

# *Healthcare Financial Management*

## **Stylebook**

### **Introduction**

This style manual is offered as a basic guide for all those who produce written materials for the Healthcare Financial Management Association. It is neither all-inclusive nor permanent. It is certain to change through expansion, deletion, and revision. Comments are most welcome!

Except for *HFM* preferred style and usage, the final authorities are the current edition of *The Associated Press Stylebook*, and the *Merriam-Webster's Online Dictionary* ([www.m-w.com](http://www.m-w.com)) or the current edition of *Merriam-Webster's Collegiate Dictionary*. Many questions about spelling and hyphenation are answered in *The AP Stylebook*, which should be consulted first. *The Chicago Manual of Style*, current edition, should be used for help with the spelling and treatment of compound words not found in either *The AP Stylebook* or the dictionary.

### **Guiding Principle**

Keep in mind, however, that the operative phrase in the foregoing paragraph is “*preferred* style and usage.” The purpose of *hfm* is to communicate often dry or complicated financial material. In making that material engaging and accessible to our readers, there will be situations in which it is appropriate--even necessary--to depart from this stylebook. The primary purpose of this manual is not simply to make our jobs as editors easier, but to make comprehension easier for our readers.

## **Issue Resolution Procedure**

The goal of our style issue resolution procedure is to make sure style questions are efficiently, effectively, and uniformly identified, considered, decided, documented in the style manual, and communicated to the editors.

The procedure is as follows:

1. Style question is raised. The question might be noted by an editor about something he or she is editing, or it might be noted by an editor reviewing a manuscript already edited.
2. The manuscript's original editor sends the question by e-mail to Karen with a cc: to any other editor who was involved in raising the question. Include any pertinent information, including any input received from other editors. Also include a recommendation.
3. Karen reviews AP and the house stylebook, and checks with Rob if necessary.
4. Rob and Karen answer the question. Karen communicates the answer to all editors.
5. Karen documents the answer in the stylebook, if necessary.

# A

**a/an** Before beginning vowel sounds in acronyms, use the form of the article that agrees with the expansion, not with the vowel sound of the first letter of the acronym—for example, a REIT, not an REIT; a SEP, not an SEP.

**abbreviations** Use periods with abbreviations and initials but *not* with earned degrees (JD, MD), credentials or designations (CPA, FHFMA), acronyms (HFMA, HMO), or the two-letter Postal Service abbreviations for states in addresses (IL, OH). Examples:

John J. Doe, JD, is principal, Powers, Sutter, and Verville, PC, Washington, D.C.

The Healthcare Financial Management Association is located in Westchester, Ill., a suburb of Chicago.

Business Consulting Assoc., Inc., P.O. Box 555, Jamison, PA 18929

Do **not** spell out the following abbreviations, even at first mention:

AIDS	COO	HFMA
CD	CPA	HIV
CD-ROM	DVD	ICD-10
CEO	DRG	IRS
CFO	FBI	IT
CIA	FTE	PDF
CIO	HCAHPS	ROI

All other abbreviations should be spelled out on first mention; do **not** include the abbreviation in parentheses following the expansion.

When abbreviations are used in heads that are all caps, use a lower-case “s” with the abbreviation—for example, “CFOs ARE TOP PERFORMERS: STUDY.”

**accounts receivable** After first mention, abbreviate A/R.

**acronyms** Use the article (a, an, or the) before the acronym of an organization or entity that is pronounced letter by letter—for example, “the DOJ,” “a GAO study,” “an IRS investigation.” (*Exceptions:* “HFMA” and “ANI” are **not** preceded by an article even though they are pronounced letter by letter.) Do not use an article before an acronym that is pronounced phonetically, as though it were a word—for example, FASB (pronounced “fazbee”).

**Affordable Care Act** Use when referring to the Patient Protection and Affordable Care Act as amended by the Health Care Reconciliation Act of 2010. On first mention, it is optional to add “of 2010.” Example:

The Affordable Care Act of 2010 has many provisions affecting Medicare reimbursement.

