National Provider Communication Standards

August 7, 2026

What's Changed? – As of 8/7/2026

- **Acronyms**: Added GLP-1
- **Bullets & Numbered Lists**: Updated guidelines on parallel structure
- **Numbers, Dates & Time**: Updated rules for use of "one" vs. "1" and K, M, and B
- **MLN Formatting & Templates > Publication**: Updated rules for listing product format
- **Terminology: Use This, Not That**: Added diagnosis-related group and X-ray

For the complete list of previous changes, see the "What's Changed? Archives" at the end of this document.

National Provider Communication Standards

All communications in the Medicare Fee-for-Service provider portfolio follow a sound strategy and set of guiding principles for plain language and an optimal user experience for Medicare Fee-for-Service providers, regardless of the content's point of origin. The Provider Communications Group (PCG) Standards Guild introduces, promotes, and makes sure we're using the standards.

Get a PDF version and instructions on converting the standards to a PDF.

Accordions

Description

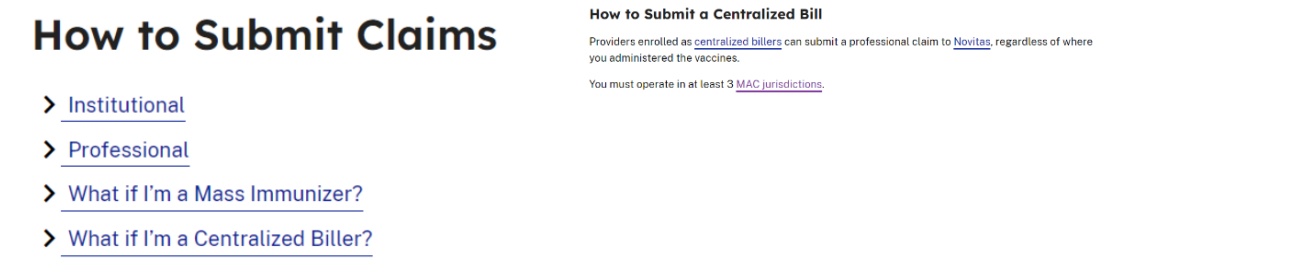
In web design, an accordion is a type of menu that displays a list of headers stacked on top of one another. When the user selects the header of an accordion, it will either reveal or hide associated content.

Standard

- Use accordions to group lengthy content and make it easier to scan
- Use accordions when there are:
    - 6+ headings on a page
    - <6 headings but lengthy content beneath each heading
- Collapse supplemental or secondary information that's not essential
- If the content applies to only a certain subset of users, indicate that (see Example 1)
- Order links within accordions like this:
    - For sections with 10+ links, alphabetize the links
    - For sections with <10 links, sort by relevancy if specific links are used most often
- If the content on a page contains both accordions and individual links, convert the individual links to accordions to provide a more consistent user experience, look, and feel. In this case, it's okay to have an accordion with only one item under it.

Examples

Example 1: Same accordion menu collapsed (left) and with the last menu item expanded (right). This menu shows how to organize accordions when content only applies to a subset of users.



Example 2:

Acronyms

Description

Acronyms are a type of abbreviation that shorten phrases by using parts of the first word or phrase to form an abbreviation. For example, *PCG* for Provider Communications Group.

Standard

- Spell out the acronym the first time you use it, followed by the acronym in parentheses. Use the acronym for all future references.
- Within a group or section of webpages, spell out the acronym in the first instance on every page (since users may land directly on a page instead of always beginning at the overview page).
- If the term switches back and forth between plural and singular within the document, only spell out the acronym the first time it's used on the page.
- When an acronym is plural, put the "s" inside the parenthesis.
- Follow the rules for capitalization for the word or phrase preceding the acronym. Example: skilled nursing facility (SNF) or Quality Payment Program (QPP).
- Omit “the” before common acronyms for organizations like CMS FDA, and HHS.
- Use the abbreviation U.S. (with periods) when used as an adjective (like the U.S. economy). Write out United States when used as a noun (like the President of the United States).
- Use acronyms in linked titles if the acronym is in the common acronym list or has already been introduced.

Exceptions

- Don't use acronyms for terms you use only once in a product, unless your audience more easily recognizes the term by the acronym. Example: Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI), Inpatient Prospective Payment System (IPPS), or Outpatient Prospective Payment System (OPPS).
- Titles:
    - Use common acronyms in titles
    - If an acronym isn't common, don't put it in the title. Spell out the term in the title, and introduce the acronym in the body content instead.
- In longer publications, such as guides or web-based training (WBT) courses, spell out the acronym more often, for example at the beginning of each chapter or lesson.
- If an acronym is more recognizable than its full spelling, use the acronym instead of spelling it out.
- When referring to Medicare beneficiary identifier as a concept (not a reference to an individual's MBI), use Mbi (the "M" is capitalized because the term "Medicare" is a proper noun, and the "b"+"i" are lowercase). We rarely do this.

Common acronyms for our audience (you don't need to spell these out)

- AIDS
- CASPER
- CDC
- CFR
- CMS
- COVID-19
- CPT
- CY
- DEA
- DME
- DMEPOS
- DNA
- FAQs
- FDA
- FY
- GLP-1
- HCPCS
- HHS
- HIV
- ICD-10
- ICN
- iQIES
- IRIS - Interns and Residents Information System
- IRS
- MBI (see exception)
- NPI
- NPPES - National Plan & Provider Enumeration System
- OASIS
- Q&A
- QR Code
- PECOS
- PrEP
- SAMHSA
- SSN

Examples

A 68-year-old male with heart failure and diabetes is on multiple medications. He sees his physician for the Evaluation and Management (E/M) of these 2 diseases and the physician adjusts medications if appropriate. While discussing short-term treatment options, the patient wants to discuss long-term treatment options. In this case, the physician reports a standard E/M code.

Active voice

Description

Active voice helps the reader find the subject of the sentence by keeping the subject and the verb close together. It's shorter and makes content easier to understand than passive voice.

Standard

Use active voice. Avoid passive voice as much as possible.

2 ways to spot passive voice:

1. Look for a form of the verb "to be" (am, is, was, were, be, been, being, are) followed by the past participle of a verb. Past participles usually end in -ed.
2. Try to insert "by zombies" after the verb. If the sentence still makes sense, it's passive voice.

Exceptions

- Passive voice is helpful when you need to soften a message or make the subject less prominent
- If using active voice makes the sentence too complicated or wordy, you may choose to use passive voice
- If you're quoting a source that uses passive voice, quote the source exactly as it's written

Examples

Passive: The case number should be saved in your records. It will be required for future inquiries.

(Test: The case number should be saved "by zombies." It will be required "by zombies.")

Active: Save the case number in your records. You'll need it for future inquiries.

Addresses

Use 2 spaces between the state and the ZIP Code.

Examples:

7500 Security Blvd

Baltimore, MD 21244

7500 Security Blvd

Baltimore, Maryland 21244

Ampersands

Standards

- Use ampersands (&) instead of "and" in Headings & Titles
- Use more than 1 ampersand in a heading or title when either of these are true:
    - There are 2 sections separated by a colon
    - We reference a common acronym like Q&A
- Don't use a comma before the ampersand in a series of 3 or more

Exceptions

Don't use an ampersand if the official program name uses "and."

