THE
COMMONWEALTH
FUND

Guidelines for Authors

Including Copyediting Style

The Commonwealth Fund annually produces well over a hundred publications drawn from the health care policy research and analysis conducted by the foundation's grantees and professional staff. Fund publications are aimed at multiple audiences, including federal, state, and local policymakers and officials, health care leaders, frontline care providers, journalists, and health policy researchers, among others.

To ensure our publications meet the needs of audiences and are released in a timely fashion, we ask that all prospective authors read and adhere to the following guidelines covering content, format, and style. Although not all these guidelines are hard-and-fast rules, following them as closely as possible will help expedite the editing, review, and production processes and minimize the time between manuscript submission and publication.

I. THE KEYS TO EFFECTIVE WRITING

In preparing any manuscript for Commonwealth Fund publication, authors should strive to do the following:

- **Organize your paper.** Your paper should have a logical structure, making ample use of pithy heads and subheads. Consider sidebar boxes to avoid cluttering up the main narrative.
- **Present your most important findings and takeaway messages first.** Follow one of the guiding principles of journalism: Don't bury the lede!
- **Be concise.** Our own audience surveys – not to mention common sense – tell us that short pieces are generally preferred. The maximum length of a Commonwealth Fund issue brief is **2,000 words** (not including abstract, boxes, exhibits, and endnotes).
- **Write in clear straightforward prose, minimizing use of technical language and jargon.** Don't assume your readers are as well versed in the subject as you are. Try to substitute plain language for insider-speak, and define special terms when they need to be used. Also, employ the active voice in your writing.
- **Think of ways to present your findings in visually compelling ways.** Make use of graphic elements, such as line graphs, bar charts, simple diagrams, and maps. And be sure all these elements have clear labels and legends; ideally, readers should be able to comprehend an exhibit on its own, independent of the text.
- **Follow Commonwealth Fund copyediting style** (starting on page 11).

II. ISSUE BRIEFS/REPORTS

Issue briefs are the most common publication type. They typically focus on a single topic, whether a health policy concern, a recent law or regulatory statute, or an innovative policy or program.

LENGTH

Up to 2,000 words. This applies to the main text; the word count does not include the abstract, endnotes, exhibits/tables, methods, or any appendices. Find information about performing a word count for a Microsoft Word document here.

On occasion, we will publish reports up to 5,000 words, if the subject warrants a longer treatment. Reports follow the same format as issue briefs.

KEY ELEMENTS

- Abstract (synopsis)
- Background/Introduction
- Key findings
- Discussion of findings/policy implications
- Conclusion
- Methods/data sources
- Endnotes/citations
- Author bios (175 words max)
- Acknowledgments
- Visuals: graphs, charts, diagrams, tables, photos (when appropriate).

Abstract: Please follow the example of the structured abstract shown on the next page. The length cannot exceed **200 words** (this includes the headings).

ABSTRACT

Issue: Prior to the Affordable Care Act (ACA), people with preexisting health conditions could be denied insurance coverage or charged higher rates. If the law is repealed, these protections could be diluted or lost altogether.

Goals: Assess the ACA's impact on coverage and access for people with preexisting conditions and compare their coverage gains with state high-risk-pool enrollment pre-ACA.

Methods: Analysis of Behavioral Risk Factor Surveillance System data for the period 2011–13 to 2015.

Key Findings: From 2013 to 2015, 16.5 million nonelderly adults gained coverage following full ACA implementation. Of those, 2.6 million had preexisting conditions that could have otherwise precluded them from coverage because of discriminatory denials and pricing; 9.4 million had conditions that could have otherwise affected insurance cost. We found strong correlations between these coverage gains and access to care. Coverage and access gains for people with preexisting conditions were unrelated to the size or existence of the state high-risk pools that 35 states funded for such individuals pre-ACA.

Conclusion: Proposals to replace current protections for people with preexisting conditions with high-risk pools are unlikely to be sufficient to maintain the ACA's gains.

