



HSCRC Trustees -MDH- &lt;hscrc.trustees@maryland.gov&gt;

## 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, Apr 16, 2020 at 3:35 PM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

**DATE OF STATEMENT:** 4/16/2020**PERIOD COVERED: FROM:** 01/01/2019 **TO:** 12/31/2019**TRUSTEE, DIRECTOR, OR OFFICER NAME:** DR. BILL MILLER**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [606 GREENVILLE AVE, STAUNTON, VA 24401](#)**HOSPITAL NAME:** Adventist HealthCare Shady Grove Medical Center**HOSPITAL ADDRESS:** [9901 MEDICAL CENTER DR.; ROCKVILLE, MD 20850](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** POTOMAC CONFERENCE OF SEVENTH DAY ADVENTISTS**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 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 OD SEVENTH DAY ADVENTISTS DURING CALENDAR YEAR 2019. 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:** \$58,755**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:** DR. BILL 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>

Fri, Apr 17, 2020 at 5:17 PM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

**DATE OF STATEMENT:** 4/17/2020

**PERIOD COVERED: FROM:** 01/01/2019 **TO:** 12/31/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Nicolas Cacciabeve MD

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [9901 Medical Center Drive](#)

**HOSPITAL NAME:** Adventist HealthCare Shady Grove Medical Center

**HOSPITAL ADDRESS:** [9901 Medical Center Drive](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Advanced Pathology Associates

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [9901 Medical Center Drive](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Professional Pathology Services

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
Managing 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:** Advanced Pathology Associates provides Medical Director services to Laboratories of AdventistHealthcare.

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$308,484

**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:** Nicolas Cacciabeve MD



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

1 message

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

Mon, Apr 20, 2020 at 1:43 PM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

**DATE OF STATEMENT:** Maryland

**PERIOD COVERED: FROM:** 01/01/2019 **TO:** 12/31/2019

**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 Shady Grove Medical Center

**HOSPITAL ADDRESS:** [9901 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:** \$486,192

**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.



HSCRC Trustees -MDH- &lt;hscrc.trustees@maryland.gov&gt;

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

1 message

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

Mon, Apr 20, 2020 at 3:53 PM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

**DATE OF STATEMENT:** 4/20/2020

**PERIOD COVERED: FROM:** 01/01/2019 **TO:** 12/31/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Walter Fennell

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [1800 Tysons Boulevard, McLean, VA 22102](#)

**HOSPITAL NAME:** Adventist HealthCare Shady Grove Medical Center

**HOSPITAL ADDRESS:** [9901 Medical Center Dr Rockville, MD 20850](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Guidehouse LLP

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [1800 Tysons Boulevard, 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:** Business consulting/vendor provider services.

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$153,604.00

**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

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

Mon, Apr 20, 2020 at 4:22 PM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

**DATE OF STATEMENT:** MARYLAND

**PERIOD COVERED: FROM:** 01/01/2019 **TO:** 12/31/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Brett A Gamma

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [9901 MEDICAL CENTER DRIVE, Rockville, Md 20850](#)

**HOSPITAL NAME:** Adventist HealthCare Shady Grove Medical Center

**HOSPITAL ADDRESS:** [9901 MEDICAL CENTER DRIVE, 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 Rd NW, Canton, Oh 44718](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** USACS provides physician coverage for health systems to manage and staff their emergency departments.

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
Associate Medical Director, USACS East Region

**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:** \$262,294

**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