



Jeffrey A. Meyers
Commissioner

Lori A. Shibinette
Chief Executive Officer

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

May 15, 2019

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 to **retroactively** pay the Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 60181, (Vendor #258505), \$30,145.00 for the annual membership dues and reaccreditation to July 1, 2018, effective upon Governor and Executive Council approval. 84% General Funds and 16% Federal Funds.

Funding to support this request is available in the following account in State Fiscal Year 2019.

05-95-94-940010-84000000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: NEW HAMPSHIRE HOSPITAL, NEW HAMPSHIRE HOSPITAL, NHH - ADMINISTRATION

State Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2019	026/500251	Membership Fees	94012800	\$30,145
			Total	\$30,145

EXPLANATION

This request is **retroactive** due to the combination of the annual membership and the additional cost of the Joint Commission re-accreditation program, which happens once every three years. The reaccreditation invoice was received in January 2019. The invoices have been paid and this document is seeking approval for costs that are normal and customary.

The Joint Commission mission is continuous improvement of health care for the public. This is in 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 organization 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. 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?
 - Joint Commission has a nationwide membership with more than 21,000 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 dues structure established?
 - Certification annual fees are based on the number of diseases and types of certification. On-site fees are generally based on the number of surveyors or reviewers and total days spent at the hospital.
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 many federal grants and accreditation to participate in Medicare 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: Libsy Baby-Yourey, Director of Compliance
 - (EC) Environment of Care: Jason Teaster, Director of Facilities
 - (HR) Human Resources: Barbara McCann
 - (IC) Prevention and Control: Ginger Widger
 - (EM) Emergency Management: Allen Coen, Healthcare Safety Officer
 - (IM) Information Management: Heather Moquin, Barbara Dieckman
 - (LD) Leadership: Heather Moquin, Alex deNesnera, Deb Fournier, Libsy Baby-Yourey
 - (LS) Life Safety: Allen Coen, Jerry Fraher, Jason Teaster
 - (MM) Medication Management: Rosemary Costanzo, Director of Nursing
 - (MS) Medical Staff: Dr. Alex deNesnera, Chief Medical Officer

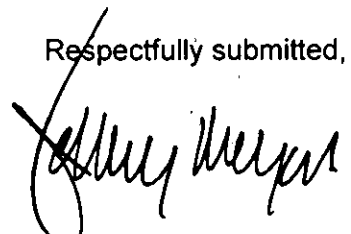
- (NPSG) National Patient Safety Goals: Rosemary Costanzo, Director of Nursing
 - (NR) Nursing: Rosemary Costanzo, Director of Nursing
 - (PC) Provision of Care, Treatment and Services: Dr. Alex deNesnera, Chief Medical Officer,
 - (PI) Performance Improvement: Deb Fournier, Chair, Quality Council and Director of APRN Services, Barbara Dieckman, Health System Analyst
 - (RC) Record of Care, Treatment and Services: Heather Moquin
 - (RI) Rights and Responsibilities of the Individual: Brad Rapanut, Director of Patient Experience
 - (WT) Waived Testing: Dr. Thomas Koutelos, Director, 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, maintain accreditation. Maintaining accreditation and certification is required in order for NHH to receive payment from federally funded Medicare and Medicaid programs.

Area served: Statewide

Source of Funds: Source of funds is 16% Federal Funds from the U.S. Department of Health and Human Services, Health Resources and Services Administration and 84% General Funds.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Jeffrey A. Meyers
Commissioner



The Joint Commission

INVOICE

Invoice: 10146535
Invoice Date: 08/01/2018
Page: 1

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

For billing questions, please call:
THE PRICING UNIT at 830-792-5115

ok to pay class 026
CJB

Customer No: H000001118

Mail: LORI SHIBINETTE
CHIEF EXECUTIVE OFFICIER
NEW HAMPSHIRE HOSPITAL
36 CLINTON STREET
CONCORD NH 03301
United States

INVOICE AMOUNT: \$18,590.00 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.

Co.: 10 Proc. Level: 09400
Vendor # 258505 Remit To: BOA
PO # _____ Line: _____
Desc: H000001118
Approval: D. R. Witt Date: 8/2/18

Description	RECEIVED	Amount
Fee(s) for the Accreditation/Certification Program(s) Indicated Below:		
Hospital Program 3 Day(s) - HPMD-PSY 5 Day(s) - NH-PSY	AUG 03 2018 ACCOUNTS PAYABLE	\$14,625.00
Hospital Program 2 Day(s) - Engineer	<i>(Signature)</i>	\$3,965.00
	Total Amount:	<u>\$18,590.00</u>

For Reference: Survey Deposits Received - As of 08/01/2018
(Please note: the invoice amount shown above has not been adjusted to reflect any deposit amounts received.)

