



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
HAMPSTEAD HOSPITAL & RESIDENTIAL TREATMENT FACILITY

Lori A. Weaver
Commissioner

Justin M. Looser
Chief Executive Officer

218 EAST ROAD, HAMPSTEAD, NH 03841
603-329-5311 Fax: 603-329-5529 www.dhhs.nh.gov

June 11, 2024

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, Hampstead Hospital & Residential Treatment Facility (HHRTF) to **retroactively** make an unencumbered payment to The Joint Commission (Vendor #258505), Oakbrook Terrace, IL, in the amount of \$6,945 for reaccreditation services provided May 9, 2024 through May 10, 2024, effective upon Governor and Executive Council approval. 33.33% General Funds and 66.67% Other Funds (Agency income funds).

Funding to support this request is available in the following account in State Fiscal Year 2024.

05-95-98-980010-2648 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: HAMPSTEAD HOSPITAL, HAMPSTEAD HOSPITAL OPERATIONS

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2024	102-500731	Contract for Prog Svcs	98009805	\$6,945
Total				\$6,945

EXPLANATION

This request is **retroactive** due to the uncertainty in the cost of The Joint Commission re-accreditation survey, which happens once every three years. The reaccreditation invoice was received in May 2024 following a Medicare Deficiency Survey on May 9th that was a required 45-day follow up visit from the triennial and an Office of Quality and Patient Safety Survey on May 10th. The invoice has not been paid as this document is seeking approval for costs that are normal and customary.

The Joint Commission is a nationwide accreditation agency with more than 21,000 health care organizations and programs in the United States. Membership is required for many federal grants and accreditation is necessary to participate in Medicare and Medicaid programs.

The Joint Commission's mission is continuous improvement of health care for the public. This is achieved through collaboration with other stakeholders by evaluation of facilities, operations, and patient care services to ensure safe and effective care of the highest quality and value. The Joint Commission has been in existence since 1951. HHRTF and the former Hampstead Hospital under private ownership has been a participating agency since 1997.

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

Area serviced: Statewide

Source of Funds: Source of funds is 33.33% General Funds and 66.67% Other Funds (Agency income funds).

In the event that the Other Funds become no longer available, additional General Funds may be requested to support this program.

Respectfully Submitted,



for:

Lori A. Weaver
Commissioner

INVOICE

Invoice: 10196408
Invoice Date: 05/20/2024
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: H000003169

Mailing: Justin Looser
State of New Hampshire

218 East Road
Hampstead, NH 03841
United States of America

Site: 218 East Road
Hampstead, NH 03841
United States of America

INVOICE AMOUNT: \$ 6,945.00 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.

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

Hospital Program	Follow-up, CMS Condition	2,960.00
	1 Day(s) - Condition Level Deficiency - Clinician	
Hospital Program	Ofc. Of Qlty Mon-Unannounced	3,985.00
	1 Day(s) - Special Survey Unit	

Important changes in 2024 which may impact you:

- Effective January 1, 2024, invoices created on or after 1/1/24 and paid sixty-one (61) or more days after the invoice date will be assessed a 3% late fee. The late fee rate of 2% will apply to invoices dated in 2023. Note: Payment date is the date that your payment is received by our bank.
- Effective January 1, 2024, where allowed by law, payments made by credit or debit card will be assessed a 2.9% electronic processing fee. E-checks will continue to be accepted with no processing fee.

Total Amount:

USD 6,945.00

REMITTANCE FORM

Invoice: 10196408
Invoice Date: 05/20/2024
Customer No: H000003169



The Joint Commission

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

For Billing Questions, please call:
(630) 792-5115

Please make payment payable to:

The Joint Commission

And Mail To:

P.O. Box 734505
Chicago IL 60673-4505
United States

INVOICE AMOUNT: **\$6,945.00**

Amount Remitted

\$

Please refer to the monthly statements for customer balance due and supporting detail.

Method of Payment:

Electronic Check, Debit or Credit Card payment is available on The Joint Commission Extranet or by calling (630) 792-5115, Option 1.

Check Check Number: _____

Wire Reference Number: _____