Public Sector

Social Security

Powering Citizen Wellbeing through Analytics

Social insurance programs are the backbone of citizen welfare, yet they face persistent challenges — fraudulent claims, inefficient fund allocation, and limited visibility into beneficiary data. With SAS-powered analytics and AI, governments can ensure fairness, prevent leakages, and optimize program delivery. By bringing together data from multiple agencies, our solution creates a single source of truth for beneficiaries, enabling proactive fraud detection, efficient disbursement, and improved citizen trust.

Challenges

- Ghost beneficiaries and duplicate enrollments
- Beneficiary and contribution data are scattered across agencies
- Inefficient claim handling, high error rates, and delays
- Funds lost through misuse, misreporting, and weak oversight
- Inability to track benefits end-to-end

Our Solution Offering

Use Case 01

Scenario-based Triggers

Flags abnormal claims using business rules (e.g., high costs, repeat procedures) for real-time fraud detection.

Use Case 02

Predictive Model

Uses ML to predict fraudulent claims and prioritize suspicious ones for review.

Use Case 03

Network Collusion

Detects collusion between hospitals, doctors, and pharmacies to uncover fraud networks.

Use Case 04

Risk Score Card

Assigns risk scores to providers, patients, and claims for focused audits.

Use Case 05

Image Analytics

Analyzes bills, reports, and images to spot altered invoices or duplicate claims.

Use Case 06

Text Analytics

Scans unstructured medical records to detect mismatches in treatments and fraud.

Key Benefits

- Applies predefined business rules to spot abnormal claims.
- Flags duplicate billing, or repeated procedures.
- Enables real-time fraud detection to minimize revenue leakage.

- Improves efficiency by focusing auditors on cases with high impact.
- Assigns dynamic risk scores to providers, patients, and claims.
- Supports efficient triaging of high- vs. low-risk cases.

- Uncovers hidden links between hospitals, doctors, and pharmacies.
- Detects referral loops, ghost patients, and unusual patterns.
- Prevents large-scale, organized fraud networks.

- Extracts insights from scanned bills, reports, and medical images.
- Identifies altered invoices, duplicate claims, or manipulated records.
- Creates digital proof of document validation

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SAS Viya : Unified Data to Decision Platform

SAS Solutions

- Law Enforcement
- Risk Management
- Customer (Citizen) Intelligence
- IoT
- Fraud & Security Intelligence
- Health Outcomes
- Supply Chain

aws | Red Hat OpenShift | On-Premise

AI Implementation across industries

Banking & Financial Services

- Enterprise **fraud detection** with AI
- Graph-based **AML compliance** intelligence
- **Early warning systems** with ML-Ops
- AI-enabled **capital and risk** forecasting

Insurance Analytics Offerings

- AI/ML-based **claims fraud detection**
- AI-led **dynamic underwriting** models
- Intelligent **Text and Image Analytics**
- SAS **Dynamic Actuarial Modeling (DAM)**

Pharma & Life Science Offerings

- **Golden Batch** optimization for yield consistency
- **Automated APQR** for faster regulatory reporting
- **SAS LSAF** integration for compliant R&D workflows
- **Clinical Research** excellence using SAS APro

Manufacturing Offerings

- **Process optimization** with AI models
- AI-led **inventory forecasting** systems
- Predictive **quality control** analytics
- **Autonomous planning** with ML-Ops pipelines

Public Sector Offerings

- **Tax and Revenue Compliance** to curb fraud and boost revenue
- Intelligent document processing using **GenAI**
- **Social Benefits** Program Integrity
- **Urban Mobility Intelligence**

Retail & Consumer Goods Offerings

- GenAI-powered **product recommendations**
- **Dynamic pricing** strategies using AI
- Customer **behavior prediction** models
- **Supply chain insights** using ESG aligned AI

Nupeak

AI - Expertise across industries

India (HQ)

Shivalik Satyamev,
1023, 10th Floor, Sardar Patel
Ring Road, Ahmedabad,
Gujarat,
India

Dubai

Royal Palm Business Center,
Of 13-696 Building name
R320, Um Hurair 2,
Dubai, United Arab Emirates

SAS Partnership

SAS Silver Partner

www.nupeak.in
info@nupeak.in | uae@nupeak.in
/nupeak-it-services-pvt-ltd

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