



Make Health Connect

Enhancing General Practices (GPs) and Clinical Operations and Fraud Detection with AI

MHC Asia Group is Singapore's leading health technology company specialising in medical benefits administration for employees since 1994.



"We are honoured to be part of this project. It was a great learning experience for our teams. MHC will use the learnings from our partnership with AISG to continue to ride the digital disruption wave with technological innovations that will successfully transform industries and business models. We strongly believe in not just adapting to the changing needs of our partners and clients, but constantly push our creative boundaries and go beyond expectations."

*Kabita Karthigeyan
CEO*

BACKGROUND

- Healthcare cost is at an escalating trend, evermore so now than ever before. There is currently a lack of transparency in the healthcare system
- Up until now, there are no accurate ways to detect fraud, especially latent fraud within the healthcare system
- Patients are also abusing the healthcare system and its benefits such as maximising number of MC days, doctor hopping and abuse of medications

BUSINESS CHALLENGE

How can AI detect fraud and flag out fraudulent transactions/claims?

AI SOLUTION DEPLOYED

A machine learning model (via the use of the (SWAT Iteration Framework by Keith B. Carter) was implemented into the in-house data analytics platform to detect fraud claims

OUTCOMES



The AI model was created with a reasonable level of accuracy and deployed to the development website for further testing by MHC



New skillsets developed in AI, data engineering and business analysis - new staff were added to the MHC R&D team to work on data analytics and AI



MHC was able to reduce health costs and health claims



MHC's performance improved and the risk of failure was reduced



Increase efficient use of limited healthcare resources