

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.

Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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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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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



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Sarah	2. Surname (Last Name) Chen		3. Date 03-January-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author Peter Schilling, MD	
5. Manuscript Title Risk-adjusted cost performance for 90-0 Data and methods for comparing U.S. h		y episodes:	
6. Manuscript Identifying Number (if you kr JBJS-D-19-01017R1	now it)		
Section 2. The Work Under Co	onsideration for Publi	cation	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere If yes, please fill out the appropriate info Excess rows can be removed by pressin	est? Yes No ormation below. If you have the "X" button.	eta monitoring board, st ve more than one enti	udy design, manuscript preparation, ity press the "ADD" button to add a row
Name of Institution/Company	Grant	n-Financial Other?	Comments
arify Health Solutions		✓	Internal research support for this study was provided by Clarify Health Solutions, including funding for the purchase of data, time spent by employees/analysts, and the cost of software.
Section 3. Relevant financial	activities outside the	submitted work.	
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re	in the table to indicate wh ibed in the instructions. U port relationships that we	ether you have financ se one line for each er	ntity; add as many lines as you need by
Are there any relevant conflicts of interest places and conflicts of interest places and conflicts of interest places.			
If yes, please fill out the appropriate info	omation below.		



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Clarify Health Solutions		✓			I was employed full time at Clarify Health Solutions during this work. A portion of my salary was paid in Clarify Health Solutions equity.	
Section 4. Intellectual Property						
Intellectual Propert	y Pate	ents & Cop	pyrights			
Do you have any patents, whether plann	ed, pend	ing or issue	ed, broadly releva	nt to the	work? Yes No	
Section 5. Polotionships not a						
Relationships not c						
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	itions/cir	cumstance	es are present (exp	olain belo	ow):	
✓ No other relationships/conditions/cir	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 Statemen						
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. Chen reports non-financial support fi Clarify Health Solutions, outside the sub			olutions, during t	he condu	uct of the study; personal fees from	



Evaluation and Feedback

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Bini 1



1. Given Name (First Name)					
Stefano	2. Surnar Bini	ne (Last Nam	ne)		3. Date 03-January-2020
4. Are you the corresponding author?	Yes	✓ No	Correspond Peter Schi	•	
5. Manuscript Title Risk-adjusted cost performance for 90- Data and methods for comparing U.S.	•		lasty episodes:		
6. Manuscript Identifying Number (if you k JBJS-D-19-01017R1	(now it)				
Section 2. The Work Under 0	Considerat	tion for Pu	ublication		
any aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of inte	g but not limest? \(\sqrt{\sqrt{\gamma}} \) formation b	nited to gran Yes [] I below. If you	ts, data monitoring No	board, st	ent, commercial, private foundation, etc.) for udy design, manuscript preparation, ity press the "ADD" button to add a row.
Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
itryker		✓			Paid consultant
ohnson and Johnson		✓			Paid consultant
Cloudmedx		✓			Stock or stock options
nSilico Trials		✓			Stock or stock options
CaptureProof		✓			Stock or stock options
Zimmer Biomet	✓				Research support
				-	
Section 3. Relevant financia	lactivities	outside t	he submitted	work.	

Bini 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume No
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
Medical/Orthopaedic publications editorial/governing board: Journal of Arthroplasty, Arthroplasty Today
Board member/committee appointments for a society: American Association of Hip and Knee Surgeons, American Academy of Orthopaedic Surgery
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
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Dr. Bini reports personal fees from Stryker, personal fees from Johnson and Johnson, personal fees from Cloudmedx, personal fees from InSilico Trials, personal fees from CaptureProof, grants from Zimmer Biomet, during the conduct of the study; and Medical/Orthopaedic publications editorial/governing board: Journal of Arthroplasty, Arthroplasty Today; Board member/committee appointments for a society: American Association of Hip and Knee Surgeons, American Academy of Orthopaedic Surgery

