

Non-Emergency Medical Transportation (NEMT) PT-28 Packet

In this packet, you will find the following documents:

- Page 2: NEMT Profile
- Page 4: Instructions on how to take the required AHCCCS NEMT Training
- Page 9: Instructions on how to upload the required AHCCCS NEMT Training certificate into AHCCCS Provider Enrollment Portal (APEP).

NEMT Profile

PROVIDER TYPE PROFILE

PROVIDER TYPE

28

NON-EMERGENCY TRANSPORTATION PROVIDERS

Effective Date: 10/01/1982	Enrollment Type: Atypical – FAO
Risk Level: High	NPI Required: No
Enrollment Fee Required: Yes	Site Visit Required: Yes
FCBC Required: Yes	
Description:	
Non-emergency transportation provides transpo	ort to and from medically necessary services.

Non-emergency transportation provides transport to and from medically necessary services.

CATEGO	RIES	OF SERVICE	LICENSE/CERTIFICATION
MANDATORY	31	NON-EMERGENCY TRANSPORTATION	 Vehicle Insurance Signed and Dated Provider Type 28 Profile Form AHCCCS NEMT Training Certificate Vehicle Registration for Company Vehicles Tribal Business License (*Required by each tribe if rendering services on Arizona Tribal
			 Reservations) Employee/Driver Information (Full legal name, DOB, SSN, employment begin and end dates) Company logo on all vehicles (*Verified at Site Visit) ADOT Vehicle for Hire permit

As the Owner/Provider, you are responsible for providing CPR and First Aid and HIPAA training for every Employee/Driver.

As part of the application process, including the initial, revalidation and company change applications, the Owner/Provider is required to disclose each Employee/Driver's full legal name, employment begin date, employment end date (if applicable), date of birth, and social security number directly in the AHCCCS Provider Enrollment Portal (APEP).

Any changes regarding the Employee/Driver must be reported within 30 days by submitting a modification in APEP.

As the Owner/Provider, you are responsible for maintaining and providing upon request a valid Arizona driver's license for each Employee/Driver.

ATTESTATION:

As the Owner/Provider, you attest through your signature below that all Employee/Drivers hold valid, current HIPAA Training Certificates and CPR and First Aid Certifications.

As the Owner/Provider, you further attest through your signature below to having a process in place to address any violation of state drug laws by an Employee/Driver and provide documentation upon request.

By signing below, you are also attesting through your signature that this information will be kept current, on file, and made available upon request to Arizona Health Care Cost Containment System (AHCCCS).

Signature			Printed Name		
Date					
Provider N	ame			Provider ID Number	
SPECIAL IN	ISTRI	JCTIONS:			

REVISED 4/13/2023



How To Sign Up To Take The Required AHCCCS NEMT Training

Non-Emergency Medical Transportation (NEMT) Recertification Training for Provider Type (PT28) business owners.

NEMT Certification Training Course ID: HCNEMT2024

Dear NEMT business owner,

NEMT business owners are required to complete the NEMT Certification Training for PT28 business owners. Business owners must create a Non-State Worker training account in TraCorp which is the State of Arizona's Learning Platform.

The TraCorp training account is required to provide access to complete the NEMT Certification training for PT28 business owners. Please use the following instructions below to create your Non-State Worker training account. Review each page of this document to ensure you have completed all necessary steps. **This training is to be completed only by the PT28 NEMT business owner.**

- 1. Go to <u>https://adoa.server.tracorp.com/novusii/application/login/</u>
- 2. Click on the "Create Non-State Worker Account" button as shown below.

WELCOM	E TO TRACORDI	Log In
WELCOW		Usemarre
User Guides and Resources	or optimal performance and completion of your Online Training.	Password Forgot Password?
Supervisors	TraCorp Login Hists:	1.00 W
New Users	State Employee use your LIN as your username (Ex: 123454) Supervisors login with your account, your EIN with an 'S' at the	
UGA's	end. (19: 1234565) Hon-State Employees use your assigned username (Ex: AD123456)	
Instructors		
FAQ's		

3. The first section to complete is the *Required Information* section. Please complete the fields as indicated in *Red* below. Leave the username field blank. After completion of the TraCorp account set up, you will receive an email with your assigned username.



Required Information			
Username	Email		
This field must remain blank.	Must enter a valid email address.		
	Value is required and can't be empty		
First Name	Last Name		
Business owner first name must be entered in this field.	Business owner last name must be entered in this field.		
• Value is required and can't be empty	Value is required and can't be empty		
Password	Confirm Password		
Password must be a minimum of 8 characters and must contain at least 1 Uppercase letter(s).	Password must be a minimum f 8 characters and must contain at least 1 Uppercase letter(s).		
O Password must contain at least 1 uppercase letter(s).			

