

Instructions

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Identifying information.

2. The work under consideration for publication.

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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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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



Section 1. Identifying Inform	mation	
1. Given Name (First Name) Stephen	2. Surname (Last Name) Jencks	3. Date 15-March-2019
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Safety-net Hospitals, Neighborhood D An Observational Study under Marylar 6. Manuscript Identifying Number (if you k M16-2671	nd's All-Payer Program	
Section 2. The Work Under C	Consideration for Publication	
any aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, data monitorest? Yes Noformation below. If you have more t	arty (government, commercial, private foundation, etc.) for oring board, study design, manuscript preparation, than one entity press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal Non-Finance Fees? Support?	Other Comments
Maryland Health Services Cost Review Commission		I received an honorarium of \$100 plus travel expenses for each meeting of the Commission I attended. I perceive no conflict.
Section 3. Relevant financia	activities outside the submitt	ed work.
of compensation) with entities as desc	ribed in the instructions. Use one lireport relationships that were prese	u have financial relationships (regardless of amount ne for each entity; add as many lines as you need by nt during the 36 months prior to publication.
If yes, please fill out the appropriate in	formation below.	



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
American College of Cardiology		✓	✓		I received a fee and travel expenses for facilitating a workshop on Acceptable Use Criteria. I perceive no conflict.
Section 4. Intellectual Property					
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
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	w):
✓ No other relationships/conditions/cir	cumstan	ces that pre	esent a potential o	conflict o	finterest
At the time of manuscript acceptance, jo On occasion, journals may ask authors to					· ·
Section 6. Disclosure Stateme					
Disclosure Stateme					
Based on the above disclosures, this form below.	n will auto	omatically (generate a disclos	sure state	ment, which will appear in the box
Dr. Jencks reports personal fees and non the conduct of the study; personal fees a submitted work; .					
					,



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

Kind 1



Section 1. Identifying Information	ation			
1. Given Name (First Name) Amy	2. Surname (Last Na Kind	me)	3. Date 22-April-2019	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Stephen F. Jei		
5. Manuscript Title Safety-net Hospitals, Neighborhood Disa An Observational Study under Maryland 6. Manuscript Identifying Number (if you known M16-2671	's All-Payer Progran			
Continue				
The Work Under Co	nsideration for F	Publication		
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 interes	st? ✓ Yes	No		
If yes, please fill out the appropriate info		ou have more than on	e entity press the "ADD" button	ı to add a row.
Excess rows can be removed by pressing	the "X" button.			
Name of Institution/Company	Grant? Persona Fees?	Non-Financial Ot	her? Comments	
NIH	✓		NIMHD/NIA R01s	
Cartina				
Section 3. Relevant financial a	ctivities outside	the submitted wo	rk.	
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should rep	oed in the instruction	ons. Use one line for ea	ach entity; add as many lines as	you need by
Are there any relevant conflicts of interes		No		
If yes, please fill out the appropriate info	rmation below.			
Name of Entity	Grant? Persona Fees?	Non-Financial Ot	her? Comments	
Commonwealth Fund	✓			
VA	✓			

Kind 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
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No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. 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. Kind reports grants from NIH, from null, during the conduct of the study; grants from Commonwealth Fund, grants from VA, outside the submitted work; .

Evaluation and Feedback

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Brock 1



Section 1. Identi	fying Information						
1. Given Name (First Name) Jane	2. Surnaı Brock	me (Last Name)			3. Date 17-April-20	19	
4. Are you the correspondir	ng author? Yes	✓ No	Correspond Stephan F	ding Author's	s Name		
5. Manuscript Title Safety-net Hospitals, Neig Program	ghborhood Disadvantag	e, and Readmis	sions: An Obs	servational	Study under Mar	ylands All-Payer	
6. Manuscript Identifying N M16-2671	umber (if you know it)						
Section 2. The W	ork Under Considera	tion for Publi	cation				
Did you or your institution a any aspect of the submitted statistical analysis, etc.)?							c.) for
Are there any relevant co	nflicts of interest?	Yes ✓ No					
Section 3. Releva	nnt financial activities	outside the	submitted v	work.			
Place a check in the approof compensation) with er clicking the "Add +" box.	ntities as described in the	instructions. U	se one line fo	r each enti	ity; add as many l	lines as you need	d by
Are there any relevant co		Yes No					
If yes, please fill out the a	ppropriate information b	elow.					
Name of Entity	Grant?	Personal No	n-Financial Support	Other?	Comments		
Centers for Medicare & Medica	id Services			✓ Co	ontracts		
University of Kentucky				✓ Po	CORI funded grant	İ.	
Section 4. Intelle	ctual Property Pate	ents & Convri	ahts				
Do you have any patents,			_	nt to the w	ork? Yes	✓ No	
, , , , , , ,		, ,	,			<u>. </u>	

