Inside UnitedHealth Group and Optum Transcript

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Intro and show mission

We're going to create an environment where you, yeah, you may pay only 12,000 or 15,00 over the span of a year, but we're gonna get you healthy. We are going get rid of your chronic disease.

a diagnosis chart-making, money- making machine for UnitedHealthcare in the last 10 years of your life. You didn't build your clinic to feel like an employee in your own business.

I'm Matthew Kulowgli, and on Out of the System, hosted by Doctor Talks, we challenge the broken rules holding healthcare entrepreneurs back. Hear from clinic owners, rebels and builders who are creating bold, profitable patient-centered practices and doing it their way.

So welcome to Saturday Morning Company with Matt. And this is a new thing that we're giving a try. Two Saturdays every month, I'm going to be coming to you live to discuss major topics that are impacting health care, not only here in the United States, but eventually we'll dive into some of the issues that similar going on around the world as well.

I'll coming you to live from Chicago, Illinois, where I am attending the CE lasers user conference where we are one of co-sponsors. And sharing with a bunch of doctors and chiropractors and all kinds of great and wonderful people in the room about how to grow the practice.

But something struck me last night when we were at the, uh, the welcoming cocktail reception. And that is the ongoing pain and the challenges that doctors are facing day in and day out for them to be able to make their ends, to making ends meet.

In this room, there's lots of physical therapists. There's lot of chirepracters. And we see and we hear this constantly about I don't know how much longer I'm going to be able to hang on.

And so today what I want to do is I wanna talk to you about the monopoly that has become UnitedHealthcare. Now, before I dive into this, I have to give you some perspective on how actually just how big United Healthcare is and its impact on healthcare in the United States.

To say that United Healthcare is the 10,000 pound gorilla in a room is a bit of an understatement.

UnitedHealthcare's scale and market power

To put it into perspective, this last year, UnitedHealthcare generated over $449 billion. That's with $80 billion in revenue. To that into the perspective only two companies generated more revenue in the United States in their business than United Health Care.

Those are Amazon and Walmart. They're ahead of Apple. This is how big UnitedHealthcare is. Now, this is not going to be a bitch session about United Healthcare.

In fact, it's actually going be very much of an education system about what United health care has done in order for them to have such a massive chunk in control of the market.

You see, when you're in medical school, what you did, you might have had cadavers that you worked on, and you studied the human body. And you would have ways to be able to actually practice on the body, right?

You would you have cadavers and then eventually go to humans and all that. We'll see in the world of business and going to business school, we do a thing called case studies.

And case, studies are how we learn about how businesses make their decisions and how they wind up to where they are. Now, one of the key things that you do in a world with business is that, you want to, be, able, to understand you, want, You want to be able to your competitors, right?

You have competitors and business is the competitive game. And so most business owners and people that run businesses are pretty competitive people, and it's our way of keeping score, if you will.

OK, in so what I want. To share with you today is this isn't going to just about, oh, let's talk about how evil UnitedHealthcare is. This is actually a lesson for you.

About how you can structure your business, but yet do it for good. Okay. Now, if you're currently working in this system, then this is going to be a roadmap for you on how you can build, lead the system and create freedom and agency over your life.

So let's just paint the picture here. Okay? So, let us paint this picture for what UnitedHealthcare has done. Let us start with a patient. I'm going to paint this in the picture of a single patient, but this is not one person, so this not a specific person.

But what this says is that this person is a pattern. And what you may recognize in end of all of this, is you recognize yourself in this personal, you might recognize a loved one in his person but I want you to envision a woman who's 71 years old and she is on Medicare Advantage.

She has this card in her wallet that says UnitedHealthcare. So she goes to her primary doctor and the sign on the building has a local name on it. It might have, you know, Dr.

Schlamenberger's primary care. Okay. And it's been that same name for 20 years. She's going to see this doctor for 25 or 30 years, okay. But what the signed doesn't say is that the practice was bought by a company called Optum about four years ago.

