



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 2:02 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 White Oak Medical Center**HOSPITAL ADDRESS:** [11890 Healing Way, Silver Spring, MD 20904](#)**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 3:19 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 White Oak Medical Center**HOSPITAL ADDRESS:** [11890 Healing Way, Silver Spring, MD 20904](#)**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 12:58 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 White Oak Medical Center**HOSPITAL ADDRESS:** [11890 Healing Way, Silver Spring, MD 20904](#)**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 providers 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 3:15 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 White Oak Medical Center**HOSPITAL ADDRESS:** 11890 Healing Drive, Silver Spring, MD20904**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 services, 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 11:16 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 Shady Grove Medical Center**HOSPITAL ADDRESS:** [9901 Medical Center Dr, Rockville, MD 20850](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Potomac Conference Corporation of Seventh-day Adventists**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** 606 Greenville, Dr., 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 2:00 PM

DATE OF STATEMENT: MD**PERIOD COVERED: FROM:** 01/01/2023 **TO:** 12/31/2023**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 White Oak Medical Center**HOSPITAL ADDRESS:** [11890 Healing Way; Silver Spring, MD 20904](#)**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