Examples

Learn About COVID-19 Coverage and Treatments & How to Keep Your Patients Healthy

Accelerated and Advance Payments Program

Drugs & Biologics: HCPCS Level II Application Summaries & Coding Decisions

Laboratory Quality Assurance & Standardization Programs Q&A Session

Physicians, Teaching Hospitals & Non-Physician Practitioners

Bullets & Numbered Lists

Standards

NOTE: These standards apply to sub-bullets, charts, and tables.

- Use bullets for a list that has 2 or more items. See Accordions for standards about using an accordion when there's only 1 item.
- Use parallel structure. Start each bullet with either a phrase (of the same part of speech) or a complete sentence (of the same sentence type). Exception: Lists on WBT summary slides may use a variety of sentence types as needed.
- Don't use punctuation in bulleted lists, unless 1 of the items contains 2 or more complete sentences. In that case, use punctuation on all bullets in the list.
    - If content has more than 1 bulleted list (some that require periods and some that don't), still follow these guidelines. It's okay if content has bulleted lists with different punctuation.
    - Don't include commas between bullets.
    - Don't include "and" or a semicolon before the last bullet.
    - Sub bullets are considered a separate bulleted list that may have different punctation from the main bulleted list.
- Capitalize the first word of each bullet.
- Don't include "and" before the last bullet.
- Use numbered lists when listing a sequence, steps in a process, or a specific number of items.
- When a bullet starts with a number, use the word:
    - Example: Two face-to-face sessions
    - Exception: When all bullets in a series start with a number, use numerals for all items

Examples

- Unsigned physician orders or unsigned requisitions alone don’t support physician intent to order.
- Physicians should sign all orders for diagnostic services to avoid potential denials.
- If the signature is missing on a progress note, which supports intent, the ordering physician must complete an attestation statement and submit it with the response. For an example of a signature attestation statement, visit the CERT Provider website. If the signature is illegible, an attestation statement or signature log is acceptable.
- Attestation statements are unacceptable for unsigned physician orders or requisitions.

The proposed rule also includes:

- Annual update to the wage index
- Update to the outlier policy
- Low-volume eligibility criteria and attestation requirement
- Impact analysis

This fact sheet describes what you, as a provider, need to know about how different coverage affects:

- Seeing patients
- Processing claims
- Filing appeals

Avoid this (if there's only one bullet, incorporate it into the preceding text):

- Identify the hospice and attending physician providing care
    - The patient or representative must acknowledge they chose the attending physician, if applicable
- Show that the patient or representative understands hospice is for palliative care rather than curative care

Capitalization

Standards

Follow a consistent capitalization scheme. See Headings & Titles and Terminology: Use This, Not That for more information.

- Do capitalize proper nouns, including names of individuals, places, and agencies
- Don't capitalize *federal* or *government* (unless used in the beginning of a bullet or a sentence)
- Don't capitalize *state* unless you're naming a specific state
- Don't capitalize tribe or nation if used generically
- When writing about a specific program, such as the Medicare Program, capitalize both the "M" in Medicare and "P" in Program
- When writing about programs in general don't capitalize the "p" in program
- Capitalize the word after a hyphen in a compound modifier in headings and titles or if the legislative rule or guidance capitalizes it
- Capitalize the first word after a colon, only if what follows is a complete sentence
- Follow the rules for capitalization for the word or phrase preceding an acronym. Example: skilled nursing facility (SNF) or Quality Payment Program (QPP)
- Capitalize the first word after an acronym if you capitalize that word based on the Headings & Titles standards
- Don't capitalize product types (for example, fact sheet, booklet) unless you're to capitalize the words based on the Headings & Titles standards
- Always capitalize contract types
- Always capitalize "Chapter" and "Version"
- Use lowercase for "section"

Exceptions

- If referring to the "Program" as in the Medicare Program, capitalize the "P" in Program since this is an abbreviation for the Medicare Program.
- Product types listed in the MLN Publications & Multimedia may be in capitals due to formatting of the list. "MLN Matters" is an exception because it trademarked.

Examples

The list shows how the words should display if you use the word in the middle of a sentence. If the word is at the beginning of the sentence or bullet, capitalize the first letter of the word (or of the first word if more than 1 word).

- diabetes self-management training (DSMT)
- Diagnosis-Related Group
- federal
- federally qualified health center (FQHC)
- government
- hospital-based payment
- Maryland State's attorney general
- mass immunizer (note: capitalize as "Mass Immunizer" if it's an official title)
- Medicare Administrative Contractor
- Medicare.gov
- Medicare Program
- non-hospital
- Recovery Audit Contractor
- religious nonmedical health care institutions
- Refer the patient to their state attorney general's office.
- roster bill
- rural health clinic
- skilled nursing facility (SNF)
- CMS finalized regulatory language for mental health visits in Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) in the CY 2022 Physician Fee Schedule (PFS) final rule.
- See Medicare Benefit Policy Manual, Chapter 9, section 20.1
- Outcome and Assessment Information Set Version E

Colors

Standards

These are the primary colors found in all of the MLN publication templates. Designers have the flexibility to add other colors where needed, or use different tints, shades, and opacities of the branding colors.

Process (CMYK)
C 100
M 60
Y 19
K 59

RGB
R 0
G 48
B 82

HTML
002f51

Process (CMYK)
C 100
M 69
Y 0
K 11

RGB
R 0
G 82
B 155

HTML
00529b

Process (CMYK)
C 90
M 44
Y 58
K 27

RGB
R 8
G 95
B 93

HTML
075e5d

Process (CMYK)
C 83
M 25
Y 73
K 9

RGB
R 35
G 135
B 101

HTML
238664

Process (CMYK)
C 73
M 0
Y 57
K 0

RGB
R 43
G 184
B 146

HTML
2bb891

Process (CMYK)
C 0
M 11
Y 94
K 6

RGB
R 243
G 207
B 30

HTML
f2ce1e

Hex codes:

- Dark blue: #003052
- Medium blue: #00529C
- Dark green: #085F5D
- Medium green: #238664
- Light green: #2BB892
- Yellow: #F3CF1E

Colons

Standard

- Use colons to introduce text or bulleted lists
- Always capitalize the first word after a colon
- Use 1 space after a colon

Examples

- You must have this information to run an eligibility search: Patient's Medicare beneficiary identifier (Medicare number), patient's full first and last name, and patient's date of birth
- PrEP using antiretroviral therapy to prevent HIV infection: Information about lenacapavir
- NOTE: Use the In the Locality Key document to find the locality and corresponding MAC numbers assigned to your OTP based on the State/Fee Schedule Area/County location of your practice

Commas

Standards

- Use serial (Oxford) commas in a list of 3 or more
- Include a comma before an effective date

Dates:

- Use a comma to separate the day from the month and the date from the year
- When you're only giving a month and a year, you don't need a comma

Examples

- Medicare Administrative Contractors (MACs) process these claims, make payments to more than 1 million Medicare providers per Medicare regulations, and give education on how to submit coded claims
- Removed CPT code 90685 effective August 1, 2022
- Beginning January 1, 2024, MHCs and MFTs can provide and bill Medicare telehealth services
- Learn about updates, effective October 1, 2025

Contractions

Standard

Use these common contractions because they're easier to read. If you want to use a contraction not listed, contact your guild member.

