



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, Jun 11, 2020 at 7:42 AM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

DATE OF STATEMENT: 6/11/2020**PERIOD COVERED: FROM:** 07/01/2019 **TO:** 01/31/2020**TRUSTEE, DIRECTOR, OR OFFICER NAME:** John W. Yoder**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [16200 McMullen Highway SW, Cumberland, Maryland 21502](#)**HOSPITAL NAME:** Western Maryland Health System**HOSPITAL ADDRESS:** [12500 Willowbrook Road, Cumberland, Maryland 21502](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Walter N. Yoder & Sons, Inc.**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** PO Box 1337, Cumberland, Maryland 21501**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Mechanical Contractor**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:** Plumbing, Heat, Air Conditioning, Miscellaneous Fabrication**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$ 1,145,839.31**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:** John W. Yoder



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>

Mon, Jun 15, 2020 at 11:56 AM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

DATE OF STATEMENT: 6/15/2020**PERIOD COVERED: FROM:** 07/01/2019 **TO:** 01/31/2020**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Dr. Cynthia Bambara**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** Allegany College of Maryland, [12401 Willowbrook Road, Cumberland, MD 21502](#)**HOSPITAL NAME:** Western Maryland Health System**HOSPITAL ADDRESS:** [12500 Willowbrook Road, Cumberland, MD 21502](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Allegany College of Maryland**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [12401 Willowbrook Road, Cumberland, MD 21502](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Community College**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:** Credit/non-credit tuition fees from WMHS (\$27,289.51) Lab Work, continuing education course to WHMS (\$2,614.62)**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$27,289.51**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:** Cynthia Bambara



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, Jun 24, 2020 at 10:16 AM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

DATE OF STATEMENT: 6/24/2020**PERIOD COVERED: FROM:** 07/01/2019 **TO:** 01/31/2020**TRUSTEE, DIRECTOR, OR OFFICER NAME:** John N. Pappas, M.D.**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [152 Marshall Lane](#), Bedford, PA 15522**HOSPITAL NAME:** Western Maryland Health System**HOSPITAL ADDRESS:** [12500 Willowbrook Road, Cumberland, MD 21502](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Allegany Imaging, PC**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** PO Box 3206, LaVale, MD 21504**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Medical Group Practice - Radiology**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**
Shareholder**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:** Allegany Imaging, PC – John N. Pappas, M.D. is a Shareholder in Allegany Imaging which in turn works under a Professional Service Agreement to provide diagnostic and interventional radiology services at Western Maryland Health System. (\$712,631) Premier Imaging Associates, LLC - John N. Pappas, M.D. is an owner in Premier Imaging which in turn is a 50% owner in a joint venture organization with Western Maryland Health System known as Haystack Imaging Services, LLC. (\$258,619)**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$971,250**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:** John N. Pappas, M.D.



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, Jun 25, 2020 at 5:03 PM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

DATE OF STATEMENT: 6/25/2020

PERIOD COVERED: FROM: 07/01/2019 **TO:** 01/31/2020

TRUSTEE, DIRECTOR, OR OFFICER NAME: Larry D Boggs

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [29 N Liberty St., Cumberland MD 21502](#)

HOSPITAL NAME: Western Maryland Health System

HOSPITAL ADDRESS: [12500 Willowbrook Road, Cumberland MD 21502](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Wells Fargo Advisors

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [29 N Liberty St., Cumberland MD 21502](#)

MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Financial Advisor, Investment Officer

TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:
Managing Director, Investments

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: Advisory services on Investments for Western Maryland Health System, Foundation, & Auxiliary.

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: 41202.14

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: Larry D BOggs



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, Jun 26, 2020 at 11:10 AM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

DATE OF STATEMENT: 6/26/2020**PERIOD COVERED: FROM:** 07/01/2019 **TO:** 01/31/2020**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Michele R. Martz**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [12500 Willowbrook Road Cumberland, MD 21502](#)**HOSPITAL NAME:** Western Maryland Health System**HOSPITAL ADDRESS:** [12500 Willowbrook Road Cumberland, MD 21502](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Maryland Physicians Care, Inc.**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [1201 Winterson Road Linthicum Heights, MD 21090](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Medicaid Managed Care Plan**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Member of Board of Directors**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:** Medicaid Managed care plan with payment for Patient Services to WMHS**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$15,954,547**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:** Michele Martz



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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, Jun 26, 2020 at 11:22 AM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

DATE OF STATEMENT: 6/26/2020

PERIOD COVERED: FROM: 07/01/2019 **TO:** 01/31/2020

TRUSTEE, DIRECTOR, OR OFFICER NAME: Barry P. Ronan

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [12500 Willowbrook Road Cumberland MD 21502](#)

HOSPITAL NAME: Western Maryland Health System

HOSPITAL ADDRESS: [12500 Willowbrook Road Cumberland MD 21502](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Maryland Physicians Care, Inc

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [1201 Winterson Road Linthicum Heights MD 21090](#)

MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Medicaid Managed Care Plan

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

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: Managed care plan with payment to WMHS for patient services

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: \$15,954,547

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: Barry P. Ronan



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, Jun 26, 2020 at 2:50 PM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

DATE OF STATEMENT: 6/26/2020**PERIOD COVERED: FROM:** 07/01/2019 **TO:** 01/31/2020**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Douglas Martz**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [44 Baltimore Street, Cumberland, MD 21502](#)**HOSPITAL NAME:** Western Maryland Health System**HOSPITAL ADDRESS:** [12500 Willowbrook Road, Cumberland MD 21502](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** CBIZ**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [44 Baltimore Street Cumberland MD 21502](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Insurance and Retirement Services**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** SVP
P&C Insurance Division**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:** Providing Risk Management and Retirement Services to the WMHS**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$221,000**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:** Douglas Martz