AER Go-To-Market Execution Kit

Compiled documentation bundle

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This folder contains a structured, compliance-oriented execution kit for externalizing AER, validating payer fit, and running distribution pilots before expanding AI scope.

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* `STEP_1_EXTERNALIZE_AER_STANDARD.md` -- execution plan and responsibilities.
* `AER_STANDARD_OVERVIEW.md` -- concise standard overview for external distribution.
* `AER_CONFORMANCE_CHECKLIST.md` -- conformance and auditability checklist.

Step 2 -- Payer & UR Reality Check

* `STEP_2_UR_REALITY_CHECK.md` -- execution plan and goals.
* `AER_UR_REVIEWER_PACKET.md` -- UR-facing packet with denial mapping.
* `UR_REALITY_CHECK_SCRIPT.md` -- 10-question interviewer script.
* `UR_FEEDBACK_FORM.md` -- structured scoring form with free-text capture.

Step 3 -- Distribution Before More Intelligence

* `STEP_3_DISTRIBUTION_PILOT.md` -- pilot execution plan and governance.
* `PILOT_30_DAY_PLAN.md` -- week-by-week milestones.
* `PILOT_SUCCESS_METRICS.md` -- success metrics and targets.
* `PILOT_EMAIL_TEMPLATES.md` -- pilot outreach and follow-up templates.

Audit Submission Example

* `AER_AUDIT_SUBMISSION_EXAMPLE.md` -- realistic redacted example of an AER submission artifact.

How to Use

1. Distribute the Step 1 docs to compliance and payer-facing stakeholders. 2. Use Step 2 scripts and forms during UR interviews and debriefs. 3. Execute Step 3 pilots before expanding AI features or additional clinical modules. 4. Generate the bundled PDF with `python3`

`scripts/build_gtm_pdf.py`.

PDF Bundle

The kit can be compiled into a single PDF at:

* `docs/go-to-market/out/AER_GTM_Kit.pdf`

STEP 1 -- Externalize AER as a Standard

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Objective

Establish AER v1.0 as a stable, external standard that payers, UR teams, auditors, and compliance officers can reference without ambiguity.

Status

Status: Stable

* AER v1.0 is intended to be externally referenceable.

* Minor revisions must be backward compatible.

Deliverables

* Public AER specification (v1.0)

* Conformance checklist for implementations

* Versioning and change control policy

Change Control and Versioning Promises

* **Backward compatibility:** existing fields will never be removed or renamed in v1.x.

* **Additive changes only:** new fields can be added if marked optional.

* **Deprecation:** any deprecation requires explicit notice and a defined sunset period.

* **Version pinning:** the report version is embedded in output.

Execution Steps

1. Publish the public AER v1.0 spec. 2. Provide the conformance checklist to internal engineering and compliance. 3. Validate production output against the checklist. 4. Share the spec with a small set of external stakeholders for review.

Ownership

* Product: standard ownership and messaging discipline

* Regulatory/Compliance: conformance criteria

* Engineering: deterministic generation and audit logging

Exit Criteria

* External stakeholders can cite AER v1.0 without interpretive gaps.

* Internal systems pass the conformance checklist.

* Any exceptions are explicitly documented in `not_available`.

AER Standard Overview (v1.0)

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Purpose

AER is a standardized, period-stable evidence artifact that documents between-session adherence in structured behavioral health programs.

Scope

* Evidence of assigned interventions and client responses
* Deterministic timelines of adherence events
* Auditability and traceability of actions

What It Is

* A deterministic report built from system-of-record events
* A compliance artifact for audits and utilization review

What It Is Not

* A diagnostic tool
* A treatment recommendation engine
* A replacement for clinician review

Core Principles

* Determinism
* Period stability (date-only)
* Evidence traceability
* Human-in-the-loop review
* Auditability

Consumption

* JSON as the primary artifact

* Deterministic PDF as secondary format

Implementation Notes

* Missing data must be explicitly flagged (no inference)
* All timestamps and actors must be attributable
* External access is read-only and time-limited

AER Conformance Checklist (v1.0)

AER Conformance Checklist (v1.0)

Use this checklist to validate AER implementations against the published standard.

Determinism

* [ ] Same inputs produce identical JSON output.
* [ ] Same inputs produce identical PDF output (hash stable).
* [ ] Timeline ordering is deterministic.

Period Stability

* [ ] Start/end are date-only (YYYY-MM-DD).
* [ ] Report period fields match requested date strings.
* [ ] No timezone drift between display and query boundaries.

Evidence Integrity

* [ ] All events are attributed (actor + timestamp).
* [ ] Evidence is captured as recorded, not inferred.
* [ ] Partial adherence is explicitly labeled.

Missing Data Handling

* [ ] Missing fields are null or omitted as defined.
* [ ] `not_available` lists every unpopulated section.
* [ ] No placeholder values presented as evidence.

External Access Controls

* [ ] External tokens are time-limited.
* [ ] Tokens are scoped (clinic/client/period/report_type).
* [ ] Tokens are revocable.
* [ ] Token usage is logged.