Contraction	Full Form
aren't	are not
can't	cannot
didn't	did not
doesn't	does not
don't	do not
hadn't	had not
hasn't	has not
haven't	have not
isn't	is not
it's	it is
shouldn't	should not
that's	that is
there's	there is or there has
they'll	they will
they're	they are
they've	they have
wasn't	was not
we'll	we will
we're	we are
we've	we have
weren't	were not
what's	what is
who's	who is
won't	will not
wouldn't	would not
you'll	you will
you're	you are
you've	you have

Exceptions

For “they have,” “we have,” and “you have”: Use the contraction when “have” is a helping verb, but not when it's the main verb.

Example:

- Entities, like local health facilities, must get an NPI if they’ve never submitted Medicare claims.
- Once they have an NPI, providers can use PECOS to verify current Medicare enrollment information.

Costs

If you need to talk about this:	Do this:
"free" vs "no cost" vs "waived"	Consult the SME to confirm whether to use "free," "no cost," or "waived." Use the correct term consistently in all communications on the topic.
Original Medicare costs	Refer to this page: https://www.medicare.gov/basics/costs/medicare-costs
Medicare Advantage plan costs	Use this language on products related to eligibility, coverage, or payment: For Medicare Advantage (MA) plan patients, check with the MA plan for information on eligibility, coverage, and payment. Each plan can have different patient out-of-pocket costs and specific rules for getting and billing for services. You must follow the plan's terms and conditions for payment.

Dashes

Standard

- Use words instead of a dash. See compound modifiers & hyphens for more information.
- Avoid using a space before or after a dash used to show a range between 2 numbers.
- Don't use a space on either side of an em dash.

Exceptions

- Use an em dash (the longer dash, —) to offset a phrase or reference a manual section. The keystroke to insert an em dash is [alt0151].
- Use an en dash (the shorter dash, –) to convey a range of numbers. The keystroke to insert en dash is [alt0150].

Examples

- Section 20.29, Chapter 1, Part 1—Hyperbaric Oxygen Therapy
- We assign 2–3 people to each team

Definitions

This list provides a full definition, references, and additional notes around terms we use in our communications that you may need to define in your content. See the Terminology: Use This, Not That list and the Link Directory for more guidance.

Term	Definition	First reference	Subsequent references	Don't Use
Telehealth	Telehealth generally involves 2-way, interactive technology that permits communication between the practitioner and patient.	2-way, interactive technology (or telehealth) **If specific to audio-video only:** 2-way, interactive, audio-video technology -or- audio-video telehealth **If specific to audio only:** 2-way, interactive, audio-only technology -or- audio-only telehealth	• telehealth • audio-video telehealth (if specific to audio-video only) • audio-only telehealth (if specific to audio only)	Audio and video communication technology, telecommunications (unless in reference to mental health services under the COVID-19 PHE)
Virtual communication services	Virtual communications services are services in which a practitioner meets with a patient for at least 5 minutes to determine if the patient needs a visit.			

Disclaimers & Standard Language

Approvers have cleared these legal statements, so use the content exactly as directed. For this reason, some disclaimers may not follow the National Provider Communication standards.

Language	Use
View the Medicare Learning Network® Content Disclaimer and Department of Health & Human Services Disclosure.	As a link at the bottom of all products or MLN-branded/identified webpages that contain policy information, above the Trademark Ownership language.

Language	Use
The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health & Human Services (HHS).	On all content. Written out at the bottom of products and MLN-branded/identified webpages, as the last item.

Language	Use
The Medicare Learning Network® (MLN) and [Name of co-brander] developed this content to provide nationally consistent education to health care providers.	On co-branded content. Written out on the last page of a product or webpage, before the MLN Content Disclaimer.

Language	Use
See the Copyright Notices for language.	On content that includes codes or descriptors from the American Medical Association (AMA), American Dental Association (ADA), or the American Hospital Association (AHA). See the Copyright Notices for directions.

Figures & Tables

Standards

- Number figures and tables sequentially but separately throughout the product. Add the number to the top of the image.
- If there's only 1 table or 1 figure in the product, don't number the table or figure.
- If you're using a number, add a descriptive title after the number
- The descriptive text belongs above a table and below a figure
- Add descriptive alt text on the image

Example

Table 1. BHI Coding Summary

BHI Codes	Behavioral Health Care Manager or Clinical Staff Threshold Time	Assumed Billing Practitioner Time
Add-On CoCM (Any month) (CPT code 99494)	Each additional 30 minutes per calendar month	13 minutes
BHI Initiating Visit (AWV, IPPE, TCM or other qualifying E/M)	N/A	Usual work for the visit code
CoCM First Month (CPT code 99492)	70 minutes per calendar month	30 minutes
CoCM Subsequent Months** (CPT code 99493)	60 minutes per calendar month	26 minutes
General BHI (CPT code 99484)	At least 20 minutes per calendar month	15 minutes
Initial or subsequent psychiatric collaborative care management (HCPCS code G2214)	30 minutes of behavioral health care manager time per calendar month	Usual work for the visit code

A	B	C	D	E	F	G	H	I	J
Column1/Column 2 Edits									
Column 1	Column 2	* = In existence prior to 1996	Effective Date	Deletion Date *=no data	Modifier 0=not allowed 1=allowed 9=not applicable	PTP Edit Rationale			
99215	G0101		19980401	19980401	9	More extensive procedure *			
99215	G0102		20000605	*	0	Standards of medical / surgical practice *			
99215	G0104		19980401	19980401	9	More extensive procedure *			
99215	G0105		19980401	19980401	9	More extensive procedure *			
99215	G0106		19980401	19980401	9	More extensive procedure *			
99215	G0107		19980401	19980401	9	More extensive procedure *			
99215	G0117		20020101	*	0	Standards of medical / surgical practice *			
99215	G0118		20020101	*	0	Standards of medical / surgical practice *			
99215	G0120		19980401	19980401	9	More extensive procedure *			
99215	G0245		20020701	*	0	Standards of medical / surgical practice *			

Figure 2: Column 1/Column 2 table with 99215 in Column 1

Font

Standard

- Use black for most text
- Use bold sparingly for headers or to emphasize important points
- Only use underlining for URLs. See Links & URLs for standards on linking
- Use RGB 0/0/255 color for PDF
- Avoid italics because they're hard to read
- Avoid using all caps for emphasis:
    - All caps implies you're screaming at the reader
    - Readers can confuse all caps with acronyms
- Don't use 1 word on a line by itself ("widow") in paragraphs
- Don't use full justification centered text aligned to both left and right margins

Exception

In MLN Connects, use bold for sections, message titles, and subheads unless leadership specifies otherwise.

Forms

Standards

- Use the official name of the form followed by parentheses with the form number and a hyphen between the word CMS and the number.
- Make the entire name and form number a link.
- Use the full name on the first reference. Then, use a shortened version of the form name in subsequent references.

