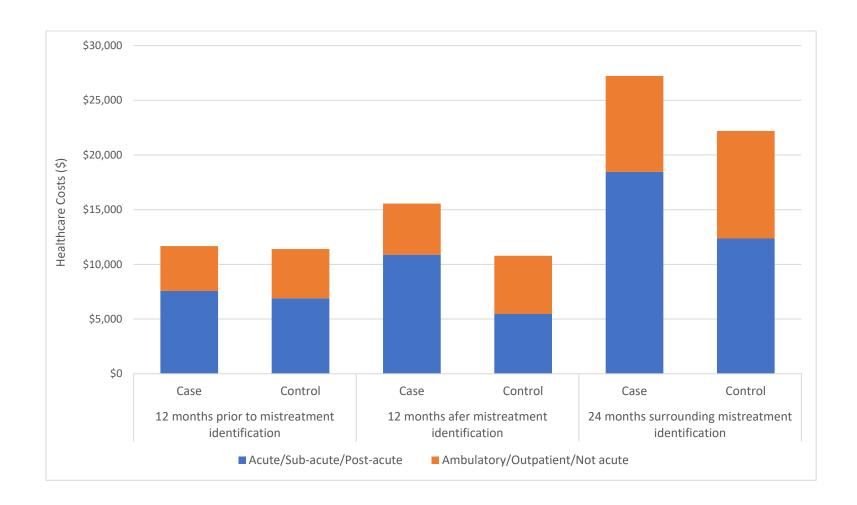
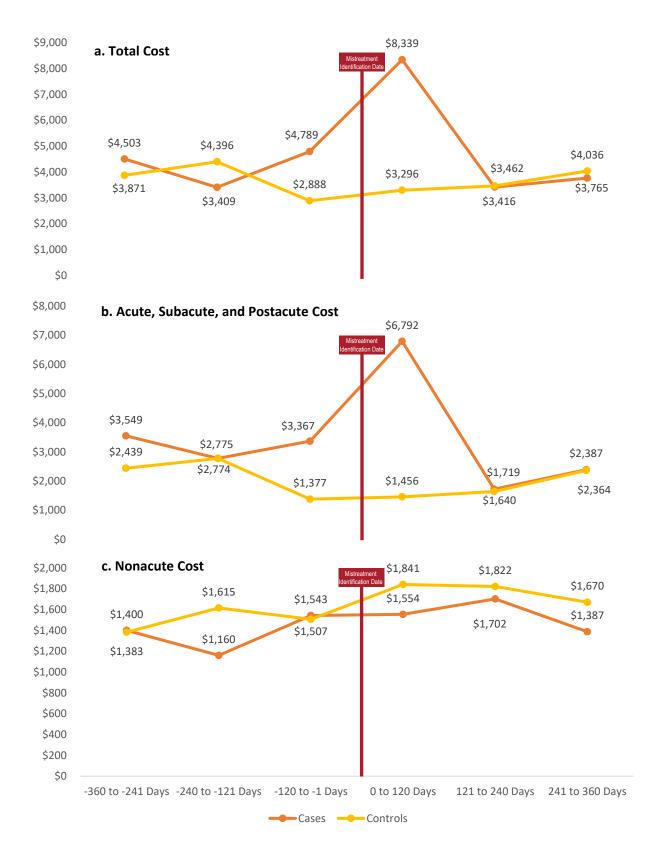
	Criteria for Categorization as:		
Claim File Type	Acute / Subacute/Post-acute	Ambulatory/Outpatient/Non-acute	
Medicare Provider Analysis and Review (MedPAR)	All claims	None	
Outpatient	Claims with any line record indicating Emergency Department visit identified by: • Revenue Center Code of 0450, 0451, 0452, 0453, 0454, 0455, 0456, 0457, 0458, 0459, 0981) OR • Healthcare Common Procedure Coding System (HCPCS) code of 99281, 99282, 99283, 99284, 99285	All claims not meeting criteria for Acute / Subacute/ Post-acute	
Carrier	Claims with any line record indicating place of service as Emergency Department, Inpatient, Skilled Nursing Facility, or Rehabilitation Facility	All claims not meeting criteria for Acute / Subacute/ Post-acute	
Home Health	All claims	None	
Hospice	All claims	None	
Durable Medical Equipment	None	All claims	