Now Dr Schlemenberger is still there. He's still seeing patients. He 75 years old, he's been doing it for over 50 years. And he knows this woman, you know, Betty's family, knows that his husband, who knows Betty kids.

I mean, his kids and her kids played baseball together. But five years ago in a world where he was unable to make money, He wound up selling his practice to Optum and exchange started working for them for five, five or six more years, okay.

Now he goes, she goes and Betty goes to see Dr. Schlemmenberger and he writes her prescription standard stuff. What happens though is she takes that prescription and it's filled through a pharmacy benefit, the pharmacy, benefit manager, but pharmacy benefits.

And it is called OptumRx. Now Optim owns the practice. OptiM owns pharmacy or the Pharmacy Benefit Manager and Optin is a separate company of UnitedHealthcare.

So Betty is paying her premium, her Medicare Advantage premium to United Healthcare, United health care, then she goes to see a United Healthcare doctor, get to fill the United healthcare pharmacy.

Now it continues on past that. The nurse will come to her house, say, for a wellness visit. Friendly, nurse is great, takes about an hour. That visit comes through a program run by, guess what, her insurance company.

The diagnosis the nurse writes down and how much Medicare pays that insurance. Company is all controlled. Okay. Then let's say Betty falls and breaks her hip surgery goes well.

And she goes to rehab. Guess what? Surgery center owned by Optum, the rehab center.

How the insurance, practice, and pharmacy system connects

owned by Optum. Her doctor says she needs three weeks, and on day 12, she gets a letter saying her coverage for rehab has ended. That decision was made by her insurance company.

She goes home and the Home Health Agency sends someone out. And that agency was bought last year. Guess what? It was brought by Change Healthcare, which is owned UnitedHealthcare.

So every, or I'm sorry, not change, Change Healthcare doesn't own them. Doesn't know them, I am sorry. It doesn' own the Home Healthcare, but the home healthcare agency is bought by United Healthcare.

Now, every one of those claims, there has to be a company that processes every piece of data. And the company the processes all that data is Change Health Care.

So the insurance company, the doctor's practice, pharmacy company home visit home health care agency in the claims processor, all roll up to the Syrian parent company and that is UnitedHealthcare.

Now, if you were to do this as a physician, let's say you as the physician were, to be on your own and you, as in a position, were too own a piece of the surgery center and to own piece the home healthcare company into own peace of rehab company.

and you were processing that claim because it's going through Medicare, that would be in violation of the Stark law because you are an individual doctor.

So there's a Stark Law that is put in place that the individual doctors cannot financially benefit from the referral. If I am the doctor and I referred you to do surgery and owned that surgery center, then that's what we call self-dealing.

And that's against the law. But if a corporation does it, it's not against a law, okay? So what happens a lot of times is that doctors wind up getting scared about all these things.

And we'll talk about that in just a little bit. Okay. So all of this is generated by the same parent company. That's United, United healthcare group. The company collected her premium.

Company paid itself to treat her and the company decided when the treatment stopped. That same company, UnitedHealthcare, took in $447 billion last year.

Now, if you cannot picture that number, you can't wrap your head around what that numbers looks like. Let me put it into a way that you could understand this.

I want you to take a golf ball. Everybody pretty much knows the size of a ball, it's about like that. And I wanted you think of that every, that golfball represents a dollar.

If you were to cover a football field, from end zone to endzone, from sideline to sidelines, with golf balls, one layer, that's about $3 million, okay?

To lay out what UnitedHealthcare took in last year in revenue, you would need 152,000 football fields covered end-zone to-end-zones, sidelined to sidelined, was golf ball.

That's a carpet of golf-balls bigger than all of New York City. and what they kept as profit, this was last year alone, in 2025. They kept $12 billion in profit.

That is 4,100 football fields. Now, here's the thing that should really start to scare you, a couple of things. One, through at the time of this recording, October 3rd, 2026, UnitedHealthcare has already reported through six months of 20-26 $12 billion in profit.