Examples

- Medicare Enrollment Application - Institutional Providers (CMS-855A)
- Health Insurance Claim Form (CMS-1500)

Headings & Titles

Standards

- Use short, clear, and concise titles.
- Don't use "A" or "The" as the first word in a title.
- Don't include the product format in the title.
- Use common acronyms in titles and headings instead of spelling out. If the term isn't a common acronym, don't put the acronym in the title or heading. First, introduce the acronym in the body content, then use the acronym in later headings.
- Capitalize all elements in a heading or title except:
    - Articles
    - Prepositions of 3 or fewer letters
    - Conjunctions and, but, for, or, nor
- Always capitalize the first and last words of a heading or title.
- Use ampersands (&) instead of "and." See ampersands.
- Use numerals instead of spelling out the number. See numbers, dates, percentages, & time.
- Capitalize the word after a hyphen in a compound modifier. See capitalization.
- Use keywords to optimize the content.
- Avoid hyperlink headings or titles. Link the related content under the heading or title to more information instead.

Examples

- Nursing Homes & COVID: 5 Things to Know, Additional Resources, Training
- Learn About COVID-19 Coverage and Treatments & How to Keep Your Patients Healthy
- Safety During a Hurricane
- More Information
- Where Can I Get More Information?

Highlights

Description

Highlights are short messages at the top of landing and subpages to:

- Support payment rules, campaigns, or other initiatives
- Highlight new, important, reusable (used in multiple places), or time-sensitive content
- Announce important calls to action

Standards

- Include on landing and subpages, as needed
- Don’t include a “Highlights” or “Spotlights” heading or an image
- Box will have a gray border
- Limit to 1 message, if possible

Hyphens & Compound Modifiers

Description

A compound modifier is 2 words that describe 1 noun. See standards for capitalization to see how to handle words after a hyphen.

Standard

Use a hyphen between 2 modifiers that describe the same noun.

Not sure if you need a hyphen? Try to remove 1 of the modifiers and see if the phrase still makes sense. If you need both modifiers, then you also need a hyphen.

Exception

- If the legislative rule or the official guidance contains a compound modifier without a hyphen, use the phrase as it's in the rule:
    - Medically necessary
    - Late enrollment penalty
- Don't hyphenate a compound modifier if 1 of the modifiers is an adverb that ends in -ly.

Examples

- over-the-counter medication
- lump-sum payment
- Long-term care facility
- web-based tool
- Diagnosis-Related Group rate
- Medicare-enrolled supplier
- smartly dressed person
- Medicare-certified home health agency
- Hospital-based payment
- Non-physician practitioners (note: avoid using this term unless regulation specifies using it - see Terminology: Use This, Not That)
- National Institutes of Health (NIH)-sponsored events

Legislation & Regulations

Description

Our products are educational and intended to be general summaries that don't take the place of legislation or regulations. These standards explain how to reference official legislation and regulations. For more information, see Trademarks & Disclaimers & Standard Language.

Standards

Always reference the section in the text preceding the link, if applicable.

Legislation: Use the full name of the Act without changes (don’t make updates for our standards). Link the entire name directly to the Act. Always reference the section in the text preceding the link, if applicable.

Regulations: Use a shortened name followed by "proposed rule" and "final rule." Link only the name to the regulation.

Code of Federal Regulations (CFR): Use the title number, followed by CFR, followed by the section number.

Exceptions

Use the full name of the regulation in dynamic lists and section pages.

Examples

- As a bullet: Medicare Benefit Policy Manual, Chapter 9, section 20.1
- In a sentence: See the Medicare Benefit Policy Manual, Chapter 9 section 20.1
- Bipartisan Budget Act of 2018
- CY 2020 Physician Fee Schedule (final rule)
- 42 CFR 482
- These waivers under section 1135 of the Social Security Act typically end no later than the termination of the emergency period
- Section 164.12(a)(2)(i) HIPAA Security Rule

Letters

Description

We occasionally create letters for MACs to send to providers.

Standard

If you post a PDF version of the letter, make sure it’s exactly the same as the hard copy (don't add hyperlinks or make changes of any kind)

Link Directory

Description

PCG products repeatedly refer to many of the same webpages for more information. An optimal user experience makes sure that the user gets what they expect when they select a link. Use this list to make sure that your content is linking to the correct place for these common content linking situations.

When using this reference	Link to this	Use this language or format
CERT A/B MAC task force	Task force page: https://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/CERT-A-B-MAC-Outreach-Education-Task-Force	N/A

Eligibility	Eligibility Fact Sheet:
	
	https://www.cms.gov/files/document/mln8816413-checking-medicare-eligibility.pdf
		• Check for eligibility. If you need help, contact your eligibility
		• Find out when your patient is eligible for XX. (Examples for XX =
		•
		  ○ Check Medicare eligibility.
		  ○ Review the Medicare eligibility response.
		  ○ Use the Medicare eligibility response.

Internet Only Manual	The hyperlinked manual title, including the chapter.	The section should follow the title. Example: Medicare Claims Processing Manual, Chapter 26, section 10.5
Legislation & Regulations	See legislation & regulations	See legislation & regulations
Local Coverage Decisions	Link to the title to the decision	Format: Local Coverage Decision: Article Title (Number) Example for products other than MLNC: Local Coverage Decision: Power Mobility Devices (L33789) Example for MLNC: Local Coverage Decision: Power Mobility Devices
Medicare Advantage Costs	See costs	See costs
MLN logo	MLN page: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo	See Logos, Icons, & Images
MLN Homepage	MLN Homepage: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo	Visit the Medicare Learning Network.
National Supplier Clearinghouse	National Supplier Clearinghouse: https://www.palmettogba.com/nsc	National Supplier Clearinghouse
Original Medicare Costs	See costs	See costs

Referring patients who come to CMS.gov to Medicare.gov	• For all PCG-owned or managed webpages that have corresponding beneficiary content, add a box at the top of the page
	  ○ For a group of pages, put the content on the landing page.
	  ○ For pages that aren't landing pages: if there's data indicating that beneficiaries are incorrectly coming to a page without the box, consider adding a box to that page, too.
	  ○ Use this text if there's a specific page on Medicare.gov on the topic: This content is for health care providers. If you're a person with Medicare, learn more about [insert topic and link it]. See Web Disclaimers for formatting.
	  ○ Use this text if there isn't a specific page on Medicare.gov on the topic: This content is for health care providers. If you're a person with Medicare, visit Medicare.gov. See Web Disclaimers for formatting.
	•
	  ○
	  ○ Use this text: [insert topic (make singular if plural) and link it] information for your patients
	  ○ Example - Flu shot information for your patients	

Referring people to MACs	List of secure Medicare Administrative Contractor (MAC) websites, secure internet portals, and electronic mailing list: https://www.cms.gov/MAC-info	Find your Medicare Administrative Contractor's (MAC's) website. -or- Access your Medicare Administrative Contractor's (MAC's) secure internet portal. -or- Sign up for your Medicare Administrative Contractor's (MAC's) electronic mailing list.
Regional Office Rural Health Coordinators		Get contact information for CMS Regional Office Rural Health Coordinators who offer technical, policy, or operational help on rural health issues.
Telehealth	CMS Telehealth	• Visit the CMS Telehealth webpage for the Medicare telehealth • Visit the CMS Telehealth webpage for the latest information. It

Logos, Icons & Images

Description

CMS Provider Communications Group (PCG) develops and markets the Medicare Learning Network® (MLN), MLN Connects®, and MLN Matters® brands. Refer to the Link Directory: Where to Link Common References page for the MLN mark URL.

