

February 28, 2024

Human Services Department  
Medicaid School Based Health Center  
Attn: Prescilla S. Torres  
P.O. BOX 2348  
Santa Fe, NM 87504-2348

Dear Ms. Prescilla S. Torres:

The following expenditures are being submitted to your department for reimbursement for GSA# 20-630-8000-0003. These expenditures are for period April - June 2023 (SFY Q4).

Total Claim	\$ 696,148.08
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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.

Please process Operating Transfer as follows:

	Direct Expenditure (50% Staff)	Direct Expenditure (75% Staff)	SBHC Sub-Contract
Business Unit	66500	66500	66500
Fund	06104	06104	06104
Department	2009030000	2009030000	2009030000
Account	451909	451909	451909
Sub Account	4406300520	4406300520	4406300520
Rptg Cat	00000001	00000001	00000001
Project			
Activity	Direct	Direct	Direct
ANL Type	GLE	GLE	GLE
Bud Ref			
Class Code			
Amount	\$100,589.09	\$0.00	

	Indirect Expenditure (50% Staff)	Indirect Expenditure (75% Staff)	Suicide Sub-Contract
Business Unit	66500	66500	66500
Fund	06104	06104	06104
Department	2009030000	2009030000	2009030000
Account	451909	451909	451909
Sub Account	4406300520	4406300520	4406300520
Rptg Cat	00000001	00000001	00000001
Project			
Activity	Indirect	Indirect	Direct
ANL Type	GLE	GLE	GLE
Bud Ref			
Class Code			
Amount	\$20,318.99	\$0.00	

Sincerely,

Elena Tercero, Deputy Director  
Administrative Services Division

NM Human Services Department  
Date: February 28, 2024

Quarter: April - June 2023 (SFY Q4)

GSA: 20-630-8000-0003

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 - Office of School & Adolescent Health  
Address: 1190 S. St. Frances 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	\$ -	\$ -	\$ 285,434.00	\$ 285,434.00
2. Total Claimable Expenditures	\$ -	\$ -	\$ -	\$ 201,178.16
3. Total Claimable Indirect Costs	\$ -	\$ -	\$ -	\$ 40,637.99
4. Total Claimable Costs = (2.+3.)	\$ -	\$ -	\$ -	\$ 241,816.15
5. Net Claimable (FFP x 4.)	\$ -	\$ -	\$ -	\$ 120,908.08

	75% FFP	50% FFP
6. Allowable sub-contracts	\$0.00	\$ 575,240.00

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

Total Net Claimable (Non-Enhanced - 50% FFP) \$ 696,148.08

**Total Claimed** **\$ 696,148.08**

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# 20-630-8000-0003 for the period of: April - June 2023 (SFY Q4).

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: 2023-08-17 12:13:13

Title: Financial Coordinator-Advance

Approved for \_\_\_\_\_ Date: \_\_\_\_\_  
Payment: \_\_\_\_\_