It is estimated their profit will clip over $20 billion. Okay. By the way, they keep paying you less. Now, They kept $1,200,000 in profits so far for 2026. That's 41 football fields.

Here's the amazing thing. They spend what may view as to the common man, common woman, Tremendous amount of money on lobbying our congressmen and women and our senators, okay?

So here's at here is something that's really scary is they spent And just in what they spend on would be lobbying and campaigning in the last two years is six fields of golf balls so What they do is.

They spend six football fields covered with golf ball in order to protect a carpet, the revenue that is the size of New York City. That's how cheaply you can buy Congress.

They spent 17 billion, 17 million dollars last year, $17 million last to protect $449 billion revenue. Now, so this is a challenge. UnitedHealthcare is literally multiple companies under one roof.

Most people think it's an insurance company, and the average American thinks that you, as the doctor, are the problem. What they don't understand is they understand that United Healthcare controls the whole thing.

Okay? So, let me put this into greater perspective for you so you can really truly understand this. So UnitedHealthcare has a company that generates the premiums.

Now, by law, they are required to pay out $0.85 of every dollar that they generate in health care premium. They are require bylaw to those out.

Monopoly economics and payment disparities

Hey, now last year they paid out 92 cents of $1 that's collected in premium this year. Touting it that there below 85% or 85 cents. Now, why in the world is this important to understand?

And why is it important understand that UnitedHealthcare owns the doctor and owns every channel? Well, here's here. Let me just just follow me in this.

On the insurance side, there's about 50 million Americans who carry a card that says United Healthcare. OK, now United health care is one part of it. The health insurance company is actually the least profitable part of the entire machine that is known as UnitedHealthcare.

And by the way, this is the same for Aetna, CDS, Caremark. This is same thing for all of them. But we're gonna just keep painting this picture with United Healthcare They have this other company, it's Optum.

Optim is everything else. Optim is doctors. There's nearly 90,000 physicians that are employed or affiliated with Optom. This makes Optum the largest employer of doctors in the United States.

This is bigger than any hospital system. Optimism's pharmacy company, Optium RX, is one of three companies that together control about 80% of the prescription benefit market in this country.

What was created in 1970s to be a safeguard and a advocate for the patients has now been bought by the major health insurance companies and now is a profit money making machine at the expense of the patient.

You can get in here's what makes it so hard to see they don't put their name on the door when they buy a medical practice they remain the same the sign remains the Same name same building same doctor the only thing that changes is who that doctor works for.

So you can go from the insurance card to the doctor to pharmacy to surgery center the nurse in your living room and never leave the company never know it okay.

So this is how they get around this profit cap that was created by the Affordable Care Act, which everybody touted, oh, that we're going to make sure the insurance companies are greedy and make all this money.

But the reality is, is the money never left the building. It went from one division of the company to another division to the same company. And the division that received it, Optum, has absolutely no cap on the amount of profit it can make.

None. Optin can keep whatever it makes. So the law caps with the insurance company can make it does not cap with insurance. Oh, the insurers own clinics and pharmacies and keep now.

Here's where it gets really sleazy. You literally can look at the numbers within United Health Care, and you literally see what is going on. Hey, last year in the Insurance side, United Healthcare made $9.4 billion in operating profit.

Optum made 9.5. And remember, So there's money that's moving. There's $168 billion that moves from the left pocket to the right pocket. Okay. The biggest customer by a mile for Optum, 62 cents out of every dollar that Optium took in, came from, guess what?

UnitedHealthcare. All right. Now, because of that, what do you think happens? Do you United Healthcare denies claims? on the same rate that they do for you who are not part of their system.

So. If you if you were in this situation, if your own both sides, you own the health insurance company and you owned the practices and your on both both side of the transaction and one side had no cap on its profit, what would you do?

You would pay that side more money. And you don't have to guess that that's happening. It is because researchers at Brown University looked at this and they published and what was published in I think is called Health Affairs, which is one of the most respected journals in health policy.

I haven't read it myself, but this is what my research tells me. And they use the pricing data that insurers are now required to make public. They compared what UnitedHealthcare pays its own Optum practices to what it pays independent practices for the same services in the areas.