Standards

Photographs

When selecting a photograph, be sure:

- The image appears clear and current
- The people are representative of the Medicare population
- It supports and helps enhance the topic
- It's accurate and representative of the topic
- It's not offensive or inappropriate
- It shows current medical equipment
- There are no trademarked items, like drug names
- It's the proper setting (example: for home oxygen use, it shows it being used in a person's home, not in a hospital)

MLN Brand Mark Specifications

The brand is a single unit composed of 2 elements:

1. The words Medicare Learning Network
2. The circle rings graphic with registration mark

Don't recreate or alter the MLN brand.

Process (CMYK)	RGB	HTML
C 100	R 20	14477D
M 79	G 71	
Y 25	B 125	
K 10		

Logo Colors

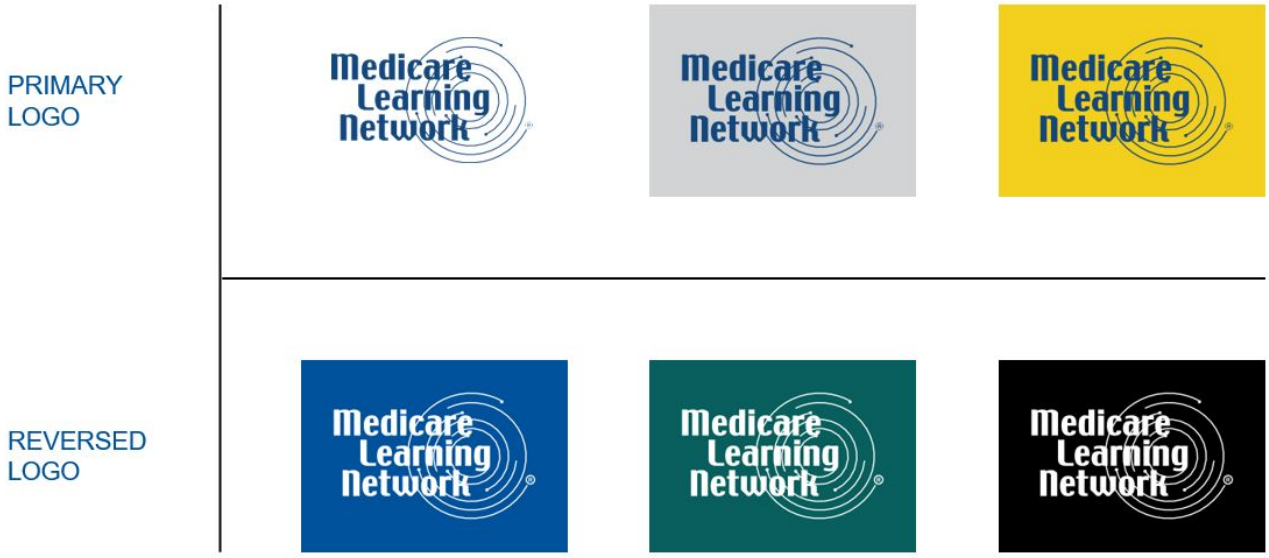
The primary MLN logo is a solid monochromatic blue. This should be the first and most common choice for most publications.

Bleed-Edge Indicator

The MLN brand may not bleed off any edge of an item. Place the mark at least 0.125" inside any item's edges.

Background Color

For most circumstances, use the monochromatic blue logo. Use the reverse white version of the logo when applying it to mid to dark-tone backgrounds. The reverse mark uses the same composition as the positive mark (reversed out of white). Don't place the negative mark (reversed out of black) on a background that's tonally lighter than 100% of the color. Consider choosing a background color that keeps enough contrast with the MLN brand.

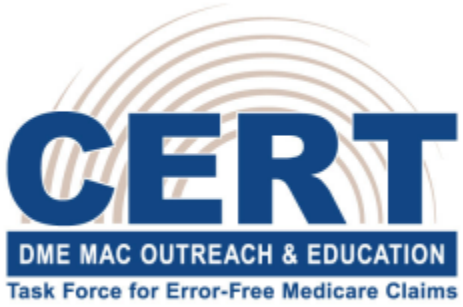


Your Contractor should make note of all copyright usage agreement issues for all images during the development of the publication. Graphics clearance must have documentation of copyright usage agreements for all publication images.

Co-Branding Logos

When the CERT A/B or DME task force initiates content, use the logo on all content that we co-brand with them. Also include the respective logo whenever we update content with CERT Task Force content or recommendations.

CERT DME Task Force Logo



CERT A/B Task Force Logo

Downloads

Logo, icon & image downloads

MLN Formatting & Templates

Description

We use templates to promote visual consistency across all products. These templates help make sure there's uniformity across MLN content while also allowing enough flexibility for designers to make creative choices. See Logos, Icons, & Images for more information on branding and design. Use these standards to supplement CMS Branding & Templates and the CMS Brand Strategy & Graphic Standards Guide, available on CMS Brand Identity.

Standards

Place content and images within the templates. Don't change page margins. We locked these template elements: headers, footers, logos, and certain other graphics. Don't unlock any locked template elements without first getting approval from your PCG contact. Publication templates are Adobe InDesign files, and the MLN Matters® article template is a Microsoft Word file.

- Follow the template standards for specific formats:
    - HTML
    - MLN Connects®
    - MLN Matters® Articles
    - Publication
    - Video
    - Web-Based Training
- Use co-branding when MLN collaborates with the MACs. Your PCG contact must first approve. See co-branding language.

Naming & Placing a Product

- Product Naming: Refer to the Heading & Titles standard.
- ICN Format:
    - Don't put ICN in front of MLNxxxxxx.
    - If the original ICN is 4 digits, add 2 zeros in front to make it a 6-digit ICN. Example: change ICN 5639 to MLN005639.
    - If the original ICN is 6 or 8 digits, don't add more digits. Example: ICN 908625 or ICN90827635 will now read MLN908625.
- Product Location:
    - MLN products will live at https://www.cms.gov/files/document/mln-title-of-product.pdf
    - Remove references to the Percussion URL for Articles and publications
- HTML URLs:
    - When updating HTML products, the HTML file name must be an exact match to avoid creating a duplicate webpage.
    - Don't change existing product names.
    - HTML webpages (not products) don't have the ".html" extension.
    - Find a product URL:
        1. Go to the MLN Publications & Multimedia to locate a product URL
        2. Select the "Filter On" box and enter key words
        3. Select the list detail item
        4. Scroll down to the "Downloads" section
        5. Hover over the product title, right click, and select "Properties"
        6. See part of the "Address" field to view the entire URL
- WBT URLs:
    - The website administrator will ask the analyst for the URL for the course. The pattern for the URL is:
        - WBTs written in HTML: https://www.cms.gov/Outreach-and-Education/MLN/WBT/MLNXXXXXXX-course-title/topic/index.html
        - WBTs written in Articulate and converted to HTML: https://www.cms.gov/Outreach-and-Education/MLN/WBT/MLNXXXXXXX-course-title/topic/story.html

      Example:

      WBTs written in HTML Diagnosis Coding: Using the ICD-10-CM MLN6447308: https://www.cms.gov/Outreach-and-Education/MLN/WBT/MLN6447308-ICD-10-CM/ICD10CM/index.html

      WBTs written in Articulate and converted to HTML: Combating Medicare Parts C and D Fraud, Waste, & Abuse: https://www.cms.gov/Outreach-and-Education/MLN/WBT/MLN3995723-MLNPartsCD/FWA/story.html

Displaying Revisions & New Content

This section applies to: HTML, MLN Matters® Articles, Publication, and Web-Based Training.

