



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

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

1 message

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Tue, Apr 16, 2024 at 2:05 PM

DATE OF STATEMENT: 4/16/2024**PERIOD COVERED: FROM:** 01/01/2023 **TO:** 12/12/2023**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Cynthia Plate, MD**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [11886 Healing Way, Suite 701, Silver Spring, MD 20904](#)**HOSPITAL NAME:** Adventist HealthCare Fort Washington Medical Center**HOSPITAL ADDRESS:** [11711 Livingston Road, Fort Washington, MD 20744](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Maryland Oncology Hematology**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [11886 Healing Way, Suite 701, Silver Spring, MD 20904](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Physician Group**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**
Employed physician**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:** Salary support for clinical staff working on various research activities. Call coverage.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$171,487.00**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:** Cynthia Plate



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Fri, Mar 15, 2024 at 3:34 PM

DATE OF STATEMENT: 3/15/2024**PERIOD COVERED: FROM:** 01/01/2023 **TO:** 12/31/2023**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Paul Alpuche, Jr.**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [7600 Wisconsin Ave, Suite 700, Bethesda, MD 20814](#)**HOSPITAL NAME:** Adventist HealthCare Fort Washington Medical Center**HOSPITAL ADDRESS:** [11711 Livingston Rd, Fort Washington, MD 20744](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Lerch, Early and Brewer**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [7600 Wisconsin Ave, Suite 700, Bethesda, MD 20814](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Lerch, Early and 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:** \$255,174.43**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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Wed, Mar 20, 2024 at 1:11 PM

DATE OF STATEMENT: 3/20/2024**PERIOD COVERED: FROM:** 01/01/2023 **TO:** 12/31/2023**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Brett Gamma**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [4535 Dressler Rd NW, Canton, OH 44718](#)**HOSPITAL NAME:** Adventist HealthCare Fort Washington Medical Center**HOSPITAL ADDRESS:** [11711 Livingston Rd, Fort Washington, MD 20744](#)**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:** Provide physician and advanced practice practitioner staffing to hospitals.**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**
Employed physician**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:** Provide practitioner staffing for emergency medicine, hospitalist, and critical care medicine services that also involved observation medicine and the medical care of behavioral health patients**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$11,175,688**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



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Wed, Mar 20, 2024 at 3:32 PM

DATE OF STATEMENT: 3/20/2024

PERIOD COVERED: FROM: 01/01/2023 **TO:** 12/31/2023

TRUSTEE, DIRECTOR, OR OFFICER NAME: Safy John

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [4535 Dressler Rd NW, Canton, OH 44718](#)

HOSPITAL NAME: Adventist HealthCare Fort Washington Medical Center

HOSPITAL ADDRESS: [11711 Livingston Road, Fort Washington, MD 20744](#)

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: Provide Physician and Advanced Practice Provider Staffing

TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY: Medical Director, Critical Care

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: Provide practitioner staffing for emergency medicine, hospitalist medicine, critical care medicine, observation medicine, and medical care of behavioral health patients

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: \$11,175,688

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: Safy John



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Wed, Mar 27, 2024 at 11:27 AM

DATE OF STATEMENT: 3/27/2024**PERIOD COVERED: FROM:** 01/01/2023 **TO:** 12/31/2023**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Charles A. Tapp**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [606 Greenville Ave., Staunton, VA 24401](#)**HOSPITAL NAME:** Adventist HealthCare Fort Washington Medical Center**HOSPITAL ADDRESS:** [11711 Livingston Rd, Fort Washington, MD 20744](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Potomac Conference Corporation of SDA**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:** 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:** The Potomac Conference Corporation of SDA rents space to Adventist HealthCare, Inc. in Silver Spring, MD to support the delivery of imaging services to patients.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$270,507**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:** Charles A. Tapp



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Sat, Mar 30, 2024 at 1:49 PM

DATE OF STATEMENT: MD**PERIOD COVERED: FROM:** 01/01/2023 **TO:** 12/31/2024**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Laura Khandagle, MD**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [11886 HEALING WAY; Suite 505; Silver Spring, MD 20904](#)**HOSPITAL NAME:** Adventist HealthCare Fort Washington Medical Center**HOSPITAL ADDRESS:** [11711 Livingston Road; Fort Washington, MD 20744](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Khandagle Medical Associates**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [11886 Healing Way; Suite 505; Silver Spring, MD 20904](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Primary Care Physician - Internal Medicine**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**
Managing Partner/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:** Calendar year 2022 shared savings distribution check that I received because AHC's Physician Alliance exceeded targets in the insurance carrier's ACO program**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 18,245**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:** Laura Khandagle, MD