

Healthcare Fraud Analytics Market Size, Share & Trends Analysis Report By Solution Type, By Delivery Model, By Application, By End-user, Regional Outlook, Competitive Strategies and Segment Forecast - 2030

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Abstracts

'Global healthcare fraud analytics market is projected to worth USD 6.2 Bn by 2030

According to SPER Market Research, the global healthcare fraud analytics market was valued at USD 1.8 Bn in 2021 and estimated to reach USD 6.2 Bn by 2030 with a CAGR of 25.6%. Fraudulent activities in healthcare are rapidly increasing across the globe. Frauds related to pharmacy claims are also seizing to exist which contributes to the growth of global healthcare fraud analytics market in the forecast period.

Impact of COVID-19 on the Healthcare Fraud Analytics Market

The global pandemic of COVID-19 has fuelled the fraudulent activities in healthcare industry by patients or healthcare professionals. Many frauds such as fake prescriptions, procurement of fake certificates, evasion of healthcare charges or faults in the medical reports has been observed during this pandemic. Such scenarios coupled with travel bans, curfews, quarantines, and supply demand fluctuations pose significant challenges to the healthcare fraud analytics market.

Scope of Report:

Market size available for years
2019-2030

Base year considered

2021

Forecast period
2022-2030

Segments covered
By Solution type, By Delivery Mode, By Application, By End-user

Geographies covered
North America, Europe, APAC, Latin America, and the Middle East & Africa

Companies Covered
Canadian Global Information Technology Group Inc., Change Healthcare, Conduent, Inc., Cotiviti, DXC Technology Company, EXL Service Holdings, Inc., FraudLens, FraudScope, Healthcare Fraud Shield, Hindustan Computers Limited Technologies Limited, HMS, International Business Machines Corporation, LexisNexis Group, Northrop Grumman Corporation, Optum, Inc., Pondera Solutions, SAS Institute, Inc., WhiteHatAI, Wipro Limited

Driver: Rising demand for healthcare insurance
Healthcare fraud analytics market is briefly supported by various healthcare schemes. More patients are opting for healthcare insurance for high return on investments, rising geriatric population, prevalence of chronic and lifestyle disorders and rising healthcare expenditure.

Challenge: Time consumption and frequent upgradation
The deployment of fraud analytics solutions involves creation of new databases, deploying models, predictive and evaluating models which make it tedious and time-consuming process. These solutions also require frequent upgradation and monitoring of the performance. Additionally, the fraudsters also keep updating their processes of fraudulent activities which requires changes in the fraud analytics solutions as well in order to detect it. Therefore, it can pose a challenge for the growth of this market.

Opportunity: Social media and its impact on healthcare industry
Social media is gaining attention for seeking healthcare information. It has provided the patients, healthcare providers a platform to have a large-scale discussion on health issues. Such interactions produce huge amount of data which creates opportunities for healthcare fraud analytics market.

Healthcare Fraud Analytics Market by Solution Type:

Based on solution type, the market has been segmented into descriptive analytics, predictive analytics and prescriptive analytics

Healthcare Fraud Analytics Market by Delivery Model:

Based on delivery model, the market has been segmented into on-premise and on-demand

Healthcare Fraud Analytics Market by Applications:

Based on application, the market has been segmented into insurance claim review, pharmacy billing misuse, payment integrity and other applications

Healthcare Fraud Analytics Market by End-user:

Based on end user, the market has been segmented into public & government agencies, private insurance payers, third party service providers and employers

Vascular Closure Devices Market by Region:

North America accounted for the largest share of Healthcare Fraud Analytics Market. The large share is ascribed by rising healthcare fraud, technological advancements, government policies to curb fraudulent activities and rising population with healthcare insurance.

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