



Lori A. Shibinette
Commissioner

Heather M. Moquin
Chief Executive Officer

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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

NEW HAMPSHIRE HOSPITAL

36 CLINTON STREET, CONCORD, NH 03301
603-271-5300 1-800-852-3345 Ext. 5300
Fax: 603-271-5395 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

February 22, 2021

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, New Hampshire Hospital to make a one-time payment to The Joint Commission, Oakbrook Terrace, Illinois, (Vendor #258505), for the annual membership dues in an amount not to exceed \$6,830 effective upon Governor and Executive Council approval through February 28, 2023. 83% General Funds and 17% Other Funds.

Funds are available in State Fiscal Year 2021 as shown below:

05-95-94-940010-84000000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: NEW HAMPSHIRE HOSPITAL, NEW HAMPSHIRE HOSPITAL, ADMINISTRATION

State Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2021	026/500251	Membership Fees	94012800	\$6,830

EXPLANATION

The purpose of this request is to fund the annual membership dues for The Joint Commission's re-accreditation program and The Joint Commission's Oryx psychiatric data reporting program. The Joint Commission mission is dedicated to continuous improvement of health care for the public. This is a collaboration with other stakeholders, by evaluating facilities, operations, and patient care services in providing safe and effective care of the highest quality and value.

Listed below are answers to standard questions required for Governor and Executive Council organizational dues and membership approval submissions:

- How long has this organization been in existence and how long has this agency been a member of this organization?
 - The Joint Commission has been in existence since 1951. NH Hospital has been a member since 1980.
- Is there any other organization, which provides the same or similar benefits, which your agency belongs to?

- No. NH Hospital does not belong to any other organization that provides the same or similar benefits.
3. How many other states belong to this organization and is your agency the sole New Hampshire state agency that is a member?
 - The Joint Commission has a nationwide membership with more than 22,000 health care organizations and programs in the United States. New Hampshire Hospital is the sole NH State agency that is a member.
 4. How is the dues structure established?
 - Certification annual fees are based on the number of diseases and types of certification.
 5. What benefits does the state receive from participating in this membership?
 - Participating in this membership provides the accreditation required to receive funding from Medicaid and Medicare.
 6. Are training or educational/ research materials included in the membership?
 - Yes, there are guides and an electronic edition of a comprehensive accreditation manual that comes with the membership. Additional training opportunities are available for a nominal fee.
 7. Is the membership required to receive any federal grants or required in order to receive or participate in licensing or certification exams?
 - Membership is required for many federal grants and accreditation to participate in Medicaid and Medicare programs.
 8. Is there any travel included with this membership fee?
 - No. Travel is not included with this membership fee.
 9. Which state agency employees are directly involved with this organization?
 - (APR) Accreditation and Participation Requirements/Key Contact Person: Libsy Baby-Yourey, Director of Compliance
 - (EC) Environment of Care: Jason Teaster, Director of Facilities
 - (HR) Human Resources: Trisha Connor, Human Resource Coordinator
 - (IC) Prevention and Control: Ginger Widger, Infection Control Officer
 - (EM) Emergency Management: Allen Coen, Healthcare Safety Officer
 - (IM) Information Management: Barbara Dieckman, Health System Analyst
 - (LD) Leadership: Heather Moquin, Jeffrey Fetter Deb Fournier, Libsy Baby-Yourey
 - (LS) Life Safety: Allen Coen, Gerard Fraher, Jason Teaster
 - (MM) Medication Management: Rosemary Costanzo, Director of Nursing
 - (MS) Medical Staff: Dr. Jeffrey Fetter, Chief Medical Officer
 - (NPSG) National Patient Safety Goals: Rosemary Costanzo, Director of Nursing
 - (NR) Nursing: Rosemary Costanzo, Director of Nursing

