

ARC

11



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
NEW HAMPSHIRE HOSPITAL

Lori A. Weaver
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

October 2, 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, New Hampshire Hospital, to **Retroactively** make an unencumbered payment to the Joint Commission (VC#258505), Terrace, IL, in the amount of \$19,765 for reaccreditation services, effective retroactive to September 13, 2024, upon Governor and Executive Council approval through June 30, 2025. 70% General Funds and 30% Other Funds (interagency funds).

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 2025	102-500731	Contracts for Program Svcs	94012800	\$19,765

EXPLANATION

This request is **Retroactive** due to the uncertainty in the cost of the Joint Commission reaccreditation survey, which happens once every three years. The reaccreditation invoice was received on September 18, 2024, after on-site survey work was conducted from September 10, 2024, through September 13, 2024. The invoice cost is above the \$10,000 threshold for service contracts set in MOP 150. 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 evaluating 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. New Hampshire Hospital has been participating since 1980.

His Excellency, Governor Christopher T. Sununu
October 2, 2024
Page 2 of 2

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

Area served: Statewide

Source of Funds: Source of funds is 30% Other Funds (interagency funds) and 70% General Funds.

In the event that 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: 10206224
Invoice Date: 09/18/2024
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: H000001118

Mailing: Ellen Lapointe
STATE OF NEW HAMPSHIRE

INVOICE AMOUNT: \$ 19,765.00 USD

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
-------------	--------

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

Hospital Program	Survey Fee	15,250.00
8 Day(s) - NH-PSY		
Hospital Program	Life Safety Code Specialist	4,515.00
2 Day(s) - Engineer		

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 19,765.00

REMITTANCE FORM

Invoice: 10206224
Invoice Date: 09/18/2024
Customer No: H000001118



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: **\$19,765.00**

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: _____