Background/introduction: Introduce the topic; lay out the paper's goals; provide historical context and summarize prior relevant research, as necessary; and define key concepts and terms. Authors can also *briefly* describe the study's methods here (provide detailed methods in a box at the back of the paper). Generally, this can all be done in a page or less, though some subjects may require more. This section *should not* discuss the paper's findings or conclusions.

Tip: Consider moving certain details to a sidebar box to avoid disruption in the narrative flow.

Key findings: Present results in order of importance and relevance. Use simple, descriptive subheads to organize. The text should tell a story and communicate key messages, not present reams of data.

Use charts, graphs, and tables to display the bulk of your data findings; explain the significance and implications of your findings in the text.

Discussion/policy implications: Use this section to discuss how your findings fit into the broader policy context, recommendations for policymakers, and suggestions for future research.

Conclusion: Use to reiterate takeaway messages and state the "bottom line." This section need not be longer than a page.

Methods: At the back of the paper, under the heading *How This Study Was Conducted,* provide full details of the study methods, including data sources or models. The main body of the paper should only include a brief description of study methods.

Endnotes/citations: Commonwealth Fund publications use endnotes, not footnotes, for any paper with more than two citations or notes. Please convert all footnotes to endnotes before submitting your manuscript and be sure to use Microsoft Word's automatic endnote function when inserting notes. Do not use two or more note reference numbers in the same text location (such as[3,4]); however, a single note can contain more than one citation. Do not use Vancouver or Scientific style (repeated note reference numbers, out of sequence) or parenthetical references (e.g., "Jones 2006") within the text.

The Fund follows *Chicago Manual of Style's* endnote style. (The Fund has an online subscription to *Chicago,* which is available to all Fund staff; contact dl@cmwf.org for access.) Below are a few examples of *Chicago* citation style for different sources. (See IV. NOTES AND REFERENCES under COPYEDITING STYLE on page 14 for more examples.)

Journal article:
Todd P. Gilmer et al., "Predictors of Health Care Costs in Adults with Diabetes," *Diabetes Care* 28, no. 1 (January 2005): 59–64, http://care.diabetesjournals.org/content/28/1/59.

Book or report:
Institute of Medicine, *Crossing the Quality Chasm: A New Health System for the Twenty-First Century* (National Academies Press, 2001), 5–10.

Web page:
"Total Monthly Medicaid and CHIP Enrollment," Henry J. Kaiser Family Foundation, December 2017, https://www.kff.org/health-reform/state-indicator/total-monthly-medicaid-and-chip-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

Visual elements: All Commonwealth Fund publications should contain visual elements of some sort, whether they are graphs, charts, tables, schematics, infographics, and, where applicable, photos or other illustrations. Not only do these elements enhance reader comprehension, they help break up blocks of text and make for a more enjoyable reading experience. The number of visuals will depend on each paper's content, but authors should aim to include at least two and no more than eight.

Please see section IV for more information on formatting tables and charts. You can also contact our graphic designer, Jen Wilson (jmw@cmwf.org).

Examples of issue briefs:

- Repealing Federal Health Reform: Economic and Employment Consequences for States
- How High-Need Patients Experience Health Care in the United States
- Getting to the Root of High Prescription Drug Prices

III. CASE STUDIES

The Commonwealth Fund publishes case studies or profiles of health care organizations and innovative programs, policies, and initiatives that show promise for improvement in quality of care, patient outcomes, or costs. Our case studies often make ample use of quotes from leaders and other key personnel at the case study sites, as well as photos, charts and other graphics, and video or audio clips.

LENGTH

2,000–5,000 words. This applies to the main text only; the word count does not include the endnotes, exhibits, boxes, etc. Find information about performing a word count for a Microsoft Word document here.

KEY ELEMENTS

- "Program at a Glance" box (see example below)
- Background/Introduction
- Description of target population
- Key features of organization/program
- Financing mechanisms
- Results
- Insights/lessons learned
- Next steps (e.g., for bringing to scale or sustaining the innovation long-term)
- Endnotes/citations
- Author bios
- Visuals: charts, graphics, photos, video/audio clips

PROGRAM AT A GLANCE

KEY FEATURE As a Medicare Advantage plan that also provides medical care to its members, CareMore partners with primary care physicians to identify and refer high-risk patients who would benefit from support at its Care Centers, where multidisciplinary care teams manage patients' needs holistically and oversee acute care.

