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

5 2022 MAY

INDIANA

STATE ETHICS COMMISSIGNESS Form

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) | Name (first) | | Name (middle) | | |
| Reilly | Mary Joyce | | | | |
| Name of office or agency | | Job title | | | |
| Family&Social Services Administration/Office of Medicaid Policy&Planning | | Medical Director for OMPP | | | |
| Address of office (number and street) 402 W. Washington Street, W374 | | City Indianapolis | | ZIP code 46204 | |
| Office telephone number () | Office e-mail address <i>(required)</i> mary.reilly@fssa.in.gov | | | | |
| Describe the conflict of interest: | | | | | |
| I am working as a full-time Medical Director for OMPP. I would like to work part-time as an emergency | | | | | |
| physician for Vituity at Ascension St Vincent Indianapolis. In my role as a Medical Director for OMPP | | | | | |
| I may work directly with the program integrity team to investigate allegations of fraud, waste and | | | | | |
| abuse. Should allegations be directed at Vituity or Ascension St. Vincent, I will conduct a screen | | | | | |
| and Dr. Frank Messina or Dr. Ann Zerr could step in to address potential areas of conflict. | | | | | |
| In addition, although I do not bill patients directly (my employer, Vituity, does), like all emergency | | | | | |
| physicians, I could be paid by funds from Medicaid. However, I am not in a leadership position at | | | | | |
| at Ascension, nor at Vituity and I do not plan to seek a leadership position while employed by FSSA. | | | | | |
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| Describe the screen established by your ethics officer: (Attach additional pages as needed.) Dr. Reilly provides services for Ascension St. Vincent outside of her state employment, and Ascension St. Vincent has | | | | | |
| a business relationship with FSSA. To avoid a potential conflict of interest relating to decisions and voting, Dr. Reilly shall | | | | | |
| not participate in any decision or vote, or any matter related to such decision or vote, regarding Ascension St. Vincent, | | | | | |
| for which the entity may have a financial interest. Dr. Reilly is screened from any present or future decisions, votes, or | | | | | |
| matters relating to any decisions or votes relating to Ascension St. Vincent specifically. Any decisions, votes, or matters | | | | | |
| relating to any decisions or votes will be reassigned to Dr. Frank Messina, or other state employee as appropriate | | | | | |
| where Ascension St. Vincent may have a financial interest. | | | | | |
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| 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) April 24, 2022 | | | | |
| Printed full name of state officer, employee of special state appointee Mary J Reilly, 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 Lessica Keyes | Date signed (month, day, year) 4/28/22 | | | | |
| Printed full name of ethics officer | TIAUIAA | | | | |
| Jessica Keyes | | | | | |

From:

Keves, Jessica K

To:

Keyes, Jessica K

Subject:

FW: COI Disclosure/screen-Dr. Mary Reilly

Date:

Thursday, May 5, 2022 8:47:00 AM

From: Rusyniak, Daniel E (Dan) < Daniel.Rusyniak@fssa.IN.gov>

Sent: Thursday, April 28, 2022 4:42 PM

To: Marshall, Cathrine (Cate) < Cathrine. Marshall@fssa.IN.gov>

Subject: RE: COI Disclosure/screen-Dr. Mary Reilly

Reviewed.

From: Marshall, Cathrine (Cate) < Cathrine.Marshall@fssa.IN.gov>

Sent: Thursday, April 28, 2022 3:56 PM

To: Rusyniak, Daniel E (Dan) < Daniel.Rusyniak@fssa.IN.gov>

Subject: FW: COI Disclosure/screen-Dr. Mary Reilly

See attached

Thank you, Cate Marshall Indiana FSSA

Email: Cathrine.Marshall@FSSA.IN.gov

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From: Keyes, Jessica K < Jessica. Keyes@fssa. IN.gov>

Sent: Thursday, April 28, 2022 3:53 PM

To: Marshall, Cathrine (Cate) < Cathrine.Marshall@fssa.lN.gov>

Subject: COI Disclosure/screen-Dr. Mary Reilly

Hi Cate,

Please see attached for Dr. Rusyniak's review. 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.Keves@fssa.IN.gov

^{*}Please note, there is no \underline{e} in the middle of Cathrine.



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