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Healthcare Fraud Analytics Market Size, Trends, Analysis, and Outlook By Solution (Descriptive Analytics, Predictive Analytics, Prescriptive Analytics), By Delivery Model (On-premise, On-demand), By Application (Insurance Claims Review, Pharmacy Billing Misuse, Payment Integrity, Others), By End-User (Public & Government Agencies, Private Insurance Payers, Third-party service providers, Employers), by Country, Segment, and Companies, 2024-2032

https://marketpublishers.com/r/H8A3311B05C9EN.html
Date: April 2024
Pages: 205
Price: US$ 3,980.00 (Single User License)
ID: H8A3311B05C9EN

Abstracts

The global Healthcare Fraud Analytics market size is poised to register 23.9% growth from 2024 to 2032, presenting significant growth prospects for companies operating in the industry. The industry study analyzes the global Healthcare Fraud Analytics market across By Solution (Descriptive Analytics, Predictive Analytics, Prescriptive Analytics), By Delivery Model (On-premise, On-demand), By Application (Insurance Claims Review, Pharmacy Billing Misuse, Payment Integrity, Others), By End-User (Public & Government Agencies, Private Insurance Payers, Third-party service providers, Employers)

The healthcare fraud analytics market is driven by the increasing prevalence of healthcare fraud, waste, and abuse, advancements in analytics technologies and predictive modeling algorithms, and the growing adoption of data-driven approaches to fraud detection and prevention. By 2030, the market is anticipated to witness significant growth, fueled by innovations in fraud detection software, anomaly detection algorithms,

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and predictive analytics models. Further, expanding applications in claims auditing, provider monitoring, and payment integrity are expected to drive market expansion, enabling healthcare payers, government agencies, and anti-fraud organizations to combat fraud schemes, identify fraudulent activities, and mitigate financial losses through fraud analytics solutions that offer accuracy, scalability, and real-time monitoring for proactive fraud management and compliance in healthcare reimbursement and claims processing operations.

Healthcare Fraud Analytics Market Drivers, Trends, Opportunities, and Growth Opportunities

This comprehensive study discusses the latest trends and the most pressing challenges for industry players and investors. The Healthcare Fraud Analytics market research analyses the global market trends, key drivers, challenges, and opportunities in the industry. In addition, the latest Future of Healthcare Fraud Analytics survey report provides the market size outlook across types, applications, and other segments across the world and regions. It provides data-driven insights and actionable recommendations for companies in the Healthcare Fraud Analytics industry.

Key market trends defining the global Healthcare Fraud Analytics demand in 2024 and Beyond

The industry continues to remain an attractive hub for opportunities for both domestic and global vendors. As the market evolves, factors such as emerging market dynamics, demand from end-user sectors, a growing patient base, changes in consumption patterns, and widening distribution channels continue to play a major role.

Healthcare Fraud Analytics Market Segmentation- Industry Share, Market Size, and Outlook to 2032

The Healthcare Fraud Analytics industry comprises a wide range of segments and sub-segments. The rising demand for these product types and applications is supporting companies to increase their investment levels across niche segments. Accordingly, leading companies plan to generate a large share of their future revenue growth from expansion into these niche segments. The report presents the market size outlook across segments to support Healthcare Fraud Analytics companies scaling up production in these sub-segments with a focus on expanding into emerging countries.

Key strategies adopted by companies within the Healthcare Fraud Analytics industry

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Leading Healthcare Fraud Analytics companies are boosting investments to capitalize on untapped potential and future possibilities across niche market segments and surging demand conditions in key regions. Further, companies are leveraging advanced technologies to unlock opportunities and achieve operational excellence. The report provides key strategies opted for by the top 10 Healthcare Fraud Analytics companies.

Healthcare Fraud Analytics Market Study- Strategic Analysis Review

The Healthcare Fraud Analytics market research report dives deep into the qualitative factors shaping the market, empowering you to make informed decisions-

Industry Dynamics: Porter's Five Forces analysis to understand bargaining power, competitive rivalry, and threats that impact long-term strategy formulation.

