



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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Thu, Apr 3, 2025 at 8:54 AM

**DATE OF STATEMENT:** VA

**PERIOD COVERED: FROM:** 01/01/2024 **TO:** 12/31/2024

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Charles A Tapp

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [606 Greenville Ave, Staunton, VA 24401](#)

**HOSPITAL NAME:** Adventist Healthcare Germantown Emergency Center

**HOSPITAL ADDRESS:** [19731 Germantown Rd., Germantown, MD 20874](#)

**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:** 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:** 179865.17

**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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Wed, Apr 9, 2025 at 7:37 AM

**DATE OF STATEMENT:** 4/9/2025

**PERIOD COVERED: FROM:** 01/01/2024 **TO:** 12/31/2024

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Laura Khandagle

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [11886 HEALING WAY STE 505](#)

**HOSPITAL NAME:** Adventist Healthcare Germantown Emergency Center

**HOSPITAL ADDRESS:** [19731 Germantown Road, Germantown, MD 20874](#)

**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:** administrator/medical staff support at hospital system and personal business in quality program that cms monies are paid to hospital system and then dispersed to my practice based on our performance with quality program

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 37,448.27

**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



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

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Wed, Apr 23, 2025 at 11:13 AM

**DATE OF STATEMENT:** 4/23/2025

**PERIOD COVERED: FROM:** 01/01/2024 **TO:** 12/31/2024

**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 Germantown Emergency Center

**HOSPITAL ADDRESS:** 1973 [Germantown Road, Germantown, MD 20874](#)

**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 project, Call coverage

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** %281, 643.50

**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, MD



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Wed, Mar 26, 2025 at 3:27 PM

**DATE OF STATEMENT:** 3/26/2025

**PERIOD COVERED: FROM:** 01/01/2024 **TO:** 12/31/2024

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Safy John

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

**HOSPITAL NAME:** Adventist Healthcare Germantown Emergency Center

**HOSPITAL ADDRESS:** [19731 Germantown Road, Germantown MD 20874](#)

**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, palliative Care Medicine, and medical care of behavioral health patients

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$7,998,004.35

**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 Manavalan John



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Mon, Mar 31, 2025 at 4:21 PM

**DATE OF STATEMENT:** 3/31/2025

**PERIOD COVERED: FROM:** 01/01/2024 **TO:** 01/31/2024

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

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [4535 Dressler Rd NW, Canton, OH 44735](#)

**HOSPITAL NAME:** Adventist Healthcare Germantown Emergency Center

**HOSPITAL ADDRESS:** [19731 Germantown Rd, Germantown, MD 29874](#)

**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 44735](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Provide physicians and advanced practice practitioners to hospital.

**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 physician and advanced practice practitioner staffing for emergency medicine, hospitalist and critical care medicine services that also involves medical care of behavioral health patients.

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$664,429.39

**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