



HSCRC Trustees -MDH- <hscrc.trustees@maryland.gov>

Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

hscrc.trustees@maryland.gov <hscrc.trustees@maryland.gov>
Reply-To: hscrc.trustees@maryland.gov
To: hscrc.trustees@maryland.gov

Mon, Mar 1, 2021 at 1:26 PM

DATE OF STATEMENT: 3/1/2021**PERIOD COVERED: FROM:** 01/01/2020 **TO:** 12/31/2020**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Walter Fennell**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [1800 Tysons Blvd, McLean, VA 22102](#)**HOSPITAL NAME:** Adventist Healthcare Rehabilitation**HOSPITAL ADDRESS:** [9909 Medical Center Dr, Rockville, MD 20850](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Guidehouse**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [1800 Tysons Blvd, McLean, VA 22102](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Management Consulting**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Partner**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Management Consulting to AHC Corp.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 7103932.00**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:****PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Walter Fennell



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Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

hscrc.trustees@maryland.gov <hscrc.trustees@maryland.gov>

Thu, Mar 4, 2021 at 10:07 AM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

DATE OF STATEMENT: 3/4/2021**PERIOD COVERED: FROM:** 01/01/2020 **TO:** 12/31/2020**TRUSTEE, DIRECTOR, OR OFFICER NAME:** William Miller**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** 606 Greenville ave, Staunton VA 24401**HOSPITAL NAME:** Adventist Healthcare Rehabilitation**HOSPITAL ADDRESS:** 9909 Medical Center Dr., Rockville MD 20850**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Potomac Conference Corporation**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** 606 Greenville ave, Staunton VA 24401**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** The Potomac Conference Corporation exists to grow Healthy disciple-making churches**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**
President**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Adventist HealthCare, Inc. Leased space from Potomac Conference Corporation of Seventh Day Adventists during calendar year 2020. This space was leased in conjunction with the relocation of Washington Adventist Hospital from Takoma Park to its current location in White Oak. Space was also leased with respect to the opening of an imaging center off of Cherry Hill Rd. in Silver Spring.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 145,735.00**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:****PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** William Miller



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Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

hscrc.trustees@maryland.gov <hscrc.trustees@maryland.gov>

Thu, Mar 18, 2021 at 9:42 AM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

DATE OF STATEMENT: 3/18/2021

PERIOD COVERED: FROM: 01/01/2020 **TO:** 12/31/2020

TRUSTEE, DIRECTOR, OR OFFICER NAME: Paul Alpuche, Jr.

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [7600 Wisconsin Avenue, Suite 700, Bethesda, MD 20814](#)

HOSPITAL NAME: Adventist Healthcare Rehabilitation

HOSPITAL ADDRESS: [9909 Medical Center Drive, Rockville, MD 20850](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Lerch, Early & Brewer

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [7600 Wisconsin Avenue, Suite 700, Bethesda, MD 20814](#)

MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Lerch, Early & Brewer

TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY: Owner

TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Legal Services

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: \$179,208

DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:

PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER: Paul Alpuche, Jr.



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Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

hscrc.trustees@maryland.gov <hscrc.trustees@maryland.gov>

Fri, Feb 26, 2021 at 10:39 AM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

DATE OF STATEMENT: MARYLAND**PERIOD COVERED: FROM:** 01/01/2020 **TO:** 12/31/2020**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Brett Gamma**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** 9901 MEDICAL CENTER DRIVE**HOSPITAL NAME:** Adventist Healthcare Rehabilitation**HOSPITAL ADDRESS:** 9909 Medical Center Dr, Rockville, MD, 20850**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** US ACUTE CARE SOLUTIONS**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** 4535 Dressler Road, NW, Canton, OH 44718**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** USACS provides physician coverage for Adventist Healthcare's Emergency Medicine, Hospitalist Medicine, and Critical Care Medicine Departments**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**
Assistant Medical Director, Shady Grove Medical Center, Rockville, USACS EAST**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** USACS provides physician coverage for Adventist Healthcare's Emergency Medicine, Hospitalist Medicine, and Critical Care Medicine Departments**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$3,128,106**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:****PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Brett Gamma