Audit Logging

* [ ] Report generation is logged (who/when).
* [ ] External access attempts are logged.
* [ ] No raw PHI stored in logs.

AI Assistance Boundaries

* [ ] AI output is draft-only.
* [ ] No diagnosis or treatment recommendation is produced.
* [ ] AI use is disclosed when present.

STEP 2 -- Payer & UR Reality Check

STEP 2 -- Payer & UR Reality Check

Objective

Validate that AER reduces UR friction and denial risk using real reviewer feedback before expanding product scope.

Inputs

* AER Standard Overview
* Conformance Checklist
* UR Reviewer Packet
* Reality Check Script and Feedback Form

Execution Steps

1. Select 3-5 payer or UR stakeholders (nurse reviewers, medical directors). 2. Provide the UR Reviewer Packet in advance. 3. Conduct a structured interview using the script. 4. Capture scores and free-text feedback. 5. Aggregate findings and track resolution actions.

Success Criteria

* Reviewers can map AER evidence to common denial scenarios.
* Feedback identifies clear acceptance blockers (if any).
* AER artifacts are understood without re-explanation.

Deliverables

* Completed UR Feedback Forms
* Risk log of acceptance blockers
* Updated standard clarifications (if needed)

AER UR Reviewer Packet

AER UR Reviewer Packet

Purpose

Provide a concise, structured artifact that shows how AER aligns with UR requirements and common denial scenarios.

What AER Proves

* Evidence of between-session engagement

* Assignment completion vs non-completion

* Timeliness and escalation oversight

Denial Mapping Table

| Common UR Denial | AER Evidence Fields | |---|---| | Insufficient evidence of engagement | `adherence_timeline`, `prescribed_interventions.status_summary`, `adherence events` | | Services not medically necessary | assigned interventions, completion criteria, clinician review state | | Incomplete documentation | `not_available`, audit metadata, immutable timestamps |

Evidence Guarantees

* Deterministic output

* Date-only period stability

* Traceable actor/time attribution

AI Disclosure

* Any AI assistance is policy-gated, redacted, and draft-only.

* AI output is never a diagnosis or treatment recommendation.

* AI usage is logged and reviewable.

UR Reality Check Script (10 Questions)

UR Reality Check Script (10 Questions)

Use this script verbatim to surface acceptance criteria, risk flags, and missing evidence signals.

1. Which three fields in AER would you check first to confirm engagement evidence? 2. Are the adherence events sufficient to verify contemporaneous participation? 3. What would make you label an engagement record as incomplete? 4. How do you validate that completion criteria are clinically relevant? 5. Does the AER period definition (date-only) align with your review windows? 6. What additional evidence, if any, would you require to avoid a denial? 7. How would you interpret partial or late completion in your review? 8. Does the escalation trail improve your confidence in oversight? 9. Which sections would you consider non-essential for UR? 10. If this artifact were included with claims, what denials would still remain likely?

UR Feedback Form

UR Feedback Form

Reviewer Profile

* Name / Role:

* Organization:

* Review scope (IOP/PHP/OP):

* Date:

Scoring (1-5)

1 = Not acceptable, 5 = Fully acceptable

| Dimension | Score | Notes | |---|---|---| | Evidence clarity | | | | Completeness of adherence evidence | | | | Period definition alignment | | | | Escalation oversight signal | | | | Audit readiness | | | | Usability for UR decisions | | |

Acceptance Criteria (Free Text)

* Minimum evidence required for approval:

* Required fields that are missing:

* Evidence that is unnecessary:

Denial Risk (Free Text)

* Denial scenarios still likely:

* Conditions that would reduce denial risk:

Final Recommendation

* Acceptable as-is: Yes / No

* If no, required changes:

STEP 3 -- Distribution Before More Intelligence

STEP 3 -- Distribution Before More Intelligence

Objective

Validate AER adoption and UR acceptance through time-boxed pilots before expanding AI features or additional modules.

Pilot Selection Criteria

* Clinics with active IOP/PHP/OP programs
* Demonstrated UR friction or audit exposure
* Willing compliance leadership sponsor
* Ability to provide de-identified sample cases

Pilot Structure

* Duration: 30 days
* Weekly milestones (see plan)
* Joint review with compliance and operations

Exit Criteria

* AER accepted as a primary evidence artifact in UR workflows
* Denial risks are reduced or clearly identified
* Implementation checklist passes with no material exceptions

Pilot 30-Day Plan

Pilot 30-Day Plan

Week 1 -- Setup and Alignment

* Confirm pilot scope and clinic leadership sponsor
* Validate AER conformance checklist
* Produce 3-5 sample AER artifacts

Week 2 -- UR Review Sessions

* Conduct 2-3 structured UR reviews
* Capture feedback forms and denial mapping notes
* Identify any blockers or missing evidence

Week 3 -- Iteration and Validation

* Resolve blockers or document limitations
* Re-issue AER artifacts with adjustments (no breaking changes)
* Confirm acceptance of revised artifacts

Week 4 -- Outcomes and Decision

* Summarize UR acceptance results
* Confirm compliance sign-off
* Decide on expansion or hold

Pilot Success Metrics

Pilot Success Metrics

Adoption and Acceptance

* **UR acceptance rate:** target >= 80% of reviewed cases accepted without additional evidence requests.

