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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

January 17, 2025

Her Excellency, Governor Kelly A. Ayotte
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** pay The Joint Commission (VC#258505), Oakbrook Terrace, Illinois, in the amount of \$5,830 for annual membership dues, effective upon Governor and Executive Council approval for the period of January 1, 2025, through December 31, 2025. 100% 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	026-500251	Organizational Dues	98009805	\$5,830

EXPLANATION

This request is **retroactive** because the invoices for membership were received after the expiration of the previous fiscal year membership. Approval of this request will enable Hampstead Hospital and Residential Treatment Facility to continue its 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:

- 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. HHRTF has been a member since 1997.

2. Is there any other organization, which provides the same or similar benefits, which your agency belongs to?

No. Hampstead 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 and Hampstead Hospital are both NH State agencies that are members.

4. How is the due's 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 any 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?

- Accreditation and participation Requirements/Key Contract Person: Lauren Simpson, Chief Compliance Officer.
- Human Resources: Jason Hodges, Human Resources Director
- Prevention and Control: Cherie Wilson, RN, Infection Protection RN
- Emergency Management: Paul MacPherson, Director of Safety
- Leadership: Justin Looser, CEO, Lauren Simpson, Chief Compliance Officer, Steven Finnegan, Chief Operating Officer, Shaun Qualter, Chief Financial Officer, Maureen Curran, Chief Nursing Officer,
- Medication Management: Matthew Evans, Pharmacist, Director of Pharmacy
- Medical Staff: Dr. Samantha Swetter, Co-Chief Medical Officer, Dr. Patrick Hattan, Co-Chief Medical Officer
- Nursing: Maureen Curran, RN, Chief Nursing Officer
- Record of Care, Treatment and Services: Emily Morgan, Director of Health Information
- Direct Patient Care Contracts Management: Kelly Martin, Contracts Manager

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, Hampstead Hospital will not be able to fulfill the State's regulatory requirements or maintain accreditation. Maintaining accreditation and certification is required in order for Hampstead Hospital to receive payment federally funded Medicare and Medicaid programs.

Area Services: Statewide

Source of Funds: Source of funds is 100% Other Funds (Agency Income Funds)

Respectfully Submitted,



for:

Lori A. Weaver
Commissioner

INVOICE

Invoice: 10212482
Invoice Date: 01/02/2025
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: \$ 420.00 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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Annual Fee(s) for the Accreditation/Certification Program(s) Indicated Below

ORYX Program	ORYX, Psychiatric Hosp	420.00
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Important changes which may impact you:

1. 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. **Note: Payment date is the date that your payment is received by our bank.**
2. 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 420.00

REMITTANCE FORM

Invoice: 10212482
Invoice Date: 01/02/2025
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: **\$420.00**

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: 10212481
Invoice Date: 01/02/2025
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

INVOICE AMOUNT: \$ 5,410.00 USD

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

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

Hospital Program	Weighted Vol < 59999	2,545.00
2023 - 10950 Behavioral Health Services, Inpatient		
2023 - 261 Chemical Dependency, Partial Hospitalization		
Behavioral Health Program	Psych, 1-30 Res, 1-2 Part	2,865.00
2023 - 1460 Behavioral Health Services, Residential		
2023 - 261 Behavioral Health Services, Partial Hospitalization		

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Total Amount: USD 5,410.00

REMITTANCE FORM

Invoice: 10212481
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Customer No: H000003169



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INVOICE AMOUNT: **\$5,410.00**

Amount Remitted

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Check Check Number: _____

Wire Reference Number: _____