

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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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) James F.	2. Surname (Last Name) Burgess, Jr.	3. Date 15-December-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Peng Xu
5. Manuscript Title Do Contract Characteristics Matter in Delivering Quality of Care? Evidence from Medicare Advantage Star Ratings		
6. Manuscript Identifying Number (if you know it) M14-0332		

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.)?

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Section 1. Identifying Information

1. Given Name (First Name) Howard	2. Surname (Last Name) Cabral	3. Date 15-December-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lewis Kazis, ScD
5. Manuscript Title Do Contract Characteristics Matter in Delivering Quality of Care? Evidence from Medicare Advantage Star Ratings		
6. Manuscript Identifying Number (if you know it) M14-0332		

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Dr. Cabral has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Lewis

2. Surname (Last Name)

Kazis

3. Date

19-December-2014

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Do Contract Characteristics Matter in Delivering Quality of Care? Evidence from Medicare Advantage Star Ratings.

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Rene	2. Surname (Last Name) Soria-Saucedo	3. Date 18/12/2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Do Contract Characteristics Matter in Delivering Quality of Care? Evidence from Medicare Advantage Star Ratings.	_____	
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Dr. Soria-Saucedo has nothing to disclose.

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17-December-2014
4. Are you the corresponding author? Yes No Corresponding Author's Name _____
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