

Instructions

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

Suter 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fi			ne (Last Name	e)		3. Date 23-September-2014
4. Are you the cor	responding author?	Yes	√ No	Correspond Leora Hor	_	or's Name
 5. Manuscript Title Development and use of an administrative claims measure for proreadmission 6. Manuscript Identifying Number (if you know it) 		r profiling hospi	tal-wide ր	performance on 30-day unplanned		
M13-3000						
Section 2.	The Work Under Co	onsiderat	tion for Pu	blication		
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Name of Institut	be removed by pressing ion/Company	Grant?		Non-Financial Support?	Other?	Comments
Centers for medicare CMS)	and Medicaid Services				√	Part of my salary is paid through a contract to CMS and I was involved in the contract work to develop the publicly reported measure described in the manuscript
Section 3.						
Place a check in tool of compensation clicking the "Add) with entities as descri	n the table bed in the port relatio	to indicate instructions	whether you ha s. Use one line fo were present d	ave financ or each er	cial relationships (regardless of amount ntity; add as many lines as you need by a 36 months prior to publication.
Section 4.	Intellectual Proper	ty Pate	nts & Copy	yrights		
Do you have any	patents, whether plan	ned, pendi	ng or issued	l, broadly releva	nt to the	work? ☐ Yes ✓ No

Suter 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	ving relationships/conditions/circumstances are present (explain below):
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Dr. Suter reports	other from Centers for medicare and Medicaid Services (CMS), during the conduct of the study.

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Suter 3



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Grady 1



Section 1.	Identifying Inform	nation					
1. Given Name (Fi	rst Name)	2. Surname (Last Name Grady	e)		3. Date 23-Septemb	oer-2014	
4. Are you the cor	responding author?	uthor?					
5. Manuscript Title Development ar readmission	e d use of an administrat	tive claims measure for	r profiling hospi	ital-wide	performance on 30-	-day unplanned	<u> </u>
6. Manuscript Ider M13-3000	ntifying Number (if you kr	now it)					
Section 2.	The Work Under Co	onsideration for Pu	blication				
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•	evant conflicts of intere out the appropriate info			n one enti	ity press the "ADD"	button to add a	row.
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Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments		
Centers for Medicare	and Medicaid Services				As part of a contract development	for measure	
Section 3.	Relevant financial	activities outside th	ne submitted	work.			
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Section 4.	Intellectual Proper	rty Patents & Copy	yrights				
Do you have any	patents, whether plan	ned, pending or issued	l, broadly releva	ant to the	work? Yes	√ No	

Grady 2



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Ms. Grady reports personal fees from Centers for Medicare and Medicaid Services, during the conduct of the study; .

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Grady 3



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Dillaway 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fii Chloe	rst Name)	2. Surname (Last Name) Dillaway		3. Date 23-September-2014	
4. Are you the cor	responding author?	author? Yes No Corresponding Author's Name Leora Horwitz, MD			
5. Manuscript Title Development an readmission		ive claims measure for p	rofiling hospital-wide perfori	mance on 30-day unplanned	
6. Manuscript Ider M13-3000	ntifying Number (if you kn	ow it)	_		
Section 2.					
Section 2.	The Work Under Co	onsideration for Publi	cation		
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 rele	re there any relevant conflicts of interest? Yes 🗸 No				
Section 3.	Relevant financial	activities outside the	submitted work.		
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Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work?	Yes 🗸 No	

Dillaway 2



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Ms. Dillaway has nothing to disclose.

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Conover 1



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1. Given Name (Fi Mitchell	rst Name)	2. Surnan Conover	ne (Last Nam	e)		3. Date 23-September-2014
4. Are you the cor	responding author?	Yes	✓ No	Correspon Leora Hor	ding Author witz	's Name
5. Manuscript Title Development ar readmission		ive claims	measure fo	r profiling hospi	ital-wide pe	erformance on 30-day unplanned
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any aspect of the s statistical analysis,	ubmitted work (including	but not lim	ited to grant			nt, commercial, private foundation, etc.) for dy design, manuscript preparation,
	out the appropriate info be removed by pressing			have more thar	n one entity	y press the "ADD" button to add a row.
Name of Institut	ion/Company	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments
CMS					√ (Contract HHSM-500-2008-0025I/ HHSM-500-T0001, Modification No. 200008, entitled "Measure Instrument Development and Support,"
Section 3.	Relevant financial	activities	outside t	he submitted	work.	
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Are there any rel	evant conflicts of intere	est?	∕es 🗸 N	lo		
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Do you have any	patents, whether plan	ned, pendi	ng or issued	d, broadly releva	ant to the w	vork? Yes 🗸 No

Conover 2



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Sortion 6
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Dr. Conover reports other from CMS, during the conduct of the study; .