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Bini 3



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Section 1. Identifying Infor	mation		
1. Given Name (First Name) Jason	2. Surname (Last Name) He		3. Date 03-January-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Autl Peter Schilling, MI	
5. Manuscript TitleRisk-adjusted cost performance for 90Data and methods for comparing U.S.6. Manuscript Identifying Number (if you JBJS-D-19-01017R1	. hospitals nationwide	sty episodes:	
Section 2. The Work Under	Consideration for Pub	lication	
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interesting the state of the submitted work (including statistical analysis).	ng but not limited to grants, erest? Yes No	data monitoring board, s	
If yes, please fill out the appropriate in Excess rows can be removed by pressi		ave more than one en	tity press the "ADD" button to add a row.
Name of Institution/Company		on-Financial Other	Comments
Clarify Health Solutions		✓	Internal research support for this study was provided by Clarify Health Solutions, including funding for the purchase of data, time spent by employees/analysts, and the cost of software.
Section 3. Polovent Grandin	al activities outside the	ank with a long of	
			ocial relationships (regardless of amount
	cribed in the instructions.	Use one line for each e	ncial relationships (regardless of amount entity; add as many lines as you need by the 36 months prior to publication .
Are there any relevant conflicts of intellif yes, please fill out the appropriate in			



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Intellectual Propert	y Pate	ents & Cop	oyrights			
Do you have any patents, whether plann	ed, pend	ing or issue	ed, broadly releva	nt to the	work? ☐ Yes ✓ No	
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Are there other relationships or activities potentially influencing, what you wrote in				nfluence	d, or that give the appearance of	
Yes, the following relationships/cond	itions/cir	cumstance	s are present (exp	olain belo	w):	
No other relationships/conditions/cir	✓ No other relationships/conditions/circumstances that present a potential conflict of interest					
At the time of manuscript acceptance, jo On occasion, journals may ask authors to						its.
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Based on the above disclosures, this form below.	n will auto	omatically (generate a disclos	sure state	ment, which will appear in the box	
Jason He reports non-financial support f Clarify Health Solutions, outside the sub			olutions, during 1	the cond	uct of the study; personal fees from	



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Section 1. Identifying Inform	nation		
1. Given Name (First Name) Peter	2. Surname (Last Name) Schilling		3. Date 02-January-2020
4. Are you the corresponding author?	✓ Yes No		
5. Manuscript Title Risk-adjusted cost performance for 90-c Data and methods for comparing U.S. h 6. Manuscript Identifying Number (if you kr JBJS-D-19-01017R1	ospitals nationwide	isodes:	
333 5 13 61617111			
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Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere If yes, please fill out the appropriate info Excess rows can be removed by pressin	but not limited to grants, data rest? Yes No Domation below. If you have n	nonitoring board, study do	esign, manuscript preparation,
Name of Institution/Company	Grant	nancial Other? Co	mments
Clarify Health Solutions		provi ✓ includata,	arch support for this study was ided by Clarify Health Solutions, ding funding for the purchase of time spent by employees/
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Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
Clarify Health Solutions				7	I was granted stock options (now executed) for consulting work for Clarify Health Solutions for work unrelated to the submitted work. I also have equity interest (stock) that I purchased, unrelated to the submitted work.	
Section 4. Intellectual Proper	ty Pate	ents & Co _l	pyrights			
Do you have any patents, whether plann	ned, pendi	ing or issue	ed, broadly releva	nt to the	work? Yes 🗸 No	
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Dr. Schilling reports non-financial suppo Health Solutions, outside the submitted		larify Healt	h Solutions, durii	ng the co	nduct of the study; other from Clarify	



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Placzek 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fii Hilary	rst Name)	2. Surname (Last Name) Placzek	3. Date 03-January-2020			
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Peter Schilling, MD, MSc			
5. Manuscript Title Risk-adjusted cost performance for 90-day total knee arthroplasty episodes: Data and methods for comparing U.S. hospitals nationwide						
6. Manuscript Ider JBJS-D-19-01017	ntifying Number (if you kr 'R1	now it)	-			
Section 2.						
_		onsideration for Public				
any aspect of the s statistical analysis,	ubmitted work (including etc.)?	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,			
Are there any rel	evant conflicts of intere	est? ☐ Yes ✓ No				
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of compensation clicking the "Add	n) with entities as descri I +" box. You should rep	ibed in the instructions. Us port relationships that wer —	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by e present during the 36 months prior to publication.			
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Section 4.	Intellectual Proper	rty Patents & Copyrig	hts			
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No			

Placzek 2



Section 5. Relationships not covered above
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Dr. Placzek has nothing to disclose.

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Placzek 3