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Global Healthcare Fraud Detection Market Size Study, by Component (Services, Software), by Application (Payment Integrity, Insurance Claims Review), by End User (Healthcare Payer, Government Agencies, Others), by Type (Descriptive Analytics, Predictive Analytics, Prescriptive Analytics) and Regional Forecasts 2022-2032

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Abstracts

Global Healthcare Fraud Detection Market, was valued at approximately USD 1.42 billion in 2023, is anticipated to witness significant growth rate of about CAGR 12.68% over the period from 2024 to 2032. Healthcare fraud is characterized by intentional misrepresentation or deception by healthcare professionals or patients, leading to unauthorized payments or benefits. Common examples include falsified data by physicians, duplicate claims by different providers, claims for services not provided, and misrepresented dates or descriptions of treatments. The growing complexity of such fraudulent activities has necessitated the development and deployment of sophisticated fraud detection solutions.

The Global Healthcare Fraud Detection Market is driven by the escalating adoption of advanced data mining and artificial intelligence (AI) technologies in the healthcare sector. Healthcare fraud detection is becoming increasingly critical as healthcare fraudulence cases, including healthcare fund fraud, false medical claims, and insurance fraud, continue to rise. The process involves comprehensive auditing of accounts, medical claims, and healthcare funds to prevent fraud, waste, and abuse. The market is expected to advance rapidly due to the increasing integration of AI, machine learning, and data analytics in healthcare fraud detection systems. These technologies are enhancing the efficiency of fraud detection processes, enabling real-time monitoring and

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analysis, and improving payment integrity. However, challenges such as rising data breaches in the healthcare industry and lower awareness of fraud analytics solutions in emerging markets may impede market growth.

The key regions considered for the market study includes Asia Pacific, North America, Europe, Latin America, and Rest of the World. In 2023, North America held the largest revenue share in the healthcare fraud detection market, driven by the high incidence of fraudulence cases in the U.S. and Mexico, coupled with the growing adoption of innovative analytical techniques and software solutions. Furthermore, Asia Pacific is anticipated to grow fastest during the forecast period 2022-2032.

Major market players included in this report are:

Verscend Technologies

Fair Isaac Corporation

CGI Inc.

Wipro Limited

Optum

SAS Institute Inc.

LexisNexis

SCIO Inspire, Corp.

OSP Labs

HCL Technologies

The detailed segments and sub-segment of the market are explained below:

By Component:

Services

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Software

By Application:

Payment Integrity

Insurance Claims Review

By End User:

Healthcare Payer

Government Agencies

Others

By Type:

Descriptive Analytics

Predictive Analytics

Prescriptive Analytics

By Region:

North America

U.S.

Canada

Europe

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- UK
- Germany
- France
- Spain
- Italy
- ROE

Asia Pacific

- China
- India
- Japan
- Australia
- South Korea
- RoAPAC

Latin America

- Brazil
- Mexico
- RoLA

Middle East & Africa

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Saudi Arabia

South Africa

RoMEA

Years considered for the study are as follows:

Historical year – 2022

Base year – 2023

Forecast period – 2024 to 2032

Key Takeaways:

Market Estimates & Forecast for 10 years from 2022 to 2032.

Annualized revenues and regional level analysis for each market segment.

Detailed analysis of geographical landscape with Country level analysis of major regions.

Competitive landscape with information on major players in the market.

Analysis of key business strategies and recommendations on future market approach.

Analysis of competitive structure of the market.

Demand side and supply side analysis of the market

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Contents

CHAPTER 1. GLOBAL HEALTHCARE FRAUD DETECTION MARKET EXECUTIVE SUMMARY

1.1. Global Healthcare Fraud Detection Market Size & Forecast (2022-2032)
1.2. Regional Summary
1.3. Segmental Summary
  1.3.1. By Component
  1.3.2. By Application
  1.3.3. By End User
  1.3.4. By Type
1.4. Key Trends
1.5. Recession Impact
1.6. Analyst Recommendation & Conclusion

