

PROTECT YOUR ORGANIZATION FROM FRAUD, WASTE, AND ABUSE

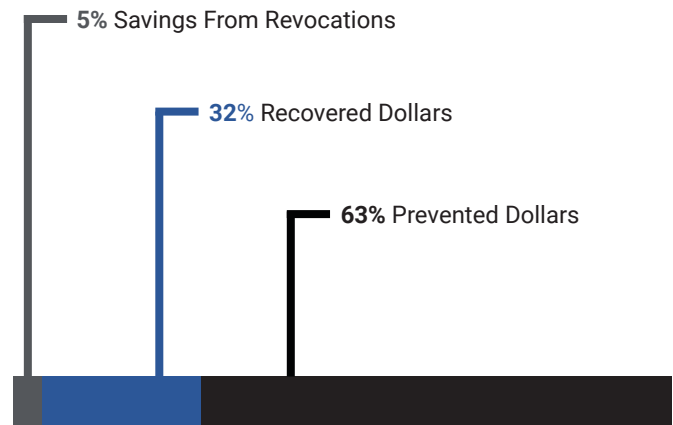
SafeGuard Services (SGS), a subsidiary of Peraton, is an ISO 9001:2015 certified organization that performs data analysis, investigations, and medical review to detect, prevent, deter, reduce, and make referrals to recover fraud, waste, and abuse (FWA).

Since 1999, SGS has prevented billions of dollars in improper payments. These are caught both before and after fraud occurs. SGS uses a successful proprietary lead management approach, which focuses on an automated workload management process and an agile organizational structure geared to quick, appropriate, and effective lead creation and resolution.

Our experience with fraud and abuse analytics has resulted in the referral of hundreds of cases to law enforcement and led to successful criminal and civil prosecution monetary penalties.

Benefits of the program offered by SGS include:

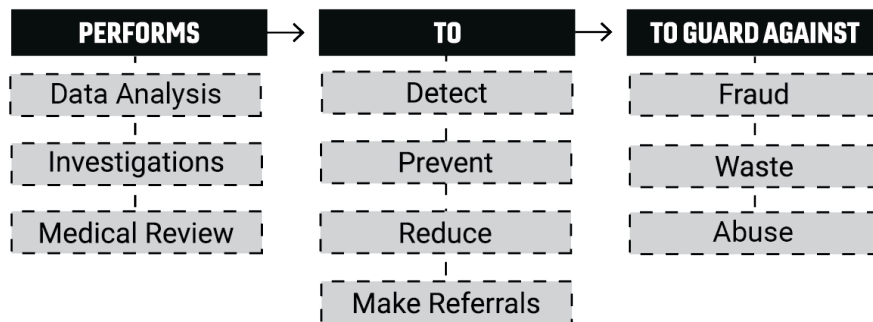
- Increased profitability through recovery of past overpayments and through mitigation of future fraud, waste, and abuse loss.
- Ability to conduct predictive analysis to support investigations.
- Reduced risk of predatory attacks through strengthened policies and enhanced use of automated prepayment protection.
- A proactive, intelligence-driven approach to detect and prevent fraud, waste, and abuse that reduces the risk of adverse publicity and promotes positive recognition.
- Collaboration with stakeholders on approach and preventive measures.



EFFECTIVE AND SECURE PROCESSES WITH HIGH-QUALITY OUTCOMES

When you work with SGS, you work with a team that is:

- **Effective:** As one of the largest contractors addressing fraud, waste, and abuse for Centers for Medicare & Medicaid Services (CMS), SGS delivers significant ROI results for its customer.
- **Secure:** The SGS Security program analyzes highly protected data. By following the National Institutes of Standards and Technology (NIST) 800-53, SGS conforms to requirements for federal systems, which are auditable under the Federal Information Security Management Act (FISMA).
- **High Quality:** In the more than 25 years since the SGS team first established our ISO certification, we have continuously improved our approach, resulting in a firmly established focus on high-quality results across SGS staff.
- **Performance Focused:** SGS establishes a Metrics Plan for each contract detailing specific measurable objectives, and then evaluates our performance against these objectives, promoting further continuous improvement.



A VARIETY OF SERVICES TO FIT YOUR NEEDS

Services offered by the SGS team include:

Data Analysis: SGS data analysts, statisticians, and data scientists apply a wide range of detection capabilities including predictive modeling, statistical modeling, link analysis, and deep data mining. Our analysts apply business intelligence tools and programming platforms that best suit the need for analysis, which may include SAS analysis, SQL – Business Objects, Snowflake, Python, AWS, Databricks, R, Robotic Process Automation (RPA), geographic mapping, machine learning, artificial intelligence, and other cutting-edge tools in the field of data analytics.

Automation and RPA: SGS develops and implements automated solutions to streamline operations, reduce costs, and improve accuracy.

Investigations: SGS investigators substantiate the allegations by analyzing associated records. Desk-level investigations include analyzing information about a subject such as enrollment, claims, and other background data. Fieldwork may include physical address verification and interviews with beneficiaries, participating physicians and their staff, and others.

Overpayment Calculation and Recovery: To identify occurrences of error, including overpayment, SGS analyzes a statistically representative sample of payments, and then projects findings to the universe as appropriate, resulting in a recommended recovery.

Medical Review: Highly skilled SGS clinicians perform medically necessity reviews. These professionals consider rules and policies as well as standard medical practices to evaluate the service performed and claim billed.

This type of review is a thorough examination of a provider's billing practice and may result in education or an overpayment determination. Fraud-level review helps determine if the services were payable as billed or occurrences of potential fraud, waste, or abuse. In these situations, skilled clinicians may determine that services were not rendered or the claim may be denied for technical reasons.

Support for Civil and Criminal Prosecution: SGS applies extensive experience working with law enforcement to effectively prepare cases for civil and criminal prosecution, including having SGS analysts and investigators provide testimony, when appropriate.

Prevention: Our experts proactively prevent losses by recommending payment system enhancements to ensure correct claims processing and reduce overpayment.

PROVEN EXPERIENCE

SGS is one of the Center for Program Integrity's largest contractors, delivering Medicare and Medicaid program integrity oversight and support.

- SGS protects more than 87.5 million beneficiaries, 598,000 providers, and 22 states/U.S. territories.
- SGS delivers integrity services for all claim types, including medical institutions, professionals, suppliers, and prescription drug plans.

FOR MORE INFORMATION

To learn more about how your organization can benefit from the fraud, waste, and abuse services provided by SGS, visit us at sgsdetect.com or contact us directly at sgswebadministrator@peraton.com.