**Anymore versus any more** The difference in meaning is that “anymore” is an adverb meaning “nowadays” or “any longer,” whereas “any more” can be either adverb plus adjective, as in “I don’t want any more pie,” or adjective plus noun, as in “I don’t want any more.” For example: “I don’t buy books anymore because I don’t need any more books.”

The adverb “anymore” is standard American English when it is used in a negative sense, as in “I don’t do that anymore.” It is a regional or dialectal usage, mostly restricted to spoken English, when it is used in a positive sense, meaning “nowadays”, as in “Anymore I do that” or “I do that anymore.”

**Association** Capitalize when it refers to HFMA.

**audio webcast** Use “webinar” instead.

## B

**Balanced Budget Act of 1997** Spell out and include year at first mention.

**board** Capitalize when it refers to the HFMA Board of Directors.

**bulleted lists** Capitalize the first word of each bulleted element.

All elements should be parallel construction—that is, they should all be phrases of the same grammatical construction (no punctuation at end of each), or all complete sentences (period at end of each). Do not include “and” or “or” after the penultimate bulleted element.

Use numerals to set off items in lists only if a chronological or other logical sequence is important. Otherwise, use bullets. Bullets are typed as asterisks followed by one tab.

*See also Lists*

**bylines (author)** Bylines at the beginning of the article should *not* include the author’s degrees or credentials. Degrees and credentials, if any, should appear only in the “About the author” material at the end of the article, and in the table of contents.

**bylines (artwork)** Bylines acknowledging the cover art, which appear in the table of contents, should read as follows, in two separate lines:

Cover design by [name of design firm].

Illustration by [name of artist or illustrator].

# C

**callouts** Also called *pullquotes*. Callouts should repeat text as closely as possible to the way it appears in the body of the article. Quotation marks are not used around callouts unless a callout is part of a quotation itself.

Brackets and ellipses should not be used to indicate cuts or editorial changes in the copy of the callout.

## **capitalization**

*HFMA titles:*

the Healthcare Financial Management Association, the Association

the Board of Examiners (of HFMA), the Board of Directors (of HFMA), the Board

the Chair (of HFMA)

the President and CEO, the President (of HFMA)

the West Virginia Chapter (of HFMA), the Chapter

*But:* Several HFMA chapters offered the education program.

the Regional Executive Council (of HFMA)

the Founders Merit Award Program (of HFMA)

the HFMA Annual National Institute, ANI

*“to” as the mark of the infinitive:* This does *not* take an initial cap in headlines, subheads, composition titles, or other constructions unless it is the first or last word.

*Compound modifiers:* Initial caps are required in all words of a hyphenated compound modifier in a headline or subhead:

Managing Utilization Successfully in 12 Not-So-Easy Steps

Accounting for Internal-Use Software Costs

Inpatient Clinical Decision-Support Systems

But don't capitalize after the hyphen in a hyphenated single word, such as "Re-enlistment," "Forty-third," or "Write-off."

*Composition titles:* Initial caps should be used for articles, prepositions, and conjunctions of five letters or more in a title. If they are the first or last words of the title, they should have initial caps no matter how many (or few) letters they have.

*Do not capitalize the following:*

Generic name of a group, such as board of directors for a group other than HFMA

Generic name of a hospital department, such as the patient financial services department

The association, when referring to an association other than HFMA

The terms *congressional* and *federal*

*Specific exception:* "Notes from National" prefers to use more capitalization; this is permissible.

**case mix index** Do not hyphenate this term.

**cath lab** Acceptable (but not mandatory).

**CDHP** Consumer-directed health plans (*not* "consumer-driven")

**Centers for Disease Control and Prevention** "Centers" is plural, but takes singular verb—for example, Centers for Disease Control and Prevention is in Atlanta.

**chair** Capitalize when it refers to HFMA's Chair.

**chapter** Capitalize when it refers to a specific regional HFMA chapter (for example, the New York Chapter). But lowercase in all plural uses (the New York, Ohio, and Pennsylvania chapters).