CHAPTER 2. GLOBAL HEALTHCARE FRAUD DETECTION MARKET DEFINITION AND RESEARCH ASSUMPTIONS

2.1. Research Objective
2.2. Market Definition
2.3. Research Assumptions
  2.3.1. Inclusion & Exclusion
  2.3.2. Limitations
  2.3.3. Supply Side Analysis
    2.3.3.1. Availability
    2.3.3.2. Infrastructure
    2.3.3.3. Regulatory Environment
    2.3.3.4. Market Competition
    2.3.3.5. Economic Viability (Consumer’s Perspective)
  2.3.4. Demand Side Analysis
    2.3.4.1. Regulatory frameworks
    2.3.4.2. Technological Advancements
    2.3.4.3. Environmental Considerations
    2.3.4.4. Consumer Awareness & Acceptance
2.4. Estimation Methodology
2.5. Years Considered for the Study
2.6. Currency Conversion Rates

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CHAPTER 3. GLOBAL HEALTHCARE FRAUD DETECTION MARKET DYNAMICS

3.1. Market Drivers
  3.1.1. Increasing Incidence of Healthcare Fraud
  3.1.2. Rising Adoption of AI and Data Mining in Fraud Detection
  3.1.3. Expansion of Healthcare Services and Insurance Claim Reviews
3.2. Market Challenges
  3.2.1. Data Breaches in Healthcare
  3.2.2. Low Awareness of Fraud Detection Solutions in Emerging Markets
3.3. Market Opportunities
  3.3.1. Technological Advancements in Fraud Detection Software
  3.3.2. Growing Demand for Healthcare Insurance
  3.3.3. Expansion of Healthcare Infrastructure in Emerging Economies

CHAPTER 4. GLOBAL HEALTHCARE FRAUD DETECTION MARKET INDUSTRY ANALYSIS

4.1. Porter’s 5 Force Model
  4.1.1. Bargaining Power of Suppliers
  4.1.2. Bargaining Power of Buyers
  4.1.3. Threat of New Entrants
  4.1.4. Threat of Substitutes
  4.1.5. Competitive Rivalry
  4.1.6. Futuristic Approach to Porter’s 5 Force Model
  4.1.7. Porter’s 5 Force Impact Analysis
4.2. PESTEL Analysis
  4.2.1. Political
  4.2.2. Economical
  4.2.3. Social
  4.2.4. Technological
  4.2.5. Environmental
  4.2.6. Legal
4.3. Top Investment Opportunities
4.4. Top Winning Strategies
4.5. Disruptive Trends
4.6. Industry Expert Perspective
4.7. Analyst Recommendation & Conclusion

CHAPTER 5. GLOBAL HEALTHCARE FRAUD DETECTION MARKET SIZE &

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FORECASTS BY COMPONENT (2022-2032)

5.1. Segment Dashboard
5.2. Global Healthcare Fraud Detection Market: Services Revenue Trend Analysis, 2022 & 2032 (USD Billion)
5.3. Global Healthcare Fraud Detection Market: Software Revenue Trend Analysis, 2022 & 2032 (USD Billion)

CHAPTER 6. GLOBAL HEALTHCARE FRAUD DETECTION MARKET SIZE & FORECASTS BY APPLICATION (2022-2032)

6.1. Segment Dashboard
6.2. Global Healthcare Fraud Detection Market: Payment Integrity Revenue Trend Analysis, 2022 & 2032 (USD Billion)
6.3. Global Healthcare Fraud Detection Market: Insurance Claims Review Revenue Trend Analysis, 2022 & 2032 (USD Billion)

CHAPTER 7. GLOBAL HEALTHCARE FRAUD DETECTION MARKET SIZE & FORECASTS BY END USER (2022-2032)

7.1. Segment Dashboard
7.2. Global Healthcare Fraud Detection Market: Healthcare Payer Revenue Trend Analysis, 2022 & 2032 (USD Billion)
7.3. Global Healthcare Fraud Detection Market: Government Agencies Revenue Trend Analysis, 2022 & 2032 (USD Billion)
7.4. Global Healthcare Fraud Detection Market: Others Revenue Trend Analysis, 2022 & 2032 (USD Billion)

