



ValidationInstitute

2024 Validation Report

**Review for: Ault International Medical
Management (AIMM)**

Validation Achieved: Outcomes

Valid through: October 2024



Company Profile



Category:	Care Management
Website:	http://aim-m.com
Year Established:	2003
Public or Private:	Private
CEO:	Deb Ault
Company contact:	info@aim-m.com

Description provided by the company:

AIMM builds medical management programs to the unique specifications of each individual group. By understanding the client's culture, population, goals, objectives, and budget, **AIMM** formulates a medical management strategy that is the best possible fit for them, and will generate the results they need to achieve. Tweaking and modifying the program as services progress ensures optimal success. All **AIMM** services are centered on the concepts of being patient-centric, comprehensive, holistic, and fully integrated. **AIMM** understands that the most effective, most well received, medical management programs are "Patient Centric". Therefore, **AIMM's** programs focus on identification of patients who could benefit from the individualized attention and assistance of a professional Nurse in controlling their health condition(s).





Claim Assertion for Validation

Plans that use AIMM's Prior Authorization (PA) services have lower Prior Authorization denial rates, lower Prior Authorizations per member, and lower per employee per year medical costs than benchmarks. In addition, plans using AIMM have Net Promoter Scores in the excellent and world class levels.



Method / Calculation / Examples

For the year 2022, plans that had AIMM Prior Authorization services were analyzed. Their number of members, number of PA's during the time period, and number of PA's that were denied was tracked. From this data, the number of Prior Authorizations per member and percentage of PA's denied was calculated for each plan and for all plans together.

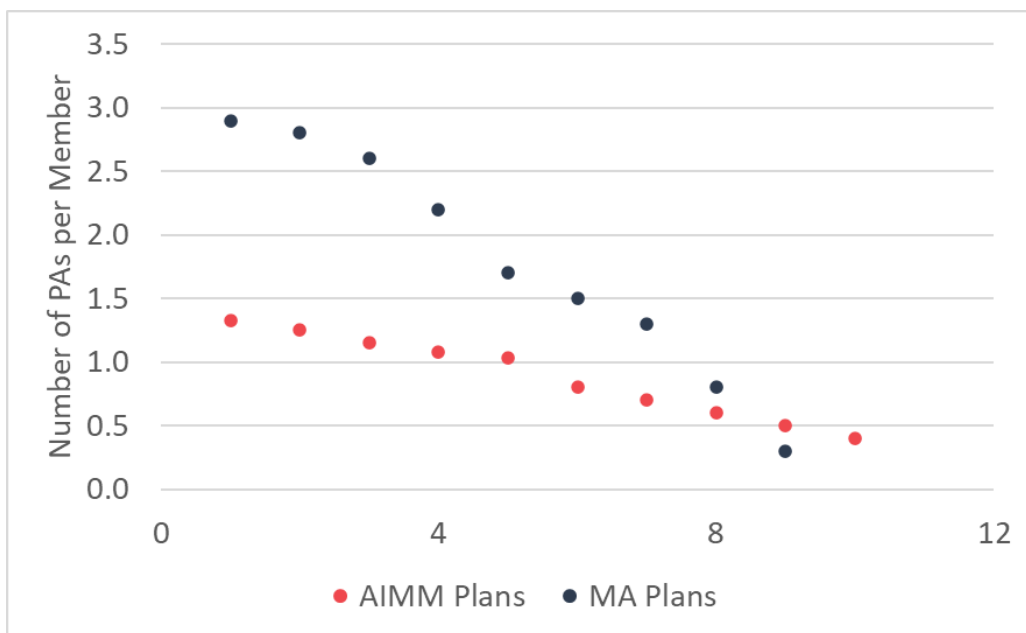
The number of members, number of PA's, and number of denials was also gathered for a sample of Medicare Advantage plans. (Biniek & Sroczynski, 2023) The sample plans covered 87% of all Medicare Advantage plans for 2021. The PA's per member and percentage of PA's denied was calculated for each plan and for all plans together. Medicare plans require Prior Authorization on 9.2% of utilization which makes up 21.8% of spending; this is similar to commercial plans, which impose PA on 9.2% of utilization making up 22.5% of spending. (Cohere Health, 2023)

Net Promoter Scores were summarized from individual people (employees or spouses) who used AIMM services in the time period. Each person responded to a single question, rating their likelihood of recommending AIMM services to others from 0 to 10. For each plan, the NPS responses were summarized into a single score, which subtracts the portion of responses that were 6 or lower from the portion of responses that were 9 or higher. (Note: the survey respondents may have used Prior Authorization or other AIMM services.)

