

Healthcare Fraud Analytics Market - The Predictive Analytics Segment is Anticipated to Witness Fastest Growth By 2027

*Healthcare Fraud Analytics Market Trends
– Rise in government spending in the healthcare industry for fraud prevention.*

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The global [healthcare fraud analytics market](#) is projected to reach value of USD 6.65 Billion by 2027, according to a current analysis by Emergen Research. The global market of healthcare fraud analytics is likely to expand significantly during the forecast period. Significant market growth is attributable to the

growing number of fraud incidents in health insurance across the world. Furthermore, the expanding industry for healthcare insurance is also anticipated to drive the healthcare fraud analytics market during the forecast period. Moreover, rising government spending on the healthcare ecosystem to prevent fraudulent activities is also expected to boost the global market during the forecast period.

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Healthcare Fraud Analytics Market Size – USD 1.02 Billion in 2019, Market Growth – at a CAGR of 27.8%, Market Trends – Rise in government spending in the healthcare industry for fraud prevention.”

Emergen Research

The report is formulated with the updated and latest information of the global Healthcare Fraud Analytics Market further validated and verified by the industry experts and professionals. The Global Healthcare Fraud Analytics Market report contains historical, current, and forecast estimation of the revenue generation and profits for each segment and sub-segment of the Healthcare Fraud Analytics Market in each key region of the world. The report additionally sheds light on the emerging growth opportunities in the business sphere that are anticipated

to bolster the growth of the market.



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Key Highlights of Report

In September 2020, DWS Ltd acquired HCL Technologies Limited. The acquisition would extend HCL Technologies' offerings in New Zealand and Australia.

The on-premises segment is expected to lead the market during the forecast period. Solutions are offered in-house and in an on-premise scenario within an institution's IT infrastructure.

Management of these solutions and all relevant activities is the company's responsibility.

During the forecast period, the insurance claims segment is anticipated to lead the market. The segment is expected to be driven by rise in the number of individuals requiring medical insurance, increase in the incidence of fraud claims, and increase in the adoption of the pre-payment assessment process.

Key market participants include:

Wipro Limited, DXC Technology Co, FraudScope, Inc., SAS Institute, Pondera Solutions, LLC, Conduent Inc., HCL Technologies Limited, ExlService Holdings, Inc., CGI Inc., and International Business Machines Corporation (IBM)

To know more about the report, visit @ <https://www.emergenresearch.com/industry-report/healthcare-fraud-analytics-market>

The report, additionally, offers a comprehensive SWOT analysis and Porter's Five Forces analysis to offer a better understanding of the competitive landscape of the industry. It also covers strategies adopted by prominent players such as mergers and acquisitions, collaborations, joint ventures, product launches, and brand promotions, among others. The report aims to offer the readers a holistic understanding of the relevant features of the industry.

Furthermore, the report provides a comprehensive overview of the Healthcare Fraud Analytics Market along with product portfolio and market performance. The report offers key insights into market share, supply chain analysis, demand and supply ratio, import/export details, and product and consumption patterns. To gain a better understanding, the report is further segmented into sections such as product types offered by the market, application spectrum, companies, and key geographical regions where the market has established its presence.

Analysis of the segments and their growth projection is carried out by extensive historical and current analysis of the market scenario. Further, the report offers details about the factors and features of the Healthcare Fraud Analytics Market Expected to boost the growth of the industry in the coming years.

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Emergen Research has segmented the global healthcare fraud analytics market on the basis of deployment, application, solution, and region.

Deployment Outlook (Revenue, USD Billion; 2017–2027)

Cloud-based

On-premises

Application Outlook (Revenue, USD Billion; 2017–2027)

Payment Integrity

Insurance Claim

Solution Outlook (Revenue, USD Billion; 2017–2027)

Predictive Analytics

Descriptive Analytics

Prescriptive Analytics

Regional Outlook (Revenue, USD Billion; 2017–2027)

North America

U.S.

Canada

Mexico

Europe

Germany

U.K.

France

BENELUX

Rest of Europe

Asia Pacific

China

Japan

South Korea

India

Rest of APAC

Latin America

Brazil

Rest of LATAM

Middle East & Africa

Saudi Arabia

UAE

Rest of MEA

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Key Questions Answered in the Report:

What is the growth rate of the Healthcare Fraud Analytics Market?

What is the anticipated market valuation of Healthcare Fraud Analytics Market industry by 2027?

What are the key growth driving and restraining factors of the Healthcare Fraud Analytics Market?

Who are the prominent players operating in the market? What are the key strategies adopted by these companies?

What are the key opportunities and growth prospects of the Healthcare Fraud Analytics Market industry over the forecast period?

Which region is expected to show significant growth in the coming years?

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