

Healthcare Fraud Analy Market, Global Outlook and Forecast 2022-2028

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Abstracts

The market growth of medical fraud analysis can be attributed to the large amount of fraudulent activity in healthcare, the increasing number of patients seeking health insurance; high return on investment; and the increasing number of fraud related to pharmacy claims. The market is segmented by solution type, delivery model, application and end user. According to the app, the market is divided into insurance claim review, pharmacy billing abuse, payment integrity and other apps. The insurance claims review segment dominates the medical fraud analysis market. With the increasing number of patients seeking health insurance, the increasing number of fraudulent claims, and the increasing popularity of advance payment review models, it is expected to drive growth in this area in the coming years.

This report contains market size and forecasts of Healthcare Fraud Analy in Global, including the following market information:

Global Healthcare Fraud Analy Market Revenue, 2017-2022, 2023-2028, (\$ millions)

Global top five companies in 2021 (%)

The global Healthcare Fraud Analy market was valued at million in 2021 and is projected to reach US\$ million by 2028, at a CAGR of % during the forecast period.

The U.S. Market is Estimated at \$ Million in 2021, While China is Forecast to Reach \$ Million by 2028.

Descriptive Analytics Segment to Reach \$ Million by 2028, with a % CAGR in next six years.

The global key manufacturers of Healthcare Fraud Analy include IBM, Optum, SAS Institute, Change Healthcare, EXL Service Holdings, Cotiviti, Wipro Limited, Conduent and Pondera Solutions and etc. In 2021, the global top five players have a share approximately % in terms of revenue.

MARKET MONITOR GLOBAL, INC (MMG) has surveyed the Healthcare Fraud Analy companies, and industry experts on this industry, involving the revenue, demand, product type, recent developments and plans, industry trends, drivers, challenges, obstacles, and potential risks.

Total Market by Segment:

Global Healthcare Fraud Analy Market, by Type, 2017-2022, 2023-2028 (\$ millions)

Global Healthcare Fraud Analy Market Segment Percentages, by Type, 2021 (%)

Descriptive Analytics

Predictive Analytics

Prescriptive Analytics

Global Healthcare Fraud Analy Market, by Application, 2017-2022, 2023-2028 (\$ millions)

Global Healthcare Fraud Analy Market Segment Percentages, by Application, 2021 (%)

Public and Government Agencies

Private Insurance Payers

Third-party Service Providers

Employers

Global Healthcare Fraud Analy Market, By Region and Country, 2017-2022, 2023-2028

(\$ Millions)

Global Healthcare Fraud Analy Market Segment Percentages, By Region and Country,
2021 (%)

North America

US

Canada

Mexico

Europe

Germany

France

U.K.

Italy

Russia

Nordic Countries

Benelux

Rest of Europe

Asia

China

Japan

South Korea

Southeast Asia

India

Rest of Asia

South America

Brazil

Argentina

Rest of South America

Middle East & Africa

Turkey

Israel

Saudi Arabia

UAE

Rest of Middle East & Africa

Competitor Analysis

The report also provides analysis of leading market participants including:

Key companies Healthcare Fraud Analy revenues in global market, 2017-2022
(estimated), (\$ millions)

Key companies Healthcare Fraud Analy revenues share in global market, 2021 (%)

Further, the report presents profiles of competitors in the market, key players include:

IBM

Optum

SAS Institute

Change Healthcare

EXL Service Holdings

Cotiviti

Wipro Limited

Conduent

Pondera Solutions

LexisNexis

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