

February 28, 2024

Human Services Department
MAD/Program Oversight & Support Bureau
Attn: Christie Guinn
P.O. BOX 2348
Santa Fe, NM 87504-2348

Dear Ms. Christie Guinn:

The following expenditures are being submitted to your department for reimbursement for GSA# 20-630-8000-0005. These expenditures are for period July - September 2023 (SFY Q1).

Direct Expenditures	\$ 46,095.59
Indirect Expenditures	\$ 9,311.31
Total Claim	\$ 55,406.90

Attached is the invoice calculating the total amount due. If you have any questions or require additional information, please contact Jeryl Vigil at 505-827-0640.

To properly credit our account, use the following accounting string for the Operating Transfer:

DIRECT EXPENDITURE (50% Staff)		INDIRECT EXPENDITURE (50% Staff)	
Agency	66500	Agency	66500
Fund	0614	Fund	0614
Department	2003060000	Department	2003060000
Account	451909	Account	451909
Sub Account	4386300520	Sub Account	4386300520
Project		Project	
Activity	Direct	Activity	Direct
ANL Type	GLE	ANL Type	GLE
Bud Ref		Bud Ref	
Class Code		Class Code	
Amount	\$38,782.35	Amount	\$7,834.04
DIRECT EXPENDITURE (75% Staff)		INDIRECT EXPENDITURE (75% Staff)	
Agency	66500	Agency	66500
Fund	0614	Fund	0614
Department	2003060000	Department	2003060000
Account	451909	Account	451909
Sub Account	4386300520	Sub Account	4386300520
Project		Project	
Activity	Direct	Activity	Direct
ANL Type	GLE	ANL Type	GLE
Bud Ref		Bud Ref	
Class Code		Class Code	
Amount	\$7,313.24	Amount	\$1,477.27

Sincerely,

Elena Tercero, Deputy Director
Administrative Services Division

NM Human Services Department
Date: February 28, 2024

Quarter: July - September 2023 (SFY Q1)

GSA: 20-630-8000-0005

Invoice Number:

Medicaid Administrative Claiming (MAC) Invoice

This form serves as both the invoice and the certification of expenses of total computable and non-federal funds.

Agency: DOH - Maternal Child Health Programs
Address: 1190 S. St. Francis Dr.
Address2: _____

City: Santa Fe
State: New Mexico
Zip: 87501

	Cost Pool 1		Cost Pool 2	
	75% FFP	50% FFP	75% FFP	50% FFP
1. Total Expenditures	\$ 34,576.00	\$ 34,576.00	\$ 143,095.00	\$ 143,095.00
2. Total Claimable Expenditures	\$ 9,750.99	\$ 2,358.98	\$ -	\$ 75,205.72
3. Total Claimable Indirect Costs	\$ 1,969.70	\$ 476.51	\$ -	\$ 15,191.56
4. Total Claimable Costs = (2.+3.)	\$ 11,720.68	\$ 2,835.50	\$ -	\$ 90,397.28
5. Net Claimable (FFP x 4.)	\$ 8,790.51	\$ 1,417.75	\$ -	\$ 45,198.64

	75% FFP	50% FFP
6. Allowable sub-contracts	\$ -	\$ -

Total Net Claimable (Enhanced - 75% FFP) \$ 8,790.51

Total Net Claimable (Non-Enhanced - 50% FFP) \$ 46,616.39

Total Claimed **\$ 55,406.90**

I, as the Representative of the NM Dept. of Health am charged with the duties of supervising the administration of the provision and billing for the Medicaid Administrative Services provided under Title XIX (Medicaid) of the Social Security Act, as amended. I hereby certify that this agency expended the share of public (non-federal) funds needed to match the federal share of claims billed to the NM State Medicaid agency in accordance with contract number: GSA# 20-630-8000-0005 for the period of: July - September 2023 (SFY Q1).

I also certify that this agency's expenditures were incurred in accordance with provisions of New Mexico's policies for the services. These certified expenditures are separately identified and supported in our accounting system.

Name: Jeryl Vigil Date: 2024-01-17 15:02:03

Title: Financial Coordinator-Advance

Approved for
Payment: _____ Date: _____