



The Purchasing Memo

Date: June 18, 2025

To: Governing Body and Finance Committee

From: Sten Johnson, Assistant Fire Chief sj

Via: Brian Moya, Fire Chief BM

Subject: Inter-Governmental Transfer of Funds to NM Health Care Authority

Vendor Name: New Mexico Health Care Authority, Department of Health

Munis Vendor Number: 1789

ITEM AND ISSUE:

The Fire Department respectfully requests your review and approval for a payment in the total amount of \$871,970.20 as an Inter-Governmental Transfer (IGT) for a term of one-time transaction to NM Health Care Authority (HCA).

CONTRACT NUMBER:

3250649

BACKGROUND AND SUMMARY:

The Fire Department has been an early adopter of a program now approved for government operated ambulance services to participate in a supplemental payment program from Medicaid. This program involves an MOA between the City and NM Health Care Authority. The MOA was approved by Governing Body on May 29, 2025.

The City pays the IGT of \$871,970.20 to the HCA. The HCA applies the funds as a grant share to drawn down supplemental payment from Medicaid. The supplemental payment then comes back to the City in the total amount of \$3,181,211.95. Please see attachments for further explanation.

PRIOR APPROVALS AND SUPPORTING INFORMATION:

FUNDING SOURCE:

Fund Name/Number: GENFUND/100

Munis Org Name/Number: Fire Emergency Svcs Admin/1000021

Munis Object Name/Number: Miscellaneous Expenses/56400

Budget Officer / Designee: _____ Date: _____

Budget Officer Comment/Exceptions: _____

PROCUREMENT METHOD:

The procurement method used was NMSA 1978, Section 13-1-98, Exempt

This is a transaction with a governmental agency, New Mexico Health Care Authority.

Chief Procurement Officer (CPO) / Designee: _____ Date: _____

CPO Comment/Exceptions: _____

ASSOCIATED APPROVALS:

IT Components included? Yes | No

Approval: _____ Title: _____ Date: _____

Comment/Exceptions: _____

Vehicles included? Yes | No

Approval: _____ Title: _____ Date: _____

Comment/Exceptions: _____

Construction to City Facilities, Furniture, and/or Fixtures included? Yes | No

Approval: _____ Title: _____ Date: _____

Comment/Exceptions: _____

Is this an externally funded purchase? Yes | No

If yes, what is the issuing agency: _____

Approval: _____ Title: _____ Date: _____

Comment/Exceptions: _____

Is this a Capital Asset or Project? Yes | No

Project Ledger Number: _____

Approval: _____ Title: _____ Date: _____

Comment/Exceptions: _____

ATTACHMENTS:

Invoice for term Jan – June 2024

Memorandum of Agreement with NM Health Care Authority

Procurement document: Exemption Determination/Email

BAR



Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Alex Castillo Smith, Deputy Secretary
Kathy Slater Huff, Deputy Secretary
Kyra Ochoa, Deputy Secretary
Dana Flannery, Medicaid Director

INVOICE

ASD/Accounts Receivable Bureau
PO Box 2348
Santa Fe, NM 87504-2348
Fax: (505) 827-8103

Date: June 12, 2025
Invoice # CY24-80000062-01
For: ASPP IGT - City of Santa Fe
Ambulance Services

Bill To:
City of Santa Fe Ambulance Services
P.O. Box 909
Santa Fe, NM 87504

DESCRIPTION	AMOUNT
Ambulatory Supplemental Payment Program Intergovernmental Transfers	
Please pay the following amount for ASPP IGT for CY24 per the terms of MOA 25-630-8000-0062 (attached). Payment for this invoice is as follows:	
Period: January 1, 2024 - June30, 2024 Due by: 6/30/25	\$ 871,970.20
Please send payment to: Health Care Authority ASD Accounts Receivable Bureau P.O. Box 2348 Santa Fe, New Mexico 87504-2348	
TOTAL	\$ 871,970.20

Please reference invoice number when submitting payment. If you have any questions concerning this invoice contact Maria Archuleta, 709-5533, Maria.Archuleta@hca.nm.gov.

Sincerely,

Maria Archuleta, Billing Supervisor
Accounts Receivable Bureau

Enclosures

63000-97600-8501000000-143900-14390000270

Signature: *STEV JOHNSON*

Email: sajohnson@santafenm.gov