THE CITY OF
SANTA FE

MEMORANDUM

DATE: October 14, 2026

TO: Brian Moya, Interim City Manager BM
Monica Maestas, Finance Director
Andy Hopkins, Budget Officer
Erika Lujan, Grants Manager EL

FROM: Scott Ouderkirk, Interim Fire Chief SCOTT OUDERKIRK
Mario Risso, Assistant Fire Chief MARIO RISSO

VIA: Toniette Candelaria Martinez, Fiscal Administrator TCM

Subject: Increasing 2210174 NM Ambulance Supplemental Payment Program (ASPP) Revenue

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ITEM AND ISSUE:
Request for approval of a Budget Adjustment Resolution (BAR) to decrease 1000001.470400 New Mexico Ambulance Supplemental Payment Program (ASPP) revenue and increase 2210174.439895 ASPP revenue.

Previously, ASPP revenue was being recorded in revenue account

- 1000001.470400 Reimbursements/Refunds

and is now recorded in revenue account

- 2210174.439895 Fire-reimb exp

Please see the requested transfer of funds below.

FROM:

- 1000001.470400 Reimbursements/Refunds $(4,148,892)

TO:

- 2210174.439895 Fire-reimb exp $4,148,892

BACKGROUND AND SUMMARY:
The New Mexico Ambulance Supplemental Payment Program (ASPP) is a state-directed payment program approved by the Centers for Medicare & Medicaid Services (CMS) under 42 CFR 438.6(c). The

program is intended to support the continued delivery of high-quality Emergency Medical Services (EMS) to Medicaid patients.

Under ASPP, eligible emergency ground ambulance services (EGAS) providers receive quarterly supplemental payments based on actual utilization. SFFD is an eligible EGAS provider.

As a result of SFFD's participation in ASPP, payments from Managed Care Organizations (MCOs) for the following service periods have been received by the City of Santa Fe:

- January 1, 2024 - June 30, 2024
- July 1, 2024 - December 31, 2024
- January 1, 2025 - December 31, 2025

The City of Santa Fe has a Memorandum of Agreement (MOA) with the New Mexico Health Care Authority (HCA). HCA works with Public Consulting Group (PCG) on the development and implementation of ASPP.

PCG is HCA's partnering consultant assisting all EGAS providers with their participation in ASPP.

As part the MOA, the City is responsible for making Intergovernmental Transfers (IGTs) to HCA.

Additionally, the City has a professional services contract with PCG for participation and cost reporting services associated with ASPP. Under this agreement, PCG receives a 14% contingency fee.

The table below summarizes ASPP revenue received through December 31, 2025 and the remaining available balance after Expenses of required IGTs have been paid to HCA and 14% contingency fees have been paid to PCG.

ASPP Revenue			Expenses : IGT & 14% Contingency fees 2024 & 2025			PO No.	Invoice No.	Check No.
1/1-6/30/2024	$	2,004,996.03	$	871,970.20	IGT to HCA 1/1/24-6/30/24	22506227	CY24-80000062-01	238152
7/1-12/31/2024	$	1,918,519.49	$	583,620.26	IGT to HCA 7/1/24-12/31/24	22602298	CY24-80000062-02	240445
1/1/25-12/31/25	$	4,508,546.00	$	833,228.51	IGT to HCA 1/1/25-12/31/25	22604186	CY25-80000134-01	244051
	$	8,432,061.52	$	1,122,045.55	IGT to HCA 1/1/26-12/31/26	22604621	CY26-80000004-01	244235
			$	158,623.62	14% Contingency fee to PCG 1/1/24-6/30/24	22604347	CIV-10037244	EFT Payment
			$	199,136.45	14% Contingency fee to PCG 7/1/24-12/31/24	22605086	CIV-10040462	EFT Payment
			$	514,544.45	14% Contingency fee to PCG 1/1/25-12/31/25	22605072-02	CIV-10044105	EFT Payment
			$	4,283,169.04				
Remaining Balance	$	4,148,892.48						

ACTION REQUESTED:
SFFD respectfully requests your review and approval of the attached BAR to decrease 1000001.470400 ASPP Revenue and increase 2210174.439895 ASPP revenue.

