



ValidationInstitute

2022 Case Study Report

**Case study for: Ault International
Medical Management (AIMM)**

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:	

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).

Case Study Overview

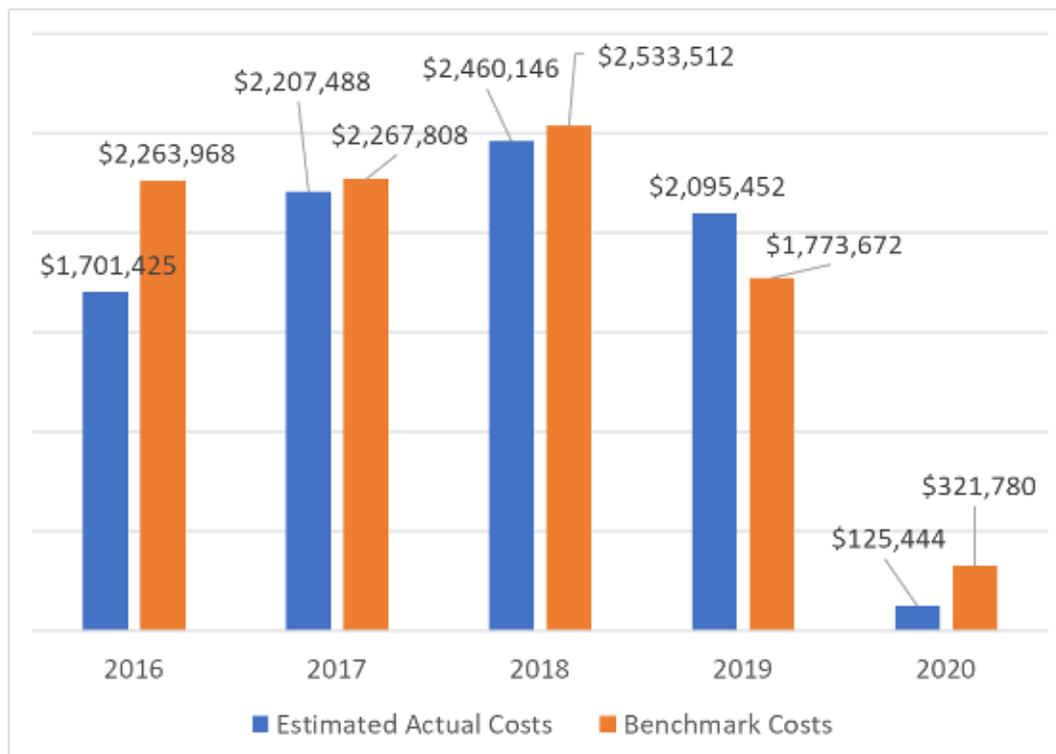
For an employer group, the actual medical benefits paid plus estimated administration and reinsurance costs were compared to published benchmark cost for the same region of the country. The group size changed over the time period reviewed (2016 – 2020); see table below for summary of employee count by year. The group started self-funding its plan in 2016.

The benchmark source was the Kaiser Family Foundation’s annual Employer Health Benefits Surveys for 2016, 2017, 2018, 2019 and 2020. The plan’s enrollment for single and family were multiplied by the Midwestern benchmark costs for each year.

Year	Single	Family
2016	96	88
2017	92	86
2018	112	90
2019 Jan - June	117	92
2019 July - Dec	18	19
2020	20	14

Results

The graph below shows the actual medical/pharmacy and estimated administration and reinsurance costs for the group, compared to the benchmark costs. Except for 2019, the group's actual costs were lower or comparable to the benchmark. In 2020, the group's actual costs were 61% lower than the benchmark.



Caveats

Performance of self-funded plans varies from year to year. Past performance is not a guarantee of future results.

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.