

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

April 24, 2012

To: All NYS EMS Agencies
Re: Voucher Submissions for
Training Reimbursements

To Whom It May Concern:

The New York State Office of the State Comptroller has issued a new Claim For Payment voucher, AC3253-S, which replaces the previous form, AC92. Effective as of the date of this letter, all Claims For Payment must be submitted using AC3253-S.

Agencies are eligible to submit to the Bureau of EMS for reimbursement for those members and/or employees of their agency, who have become certified through a NYS BEMS Certification Course. BEMS Policy 09-06 outlines all eligibility and submission requirements. Please make sure you follow Policy 09-06 and any future updates to this policy.

Form AC3253-S is a fill-in-able Adobe PDF document, which can be filled out on your computer, printed, then submitted to BEMS. We encourage you to take advantage of this format instead of printing the form and then filling it out so the form is legible and accurate. Following are the instructions to fill out the form:

A maximum of 6 providers can be on a single voucher. If you have more than 6 providers, you must submit additional vouchers. Only one certification level can be submitted on one voucher. For example, if you have 2 providers (1 EMT and 1 Paramedic) you are submitting for reimbursement, you need to complete 2 separate vouchers.

Agency Code	Your BEMS 4 digit agency code.
Vendor Name	Agency name.
Address, City, State, Zip Code	Agency's official mailing address.
Vendor Identification Number	Agency's vendor ID number as assigned by the Office of the State Comptroller. If you have not received your vendor ID, please go to: http://www.sfs.ny.gov and follow the information for "Vendor Support".
Invoice Number	Leave Blank
Course Level	The level of the certified provider(s) you are seeking reimbursement.
Course Number	Course number the provider attended to become certified. If this is a CME recertification, no course number is required for agencies.
Original, Refresher, CME	Check the box that is appropriate for the course the provider took to become certified. Only one box may be checked.
Cert. Number	Certified provider's BEMS certification number.
Provider's Name	Certified provider's name you are submitting for reimbursement.
Number Passed State Written Exam	Total number of certified providers you are listing on this voucher.

Reimbursement Rate	The reimbursement rate that corresponds to the course level and if it was original, refresher or CME. Please make sure you are using the current rate as listed in Policy 0-06.
Amount	This will automatically calculate for you.
Total	This will automatically calculate for you.
Discount %	Leave blank.
Net	This will automatically calculate for you.
Vendor's Signature	Must be signed in ink once form is printed.
Title	Title of person signing this voucher.
Date	Date of signature.
Name of Company	Leave blank.

The AC3253-S and other information can be found on our web site at: <http://www.health.ny.gov/nysdoh/ems/main.htm>. If you have questions regarding submission of vouchers, please contact our Funding Unit at (518) 402-0996 ext. 1, #4.

Sincerely,

Andrew G. Johnson, BS, AEMT-P, CIC
 Director of Education and Certification
 Bureau of Emergency Medical Services

