

# Global Healthcare Fraud Analytics Market Will Reach USD 4,500 Million By 2026: Facts & Factors

*Global healthcare fraud analytics market is expected to grow at a CAGR of around 28% and is anticipated to surpass USD 4,500 Million by 2026.*

NEW YORK, UNITED STATES, June 10, 2020 /EINPresswire.com/ -- Findings from Facts and Factors report "[Healthcare Fraud Analytics Market](#) By Solution Type (Predictive Analytics, Descriptive Analytics, and Prescriptive Analytics), By Delivery Model (On-

Demand and On-Premises), By Application (Payment Integrity, Insurance Claims Review, Pharmacy Billing Misuse, and Identity & Case Management), By End User (Third-Party Service Providers, Public & Government Agencies, Employers, and Private Insurance Payers), And By Region: Global Industry Outlook, Market Size, Business Intelligence, Consumer Preferences, Statistical Surveys, Comprehensive Analysis, Historical Developments, Current Trends, and Forecasts, 2020–2026" states that the global healthcare fraud analytics market in 2019 was approximately USD 900 Million. The market is expected to grow at a CAGR of around 28% and is anticipated to surpass USD 4,500 Million by 2026.



The incidences related to healthcare fraud are mounting at a splendid rate and are quite hard to detect. Therefore, globally-established healthcare services providers have been trying hard to find a definite solution for this major issue. Healthcare fraud analytics sector is devoted to thoroughly analyze the healthcare-related cases. The global healthcare fraud analytics market is attributed to the rising count of people opting for healthcare insurance, mounting pressure on healthcare services providers regarding the fraud & abuse incidences, and the prepayment review model. Besides this, incorporation of artificial intelligence in fraud analysis and rising adoption of healthcare data management on the cloud-based platform are likely to generate new avenues for the industrial players of the global healthcare fraud analytics market during the study timeframe.

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Some of the leading players driving the global healthcare fraud analytics industry are Northrop Grumman Corporation, HCL, Wipro Limited, SAS Institute, Pondera Solutions, EXL Service Holdings, IBM Corporation, Canadian Global Information Technology Group, LexisNexis Group, Cotiviti, Optum, Conduent, DXC Technology, and Change Healthcare, among others.

The “descriptive analytics” category under the solution type segment accounted for major share in the global market

In 2019, the descriptive analytics segment led the global healthcare fraud analytics market by holding a maximum revenue share. Even the applications of the other two categories under the solution type segment: prescriptive and predictive analytics are based on descriptive analytics.

The category “insurance claims review”, under the application segment, dominated the global market in 2019

In 2019, the insurance claims review under the application segment held the largest share of the global healthcare fraud analytics market. With the continuous rise in the adoption of healthcare insurance services & the prepayment review model worldwide, the fraudulent claim incidences are growing at a substantial rate, thereby likely to propel the insurance claims review segment during the forecast period.

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North America to attain the leading position in the global healthcare fraud analytics industry during the study timeframe

In 2019, North America accounted for the maximum revenue share generated by the global healthcare fraud analytics market. The supremacy of the North American healthcare fraud analytics market is attributed to the wide adoption of health insurance plans by people in the region, rising incidences of healthcare fraud, favorable anti-fraud regulations & initiatives introduced by the government, and technological advancements.

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This report segments the global healthcare fraud analytics market as follows:

Global Healthcare Fraud Analytics Market: Solution Type Segmentation Analysis

- Predictive Analytics
- Descriptive Analytics
- Prescriptive Analytics

Global Healthcare Fraud Analytics Market: Delivery Model Segmentation Analysis

- On-demand
- On-premises

Global Healthcare Fraud Analytics Market: Application Segmentation Analysis

- Payment integrity

- Insurance claims review
- Prepayment review
- Postpayment review

- Pharmacy billing misuse
- Identity & case management

Global Healthcare Fraud Analytics Market: End-User Segmentation Analysis

- Third-party service providers
- Public & Government Agencies
- Employers
- Private Insurance Payers

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pushed us in delivering always the best. Our advanced research solutions have helped them in appropriate decision-making and guidance for strategies to expand their business.

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