

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) William	2. Surname (Last Name) Ehlenbach	3. Date 18-September-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Amy Kind
5. Manuscript Title Neighborhood Socioeconomic Disadvantage and 30 Day Rehospitalizations: An Analysis of Medicare Data		
6. Manuscript Identifying Number (if you know it) M13-2946		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Section 6. Disclosure Statement

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Dr. Ehlenbach has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Amy

2. Surname (Last Name)

Kind

3. Date

19-September-2014

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Neighborhood Socioeconomic Disadvantage and 30 Day Rehospitalizations: An Analysis of Medicare Data

6. Manuscript Identifying Number (if you know it)

M13-2946

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institutes of Health- NIA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beeson K23 Career Development Award
John Hartford Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beeson K23 Career Development Award

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Kind reports grants from National Institutes of Health- NIA, grants from John Hartford Foundation, during the conduct of the study .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jane	2. Surname (Last Name) Brock	3. Date 07-October-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Amy Kind
5. Manuscript Title Neighborhood Socioeconomic Disadvantage and 30-day Rehospitalizations: An Analysis of Medicare Data		
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Travel support and an honorarium from the Massachusetts Hospital Association for presenting content related to readmissions reductions strategies ;
Telligen has a subcontract with The Lewin Group, that is funded by CMS to provide technical assistance to Community-Based Organizations awarded under the Community Based Care Transitions Program.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Menggang

2. Surname (Last Name)
Yu

3. Date
04-October-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Amy Kind

5. Manuscript Title
Neighborhood Socioeconomic Disadvantage and 30 Day Rehospitalizations: An Analysis of Medicare Data

6. Manuscript Identifying Number (if you know it)
M13-2946

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Dr. Yu has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Stephen	2. Surname (Last Name) Jencks	3. Date 24-July-2013
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Amy J.H. Kind
5. Manuscript Title Neighborhood Socioeconomic Disadvantage and 30 Day Rehospitalizations: An Analysis of Medicare Data		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
CareCentrix	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Member, Scientific Advisory Board
Inovalon	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant on analysis of their data
Affymax	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Member, Scientific Advisory Board
Curaspan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaking fees
Reinforced Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	one-time consultancy
Health Services Advisory Group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaking, teaching, consulting
Delmarva Foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consulting fee
Connecticut Peer Review Organization	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	assistance in preparing proposal

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Maryland Health Services Cost Review Commission	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consulting fees
Institute for Healthcare Improvement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consulting fees
American Association for Respiratory Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaking fees
Monaghan Medical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaking fee
Iowa Society for Respiratory Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaking fee
Maryland Health Services Cost Review Commission	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	per diem & travel

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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- ☐ No other relationships/conditions/circumstances that present a potential conflict of interest

The Maryland Health Services Cost Review Commission, of which I am a Commissioner, is considering using methods described in this paper in setting hospital revenue limits.

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Section 6. Disclosure Statement

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Dr. Jencks reports personal fees from CareCentrix, personal fees from Inovalon, personal fees from Affymax, personal fees from Curaspan, personal fees from Reinforced Care, personal fees from Health Services Advisory Group, personal fees from Delmarva Foundation, personal fees from Connecticut Peer Review Organization, personal fees from Maryland Health Services Cost Review Commission, personal fees from Institute for Healthcare Improvement, personal fees from American Association for Respiratory Care, personal fees from Monaghan Medical, personal fees from Iowa Society for Respiratory Care, outside the submitted work; .

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Christie	2. Surname (Last Name) Bartels	3. Date 19-September-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Amy J H Kind
5. Manuscript Title Neighborhood Socioeconomic Disadvantage and 30 Day Rehospitalizations in Medicare		
6. Manuscript Identifying Number (if you know it) M13-2946		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Bartels has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Maureen

2. Surname (Last Name)
Smith

3. Date
18-September-2014

4. Are you the corresponding author? ☐ Yes ☐ No

5. Manuscript Title
Neighborhood Socioeconomic Disadvantage and 30 Day Rehospitalizations: An Analysis of Medicare Data

6. Manuscript Identifying Number (if you know it)
M13-2946

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Section 6. Disclosure Statement

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Dr. Smith has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Caprice

2. Surname (Last Name)
Greenberg

3. Date
22-September-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Amy J. Kind

5. Manuscript Title
Neighborhood Socioeconomic Disadvantage and 30 Day Rehospitalizations: An Analysis of Medicare Data

6. Manuscript Identifying Number (if you know it)
M13-246

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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