Prepayment Reference ID	Receipt of Payment	Amount

RECEIVED
AUG 02 2018
BUSINESS OFFICE
NH HOSPITAL

Acct Unit: 84000000 Acct: 500251
Activity JN: 94012800
Comments: _____



The Joint Commission

Remittance Form

Invoice:
Invoice Date:
Customer No:

10146535
08/01/2018
H000001118

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

For billing questions, please call:
THE PRICING UNIT at 630-792-5115

Please Make Check Payable To:

The Joint Commission

And Mail To:

P.O. Box 92775
Chicago IL 60675-2775
United States

INVOICE AMOUNT:

\$

\$18,590.00 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: _____



The Joint Commission

INVOICE

Invoice: 10148341
Invoice Date: 09/11/2018
Page: 1

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

Mail: LORI SHIBINETTE

INVOICE AMOUNT: \$5,200.00 USD

Co.: 10 Proc. Level: 09400
Vendor # 258525 Remit To: B001
PO # _____ Line: _____
Desc: H000001118
Approval: J Ruet Date: 9/12/18

Site: NEW HAMPSHIRE HOSPITAL
36 CLINTON STREET
CONCORD NH 03301

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
<u>258525 B001</u>	

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

Hospital Program	Follow-up, CMS Condition	Amount
1 Day(s) - Condition Level Deficiency - Clinician		\$5,200.00
1 Day(s) - Condition Level Deficiency - Engineer		

RECEIVED
SEP 12 2018

Total Amount:

\$5,200.00

BUSINESS OFFICE
NH HOSPITAL

For Reference: Survey Deposits Received As of: 09/11/2018

(Please note: the invoice amount shown above has not been adjusted to reflect any deposit amounts received.)

Prepayment Reference ID	Receipt of Payment	Amount
<u>ok to pay</u> <u>094-8400-020</u> <u>JN 94012800</u>	Acct Unit: <u>84000000</u> Acct: <u>600251</u> Activity JN: <u>94012800</u> Comments: _____	

Elyse J...

9/12/18

RECEIVED

SEP 13 2018

Office of Finance

RECEIVED

SEP 12 2018

BUSINESS OFFICE
NH HOSPITAL



The Joint Commission

Remittance Form

Invoice:
Invoice Date:
Customer No:

10148341
09/11/2018
H000001118

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

For billing questions, please call:
THE PRICING UNIT at 630-792-5115

Please Make Check Payable To:

The Joint Commission

And Mail To:

P.O. Box 92775
Chicago IL 60675-2775
United States

INVOICE AMOUNT:

\$

\$5,200.00 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: _____

RECEIVED

SEP 12 2018

BUSINESS OFFICE
NH HOSPITAL

2 pgs

Lori Shibinette



INVOICE

(F)

Invoice: 20307182
Invoice Date: 01/15/2019
Page: 1

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

For billing questions, please call:
THE PRICING UNIT at 630-792-5115

(D)

Customer No: H000001118

Mall: LORI SHIBINETTE
CHIEF EXECUTIVE OFFICIER

INVOICE AMOUNT: \$6,355.00 USD

Joint Commission Resources

Co ID Proc Level: 09400
Vendor # 258505 Remit To: B001
PO # Line:
Desc: H000001118
Approval: CUB Date: 1/31/19

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.

Acct Unit: 84000006 Acct: 500251
Activity JN: 94012800
Comments:

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

Amount

Hospital Program	Weighted Vol. 278,999-310,998	\$5,955.00
2017 - 57305 Behavioral Health Services, Inpatient		
ORYX Program	Oryx Ann'l WVol 216999-310998	\$400.00

OK to pay from
8400-020-500251
Total Amount: 500252

\$6,355.00

For Reference: Survey Deposits Received - As of: 01/15/2019
(Please note: the invoice amount shown above has not been adjusted to reflect any deposit amounts received.)

Prepayment Reference ID	Receipt of Payment	Amount
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Job # 94012800
Class 8400-026-500251
Approval Signature D Zealand
Return to Business Office

RECEIVED

FEB 01 2019
Office of Finance

RECEIVED

JAN 28 2019
BUSINESS OFFICE
NH HOSPITAL



The Joint Commission

Remittance Form

Invoice: 20307182
Invoice Date: 01/16/2019
Customer No: H000001118

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

For billing questions, please call:
THE PRICING UNIT at 630-792-5115

Please Make Check Payable To:

The Joint Commission

And Mail To:

P.O. Box 92775
Chicago IL 60675-2775
United States

INVOICE AMOUNT:

\$

\$6,355.00 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: _____