



Standard Care Coordination

Helping close gaps in care to improve health and lower costs



Standard Care Coordination (SCC) supports members with chronic or complex needs – and those experiencing a serious health event or care transition.

Proactive coordination designed to reduce gaps in care

Standard Care Coordination delivers meaningful results by supporting members at critical moments in their care.

Personalized support when members need it most

- During transitions of care to aid recovery at home, such as leaving inpatient or emergency room settings
- For help managing short-term acute or episodic events
- For help managing intensive, longer-term complex or chronic health conditions

99%

of members
outreached within
1 business day of
discharge to home¹



38%

engagement rate for notification-based transitions of care outreach¹



Integrated support from a multidisciplinary team

Standard Care Coordination connects members with a nurse case manager who:

- Answers questions and provides education, resources and support
- Serves as a consistent point of contact for the duration of the care coordination event
- Collaborates with the member's primary care provider, as appropriate

Members also benefit from a multidisciplinary team engaged as needed to support individual needs.



Outcomes

- Members engage more actively in their health
- Improved health outcomes
- Reduced health care costs

Learn more

Contact your broker or UnitedHealthcare representative

**United
Healthcare**

¹ Optum product analysis pertaining to readmission predictive model, UnitedHealthcare E&I fully insured book of business, January 1 through November 11, 2025.

For Level Funded: 'Employers' and 'Employees/Members' are referred to as Plan sponsors and plan participants.

Disease Management programs and services may vary on a location-by-location basis and are subject to change with written notice. UnitedHealthcare does not guarantee availability of programs in all service areas and provider participation may vary. Certain items may be excluded from coverage and other requirements or restrictions may apply. If you select a new provider or are assigned to a provider who does not participate in the Disease Management program, your participation in the program will be terminated. Self-Funded or Self-Insured Plans (ASO) covered persons may have an additional premium cost. Please check with your employer.

Employee benefits including group health plan benefits may be taxable benefits unless they fit into specific exception categories. Please consult with your tax specialist to determine taxability of these offerings.

Level Funded: Person must reside within the United States. An employee residing in Hawaii is not an Eligible Person. May not be available in all states.

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