TARGET POPULATION Medicare Advantage members with complex care needs.

WHY IT'S IMPORTANT By spending more to anticipate and address the medical challenges its frail and chronically ill members will face, CareMore aims to prevent and slow the progression of disease rather than treat its complications.

BENEFITS In 2015, CareMore members had 20 percent fewer hospital admissions, 23 percent fewer bed days, and a 4 percent shorter length-of-stay than beneficiaries covered under fee-for-service Medicare. A comparative analysis of Medicare Advantage plan pricing for beneficiaries in average health indicates CareMore is more efficient in providing standard Medicare benefits than market competitors on average.

CHALLENGES Cuts to Medicare Advantage reimbursement rates threaten CareMore's business model. It has begun to diversify by serving Medicaid beneficiaries and by partnering with health systems that are moving toward risk-based contracting.

Examples of case studies:

- Guided Care: A Structured Approach to Providing Comprehensive Primary Care for Complex Patients
- Health Care Improvement in Stockton, California: Collaboration, Capacity-Building, and Medicaid Expansion
- Brazil's Family Health Strategy: Using Community Health Care Workers to Provide Primary Care

IV. TO THE POINT

The Commonwealth Fund's *To the Point* blog provides a venue for short pieces — up to about 750 words — and promotes health policy dialogue on commonwealthfund.org. Commonwealth Fund staff, fellows, and grantees are encouraged to propose ideas for posts. Topics may include health care–related stories in the news, health reform implementation, Fund-supported research, and more. The Fund encourages use of this format to present timely analyses requiring rapid publication; to inform the public about grant products that may not lend themselves to full-length publications; to explore a policy angle not explored in the primary Fund publication; and to provide updates on Fund-supported work.

The posts, which may express a point of view, should be written in a conversational, jargon-free style that will be understandable to many audiences. Posts will be edited by Communications staff. Blog posts are promoted through alerts, tweets, and Facebook, and all posts are open for commenting (comments must be approved by the Fund prior to publication).

LENGTH

Up to 750 words

Examples of *To the Point* posts:

What Are the Potential Effects of the Graham-Cassidy ACA Repeal-and-Replace Bill? Past Estimates Provide Some Clues

A Glimmer of Bipartisanship on the ACA

Short-Term Health Plans: Still Bad for Consumers and the Individual Market

V. SUBMITTING YOUR MANUSCRIPT: FORMAT

The Commonwealth Fund requests that authors submit their manuscripts in the following format.

TEXT

Please create your manuscript in the most recent version of Microsoft Word, if possible.

Font: 12-point Times New Roman.

Line spacing: 1.15. One line space between paragraphs.

EXHIBITS

All figures, whether charts or tables, should be labeled "Exhibit" (except tables included in an appendix) and numbered consecutively. Each exhibit should have a concise, descriptive title and clear data labels.

CHARTS

All data charts and graphs should be supplied as PowerPoint or Excel files; please provide the original, editable file(s) when you submit your manuscript.

TABLES

Word or Excel tables are acceptable. Tables placed within the main body should not exceed one page in length. Longer tables should be included as an appendix at the back of the paper.

CITATIONS

Use Word's endnote inserting function. Notes should be numbered consecutively. Please do not use Vancouver, Scientific, or any other specialized style. See IV. NOTES AND REFERENCES under COPYEDITING STYLE on page 14.