4. Next enter the NEMT 2024 Access Code **EE4EBB1D** in the access code field shown below:

	Access Code
Access Code	
EE4EBB1D	
Value is required and can't be empty	

5. Next complete the Additional Registration Information section. Please leave the agency and division fields blank. It is important to complete the following required fields as noted below. In the Home Address, Home Phone Number, Mobile Number, City, State and Postal Code fields you must enter the PT28 NEMT business or organization's information in these required fields only.



Agency	Division
Leave this field blank.	Leave this field blank.
Process Level	Function (Job Class)
Do not populate this field.	Do not populate this field.
Hire Date	Department
mm/dd/yyyy Do not populate this field.	Leave this field blank.
Employment Designation	Home Address
Leave this field blank.	Enter the PT28 NEMT Business or Organization Information
	O Value is required and can't be empty
Home Phone Number	Mobile Number
Enter the PT28 NEMT Business Home Phone Number	Enter the Business or Organization Information
Value is required and can't be empty	Value is required and can't be empty
City	State
Enter the Business or Organization Information	Enter the Business or Organization Information
O Value is required and can't be emoty	O Value is required and can't be empty

6. After completing the Additional Registration information fields click on the "**Create Account**" button at the bottom of the page.

	Current Settings
Timezone (GMT-07:00) Phoenix	1
Cancel	CREATE ACCOUNT

- 7. Congratulations, you have completed the Non-State Worker TraCorp account process.
 - You will receive an email notification with your Username and Password.

Please note if you do not receive this email within 2 hours,

- First- Check your Spam or Junk Mail folder for the email address provided in the steps above. Upon refreshing your email if you still do not see the email ■ Please email the DFSM provider training team: providertrainingffs@azahcccs.gov
- After you receive the confirmation email, return to the TraCorp Login page: <u>https://adoa.server.tracorp.com/novusii/application/login/.</u> Enter your assigned Username and Password.



9. The NEMT Recertification Training module **HCNEMT2024** is automatically assigned to you. Click the **"Assigned Content"** button.



- **10.** The NEMT Recertification Training course **HCNEMT2024** will display. Click on the icon to open the Navigation Bar.
- **11.** The NEMT Recertification Training page will appear with the course ID. Click the **"Launch this Content"** button to begin the NEMT Recertification Training for PT28 business owners.

B	NEMT Recertif Online Claim Tra	fication Training				
Course ID:	HCNEMT2024	Estimated Durat	ion: 30 Minutes	6		
Content D	escription					
This cou	rse is designed fo	r NEMT business or	wners only.			
LAUNCH T	HIS CONTENT	MY PROGRESS	UN-ARCHIVE	ADD FAVORITE	UN-ASSIGN	VIEW CERTIFICATE

How to Obtain a Copy of the Training Certificate

12. After you have completed the NEMT Recertification training, return to the **"Launch This Content"** page and click the **"View Certificate"** button.

NEMT Recertif	cation Training	1			
Course ID: HCNEMT2024	Estimated Durat	ion: 30 Minutes	i.		
Content Description					
This course is designed for	NEMT business or	wners only.			
LAUNCH THIS CONTENT	MY PROGRESS	UN-ARCHIVE	ADD FAVORITE	UN-ASSIGN	VIEW CERTIFICATI

13. The Training Certificate will open on your computer. You will have the option to print/save or download a copy of the Certificate to your desktop or computer. A copy of the certificate is required



to upload into the AHCCCS Provider Enrollment Portal (APEP) during the re-validation process for Non-Emergency Medical Transportation PT28 business owners.

If additional assistance is needed with this process email the DFSM Provider Education Team at providertrainingffs@azahcccs.gov In the subject line include **NEMT Recertification Training**.

Thank you.



How to upload the required AHCCCS NEMT training certificate into APEP

- 1) Log in to the AHCCCS Provider Enrollment Portal (APEP) by visiting https://www.azahcccs.gov/PlansProviders/APEP/Access.html
- 2) Select Step 13: Upload Documents.