	Estimated Cost		Incremental costs due to elder abuse	
	Case	Control	(95% CI)	P
a. Total cost				
Pre year	\$12,556	\$11,184	\$1,372 (-\$2,599, \$5,344)	0.498
Post year	\$15,528	\$10,795	\$4,733 (-\$176, \$9,641)	0.059
Both years	\$27,940	\$22,034	\$5,914 (-\$1122, \$12,950)	0.099
b. Acute, subacut	e, or postacute	cost		
Pre year	\$8,870	\$6,627	\$2,243 (-\$2,013, \$6,498)	0.302
Post year	\$10,919	\$5,462	\$5,458 (\$986, \$9,929)	0.017
Both years	\$19,663	\$12,156	\$7,508 (\$669, \$14,346)	0.031
c. Nonacute cost				
Pre year	\$4,946	\$5,155	-\$208 (-\$1,486, \$1,070)	0.749
Post year	\$5,354	\$5,955	-\$601 (-\$2,037, \$835)	0.412
Both years	\$10,281	\$11,104	-\$822 (-\$3,164, \$1,519)	0.491



	Item No	Recommendation	Page No
Title and abstract	1	(a) Indicate the study's design with a commonly used term in the title or the abstract	1,3
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	3
Introduction			ı
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	5-6
Objectives	3	State specific objectives, including any prespecified hypotheses	5-6
Methods			
Study design	4	Present key elements of study design early in the paper	7
Setting	5	Describe the setting, locations, and relevant dates, including periods of	7
		recruitment, exposure, follow-up, and data collection	
Participants	6	(a) Cohort study—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up Case-control study—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale	N/A
		for the choice of cases and controls Cross-sectional study—Give the eligibility criteria, and the sources and methods of selection of participants	
		(b) Cohort study—For matched studies, give matching criteria and number of exposed and unexposed Case-control study—For matched studies, give matching criteria and the number of controls per case	7-8
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	7-8
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	
Bias	9	Describe any efforts to address potential sources of bias	N/A
Study size	10	Explain how the study size was arrived at	7
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding	11
		(b) Describe any methods used to examine subgroups and interactions	N/A
		(c) Explain how missing data were addressed	N/A
		(d) Cohort study—If applicable, explain how loss to follow-up was addressed Case-control study—If applicable, explain how matching of cases and	8
		controls was addressed Cross-sectional study—If applicable, describe analytical methods taking account of sampling strategy	
		(\underline{e}) Describe any sensitivity analyses	12

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13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially	13
	eligible, examined for eligibility, confirmed eligible, included in the study,	
	completing follow-up, and analysed	
	(b) Give reasons for non-participation at each stage	N/A
	(c) Consider use of a flow diagram	N/A
14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and	13
	information on exposures and potential confounders	
	(b) Indicate number of participants with missing data for each variable of interest	N/A
	(c) Cohort study—Summarise follow-up time (eg, average and total amount)	N/A
15*	Cohort study—Report numbers of outcome events or summary measures over time	N/A
	Case-control study—Report numbers in each exposure category, or summary	N/A
	measures of exposure	
	Cross-sectional study—Report numbers of outcome events or summary measures	N/A
16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and	13
	their precision (eg, 95% confidence interval). Make clear which confounders were	
	adjusted for and why they were included	
	(b) Report category boundaries when continuous variables were categorized	N/A
	(c) If relevant, consider translating estimates of relative risk into absolute risk for a	N/A
	meaningful time period	
17	Report other analyses done—eg analyses of subgroups and interactions, and	14
	sensitivity analyses	
18	Summarise key results with reference to study objectives	15-
		16
19	Discuss limitations of the study, taking into account sources of potential bias or	17
	imprecision. Discuss both direction and magnitude of any potential bias	
20	Give a cautious overall interpretation of results considering objectives, limitations,	19
	multiplicity of analyses, results from similar studies, and other relevant evidence	
21	Discuss the generalisability (external validity) of the study results	19
on		
on 22	Give the source of funding and the role of the funders for the present study and, if	20
	14* 15* 16 17 18 19 20	eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed (b) Give reasons for non-participation at each stage (c) Consider use of a flow diagram 14* (a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders (b) Indicate number of participants with missing data for each variable of interest (c) Cohort study—Summarise follow-up time (eg, average and total amount) 15* Cohort study—Report numbers of outcome events or summary measures over time Case-control study—Report numbers in each exposure category, or summary measures of exposure Cross-sectional study—Report numbers of outcome events or summary measures 16 (a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included (b) Report category boundaries when continuous variables were categorized (c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period 17 Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses 18 Summarise key results with reference to study objectives 19 Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias 20 Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence

^{*}Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.