VI. RESOURCES FOR AUTHORS

Please be sure to explore The Commonwealth Fund's website, www.commonwealthfund.org, for examples of all our publication formats. In addition, you are welcome to contact an expert in the Fund's Communications Department for one-on-one assistance in preparing your manuscript:

Chris Hollander, Vice President for Publications, cah@cmwf.org

Deborah Lorber, Director of Editorial Services, dl@cmwf.org

Paul Frame, Senior Production Editor, pf@cmwf.org

Jen Wilson, Graphic Designer, jmw@cmwf.org

COPYEDITING STYLE

I. SPELLING, ABBREVIATIONS, AND ACRONYMS

The Commonwealth Fund follows *Merriam-Webster* for spelling and hyphenation. Please also consult V. WORD LIST on page 17 for spelling, capitalization, and hyphenation of specialized terms, including those used in health care contexts.

ABBREVIATIONS/ACRONYMS

Introduce all abbreviations and acronyms prior to their first standalone appearance in the text. For example: "Hospitals are increasingly using electronic medical records (EMRs), but patient-accessible EMRs are used on a much more limited basis." Use abbreviations sparingly; try to use them only for long or unwieldy terms that appear repeatedly, or for terms that are better known by their abbreviation (e.g., HMO for health maintenance organization, or COBRA for Consolidated Omnibus Budget Reconciliation Act).

If the term is used in different sections of a report, reintroduce the acronym in the new sections.

It is not necessary to introduce an abbreviation/acronym if the term is used only once or twice in the paper.

When listing states in text, spell them out; do not use abbreviations. When naming cities with states, spell out a single mention but abbreviate the state for a list of two or more.

> "The representatives were from Albany, New York."
>
> "The president visited Atlanta, Ga., Seattle, Wash., and Topeka, Kan."

For state abbreviations in text, use Associated Press–style abbreviations: Ala., Alaska, Ariz., Ark., Calif., Colo., Conn., Del., D.C., Fla., Ga., Hawaii, Idaho, Ill., Ind., Iowa, Kan., Ky., La., Maine, Md., Mass., Mich., Minn., Miss., Mo., Mont., Neb., Nev., N.H., N.J., N.M., N.Y., N.C., N.D., Ohio, Okla., Ore., Pa., R.I., S.C., S.D., Tenn., Texas, Utah, Vt., Va., Wash., W.Va., Wis., Wyo.

In all exhibits, use postal code abbreviations (please note that periods are not used with these abbreviations): AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY.

NUMBERS/PERCENTAGES

- Spell out numbers of nine or less in text and footnotes, except percentages, dollar amounts, and ages (e.g., "ages 3 to 5," but "five years old"). Use Arabic numerals for 10 and above.
- Always spell out numbers at the beginning of a sentence: "Ten percent of respondents had not visited a doctor in the past two years."
- Spell out "percent" in main body text and footnote text, but use "%" in parentheticals, e.g., "The majority of those surveyed (52%) lost their health benefits because they or their spouse lost their job. Another 12 percent lost their coverage because…."
- When indicating a range in text, use "percent" or "%" for both ends of the range, e.g., "From 27 percent to 55 percent of employees chose the less-expensive option." and "Most young adults (68%–83%) were covered under their parents' plans." This thinking also applies to monetary ranges such as "$5 million to $9 million." [Note the use of an en dash, not a hyphen, to show the range in parentheses (68%–83%).]
- When you mean proportion or share, use "percentage," not "percent." For example: "Only a small percentage of the U.S. population has health coverage purchased in the individual insurance market."

II. CAPITALIZATION

In general, the Commonwealth Fund prefers the "down" style of capitalization — that is, capitalizing only proper nouns and some of the terms derived from, or associated with, proper nouns. Thus, "President Obama" is capitalized but "the president" is not. This applies to the Commmonwealth Fund itself, which is written as "the Commonwealth Fund" and not "The Commonwealth Fund."

TITLES OF PUBLICATIONS

In publication titles and headings in text and exhibits, follow these rules:

- Capitalize the first and last words.
- Capitalize all words that have five letters or more.
- Capitalize all nouns, pronouns, verbs (including "is" and "are"), and adverbs.
- Do not capitalize short (less than five letters) coordinating conjunctions, prepositions, or articles such as "and," "or," "but," "a," "an," "the," "in," "on," "of," "from," or "with."
- For hyphenated words in titles and headings, capitalize the word after the hyphen, e.g., "Employer-Based" and "Long-Term."