ATTACHMENTS:
- BAR
- Approved Project Ledger
- Payment Letters from Centennial Care 2.0 MCOs

Log # *{Finance use only}*:	
Journal # *{Finance use only}*:	

City of Santa Fe, New Mexico
BUDGET ADJUSTMENT REQUEST (BAR)

DEPARTMENT / DIVISION NAME	DATE
200 - Fire Department	10/19/2026

ITEM DESCRIPTION	ORG	OBJECT	PROJECT	INCREASE	DECREASE
EXPENDITURES				*{enter as positive #}*	*{enter as negative #}*
REVENUES				*{enter as negative #}*	*{enter as positive #}*
Reimbursements/Refunds	1000001	470400	FIR2610000		4,148,892
Fire-reimb exp	2210174	439895	FIR2610000	(4,148,892)	
				$ (4,148,892)	$ 4,148,892

JUSTIFICATION: *(use additional page if needed)*
--Attach supporting documentation/memo

Approval of a BAR in order to decrease 1000001 ASPP Revenue and increase 2210174 ASPP revenue.

{Complete section below if BAR results in a net change to ANY Fund}

Fund(s) Affected	Fund Balance Increase/(Decrease)
100	(4,148,892)
221	4,148,892
TOTAL:	**0**

Toniette Candelaria Martinez — 10/19/2026
Prepared By *{print name}* — Date

MARIO RISSO (Oct 19, 2026 12:01:53 MDT)

Division Director Signature *{optional}* — Date

SCOTT OUDERKIRK (Oct 19, 2026 12:02:46 MDT)

Department Director Signature — Date

{Use this form for Finance Committee/ City Council agenda items ONLY}

CITY COUNCIL APPROVAL

City Council Approval Date

Agenda Item #:

Andrew J. Hopkins
Budget Officer — Date

Finance Director *{≤ $5,000}* — Date

BRIAN MCGA
City Manager *{≤ $60,000}* — Date

Account

Fund	100	GENFUND	Acct	100-10-99-9999-001-00-000-470400-			
Org	1000001	NonDept GF	Acct name	Reimbursements/Refunds		Account Notes	
Object	470400	Reimb/Rfds	Type	Revenue	Status	Active	
Project			Rollup				
			Sub-Rollup				

MultiYr Fund

4 Year Comparison | History | 4 Year Graph | History Graph

Yr/Per 2026/13	Fiscal Year 2026	Fiscal Year 2025	Fiscal Year 2024	Fiscal Year 2027
Original Budget	-128,308.00	-107,500.00	-130,000.00	-2,942,191.00
Transfers In	-158,624.00	.00	.00	.00
Transfers Out	.00	.00	.00	.00
Revised Budget	-286,932.00	-107,500.00	-130,000.00	-2,942,191.00
Actual (Memo)	-7,364,342.09	-3,084.63	-84,581.40	-140.00
Encumbrances	.00	.00	.00	.00
Requisitions	.00			.00
Available	7,077,410.09	-104,415.37	-45,418.60	-2,942,051.00
Percent used	2,566.58	2.87	65.06	.00

Account

Fund	221	EMRGSVC	Acct	221-15-20-2050-174-00-000-439895-			
Org	2210174	ASPP	Acct name	Fire-reimb exp		Account Notes	
Object	439895	FIR Reimb	Type	Revenue	Status	Active	
Project			Rollup				
			Sub-Rollup				

MultiYr Fund

4 Year Comparison | History | 4 Year Graph | History Graph

Yr/Per 2026/13	Fiscal Year 2026	Fiscal Year 2025	Fiscal Year 2024	Fiscal Year 2027
Original Budget	.00	.00	.00	.00
Transfers In	.00	.00	.00	.00
Transfers Out	.00	.00	.00	.00
Revised Budget	.00	.00	.00	.00
Actual (Memo)	.00	.00	.00	-860,644.08
Encumbrances	.00	.00	.00	.00
Requisitions	.00			.00
Available	.00	.00	.00	860,644.08
Percent used	.00	.00	.00	.00

City of Santa Fe New Mexico

Finance Department

Project Ledger Request Form

ERIKA LUJAN
ERIKA LUJAN (Oct 19, 2026 13:44:30 MDT)