Strategic Insights: Provides valuable perspectives on key players and their approaches based on comprehensive strategy analysis.

Internal Strengths and Weaknesses: Develop targeted strategies to leverage strengths, address weaknesses, and capitalize on market opportunities.

Future Possibilities: Prepare for diverse outcomes with in-depth scenario analysis. Explore potential market disruptions, technology advancements, and economic changes.

Healthcare Fraud Analytics Market Size Outlook- Historic and Forecast Revenue in Three Cases

The Healthcare Fraud Analytics industry report provides a detailed analysis and outlook of revenue generated by companies from 2018 to 2023. Further, with actual data for 2023, the report forecasts the market size outlook from 2024 to 2032 in three case scenarios- low case, reference case, and high case scenarios.

Healthcare Fraud Analytics Country Analysis and Revenue Outlook to 2032

The report analyses 22 countries worldwide including the key driving forces and market size outlook from 2021 to 2032. In addition, region analysis across Asia Pacific, Europe,

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the Middle East, Africa, North America, and South America is included in the study. For each of the six regions, the market size outlook by segments is forecast for 2032.

North America Healthcare Fraud Analytics Market Size Outlook- Companies plan for focused investments in a changing environment

The US continues to remain the market leader in North America, driven by a large consumer base, the presence of well-established providers, and a strong healthcare infrastructure. Leading companies focus on new product launches in the changing environment. The US healthcare expenditure is expected to grow to $4.8 trillion in 2024 (around 3.7% growth in 2024), potentially driving demand for various Healthcare Fraud Analytics market segments. Similarly, Strong market demand is encouraging Canadian Healthcare Fraud Analytics companies to invest in niche segments. Further, as Mexico continues to strengthen its relations and invest in technological advancements, the Mexico Healthcare Fraud Analytics market is expected to experience significant expansion, offering lucrative opportunities for both domestic and international stakeholders.

Europe Healthcare Fraud Analytics Market Size Outlook-Companies investing in assessing consumers, categories, competitors, and capabilities

The German industry remains the major market for companies in the European Healthcare Fraud Analytics industry with consumers in Germany, France, the UK, Spain, Italy, and others anticipated to register a steady demand throughout the forecast period, driving the overall market prospects. In addition, the proactive approach of vendors in identifying and leveraging new growth prospects positions the European Healthcare Fraud Analytics market for an upward trajectory, fostering both domestic and international interest. Leading brands operating in the industry are emphasizing effective marketing strategies, innovative product offerings, and a keen understanding of consumer preferences.

Asia Pacific Healthcare Fraud Analytics Market Size Outlook- an attractive hub for opportunities for both local and global companies

The increasing prevalence of indications, robust healthcare expenditure, and increasing investments in healthcare infrastructure drive the demand for Healthcare Fraud Analytics in Asia Pacific. In particular, China, India, and South East Asian Healthcare Fraud Analytics markets present a compelling outlook for 2032, acting as a magnet for both domestic and multinational vendors seeking growth opportunities. Similarly, with a

burgeoning population and a rising middle class, India offers a vast consumer market. Japanese and Korean companies are quickly aligning their strategies to navigate changes, explore new markets, and enhance their competitive edge. Our report utilizes in-depth interviews with industry experts and comprehensive data analysis to provide a comprehensive outlook of 6 major countries in the APAC region.

Latin America Healthcare Fraud Analytics Market Size Outlook- Continued urbanization and rising income levels

Rising income levels contribute to greater purchasing power among consumers, spurring consumption and creating opportunities for market expansion. Continued urbanization and rising income levels are expected to sustainably drive consumption growth in the medium to long term.

