live Today

## Prioritized Member List

High-risk, high-acuity member list including all relevant outreach and intervention metrics – IP/ED utilization, total expense, MBR, Rx non-adherence, quality gaps, risk gaps

## Provider Roster Echo-Back

Report that confirms provider roster submissions; report layout is the same as the IAMHP template providers use to submit roster updates to ABHIL

## Quality Care Gaps

Member-level report showing claims that need to be corrected with additional coding to close Quality gaps, assigned members with open gaps, and potential pay-for-performance (P4P) earnings from correcting submitted claims and closing gaps

## Redetermination

Member-level report including demographic information, redetermination date, and Form A/B distinction for all members; additional tabs to show members approaching due date and members whose cases require follow-up

## Risk Adjustment

Member-level report providing open risk gaps (chronic conditions with claims in prior year(s) but not current year) for each member to aid in accurately documenting the full burden of illness for each member and coding to ensure proper risk adjustment.

Refresh Cadence

Monthly

Weekly

Daily

# Availity Reporting Capabilities

*Live Today*

## Stop Loss Member List

Member-level report listing monthly expenses by category for members who have exceeded the annual stop loss attachment point; report is available for providers in shared savings or shared risk agreements only

Refresh Cadence

Monthly

Weekly

Daily

# Availity Reporting Capabilities

*In Development*

## Claims Recoupments

Detailed, self-service claims recoupment letters

## Practitioner Handbook

Comprehensive group or individual practitioner scorecard that measures provider performance (utilization, cost, quality, etc.) compared with the network

Refresh Cadence

Monthly

Weekly

Daily

# **Accessing Availability Reports**

# Step 1

Select “Aetna Better Health” under the “Payer Spaces” menu.

The screenshot displays the Availity user interface. At the top, there is a navigation bar with the Availity logo and links for Home, Notifications, and My Favorites. Below this is a secondary navigation bar with menu items: Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More. The 'Payer Spaces' menu is highlighted with a red rectangular box. A dropdown menu is visible under 'Payer Spaces', showing the Aetna Better Health logo. Below the navigation is a 'Notification Center' section with a 'You have' notification. The main content area is titled 'My Top Applications' and contains three application tiles: 'Claim Status' (CS), 'Eligibility and Benefits Inquiry' (EB), and 'Authorizations & Referrals' (A&R).

# Step 2

Select the “Medicaid Business Intelligence Reports” application.

The screenshot shows the Aetna Better Health website interface. At the top left is the Aetna logo and 'Aetna Better Health' text. At the top right is 'Aetna Better Health' text. Below the header is a banner image of a doctor examining a child. A purple text box on the left of the banner reads: 'We are Aetna Better Health® Providing a secure environment with helpful information and tools for providers. Review claims or authorizations, validate member eligibility and benefits, and submit questions.' Below the banner is a navigation bar with 'Applications', 'Resources', and 'News and Announcements' tabs, and a 'Sort By A-Z' dropdown. A disclaimer states: 'THESE LINKS MAY RE-DIRECT TO THIRD PARTY SITES AND ARE PROVIDED FOR YOUR CONVENIENCE ONLY. AVAILITY IS NOT RESPONSIBLE FOR THE CONTENT OR SECURITY OF ANY THIRD PARTY SITES AND DOES NOT ENDORSE ANY PRODUCTS OR SERVICES PROVIDED BY THIRD PARTIES!'. Below the disclaimer are three application cards: 'Medicaid Appeal and Grievance Status', 'Medicaid Appeals', and 'Medicaid Business Intelligence Reports'. The 'Medicaid Business Intelligence Reports' card is highlighted with a red border.

**We are Aetna Better Health®**  
Providing a secure environment with helpful information and tools for providers.  
Review claims or authorizations, validate member eligibility and benefits, and submit questions.

Applications Resources News and Announcements Sort By A-Z

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- ♥ Medicaid Appeal and Grievance Status  
Check an appeal and/or grievance status
- ♥ Medicaid Appeals  
Submit single or bulk appeal
- ♥ Medicaid Business Intelligence Reports

# Step 3

Select your organization, TIN, and NPI from the dropdowns. Reports will populate with data for all TINs and NPIs if your organization has multiple.

The screenshot shows the Aetna Business Intelligence Reports interface. At the top, there is a navigation bar with 'My Favorites', 'Illinois', and 'Help & Training'. Below this is a secondary navigation bar with 'My Providers', 'Reporting', 'Payer Spaces', and 'More'. The main content area has a breadcrumb trail: 'Home > Aetna Better Health > Business Intelligence Reports'. The title 'Business Intelligence Reports' is prominently displayed, with a 'Give Feedback' link and the Aetna logo to its right. The central form contains three required dropdown menus: 'Select Organization \*', 'Select a TaxID \*', and 'Select a NPI \*'. Each dropdown currently shows 'Select...' as the selected option. A legend below the dropdowns states '\* = Required Field'. At the bottom right of the form, there are 'Clear' and 'Submit' buttons.

# Step 4

Expand the “Provider Reports” section to reach ABHIL reports and select.

The screenshot displays the 'Business Intelligence Reports' application interface. At the top, the title bar reads 'Business Intelligence Reports | Powered By Aetna Medicaid Business Intelligence'. Below this is a breadcrumb trail: 'Home > PROVIDER Home'. A navigation bar contains 'Value Based Solutions', 'Gaps In Care', 'Reports', and 'Provider Reports'. On the left, a 'Links' sidebar is shown with a red box highlighting the 'Provider Reports' section, which is expanded to show a list of reports including 'Assigned Member Panel', 'Claims Remit', 'Combo 3 Vaccines', 'Cost and Utilization Dashboard', 'Denied Claims', 'Financial Statement', 'Gate to Surplus', 'Group Level P4Q Performance', 'Inpatient ADT Census', 'Inpatient Authorization', 'Inpatient Authorization Census', 'Itemized Bill Summary', 'Member Attribution Grid', 'Negative Balance Claims', 'Pharmacy Non-Adherence', 'Pharmacy Utilization Detail', 'Prioritized Member List', 'Provider Roster Echo-Back', and 'Quality Care Gaps'. The main content area on the right contains sections for 'Business Intelligence Reports Load Information' and 'Important Messages'.

# Support

For questions about ABHIL reports, contact your [Provider Relations representative](#).

For support with the Availity provider portal, contact Availity Client Services at 800.282.4548.