

# **Healthcare Fraud Detection Market Report by Component (Software, Services), Type (Descriptive Analytics, Predictive Analytics, Prescriptive Analytics), Delivery Mode (On-premises, On-demand), Application (Insurance Claims Review, Payment Integrity), End User (Private Insurance Payers, Government Agencies, and Others), and Region 2024-2032**

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## **Abstracts**

The global healthcare fraud detection market size reached US\$ 2.5 Billion in 2023. Looking forward, IMARC Group expects the market to reach US\$ 14.0 Billion by 2032, exhibiting a growth rate (CAGR) of 20.7% during 2024-2032.

Healthcare fraud detection aids in detecting and preventing healthcare fraud, waste, and abuse at every stage of the claim process and reducing inappropriate payments. It connects existing payment integrity solutions and consolidates data from internal and external sources, such as claims systems, watch lists, third parties, and unstructured texts for efficient data management. It relies on various advanced analytic and artificial learning (AI) techniques, including modern statistical, machine learning (ML), deep learning, and text analytics algorithms. Apart from this, it uses a flexible process to assist operational, clinical, and investigative evaluations and store all relevant case information.

Healthcare Fraud Detection Market Trends:

Due to an increase in the number of patients seeking health insurance, there is a rise in the demand for healthcare fraud detection solutions. This, along with the growing

prepayment review model in the healthcare industry, represents one of the key factors driving the market. Moreover, the increasing number of pharmacy claims-related frauds across the globe is propelling the growth of the market. In addition, there is a rise in the demand for solutions that have biometric sensors to identify frauds. This, coupled with the growing adoption of healthcare fraud analytics, especially in developing countries, is positively influencing the market. Besides this, the increasing integration of artificial intelligence (AI) in healthcare fraud detection is offering lucrative growth opportunities to industry investors. Apart from this, governments of several countries are undertaking initiatives to review healthcare insurance claims and save money of consumers and nations. In line with this, the burgeoning healthcare industry is bolstering the growth of the market. Other growth-inducing factors are the increasing returns on investment (ROI), rising use of social media, and funding for the implementation of several information and technology (IT) platforms.

#### Key Market Segmentation:

IMARC Group provides an analysis of the key trends in each sub-segment of the global healthcare fraud detection market report, along with forecasts at the global, regional and country level from 2024-2032. Our report has categorized the market based on component, type, delivery mode, application and end user.

#### Breakup by Component:

- Software
- Services

#### Breakup by Type:

- Descriptive Analytics
- Predictive Analytics
- Prescriptive Analytics

#### Breakup by Delivery Mode:

- On-premises
- On-demand

#### Breakup by Application:

- Insurance Claims Review

## Payment Integrity

### Breakup by End User:

Private Insurance Payers  
Government Agencies  
Others

### Breakup by Region:

North America  
United States  
Canada  
Asia-Pacific  
China  
Japan  
India  
South Korea  
Australia  
Indonesia  
Others  
Europe  
Germany  
France  
United Kingdom  
Italy  
Spain  
Russia  
Others  
Latin America  
Brazil  
Mexico  
Others  
Middle East and Africa

### Competitive Landscape:

The competitive landscape of the industry has also been examined along with the profiles of the key players being CGI Inc., Conduent Inc., ExlService Holdings Inc., Fair Isaac Corporation, HCL Technologies Limited, International Business Machines

Corporation, Northrop Grumman Corporation, RELX Group plc, SAS Institute Inc., UnitedHealth Group and Wipro Ltd.

#### Key Questions Answered in This Report:

How has the global healthcare fraud detection market performed so far and how will it perform in the coming years?

What has been the impact of COVID-19 on the global healthcare fraud detection market?

What are the key regional markets?

What is the breakup of the market based on the component?

What is the breakup of the market based on the type?

What is the breakup of the market based on the delivery mode?

What is the breakup of the market based on the application?

What is the breakup of the market based on the end user?

What are the various stages in the value chain of the industry?

What are the key driving factors and challenges in the industry?

What is the structure of the global healthcare fraud detection market and who are the key players?

What is the degree of competition in the industry?

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