**chargemaster** One word, lower case. Use this term instead of “charge description master” or “CDM.”

**CHFP** Follows a terminal degree but precedes all other certifications following an individual’s name.

**CMS** Centers for Medicare & Medicaid Services. Possessive form should include ‘s’ after the apostrophe (CMS’s).

**coinsurance** No hyphen (per Webster).

**colon** If a colon is followed by a complete sentence, capitalize the first letter of the first word of that sentence (per AP style).

**comma** Use the serial comma in *all* cases—for example, “red, white, and blue.”

**compound modifiers** Avoid strings of modifiers that need to be linked by hyphens; recast whenever possible.

... five- to 10-year impact (if possible, recast to say “impact over five to 10 years,” for example)

**contractions** Although their excessive use is discouraged, contractions are allowed inasmuch as they contribute to an engaging writing style. They are especially appropriate in the less formal sections of the magazine, such as columns, but their use is not confined to those sections.

**copayment** No hyphen (contrary to Webster)

**cost/benefit** Use a slash rather than a hyphen when the phrase serves as modifier—for example, “cost/benefit analysis.”

**CPOE** Computerized provider order entry

**CPT** Current Procedural Terminology

**C-suite** Capital C, lower-case s, hyphen, no quote marks

**CY** Calendar year. Close up with the last two numbers of the year referred to—for example, CY05.

## D

**decision maker, decision making** Neither is hyphenated as an open compound noun; however, hyphenate as a compound modifier: “a decision-making capacity.”

**degrees, earned** In referring to doctors of medicine or persons with any other earned doctoral degree, use the abbreviated academic degree following the name at the first mention. In subsequent mention, use last name only.

Josephine B. Brown, MD      subsequent mention: Brown

C. Charles Smith, PhD      subsequent mention: Smith

*Use degrees and certifications in the author bio and table of contents only.*

Do not use periods in academic degrees.

Use terminal degrees, but not Master’s degrees and Bachelor’s degrees, unless the individual is a nurse or clinician.

Order of degrees and certifications should be as follows: (1) religious order, if any; (2) terminal (doctorate only) degree; (3) HFMA certification or fellowship; (4) CPA; (5) other. In an attempt to avoid long strings of abbreviations after an author’s name, however, the preferred usage is *no more than one certification other than FHFMA*.

Religious Order	Doctoral Degree	HFMA Certification
BVM	DD	CHFP
CSC	DDS	FHFMA
OFM	DMD	
OSB	Dmin	
SJ	DO	
	DVM	
	EdD	
	JD or Esq.	
	LHD	
	LittD	
	LLD	
	MD	
	PhD	

**doctor** Refer to individuals with medical degrees as “physicians,” not “doctors” (avoids confusion with individuals who have earned PhDs). Occasional exceptions are permissible when the tone of the article is less formal.

**DRG** Diagnosis-related group.

## E

**e-** As a prefix to denote “electronic” (e-mail, e-commerce, e-newsletter, etc.), the “e” is lower case and followed by a hyphen. This rule also applies to a proprietary title or product, where the word following the “e” prefix is capitalized (e.g., *HFMA’s Revenue Cycle e-Update*).

The “e” should be capitalized only at the beginning of a title or sentence:

E-Commerce Continues to Grow

E-newsletters are an increasingly common form of corporate communication.

**e.g.** Use periods, followed by a comma, and enclose the explanatory phrase in parentheses. However, the preferred usage is “for example” or “such as.”

**electronic health record** Spell out on first use. Use this term instead of “electronic medical record.”

**e-mail group** Use this term to refer to e-mail-based mailing lists.

*See also listserv*

**emergency department** Spell out on first use. Use this term instead of “emergency room,” unless the author is using a conversational or colloquial tone.

**exhibits** Exhibits are not numbered. In text, they *may* be referred to as “in the table,” or “in the chart,” or “in the figure,” or “in the exhibit,” but this should be avoided if possible. They should have a title; however, they should not be referred to in text by their titles.

If an exhibit is clear without a caption, it is not necessary to provide one. However, if a caption is needed—as is usually the case—take the explanatory material from the text if possible and use that material to write the caption. Do not repeat material in the caption that already appears in the text.

In tables, column *heads* should be cap and lower case; *stubs* (leftmost column) should be sentence style (only first letter of first word cap).

