



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 &lt;hscrc.trustees@maryland.gov&gt;

Thu, Mar 4, 2021 at 9:48 AM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

**DATE OF STATEMENT:** 3/4/2021**PERIOD COVERED: FROM:** 01/01/2020 **TO:** 12/31/2020**TRUSTEE, DIRECTOR, OR OFFICER NAME:** William Miller**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [606 Greenville ave, Staunton VA 24401](#)**HOSPITAL NAME:** Adventist HealthCare Fort Washington Medical Center**HOSPITAL ADDRESS:** [11711 Livingston Road Fort Washington, MD 20744](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Potomac Conference Corporation**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:** The Potomac Conference Corporation exists 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:** Adventist Healthcsre, Inc Leased space from Potomac Conference Corporation of Seventh Day Adventists during calendar year 2020. This space was leased in conjunction with the relocation of Washington Adventist Hospital from Takoma Park to its current location in White Oak. Space was also leased with respect to the opening of an imaging center off of Cherry Hill Rd. in Silver Spring.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 145,735.00**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:** William Miller



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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, Mar 1, 2021 at 1:28 PM

**DATE OF STATEMENT:** 3/1/2021

**PERIOD COVERED: FROM:** 01/01/2020 **TO:** 12/31/2020

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Walter Fennell

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [1800 Tysons Blvd, McLean, VA 22102](#)

**HOSPITAL NAME:** Adventist HealthCare Fort Washington Medical Center

**HOSPITAL ADDRESS:** [11711 Livingston Road; Fort Washington, Maryland 20744](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Guidehouse

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [1800 Tysons Blvd, McLean, VA 22102](#)

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

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

**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:** Management Consulting to AHC Corp.

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 7103932.00

**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:** Walter Fennell



HSCRC Trustees -MDH- &lt;hscrc.trustees@maryland.gov&gt;

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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>

Fri, Feb 26, 2021 at 5:00 PM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

**DATE OF STATEMENT:** Maryland

**PERIOD COVERED: FROM:** 01/01/2020 **TO:** 12/31/2020

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Nicolas Cacciabeve

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [9901 Medical Center Drive](#)

**HOSPITAL NAME:** Adventist HealthCare Fort Washington Medical Center

**HOSPITAL ADDRESS:** [9901 Medical Center Drive](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Advanced Pathology Associates

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [9901 Medical Center Drive](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Professional Pathology and Lab Director Services

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
Managing 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:** Provision of Lab Medical Director Services

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$808,629

**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:** Nicolas Cacciabeve MD



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

1 message

hscrc.trustees@maryland.gov &lt;hscrc.trustees@maryland.gov&gt;

Fri, Feb 26, 2021 at 10:29 AM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

**DATE OF STATEMENT:** MARYLAND**PERIOD COVERED: FROM:** 01/01/2020 **TO:** 12/31/2020**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Brett Gamma**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [9901 MEDICAL CENTER DRIVE](#)**HOSPITAL NAME:** Adventist HealthCare Fort Washington Medical Center**HOSPITAL ADDRESS:** [11711 Livingston Road, Fort Washington, MD 20744](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** US ACUTE CARE SOLUTIONS**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [4535 Dressler Road, NW, Canton, OH, 44718](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** USACS provides physician coverage for Adventist Healthcare's Emergency Medicine, Hospitalist Medicine, and Critical Care Medicine Departments**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
Assistant Medical Director, Shady Grove Medical Center, USACS EAST**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:** USACS provides physician coverage for Adventist Healthcare's Emergency Medicine, Hospitalist Medicine, and Critical Care Medicine Departments**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$3,128,106**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



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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>

Thu, Mar 18, 2021 at 9:35 AM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

**DATE OF STATEMENT:** 3/18/2021**PERIOD COVERED: FROM:** 01/01/2020 **TO:** 12/31/2020**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Paul Alpuche, Jr.**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [7600 Wisconsin Avenue, Suite 700, Bethesda, MD 20814](#)**HOSPITAL NAME:** Adventist HealthCare Fort Washington Medical Center**HOSPITAL ADDRESS:** [11711 Livingston Road, Fort Washington, MD 20744](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Lerch, Early & Brewer**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [7600 Wisconsin Avenue, Suite 700, Bethesda, MD 20814](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Lerch, Early & Brewer**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** 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:** Legal Services**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$179,208**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:** Paul Alpuche, Jr.