

Optum Insight

Fast Facts

~270M

Lives of clinical and claims data

~\$30B

Annual health plan and employer savings through payment integrity solutions

~\$75B

Annual billings managed for revenue cycle customers

~1.2B

Transactions processed through Optum Data Exchange

~200K

Health care professionals served via our research and consulting businesses

~\$22B

Revenue backlog as of Q3 2021

Optum Insight connects the health care system with trusted services, analytics and platforms that make clinical, administrative and financial processes easy and efficient for all participants in the health care system.

To deliver results and improve outcomes in health care, technology must be applied within the flow of decision-making, enabling the interactions and decisions that real people make. Optum Insight has both the foundational data and technology and the health care expertise, services and industry connections required to deliver results. We are a health care company that can take technology and connect it with how health care works. Our growing list of market performance partnerships is proof we are viewed as uniquely positioned in health care to apply technology, scale and the intelligence that comes from data to optimize performance and drive results.

Improved transaction efficiency, less constituent friction and better decision-making in health care requires superior solutions that are deeply connected:

- **Administrative Efficiency** from enriched data flows and unique analytics-driven intelligence that streamlines administrative transactions.
- **Clinical Alignment** between payers and care provider organizations, enabling care decisions aligned to evidence-based standards of care, all in the workflow of clinicians.
- **Payment Simplification** that provides patient payment obligations at the point of service and accelerates provider payment from both patients and payers.

We serve four key markets, Payer, Provider, State Government and Life Sciences, with:

- **Data and Analytics.** Assembling, enriching and analyzing health care information using a library of advanced analytics (e.g., AI, NLP, machine learning) to create transparency in information, and inform decisions and actions based on that knowledge.
- **Thought Leadership.** A trusted advisor across health care for organizations looking for help with strategy or planning through our subscription-based research business and an advisory services business with over 1,500 consultants.
- **Trusted Services.** Applying proven solutions at scale to reduce clinical and administrative waste and improve quality of care through focused offerings (e.g., revenue cycle, payment integrity, risk and quality) and large-scale, transformational partnerships.
- **Transaction Connectivity.** Creating a multi-tenant network of connections across constituents that helps providers, payers and consumers exchange administrative and clinical information directly in their workflows to increase policy transparency to drive both efficiency and enhanced quality.

Optum Insight

Growing value of Optum Insight's data and analytics to the health system

Optum Insight helps solve the biggest challenges across health care by empowering people with the information they need at the moments they need it.

We standardize, link and integrate data from many disparate sources resulting in a database of nearly 270 million deidentified lives. That data is transformed into insight using advanced technology that assembles, enriches and analyzes health care information using a library of advanced tools like natural language processing and machine learning. For example, our proprietary propensity models help integrate social determinants of health data and operationalize new analytic results for improved accuracy. This helps payers and providers consider each member's level of social isolation, engagement with the health care system and personal health choices.

Another strength is applied expertise — how we leverage our knowledge of health care to help make better health care decisions. For example, our data scientists develop models to find patterns that humans can't identify on their own. This enables us to help our clients and partners anticipate if an individual will develop a chronic condition, or flag transactions that signal fraud, waste or abuse.

The value these strengths bring to the health system is evident in three areas: administrative efficiency, clinical alignment and payment simplification. For administrative efficiency, the application of enriched data and analytics helps reduce the wasteful denial/rework cycles of billing and claims processes. For clinical alignment, care decisions that are aligned to evidence-based standards simplify the traditional manual utilization management processes and infrastructure of payers and providers. For payment simplification, payment accuracy and cycle times are improved with patient and payer payment obligation information in the care delivery workflow.

Both within UnitedHealth Group, and more broadly across the industry, this enables the health system to improve performance in areas like care management, quality performance and reporting, and overall risk management.

Partnering across markets to drive higher performance

Optum Insight serves health plans, care providers, state governments and life sciences companies. Our two largest markets are health plan and care provider organizations.

For health plans, we provide payment integrity services that deliver approximately \$30 billion in total cost-savings annually, analytic platforms and consulting services to improve clinical and administrative performance.

For care provider organizations, we provide analytics and consulting services to improve their performance and electronic data interchange with nearly 1.2 billion transactions processed through Optum Data Exchange each year. In addition, we continue to see growth in outsourced health system partnerships.

Local health systems are facing growing financial and operational challenges and we are helping them tackle their most pressing issues by drawing upon the full breadth of Optum's strengths — from operations, revenue cycle management and advanced technology to care coordination. For example, the year-plus relationships with health systems like Boulder Healthcare and John Muir Health are showing strong results. Both systems are seeing benefits in revenue management, cash collections, bond ratings and care efficiencies. In addition, these partners are able to capitalize on the scale, capital investments and overall expertise of Optum to continually innovate and remain independent.

The market dynamics continue to support additional opportunities as well, with health systems seeking new ways to ensure financial sustainability and to improve clinical outcomes and experiences for people in their communities. Recent new partnerships include Bassett Healthcare and SSM Health, each with a broad scope of services, including revenue cycle management, an extensive set of advanced data and analytic capabilities, and information technology to advance quality care and patient experience.

Based on numerous conversations with provider clients, we believe the opportunity for additional enterprise partnerships is significant. The pipeline is robust, evaluations are advancing and interest remains high.

Optum Insight growth outlook

Over the long-term, Optum Insight sees opportunity to average double-digit percentage revenue growth. Our current footprint, competitive positioning and diverse capability set contribute to continued growth in our sales pipeline and revenue backlog, indicating growing demand for our solutions.

As Optum Insight provides larger and more comprehensive services to customers, we anticipate achieving long-term operating margins of 18% to 22%.