

Additional Access Applications, Confidentiality Statement, and Confidentiality Agreement

The Confidentiality Agreement must be signed by a member of the contractor's organization who has the authority to act for the organization.

- Question number 9 asks you to outline the process to be followed if your agency or DHHS observes an incident of information misuse or security violation. Please refer to the following link for guidance on reporting such activity:
http://dhhs.ne.gov/Pages/hipaa_3b-7-complaint.aspx

The External Access Confidentiality Statement must be completed by each individual who will be accessing the system and their supervisor.

Please mail or email to:

Nebraska DHHS Medicaid and LTC
Attention: Danny Vanourney
PO Box 95026
Lincoln, NE 68509-5026

DHHS.NECaseMix@nebraska.gov

If there are questions concerning the completion of these forms please Email
DHHS.NECaseMix@nebraska.gov

DHHS will email the contact person to notify them of the approval of the applications. If additional information is needed or access is denied notification will also take place.

It is always good practice to retain copies of all submitted forms.