Application	Name: A				
O Close					
III Enroll Provider - Atypical Agency					
	Business Process Wizard - Pr	ovider Enrollment	(Atypical Agency). Click on the Step	# under the Step Column
Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required			Incomplete	
Step 2: Add Locations	Required			Incomplete	
Step 3: Add Correspondence Address	Required			Incomplete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required			Incomplete	
Step 5: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 6: Add License/Certification/Other	Optional			Incomplete	
Step 7: Add Additional Information	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Optional			Incomplete	
Step 10: Fee Payment	Optional			Incomplete	
Step 11: Employee Details	Optional			Incomplete	
Step 12: Add Populations Served	Optional			Incomplete	
Step 13: Upload Documents	Optional			Incomplete	
Step 14: Complete Enrollment Checklist	Required			Incomplete	
Step 15: Submit Enrollment Application for Approval	Required			Incomplete	
View Page: 1 O Go E Page Count SaveTaXLS	Viewing P	oge: 1		4¢ First	Prev > Next >> Last

3) On the Document List screen, select "Add" to upload the document.

1	Document List	t								
,	Add									
1	Filter By 👻			O Go					Save Filters	▼ My Filters▼
	Document ID	Document Type	Document Name	File Name	Start Date	End Date	Uploaded By	Uploaded Date	Document Sta	tus
)	△▼	**	▲ ▼	AV	**	**	A.W	A.W.		
					No Records Foun	d !				

4) On the Upload Document screen, go to "Document Type" and select the "License" on the dropdown menu.

evolutix.az-apep.gov/	evoBrix/CNSIControlServlet			
🖨 Print 🤨 Help				
plication ID:		Name:		
Upload Docume	ent			^
	Document Type:	SELECT V *	Document Name:	*
	File Name: F	SELECT se Verification an		
	Start Date:	ther ax		
	End Date: 12	//31/2999 🗰		
	Remark:			

5) Go to "Document Name", select the dropdown arrow for a list of available documents. Select, AHCCCS Division of Fee for Service (NEMT).

evobrix.az-apep.gov/evoBrix/CNSIControlSen	/let				
🚔 Print 🤨 Help					
oplication ID:		Name:			
Upload Document					^
Document Type:	License	*	Document Name:	*	
File Name:	Choose File No file	chosen AHCCCS DIVI	ISION OF FEE FOR SERVICE (NEMT)		
Start Date:	04/19/2023	AK-CHIN INDI AZ Dept. Of W	AN COMMUNITY TRIBAL BUSINESS LICENSE /eights And Measures		
End Date:	12/31/2999	COCOAH IND COLORADO F	IAN TRIBE TRIBAL BUSINESS LICENSE RIVER INDIAN TRIBE TRIBAL BUSINESS LICENSE		
Remark:		FORT MCDOV FORT MOHAV	WELL YAVAPAI NATION TRIBAL BUSINESS LICENSE /E INDIAN TRIBE TRIBAL BUSINESS LICENSE		
		GILA RIVER IN HAVASUPAI T HOPI TRIBE T	RIBE TRIBAL BUSINESS LICENSE RIBE TRIBAL BUSINESS LICENSE		
		HUALAPAI TR	RIBAL BUSINESS LICENSE O OF PAILITE INDIANS TRIBAL BUSINESS LICENSE		
		NAVAJO NATI PASCUA YAQ	ON TRIBAL BUSINESS LICENSE UI TRIBE TRIBAL BUSINESS LICENSE		
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		SALI RIVER F	PIMA-MARICOPA INDIAN COMMUNITY TRIBAL BUSIN 8 APACHE TRIBE TRIBAL BUSINESS LICENSE	ESS LICENSE	
				- CI	(Q Cance



6) Go to "File Name", select the Choose File button to upload the AHCCCS Division of Fee for Service certificate. Note: You will need to upload this document from your personal folder.



7) "Start Date" will default to the current date and the "End Date" can remain as the default date of 12/31/2999. Select, "Ok" located at the bottom right of the screen.

Upload Do	cument		
	Document Type:	License v *	Document Name: AHCCCS DIVISION OI 🗸
	File Name:	Choose File AHCCCS DItificate.docx	
	Start Date:	04/19/2023	
	End Date:	12/31/2999	
	Remark:		

8) Once the upload is complete, the user will be redirected back to the Document List screen and the uploaded document will be displayed. The user can continue to upload documents by selecting the "Add" button on the Document list screen. Select "Close" when uploads are complete.

Filter By	~][O G					Save	Filters	₹ M)	/ Filters*
Document ID	Document Type	Document Nar	ne		File Name	Start Date	End Date	Uploaded By	Uploaded	Date	Docume AV	nt Status
75610729	License	AHCCCS DIVIS	ION OF FEE FOR	SERVICE (NE(IT)	AHCCCS Division Fee For Service NEMT Certificate.docx	04/9/2023	12/31/2999	Patricia Santa C	ruz 04/19/202	3	Process	ed
Delete Vie	w Page: 1	O Go	Page Count	SaveToXLS	Viewing Page: 1			** F	irst 🕻 Prev	>	Vext	» Last

