



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>

Thu, Oct 21, 2021 at 4:25 PM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

DATE OF STATEMENT: 10/21/2021

PERIOD COVERED: FROM: 07/01/2020 **TO:** 06/30/2021

TRUSTEE, DIRECTOR, OR OFFICER NAME: Vince Whittles

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [22690 Three Notch Road Lexington Park Md. 20653](#)

HOSPITAL NAME: Medstar St. Mary's Hospital

HOSPITAL ADDRESS: [25500 Point Lookout Road Leonardtown Md . 20650](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Servpro of St Marys and Calvert Counties

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [22690 Three Notch Road Lexington Park Md 20653](#)

MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Residential and Commercial Restoration Services

TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:
Business 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: Medstar St Marys paid Servpro of St Marys and Calvert County for professional services pertaining to rental of negative air machines .

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: \$ 32,850

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: Vince Whittles



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>

Fri, Oct 8, 2021 at 11:09 AM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

DATE OF STATEMENT: 10/8/2021

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

TRUSTEE, DIRECTOR, OR OFFICER NAME: Krishna Jayaraman

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: 28470 CHARLES ST

HOSPITAL NAME: Medstar St. Mary's Hospital

HOSPITAL ADDRESS: Leonardtown, MD 20650

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Jayaraman Medical Associates

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [28227 Three Notch Rd, Mechanicsville, MD 20659](#)

MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Jayaraman Medical Associates

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: Call coverage at Medstar St. Mary's Hospital

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: \$260, 698.00

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: Krishna Jayaraman



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>

Wed, Oct 20, 2021 at 11:15 AM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

DATE OF STATEMENT: 10/20/2021**PERIOD COVERED: FROM:** 07/01/2020 **TO:** 06/30/2021**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Christine R. Wray**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [7503 Surratts Road](#), Clinton, M25500 [Point Lookout Road](#), Leonardtown, MD 20650**HOSPITAL NAME:** Medstar St. Mary's Hospital**HOSPITAL ADDRESS:** [25500 Point Lookout Road](#), Leonardtown, MD 20650**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Totally Linking Care - Maryland**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [25500 Point Lookout Road](#), Leonardtown, MD 20650**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Population Health**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Board Director**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:** As a member Hospital, MedStar St. Mary's Hospital made payments to Totally Linking Care - Maryland related to Regional Catalyst Grants**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$82,925.64**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:** Christine R. Wray



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>

Tue, Oct 26, 2021 at 10:56 AM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

DATE OF STATEMENT: 10/26/2021**PERIOD COVERED: FROM:** 07/01/2020 **TO:** 06/30/2021**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Tracy Harris**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [5825 Radio Station Road, La Plata MD 20646](#)**HOSPITAL NAME:** Medstar St. Mary's Hospital**HOSPITAL ADDRESS:** [25500 Point Lookout Road, Leonardtown MD 20650](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** College of Southern Maryland**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [5825 Radio Station Road, La Plata MD 20646](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Public Community College**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** VP Student Equity and Success**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:** Medstar St. Mary Hospital made tuition reimbursement payments to the College of Southern MD.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$31,251.53**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:** Tracy Harris



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

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

2 messages

hscrc.trustees@maryland.gov <hscrc.trustees@maryland.gov>
Reply-To: hscrc.trustees@maryland.gov
To: krishna50@yahoo.com

Wed, Oct 27, 2021 at 1:05 AM

DATE OF STATEMENT: 10/27/2021

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

TRUSTEE, DIRECTOR, OR OFFICER NAME: krishna Jayaraman

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [28227 Three Notch rd. Mechanicsville, Md 20659](#)

HOSPITAL NAME: Medstar St. Mary's Hospital

HOSPITAL ADDRESS: Leonardtown MD 20650

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Jayaraman Medical associates LLC

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [28227 Three Notch rd Mechanicsville, MD 20659](#)

MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: medical practice

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: Hospital coverage

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: \$ 261, 947

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: Krishna Jayaraman

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hscrc.trustees@maryland.gov <hscrc.trustees@maryland.gov>
Reply-To: hscrc.trustees@maryland.gov
To: Krishna50@yahoo.com

Wed, Oct 27, 2021 at 1:12 AM

DATE OF STATEMENT: 10/20/2021

PERIOD COVERED: FROM: 07/01/2020 **TO:** 6/30/2021

TRUSTEE, DIRECTOR, OR OFFICER NAME: Krishna Jayaraman

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [28227 Three Notch Road, Mechanicsville, MD 20659](#)

HOSPITAL NAME: Medstar St. Mary's Hospital

HOSPITAL ADDRESS: Leonardtown, MD 20650

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Jayaraman Medical Associates LLC

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [28227 Three Notch Rd, Mechanicsville, MD 20659](#)

MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Medical practice

[Quoted text hidden]



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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, Oct 22, 2021 at 9:06 PM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

DATE OF STATEMENT: MD

PERIOD COVERED: FROM: 10/20/2020 **TO:** 10/22/2021

TRUSTEE, DIRECTOR, OR OFFICER NAME: Tracy Harris

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: CSM, [8730 Mitchell Rd, La Plata, MD 20646](#)

HOSPITAL NAME: Medstar St. Mary's Hospital

HOSPITAL ADDRESS: [25500 Point Lookout Rd, Leonardtown, MD 20650](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: College of Southern Maryland

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: CSM, [8730 Mitchell Rd, La Plata, MD 20646](#)

MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Board Member

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

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: Scholarships awarded to student in the Health Sciences program.

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: \$48,000.00

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: Tracy Harris