Follow these standards to help users see what substantive information changes:

- Include a bulleted summary of substantive content changes (altering, removing, or adding new content only) in a call-out box.
- Don't address grammatical or plain language edits.
- Include "What's Changed?" at the start of the summarized bulleted list.
- Include acronyms in parentheses in the call-out box.
- Include "Substantive content changes are in dark red." at the bottom of the call-out box.
- Include a page number in parentheses to indicate where the changes occur (for MLN Matters® Articles and Publication only).
- Have in dark red in the body:
    - The revised substantive content changes with at least the approved color contrast ratio of 4.5:1 RGB 192.
    - The title description and content for revised or new tables.

    - The title description for revised or new figures.
- If you don't make substantive changes, include this in the "What's Changed?" call-out box: Note: No substantive content updates.
- If you make significant policy updates, include this: We made significant updates to explain recent policy changes.
- If you completely re-write a product, include this at the start of the "What's Changed?" call-out box: We made significant updates to the language, order, and formatting of this product to better meet provider needs and improve understanding. [Insert any specific bullet points of changes after this statement.]

For placement of the "What's Changed?" call-out box, see the "Displaying Revisions & New Content" sections in HTML, MLN Matters® Articles, Publication, and Web-Based Training.

These standards only apply to the most recent update. Include changes from previous versions in black font and don't list them in the "What's Changed?" call-out box.

MLN Connects® Newsletter

Trademark Guidance

Don't use the “MLN Connects” brand name as a noun in external communications. Always have the brand name with a noun for example:

- Don't Use: Subscribe to MLN Connects® for all national FFS program news, including MLN Matters article and MLN product updates.
- Use: Subscribe to the MLN Connects® newsletter for all national FFS program news, including MLN Matters Article and MLN product updates.

Guidance for Messages

MLN Connects follows National Provider Communication Standards. We share a lot of content for a wide and varied audience. We follow these style rules to standardize our content and help readers find the information they need:

- Include short messages that get right to the point
- If you've a lot of content, link to more detailed information online to make sure that users get the most current information
- Find provider types affected and any deadlines
- If applicable, include a "More Information" section at end of message with links
- If you need to inform readers how to view current web content, use this language, “If you visited this CMS webpage earlier, you may have to refresh your browser or clear your cache to see new information.”

Templates

Granicus designed the custom templates in GovDelivery. There are 3 separate MLN Connects GovDelivery templates:

- MLN Connects Regular Edition - Provider, Partner, MAC
  - Regular weekly edition with Table of Contents
- MLN Connects Off-Cycle Edition SINGLE - Provider, Partner, MAC
  - Off-Cycle edition with 1 message
- MLN Connects Off-Cycle Edition MULTIPLE - Provider, Partner, MAC
  - Off-Cycle edition with multiple messages

Template Descriptions

We arranged the MLN Connects templates as follows, from top to bottom:

MAC version:

- MLN Connects header graphic
- Date
- Instructions to MACs
- CMS Provider Education Message with link to edition
- Text-only Table of Contents
- Newsletter footer including trademark ownership language, CMS logo, and MLN logo
- MAC email footer

Partner version:

- MLN Connects header graphic
- Date
- Hyperlinked Table of Contents
- Edition link
- Survey link
- Newsletter footer including trademark ownership language, CMS logo, and MLN logo
- Partner email footer

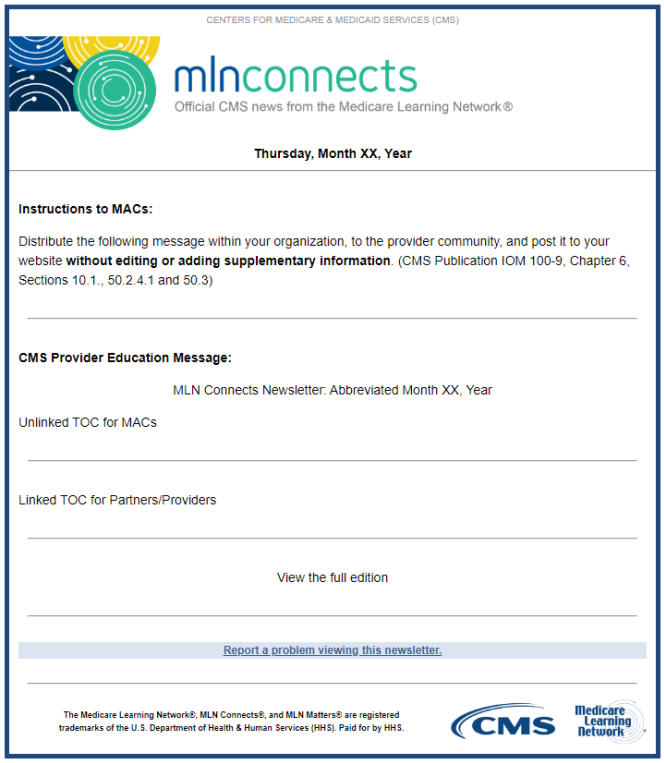
Provider version:

- MLN Connects header graphic
- Date
- Hyperlinked Table of Contents
- Edition link
- Survey link
- Newsletter footer including trademark ownership language, CMS logo, and MLN logo
- Provider email footer

We release each edition to 3 audiences: MACs (MAC version), Provider Association Partners (Partner version), and our general public subscribers (Provider version).

Examples

Regular Edition



CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

mlnconnects

Official CMS news from the Medicare Learning Network®

Thursday, Month XX, Year

Instructions to MACs:

Distribute the following message within your organization, to the provider community, and post it to your website **without editing or adding supplementary information**. (CMS Publication IOM 100-9, Chapter 6, Sections 10.1., 50.2.4.1 and 50.3)

CMS Provider Education Message:

MLN Connects Newsletter: Abbreviated Month XX, Year

Unlinked TOC for MACs

Linked TOC for Partners/Providers

View the full edition

Report a problem viewing this newsletter.

Off-Cycle Edition (Single Item)

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

mlnconnects

Official CMS news from the Medicare Learning Network®

Day, Month XX, Year

Instructions to MACs:

The following message is urgent and time-sensitive. Distribute and post this information as soon as possible and no later than close of business the day after you get it. (CMS Publication IOM 100-9, Chapter 6, Section 50.2.4.1)

Provider Education Message:

MLN Connects Newsletter: [SHORT TOPIC] – Month Abbreviation XX, Year

Header

nsert Message Title (hyperlink to content)

Report a problem viewing this newsletter.

Off-Cycle Edition (Multiple Items)

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

mlnconnects

Official CMS news from the Medicare Learning Network®

Day, Month XX, Year

Instructions to MACs:

The following message is urgent and time-sensitive. Distribute and post this information as soon as possible and no later than close of business the day after you get it. (CMS Publication IOM 100-9, Chapter 6, Section 50.2.4.1)

Provider Education Message:

MLN Connects Newsletter: [SHORT TOPIC] – Month Abbreviation XX, Year

News

- Insert Message Title (hyperlink to content)

Proposed Rule(s)

- Insert Message Title (hyperlink to content)

Final Rule(s)

- Insert Message Title (hyperlink to content)

From Our Federal Partners

- Insert Message Title (hyperlink to content)

Report a problem viewing this newsletter.

