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Healthcare Fraud Analytics Market by Solution Type (Descriptive, Predictive, Prescriptive), Application (Insurance Claim, Payment Integrity), Delivery (On-premise, Cloud), End User (Government, Employers, Payers), COVID-19 Impac - Global Forecast to 2026

https://marketpublishers.com/r/H077DEAA0A6EN.html
Date: October 2021
Pages: 173
Price: US$ 4,950.00 (Single User License)
ID: H077DEAA0A6EN

Abstracts

The global healthcare fraud analytics market is projected to reach USD 5.0 billion by 2026 from USD 1.5 billion in 2021, at a CAGR of 26.7% during the forecast period. Market growth can be attributed to a large number of fraudulent activities in healthcare, increasing number of patients seeking health insurance, high returns on investment, and the rising number of pharmacy claims-related frauds. However, the dearth of skilled personnel is expected to restrain the growth of this market.

The on-demand segment is expected to grow at the highest CAGR during the forecast period

On the basis of delivery model, the healthcare fraud analytics market is segmented into on-premise and on-demand models. The on-demand models include the cloud-based and web-based models. The on-demand segment is projected to register the highest CAGR during the forecast period. Factors such as on-demand self-serving analytics, the lack of up-front capital investments for hardware, extreme capacity flexibility, and a pay-as-you-go pricing model are driving the demand for on-demand fraud detection solutions.

The prepayment review model segment is projected to witness the highest growth during the forecast period

On the basis of application, the healthcare fraud analytics market is segmented into

insurance claims review, pharmacy billing misuse, payment integrity, and other applications. The insurance claims review segment is further divided into postpayment and prepayment review, with the latter expected to register the highest growth during the forecast period. This is mainly because the use of prepayment review protocols and analytics can help organizations proactively prevent fraud prior to payment, allowing rapid action to be taken. As a result, prepayment review solutions are expected to garner greater attention in the coming years.

North America accounted for the largest share of the healthcare fraud analytics market

The healthcare fraud analytics market is segmented into five major regions, namely, North America, Europe, Asia, Pacific, Latin America, and the Middle East & Africa. North America accounted for the largest share of this market in 2020 majorly due to the high penetration of health insurance in the region, high number of healthcare fraud cases, favorable government initiatives to combat healthcare fraud, and wider product and service availability in this region. Moreover, a majority of leading players in the healthcare fraud analytics market have their headquarters in North America

Break of primary participants was as mentioned below:

By Company Type – Tier 1–45%, Tier 2–18%, and Tier 3–37%

By Designation – C-level–35%, Director-level–50%, Others–15%

By Region – North America–60%, Europe–22%, Asia–13%, Latin America- 3%, Middle East and Africa–2%

Key players in the Healthcare Fraud Analytics market

Major players in this market include IBM Corporation (US), Optum, Inc. (US), Cotiviti, Inc. (US), Change Healthcare (US), Fair Isaac Corporation (US), SAS Institute Inc. (US), EXLService Holdings, Inc. (US), Wipro Limited (India), Conduent, Incorporated (US), CGI Inc. (Canada), HCL Technologies Limited (India), Qlarant, Inc. (US), DXC Technology (US), Northrop Grumman Corporation (US), LexisNexis (US), Healthcare Fraud Shield (US), Sharecare, Inc. (US), FraudLens, Inc. (US), HMS Holding Corp. (US), Codoxo (US), H20.ai (US), Pondera Solutions, Inc. (US), FRISS (The Netherlands), Multiplan (US), FraudScope (US), and OSP Labs (US).

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Research Coverage:

The report analyzes the healthcare fraud analytics market and aims at estimating the market size and future growth potential of this market based on various segments such as solution type, application, delivery model, end user, and region. The report also includes a product portfolio matrix of various healthcare fraud analytic solutions available in the market. The report also provides a competitive analysis of the key players in this market, along with their company profiles, product & service offerings, and key market strategies.

Reasons to Buy the Report

The report will enrich established firms as well as new entrants/smaller firms to gauge the pulse of the market, which in turn would help them, garner a more significant share of the market. Firms purchasing the report could use one or any combination of the below-mentioned strategies to strengthen their position in the market.

This report provides insights into the following pointers:

Market Penetration: Comprehensive information on product portfolios offered by the top players in the global healthcare fraud analytics market. The report analyzes this market by solution type, application, delivery model, and end user

Solution Enhancement/Innovation: Detailed insights on upcoming trends and solution launches in the global healthcare fraud analytics market

Market Development: Comprehensive information on the lucrative emerging markets by products and services, and end user

Market Diversification: Exhaustive information about new solutions or service enhancements, growing geographies, recent developments, and investments in the global healthcare fraud analytics market

Competitive Assessment: In-depth assessment of market shares, growth strategies, solution offerings, competitive leadership mapping, and capabilities of leading players in the global healthcare fraud analytics market.

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*Details on Business Overview, Products Offered, Recent Developments, SWOT Analysis, MnM View might not be captured in case of unlisted companies.

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