



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

Thu, Oct 27, 2022 at 3:50 PM

DATE OF STATEMENT: 10/27/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Patricia Arzuaga**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [2101 East Jefferson Street, 7th Floor](#) East, Rockville, MD 20852**HOSPITAL NAME:** Doctors Community Hospital**HOSPITAL ADDRESS:** [8118 Good Luck Road, Lanham, MD 20706](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Kaiser Foundation Health Plan**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [2101 East Jefferson Street, 7th Floor](#) East, Rockville, MD 20852**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Maryland Licensed nonprofit health maintenance organization ("HMO")**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Senior Counsel, Legal Department**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 services contracts between Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. and LHDCMC and LHAAMC**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$38.2 million, combined total spend for both hospitals**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:** Patricia Arzuaga



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Thu, Oct 27, 2022 at 3:59 PM

DATE OF STATEMENT: 10/27/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** James Elliott**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [8118 Good Luck Road, Lanham, MD 20706](#)**HOSPITAL NAME:** Doctors Community Hospital**HOSPITAL ADDRESS:** [8118 Good Luck Road, Lanham, MD 20706](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Luminis Health Doctors Community Medical Center**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [8118 Good Luck Road, Lanham, MD 20706](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Pathology and Laboratory Medicine Services**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Medical Director, Division of Pathology and Laboratory Medicine**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:** President of Medical Staff, Luminis Health Doctors Community Medical Center**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$34,992**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:** James Elliott