Date of Request: 09/22/2026

Project Title: NEW MEXICO AMBULANCE SUPPLEMENTAL PAYMENT PLAN (ASPP)

Project Type: ☐ CIP ☐ Grant ☑ Internal Tracking

Project ID: FIR2610000
Grant ID: N/A (NON-GRANT)
Approved By: Erika Lujan 9.24.26
C K (Finance Use Only)

Department: 200 - Fire Project Manager: Mario Risso Ext: 3112

Project Date Range: 07/01/2026 to 06/30/2029 ☐ Create Fixed Asset

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☐ Multi-Funding (complete all funding sources, should equal 100%)

Funding Source: Medicaid Eligible AMB Reimbursements % of Funding: NON GRANTS

MUNIS ORG: 2210174 MUNIS OBJ: 439895 Awarded Amount: $TBD

Funding Source: _____ % of Funding: _____

MUNIS ORG: _____ MUNIS OBJ: _____ Awarded Amount: _____

Expense String Phase:

A project must have at least one phase identified, this can be used as an additional level of tracking, for example, CIP - Design, Construction, etc. For Grants can be used as reimbursable types, such as transportation, salaries.

(You can create more than one phase and you can default MUNIS ORGs and OBJs, optional)

Phase: See attached MUNIS ORG: 2210174 MUNIS OBJ: See attached

Grants Only (list all grants if applicable):

Grantor Name: _____ Awarded Amount: _____

AR Charge Code: _____ ☐ Grant funds multiple projects (Complete a form for each project)

Grantor Id: _____ Federal CFDA (if applicable): _____

Grantor Name: (NON GRANT REIMURSEMENT FOR MEDICAID ELIGIBLE -- Awarded Amount: SEE NOTE* NOT A GRANT

AR Charge Code: --RIDERS IN AMBULANCE ☐ Grant funds multiple projects (Complete a form for each project)

Grantor Id: _____ Federal CFDA (if applicable): _____

(If grants please provide all grant award documents with form) ☐ Attached Grant Documentation

HEALTH CARE AUTHORITY

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Dana Flannery, Medicaid Director

October 13, 2025

City of Santa Fe Ambulance
PO Box 909, Santa Fe, NM, 87504

Dear Chief:

The purpose of this letter is to provide the payment amounts that can be expected from the Centennial Care 2.0 Managed Care Organization (MCOs) for the January 1, 2024-June 30, 2024, New Mexico Ambulance Supplemental Payment Program (NM ASPP) state directed payment, which was approved by CMS under 42 CFR 438.6(c).

The New Mexico Ambulance Supplemental Payment Program is a state directed payment that assists in promoting the continued delivery of high-quality Emergency Medical Services (EMS) to Medicaid patients. The ASPP emergency ground ambulance services (EGAS) providers are paid a quarterly supplemental payment tied to actual utilization.

Please note that the Presbyterian Health Plan and Western Sky Community Care (WSCC) CY24 Jan-June ASPP payment will occur on or before October 13, 2025.

For Calendar Year 2024 January 1, 2024-June 30, 2024, of the NM ASPP, the total projected amount is displayed in the table below.

Calendar Year	QTR	Total Projected Payment Amount	WSCC Total	BCBS Total	PHP Total
2024	Jan 1-June 30, 2024	$2,004,996.03	$192,846.94	$388,754.96	$1,423,394.13

Thank you for your partnership in providing continued EGAS for New Mexicans. If you have any questions about these payment, please feel free to contact me, Wenona Padgett by e-mail at wenona.padgett@hca.nm.gov or Rayna L. Fagus by email at Rayna.Fagus@hca.nm.gov.

Respectfully,

Rayna Fagus

Rayna L. Fagus
Financial Management Bureau Chief

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Dana Flannery, Medicaid Director

Health Care Authority
Medical Assistance Division

HEALTH CARE AUTHORITY

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Alanna Dancis, Acting Medicaid Director

February 3, 2026

City of Santa Fe Ambulance
PO Box 909, Santa Fe, NM, 87504

Dear Chief:

The purpose of this letter is to provide the payment amounts that can be expected from the Turquoise Care Managed Care Organization (MCOs) for the July 1, 2024-December 31, 2024, New Mexico Ambulance Supplemental Payment Program (NM ASPP) state directed payment, which was approved by CMS under 42 CFR 438.6(c).

