



**ETHICS DISCLOSURE STATEMENT
CONFLICTS OF INTEREST -- DECISIONS AND VOTING**
State Form 58860 (R / 10-19)
OFFICE OF THE INSPECTOR GENERAL
IC 4-2-6-9

FILED

FEB 28 2024

**INDIANA STATE
ETHICS COMMISSION**

In accordance with IC 4-2-6-9, you must file your disclosure with the State Ethics Commission no later than seven (7) days after the conduct that gives rise to the conflict. You must also include a copy of the notification provided to your agency appointing authority and ethics officer when filing this disclosure. This disclosure will be posted on the Inspector General's website.

Name (last) Lugo	Name (first) Leslie	Name (middle)
Name of office or agency FSSA's Office of Medicaid Policy and Planning		Job title Director of Pharmacy
Address of office (number and street) 402 West Washington Street, W374		City Indianapolis
Office telephone number (317) 233-0097		ZIP code 46204
Office e-mail address (required) Leslie.Lugo@fssa.IN.gov		

Describe the conflict of interest:

Leslie Lugo is currently engaged in employment discussions with Milliman Life Sciences. Milliman's Actuarial Team is actuary for FSSA's Office of Medicaid Policy & Planning. Leslie Lugo has not negotiated or signed and does not own any contracts with Milliman's Actuarial Team, however, they do provide reports regarding capitation rates and compliance with the Statewide Uniform Preferred Drug List to her in her capacity as Director of Pharmacy.

Describe the screen established by your ethics officer: (Attach additional pages as needed.)

Leslie Lugo shall not participate in any decisions of vote, or any mater related to such decision or vote in which Millman has a financial interest. Leslie Lugo shall not assist any future employers, including Millman, with any matter she personally and substantially participated in while employed by FSSA and OMPP. This restriction applies in perpetuity for the life of the matter. Pursuant to her duty under Ind. Code §5-14-3-10, Leslie Lugo shall not disclose or otherwise rely upon information classified as confidential under Ind. Code §5-14-3-4. This restriction applies in perpetuity, so long as the subject information is deemed confidential.

AFFIRMATION

Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.

Signature of state officer, employee or special state appointee

Leslie Lugo

Date signed (month, day, year)

2/28/2024

Printed full name of state officer, employee or special state appointee

Leslie Lugo

FOR ETHICS OFFICER USE ONLY

Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.

Signature of ethics officer

Michael A. Brasen

Date signed (month/day/year)

02/28/2024

Printed full name of ethics officer

Baker, Nathaniel P

From: Gerber, Matthew
Sent: Wednesday, February 28, 2024 4:02 PM
To: Gorman, Sean M
Cc: Baker, Nathaniel P; Lugo, Leslie S; Rusyniak, Daniel E (Dan)
Subject: Ethics Disclosure Statement - Conflicts of Interest - Decisions and Voting
Attachments: 20240228153917576.pdf

Attached please find an Ethics Disclosure Statement - Conflicts of Interest - Decisions and Voting that I am filing on behalf of Leslie Lugo, FSSA's Director of Pharmacy for OMPP.

Please note Secretary Dr. Daniel Rusyniak is included on this email for required notice purposes.

Thanks
MG

Matthew A. Gerber
Deputy General Counsel and Ethics Officer Office of General Counsel Indiana Family and Social Services Administration
402 West Washington Street, Room W451
Indianapolis, Indiana 46204
Office: 317-232-1246
Email: Matthew.Gerber@fssa.in.gov