Exhibits should be placed on the page as close to their text reference as possible.

Goal 1: The text should be self-contained; try not to send readers to other pages to look at exhibits for clarification of what the text is saying, because that's distracting to the reader. By keeping the exhibit on the same page spread (if at all possible) as the text that explains it, we shouldn't have to refer to the exhibits at all in the text.

Goal 2: Each exhibit and its caption should be self-contained, so readers don't have to look for an explanation.

Goal 3: If the exhibit and its text description are so interdependent that they *must* go together, then the layout should reflect this (for example, put the text and exhibit together in a sidebar).

## F

**FACHE** Follows FHFMA (or CHFPA) when both designations are present. Also, both are preceded only by a terminal degree (PhD, JD, EdD) or religious order designation (SJ).

Michael Nowicki, EdD, FHFMA, FACHE

**FASB** Financial Accounting Standards Board.

FASB statement titles are styled in text as follows:

FASB Statement of Financial Accounting Standards No. 2, *Accounting for Research and Development Costs*.

Subsequently: FASB Statement No. 2.

**federal** Lower case.

**FHFMA** Follows a terminal degree but precedes all other certifications following an individual's name.

**fiscal year** Spell out when its use is general—for example, “The same was noted in previous fiscal years.”

*See also FY*

**footnotes** Avoid whenever possible, by including the pertinent information within parentheses in the text. If footnotes must be used, designate them by superscripted, lowercase letters:

. . . or purchase other products.<sup>a</sup>

Cited references are given in footnotes at the bottom of the column in which they appear, with the citation letter full on line, followed by a period, then the footnote or reference:

*Agency or association:*

a. “Assessment of Key Source Factors for Information Systems in Integrated Delivery Networks,” First Consulting Group, March 1997.

*Anonymous author:*

a. *The Comparative Performance of U.S. Hospitals: The Sourcebook*, Baltimore: HCIA, Inc., 1997.

*Book:*

Queen, D., *Designing a Health Care Corporate Compliance Program*, Washington, D.C.: Atlantic Information Services, Inc., 1997, p. 6.

*Case law:*

*National Ben. Administrators v. MMHRC*, 748 F.Supp. 459 (S.D.Miss. 1990).

*Edition other than the first:*

Strunk, W., and White, E.B., *The Elements of Style*, 4th ed., New York: Allyn and Bacon, 2000.

*Federal Register:*

Limitations on Home Health Agency Costs, *Federal Register*, Aug. 11, 1998, pp. 42911-42938.

*Healthcare Financial Management:*

Vancil, D.R., and Shroyer, A., "Refinancing Medicaid: One State's Approach," *hfm*, March 1996, pp. 26-30.

*Newspaper articles:*

Anders, G., "Telephone Triage," *The Wall Street Journal*, Feb. 4, 1997, pp. A1, A6.

*Periodical article:*

Wagner, L., "Primary Care Requirement Urged for Disproportionate-Share Funds," *Modern Healthcare*, Dec. 20-27, 1993, p. 14.

*Periodical article, three or more authors:*

Tallia, A.F., Swee, D.E., Winter, R.O., et al., "Family Practice Graduate Medical Education in New Jersey," *Academic Medicine*, September 1994, pp. 747-753.

*Personal communication:*

Personal communication with Marci Thiel, MD, medical director for Access Health, Inc., June 5, 1998.

*See also Titles (Composition)*

**footnote symbols for exhibits** Footnotes in exhibits are indicated by symbols, not letters. The order in which such symbols should appear is based on the guidance set forth in the *Chicago Manual of Style*, as follows:

\*, †, ‡, §, ¶, #

*See also symbols, footnotes*

**FTE** Full-time equivalent. Do not spell out.

**FY** Fiscal year. Do not spell out. Close up with the last two numbers of the year referred to—for example, FY99, FY00, FY05.

. . . disproportionate hospital share allotments for FY98 through FY02.

# G

**GAAP** Generally accepted accounting principles. Spell out at first mention. The abbreviation contains the sense of plural: “GAAP are . . .”