MLN Matters® Articles

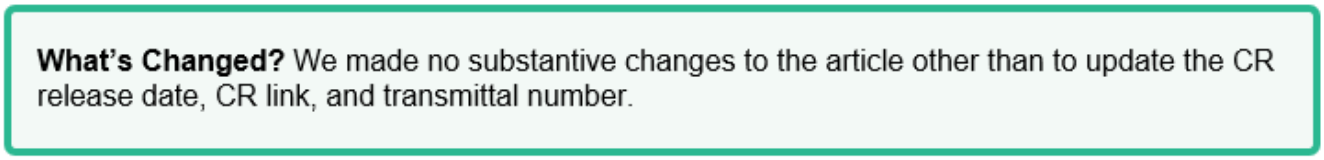
Standards

- Articles may have slight adjustments to tables to make them more presentable.
- Don't capitalize "A" in MLN Matters® article. MLN Matters is the trademarked term. From trademark guidance: Use the mark as an adjective with a generic term. A mark should always be used as an adjective, not a noun. Your trademark is a particular brand of product or service, not the name of the product itself. In the following example, the generic terms are italicized for illustration only: THE HEART TRUTH® *public awareness campaign*, or HEAD START® *pre-school program*.
- Only link the first instance of a resource to avoid duplicate content and links. Don't duplicate links in the body or the More Information section.
- Include More Information and Document History sections at the end of articles.

Displaying Revisions & New Content

When you revise an article and change or add new content, include a "What's Changed?" call-out box below the article information on the first page. It should begin with "What's Changed?" and be green filled.

Example:



See the "Displaying Revisions & New Content" section of MLN Formatting & Templates for more standards.

For MLN Connects message titles only, add "— Revised" at the end of revised articles. Example: Health Care Code Sets: ICD-10 — Revised

Examples

- Annual Clotting Factor Furnishing Fee Update 2021 (New)
- National Coverage Determination (NCD 30.3.3): Acupuncture for Chronic Low Back Pain (cLBP) (Revised)
- The MLN Matters article describes how to bill properly.
- The article describes how to bill properly.

MLN Matters Article

mln MATTERS®
KNOWLEDGE • RESOURCES • TRAINING

MM Article Plain Language Title

Related CR Release Date:	**MLN Matters Number:** MM00000
Effective Date:	**Related Change Request (CR) Number:** CR00000
Implementation Date:	**Related CR Transmittal Number:**
Related CR Title: XXXX Insert text here – The long version of the "Related CR Title," which is usually two-plus lines of copy.	

What's Changed: This box appears when we revise an Article. It will list the page numbers and the substantive content updates. Revisions will appear in dark red within the Article. Also, we'll add the word "Revised" in red after the MLN Matters Number above.

Example: What's Changed: We revised this Article to provide the updated rate for G2025 effective January 1, 2021. You'll find substantive content updates in dark red (pages 2, 3, and 6).

Affected Providers

(Insert text here – List the providers types affected.)

Example:

- Laboratory physicians
- Suppliers
- Other providers billing Medicare Administrative Contractors (MACs) for services they provide to Medicare patients

Action Needed

(Insert text here – List the top 3 changes that affect the provider and when the changes are effective.)

Background

(Insert text here – The legislative, regulatory, or manual basis for the changes. Provide embedded links to those resources, where appropriate. Extract the pertinent provider information from the related CR.)

If you insert a table, use this format:

CY 2020 HCPCS Code	CY 2020 Long Descriptor	CY 2020 SI	CY 2020 APC
C9053	Injection, crizanlizumab-tmca, 1 mg	G	9342
C9056	Injection, givosiran, 0.5 mg	G	9343
C9057	Injection, cetirizine hydrochloride, 1 mg	G	9344
C9058	Injection, pegfilgrastim-bmez, biosimilar, (Ziextenzo) 0.5 mg	G	9345

More Information

(Insert CR and approved MAC contact language.)

Document History

Date of Change	Description
XXXX	We revised this Article ….
XXXX	Initial article released.

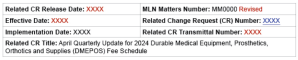
Specifications

MLN Matters® Article Revised design

First page Header:
Height: Absolute: 1.7342"
Width: Absolute 8.75"
Scale: height 100%; width 100%
Bleed: 1/8"
Image is locked and anchored into Header

Secondary Page Header:
Anchored in place in Header
Rectangle box color: C-100 M-69 Y-0 K-11;
RGB: R-0 G-82 B-155; Hex color: 00529C – CMS medium blue
Rectangle box size: Height: 1.125" Width: 8.75" Scale: Height: 100% width: 100% bleed: 1/8"
MLN Matters: text color: white Font: Arial Font size: 12pt
Related CR Number – Font: Arial Font Color: white Font size: 12pt

MLN Matters Article Information:
2 Column layout table
Font: Arial regular
Font size: 12pt
Cell border: 0.5pt solid line 40% black
Cell insets: 0.085pt
Text left justified



Article Title Header Level I:
Algin centered
Font: Arial bold
Font size: 20pt; Font color: C-100 M-69 Y-0 K-11; RGB: R-0 G-82 B-155; Hex color: 00529C
Revised Titles should be colored red

Paragraph Header Level II:
0.5" margin from the left of column
Font: Arial bold
Font size: 18pt; Font color: C-100 M-69 Y-0 K-11; RGB: R-0 G-82 B-155; Hex color: 00529C
Borders and Shading: Bottom border
Border line: 3pt
Line Color: RGB: R-243 G-207 B-30 Hex color: F3CFIE

Apply to Paragraphs
Body Text: Align left; 0.5" margin from left of column
Font: Arial regular; Font size: 12pt
Revised text should be colored red

Notes: should be placed in a callout box with the "Note:" in Arial bold text
Images should be centered and anchored within the text
Revised text should be colored red

Secondary Header: "What's Changed"
Text box margins: 0.5" from left of column
Text box size: 7.5"
Header font: Arial bold; Size: 12pt; Color: black
Text body font: Arial regular; Size: 12pt; Color: black
Text box shading color: Tint: 5%; C-73 M-0 Y-57 K-0; RGB: R-43 G-184 B-146; HEX #2BB892
Border line: 3pt color: C-73 M-0 Y-57 K-0; RGB: R-43 G-184 B-146; HEX #2BB892
Corner radius: 0.0625"

Table:
Preferred width of table: 7.5"
Indent from left: 0.5"
Table Align: Centered
Table caption: Left font: Arial bold; 11pt
Table Header Cell Insets: 0.125" color: C-100 M-69 Y-0 K-11; RGB: R-0 G-82 B-155; Hex color: 00529C
Table Data Cell Insets: 0.0625"
Table Headers: Arial bold 12pt; Align: left
Table text: Arial regular 12pt; Align: left
Table shading: every other row: Tint: 5% C-100 M-69 Y-0 K-11; RGB: R-0 G-82 B-155; Hex color: 00529C
Table border: 0.5" C-100 M-69 Y-0 K-11; RGB: R-0 G-82 B-155; Hex color: 00529C

