



**ETHICS DISCLOSURE STATEMENT**  
**CONFLICTS OF INTEREST – DECISIONS AND VOTING**  
 State Form 55860 (R / 10-15)  
 OFFICE OF THE INSPECTOR GENERAL  
 IC 4-2-6-9

INDIANA  
 STATE ETHICS COMMISSION

APR 28 2022

**FILED**

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) Messina	Name (first) Frank	Name (middle)	
Name of office or agency Family & Social Services Administration/Office of Medicaid Policy & Planning		Job title Director of Clinical Operations for OMPP	
Address of office (number and street) 402 W. Washington Street, W374		City Indianapolis	ZIP code 46204
Office telephone number ( 317 ) 234-1306	Office e-mail address (required) frank.messina@fssa.in.gov		

Describe the conflict of interest:

I believe that it is important to continue to work clinically (seeing patients) to maintain skills through patient contact, which will allow continued access to real world issues that OMPP faces and oversees. Prior to starting with FSSA on 2/7/2022, I had been directly employed by IU Health Physicians to provide medical services in the Eskenazi Health emergency department (ED) and am continuing to work in the Eskenazi ED seeing patients one day weekly while meeting all my FSSA obligations.

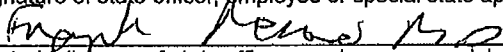
For FSSA- OMPP, I serve as the Director of Clinical Operations. In that role, I oversee and help inform decisions regarding policies, coverage, procedures and processes for all of Indiana Medicaid's various programs including those in the traditional fee for service programs and those administered through managed care entities. These decisions almost always will apply to entities, including hospital systems, globally rather than any one individually. Although expected to be rare, there may be times when decisions more specifically can, or may appear to, benefit Eskenazi Health, IU Health Physicians or IU Health specifically.

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

Dr. Messina provides services for Eskenazi through a contract with Indiana University Health Physicians (IUHP) outside of his state employment. Both Eskenazi and IUHP have business relationships with FSSA. To avoid a potential conflict of interest relating to decisions and voting, Dr. Messina shall not participate in any decision or vote, or any matter related to such decision or vote, regarding Eskenazi, IUHP, or Indiana University Health generally for which the entity(ies) may have a financial interest. Dr. Messina is screened from any present or future decisions, votes, or matters relating to any decisions or votes relating to Eskenazi, IUHP, or Indiana University Health specifically. Any decisions, votes, or matters relating to any decisions or votes for Eskenazi, IUHP, or Indiana University Health will be reassigned to another state employee without a potential conflict where any of these entities may have a financial interest.

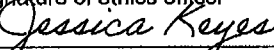
**AFFIRMATION**

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 	Date signed (month, day, year) 04/18/2022
Printed full name of state officer, employee or special state appointee Frank Messina, MD	

**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 	Date signed (month, day, year) 4/20/22
Printed full name of ethics officer Jessica Keyes	

**From:** [Keyes, Jessica K](mailto:Keyes.Jessica.K)  
**To:** [Keyes, Jessica K](mailto:Keyes.Jessica.K)  
**Subject:** FW: Conflicts of interest-disclosure and screen -Dr. Messina  
**Date:** Thursday, April 28, 2022 3:39:45 PM

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**From:** Rusyniak, Daniel E (Dan) <[Daniel.Rusyniak@fssa.IN.gov](mailto:Daniel.Rusyniak@fssa.IN.gov)>  
**Sent:** Thursday, April 21, 2022 11:56 AM  
**To:** Marshall, Cathrine (Cate) <[Cathrine.Marshall@fssa.IN.gov](mailto:Cathrine.Marshall@fssa.IN.gov)>  
**Subject:** RE: Conflicts of interest-disclosure and screen -Dr. Messina

I have reviewed this and have no concerns.

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**From:** Marshall, Cathrine (Cate) <[Cathrine.Marshall@fssa.IN.gov](mailto:Cathrine.Marshall@fssa.IN.gov)>  
**Sent:** Thursday, April 21, 2022 11:14 AM  
**To:** Rusyniak, Daniel E (Dan) <[Daniel.Rusyniak@fssa.IN.gov](mailto:Daniel.Rusyniak@fssa.IN.gov)>  
**Subject:** FW: Conflicts of interest-disclosure and screen -Dr. Messina

Read and acknowledge please.

Thank you,  
Cate Marshall  
Indiana FSSA  
Email: [Cathrine.Marshall@FSSA.IN.gov](mailto:Cathrine.Marshall@FSSA.IN.gov)  
*\*Please note, there is no e in the middle of Cathrine.*

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**From:** Keyes, Jessica K <[Jessica.Keyes@fssa.IN.gov](mailto:Jessica.Keyes@fssa.IN.gov)>  
**Sent:** Wednesday, April 20, 2022 11:47 AM  
**To:** Marshall, Cathrine (Cate) <[Cathrine.Marshall@fssa.IN.gov](mailto:Cathrine.Marshall@fssa.IN.gov)>  
**Subject:** Conflicts of interest-disclosure and screen -Dr. Messina

Hi Cate,

Please see attached another disclosure/screen for Dr. Rusyniak's sign off. Thank you!

Thank you,

Jessica Keyes | Managing Attorney and Ethics Officer |  
Indiana Family and Social Services Administration  
402 W. Washington Street, Rm. W451, Indianapolis, IN 46204 | T: 317-234-3884

Email: [Jessica.Keyes@fssa.IN.gov](mailto:Jessica.Keyes@fssa.IN.gov)



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