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Montague 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Julia	2. Surname (Last Name) Montague		3. Date 29-September-2014
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Auth	or's Name
Manuscript Title Development and use of an administrate readmission	tive claims measure for pro	ofiling hospital-wide	performance on 30-day unplanned
6. Manuscript Identifying Number (if you kn M13-3000	now it)	_	
Continue 2			
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)?			nent, commercial, private foundation, etc.) for tudy design, manuscript preparation,
Are there any relevant conflicts of interest	est? ✓ Yes No		
If yes, please fill out the appropriate info Excess rows can be removed by pressing		e more than one ent	tity press the "ADD" button to add a row.
Name of Institution/Company	Grant	n-Financial other	Comments
JS Government: Centers for Medicare & Medicaid Services (CMS)			This work was conducted under a contract to CMS
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Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the instructions. Us	se one line for each e	ntity; add as many lines as you need by
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Montague 2



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Issued: The patent has been issued by the agency

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

Drye 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Elizabeth	rst Name)	2. Surname (Last Name Drye)	3. Date 02-October-2014
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Au	uthor's Name
5. Manuscript Title Development ar readmission		tive claims measure for	profiling hospital-wid	de performance on 30-day unplanned
6. Manuscript Ider M13-3000	ntifying Number (if you kr	now it)		
Section 2.	The Work Under Co	onsideration for Pul	olication	
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	y but not limited to grants est? ✓ Yes	, data monitoring board	nment, commercial, private foundation, etc.) for d, study design, manuscript preparation, entity press the "ADD" button to add a row.
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support	Comments
Centers for Medicare	& Medicaid Services			Contract
	ı			
Section 3.	Relevant financial	activities outside th	e submitted work	•
of compensation clicking the "Add Are there any rel) with entities as descri	ibed in the instructions port relationships that v	. Use one line for each were present during	ancial relationships (regardless of amount n entity; add as many lines as you need by the 36 months prior to publication .
Section 4.	Intellectual Proper	ty Patents & Copy	rights	
Do you have any	patents, whether plan	ned, pending or issued	, broadly relevant to t	the work? ☐ Yes ✓ No

Drye 2



Section 5. Polistianshing not covered above						
Relationships not covered above						
Are there 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?						
Yes, the following relationships/conditions/circumstances are present (explain below):						
No other relationships/conditions/circumstances that present a potential conflict of interest						
Dr. Drye receives contract funding from the Centers for Medicare & Medicaid Services to develop and maintain quality measures.						
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statement On occasion, journals may ask authors to disclose further information about reported relationships.						
Section 6. Disclosure Statement						
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.						
Dr. Drye reports other from Centers for Medicare & Medicaid Services, during the conduct of the study; specifically Dr. Drye receives contract funding from the Centers for Medicare & Medicaid Services to develop and maintain quality measures						

Evaluation and Feedback

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Drye 3



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earning royalties or not

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

patent

Herrin 1



Section 1. Identifying Inform	mation	
1. Given Name (First Name) Jeph	2. Surname (Last Name) Herrin	3. Date 19-May-2014
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Dale Strasser
5. Manuscript Title Toward Spanning the Quality Chasm:	An Examination of Team Fo	unctioning Measures
6. Manuscript Identifying Number (if you l ARCHIVES-PMR-D-14-00294	know it)	
Section 2. The Work Under 0	Consideration for Public	cation
	ng but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financia	l activities outside the s	submitted work.
of compensation) with entities as desc	ribed in the instructions. Use eport relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication .
Section 4. Intellectual Prope	erty Patents & Copyri	ghts
Do you have any patents, whether pla	nned, pending or issued, br	roadly relevant to the work? Yes V No

Herrin 2



Section 5. Relationships not covered above
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Yes, the following relationships/conditions/circumstances are present (explain below):
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Dr. Herrin has nothing to disclose.