You ready for this? On average, United Healthcare pay its practices 17% more. Let that sink in for a second. 17 percent more is paid to practices that are owned by United health care.

And the markets where UnitedHealthcare is the dominant insurer and provider, the gap when it's high is 61%. Now, remember when I started this, and I told you in business school, what we do is we case studies.

Now one of the fascinating things about case study is that you always get to watch how a company is trying to corner the market. Because when you can corner you actually can then set the price.

This is the whole concept of a monopoly. Now, monopolies are kind of hard to prove these days because there's so many different facets and ways that they exist.

They're not just a straight line monopoly like Standard Oil had back in the early 20th century. But the reality is, is that if I were looking at this from a pure business standpoint, what I would do is I could figure out a way.

If I can make more money by owning all of the practices, guess what would I do? I'd overpay by buying the practice. because if I can control 60 to 70 percent of the market, it doesn't matter if i overpay.

Once I do and I reach a particular level and there's some kind of algorithm in chart that they have, trust me, then I could start to pay exponentially more for care and i can make more money.

I should put as many people as I cannot my roles and for my insurance company, I really don't care if my health insurance companies make money, because all the money is going to go to my pharmacies, to practices.

This is what's called complete and total monopoly control. That means that what this means is if you are an independent doctor, let's say you're saying, I'm trying to be the beacon of hope for my market.

And what I want to do is I'll stay independent. I won't let them buy me. Well, guess what? United Healthcare is not going to pay you the same it pays its own practices.

In fact, United Health Care is going most likely, and this is what I would do, I can't prove that they do this, so I have to be very careful. But if I were an insurance company, what would I do?

And I had a large group that hadn't caved yet where I could buy them. I'd slow pay, deny more, delay more. Make them jump through a lot of hoops and hurdles to get paid.

And pay them less. And I would put them in a place in advice where they would have no choice, but to sell to me. And of course, the longer they wait, lower the price is going to be.

So this means that the independent doctors, same exam, Same procedure, The same town practice down the street gets paid 17%. Less or your practice gets made 17% less or up to 61% Less.

Company setting your rates is also your competitor. Think about what this means. If you're the one paying premium, higher payments go to their own clinics, which mean higher medical costs and paper.

Higher medical cost and pay for how next year's premium gets justified. So the premiums continue to go up.

Medicare Advantage, diagnosis coding, and questionable payments

Which means the United Health Care bylaw is required to pay out and health insurance companies are required on every dollar and if premiums continue to go up and they control all of doctors and practices, pharmacy benefit managers, and those pharmacy benefits managers are paid more, they continue profit.

This is the problem. Then we have our tax dollars. UnitedHealthcare is the single biggest line of business, is not employer insurance, it's Medicare. They get $171 billion last year.

About half of the insurance side comes from Medicare, your tax, dollars, you're taxed dollars are the ones that go to fund their growth. Your tax dollar, Your payments to Medicare your insurance premiums go, to continue to enrich them, which they then take to then go by or control or influence more politicians.

By the way, that's not a Republican or Democrat thing. They contribute equally to both sides of the aisle. So this is not Democrat, this isn't a republican thing, This is an American issue.

You see, what we traded with the Affordable Care Act is we created our own form of a quote unquote single payer system. It's really controlled by five entities in the United States, the biggest being UnitedHealthcare.

Our tax dollars go to fund their control of the health system in The United states. This control the Health system is not designed for preventative care.

It is designed specifically for the enrichment of the shareholders and the executives and employees of UnitedHealthcare. So here's how Medicare Advantage pays.

The government gives the insurance company a monthly amount for each patient, and that amount goes up if the patient is sicker. More diagnoses on the chart, more money every single month.

Do you understand why there's no value in them making sure that somebody is healthy? So remember the nurse who came to Betty's house? That's what that visit is for.

I'm not saying the nurses and kind, that's not what I was saying. Not judging the NERSK. Okay. And I've not seen a visit has no value. What I am saying telling you is that as this does on the business side, it finds diagnosis is because guess what?

