

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 GSA# 22-630-8000-0015.

Total Claim	\$ 636,022.20
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Attached is the invoice calculating the total amount due. If you have any questions or require additional information, please

Please process Operating Transfer as follows:

	50% Staff	75% Staff	Indirect Expenditures
Project			
Amount	\$382,036.00	\$220,828.64	\$33,157.56

Sincerely,

Brandi Sanchez  
Financial Services Accountant, Sr.  
HSC Contract & Grant Accounting  
University of New Mexico

NM Human Services Department  
 Date: February 28, 2024

Quarter: July - September 2023 (SFY Q1)

GSA: 22-630-8000-0015

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: University of New Mexico - Center for Develc  
 Address: 609 Buena Vista NE  
 Address2: \_\_\_\_\_

City: Albuquerque  
 State: New Mexico  
 Zip: 87131

	Cost Pool 1		Cost Pool 2	
	75% FFP	50% FFP	75% FFP	50% FFP
1. Total Expenditures	\$ 761,237.00	\$ 761,237.00	\$ 868,144.00	\$ 868,144.00
2. Total Claimable Expenditures	\$ 290,994.26	\$ 71,180.23	\$ 3,443.93	\$ 692,891.77
3. Total Claimable Indirect Costs	\$ 16,004.68	\$ 3,914.91	\$ 189.42	\$ 38,109.05
4. Total Claimable Costs = (2.+3.)	\$ 306,998.95	\$ 75,095.14	\$ 3,633.34	\$ 731,000.82
5. Net Claimable (FFP x 4.)	\$ 230,249.21	\$ 37,547.57	\$ 2,725.01	\$ 365,500.41

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

Total Net Claimable (Enhanced - 75% FFP) \$ 232,974.22

Total Net Claimable (Non-Enhanced - 50% FFP) \$ 403,047.98

**Total Claimed** **\$ 636,022.20**

I, as the Representative of the University of New Mexico - Center for Development & Disability 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# 22-630-8000-0015 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: Raquel Lujan

Date: 2023-12-04 14:27:38

Title: Supv, Fiscal Services

Approved for

Payment: \_\_\_\_\_

Date: \_\_\_\_\_