



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

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

1 message

hscrc.trustees@maryland.gov <hscrc.trustees@maryland.gov>

Wed, Oct 25, 2023 at 2:10 PM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

DATE OF STATEMENT: 10/25/2023**PERIOD COVERED: FROM:** 07/01/2022 **TO:** 06/30/2023**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Gary W. Michael**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [10100 Business Parkway, Lanham, MD 20706](#)**HOSPITAL NAME:** Anne Arundel Medical Center**HOSPITAL ADDRESS:** [2001 Medical Parkway, Annapolis, MD 21401](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Medical Mutual Liability Insurance Society of Maryland**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [225 International Circle](#), Box 8016, Hunt Valley, MD 21030**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Medical malpractice insurance for doctors**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:** Providers employed by Luminis are insured by Medical Mutual**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** unknown**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:** Gary W. Michael



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Reply-To: hscrc.trustees@maryland.gov
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Wed, Oct 25, 2023 at 1:56 PM

DATE OF STATEMENT: 10/25/2023**PERIOD COVERED: FROM:** 07/01/2022 **TO:** 06/30/2023**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Patricia Arzuaga**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [2101 East Jefferson Street, 7th Floor](#) East, Rockville, MD 20852**HOSPITAL NAME:** Anne Arundel Medical Center**HOSPITAL ADDRESS:** [2001 Medical Parkway, Annapolis, MD 21401](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Kaiser Foundation Health Plan, Inc.**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [2101 East Jefferson Street, 7th Floor](#) East, Rockville, MD 20852**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Maryland Licensed nonprofit health maintenance organization ("HMO").**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Senior Counsel**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:** Hospital services contracts between Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. and LHDCMC and LHAAMC**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$42,044,321**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:** Patricia Arzuaga