

February 28, 2024

Christie Guinn
HSD/MAD
P.O. BOX 2348
Santa Fe, NM 87504-2348

Dear Ms. Guinn

The following expenditures are being submitted to your department for reimbursement for JPA# 21-630-

Total Claim	\$ 163,549.18
-------------	---------------

Attached is the invoice calculating the total amount due. If you have any questions or require additional

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

P-code#:	P622
Business Unit #:	61100
Fund #:	20794
Department #:	2020000000
Account #:	451909
Project ID:	
Activity #:	IAT
Bud Ref #:	
Class Code #:	
\$ Amount	\$ 163,549.18

Sincerely,

Carmel Pacheco-Aragon, CFO
Administrative Services

NM Human Services Department

Date: February 28, 2024

Quarter: July - September 2023 (SFY Q1)

GSA: 21-630-8000-0001

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: NM Early Childhood Education and Care Department
Address: 1190 St. Francis Drive
Address2: _____

City: Santa Fe
State: New Mexico
Zip: 87502

- 1. Total Expenditures
- 2. Total Claimable Expenditures
- 3. Net Claimable (FFP x 2)

Cost Pool 1	
75% FFP	50% FFP
\$ 657,144.00	\$ 657,144.00
\$ 70,723.81	\$ 221,012.64
\$ 53,042.86	\$ 110,506.32

- 4. Allowable sub-contracts

75% FFP	50% FFP
\$ -	\$ -

Total Net Claimable (Enhanced - 75% FFP) \$ 53,042.86

Total Net Claimable (Non-Enhanced - 50% FFP) \$ 110,506.32

Total Claimed \$ 163,549.18

I, as the Representative of the New Mexico Early Childhood Education and Care Department, 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# 21-630-8000-0001 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: Regina Sena

Date: 2023-11-21 11:28:43

Title: Financial Analyst Manager

Approved for
Payment: _____

Date: _____