



Lori A. Shibinette  
Commissioner

Ellen M. Lapointe  
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](http://www.dhhs.nh.gov)

March 14, 2022

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** make an unencumbered payment to the Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 60181, (Vendor #258505), in the amount of \$23,960 for reaccreditation services effective retroactive to July 1, 2021 upon Governor and Executive Council approval through February 28, 2022. 82% General Funds and 18% Other Funds (interagency funds).

Funding to support this request is available in the following account in State Fiscal Year 2022.

**05-95-94-940010-84100000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: NEW HAMPSHIRE HOSPITAL, NEW HAMPSHIRE HOSPITAL, NHH - FACILITY/PATIENT SUPPORT**

State Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2022	102-500731	Contracts for Program Svcs	94012800	\$23,960
			<b>Total</b>	<b>\$23,960</b>

**EXPLANATION**

This request is **retroactive** due to the uncertainty in the cost of the Joint Commission re-accreditation survey, which happens once every three years. The reaccreditation invoices were received in September 2021 and March 2022 following several days of on-site survey work. The two fees combined put the cost above the \$10,000 threshold for service contracts set in MOP 150. The 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 Medicare 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. NH Hospital has been a participating agency since 1980.

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 NHH to receive payment from federally funded Medicare and Medicaid programs.

Area served: Statewide


Source of Funds: Source of funds is 18% Other Funds (interagency funds) and 82% General Funds.

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

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Lori A. Shibinette', with the word 'For' written in smaller script below it.

Lori A. Shibinette  
Commissioner

 <b>The Joint Commission</b>	<b>INVOICE</b>	Invoice:	10173243
		Invoice Date:	09/28/2021
		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:** HEATHER MOQUIN  
CEO  
STATE OF NEW HAMPSHIRE  
36 CLINTON STREET  
CONCORD NH 03301  
United States

**INVOICE AMOUNT: \$20,090.00 USD**

**Site:** STATE OF NEW HAMPSHIRE  
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
Fee(s) for the Accreditation/Certification Program(s) Indicated Below:	
<b>Hospital Program</b> 4 Day(s) - HPMD-PST 5 Day(s) - NH-PST	<b>Survey Fee</b> \$15,835.00
<b>Hospital Program</b> 2 Day(s) - Engineer	<b>Life Safety Code Specialist</b> \$4,255.00
<b>Total Amount:</b>	<b>\$20,090.00</b>

For Reference: Survey Deposits Received - As of: 09/28/2021

(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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<b>INVOICE</b>		Invoice: 10028330
		Invoice Date: 02/28/2022
		Page: 1
		PO Number:
 <b>The Joint Commission</b>		
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:** Heather Moquin  
STATE OF NEW HAMPSHIRE

**INVOICE AMOUNT:** \$ 3,870.00 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
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Fee(s) for the Accreditation/Certification Program(s) Indicated Below:

Hospital Program	For Cause Survey	3,870.00
1 Day(s) - Condition Level Deficiency - Engineer		