They see that Betty is on Medicare advantage and the more diagnosis, the sick she is. Therefore the, more of their, of your tax dollars go to benefit United healthcare.

Okay. Now, the second inspector general at Health and Human Services looked at this and they found $7.5 billion in payments across the industry for the year 2023.

And they called these questionable. These were diagnoses that showed up on a home visit or a chart review and nowhere else. No follow-up appointment, no tests, and no treatment.

UnitedHealthcare's share of that $ 7.50 billion was $3.7 billion. It's about half. The inspector general called those payments. These are the inspector generals words, not mine.

Those payments questionable. Now the justice department is reported to be investigating. I don't know the extent of that. No court has found fraud. The company says its practices are appropriate.

But these are facts that we have today. A facts are really simple. More diagnosis, more sick, the more supplements and benefit or the payments they get from the United States government.

So. I'll open this up for questions in just a minute. And I'm going to share with you, by the way, how you can get out from underneath this. So I don't want this to blow up a doom and gloom.

This goes on to impact end of care. Again, the more diagnosis is, more money they get paid, longer they can keep that patient alive, et cetera, etc., the Your patient, the body becomes basically a money machine towards the end of how much we can extract.

Okay. So. Remember your doctor works for your insurance, which means that each and every single year as they buy, there's few and few choices. What are we doing?

What do we do about this? From the patient's standpoint, you can ask who owns, but quite frankly, that's getting to be harder and harder to delineate.

And I really don't think that that really helps. Okay. Um, and really a lot of this, by the way, falls on the patient, right? They have to then fight for coverage.

They had to do all of these things. You can Google United healthcare sucks. Go on TikTok. I mean, there's literally channel dedicated to this. Uh, buyer beware.

It's a bit of a rabbit hole to go down now, but let's talk about you as the position and the practice owner. Or for those of you that are part of the system, so I want to be really clear.

We don't just work with people that. Are out of this system. we actually help people leave the systems this afternoon. I will speak to a room of 90 doctors.

And I'll tell you about 50% of them are in the. Looking to get out because they know that there's something better. They will be like Dr. Janet Aang, who is down in that room and she was an ER nurse for 30 years and realized that nobody was getting any better.

Or Frank Schellenberger, we just had on our podcast about a week and a half ago, tell his story 50 years ago of when he decided to leave emergency medicine.

But here's the thing. If you are the physician and you own the practice, you can look at your rates and realize that their insurers are required to publish what they pay.

But you can find out now what your biggest payer pays the practice down the street that it owns. You may not like what you find, but you should know. Second, take a look at how much of your money comes from your insurance

company.

We tell doctors to do this all the time. If you were to take all of you payers and you say which ones pay the best and which one pays least.

How independent practices can respond

Let's say you have 10 of them and if you get rid of the bottom 20% of those that don't treat you well, that pay you slow, you actually are able to free up time for you to start seeing cash-based patients.

Now, this always comes back then to the issue of will your patients pay cash? It's really about a reframe of how you see things. Because of the very simple fact, most Americans, the average American family, will pay $18,500 this year out of pocket, excuse me, out-of-pocket after insurance premiums for care.

That 18.5 is going somewhere. It's going to an MRI that was not needed. It is going or whatever. Whatever thing is not more filled, things aren't necessarily going make them healthy.

Your job as a physician, as the provider, is to say very simply, we're going create an environment where you may pay only $12,000 or $15, 000 over the span of a year, but we are going get you healthy, get rid of your chronic disease, and get it so that you don't become a diagnosis chart-making, money- making machine for UnitedHealthcare in the last 10 years of your life.

Build, the bottom line is learn how to build services that don't run through insurance at all. Not just one, but multiple. Something your patients want.

something that you want to provide, something you wanna become good or great at, that they pay you directly. Now I'm not just talking about concierge care, okay?