* **Evidence completeness score (UR feedback form):** target average >= 4.0/5.

Compliance and Audit Readiness

* **Conformance checklist pass rate:** target 100% for determinism and period stability items.

* **Audit log availability:** target 100% of report generations logged.

Operational Impact

* **Time to compile UR packet:** target <= 25% of baseline time.

* **Escalation visibility:** target >= 90% of non-adherence cases flagged within SLA window.

Decision Thresholds

* **Go / expand:** >= 80% UR acceptance and no material compliance blockers.

* **Hold / remediate:** < 80% acceptance or any compliance blocker identified.

Pilot Email Templates

Pilot Email Templates

1) Initial Pilot Outreach

Subject: AER pilot -- UR evidence standard validation

Hello <Name>,

We are running a 30-day pilot to validate the Adherence Evidence Report (AER) as a standardized UR artifact. The pilot focuses on evidence quality, auditability, and denial risk reduction.

Proposed scope:

* 3-5 de-identified cases
* AER JSON + deterministic PDF
* 1-2 structured UR review sessions

If you are open to participating, please share availability for a 30-minute kickoff.

Regards, <Name> <Role>

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2) Follow-Up After UR Feedback

Subject: AER pilot -- feedback summary and adjustments

Hello <Name>,

Thank you for the review session. We captured the following items:

* Acceptable evidence signals: <list>
* Missing evidence or concerns: <list>
* Proposed remediation: <list>

We will re-issue the updated AER artifacts for your review by <date>. Please let us know if additional reviewers should be included.

Regards, <Name> <Role>

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3) Results + Next Steps

Subject: AER pilot results and next steps

Hello <Name>,

Summary of pilot outcomes:

* UR acceptance rate: <percent>

* Evidence completeness score: <score>

* Blockers: <none / list>

Based on the results, we propose the following next step:

* <expand pilot / proceed to broader deployment / remediate specific gaps>

Please let us know your preference for next steps and any additional requirements.

Regards, <Name> <Role>

AER Audit Submission Example (Redacted)

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Submission Type: Utilization Review Evidence Packet (Between-Session Adherence)

Clinic: Redacted Behavioral Health Clinic **Program:** IOP (Intensive Outpatient Program)
Reporting Period: 2026-01-01 to 2026-02-04 (date-only)

Identifiers (Redacted):

* Clinic ID: 2c6b0b7a-4c2a-4e6c-91b5-0a2d0c7d7f01

* Client ID: 8e1d7c44-1f9c-4d3a-9b0c-7a5b3f1a0a12

* Report ID: AER-v1:2c6b0b7a-4c2a-4e6c-91b5-0a2d0c7d7f01:8e1d7c44-1f9c-4d3a-9b0c-7a5b3f1a0a12:2026-01-01:2026-02-04

AER Summary Excerpt (Redacted)

Prescribed Interventions (excerpt)

* Assignment ID: 4f7aa1a2-02b8-4b6c-b75b-9e2b3a1d0a33

* Title: Coping Skills Practice

* Assigned At: 2026-01-05T14:12:03Z

* Due End: 2026-01-10T23:59:59Z

* Status Summary: Completed=1, Partial=0, Missed=0, Late=0

Adherence Timeline (excerpt)

* 2026-01-08T18:41:22Z -- assignment_completed -- source: client -- ref: assignment_id=4f7aa1a2-02b8-4b6c-b75b-9e2b3a1d0a33

* 2026-01-08T18:41:25Z -- feedback -- source: clinician -- ref: assignment_id=4f7aa1a2-02b8-4b6c-b75b-9e2b3a1d0a33

Clinician Review (excerpt)

* Reviewed: true

* Reviewed At: 2026-01-09T10:02:11Z

* Reviewed By: [REDACTED]

Audit Integrity (excerpt)

* Data Sources: prisma

* Generated At: 2026-02-04T09:15:00Z

Conformance to AER v1.0

This submission aligns with the AER specification:

* **Purpose and scope:** evidence of adherence only (AER Spec v1.0 Section 1).

* **Determinism and period stability:** date-only range and stable report ID (AER Spec v1.0 Section 2).

* **Evidence traceability:** timestamps and actor attribution (AER Spec v1.0 Section 4).

AI Use Disclosure

This submission may include AI-assisted draft text **only where explicitly marked in the internal system**. AI usage is:

* Policy-gated and role-restricted

* Redacted to prevent PHI leakage

* Draft-only and clinician-reviewed

* Logged for audit review

AI does **not** provide diagnosis, treatment recommendations, or utilization decisions.