**GAO** Government Accountability Office (formerly General Accounting Office).

**GASB** Governmental Accounting Standards Board.

# H

**HCAHPS** Hospital Consumer Assessment of Healthcare Providers and Systems. There's no need to spell this abbreviation out on first mention.

**health care, healthcare** Two words as a noun; one word as an adjective.

**HHS** U.S. Department of Health and Human Services.

**HIPAA** Health Insurance Portability and Accountability Act of 1996.

**hyphenation** Do not hyphenate foreign phrases serving as compound modifiers:

- . . . made a qui tam, or whistler-blower, complaint.
- . . . an ad hoc advisory committee

Do not hyphenate dollar amounts, percentages, or fiscal quarters:

- A 2.8 percent decrease
- A \$60 million endowment
- A second quarter 2005 increase

In page proofs, avoid hyphen ladders (more than three lines in a row ending with hyphenated words).

# I

**ICD** International Statistical Classification of Diseases and Related Health Problems (short form: International Classification of Diseases).

**i.e.** Use periods, followed by a comma, and enclose the explanatory phrase in parentheses. However, the preferred usage is “that is.”

**integrated delivery system** Preferred usage to integrated delivery network or integrated health system.

**indented material** Any material that needs for any reason to be set off by indention should be indented on the left, set in type one-half point size smaller than regular text (i.e., 9.5-point), without quotation marks.

*See also Quoted Material*

**Internet** Capitalize.

**IRS** Internal Revenue Service. Do not spell out.

**IT** Information technology. Do not spell out.

**italics** Do not italicize commonly used foreign or Latin phrases—for example, *per se*, not *per se*; *qui tam*, not *qui tam*.

**J**

**K**

## L

**lab** Acceptable (but not mandatory).

**lawyer** Replace with “attorney.”

**lists** Within paragraphs, alphabetize lists of states, places, organizations, or names unless there is an obvious reason for some other order.

*See also Bulleted Lists*

**listserv** Do not use this trademarked term to refer to e-mail-based mailing lists; use “e-mail group” instead.

# M

**maximize, maximization** When referring to payment or pricing, replace with “optimize,” “optimization.”

**Medicare+Choice** Managed care for Medicare beneficiaries. Style this way.

**Medicare Part A** Hospital, skilled nursing facility, or inpatient insurance.

**Medicare Part B** Medical or outpatient insurance.

**minus sign** Used in exhibits, but spell out the sign in text:

. . . are estimated to drop to minus 27.8 percent by FY08.

Do not use for negative numbers in exhibits for accounting purposes. Such numbers should be placed inside parentheses. Dollar signs are likewise placed inside the parentheses.

**must** Replace with “should” or other appropriate word or phrase, unless there is a clear conditional relationship, as in “For X to occur, Y must happen.”

# N

**national** Capitalize when it refers to the HFMA Annual National Institute.

**National Institutes of Health** “Institutes” is plural, but takes singular verb.

**nonprofit** Replace with “not-for-profit.”

**numbers** Follow Associated Press style for all treatments of numbers.

*Exception:* Always use figures in headlines.

# O

**OIG** Office of Inspector General.

## P

**party affiliation** Legislative title (abbreviation), name, party (abbreviation, no period), and state (abbreviation, with period).

Sen. Hubert Humphrey, D-Minn.

**Patient Friendly Billing** At first mention: All caps, boldface, italics, with federal registration symbol (®): ***PATIENT FRIENDLY BILLING***<sup>®</sup>.

On subsequent use: Initial caps, *no* boldface, *no* registration symbol: Patient Friendly Billing. Do not capitalize the word “project” in Patient Friendly Billing project.

**payer** Do not use “payor.”

**pay for performance** When used as a noun, do not hyphenate. When used as an adjective, “pay-for-performance.” Do *not* use P4P.

**per case** Do not hyphenate as a modifier—for example, “overall average per case costs.”

**per diem** Do not hyphenate as a modifier—for example, “per diem expenses.”

**percent** Spell out except in tables, graphs, or charts.

**percentage** The adverb *percent* (“of each hundred”) is not interchangeable with the noun *percentage* (“part of a whole expressed in hundredths”—for example, “a high percentage of students attended”).