The comparison of AIMM plans per employee per year medical costs to benchmarks is addressed in a separate validation. [See AIMM Savings Validation Report Here.](#)

Findings & Validation

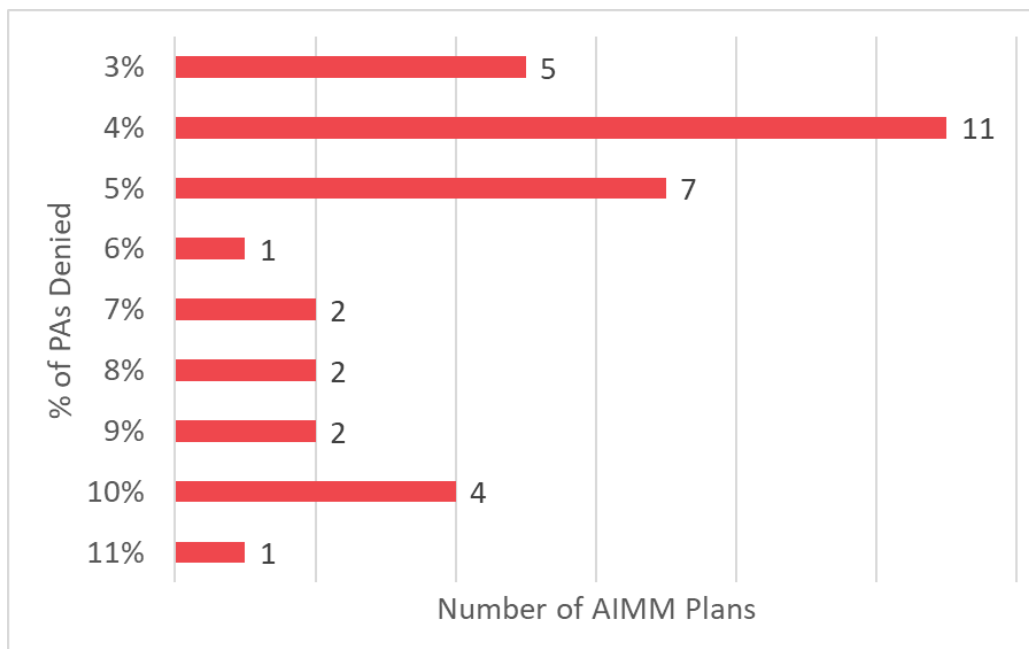
Graph 1 shows 11 AIMM plans' and 10 representative Medicare Advantage plans' number of Prior Authorizations per member. The graph displays them from highest to lowest and marks the average for both AIMM and Medicare Advantage plans. AIMM's number of PAs per member was half of the Medicare Advantage plan rate for all plans except for the three lowest which were similar to the benchmarks.



Graph 1: Number of PA's per member AIMM plans and Medicare Advantage Plans

Findings & Validation

AIMM's PA denial rates for the time period were on average 6.3%; individual plans ranged from 2.84% to 11.34%. The Medicare Advantage benchmark rate was 5.7%. Twenty-three of the 35 AIMM plans were lower than the benchmark denial rate. See Graph 2 for a summary of the denial rates.



Graph 2: Number of AIMM Plans by Prior Authorization Denial Rate.

Findings & Validation

Net Promoter Scores for the 35 AIMM plans are shown in Table 1. All AIMM plans that used AIMM PA services scored above 50, considered the threshold for Excellent and well above the average for health care providers.

