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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

NEW HAMPSHIRE HOSPITAL

Lori A. Weaver
Interim Commissioner

Ellen M. Lapointe
Chief Executive Officer

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

March 22, 2023

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 **Retroactively** pay The Joint Commission (VC#258505), Oakbrook Terrace, Illinois in the amount of $7,025 for annual membership dues, effective upon Governor and Executive Council approval for the period of January 1, 2023 through December 31, 2023, 85% General Funds and 15% Other Funds (intergovernmental revenues).

Funds are available in the following account:

05-95-94-940010-8400 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: NEW HAMPSHIRE HOSPITAL, NEW HAMPSHIRE HOSPITAL, ADMINISTRATION

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2023	026-500251	Organizational Dues	94012800	$7,025

EXPLANATION

This request is **Retroactive** because the invoice for the membership was received after the expiration of the previous fiscal year membership. Approval of this request will enable New Hampshire Hospital to continue their annual membership with 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:

1. 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.

2. 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?
    - Annual fees are based on statistical data for the Hospital as required to be reported.

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: Stefanie Shea, Director of Compliance
    - (EC) Environment of Care: Allen Coen, Director of Facilities
    - (HR) Human Resources: Julie Stewart-Phelps, Human Resource Coordinator
    - (IC) Prevention and Control: Ginger Widger, Infection Control Officer
    - (EM) Emergency Management: Christopher McDonald , Healthcare Safety Officer
    - (IM) Information Management: vacant, Health System Analyst
    - (LD) Leadership: Ellen Lapointe, Jeffrey Fetter Deb Fournier, Stefanie Shea
    - (LS) Life Safety: Christopher McDonald, Joseph Noonan, Allen Coen
    - (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, vacant, Health System Analyst
    - (RC) Record of Care, Treatment and Services: Timothy Whitman, 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 15% Other Funds from fees and intra-department transfers and 85% General Funds.

Respectfully Submitted,

Lori A. Weaver
Interim Commissioner

INVOICE

Invoice: 10052214
Invoice Date: 01/03/2023
Page: 1
PO Number:

The Joint Commission

One Renaissance Boulevard Oakbrook Terrace, IL 60181 Tax Payer ID: 36-2229255

Customer No: H000001118

For billing questions, please call:
THE PRICING UNIT at 630-792-5115

INVOICE AMOUNT: $ 6,625.00 USD

Mailing: Ellen Lapointe
STATE OF NEW HAMPSHIRE

36 Clinton Street
Concord, NH
United States of America

Payment Terms: Payment is due upon receipt of invoice.

Bill Computation: The date 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: 36 Clinton Street
Concord, NH
United States of America

Description	Amount
Annual Fee(s) for the Accreditation/Certification Program(s) Indicated Below	
Hospital Program Weighted Vol 310000-330000	6,625.00
2020 - 63875 Behavioral Health Services, Inpatient	

COPY

Job #
Class
Approval Signature
Return to Business Office

New Fees Effective January 1, 2023:

1.Effective January 1, 2023, Invoices created on or after 1/1/23 and paid sixty-one (61) or more days after the invoice date will be assessed a 2% late fee.
2.Effective January 1, 2023, where allowed by law, payments made by credit or debit card will be assessed a 2% electronic processing fee. E-checks will continue to be accepted with no processing fee.

Total Amount: USD 6,625.00

INVOICE

Invoice:	10052215
Invoice Date:	01/03/2023
Page:	1
PO Number:	

The Joint Commission

One Renaissance Boulevard Oakbrook Terrace, IL 60181 Tax Payer ID: 36-2229255

For billing questions, please call:
THE PRICING UNIT at 630-792-5115

Customer No: H000001118

INVOICE AMOUNT: **$ 400.00 USD**

Mailing: Ellen Lapointe
STATE OF NEW HAMPSHIRE

36 Clinton Street
Concord, NH
United States of America

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:
36 Clinton Street
Concord, NH
United States of America

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

COPY

Job #_____
Class_____
Approval Signature_____
Return to Business Office_____

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Total Amount: USD 400.00