

USC Schaeffer Quality Assurance Conflict of Interest and Disclosure Form

Date: 3/24/2023

Your Name: Steven Lieberman

Manuscript Title: Beneficiaries Switching to Medicare Advantage Have Lower Risk-Adjusted Costs Causing Significant Overpayment

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In the interest of transparency, the Schaeffer Center Quality Assurance team ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Arnold Ventures grant (GR1056098)</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	Arnold Ventures grant (GR1056098)				Click the tab key to add additional rows.	
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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Brookings Institution, Schaeffer Center</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Brookings Institution, Schaeffer Center					
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>						

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input checked="" type="checkbox"/> None	
		None related to this project or general topic of Medicare Advantage}	
5	Payment or honoraria for lectures, presentations, speakers, bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
		None related to this project or general topic of Medicare Advantage]	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Board Member, Tuple Health	
		Board Member, WeeGreen	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input type="checkbox"/> None	
		None related to this project or general topic of Medicare Advantage]	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

USC Schaeffer Quality Assurance Conflict of Interest and Disclosure Form

Date: 4/25/2023

Your Name: Samuel Valdez

Manuscript Title: Role of Risk Adjustment in Overpaying Medicare Advantage Plans

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USC Schaeffer Quality Assurance Conflict of Interest and Disclosure Form

Date: 3/22/2023

Your Name: Paul Ginsburg

Manuscript Title: Beneficiaries Switching to Medicare Advantage Have Lower Risk-Adjusted Costs Causing Significant Overpayment

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		Brookings Institution	Payments for work on organizing conferences, writing blogs
5	Payment or honoraria for lectures, presentations, speakers, bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		American Academy of Ophthalmology	Honoraria for service as Public Trustee
		National Institute of Health Care Management	Honoraria for service on Advisory Board
6	Payment for expert testimony	<input type="checkbox"/> None	
		Analysis Group	Payments to me for work on costs of opioid addiction
		Attorney General of Pennsylvania	Payments to me for work on a hospital system's network contracting
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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		Health Affairs	Editorial Board--unpaid

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