

NM Human Services Department
Date: February 28, 2024

Quarter: July - September 2023 (SFY Q1)

JPA: 11-630-8000-0003

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 - PHD Outreach
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	\$ 1,311,290.00	\$ 1,311,290.00	\$ 677,459.00	\$ 677,459.00
2. Total Claimable Expenditures	\$ 225,406.82	\$ 52,855.48	\$ -	\$ 224,287.03
3. Total Claimable Indirect Costs	\$ 45,532.18	\$ 10,676.81	\$ -	\$ 45,305.98
4. Total Claimable Costs = (2.+3.)	\$ 270,938.99	\$ 63,532.28	\$ -	\$ 269,593.01
5. Net Claimable (FFP x 4.)	\$ 203,204.25	\$ 31,766.14	\$ -	\$ 134,796.50
6. Allowable sub-contracts	\$ -	\$ -		
Total Net Claimable (Enhanced - 75% FFP)		\$ 203,204.25		
Total Net Claimable (Non-Enhanced - 50% FFP)		\$ 166,562.64		
Total Claimed			\$ 369,766.89	

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: JPA# 11-630-8000-0003 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: 2024-01-19 08:59:00

Title: Financial Coordinator-Advance

Approved for
Payment: _____ Date: _____