



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
JUL 12 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	ZIP code 46204
Office telephone number (317) 232-0097	Office e-mail address (required) Leslie.Lugo@FSSA.IN.Gov		

Describe the conflict of interest:
 Leslie Lugo is currently engaged in employment discussions with Mercer Health & Benefits, LLC (Mercer).
 Leslie Lugo is the signatory on two contracts with Mercer, one of which ended January 1, 2023 and the other June 30, 2024. She did not negotiate either contract as they were both created by special procurement, however, she did monitor Mercer's performance on both contracts.

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

Leslie Lugo shall not participate in any decision or vote, or any other matter related to such decision or vote in which Mercer Health & Benefits, LLC (Mercer) has a financial interest. Leslie Lugo shall not assist any future employers, including Mercer, 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 Indiana Code § 5-14-3-10, Leslie Lugo shall not disclose or otherwise rely upon any information classified as confidential under Indiana Code § 5-14-3-10. 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)

7-11-2024

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

(Signature of Matthew A. Gerber)

Date signed (month, day, year)

7-11-2024

Printed full name of ethics officer

Matthew A. Gerber

Baker, Nathaniel P

From: Gerber, Matthew
Sent: Thursday, July 11, 2024 4:51 PM
To: Perrodin, Regan (IG)
Cc: Mulligan, Tiffany M; IG Info; FSSA Ethics; Rusyniak, Daniel E (Dan); Lugo, Leslie S
Subject: Ethics Disclosure Statement - Conflicts of Interest - Decisions and Voting
Attachments: Ethics Disclosure Statement - Conflicts of Interest - Decisions and Voting - Lugo 0724.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