



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 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 transport to and from medically necessary services.	

CATEGORIES OF SERVICE			LICENSE/CERTIFICATION
MANDATORY	31	NON-EMERGENCY TRANSPORTATION	<ul style="list-style-type: none"> • 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 Lands) • 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 Name		Provider ID Number	

SPECIAL INSTRUCTIONS

REVISED 4/13/2023

How 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: **HCNEMT2023**

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.

Go to <https://adoa.server.tracorp.com/novusii/application/login/>

1. If you have an existing account, enter your account information (Username and password).
2. If you are new to Tra Corp select the:

CREATE NON-STATE WORKER ACCOUNT

Required Information Field:

3. You will be directed to the Required Information section to complete the following fields to be issued an access code:

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.

Access Code

4. Enter the access code assigned to the Certification training for calendar year 2025 (**ef29c20f**)
Create Non-State Worker Account: Next, click the box titled:

CREATE NON-STATE WORKER ACCOUNT

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 ServiceDesk
- 5. After you get the confirmation email, go back to the TraCorp login page. Type in your assigned Username and Password.
- 6. The NEMT Recertification Training module **HCNEMT2025** is automatically assigned to you. Click the "**Assigned Content**" button.

A rectangular button with a black border. On the left is a red icon of a square with a diagonal line. To the right of the icon, the text "Assigned Content" is written in a dark blue, sans-serif font.
- 7. The NEMT Recertification Training course **HCNEMT2025** will display. Click on the icon to open the Navigation Bar.
- 8. 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.
- 9. **How to Obtain a Copy of the Training Certificate To Upload in APEP**
- 10. After you have completed the NEMT Recertification training, return to the "**Launch This Content**" page and click the "**View Certificate**" button.
- 11. The NEMT Provider Certificate will appear on your computer. You can choose to print, save, or download a copy of the Certificate to your desktop or computer. You need a copy of the certificate to upload into the AHCCCS Provider Enrollment Portal (APEP) for Non-Emergency Medical Transportation PT28 business owners.

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:

Enroll Provider - Atypical Agency

Business Process Wizard - Provider 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: Viewing Page: 1

- 3) On the Document List screen, select “Add” to upload the document.

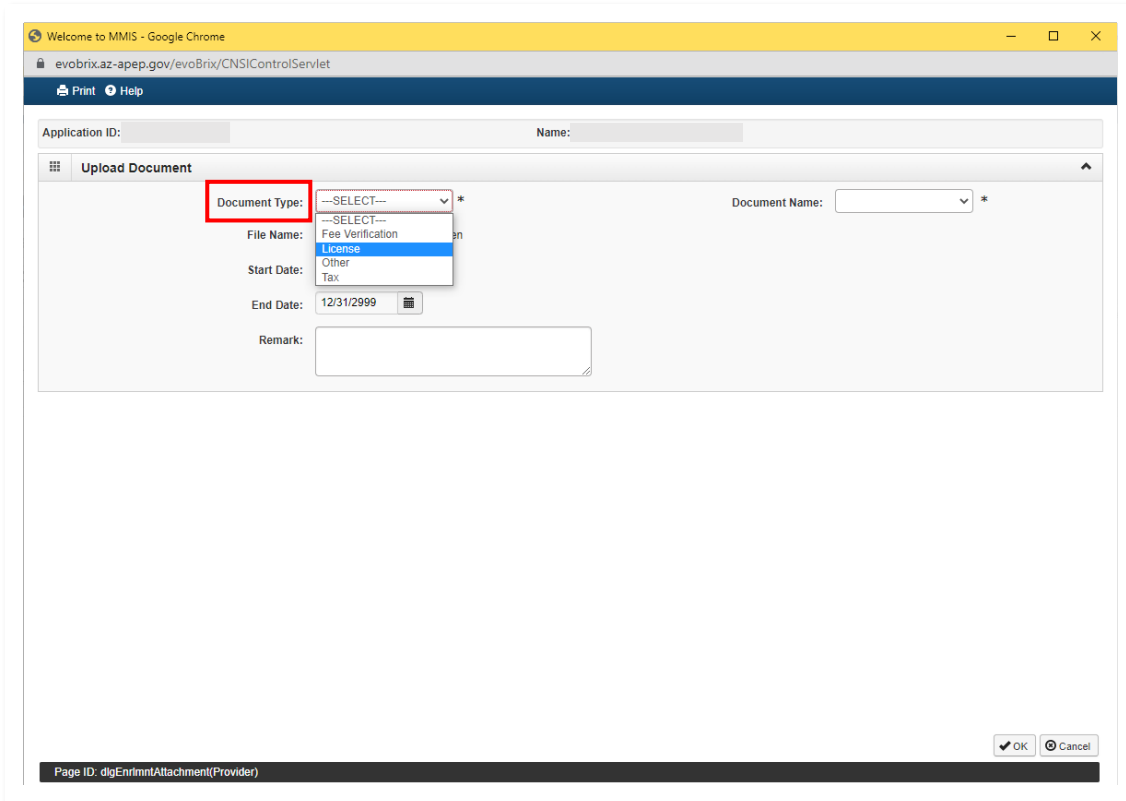
Application ID: Name:

