

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

April 8, 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 \$2,875 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	\$2,875
			Total	\$2,875

EXPLANATION

This request is **retroactive** due to the uncertainly in the cost of the Joint Commission reaccreditation survey, which happens once every three years. The reaccreditation invoices were received in September 2021, March 2022 and April 2022 following several days of on-site survey work. The combined total of the three invoices put the cost above the \$10,000 threshold for service contracts set in MOP 150. This invoice has not been paid as this document is seeking approval for costs that are normal and customary. Permission to pay the first two invoices totaling \$23,960 was approved by Governor and Council on April 6, 2022 (Item #9).

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.

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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,

Lori Shebenette

Lori A. Shibinette Commissioner

INVOICE

Invoice:

10028555

Invoice Date:

03/01/2022

Page:

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:

H000001118

Mailing:

Heather Moquin

STATE OF NEW HAMPSHIRE

INVOICE AMOUNT:

\$ 2,875.00 USD

36 Clinton Street

Concord, NH

United States of America

Site:

Concord, NH

36 Clinton Street

United States of America

Payment Terms: Payment is due upon receipt of invoice.

Bill Computation: The data below each bill line was used to Bill Computation: The data below each oil 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

Follow-up, CMS Condition

2,875.00

1 Day(s) - Condition Level Deficiency - Clinician

RECEIVED APR 0 8 2022 BUSINESS OFFICE NH HOSPITAL

Total Amount:

USD \$2,875.00