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

Bartczak 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Kathleen	rst Name)	2. Surname (Last Name) Bartczak		3. Date 24-Septemb	per-2014
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Leora Horwit	g Author's Name z	
Manuscript Title Development ar readmission		tive claims measure for	profiling hospital-	wide performance on 30-	-day unplanned
6. Manuscript Ider M13-3000	ntifying Number (if you kn	now it)			
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Section 2.	The Work Under Co	onsideration for Pub	lication		
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	ubut not limited to grants, est? Yes No ormation below. If you h	data monitoring bo	vernment, commercial, priva pard, study design, manuscri ne entity press the "ADD"	pt preparation,
Name of Institut	ion/Company	Grant? Personal Fees?	lon-Financial Of Support?	ther? Comments	
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Section 3.	Relevant financial	activities outside th	e submitted wo	ork.	
of compensation clicking the "Add Are there any rel	n) with entities as descri I +" box. You should rep evant conflicts of intere	ibed in the instructions. port relationships that vest? Yes V	Use one line for e vere present duri	financial relationships (re ach entity; add as many li ng the 36 months prior	ines as you need by
Section 4.	Intellectual Proper	ty Patents & Copy	rights		
Do you have any	patents, whether plan	ned, pending or issued,	broadly relevant	to the work? Yes	✓ No

Bartczak 2



Section 5. Polationships not sovered above
Relationships not covered above
Are there 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?
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Dr. Bartczak reports grants from CMS, during the conduct of the study; .

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Horwitz 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fii Leora	rst Name)	2. Surname (Last Nam Horwitz	e)		3. Date 24-Septemb	per-2014	
4. Are you the cor	responding author?	✓ Yes No					
5. Manuscript Title Development an readmission	e d use of an administrat	tive claims measure fo	r profiling hospi	ital-wide p	erformance on 30	-day unplanned	l
6. Manuscript Ider 13-3000	ntifying Number (if you kr	ow it)					
	1						
Section 2.	The Work Under Co	onsideration for Pu	blication				
any aspect of the s statistical analysis,	ititution at any time rece ubmitted work (including etc.)? evant conflicts of intere	but not limited to grant	s, data monitoring				tc.) for
•	out the appropriate info			n one entit	y press the "ADD"	button to add a	row.
	be removed by pressing			·	•		
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments		
Centers for Medicaid	& Medicare Services				Work performed un CMS	der contract to	
Section 3.	Relevant financial	activities outside t	ne submitted	work.			
of compensation clicking the "Add	he appropriate boxes i) with entities as descri +" box. You should rep	bed in the instructions port relationships that	s. Use one line fo were present d	or each ent	tity; add as many l	lines as you need	d by
Are there any rele	evant conflicts of intere	est? Yes ✓ N	0				
	l						
Section 4.	Intellectual Proper	ty Patents & Cop	yrights				
Do you have any	patents, whether plan	ned, pending or issued	d, broadly releva	ant to the v	vork? Yes	✓ No	

Horwitz 2



Section 5. Relationships not covered above
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Section 6
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Dr. Horwitz reports other from Centers for Medicaid & Medicare Services, during the conduct of the study; .

Evaluation and Feedback

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Horwitz 3



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Section 1. Identifying Inform	nation			
1. Given Name (First Name) Harlan	2. Surname (Last N Krumholz	Name)		3. Date 26-September-2014
4. Are you the corresponding author?	☐ Yes ✓ No	Correspon Leora Hor	_	or's Name
5. Manuscript Title Development and use of an administra readmission	tive claims measur	e for profiling hospi	tal-wide ր	performance on 30-day unplanned
6. Manuscript Identifying Number (if you kr M13-3000	now it)			
Section 2. The Work Under C				
The Work Under Co	onsideration for	Publication		
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere If yes, please fill out the appropriate info Excess rows can be removed by pressin	y but not limited to g est? ✓ Yes prmation below. If	rants, data monitoring	g board, st	udy design, manuscript preparation,
Name of Institution/Company	Grant? Person	, ,	Other?	Comments
Centers for Medicare & Medicaid Services			✓	Contract to develop and maintain performance measures
Section 3. Relevant financial	activities outsid	le the submitted	work.	
Place a check in the appropriate boxes in of compensation) with entities as descriptioning the "Add +" box. You should report the second should report to the second should report to the second should report to the second secon	ibed in the instruct	ions. Use one line fo	or each er	ntity; add as many lines as you need by
Are there any relevant conflicts of intere		No		
If yes, please fill out the appropriate info				
	Crant? Person	al Non-Financial		
Name of Entity	Grant? Person Fees		Other •	Comments
Johnson & Johnson	V			Research grant through Yale University to develop methods of clinical trial data sharing



Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments
Medtronic	√				Research grant through Yale University to develop methods of clinical trial data sharing
UnitedHealthcare		√			Chair, cardiac scientific advisory group
Section 4. Intellectual Propert	y Pate	ents & Co _l	oyrights		
Do you have any patents, whether plann	ed, pend	ing or issue	ed, broadly releva	nt to the	work? ☐ Yes ✓ No
C. C. C.					
Section 5. Relationships not c	overed	above			
Are there other relationships or activities potentially influencing, what you wrote i				nfluence	d, or that give the appearance of
Yes, the following relationships/cond	litions/cir	cumstance	s are present (exp	olain belo	ow):
✓ No other relationships/conditions/cir	✓ No other relationships/conditions/circumstances that present a potential conflict of interest				
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Disclosure Stateme	nt				
Based on the above disclosures, this form below.	n will auto	omatically (generate a disclos	sure state	ement, which will appear in the box



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

Lin 1



Section 1. Identifying Inform	mation	
1. Given Name (First Name) Zhenqiu	2. Surname (Last Name) Lin	3. Date 24-September-2014
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Leora Horwitz
5. Manuscript Title Development and use of an administra readmission	ative claims measure for pr	ofiling hospital-wide performance on 30-day unplanned
6. Manuscript Identifying Number (if you k M13-3000	(now it)	_
Section 2. The Work Under 0	Consideration for Publi	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financia	l activities outside the	submitted work.
of compensation) with entities as desc	ribed in the instructions. Useport relations that we	nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication .
Section 4. Intellectual Prope	erty Patents & Copyri	ghts
Do you have any patents, whether plan		

Lin 2



Section 5.	Relationships not covered above
	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other relat	tionships/conditions/circumstances that present a potential conflict of interest
	inuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Lin has nothir	ng to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Lin 3



Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Bernheim 1



Section 1.	Identifying Inform	nation					
1. Given Name (Fi Susannah	rst Name)	2. Surname (Last Name Bernheim	2)		3. Date 14-October-2014		
4. Are you the cor	responding author?	☐ Yes ✓ No	-	Corresponding Author's Name Leora Horwitz			
5. Manuscript Title Development ar readmission		tive claims measure for	profiling hospit	tal-wide p	performance on 30-day unp	lanned	
6. Manuscript Ider M13-3000	ntifying Number (if you kn	now it)					
Section 2.	The Work Under Co	onsideration for Pul	blication				
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants	, data monitoring		nt, commercial, private founda Idy design, manuscript prepar		
If yes, please fill o	out the appropriate info	ormation below. If you		one entit	ry press the "ADD" button to	o add a row.	
	be removed by pressing		Non-Financial	7			
Name of Institut	ion/Company	Grant? Personal Fees?	Support?	Other •	Comments		
Centers for Medicare	and Medicaid Services				I work under contract to devel outcome quality measures	ор	
Section 3.	Relevant financial	activities outside th	e submitted v	work.			
of compensation	the appropriate boxes i) with entities as descri	n the table to indicate bed in the instructions	whether you ha . Use one line fo	ive financi or each en	ial relationships (regardless tity; add as many lines as yo 36 months prior to public	ou need by	
Are there any rel	evant conflicts of intere	est? Yes ✓ No	0				
	ı						
Section 4.	Intellectual Proper	ty Patents & Copy	rights				
Do you have any	patents, whether plani	ned, pending or issued	, broadly releva	nt to the \	work? Yes V No		

Bernheim 2



Continu F	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
	ports support from Centers for Medicare and Medicaid Services for the development of outcomes quality g the conduct of the study.

