Optum Insight

Optum Insight is creating stronger connections across payers, providers and consumers through software-enabled services and analytics to make clinical, administrative and financial processes simpler and more efficient while advancing value-based care. We apply advanced data, technology and clinical expertise within the flow of decision-making to improve the entire health care experience.

Our health care expertise, data and technology together deliver results in three key areas:

Supporting evidence-based medicine and empowering care providers
Providing evidence-based clinical insights at the point of care to help clinicians identify next best actions and deliver better patient outcomes.

Reducing administrative burden
Streamlining administrative transactions by connecting and enriching data flows and analytics-driven intelligence.

Improving payment accuracy for payers and providers
Increasing the speed and accuracy of payments to help create a more modern, real-time, transparent payment system.

~285M
Lives of clinical and claims data

>140M
Clinical decisions facilitated annually

~23B
Electronic transactions facilitated

~$32B
Projected revenue backlog for 2023

~$140B
Annual billings managed for revenue cycle customers

4 out of 5
U.S. health plans served

~120
Life sciences companies served

Creating a modern, connected health system through better insights

Optum Insight is improving the flow of health data and information to create a simpler, smarter and more connected system. We remove friction and drive better alignment between care providers and payers, and ultimately consumers.

We serve three key markets: care providers; payers, including health systems and state governments; and the life sciences industry. Each market offers meaningful growth potential of its own, and together they represent a significant market opportunity.

Our core focus areas include:

- Administrative solutions that deliver revenue cycle optimization, coding and billing for care providers.

- Clinical solutions that enable care providers to increase care quality, grow their practices and transition to value-based care.

- Software, network and data solutions that facilitate and simplify connections across health care.

We help clients achieve greater administrative efficiency by connecting data and information to make administrative processes simpler and more accurate. Our technology solutions help improve claims accuracy at every step of the billing cycle and automate preauthorizations — saving time and costs — to give consumers and care providers better experiences.

We embed critical information into the daily workflows of both care providers and payers, ensuring both have the same relevant clinical and benefits information about a patient at the point of care, eliminating unnecessary delays and rework.

Our provider enablement solutions are helping care providers and payers advance value-based care, ensuring decisions are made on evidence-based standards of care, which continually update as

care standards evolve. Within our clinical decision support tools, data-driven insights are embedded directly in the clinical workflow to help our health system partners identify high-risk patients, address gaps in care and support the most appropriate treatment setting. These solutions are helping primary care physicians close nearly 20 million care gaps.

We are helping create a more modern, real-time, transparent payment system by simplifying payments across care providers, payers and consumers. Patient and payer payment information is shared quickly and accurately, while our payment integrity services deliver billions in annual savings to payers.

Together, our administrative, clinical and payment solutions combine our deep expertise in health care with our data, technology and analytics to remove friction, improve the patient and provider experience and reduce costs.

Supporting an expanding portfolio of health systems

Health systems today face headwinds impacting cost and revenue that create a difficult operating environment and the need to find new and effective alternatives to successfully navigate changing market dynamics.

Optum Insight partners with health systems to help them remain financially stable, improve community care and accelerate performance. We continue to add new health system partners to help clients address core performance, growth and innovation.

We help clients improve operating results and invest in strategic opportunities by taking responsibility for many key functions, including revenue cycle, information technology and clinical operations.

Health systems, regardless of size or location, want our end-to-end solutions, including access to our artificial intelligence capabilities and support in transitioning to value-based care.

With a robust pipeline of future engagements, our partners are maintaining financial independence and redefining what the health system of the future will look like through streamlined and efficient local care.

Optum Insight growth outlook

Even as Optum Insight continues to invest in advanced technologies and more comprehensive services, we expect to deliver double-digit revenue growth over the long term.

Our current products and solutions, competitive positioning and diverse capabilities contribute to continued growth in our sales pipeline and revenue backlog, which is the demand for Optum Insight's products and services. We target operating margins of 18% to 22%, as our customers look to us for more comprehensive solutions.