The New Mexico ASPP is a state directed payment that assists in promoting the continued delivery of high-quality Emergency Medical Services (EMS) to Medicaid patients. The ASPP emergency ground ambulance services (EGAS) providers are paid a quarterly supplemental payment tied to actual utilization.

The table below provides the Calendar Year 2024 July 1 - December 31, ASPP payment amounts by MCO and your Total Payment Amount for the period. **MCO's are directed to make payment by December 29, 2025.**

Calendar Year	QTR	PHP Total	MHC Total	UHC Total	BCBS Total	**Total Payment Amount**
2024	July 1 - December 31, 2024	$1,232,977.40	$41,598.43	-	$643,943.66	**$1,918,519.49**

Thank you for your partnership in providing continued EGAS for New Mexicans. If you have any questions about these payment, please feel free to contact me, Wenona Padgett by e-mail at wenona.padgett@hca.nm.gov or Rayna L. Fagus by email at Rayna.Fagus@hca.nm.gov.

Respectfully,

Rayna Fagus

Rayna L. Fagus
Financial Management Bureau Chief
Health Care Authority
Medical Assistance Division

HEALTH CARE AUTHORITY

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Alanna Dancis, Acting Medicaid Director

July 2, 2026

City of Santa Fe Fire Department
PO Box 909, Santa Fe, NM, 87504

Dear Chief:

The purpose of this letter is to provide the payment amounts that can be expected from the Turquoise Care Managed Care Organization (MCOs) for the Calendar Year 2025 January 1 - December 31, New Mexico Ambulance Supplemental Payment Program (NM ASPP) state directed payment, which was approved by CMS under 42 CFR 438.6(c).

The New Mexico ASPP is a state directed payment that assists in promoting the continued delivery of high-quality Emergency Medical Services (EMS) to Medicaid patients. The ASPP emergency ground ambulance services (EGAS) providers are paid a quarterly supplemental payment tied to actual utilization.

The table below provides the Calendar Year 2025 January 1 - December 31, ASPP payment amounts by MCO and your Total Payment Amount for the period. **MCO's are directed to make payment July 6, 2026. Please note that Presbyterian Health Plan will make CY25 payments Friday July 10, 2026.**

Calendar Year	QTR	PHP Total	MHC Total	UHC Total	BCBS Total
2025	Q 1	$793,945	$79,599	$28,574	$504,124
2025	Q 2	$695,977	$63,271	$46,943	$406,157
2025	Q 3	$693,936	$83,681	$83,681	$440,854
2025	Q 4	$375,542	$18,369	$18,369	$175,525
Total CY25 Payment Amount	**Q1-4**	**$2,559,401**	**$244,919**	**$177,566**	**$1,526,660**

Thank you for your partnership in providing continued EGAS for New Mexicans. If you have any

questions about these payment, please feel free to contact me, Wenona Padgett by e-mail at wenona.padgett@hca.nm.gov or Rayna L. Fagus by email at Rayna.Fagus@hca.nm.gov.

Respectfully,

Rayna Fagus

Rayna L. Fagus
Financial Management Bureau Chief
Health Care Authority
Medical Assistance Division

Memo packet for BAR -Increasing 2210174 ASPP Revenue

Final Audit Report 2026-10-20

Created:	2026-10-19
By:	TONIETTE CANDELARIA MARTINEZ (tocandelariamartinez@santafenm.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAAYLEjm7SevKirfMV2okbhCML9FRQy19lx
Documents:	Memo packet for BAR -Increasing 2210174 ASPP Revenue.pdf (11 pages)
Number of Documents:	1
Document page count:	11
Number of supporting files:	0
Supporting files page count:	0

"Memo packet for BAR -Increasing 2210174 ASPP Revenue" History

Document created by TONIETTE CANDELARIA MARTINEZ (tocandelariamartinez@santafenm.gov)
2026-10-19 - 5:39:53 PM GMT- IP address: 63.232.20.129

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Agreement completed.

2026-10-20 - 3:30:47 PM GMT