

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.

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

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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)
Sanjay

2. Surname (Last Name)
Basu

3. Date
07-May-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Medicare chronic care management reimbursements and financial returns to primary care practices: a cost-minimization analysis

6. Manuscript Identifying Number (if you know it)
M14-2677

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

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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. Basu 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)

Zirui

2. Surname (Last Name)

Song

3. Date

06-May-2015

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Sanjay Basu

5. Manuscript Title

Medicare chronic care management reimbursements and financial returns to primary care practices: a cost-minimization analysis

6. Manuscript Identifying Number (if you know it)

M14-2677

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Dr. Song has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Russell	2. Surname (Last Name) Phillips	3. Date 06-May-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sanjay Basu
5. Manuscript Title Medicare chronic care management reimbursements and financial returns to primary care practices: a cost-minimization analysis		
6. Manuscript Identifying Number (if you know it) M14-2677		

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Section 1. Identifying Information

1. Given Name (First Name)
Bruce

2. Surname (Last Name)
Landon

3. Date
07-July-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Medicare chronic care management reimbursements and financial returns to primary care practices: a cost-minimization analysis

6. Manuscript Identifying Number (if you know it)
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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
United Biosource	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Research Triangle Institute	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

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. Landon reports personal fees from United Biosource, personal fees from Research Triangle Institute, outside the submitted work.

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Asaf

2. Surname (Last Name)
Bitton

3. Date
13-July-2015

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Corresponding Author's Name
Sanjay Basu

5. Manuscript Title
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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
Center for Medicare and Medicaid Innovation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I serve part-time as a senior advisor to the Center for Medicaid and Medicare Innovation

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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I participated in a technical expert panel convened by Mathematica Policy Research that advised the Assistant Secretary for Planning and Evaluation of Health and Human Services on the Chronic Care Management Fee. I serve part-time as a senior advisor to the Comprehensive Primary Care initiative at the Centers for Medicare and Medicaid Innovation. The content in this paper was derived entirely from publicly available (and/or purchasable) data, is solely the responsibility of the authors, and does not in any way represent the official views of the National Institutes of Health, the Centers for Medicare and Medicaid Innovation, or the Department of Health and Human Services.

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