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Healthcare Fraud Analytics Market Size, Share, Revenue, Trends, Forecast, And Drivers For 2023-2032

The Business Research Company's Healthcare Fraud Analytics Global Market Report 2023 – Market Size, Trends, And Global Forecast 2023-2032

LONDON, GREATER LONDON, UK, August 25, 2023 /EINPresswire.com/ -- The Business Research Company's "Healthcare Fraud Analytics Global Market Report 2023" is a

Healthcare Fraud Analytics Global Market Report 2023

comprehensive source of information that covers every facet of the market. As per TBRC's market forecast, the healthcare fraud analytics market size is predicted to reach $8 billion in 2027 at a CAGR of 26.9%.

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> The Business Research Company's global market reports are now updated with the latest market sizing information for the year 2023 and forecasted to 2032"
>
> *The Business Research Company*

The growth in the healthcare fraud analytics market is due to a large number of fraudulent activities in the healthcare sector. North America region is expected to hold the largest healthcare fraud analytics market share. Major players in the healthcare fraud analytics market include International Business Machines Corporation (IBM), Optum, Inc., SAS Institute, Inc., Change Healthcare, EXL Service Holdings, Inc.

Healthcare Fraud Analytics Market Segments
• By Solution Type: Descriptive Analytics, Predictive Analytics, Prescriptive Analytics

• By Delivery Model: On-Premise, On-Demand
• By Application: Insurance Claims Review, Postpayment Review, Prepayment Review, Pharmacy Billing Misuse, Payment Integrity, Other Applications
• By End User: Public & Government Agencies, Private Insurance Payers, Third-Party Service Providers
• By Geography: The global healthcare fraud analytics market is segmented into North America,

South America, Asia-Pacific, Eastern Europe, Western Europe, Middle East and Africa.

Learn More On The Market By Requesting A Free Sample (Includes Graphs And Tables):
https://www.thebusinessresearchcompany.com/sample.aspx?id=6774&type=smp

Healthcare fraud analytics refers to on-premise and on-demand analytical solutions that assist in identifying issues such as duplication/repetition of claims and errors in claim healthcare operations and applications. Healthcare fraud analytics aims to help healthcare companies to audit their accounts and find out fraudulent activities in various transactions. It identifies frauds related to billings, claims, prepayment, post payments, and payment integrity.

Read More On The Healthcare Fraud Analytics Global Market Report At:
https://www.thebusinessresearchcompany.com/report/healthcare-fraud-analytics-global-market-report

The Table Of Content For The Market Report Include:
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Contact Information
The Business Research Company: https://www.thebusinessresearchcompany.com/

Europe: +44 207 1930 708
Asia: +91 8897263534
Americas: +1 315 623 0293
Email: info@tbrc.info

Check out our:
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Oliver Guirdham
The Business Research Company
+44 20 7193 0708
info@tbrc.info
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