



**Validation**Institute

# 2023 Validation Report

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

**Validation Achieved: Savings**

**Valid through: October 2024**



# Company Profile

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| <b>Category:</b>          | Care Management                                 |
| <b>Website:</b>           | <a href="http://aim-m.com">http://aim-m.com</a> |
| <b>Year Established:</b>  | 2003  |
| <b>Public or Private:</b> | Private   |
| <b>CEO:</b>               | Deb Ault  |
| <b>Company contact:</b>   | info@aim-m.com                                  |
| <b>Description:</b>       |   |

**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).

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# Claim Assertion for Validation

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Health plans that use AIMM services have lower Per Employee Per Year (PEPY) costs than published benchmarks.



# Method / Calculation / Examples

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The Per Employee Per Year medical and pharmacy cost for AIMM plans was calculated. For each plan type (P3CM Standard, P3CM Platinum, Overlay), level of care management (loose, moderate, and well) and claim repricing strategy (PPO, RBP), multiple employers were included. A total of 18,265 employees were included in the calculation.

Platinum plans give patients incentives, such as no or lowered copays, to use the AIMM nurse, to use care that meets evidence-based standards, and to use facilities and physicians who have high quality scores (from independent raters) and who have a value price. Standard plans do not include these incentives.

For comparison, the Milliman Medical Index 2023 (Bell, 2023) and Kaiser Family Foundation's 2022 Employer Health Benefits Survey were used. The Milliman per person rate was multiplied by the average number of dependents per employee (weighted average from all AIMM plans) to create a Per Employee Per Year (PEPY) rate. Kaiser Family Foundation's benchmark (Foundation & Trust, 2022) was total premium for single coverage; this was reduced by 20% for administrative overhead and profit and then multiplied by the average number of dependents per employee.

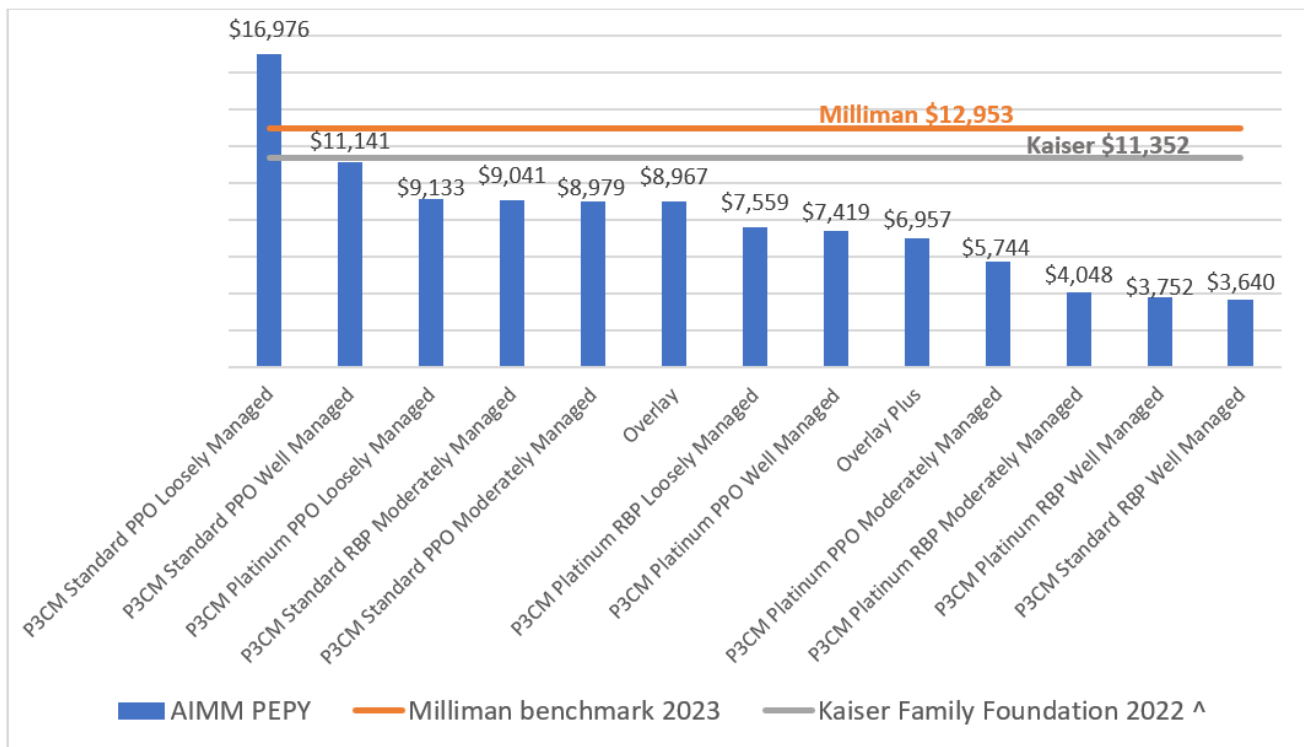
A summary was also done showing the benchmarks adjusted for each plan's specific number of dependents per employee.



# Findings & Validation

Graph 1 shows the AIMM plans per employee per year costs compared to the Milliman and Kaiser Family Foundation benchmarks. In this graph, the benchmarks use the AIMM plans' total average number of people covered (employee plus dependents).

