Global Healthcare Fraud Analytics Market Size, Share And Growth Analysis For 2024-2033

The Business Research Company's Healthcare Fraud Analytics Global Market Report 2024 - Market Size, Trends, And Global Forecast 2024-2033

LONDON, GREATER LONDON, UNITED KINGDOM, November 5, 2024 /EINPresswire.com/ -- The healthcare fraud analytics market has experienced significant growth in recent years, increasing from $3 billion in 2023 to

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$3.8 billion in 2024, with a compound annual growth rate (CAGR) of 26.6%. This growth during the historical period can be linked to rising healthcare costs, the complexity of healthcare systems, the growing volume of healthcare data, the transition to electronic health records (EHRs), and challenges related to billing fraud.

> "
> The healthcare fraud analytics market size is expected to see exponential growth in the next few years. It will grow to $9.66 billion in 2028 at a compound annual growth rate (CAGR) of 26.3%."
> *The Business Research Company*

What Is The Estimated Market Size Of The [Global Healthcare Fraud Analytics Market And Its Annual Growth Rate?](link)
The healthcare fraud analytics market is projected to experience substantial growth in the coming years, reaching $9.66 billion by 2028 with a compound annual growth rate (CAGR) of 26.3%. This anticipated growth is driven by the increasing sophistication of fraud schemes, the integration of predictive analytics, evolving regulations, the impact of the global pandemic, and improved patient identity verification methods.

Explore Comprehensive Insights Into The Global Healthcare Fraud Analytics Market With A Detailed Sample Report:
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Growth Driver Of The Healthcare Fraud Analytics Market
The rising healthcare expenditure is anticipated to drive the growth of the healthcare fraud

analytics market. Healthcare expenditure encompasses the total resources, both financial and non-financial, allocated to healthcare services and related activities over a specific timeframe. As a result, healthcare organizations and payers are investing in advanced fraud analytics solutions to safeguard their financial resources.

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Which Market Players Are Steering the Healthcare Fraud Analytics Market Growth?
Key players in the market include International Business Machines Corporation, Optum Inc., Statistical Analysis Software Institute Inc., Change Healthcare, EXL Service Holdings Inc., Cotiviti Inc., DXC Technology Company, Wipro Limited, Conduent Incorporated, Consultants to Government and Industry Inc., HCL Technologies Limited, Qlarant Inc., Northrop Grumman Corporation, LEXIS-NEXIS Group, Healthcare Fraud Shield, Sharecare Inc., FraudLens Inc., HMS Holding Corp., Codoxo, H20. ai, Pondera Solutions Inc., Friss International B. V., MultiPlan Inc., FraudScope, Osp Labs Private Limited, Fair Isaac Corporation, Mckesson Corp, Relx Group PLC, FraudHunt, FraudGuardian

What Are the Dominant Trends in Healthcare Fraud Analytics Market
Key players in the healthcare fraud analytics market are concentrating on investments to enhance their presence in the sector. The growing investments in healthcare fraud analytics reflect a rising allocation of financial resources toward advanced analytical tools and technologies designed to detect and prevent fraudulent activities within the healthcare industry.

How Is The Global Healthcare Fraud Analytics Market Segmented?
1) By Solution Type: Descriptive Analytics, Predictive Analytics, Prescriptive Analytics
2) By Delivery Model: On-Premise, On-Demand
3) By Application: Insurance Claims Review, Postpayment Review, Prepayment Review, Pharmacy Billing Misuse, Payment Integrity, Other Applications
4) By End User: Public & Government Agencies, Private Insurance Payers, Third-Party Service Providers

Geographical Insights: North America Leading The Healthcare Fraud Analytics Market
North America was the largest region in the market in 2023. North America is expected to be the fastest-growing region in the forecast period. The regions covered in the report are Asia-Pacific, Western Europe, Eastern Europe, North America, South America, Middle East, Africa

Healthcare Fraud Analytics Market Definition
Healthcare fraud analytics encompasses both on-premise and on-demand analytical solutions that help identify issues like duplicate claims and errors in healthcare operations and applications. The primary goal of healthcare fraud analytics is to assist healthcare organizations

in auditing their accounts and detecting fraudulent activities across various transactions. It focuses on identifying fraud related to billing, claims, prepayments, post-payments, and payment integrity.

Healthcare Fraud Analytics Global Market Report 2024 from The Business Research Company covers the following information:
• Market size data for the forecast period: Historical and Future
• Macroeconomic factors affecting the market in the short and long run
• Analysis of the macro and micro economic factors that have affected the market in the past five years
• Market analysis by region: Asia-Pacific, China, Western Europe, Eastern Europe, North America, USA, South America, Middle East and Africa.
• Market analysis by countries: Australia, Brazil, China, France, Germany, India, Indonesia, Japan, Russia, South Korea, UK, USA.

An overview of the global healthcare fraud analytics market report covering trends, opportunities, strategies, and more
The Healthcare Fraud Analytics Global Market Report 2024 by The Business Research Company is the most comprehensive report that provides insights on healthcare fraud analytics market size, healthcare fraud analytics market drivers and trends, healthcare fraud analytics market major players and healthcare fraud analytics market growth across geographies. This market report helps you gain in-depth insights into opportunities and strategies. Companies can leverage the data in the report and tap into segments with the highest growth potential.

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