- (PC) Provision of Care, Treatment and Services: Dr. Jeffrey Fetter, Chief Medical Officer,
- (PI) Performance Improvement: Deb Fournier, Chair, Quality Council and Director of APRN Services, Barbara Dieckman, Health System Analyst
- (RC) Record of Care, Treatment and Services: Ellen LaPointe, COO
- (RI) Rights and Responsibilities of the Individual: Brad Rapanut, Director of Patient Experience
- (WT) Waived Testing: Dr. Elizabeth Sanders, Director, Medical Services

10. Explain in detail any negative impact to the State if the Agency did not belong to this organization.

- Should the Governor and Executive Council not authorize this request, New Hampshire Hospital will not be able to fulfill the State's regulatory requirements or maintain accreditation. Maintaining accreditation and certification is required in order for NHH to receive payment from federally funded Medicare and Medicaid programs.

Area served: Statewide

Source of Funds: Source of funds is 17% Other Funds from fees and intra-department transfers and 83% General Funds.

In the event that the Other Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Lori A. Shibinette
Commissioner

The Department of Health and Human Services' Mission is to join communities and families in providing opportunities for citizens to achieve health and independence.



INVOICE

Invoice: 20334444
Invoice Date: 01/04/2021
Page: 1

One Renaissance Boulevard Oakbrook Terrace, IL 60181 Tax Payer ID: 38-2229255

For billing questions, please call:
THE PRICING UNIT at 630-792-6115

Customer No: H000001118

Mail: HEATHER MOQUIN
CEO
STATE OF NEW HAMPSHIRE
36 CLINTON STREET
CONCORD NH 03301
United States

INVOICE AMOUNT: \$6,430.00 USD

Sits: STATE OF NEW HAMPSHIRE
36 CLINTON STREET
CONCORD NH 03301

Payment Terms:
Payment is due upon receipt of invoice.
Bill Computation:
The data below each bill line was used to calculate your fees. The Annual Fee was computed from data submitted by you in your Application For Survey/Certification. The On-Site Fee was computed based on the number of surveyors/reviewers and length of time assigned to each program, using The Joint Commission business rules.

Description	Amount
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Annual Fee(s) for the Accreditation/Certification Program(s) Indicated Below:

Hospital Program	Weighted Vol 310999-330998	\$6,430.00
2020 - 63875	Behavioral Health Services, Inpatient	

Total Amount: \$6,430.00

For Reference: Survey Deposits Received - As of: 01/04/2021

(Please note: the invoice amount shown above has not been adjusted to reflect any deposit amounts received.)

Prepayment Reference ID	Receipt of Payment	Amount
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The Joint Commission

INVOICE

Invoice: 20334443
Invoice Date: 01/04/2021
Page: 1

One Renaissance Boulevard Oakbrook Terrace, IL 60181 Tax Payer ID: 36-2228255

For billing questions, please call:
THE PRICING UNIT at 830-792-5115

Customer No: H000001118

Mail: HEATHER MOQUIN
CEO
STATE OF NEW HAMPSHIRE
38 CLINTON STREET
CONCORD NH 03301
United States

INVOICE AMOUNT: \$400.00 USD

Payment Terms:
Payment is due upon receipt of invoice.

Bill Computation:
The data below each bill line was used to calculate your fees. The Annual Fee was computed from data submitted by you in your Application For Survey/Certification. The On-Site Fee was computed based on the number of surveyors/reviewers and length of time assigned to each program, using The Joint Commission business rules.

Site: STATE OF NEW HAMPSHIRE
38 CLINTON STREET
CONCORD NH 03301

Description	Amount
Annual Fee(s) for the Accreditation/Certification Program(s) Indicated Below:	
ORYX Program	ORYX, Psychiatric Hosp \$400.00
Total Amount: \$400.00	

For Reference: Survey Deposits Received - As of: 01/04/2021
(Please note: the invoice amount shown above has not been adjusted to reflect any deposit amounts received.)

Prepayment Reference ID	Receipt of Payment	Amount
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