Delivering on the promise of making things better

Enabling insight-led enterprise change in healthcare

Against the backdrop of the worst global pandemic in a century, unlocking efficiencies in the healthcare sector is becoming increasingly key. Patient care is paramount and the availability of healthcare workers to provide that much-needed care is crucial. But how can healthcare workers focus on what they need to do if they're manually capturing the same information up to 32 times? How can nursing staff provide care to critically ill patients – while juggling Covid protocols – when they spend 92% of their time on administrative tasks?
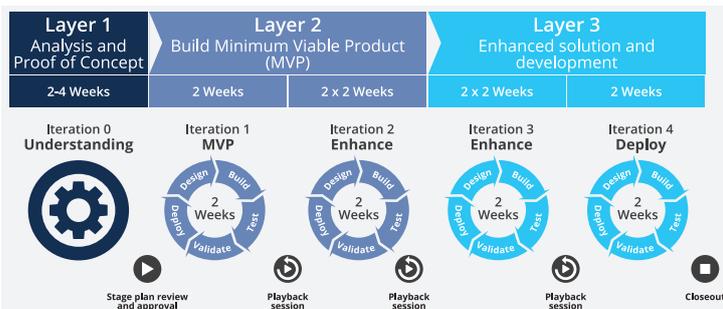
Simply put, they can't. But that doesn't mean efficient healthcare is impossible. By tapping into the wealth of data available to healthcare providers, hospital groups and medical aid schemes – and where possible combining that data to create a holistic picture – the opportunities for operational efficiencies are everywhere.

Making an impact quickly. And cost-effectively.

A value case is a rapid proof-of-value exercise, designed to address a specific business need using a small multi-disciplinary team, and delivers tangible business benefit. What this translates to is a cost effective way to demonstrate return on investment to cost-conscious executives.
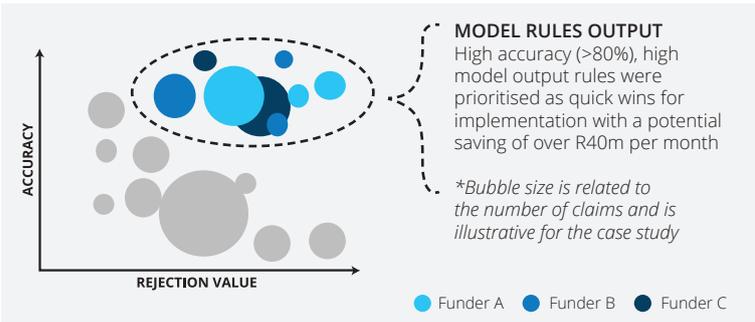

The claims' management process is a known area of inefficiency and a major headache, both for healthcare providers and patients – a perfect place to prove the value of insight-led operations.

Upon discharge, patients are at their most vulnerable, and receiving a large unexpected bill leaves a very sour taste – especially as hospital stays require pre-authorisation, so you assume you'll be covered. But, we rarely read the fine print. For example, certain plans only cover one blanket per patient, per night, so if your claim is submitted with two blankets, the medical aid might reject the claim *in its entirety*. These rejected and short-paid claims account for **up to 30% of all billing** and take up to **10 times as long** to resolve, resulting in hundreds of wasted hours and millions of Rands in lost revenue.

> ### Rejected and short-paid claims account for up to 30% of billing and take up to 10 times as long to resolve

By flagging claims likely to be rejected before submission, healthcare providers could significantly improve outcomes of the claims process. Working with a leading South African healthcare provider, BSG built a predictive model using machine learning to identify claims with a high likelihood of rejection. Over one and half million cases – roughly 80 million

line items – were fed into the model. This helped it to understand reasons for rejection, enabling proactive management of cases.

The high volume of claims rejected prior to the implementation of the model, meant that any rejection "trends" identified were based on manual interpretation and intuition. Being able to accurately monitor trends meant the healthcare provider could also identify shifts in trends, and proactively adjust their processes to manage those shifts. This approach resulted in a saving of R18m over 7 months for the provider, and translated into a smoother process for both the medical aid schemes and the patients.

MODEL RULES OUTPUT
High accuracy (>80%), high model output rules were prioritised as quick wins for implementation with a potential saving of over R40m per month

Bubble size is related to the number of claims and is illustrative for the case study

● Funder A　● Funder B　● Funder C

For business data to be valuable it must be analysed and insights drawn from it. And even then, if those insights are not used, it's wasted effort. By consolidating individual data points into a more complete and trusted data asset, rich and powerful features are made available.

Regardless of your industry or type of business, your existing data can unlock operational efficiencies, opportunities for proactive servicing and automation, and even predictive operations.

To find out about how BSG can put your organisation's existing data to work, talk to us.

About BSG

As a homegrown South African Consulting and Technology company, BSG is uniquely positioned to deliver solutions tailored to the South African context.

We have more than 20 years' experience across the banking, specialised financial services, insurance, healthcare, telecommunications, and oil and gas sectors. By employing a multi-skilled approach, BSG effectively leverages our clients' data to create solutions that improve the experiences of their customers and solve enterprise-scale challenges.

We understand the dynamics of Business and Technology, which allows us to create flow between supply and demand, bridging the gap between business and IT. We work with our clients to drive out success, transforming their operational platforms and creating the customer experiences they need.

Visit us at www.bsg.co.za

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