

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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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.

5. Relationships not covered above.

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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)
Jennifer

2. Surname (Last Name)
Wolff

3. Date
06-February-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name

5. Manuscript Title
Interactions between physicians and skilled home health agencies in the certification of Medicare beneficiaries' plan of care: Results of a nationally-representative survey

6. Manuscript Identifying Number (if you know it)
M17-2219

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name)

Julia

2. Surname (Last Name)

Bellantoni

3. Date

06-February-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Cynthia Boyd

5. Manuscript Title

Interactions between Physicians and Skilled Home Health Care Agencies in the Certification of Medicare Beneficiaries' Plan of Care - Results of a Nationally Representative Survey

6. Manuscript Identifying Number (if you know it)

M17-2219

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Ms. Bellantoni 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) David	2. Surname (Last Name) Roth	3. Date 09-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cynthia Boyd
5. Manuscript Title Interactions between Physicians and Skilled Home Health Care Agencies in the Certification of Medicare Beneficiaries' Plan of Care - Results of a Nationally Representative Survey		
6. Manuscript Identifying Number (if you know it) M17-2219		

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Dr. Roth has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Navpreet

2. Surname (Last Name)
Rana

3. Date
05-February-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Dr. Cynthia Boyd

5. Manuscript Title
Interactions between Physicians and Skilled Home Health Care Agencies in the Certification of Medicare Beneficiaries' Plan of Care - Results of a Nationally Representative Survey

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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
University of New England College of Osteopathic Medicine Peter Morgane Fellowship	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Navpreet Rana supported by this source.

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Dr. Rana reports grants from University of New England College of Osteopathic Medicine Peter Morgane Fellowship, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Orla

2. Surname (Last Name)
Sheehan

3. Date
06-February-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Cynthia M. Boyd

5. Manuscript Title
Interactions between Physicians and Skilled Home Health Care Agencies in the Certification of Medicare Beneficiaries' Plan of Care - Results of a Nationally Representative Survey

6. Manuscript Identifying Number (if you know it)
AFM-698-17

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Dr. Sheehan has nothing to disclose.

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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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Bruce

2. Surname (Last Name)
Leff

3. Date
08-February-2018

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

5. Manuscript Title
Interactions between Physicians and Skilled Home Health Care Agencies in the Certification of Medicare Beneficiaries? Plan of Care - Results of a Nationally Representative Survey

6. Manuscript Identifying Number (if you know it)
M17-2219

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Landmark Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	member clinical advisory board
Honor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	member clinical advisory board

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. 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

Member, Board of Directors, Alliance for Home Health Quality and Innovation
Member, Board of Directors, American Academy of Home Care Medicine
Member, Editorial Board, Annals of Internal Medicine

Several members of our research team have been developing an informatics tool, based in part on these survey results reported here, to improve communication between our institution's non-profit home health care agency and primary care physicians. This related work has also received NIH funding.

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. Leff reports personal fees from Landmark Health, other from Honor, outside the submitted work; and Member, Board of Directors, Alliance for Home Health Quality and Innovation
Member, Board of Directors, American Academy of Home Care Medicine
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Evaluation and Feedback

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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.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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.

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kimberly	2. Surname (Last Name) Carl	3. Date 15-February-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name _____
5. Manuscript Title Interactions between Physicians and Skilled Home Health Care Agencies in the Certification of Medicare Beneficiaries' Plan of Care - Results of a Nationally Representative Survey		
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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

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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- Yes, the following relationships/conditions/circumstances are present (explain below):
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Several members of our research team have been developing an informatics tool, based in part on these survey results reported here, to improve communication between our institution's non-profit home health care agency and primary care physicians. This related work has also received NIH funding.

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Dr. Carl reports that she and several members of the research team have been developing an informatics tool, based in part on these survey results reported here, to improve communication between our institution's non-profit home health care agency and primary care physicians. This related work has also received NIH funding.

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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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Cynthia Boyd

2. Surname (Last Name)
Boyd

3. Date
19-February-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Interactions between Physicians and Skilled Home Health Care Agencies in the Certification of Medicare Beneficiaries? Plan of Care - Results of a Nationally Representative Survey

6. Manuscript Identifying Number (if you know it)
M17-2219

Section 2. The Work Under Consideration for Publication

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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
Paul Beeson Career Development Award Program NIA 1 k23AG032910, The John A Hartford Foundation, AFAR, Atlantic Philanthropies, the Starr Foundation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dr. Wolff was supported by NIMH K01MH082855	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Navpreet Rana was supported by the University of New England College of Osteopathic Medicine Peter Morgane Fellowship.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIA Roybal Center p30AG048773	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supported the development of an informatics tool to improve communication between our institutions non-profit home health care agency and primary care physicians that is partially based on the survey results.

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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