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

1 message

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

Mon, Oct 21, 2019 at 5:05 PM

**DATE OF STATEMENT:** 10/21/2019

**PERIOD COVERED: FROM:** 7/01/2018 **TO:** 6/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Frank Palmer

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [300 E Joppa Rd Baltimore, Md 21286](#)

**HOSPITAL NAME:** University of Maryland - St. Joseph Medical Center

**HOSPITAL ADDRESS:** Osler Drive Towson MD

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** The Whiting-Turner Contracting Company

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [300 E Joppa Rd Baltimore, MD 21286](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Construction

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
Executive Vice 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:** Construction Contracts for the following projects....December flood restoration, Hybrid & east OR renovation, MRI, Inpatient Psych Demolition, Pharmacy USP 800 Upgrades, Sterile Processing Dept, Cancer Survivorship Suite

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Fiscal Year 2018-2019 \$5,997,562.27

**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:** Frank R Palmer

**COMPLETED BY:** Frank R Palmer, [Frank.palmer@whiting-turner.com](mailto:Frank.palmer@whiting-turner.com), 410-3375747



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1 message

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

Tue, Oct 29, 2019 at 6:16 PM

**DATE OF STATEMENT:** 10/29/2019

**PERIOD COVERED: FROM:** 07/01/2018 **TO:** 06/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Francis X. Kelly, Jr.

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [1 Kelly Way, Sparks, MD 21152](#)

**HOSPITAL NAME:** University of Maryland - St. Joseph Medical Center

**HOSPITAL ADDRESS:** [7601 Osler Drive, Towson, MD 21204](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Kelly & Associates Insurance Group, Inc.

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [1 Kelly Way, Sparks, MD 21152](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Major Business - Employee Benefits

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
Chairman

**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:** Employee Benefit Services

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$255,409

**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:** Francis X. Kelly, Jr.

**COMPLETED BY:** Jeffrey Stavely, [Jstavely@umm.edu](mailto:Jstavely@umm.edu), 410-328-6031



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

1 message

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

Tue, Oct 29, 2019 at 6:10 PM

**DATE OF STATEMENT:** 10/29/2019

**PERIOD COVERED: FROM:** 07/01/2018 **TO:** 06/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** David E. Kelly, Sr.

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [1 Kelly Way, Sparks, MD 21152](#)

**HOSPITAL NAME:** University of Maryland - St. Joseph Medical Center

**HOSPITAL ADDRESS:** [7601 Osler Drive, Towson, MD 21204](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Kelly & Associates Insurance Group, Inc.

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [1 Kelly Way, Sparks, MD 21152](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Major Business - Employee Benefits

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Chief Organizational Officer

**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:** Employee Benefits Services

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$255,409

**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:** David E. Kelly, Sr.

**COMPLETED BY:** Jeffrey Stavely, [Jstavely@umm.edu](mailto:Jstavely@umm.edu), 410-328-6031



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

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

Tue, Oct 29, 2019 at 1:04 PM

**DATE OF STATEMENT:** 10/29/2019

**PERIOD COVERED: FROM:** 7/1/2018 **TO:** 6/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Robert A. Chrencik

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [250 West Pratt Street, 24th Floor Baltimore, MD 21201](#)

**HOSPITAL NAME:** University of Maryland - St. Joseph Medical Center

**HOSPITAL ADDRESS:** [7601 Osler Drive, Towson, MD 21204](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Maryland Hospital Association

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [6820 Deerpath Road, Elkridge, MD 21075](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Major Business - Hospital Advocacy

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Board Member

**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:** Membership Dues

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$177,977

**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:** Robert A. Chrencik

**COMPLETED BY:** Jeffrey Stavely, [Jstavely@umm.edu](mailto:Jstavely@umm.edu), 410-328-6031