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.
3. Relevant financial activities outside the submitted work.
5. Relationships not covered above.
6. Definitions.

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".

Relevant financial activities outside the submitted work.

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Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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**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)  
   Karen

2. Surname (Last Name)  
   Joynt Maddox

3. Date  
   04-March-2019

4. Are you the corresponding author?  
   ✓ Yes  ☐ No

5. Manuscript Title  
   The Hospital Readmissions Reduction Program — Time for a Reboot

6. Manuscript Identifying Number (if you know it)  
   19-01225

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.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>United States Department of Health and Human Services</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>✓</td>
<td>Contract</td>
</tr>
</tbody>
</table>

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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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):

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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. Joynt Maddox reports other from United States Department of Health and Human Services, outside the submitted work.

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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Section 1. Identifying Information

1. Given Name (First Name)  
   Rishi

2. Surname (Last Name)  
   Wadhera

3. Date  
   05-March-2019

4. Are you the corresponding author?  
   ✔ Yes  
   No

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<tbody>
<tr>
<td>National Institutes of Health Training Grant T32HL007604-32, Brigham and Women’s Hospital, Division of Cardiovascular Medicine.</td>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Fees for consulting</td>
</tr>
<tr>
<td>Regeneron</td>
<td>☐</td>
<td>✔</td>
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1. Given Name (First Name)  
   Robert

2. Surname (Last Name)  
   Yeh

3. Date  
   12-March-2019

4. Are you the corresponding author?  
   [ ] Yes  [√] No

   Corresponding Author's Name  
   Karen Joynt Maddox

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Dr. Yeh has nothing to disclose.

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