



Optum Prometheus Analytics[®]

Enhancing health care quality and efficiency

Prometheus Analytics[®] simplifies health care by analyzing claims data to create episodes of care for evaluating provider performance and optimizing payment models. It allows for improvement in care quality and outcomes by identifying effective reforms and top-performing providers.

Key features

Evidence-informed case rates (ECR)

Set comprehensive budgets for specific illnesses, conditions or procedures, distinguishing typical care costs from avoidable complications to improve care quality and reduce unnecessary expenses.

Complexity and severity adjustments

Tailor budgets to the patient's condition, severity and complexity.

Flexible analytics settings

Offer customizable settings for diverse needs such as bundled payments or quality assessments, facilitating adaptability in various healthcare scenarios.

Episodes leveling

Link and budget related episodes like CAD, CABG, and angioplasty, using clinical logic for enhanced coordination.

Episode stratification and clinical logic

Organize care episodes into clinically relevant families using clinical logic for precise cost analysis and procedure appropriateness, further managing potentially avoidable complications (PAC) with ECR-based allowances.

Value-based insights

Provides essential components in value-based pricing and contracting initiatives, either as a standalone or integrated into our comprehensive value-based payment platform.

Prometheus Analytics aids in designing incentive plans and new payment models that aim to cut costs and boost care quality, aligning economic incentives with health improvement goals. This system benefits both providers and insurers, streamlining processes without increasing administrative burdens or compromising patient care access.

Optimizing health care through strategic innovations

Prometheus Analytics revolutionizes health care management by optimizing payment systems, enhancing care delivery and improving provider network efficiency. With our analytics, organizations can:



Enhance payment models

Implement value-based payment models specifically designed for specialties and enable specialist Alternative Payment Models (APMs) that reward providers for efficient, high-quality care.



Improve care delivery

Drive improvements in care by revealing variations and identifying potential savings, which helps in defining more effective care models.



Optimize provider networks

Create focused opportunities between payers and providers by assessing the efficiency and quality of providers both within and outside your networks.

Why Optum?



Extensive reach and scale

Optum serves 4 out of 5 health plans, processing over 5 billion claims and managing more than 6 million members across national and 24 state-specific programs, with a network of over 50,000 accountable providers.



Rapid deployment

Optum's flexible platforms allow for quick market entry and minimal implementation effort.



Unmatched expertise

With over 146,000 professionals, Optum offers unparalleled depth and breadth of knowledge in the Value-Based Payment sector, covering all healthcare disciplines and business lines to support best practices comprehensively.



Proven success

Optum's experienced team excels in designing, implementing, and managing successful Value-Based Care (VBC) programs, enhancing both implementation speed and overall experience.



Customizable solutions

Optum provides fully customizable and configurable programs, allowing for interchangeable metrics and tailored reporting schedules.



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