Evaluation and Feedback

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Bernheim 3



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Partovian 1



Section 1. Identifying Inform	ation					
1. Given Name (First Name) Chohreh		าe (Last Nar า	me)		3. Date 23-September-2014	
4. Are you the corresponding author?	Yes	✓ No	-	Corresponding Author's Name Leora Horwitz		
5. Manuscript Title Development and use of an administrative claims measure for profiling hospital-wide performance on 30-day unplanned readmission				performance on 30-day unplanned		
6. Manuscript Identifying Number (if you known M13-3000	ow it)					
Section 2. The Work Under Co	nsiderat	ion for P	ublication			
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interesting life yes, please fill out the appropriate information Excess rows can be removed by pressing	but not limst? Y	ited to grar 'es elow. If yo	nts, data monitoring	board, sto	udy design, manuscript preparation,	
Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
Center for Medicare and Medicaid Services	✓				My salary at the time of this work was partially provided from CMS. This work was performed under contract HHSM-500-2008-0025I/HHSM-500-T0001, Modification No. 000008, entitled "Measure Instrument Development and Support," funded by CMS, an agency of the US Department of Health and Human Services.	
Section 3. Relevant financial a	activities	outside :	the submitted	work.		
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should repart there any relevant conflicts of interests."	n the table bed in the ort relatio	to indicat instruction nships tha	e whether you hans. Use one line fo	ive financ or each er	ntity; add as many lines as you need by	

Partovian 2



Section 4.	Intellectual Property Patents & Copyrights			
Do you have any	patents, whether planned, pending or issued, broadly relevant to the work? Yes V			
Section 5.	Relationships not covered above			
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?			
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):			
✓ No other relationships/conditions/circumstances that present a potential conflict of interest				
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1. Given Name (Fi Joseph	rst Name)	2. Surname (Last Nai Ross	me)	3. Date 23-September-2014			
4. Are you the cor	responding author?	sponding author? Yes Vo		Corresponding Author's Name Leora Horwitz			
5. Manuscript Title Development ar readmission		itive claims measure f	or profiling hospital-wi	de performance on 30-day unplanned			
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any aspect of the s statistical analysis, Are there any rel	stitution at any time recessubmitted work (including etc.)? levant conflicts of inter	eive payment or services g but not limited to gran	s from a third party (gover nts, data monitoring board No	nment, commercial, private foundation, etc.) for d, study design, manuscript preparation,			
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 Institut	tion/Company	Grant? Personal Fees?	Non-Financial Support? Other	Comments			
Centers for Medicare CMS)	and Medicaid Services	V		Dr. Ross receives support via contract with the CMS to develop and maintain performance measures that are used to publicly report hospital and physician quality of care.			
Section 3.	Relevant financial	activities outside	the submitted work				
of compensation clicking the "Add	the appropriate boxes n) with entities as descr	in the table to indicat ibed in the instructio port relationships tha	e whether you have fin ns. Use one line for eac	nancial relationships (regardless of amount h entity; add as many lines as you need by the 36 months prior to publication.			
	out the appropriate info						



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
National Institute on Aging/American Federation of Aging Research	✓				Dr. Ross is currently supported by the National Institute on Aging (K08 AG032886) and by the American Federation of Aging Research through the Paul B. Beeson Career Development Award Program.	
Food and Drug Administration (FDA)	✓				Dr. Ross receives support from the FDA for a research grant to determine best practices in medical device post-market surveillance.	
The Pew Charitable Trusts	✓				Dr. Ross is currently supported by the Pew Charitable Trusts to examine FDA regulatory review issues.	
Medtronic, Inc.	✓				Dr. Ross is currently supported by Medtronic, Inc. through the Yale University Open Access Data project, developing methods to promote clinical trial data sharing.	
FAIR Health, Inc.		√			Scientific Advisory Board member of FAIR Health, Inc., a non-profit organization established in October 2009 with the mission to help ensure fairness and transparency in out-of-network reimbursement.	
Johnson & Johnson	✓				Dr. Ross is currently supported by Johnson & Johnson through the Yale University Open Access Data project, developing methods to promote clinical trial data sharing.	
The Pew Charitable Trusts		✓			Dr. Ross is currently a consultant to the Pew Charitable Trusts for their work related to evaluating medical school conflict of interest policies.	
Section 4. Intellectual Propert Do you have any patents, whether plants		•		nt to the	work?	



Section 5.	Relationships not covered above			
	er relationships or activities that readers could perceive to have influenced, or that give the appearance of luencing, what you wrote in the submitted work?			
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from Nationa grants from T	ts grants from Centers for Medicare and Medicaid Services (CMS), during the conduct of the study; grants Institute on Aging/American Federation of Aging Research, grants from Food and Drug Administration (FDA), he Pew Charitable Trusts, grants from Medtronic, Inc., personal fees from FAIR Health, Inc., grants from nnson, personal fees from The Pew Charitable Trusts, outside the submitted work; .			

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