Except for the P3CM Standard Loosely Managed PPO, all AIMM plans were lower than the Milliman and Kaiser Family Foundation benchmarks.



^Adjusted by 20% for administrative costs.

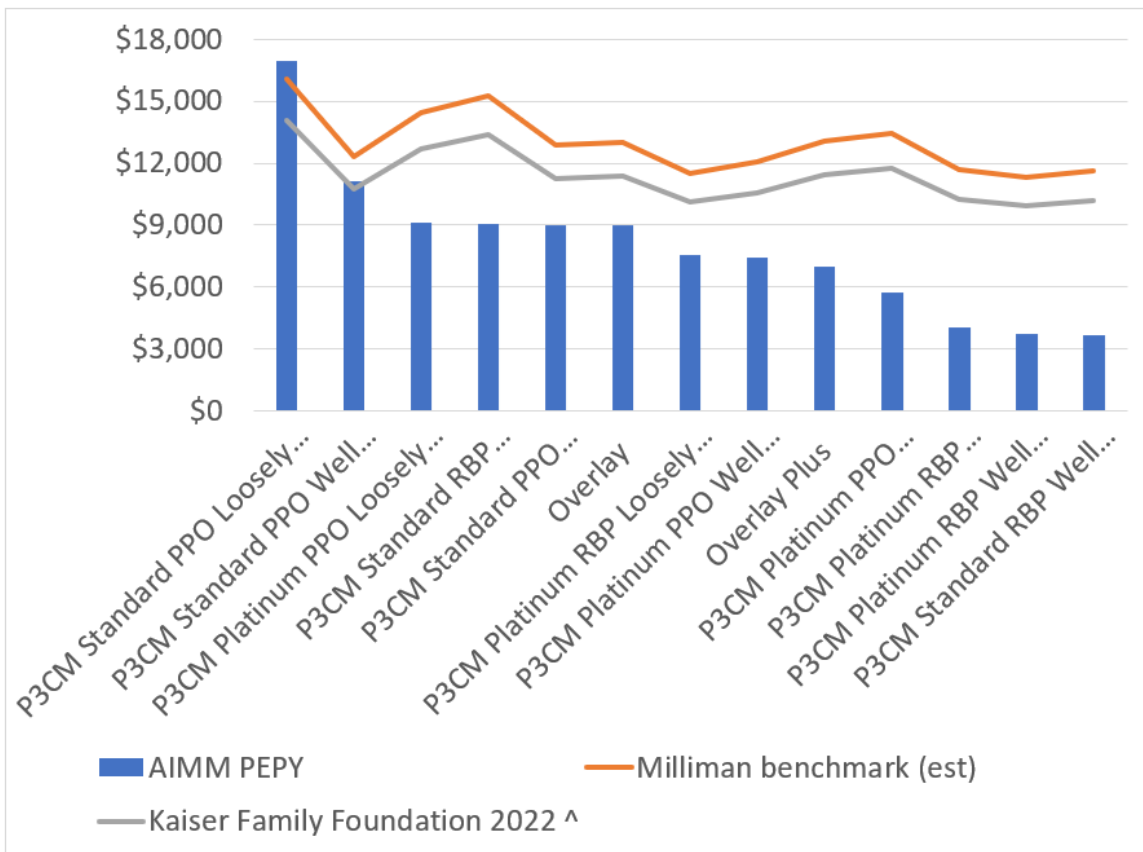
Graph 1 Per Employee Per Year Costs – AIMM plans/ Published Benchmark (Weighted Average Dependents to Employees)





# Findings & Validation

Graph 2 shows the AIMM plans' PEPY cost compared to the benchmark adjusted to match each plan's number of dependents per employee. Except for the P3CM Standard Loosely Managed PPO, all AIMM plans were lower than the Milliman benchmarks. The P3CM Standard PPO Well Managed PEPY was \$361 higher than the Kaiser Family Foundation estimated PEPY, but lower than the Milliman benchmark. All other plans were lower than both benchmarks.



^Adjusted by 20% for administrative costs.

Graph 2 Per Employee Per Year Costs – AIMM plans/ Published Benchmark (Weighted Average Dependents to Employees for Each Plan)



# Limitations

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This analysis does not address how AIMM's covered lives or benefit plans may vary from the populations in the Milliman benchmark.



## Works Cited

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- Bell, D. e. (2023, May 25). 2023 Milliman Medical Index. Retrieved from Milliman : [www.milliman.com/en/insight/2023-Milliman-Medical-Index/](http://www.milliman.com/en/insight/2023-Milliman-Medical-Index/)
- Foundation, K. F., & Trust, H. R. (2022). Employer Health Benefits Annual Survey. Retrieved from <https://www.kff.org/health-costs/report/2022-employer-health-benefits-survey/>







# Validation and Credibility Guarantee

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**Ault International Medical Management** achieved validation for **Savings**. 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

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

**Product:** AIMM's service

**Claim:** Health plans that use AIMM services have lower Per Employee Per Year (PEPY) costs than published benchmarks.

**Validation Achieved:** **Validated for Savings**

**Validation Award Date:** October 2021

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**Linda K. Riddell, MS**  
**Chief Data Scientist**  
**Validation Institute**

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**Benny DiCecca**  
**Chief Executive Officer**  
**Validation Institute**



# About Validation Institute

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**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.