**PPO** Preferred provider organization.

**PPS** Prospective payment system.

**president** Capitalize when it refers to HFMA’s President and CEO.

## Q

**quality** Do not use the word *quality* alone as a modifier when a level of quality is indicated—for example, “high-quality care” (*not* quality care).

**quotation marks** Apologetic quotation marks should be avoided, but if necessary, they should be used *once* to establish the special meaning of a term. Thereafter, the term should not have quotation marks.

Also, quotation marks should not be used when referring to sections of *hfm*.

Selected letters will appear in Letters to the Editor.

For hot links to the documents cited in News Watch, go to . . .

**quoted material** Quoted material *less* than five lines long should be run in with text and enclosed in quotation marks.

Quoted material *more* than five lines long should be indented on the left, set in type one-half point size smaller than regular text (i.e., 9.5-point), without quotation marks.

## R

**reimbursement** In most cases, replace with “payment” (except in proper nouns, such as Medicare Provider Reimbursement Review Board). However, the term “reimbursement” is appropriate in discussions regarding critical-access or Medicare-dependent hospitals.

*Explanation from Jim Alexander in our Washington, D.C., office:* “Where reimbursement is being used, and you are right that it most often occurs in discussions of Medicare, it is probably a carryover from the days when Medicare ‘reimbursed’ providers for their costs. Today costs rarely are the basis for what Medicare pays, except in the cases of Critical Access Hospitals and, I think, Medicare Dependent Hospitals. Most providers are paid from fee schedule, DRGs, or one of the other prospective payment systems where the payment is set with no consideration of costs. So, there are still times for using ‘reimbursement,’ but those are few and farther between than they used to be.”

**ROI** Return on investment. Do not spell out.

**rule maker, rule making** Neither is hyphenated as an open compound noun; however, hyphenate as a compound modifier: “a rule-making capacity.”

## S

**spelling** Follow *Merriam-Webster's Online Dictionary* or the current edition of *Merriam-Webster's Collegiate Dictionary* for all spelling, and use the first form given in the dictionary. Where there are two choices of a plural, use the first one given.

For the spelling of compound words, first see the dictionary, then see *The Associated Press Stylebook*. If neither source is helpful, refer to pages 302 through 308 of *The Chicago Manual of Style*, 15<sup>th</sup> edition.

**symbols, footnotes** Footnotes in exhibits are indicated by symbols, not letters. The order in which such symbols should appear is based on the guidance set forth in the *Chicago Manual of Style*, as follows:

\*, †, ‡, §, ¶, #

*See also footnote symbols for exhibits*

## T

**telephone numbers** Style telephone numbers in text (for example, author bios and HFMA News) as follows:

Call (800) 836-HFMA and request . . .

The form can be obtained by calling (800) 252-4362, ext. 2.

**titles (composition)** The titles of *published, stand-alone* works, no matter what they are (books, periodicals, reports, white papers, PowerPoint presentations available on the web, etc.) should be printed in *italics*.

*Parts* of larger works (chapter titles, article titles, titles of poems, etc.) will appear in quotation marks.

*Unpublished* works (dissertations, speeches, presentations) also will appear in quotation marks.

# U

**United States** Do not abbreviate *United States* when it is used as a noun. As an adjective, it is abbreviated U.S. (no spaces ).

**URL** Stands for “uniform resource locator.” Do not include [http://](#) with URLs. In footnotes, place URLs in parentheses. Try to minimize use of extended URLs.



# W

**website** One word. Lowercase “web.” (*Note:* This departs from Webster’s.)

**webcast** No caps; one word

**will** In appropriate circumstances, replace “will” or “will always” with “may” or “often will.”

**workflow** One word.



# Y

**years** In inclusive year spreads, do not repeat the first two digits if the century is repeated (2001-03). Do include the first two digits if the years are in different centuries (1999-2001).

**Z**

# Thorns

the use of “due to” when “owing to” or “because of” is really meant

the use of “since” when “because” is really meant

the use of “while” when “although” is really meant

the use of “about” rather than “approximately”

the use of “last” rather than “past” (as in the phrase “over the last five years”)