Middle East and Africa Healthcare Fraud Analytics Market Size Outlook- continues its upward trajectory across segments

Robust demand from Middle Eastern countries including Saudi Arabia, the UAE, Qatar, Kuwait, and other GCC countries supports the overall Middle East Healthcare Fraud Analytics market potential. Fueled by increasing healthcare expenditure of individuals, growing population, and high prevalence across a few markets drives the demand for Healthcare Fraud Analytics.

Healthcare Fraud Analytics Market Company Profiles

The global Healthcare Fraud Analytics market is characterized by intense competitive conditions with leading companies opting for aggressive marketing to gain market shares. The report presents business descriptions, SWOT analysis, growth strategies, and financial profiles. Leading companies included in the study are CGI Inc, Change Healthcare Inc, Codoxo Inc, Conduent Inc, Cotiviti Holdings Inc, DXC Technology Company, EXLService Holdings Inc, Fair Isaac Corp, FraudLens Inc, FraudScope Inc, FRISS Inc, H2O.ai Inc, HCL Technologies Ltd, Healthcare Fraud Shield LLC, HMS Holdings corp, IBM Corp, MultiPlan Corp, Northrop Grumman Corp, Optum Inc, OSP Labs LLc, Pondera Solutions Inc, Qlarant Inc, RELX Inc, SAS Institute Inc, Sharecare Inc, Wipro Ltd.

Recent Healthcare Fraud Analytics Market Developments

The global Healthcare Fraud Analytics market study presents recent market news and

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developments including new product launches, mergers, acquisitions, expansions, product approvals, and other updates in the industry.

Healthcare Fraud Analytics Market Report Scope

Parameters: Revenue, Volume Price

Study Period: 2023 (Base Year); 2018- 2023 (Historic Period); 2024- 2032 (Forecast Period)

Currency: USD; (Upon request, can be provided in Euro, JPY, GBP, and other Local Currency)

Qualitative Analysis

- Pricing Analysis
- Value Chain Analysis
- SWOT Profile
- Market Dynamics- Trends, Drivers, Challenges
- Porter’s Five Forces Analysis
- Macroeconomic Impact Analysis
- Case Scenarios- Low, Base, High

Market Segmentation:

By Solution

Descriptive Analytics

Predictive Analytics

Prescriptive Analytics

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By Delivery Model

On-premise

On-demand

By Application

Insurance Claims Review

-Post payment Review

-Pre payment Review

Pharmacy Billing Misuse

Payment Integrity

Others

By End-User

Public & Government Agencies

Private Insurance Payers

Third-party service providers

Employers

Geographical Segmentation:

North America (3 markets)

Europe (6 markets)

Asia Pacific (6 markets)

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Latin America (3 markets)

Middle East Africa (5 markets)

Companies

CGI Inc

Change Healthcare Inc

Codoxo Inc

Conduent Inc

Cotiviti Holdings Inc

DXC Technology Company

EXLService Holdings Inc

Fair Isaac Corp

FraudLens Inc

FraudScope Inc

FRISS Inc

H2O.ai Inc

HCL Technologies Ltd

Healthcare Fraud Shield LLC

HMS Holdings corp

IBM Corp

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MultiPlan Corp

Northrop Grumman Corp

Optum Inc

OSP Labs LLc

Pondera Solutions Inc

Qlarant Inc

RELX Inc

SAS Institute Inc

Sharecare Inc

Wipro Ltd

Formats Available: Excel, PDF, and PPT

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Descriptive Analytics
Predictive Analytics

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Prescriptive Analytics
By Delivery Model
On-premise
On-demand
By Application
Insurance Claims Review
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Fair Isaac Corp
FraudLens Inc
FraudScope Inc
FRISS Inc
H2O.ai Inc
HCL Technologies Ltd
Healthcare Fraud Shield LLC
HMS Holdings corp

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MultiPlan Corp
Northrop Grumman Corp
Optum Inc
OSP Labs LLc
Pondera Solutions Inc
Qlarant Inc
RELX Inc
SAS Institute Inc
Sharecare Inc
Wipro Ltd.

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