That's not exactly what I am talking. I'm talking about the things like anti-aging and longevity or regenerative therapies, or from our chiropractors, it's using a tool like CE lasers to help with things, like neuropathy.

It was just sitting at breakfast this morning and the doctors and I were all sitting around talking, about how using machine like the M7 that CE Lasers makes and how they're using it to treat neu Propathy, The only thing out there that we know of that, we've been able to find that is actually helping patients with neuropathy, because the pills that they give them make them addicted.

And by the way, being addicted to the pill, to opioids, addicted, too, high blood pressure medications, those become annuities. Companies like UnitedHealthcare and the more of those you're on, if you are on Medicare Advantage, the your tax dollars go to pay and profit companies like Optum and UnitedHealthcare.

So I'm going to open this up for questions. I want you to understand something. Here's the final thing that I wanted to take. This shouldn't be doom and gloom for you.

You see, education is not just power. Education is one component of the power, It's the application, it's education is knowledge and wisdom. The application of that knowledge in wisdom is where power comes in.

At Mavericks, we know and we believe that you deserve to be the healer that always wanted to. We believe there is a better future for healthcare, not only here in America, but in Canada and England and Australia and throughout the globe.

One where doctors and patients make decisions on their care that is in the best interest of the patient and their wallet and long-term health, not on the dividends and the bonuses of executives at the health insurance company, and not to the benefit of a politician's acts.

Now, this is not an answer that's going to come from Washington, D. C. This is not an answer that's going to be

reform of the healthcare system. It's not going happen in that way where we go to the politicians or we demand that UnitedHealthcare and Blue Cross Blue Shield and Optum and CVS all change their ways.

In fact, the last time we did that, we handed them the golden goose that has made them wildly profitable in 2010 when we passed the Affordable Care Act.

I believe. Our doctors believe that are in our system. Our doctor that we work with day in and day out, our staff, we believe we have the best answer available for society today.

And that is for you to know how to become independent. You see, when you no longer have to take Medicare, the stark laws of self-dealing no long apply to you.

When you have cash-based services, You can now run your practice the way that you see fit. And then you can decide if you want to own the patient journey.

Now, I'm not going to suggest that. You start to go out and buy pharmacies or pharmacy benefit managers, but you certainly can set up structures that are in the best interest of the patients where you.

Can provide the right types of services.

Building cash-based care and the Maverick model

We have doctors that now have their own physical therapy units inside the practices. and do this for regent. And those physical therapy centers no longer take insurance.

You see, we can provide better care, better preventative care for the patient by opting out of the system. Better patient care provides an environment where we have a better, healthy United America and a a healthy world.

These people no long become a financial burden in their last 10 years. They become productive members of society. we can fix the system by moving outside of it.

So, just remember, the people that built the System, they're spending six football fields every year to make sure that it stays that way. We can show you how to take back control of your care, of you life, your practice.

we fix it one practice, one patient at a time. Doctors taking the patient journey back and running it the way it should have been run all along. And that's what we call the Maverick model.

So I will take, if anybody is on and wants to put a question into the chat, feel free to go ahead and type that into chat and tell your friends about this.

We will begin live streaming these on other social media platforms here, I believe in the next two weeks. This is the second round of these of Saturday morning coffee with Matt.

But this is something we're going to be doing every other Saturday, twice a month, we'll get a schedule out for you. We're gonna be diving into topics like this so that you, the physician, can be better educated.

Again, education isn't power. Education, knowledge, and wisdom, then the application of that is where the power is. All right, see if we have any questions that have come in.

Do you not? All Right, so, that's what we had for Saturday morning coffee with Matt. Coming to you live from Chicago, Illinois, getting ready to speak later this afternoon at CE Lasers.

Next time you see us, we'll be back here in Chicago at the ANA conference, speaking to about 45 doctors, where they're learning how to do ultrasound to help them escape the industry so they can go out and do regenerative therapies outside of the insurance-based world.

And we will be at A4M in December. So there you go. Take care, everybody. Have a wonderful day. If this episode got you thinking differently, hit follow and share it with someone stuck in the system.

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