CHAPTER 8. GLOBAL HEALTHCARE FRAUD DETECTION MARKET SIZE & FORECASTS BY TYPE (2022-2032)

8.1. Segment Dashboard
8.2. Global Healthcare Fraud Detection Market: Descriptive Analytics Revenue Trend Analysis, 2022 & 2032 (USD Billion)
8.3. Global Healthcare Fraud Detection Market: Predictive Analytics Revenue Trend Analysis, 2022 & 2032 (USD Billion)
8.4. Global Healthcare Fraud Detection Market: Prescriptive Analytics Revenue Trend Analysis, 2022 & 2032 (USD Billion)

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info@marketpublishers.com

CHAPTER 9. GLOBAL HEALTHCARE FRAUD DETECTION MARKET SIZE & FORECASTS BY REGION (2022-2032)

9.1. North America Healthcare Fraud Detection Market
9.1.1. U.S. Healthcare Fraud Detection Market
9.1.1.1. By Component size & forecasts, 2022-2032
9.1.1.2. By Application size & forecasts, 2022-2032
9.1.1.3. By End User size & forecasts, 2022-2032
9.1.1.4. By Type size & forecasts, 2022-2032
9.1.2. Canada Healthcare Fraud Detection Market
9.2. Europe Healthcare Fraud Detection Market
9.2.1. U.K. Healthcare Fraud Detection Market
9.2.2. Germany Healthcare Fraud Detection Market
9.2.3. France Healthcare Fraud Detection Market
9.2.4. Spain Healthcare Fraud Detection Market
9.2.5. Italy Healthcare Fraud Detection Market
9.2.6. Rest of Europe Healthcare Fraud Detection Market
9.3. Asia-Pacific Healthcare Fraud Detection Market
9.3.1. China Healthcare Fraud Detection Market
9.3.2. India Healthcare Fraud Detection Market
9.3.3. Japan Healthcare Fraud Detection Market
9.3.4. Australia Healthcare Fraud Detection Market
9.3.5. South Korea Healthcare Fraud Detection Market
9.3.6. Rest of Asia Pacific Healthcare Fraud Detection Market
9.4. Latin America Healthcare Fraud Detection Market
9.4.1. Brazil Healthcare Fraud Detection Market
9.4.2. Mexico Healthcare Fraud Detection Market
9.4.3. Rest of Latin America Healthcare Fraud Detection Market
9.5. Middle East & Africa Healthcare Fraud Detection Market
9.5.1. Saudi Arabia Healthcare Fraud Detection Market
9.5.2. South Africa Healthcare Fraud Detection Market
9.5.3. Rest of Middle East & Africa Healthcare Fraud Detection Market

CHAPTER 10. COMPETITIVE INTELLIGENCE

10.1. Key Company SWOT Analysis
10.1.1. Company
10.1.2. Company
10.1.3. Company

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10.2. Top Market Strategies
10.3. Company Profiles
10.3.1. Verscend Technologies
10.3.1.1. Key Information
10.3.1.2. Overview
10.3.1.3. Financial (Subject to Data Availability)
10.3.1.4. Product Summary
10.3.1.5. Market Strategies
10.3.2. Fair Isaac Corporation
10.3.3. CGI Inc.
10.3.4. Wipro Limited
10.3.5. Optum
10.3.6. SAS Institute Inc.
10.3.7. LexisNexis
10.3.8. SCIO Inspire, Corp.
10.3.9. OSP Labs
10.3.10. HCL Technologies

CHAPTER 11. RESEARCH PROCESS

11.1. Research Process
11.1.1. Data Mining
11.1.2. Analysis
11.1.3. Market Estimation
11.1.4. Validation
11.1.5. Publishing
11.2. Research Attributes

