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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

November 15, 2024

His Excellency, Governor Chritopher 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 to **retroactively** make unencumbered payments to The Joint Commission (Vendor #258505), Oakbrook Terrace, IL, in the amount of $7,475 for a two-day Accreditation Follow-up Survey and a Life Safety Code Specialist provided on October 28, 2024 thru October 29, 2024, and $3,985 for a one-day unannounced investigation survey on October 30, 2024, effective upon Governor and Executive Council approval. 35% General Funds and 65% Other Funds (Agency income funds).

Funding to support this request is available in the following account in State Fiscal Year 2025.

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
SFY 2025	102-500731	Contract for Prog Svcs	98009805	$11,460
			Total	**$11,460**

EXPLANATION

This request is **retroactive** due to the uncertainty in the cost of each survey. The Accreditation Follow-up Survey is a result from findings from the reaccreditation survey that was completed in April 2024. The one-day unannounced investigation survey is a result from a complaint made. These invoices have 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, 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. Hampstead Hospital has been participating since 1997.

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

Area Services: Statewide

Source of Funds: Source of funds is 35% General Funds and 65% Other Funds (Agency income funds).

In the event 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: 10209538
Invoice Date: 10/31/2024
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: **$ 7,475.00 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
Fee(s) for the Accreditation/Certification Program(s) Indicated Below:	
Hospital Program **Accreditation Follow-up Survey**	4,515.00
2 Day(s) - HPMD-PSY	
Hospital Program **Life Safety Code Specialist**	2,960.00
1 Day(s) - Engineer	

Important changes in 2024 which may impact you:

1. 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.**
2. 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 7,475.00**

REMITTANCE FORM

Invoice: 10209538
Invoice Date: 10/31/2024
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: **$7,475.00**

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: _____

INVOICE

Invoice:	10209644
Invoice Date:	11/01/2024
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: **$ 3,985.00 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
Fee(s) for the Accreditation/Certification Program(s) Indicated Below:	
Hospital Program **Ofc. Of Qlty Mon-Unannounced** 1 Day(s) - Special Survey Unit	3,985.00

Important changes in 2024 which may impact you:

1. 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.**
2. 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 3,985.00**

REMITTANCE FORM

Invoice: 10209644
Invoice Date: 11/01/2024
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: **$3,985.00**

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: _____