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Health Services Cost Review Commission

4160 Patterson Avenue, Baltimore, Maryland 21215
Phone: 410-764-2605 · Fax: 410-358-6217
Toll Free: 1-888-287-3229
hscrc.maryland.gov

To: Chief Financial Officers

From: Dennis Phelps, Associate Director of Audit and Compliance

Date: September 19, 2019

RE: Trustee Disclosure of Interest - Reporting Requirements Clarification

The purpose of this memorandum is to provide further clarification and instructions to hospital representatives completing the List of Trustees Survey and to those individuals completing the Trustee Disclosure electronic forms.

The link to the required forms is located on the HSCRC website at:

<https://hscrc.maryland.gov/Pages/Trustee-Disclosure-Information.aspx>

The Hospital's List of Trustees, Directors, or Officers, each field is to be completed as follows:

#1 – Provide a hospital Email address. A copy of the completed form will be sent to the email address provided in this field.

#2 - Select the name of the hospital.

#3 - Provide the reporting period.

#4 – Provide the name and business address of all trustees, directors, or officers of the hospital during the reporting period. The hospital shall indicate which of the trustees, directors, or officers of the hospital are employees, partners, directors, or officers or beneficial owners of a partnership, firm, corporation, or any other business entity that engaged in a transaction of \$10,000 or more with the hospital during the reporting period and are required to file a Trustee's Disclosure of Interest Statement.

#5 – Provide the name, email address, and telephone number of the hospital representative who completed the form. This information must be provided or the form will be considered incomplete.

NOTE: If no trustees are identified as having to file a Trustee’s Disclosure of Interest Statement in the reporting period, the hospital shall submit a letter to that effect in PDF format to hscrc.trustees@maryland.gov.

The Individual Trustee’s Disclosure of Interest Statement for Trustees, Directors, or Officers who have engaged in business transactions of \$10,000 or more with the hospital in the reporting period is to be completed as follows:

#1 – Email address - A copy of the completed statement as filed will be sent to the email address provided in this field.

#2 – Provide the date the statement was completed.

#3 – Provide the reporting period.

#4 – Provide the full name of the Trustee, Director, or Officer completing the statement.

#5 – Provide the full business address of the Trustee, Director, or Officer completing the statement.

#6 – Select the name of the hospital.

#7 – Provide the full address of the hospital.

#8 – Provide the name of the business entity that the hospital Trustee, Director or Officer is also an employee, partner, director, officer, or beneficial owner or Officer.

#9 - Provide the business entity address of the business entity that the hospital Trustee, Director or Officer is also an employee, partner, director, officer, or beneficial owner or Officer.

#10 – Type of business entity that the hospital Trustee, Director or Officer is also an employee, partner, director, officer, or beneficial owner or Officer.

#11 – Title, relationship, or position of the hospital Trustee, Director, or Officer in the business entity.

#12 - The nature of the 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 hospital trustee, director, or officer’s business entity.

#13 – The monetary value of the business transactions to the hospital trustee, director, or officer’s business entity.

#14 – Signature of Trustee, Director, or Officer – draw signature with computer mouse or laptop touchpad.

#15 - Printed name of Trustee, Director, or Officer.

#16 - The name, email, and contact number of the Trustee, Director, or Officer completing the form must be provided or the form will be deemed unacceptable.

NOTE: Extension requests may be sent to Dennis.Phelps@maryland.gov and copied to hscrc.trustees@maryland.gov .

Hospitals filing the List of Trustees Directors after the due date or filing such list inaccurately or incompletely may be subject to fines of up to \$1,000 a day. Hospital trustees, director, or officers filing Trustee Disclosure of Interest Statements after the due date or filing inaccurately or incompletely may be subject to a fine of up to \$500.

Any questions regarding the Trustee Disclosure Information process may be addressed to Andrea Strong at Andrea.Strong@maryland.gov .