



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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Fri, Oct 27, 2023 at 2:36 PM

DATE OF STATEMENT: 10/25/2023**PERIOD COVERED: FROM:** 07/01/2022 **TO:** 06/30/2023**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Ronald Attman**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [8229 Sandy Court](#), P.O. Box 422, Savage, MD 20763**HOSPITAL NAME:** Lifebridge Northwest Hospital**HOSPITAL ADDRESS:** [5401 Old Court Road](#), [Randallstown, MD 21133](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Acme Paper & Supply Co., Inc.**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [8229 Sandy Court](#), P.O. Box 422, Savage, MD 20763**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Distributors of Food Service Supplies and Janitorial Products**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** CEO**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:** LifeBridge Health purchases paper products and janitorial supplies from Acme Paper and Supply. The monetary value includes payments made from all LifeBridge Health entities.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$3,067,934.87**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:** Ronald Attman



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Fri, Oct 27, 2023 at 2:38 PM

DATE OF STATEMENT: 10/25/2023**PERIOD COVERED: FROM:** 07/01/2022 **TO:** 06/30/2023**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Craig Carmichael**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [5401 Old Court Road, Randallstown, MD 21133](#)**HOSPITAL NAME:** Lifebridge Northwest Hospital**HOSPITAL ADDRESS:** [5401 Old Court Road, Randallstown, MD 21133](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Northwest Hospital Center, Inc.**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [5401 Old Court Road, Randallstown, MD 21133](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Healthcare-**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**
President and COO**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:** Mr. Carmichael is an employee of Northwest Hospital Center, Inc. The monetary value reported reflects Mr. Carmichael's compensation.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$671,051.64**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:** Craig Carmichael



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Fri, Oct 27, 2023 at 2:41 PM

DATE OF STATEMENT: 10/25/2023**PERIOD COVERED: FROM:** 07/01/2022 **TO:** 06/30/2023**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Neil Meltzer**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [2401 W. Belvedere Avenue, Baltimore, MD 21215](#)**HOSPITAL NAME:** Lifebridge Northwest Hospital**HOSPITAL ADDRESS:** [5401 Old Court Road, Randallstown, MD 21133](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Sinai Hospital of Baltimore, Inc.**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [2401 W. Belvedere Avenue, Baltimore, MD 21215](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Integrated Health Care System**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** CEO**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:** Mr. Meltzer is an employee of Sinai Hospital of Baltimore. The monetary value reported reflects Mr. Meltzer's compensation.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$2,697,718.65**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:** Neil Meltzer



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Fri, Oct 27, 2023 at 2:43 PM

DATE OF STATEMENT: MD**PERIOD COVERED: FROM:** 07/01/2022 **TO:** 06/30/2023**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Brian Moffet**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [100 Light Street, Baltimore, MD 21202](#)**HOSPITAL NAME:** Lifebridge Northwest Hospital**HOSPITAL ADDRESS:** [5401 Old Court Road, Randallstown, MD 21133](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Miles & Stockbridge**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [100 Light Street, Baltimore, MD 21202](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Law Firm**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**
Principal**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:** LifeBridge Health uses Miles & Stockbridge, PC for legal services. Mr. Moffet was not involved with any of the work performed by Miles & Stockbridge nor received any direct compensation.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$229,466.45**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:** Brian Moffet



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Fri, Oct 27, 2023 at 2:46 PM

DATE OF STATEMENT: 9/30/2022**PERIOD COVERED: FROM:** 07/01/2022 **TO:** 06/30/2023**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Mike O'Halloran**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [1 Light Street, 16th Floor, Baltimore, MD 21202](#)**HOSPITAL NAME:** Lifebridge Northwest Hospital**HOSPITAL ADDRESS:** [5401 Old Court Road, Randallstown, MD 21133](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** M&T Bank**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [1 Light Street, 16th Floor, Baltimore, MD 21202](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Banking**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Vice President and Senior Relationship Manager**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:** Several LifeBridge Health entities use M&T Bank for banking and other financial services. Mr. O'Halloran has no involvement in this relationship.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$2,876,759.61**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:** Mike O'Halloran



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

1 message

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

Fri, Oct 27, 2023 at 11:01 PM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

DATE OF STATEMENT: 10/25/2023**PERIOD COVERED: FROM:** 7/1/2022 **TO:** 6/30/2023**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Dr. Neeraj Verma**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** P.O. Box 287 Glen Head, NY 11545 and [2401 W. Belvedere Avenue Baltimore, MD 21215](#)**HOSPITAL NAME:** Lifebridge Northwest Hospital**HOSPITAL ADDRESS:** [5401 Old Court Road Randallstown, MD 21133](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** North American Partners in Anesthesia and LifeBridge Metropolitan Anesthesia, LLC**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** P.O. Box 287 Glen Head, NY 11545 and [2401 W. Belvedere Avenue Baltimore, MD 21215](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Health Care**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Associate Chief of Anesthesia, Northwest Hospital**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:** Several LifeBridge Health entities used NAPA for anesthesia services through 5/31/23. In addition, Dr. Verma became employed by LifeBridge Metropolitan Anesthesia on 5/31/23. The amount reported reflects all payments made to NAPA between 7/1/22 and 5/31/23 (\$9,831,519.88) and Dr Verma's compensation for 5/31/23 through 6/30/23 (\$31,788.24).**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$9,863,308.12**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:** Dr. Neeraj Verma