III. PUNCTUATION

SERIAL OR SERIES COMMA

Use a serial or series comma (also known as the Oxford comma or Harvard comma) following the penultimate item in a list, e.g., "national, state, and local officials."

EN DASH

For ranges of numbers in endnotes, tables, and figures (e.g., "pp. 14–22," "1997–99"), use an **en dash** (in Microsoft Word: Insert > Symbol > Special Characters), not a hyphen, as in the examples. Do not include spaces on either side of the en dash. In main text, spell out: "from 1997 to 1999."

Also use an en dash to show a relationship between two things, e.g., "McCain–Feingold bill" or "doctor–patient relationship."

EM DASH

An **em dash** (in Microsoft Word: Insert > Symbol > Special Characters) is longer than an en dash and is used to signify a break in thought or to add emphasis in text. For example, "A country that offers universal health coverage is one in which everyone — regardless of their ability to pay — has access to essential health services." Include a single space on either side of the dash. (Including spaces does *not* follow *Chicago* style; however, they are useful when posting text on a web page.) Please do not overuse em dashes; use offsetting commas for a simple appositive.

HYPHENATION

Most questions about whether to hyphenate can be answered by consulting *Merriam-Webster*. In general, use a hyphen for:

- Fractions (whether nouns or adjectives): two-thirds, four-fifths, one-sixth
- Compound adjectives (i.e., those formed from two or more words): single-payer system, low-income adults
- Compound adjectives with numbers or numerals: 28-year-old woman, five-nation survey

Do not use a hyphen for a compound adjective that includes an adverb ending in "ly." For instance: remarkably improved program, highly rated care.

Refer to V. WORD LIST on page 17 to see whether a term not found in *Merriam-Webster* is hyphenated.

PERIODS IN ABBREVIATIONS

Use periods in:

- Degrees: Ph.D., M.P.H. (not PhD, MPH)
- Geographical entities: N.J., D.C., B.C.
- Initials in names: R. L. Peterson (note space between first and middle initials)

LISTS IN TEXT

Follow the punctuation rules for bulleted or numbered lists in text:

- If any item in the list forms a complete sentence, then all items in that list should end with a period.
- If no item in the list is a complete sentence, do not use any end punctuation, except for a period at the end the last item in the list.
- The numerals that begin a numbered list should end in a period; do not use parentheses. Example:
    1. The importance of physician leadership cannot be understated....
    2. Quality improvement systems are essential for....

IV. NOTES AND REFERENCES

Commonwealth Fund publications use endnotes, not footnotes, for any paper with more than two citations or notes. Please convert all footnotes to endnotes before submitting your manuscript and be sure to use Microsoft Word's automatic endnote function when inserting notes. Do not use two or more note reference numbers in the same text location; however, a single note can contain more than one citation. Do not use Vancouver or Scientific style (repeated note reference numbers, out of sequence) or parenthetical references (e.g., "Jones 2006") within the text. The Fund follows *Chicago Manual of Style*'s note style. Information about endnotes can be found in Part 3 (Source Citations and Indexes), Chapter 14 (Notes and Bibliography). The Fund has an online subscription to *Chicago,* which is available to all Fund staff; contact dl@cmwf.org for access.

Whenever possible, integrate bibliographic references with the endnotes.

- Separate multiple citations in the same note with semicolons; include "and" before the last citation.
- Shorten the end page number in a range to the last two digits (refer to *Chicago* for exceptions).
- All notes should end with a period, even those that have a URL at the end.

- **Do not** list the city before the publisher's name. [Note: This diverges from *Chicago Manual of Style*.]
- Use a **short form** of the citation in subsequent references (see examples below). [The Fund does *not* use Vancouver or Scientific style notes — where the same note number is repeated no matter how many times the source is cited — because Vancouver/Scientific style is not well supported by Microsoft Word (especially when tracking changes).]
- For a repeated citation, even if it immediately follows the original note, use the short form rather than Ibid. Do not use "Op. cit.," "Supra," or "Infra."
- A note number should generally be placed at the end of a sentence or clause. The number should follow the punctuation (period, parentheses, etc.) except for an em dash, which it precedes.