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List Of Tables

LIST OF TABLES

TABLE 1. Global Healthcare Fraud Detection market, report scope
TABLE 2. Global Healthcare Fraud Detection market estimates & forecasts by Region 2022-2032 (USD Billion)
TABLE 3. Global Healthcare Fraud Detection market estimates & forecasts by Component 2022-2032 (USD Billion)
TABLE 4. Global Healthcare Fraud Detection market estimates & forecasts by Application 2022-2032 (USD Billion)
TABLE 5. Global Healthcare Fraud Detection market by segment, estimates & forecasts, 2022-2032 (USD Billion)
TABLE 6. Global Healthcare Fraud Detection market by region, estimates & forecasts, 2022-2032 (USD Billion)
TABLE 7. Global Healthcare Fraud Detection market by segment, estimates & forecasts, 2022-2032 (USD Billion)
TABLE 8. Global Healthcare Fraud Detection market by region, estimates & forecasts, 2022-2032 (USD Billion)
TABLE 9. Global Healthcare Fraud Detection market by segment, estimates & forecasts, 2022-2032 (USD Billion)
TABLE 10. Global Healthcare Fraud Detection market by region, estimates & forecasts, 2022-2032 (USD Billion)
TABLE 11. Global Healthcare Fraud Detection market by segment, estimates & forecasts, 2022-2032 (USD Billion)
TABLE 12. Global Healthcare Fraud Detection market by region, estimates & forecasts, 2022-2032 (USD Billion)
TABLE 13. Global Healthcare Fraud Detection market by segment, estimates & forecasts, 2022-2032 (USD Billion)
TABLE 14. Global Healthcare Fraud Detection market by region, estimates & forecasts, 2022-2032 (USD Billion)
TABLE 15. U.S. Healthcare Fraud Detection market estimates & forecasts, 2022-2032 (USD Billion)
TABLE 16. U.S. Healthcare Fraud Detection market estimates & forecasts by segment 2022-2032 (USD Billion)
TABLE 17. U.S. Healthcare Fraud Detection market estimates & forecasts by segment 2022-2032 (USD Billion)
TABLE 18. Canada Healthcare Fraud Detection market estimates & forecasts, 2022-2032 (USD Billion)

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TABLE 19. Canada Healthcare Fraud Detection market estimates & forecasts by segment 2022-2032 (USD Billion)
TABLE 20. Canada Healthcare Fraud Detection market estimates & forecasts by segment 2022-2032 (USD Billion)
…..
This list is not complete, final report does contain more than 100 tables. The list may be updated in the final deliverable

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List Of Figures

LIST OF FIGURES

FIG 1. Global Healthcare Fraud Detection market, research methodology
FIG 2. Global Healthcare Fraud Detection market, market estimation techniques
FIG 3. Global market size estimates & forecast methods.
FIG 4. Global Healthcare Fraud Detection market, key trends 2023
FIG 5. Global Healthcare Fraud Detection market, growth prospects 2022-2032
FIG 6. Global Healthcare Fraud Detection market, porters 5 force model
FIG 7. Global Healthcare Fraud Detection market, PESTEL analysis
FIG 8. Global Healthcare Fraud Detection market, value chain analysis
FIG 9. Global Healthcare Fraud Detection market by segment, 2022 & 2032 (USD Billion)
FIG 10. Global Healthcare Fraud Detection market by segment, 2022 & 2032 (USD Billion)
FIG 11. Global Healthcare Fraud Detection market by segment, 2022 & 2032 (USD Billion)
FIG 12. Global Healthcare Fraud Detection market by segment, 2022 & 2032 (USD Billion)
FIG 13. Global Healthcare Fraud Detection market by segment, 2022 & 2032 (USD Billion)
FIG 14. Global Healthcare Fraud Detection market, regional snapshot 2022 & 2032
FIG 15. North America Healthcare Fraud Detection market 2022 & 2032 (USD Billion)
FIG 16. Europe Healthcare Fraud Detection market 2022 & 2032 (USD Billion)
FIG 17. Asia pacific Healthcare Fraud Detection market 2022 & 2032 (USD Billion)
FIG 18. Latin America Healthcare Fraud Detection market 2022 & 2032 (USD Billion)
FIG 19. Middle East & Africa Healthcare Fraud Detection market 2022 & 2032 (USD Billion)
FIG 20. Global Healthcare Fraud Detection market, company market share analysis (2023)
…..
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