

FEB 10 2020



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

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) Schelle	Name (first) Clint	Name (middle) Daunton
Name of office or agency Family and Social Services Administration		Job title Program Integrity Analyst
Address of office (number and street) 402 W Washington St		City Indianapolis
Office telephone number (317) 234-8018		ZIP code 46204
Office e-mail address (required) clint.schelle@fssa.in.gov		

Describe the conflict of interest:
I currently work as a Medicaid Program Integrity Analyst for FSSA and I am seeking employment with Anthem. Anthem is one of the four Managed Care Entities (MCEs) that contracts with FSSA to coordinate care for members enrolled in Indiana Medicaid programs. In my job at FSSA, I review fraud reports submitted by our MCE partners and verify that Program Integrity has all of the information to be heard by the Credible Allegation of Fraud (CAF) Committee. Note: I sit in on the CAF committee meetings (as I help coordinate them) but I don't vote on any of the cases. Also, I review the MCEs proposed Powerpoint slides for their CAF Committee presentations and make suggestions as to how they can be improved. I also communicate with our MCE partners to ask them if they have any information about providers that PI is investigating. Finally, I participate in meetings with our MCE partners on a monthly basis where we coordinate operations and discuss ongoing investigations/audits. Note: Anthem contacted me for an interview on 2/4/2020 and I scheduled one for 2/7/2020.

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

Clint's supervisor will ensure that he is not assigned any case or file involving Anthem and that all previously assigned matters involving Anthem will be assigned to other staff.

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

Clint Schelle

Date signed (month, day, year)

2/7/20

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

Clint Dawson Schelle

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

Latosha N. Higgins

Date signed (month, day, year)

February 10, 2020

Printed full name of ethics officer

Latosha N. Higgins

From: [Sullivan, Jennifer](#)
To: [Schelle, Clint D](#)
Cc: [Higgins, Latosha](#); [Hilliker, Amelia A](#)
Subject: Re: Anthem Job Opportunity
Date: Monday, February 10, 2020 7:47:16 AM
Attachments: [Outlook-sobluv5s.png](#)

Thank you Clint. Hope your interview went well!

Jen

Jennifer Sullivan (Walthall), MD MPH
Secretary, Indiana Family and Social Services Administration
302 W Washington Street, W461
Indianapolis, IN 46204
Jennifer.Sullivan@fssa.IN.gov
317-233-4690 (office)
[@confectionsmd](#)
[@FSSAIndiana](#)



From: Schelle, Clint D <Clint.Schelle@fssa.IN.gov>
Sent: Friday, February 7, 2020 2:34 PM
To: Sullivan, Jennifer <Jennifer.Sullivan@fssa.IN.gov>
Cc: Higgins, Latosha <Latosha.Higgins@fssa.IN.gov>; Hilliker, Amelia A <Amelia.Hilliker@fssa.IN.gov>
Subject: Anthem Job Opportunity

Hello Dr. Sullivan,

I am writing you to advise that I have been contacted about a job at Anthem and that I would like to file the attached ethics disclosure.

Please let me know if you have any questions.

Thanks!

Clint Schelle ▪ Program Integrity Analyst
Office of Medicaid Policy and Planning ▪ Indiana Family Social Services Administration
402 W. Washington St., Room W374 ▪ MS-07 ▪ Indianapolis, IN 46204
O: (317) 234-8018 ▪ Clint.Schelle@fssa.in.gov ▪ <http://www.in.gov/fssa>