NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Nebraska Department of Health and Human Services
Medicaid and Long-Term Care

Medically Complex Self-Identification Form

If you have one or more medical problems that negatively affect your health, you may submit this form for assistance. Your Heritage Health plan will contact you to provide extra help for your health conditions and other needs. These could include extra help finding providers, helping your providers work together, and connecting you with food, housing, transportation and other services available to you.

This form can be completed by you, your caregiver or representative, or your healthcare provider.

You are not required to submit this form. Your Medicaid eligibility is not affected either way.

Send the completed form to your Heritage Health Plan:

Nebraska Total Care
2525 N. 117th Ave. Ste. 100
Omaha, NE 68164
Fax: 844-340-4888
Email: cmcoordinators@NebraskaTotalCare.com

Healthy Blue Nebraska
Care Management Medically Complex
PO Box 241238
Omaha NE 68124
Fax: 1-844-464-9244
Email: NECMReferral@healthybluene.com

UnitedHealthcare
2717 N. 118th Street
Omaha, NE 68164
Fax: 855-784-7300
Email: ne_hha_e@uhc.com

If you have any questions, contact your Heritage Health plan:

Nebraska Total Care: 1-844-385-2192
Healthy Blue Nebraska: 1-833-388-1405
UnitedHealthcare: 1-800-641-1902

For additional information: https://dhhs.ne.gov/Pages/Medically-Complex.aspx

Please fill out the following information:

Name	Medicaid ID (if known)
Date if Birth	Phone Number
Address	Email Address

Please describe your medically complex condition(s)

Examples of medically complex conditions include:

- Having a mental health or a substance use condition that negatively affects your work, school, or personal relationships
- Living in hospice, a long term care facility, or a residential facility
- Having a physical, intellectual, or developmental disability that significantly affects your ability to care for yourself
- Being in foster care
- Being on Medicaid and Medicare
- Having gone to the emergency room or hospital two or more times in the last year
- Having a chronic condition that requires frequent follow-up or monitoring by your healthcare provider

If somebody helped you fill out this form, please provide the following information about them:

Name	Relationship to you (if any)
Telephone	Email Address
Address	Signature