Brock 2



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	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
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Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
submitted work; grant, outside th	other from Centers for Medicare & Medicaid Services, other from University of Kentucky, outside the and Dr. Brock reports contracts from CMS, and funding from the University of Kentucky as part of a PCORI e submitted workDr. Brock reports other from Centers for Medicare & Medicaid Services, other from tucky, outside the submitted work; .

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Brock 3



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Schuster 1



Section 1.	dentifying Inform	ation		
1. Given Name (First I Alyson	Name)	2. Surname (Last Name) Schuster		3. Date 25-April-2019
4. Are you the corresp	ponding author?	Yes ✓ No	Corresponding Author's Nan Steve Jencks	ne
5. Manuscript Title Safety-net Hospital: Program	s, Neighborhood Disa	advantage, and Readmis	sions: An Observational Stud	ly under Maryland's All-Payer
6. Manuscript Identify M16-2671	ying Number (if you kno	ow it)		
Section 2.	he Work Under Co	onsideration for Publi	cation	
any aspect of the subr statistical analysis, etc	mitted work (including	but not limited to grants, d	n a third party (government, con ata monitoring board, study des	mmercial, private foundation, etc.) for sign, manuscript preparation,
Section 3.	elevant financial a	activities outside the	submitted work.	
Place a check in the of compensation) w clicking the "Add +"	appropriate boxes ir vith entities as descril	n the table to indicate whoed in the instructions. Uport relationships that we	nether you have financial rela se one line for each entity; a	ationships (regardless of amount dd as many lines as you need by nonths prior to publication.
Section 4. In	ntellectual Propert	ty Patents & Copyri	ghts	
Do you have any pa	atents, whether planr	ned, pending or issued, b	roadly relevant to the work?	☐ Yes 🗸 No

Schuster 2



Soction F	
Section 5.	elationships not covered above
	tionships or activities that readers could perceive to have influenced, or that give the appearance of ng, what you wrote in the submitted work?
Yes, the followin	g relationships/conditions/circumstances are present (explain below):
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Gerovich 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fii Sule	rst Name)	2. Surname Gerovich	e (Last Name)		3. Date 09-May-2019
4. Are you the cor	responding author?	Yes	✓ No	Corresponding Author's Nai	me
5. Manuscript Title Safety-net Hospi Program		advantage,	and Readmiss	ions: An Observational Stud	dy under Marylands All-Payer
6. Manuscript Ider M16-2671	ntifying Number (if you kn	now it)		_	
Section 2					
Section 2.	The Work Under Co	onsiderati	on for Public	cation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limit	ted to grants, da	a third party (government, co ta monitoring board, study de	mmercial, private foundation, etc.) for esign, manuscript preparation,
	l				
Section 3.	Relevant financial	activities (outside the s	submitted work.	
of compensation clicking the "Add) with entities as descri	bed in the i	nstructions. Us ships that wer	se one line for each entity; a	ationships (regardless of amount add as many lines as you need by nonths prior to publication.
	l				
Section 4.	Intellectual Proper	ty Pater	nts & Copyric	ghts	
Do you have any	patents, whether plan	ned, pendin	g or issued, br	oadly relevant to the work?	Yes 🗸 No

Gerovich 2



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Dr. Gerovich has nothing to disclose.

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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.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

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.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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

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

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Section 1.	Identifying Inform	nation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Dougherty	3. Date 18-April-2019
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Steven Jencks
Program		-	ions: An Observational Study under Maryland's All-Payer
Section 2.			
Section 2.	The Work Under Co	onsideration for Public	ation
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation clicking the "Add	the appropriate boxes i) with entities as descri	in the table to indicate who ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .
Section 4.	Intellectual Proper	rty Patents & Copyrig	hts
Do you have any			oadly relevant to the work? Yes V No

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Section 5. Relationships 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
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements 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. Dougherty has nothing to disclose.

Evaluation and Feedback

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

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