AIMM Product	Net Promoter Score
P3CM Standard RBP Well Managed	90
P3CM Platinum RBP Well Managed	84
P3CM Platinum RBP Moderately Mg	81
P3CM Standard PPO Well Managed	76
P3CM Platinum PPO Well Managed	75
P3CM Platinum PPO Moderately Managed	73
P3CM Standard RBP Moderately Managed	72
P3CM Platinum PPO Loosely Managed	70
P3CM Standard PPO Moderately Managed	70
P3CM Standard PPO Loosely Managed	69
P3CM Platinum RBP Loosely Managed	59
Excellent	50
Average for Health Care Providers (Murphy, 2022)	38

5 AIMM plans met threshold for World Class NPS (>75)

All AIMM plans met threshold for Excellent NPS (>50)

Table 1



Limitations

This analysis does not address how AIMM's benefit plans may vary from the Medicare Advantage plans benchmark.





Works Cited

1. Biniak, J., & Sroczynski, N. (2023). Over 35 Million Prior Authorization Requests Were Submitted to Medicare Advantage Plans in 2021. Kaiser Family Foundation .
2. Cohere Health. (2023). Key 2023 prior authorization benchmarks. Retrieved from https://20179065.fs1.hubspotusercontent-na1.net/hubfs/20179065/Key%202023%20prior%20authorization%20benchmarks.pdf?__hstc=19596007.68232b7fee8d52544359d329cf19ffe5.1700496281977.1700496281977.1700496281977.1&__hssc=19596007.1.1700496281977&__hsfp=47093484
3. Murphy, R. (2022). Everything You Need to Know About NPS in Healthcare. SolvHealth. Retrieved from <https://www.solvhealth.com/providers/blog/everything-you-need-to-know-about-nps-in-healthcare#:~:text=The%20average%20NPS%20for%20a%20healthcare%20provider%20is,at%20-17%2C%20while%20CVS%20Health%20scores%20a%2017.>



Validation and Credibility Guarantee

Ault International Medical Management's Prior Authorization (PA) services achieved validation for **Outcomes**. Validation Institute is willing to provide up to a \$25,000 guarantee as part of their Credibility Guarantee Program. To learn more, visit <https://validationinstitute.com/credibility-guarantee/>.

Savings

Can reduce health care spending per case/participant or for the plan/purchaser overall.

Outcomes

Product/solution has measurably improved an outcome (risk, hba1c, events, employee retention, etc.) of importance.

Metrics

Credible sources and valid assumptions create a reasonable estimate of a program's impact.

Contractual Integrity

Vendor is willing to put a part of their fees "at risk" as a guarantee.



Validation Expiration: October 2024

CERTIFICATE OF VALIDATION

Applicant: **Ault International Medical Management**
1491 Polaris Parkway, Box 213, Columbus, OH
43240, US

Product: AIMM's Prior Authorization (PA) services

Claim: Plans that use AIMM's Prior Authorization (PA) services have lower Prior Authorization denial rates, lower Prior Authorizations per member, and lower per employee per year medical costs than benchmarks. In addition, plans using AIMM have Net Promoter Scores in the excellent and world class levels.

Validation Achieved: **Validated for Outcomes**

Validation Award Date: January 2024

Linda Riddell
Chief Data Scientist
Validation Institute

Vidar Jorgensen
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About Validation Institute

Validation Institute is a professional community that advocates for organizations and approaches that deliver better health value - stronger health outcomes at lower cost. We connect, train, and certify health care purchasers, and we validate and connect providers delivering superior results. Founded in 2014, the mission of the organization has consistently been to help provide transparency to buyers of health care.

Validation Review Process

Validation Institute has a team of epidemiologists and statisticians who review each program. The team focuses on three components:

- Evidence from published literature that a similar intervention had similar results.
- The reliability and credibility of the data sources.
- The rigor of the approach to calculating results.

To achieve validation, the program has to satisfy each of these components. VI's team then summarizes the review into a report which is publicly available. Details of VI's review are available with the program's permission.