Document List

Filter By:

Document ID	Document Type	Document Name	File Name	Start Date	End Date	Uploaded By	Uploaded Date	Document Status
No Records Found !								

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



Application ID: _____ Name: _____

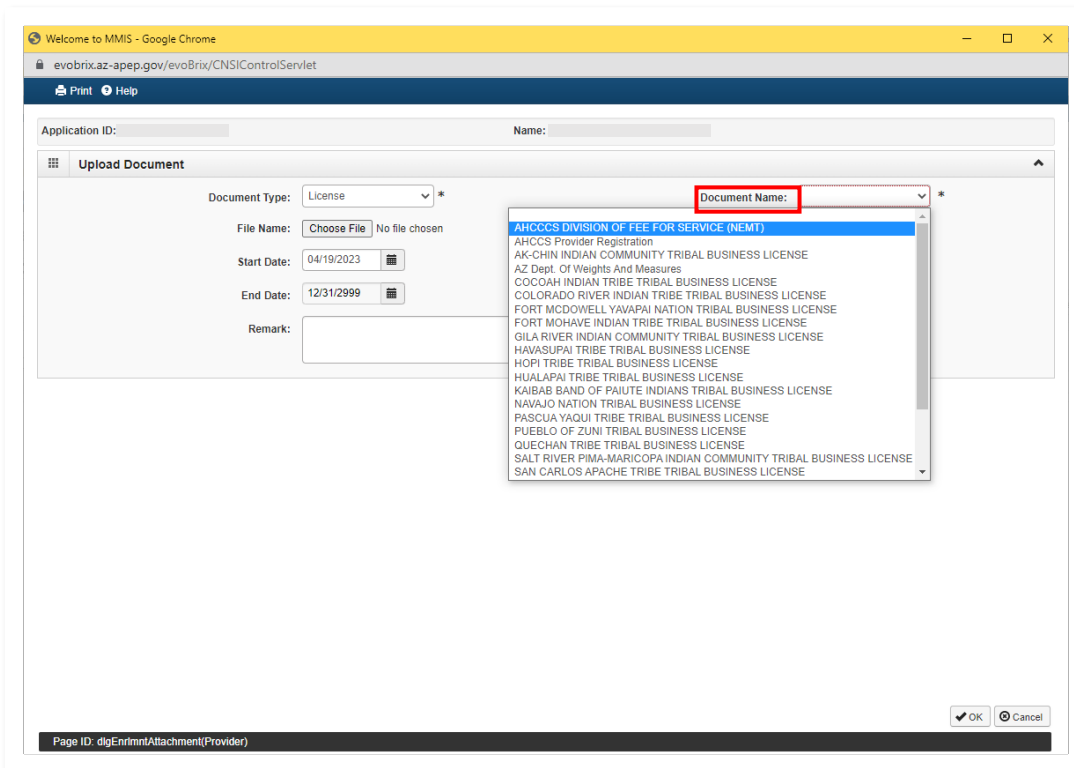
Upload Document

Document Type: **License** *
File Name: _____ *
Start Date: 04/19/2023
End Date: 12/31/2999
Remark: _____