JOURNAL ARTICLE

For journal articles with up to three authors, please include all author names, first and last. For an article with four or more authors, include only the first author followed by "et al." Please note that the URL should take the reader to the full article, if possible; if not possible, then the link should be to the abstract. Please include the full page range of the article (and not just the page(s) cited, as indicated in *Chicago*). The short-form reference should not include page numbers.

Todd P. Gilmer et al., "Predictors of Health Care Costs in Adults with Diabetes," *Diabetes Care* 28, no. 1 (January 2005): 59–64, http://care.diabetesjournals.org/content/28/1/59.

Subsequent reference (short form): Gilmer et al., "Predictors of Health Care Costs."

BOOK

A book with an editor in place of an author includes the abbreviation "ed." after the author name (e.g., Michael H. Smith, ed.). For more than one editor, use "eds." The shortened form does not include ed.

David Blumenthal and James Morone, *The Heart of Power: Health and Politics in the Oval Office* (Univeristy of California Press, 2010).

Institute of Medicine, *Crossing the Quality Chasm: A New Health System for the Twenty-First Century* (National Academies Press, 2001).

Subsequent reference (short form): Institute of Medicine, *Crossing the Quality Chasm*.

REPORT/BRIEF

The treatment for a report or issue brief is very similar to that of a book. When possible, please include a URL to assist readers in accessing source material. A link including a digital object identifier (DOI) is preferable if available. A DOI is a unique and permanent string assigned to a piece of intellectual property such as a journal article or book.

Craig Copeland, *Employment-Based Retirement Plan Participation: Geographic Differences and Trends, 2012, No. 378* (Employee Benefit Research Institute, Nov. 2012), https://www.ebri.org/pdf/briefspdf/EBRI_IB_11-2012_No378_RetParticip.pdf.

Subsequent reference (short form): Copeland, *Employment-Based Retirement Plan*.

REPORT WHERE AUTHOR AND PUBLISHER ARE THE SAME:

Medicaid and CHIP Payment and Access Commission, *Report to Congress on Medicaid and CHIP* (MACPAC, March 2017), https://www.macpac.gov/wp-content/uploads/2017/03/March-2017-Report-to-Congress-on-Medicaid-and-CHIP.pdf.

Subsequent reference (short form): MACPAC, *Report on Medicaid and CHIP*.

Note the shortened organization name in both examples.

PRESENTATION OR PRESS RELEASE

Nancy Turnbull, "Health Insurance Connectors: Lessons from Massachusetts" (Presentation, Alliance for Health Reform and Commonwealth Fund Briefing on Health Insurance Exchanges, May 11, 2009).

Subsequent reference (short form): Turnbull, "Health Insurance Connectors."

TESTIMONY

Sara R. Collins, "The Growing Problem of Underinsurance in the United States: What It Means for Working Families and How Health Reform Will Help," (Invited Testimony, Committee on Energy and Commerce, Subcommittee on Oversight and Investigations, U.S. House of Representatives, Hearing on "Insured But Not Covered: The Problem of Underinsurance," Oct. 15, 2009.

Subsequent reference (short form): Collins, "Growing Problem of Underinsurance."

WEBSITE OR BLOG

Website:

"Total Monthly Medicaid and CHIP Enrollment," Henry J. Kaiser Family Foundation, December 2017, https://www.kff.org/health-reform/state-indicator/total-monthly-medicaid-and-chipenrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

Subsequent reference (short form): Kaiser, "Total Monthly Medicaid."

Blog:

Sara Rosenbaum, "The Medicaid Access Proposed Rule Would Undermine Access, Not Promote It," *Health Affairs Blog*, April 2, 2018, https://www.healthaffairs.org/do/10.1377/hblog20180402.153675/full/.

