Provider Report

Provider Town Hall Scheduled for Q3

Join Nebraska Total Care for an opportunity to build and strengthen business relationships, as well as share your ideas and feedback for the health plan. Nebraska Total Care encourages all in-network providers to attend our quarterly town halls.

If you have questions, please contact Provider Relations.

3rd Quarter: Online Provider Town Hall Webinar

Thursday, September, 24, 2026

1:00 pm - 2:00 pm CT

12:00 pm - 1:00 pm MT

Join Provider Town Hall Now!

Meeting ID: 998 1254 8459

Passcode: 655167

Telephone Dial In: 646-931-3860

Credentialing and Re-credentialing process

Effective January 1, 2025, all Primary Source Verification validation will be completed by Verisys, the Centralized Credentialing Vendor (CVO) being utilized by all of the Nebraska Managed Care Organizations. Primary Source Verification includes verifying licensure, board certification, and education, and identification of adverse actions, including malpractice or negligence claims, through the applicable state and federal agencies and the National Practitioner Data Bank. Participating providers must meet the criteria established by Nebraska Total Care, as well as government regulations and standards of accrediting bodies, and must be enrolled with Nebraska Medicaid. Review the Centralized Verification Organization (CVO) Remote Learning Summary (PDF).

Nebraska Total Care requires re-credentialing at a minimum of every three (3) years because it is essential that we maintain current provider professional information. This information is also critical for Nebraska Total Care members, who depend on the accuracy of information in the provider directory. Learn more about Credentialing and Re-credentialing.

Introducing Availity Editing Services

Nebraska Total Care is making it easier to submit claims accurately and get paid faster.

Starting October 17, 2026, we are introducing Availity Editing Services (AES) — a tool that helps you identify and address potential claim issues before your claim reaches adjudication.

How this benefits you

- Submit cleaner claims the first time by identifying potential errors early.
- Reduce rework and avoid preventable denials.
- Support faster, more accurate payments by resolving issues before processing.

AES reviews claims during submission and returns messages directly within your existing workflow, giving you the option to make updates before submission.

How it works

If a claim includes a potential issue, you'll receive an AES edit message with suggested corrections at the claim line level.

- You can review and update the claim to help ensure it processes correctly the first time.
- If the message does not apply, you may submit the claim as-is and bypass the edit.

This flexible approach helps you resolve issues earlier — before they impact processing time.

What to know

- AES is designed to support claim accuracy — not deny claims.
- It does not replace existing downstream edits, which will continue to apply as appropriate.
- You must still select "submit" after editing or bypassing for the claim to be processed.

Where to find your edits

- Practice Management System (PMS): Access edits through your claims workbasket or queue reports.
- Availity Essentials: Edits will appear in your standard reporting.

Learn more and streamline your workflow

Join one of Availity's no-cost training demos to learn how to access and manage your reporting:

- Send and Receive EDI Files – Training Demo
- Learn how to access reports in Availity Essentials and review claim edit notifications to take action and keep claims moving.
- EDI Reporting Preferences – Training Demo
- Learn how to set up reporting preferences, so your team can access and use EDI reports as part of your workflow.

Note: Your organization's Availity administrator must first set up EDI Reporting Preferences to enable access to reports in the Send and Receive EDI Files application.

Need help?

For assistance registering for Availity Essentials, contact Availity Client Services at 1-800-AVAILITY (1-800-282-4548), Monday through Friday, 8 a.m. to 8 p.m. ET.

If you have questions, please contact Provider Relations.

Provider News Updates:

Sign up to receive provider emails about Nebraska Total Care benefits, operations, quality topics, and other important information.

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