Document Name: _____ *

Page ID: digEnrImntAttachment(Provider)

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



Application ID: _____ Name: _____

Upload Document

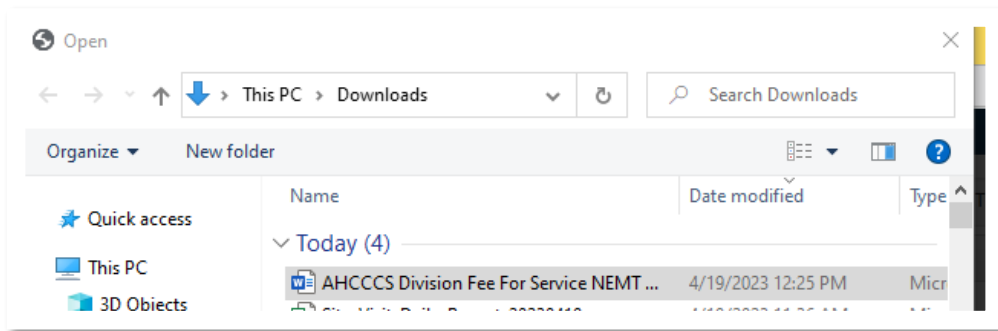
Document Type: License *
File Name: Choose File No file chosen
Start Date: 04/19/2023
End Date: 12/31/2999
Remark: _____

Document Name: **AHCCCS DIVISION OF FEE FOR SERVICE (NEMT)** *

AHCCCS Division of Fee for Service (NEMT)
AHCCCS Provider Registration
AK-CHIN INDIAN COMMUNITY TRIBAL BUSINESS LICENSE
AZ Dept. Of Weights And Measures
COCOAH INDIAN TRIBE TRIBAL BUSINESS LICENSE
COLORADO RIVER INDIAN TRIBE TRIBAL BUSINESS LICENSE
FORT McDOWELL YAVAPAI NATION TRIBAL BUSINESS LICENSE
FORT MOHAVE INDIAN TRIBE TRIBAL BUSINESS LICENSE
GILA RIVER INDIAN COMMUNITY TRIBAL BUSINESS LICENSE
HAVASUPAI TRIBE TRIBAL BUSINESS LICENSE
HOPI TRIBE TRIBAL BUSINESS LICENSE
HUALAPAI TRIBE TRIBAL BUSINESS LICENSE
KAIBAB BAND OF PAIUTE INDIANS TRIBAL BUSINESS LICENSE
NAVAJO NATION TRIBAL BUSINESS LICENSE
PASCUA YAQUI TRIBE TRIBAL BUSINESS LICENSE
PUEBLO OF ZUNI TRIBAL BUSINESS LICENSE
QUECHAN TRIBE TRIBAL BUSINESS LICENSE
SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY TRIBAL BUSINESS LICENSE
SAN CARLOS APACHE TRIBE TRIBAL BUSINESS LICENSE

Page ID: digEnrImntAttachment(Provider)

- 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.

Application ID: _____ Name: _____

Document Type: License * Document Name: AHCCCS DIVISION OF * *

File Name: Choose File AHCCCS DI... tificate.docx

Start Date: 04/19/2023

End Date: 12/31/2999

Remark: _____

Page ID: digEnrmtAttachment(Provider)

OK Cancel

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.

Application ID: _____ Name: _____

Close

Document List

Add

Filter By: _____ Go

Save Filters My Filters*

Document ID	Document Type	Document Name	File Name	Start Date	End Date	Uploaded By	Uploaded Date	Document Status
75610729	License	AHCCCS DIVISION OF FEE FOR SERVICE (NEMT)	AHCCCS Division Fee For Service NEMT Certificate.docx	04/19/2023	12/31/2999	Patricia Santa Cruz	04/19/2023	Processed

Delete View Page: 1 Page Count: Save To TMS Viewing Page: 1

First Prev Next Last