Subsequent reference (short form): Rosenbaum, "Medicaid Access Proposed Rule."

Arnav Shah et al., "Maryland's Global Budget Program: Still an Option for Containing Costs," *To the Point* (blog), The Commonwealth Fund, April 3, 2018, http://www.commonwealthfund.org/publications/blog/2018/apr/maryland-global-budget-program.

Subsequent reference (short form): Shah, "Maryland's Global Budget Program."

PERSONAL COMMUNICATIONS OR UNPUBLISHED INTERVIEW

Phone or in-person conversations with a source, as well as letters, email, or text messages can be run in to the text; for example, "In a conversation with the author on August 2, 2009, Timothy Jost said that . . . ."

The information can also be given in a note:

Mark A. Hall, email message to author, April 23, 2010.

Sylvia Burwell (president, American University), in discussion with the author, September 6, 2017.

OTHER REFERENCES

For other reference types, please consult the *Chicago Manual of Style, 17th Edition,* or contact a member of the Commonwealth Fund's Communications Department.

V. WORD LIST

The Commonwealth Fund follows spellings in the *Merriam-Webster* Dictionary in most cases. There are exceptions, however, some of which are listed below, along with other terms commonly found in Fund publications.

accountable care organization (ACO)
administration (as in Trump administration)
Affordable Care Act
African American (no hyphen)
ambulatory care–sensitive condition (use en dash, not hyphen)
Asian American (no hyphen)

benefits package
beta-blocker

census, but U.S. Bureau of the Census
Centers for Medicare and Medicaid Services (CMS) (takes a singular verb)
Children's Health Insurance Program (CHIP)
the Commonwealth Fund: upper-case "T" in "The" at the beginning of a sentence only
community health center
Congress
congressional
copay
copayment
cost-sharing (n., adj.)
cultural competence, culturally competent care
Current Population Survey (CPS)

decision-maker, decision-making
disproportionate share hospital (DSH) payment
doctor–patient relationship (use en dash, not hyphen)
dual eligible (n., individual who qualifies for both Medicare and Medicaid benefits)
dual-eligible beneficiary (adj.)

electronic health record (EHR)
email
employer-sponsored insurance

federal (lowercase "f")
federal poverty level (FPL) ("level" not "line") (in subsequent usage may be shortened to "poverty," as in "138 percent of poverty")
fee-for-service (n., adj.)
first-dollar coverage

graduate medical education (GME)
group health insurance

health care (n., adj.)
Health Insurance Portability and Accountability Act (HIPAA)
health maintenance organization (HMO)
health plan (n., adj.)
Healthcare Effectiveness Data and Information Set (HEDIS)
high-quality care

Hispanic (not Hispanic American)
hospitalist

individual health insurance
intensive care unit (ICU)
intensivist
Internet

Latino
listserv
long-standing (adj.)
long-term (adj.)
low-income (adj.)

managed care plan/organization
Medicaid beneficiary (not "Medicaid recipient")
Medicare Advantage
Medicare beneficiary
Medicare Payment Advisory Commission (MedPAC)
multipayer
Native American (no hyphen)
near-elderly
nonelderly
non-English-speaking
nonmedical
nonprofit
not-for-profit

one-half, one-third, etc.
one-year, nine-year, 10-year, etc. (adj.)
out-of-pocket (adj.)

patient-centered care
pay-for-performance (do not use abbreviation P4P)
payer
per capita spending
per member per month (no hyphens or commas, even preceding a noun)
person-centered care
policymaker
preferred provider organization (PPO)
pretax
preventive
primary care physician (PCP)

quality of care (n.)
quality-of-care (adj.)

rollout (n.)
safety net (n.)
safety-net hospital (adj.)
site visit
Small Business Health Options Program (SHOP)
Social Security
specialist physician
standalone (adj.)
statewide
Supplemental Security Income (SSI)

21st century

under way (adv.)
underinsured

uninsured, the uninsured
upper-income (adj.)
up-to-date (adj.)
U.S. Department of Health and Human Services (HHS)

Web
webinar
website