

Global Healthcare Fraud Analytics Market Size study, by Solution Type (Descriptive Analytics, Predictive Analytics, Prescriptive Analytics), by Delivery Model (On-premise, Cloud-based), by Application (Insurance Claims Review, Pharmacy Billing Misuse, Payment Integrity, Other applications), by End User (Public & Government Agencies, Private Insurance Payers, Third-party service providers, Employers), and Regional Forecasts 2021-2027

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Abstracts

Global healthcare fraud analytics market is valued approximately at USD 1.2 billion in 2020 and is anticipated to grow with a healthy growth rate of about 26.7% over the forecast period 2021-2027. Healthcare fraud analytics is the fraud detection solutions and software that assist in early detection of frauds in healthcare sector such as errors in claim submissions, duplication of claims, prescription fraud by pharmacists and health insurance frauds. The global healthcare fraud analytics market is being driven by large number of fraudulent activities in healthcare and increased number of patients seeking health insurance. Furthermore, role of AI in healthcare fraud detection will provide new opportunities for the global healthcare fraud analytics industry. There has been a significant rise in the population seeking health insurance in different countries across the globe. For instance, as per Statista, 297 million people in the United States had health insurance, as of 2020, an increase from approximately 257 million health insured people in 2010. Also, health insurance sector market size in India was about USD 4.94 billion in 2018 which is expected to reach USD 26.72 billion by 2030. Such growth in the demand for health insurance is expected to increase the demand and adoption of healthcare fraud analytics which is likely to promote the market growth. However,

limitations in the data capturing process in Medicaid services may impede market growth over the forecast period of 2021-2027.

The regional analysis of the global healthcare fraud analytics market is considered for the key regions such as Asia Pacific, North America, Europe, Latin America, and Rest of the World. North America accounts for the largest share in terms of market revenue in the global healthcare fraud analytics market over the forecast period 2021-2027. Factors such as growing incidences of healthcare fraud, large number of people seeking health insurance, pressure to reduce healthcare costs, favorable government anti-fraud initiatives, greater service and product availability, technological advancements, etc. contribute towards the largest market share of the region in the forecast years.

Major market player included in this report are:

International Business Machines Corporation (IBM)
Optum, Inc. (Optum)
SAS Institute, Inc. (SAS)
Change Healthcare
EXL Service Holdings, Inc.
Cotiviti
Wipro Limited
Conduent, Inc.
Hindustan Computers Limited Technologies Limited (HCL)
Canadian Global Information Technology Group Inc. (CGI)

The objective of the study is to define market sizes of different segments & countries in recent years and to forecast the values to the coming eight years. The report is designed to incorporate both qualitative and quantitative aspects of the industry within each of the regions and countries involved in the study. Furthermore, the report also caters the detailed information about the crucial aspects such as driving factors & challenges which will define the future growth of the market. Additionally, the report shall also incorporate available opportunities in micro markets for stakeholders to invest along with the detailed analysis of competitive landscape and product offerings of key players. The detailed segments and sub-segment of the market are explained below:

By Solution Type:

Descriptive Analytics
Predictive Analytics
Prescriptive Analytics

By Delivery Model:

On-premise

Cloud-based

By Application:

Insurance Claims Review

Pharmacy Billing Misuse

Payment Integrity

Other applications

By End User:

Public & Government Agencies

Private Insurance Payers

Third-party service providers

Employers

By Region:

North America

U.S.

Canada

Europe

UK

Germany

France

Spain

Italy

ROE

Asia Pacific

China

India

Japan

Australia

South Korea

RoAPAC

Latin America

Brazil

Mexico

Rest of the World

Furthermore, years considered for the study are as follows:

Historical year – 2018, 2019

Base year – 2020

Forecast period – 2021 to 2027.

Target Audience of the Global Healthcare Fraud Analytics Market in Market Study:

Key Consulting Companies & Advisors

Large, medium-sized, and small enterprises

Venture capitalists

Value-Added Resellers (VARs)

Third-party knowledge providers

Investment bankers

Investors

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