



Lori A. Weaver  
Commissioner

Ellen M. Lapointe  
Chief Executive Officer

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MAR 04 2026

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

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

February 11, 2026

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, New Hampshire Hospital, to **Retroactively** pay The Joint Commission (VC#258505), Oakbrook Terrace, Illinois, in the amount of \$7,675 for annual membership dues, effective upon Governor and Executive Council approval for the period of January 1, 2026, through December 31, 2026. 86% General Funds and 14% 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	Title	Activity Code	Amount
2026	026-500251	Organizational Dues	94012800	\$7,675

**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 its annual membership with The Joint Commission’s re-accreditation 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 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.
- Participation in a nationally recognized framework for patient safety, quality improvement, and risk reduction.
- The accreditation process supports continuous performance evaluation across clinical care, governance, emergency preparedness, infection prevention, medication management, and patient rights ensuring NH Hospital operates in alignment with nationally accepted best practices, reducing preventable harm, strengthening accountability, and protecting the State from regulatory, legal, and reputational risk.

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 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: Ellen Lapointe, Chief Executive Officer
- (EC) Environment of Care: Brianna Mancini, Deputy Chief Operating Officer
- (HR) Human Resources: Julie Stewart-Phelps, Human Resources Coordinator
- (IC) Prevention and Control: Ginger Widger, Infection Prevention Practitioner
- (EM) Emergency Management: Anna Hullinger, Emergency Management Director
- (IM) Information Management: Susan Tierney, RN III, Informatics, Sean Hollingsworth Director, Hospital Information Systems
- (LD) Leadership: Ellen Lapointe, Chief Executive Officer, Bret Mason, Chief Financial Officer

- (LS) Life Safety: Christopher McDonald, Healthcare Safety Officer
  - (MM) Medication Management: Rosemary Costanzo, Chief Nursing Officer
  - (MS) Medical Staff: Dr. Jeffrey Fetter, Chief Medical Officer
  - (NPSG) National Patient Safety Goals: Rosemary Costanzo, Chief Nursing Officer, Brianna White, Patient Safety Nurse Specialist
  - (NR) Nursing: Rosemary Costanzo, Chief Nursing Officer
  - (PC) Provision of Care, Treatment and Services: Dr. Jeffrey Fetter, Chief Medical Officer,
  - (PI) Performance Improvement: Rosemary Costanzo, Chief Nursing Officer
  - (RC) Record of Care, Treatment and Services: Melissa Cresta, Health Information and Privacy Administrator
  - (RI) Rights and Responsibilities of the Patients: Brad Rapanut, Director of Patient Experience
  - (WT) Waived Testing: Dr. Christina Kirkpatrick, Director of General 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. This could lead to increased regulatory exposure and heightened risk to patient safety.
  - Maintaining accreditation and certification is required in order for NHH to receive payment from federally funded Medicare and Medicaid programs.
  - Interruption to accreditation could have a negative impact on continuity of care, workforce stability and emergency preparedness capabilities.

Area served: Statewide

Source of Funds: Source of funds is 14% Other Funds from fees and intra-department transfers and 86% General Funds.

Respectfully Submitted,

 for:

Lori A. Weaver  
Commissioner



Invoice: 10263794  
 Invoice Date: 01/05/2026  
 Page: 1  
 PO Number:

**INVOICE**

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:** \$ 7,240.00 USD

36 Clinton Street  
 Concord, NH 03301  
 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 03301  
 United States of America

**If paying by check,** please mail to:  
 The Joint Commission  
 P.O. Box 734505  
 Chicago IL 60673-4505  
 United States  
 See page 2 for other payment options

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

<b>Hospital Program</b>	<b>Weighted Vol 310999-330998</b>	7,240.00
2025 - 65700 Behavioral Health Services, Inpatient		

**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 7,240.00**



Invoice: 10263794  
Invoice Date: 01/05/2026  
Customer No: H000001118

**REMITTANCE FORM**

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: **\$7,240.00**

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: 10263795  
 Invoice Date: 01/05/2026  
 Page: 1  
 PO Number:

**INVOICE**

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: \$ 435.00 USD**

36 Clinton Street  
 Concord, NH 03301  
 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 03301  
 United States of America

**If paying by check,** please mail to:  
 The Joint Commission  
 P.O. Box 734505  
 Chicago IL 60673-4505  
 United States  
 See page 2 for other payment options

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

ORYX Program	ORYX, Psychiatric Hosp	435.00
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(imp) \_\_\_\_\_

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 435.00**



Invoice: 10263795  
Invoice Date: 01/05/2026  
Customer No: H000001118

### REMITTANCE FORM

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: **\$435.00**

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: \_\_\_\_\_