Charts:
2 columns
First column 2" Second column 5.5"
Preferred width of chart: 7.5"
Chart Header cell color: C-100 M-69 Y-0 K-11; RGB: R-0 G-82 B-155; Hex color: 00529C
Chart border: 0.5"; color: C-100 M-69 Y-0 K-11; RGB: R-0 G-82 B-155; Hex color: 00529C
Chart Header text color white; Arial bold 12pt; align: left
Chart text Arial regular 12pt; align: Left
Chart Data Cell Insets: 0.0625"

Footer: Page numbers
Margins: 0.5" from left of column
Font: Arial Regular; Font size: 12pt

Logos at right of column:
CMS Logo:
Absolute Height: 0.48"; Width: 1.40"
Scale: 33% constrained
Logo is locked and anchored into Footer

MLN logo:
Absolute Height: 0.64"; Width: 1.01"
Scale: 49% constrained
Logo is locked and anchored into Footer

Templates

Template downloads

Podcasts

Standards

- The Office of Communications (OC) Studio will give you the music choice for the Podcast opening and closing.
- Use this standard approved podcast opening for all podcasts: “Welcome to Medicare Learning Network Podcasts, developed by the Centers for Medicare & Medicaid Services.”
- Use this standard approved podcast closing for all podcasts: “**Questions?** For more information about (subject of podcast goes here), find your Medicare Administrative Contractor's website or go to our website https [colon] [slash] [slash] www [dot] cms [dot] gov [slash] mlngeninfo.” (**Note:** Podcasts subjects on an MLN Matters® Article, include this language: “and follow the links to MLN Matters® articles and download the full Article on this subject, # (put Article number here”)).

Format

- CMS uses QuickTime Streaming Server (QTSS)
- MP3 Format
- 128 or 160 kbps

Printing

Standards

When developing a print publication, make sure the number of pages is divisible by 4. This is the most cost effective way to print publications. This doesn't apply to downloadable publications, HTMLs, and MLN Matters® articles.

Margins apply to all print products: 1" left and right margins, 1" top margin, ½" bottom margin.

Print Format	**Info.**	**Instructions**
Fact Sheet	1-8 pages	**Cover:** White Matte Litho Coated 80 lbs. Paper Print Cover Pages 1 through 4 head to head in 4 color process **Text:** White paper 60 lbs. weight Print text pages head to head white 60 lb. paper **Size:** 4 page - 17" x 11" folded to 8 ½" x 11" 6 pages – 11" x 25 ½" folded to thirds **Color:** 4 color process **No Blank pages**
Booklet	9-50 pages	**Cover:** White Matte Litho Coated 80 lbs. Paper Print Cover Pages 1 through 4 head to head in 4 color process **Text:** White paper 60 lbs. weight Print text pages head to head white 60 lb. paper **Size:** 4 page - 17" x 11" folded to 8 ½" x 11" 6 pages – 11" x 25 ½" folded to thirds **Binding:** Perfect Bind text wraparound cover; trim 3 sides **Color:** 4 color process **No Blank pages**
Guide or Manual	50+ pages	**Cover:** White Matte Litho Coated 80 lbs. Paper Print Cover Pages 1 through 4 head to head in 4 color process **Text:** White paper 60 lbs. weight Print text pages head to head white 60 lb. paper **Size:** 4 page - 17" x 11" folded to 8 ½" x 11" 6 pages – 11" x 25 ½" folded to thirds **Binding:** Perfect Bind text wraparound cover; trim 3 sides **Or:** Punch suitable and insert spiral wire binding **Color:** 4 color process
Forms	Special Order Only	Requires special funding and printing office approval
Folders	Special Order Only	Requires special funding and printing office approval

Flyers	1 page	**Print:** White matte 60 lb. paper **Size:** 8 ½” x 11" **Color:** 4 color process
Video	SFTP	60 min, 90 min
Audio	SFTP	30 min, 45, min, 60 min, 90 min
Charts	2 pages	**Print:** White matte 60 lb. paper **Size:** 8 ½” x 11" **Color:** 4 color process

Publication

Standards

Templates include:

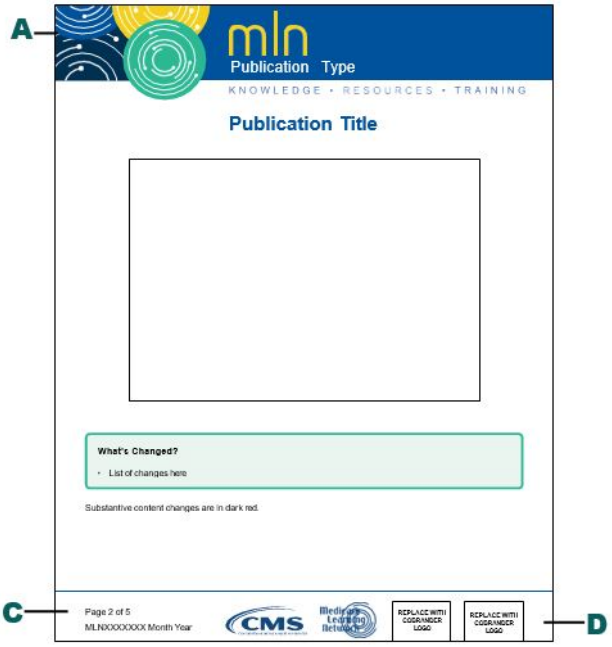
A. An MLN brand graphic at the top of each page. We locked the graphic itself in place, but on publication templates the "Publication Type" we unlocked so you can edit it. For example, for a fact sheet, you would change "Publication Type" to "Fact Sheet" on all page headers. On secondary page headers, replace "Publication Title" with the title of the publication.

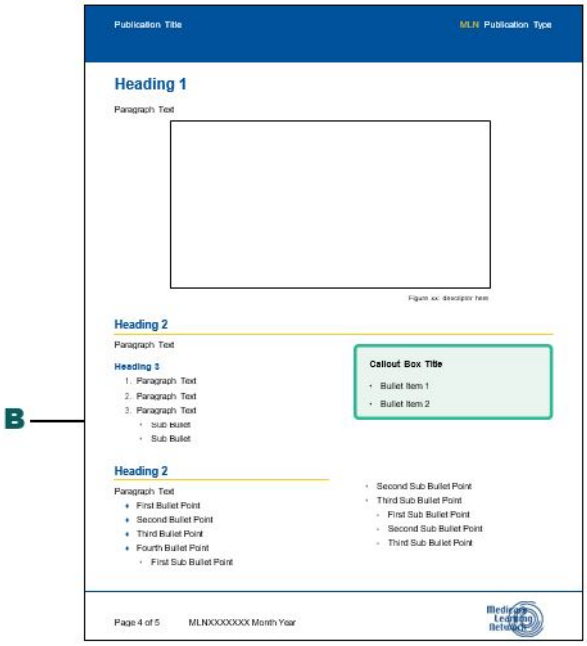
B. In the InDesign templates, the content text boxes have paragraph styles applied and are ready for you to input. Don't change the paragraph style but if you need a new type treatment, designers can create a new character or paragraph style. Make sure that type treatments are consistent so that content supports a proper hierarchy.

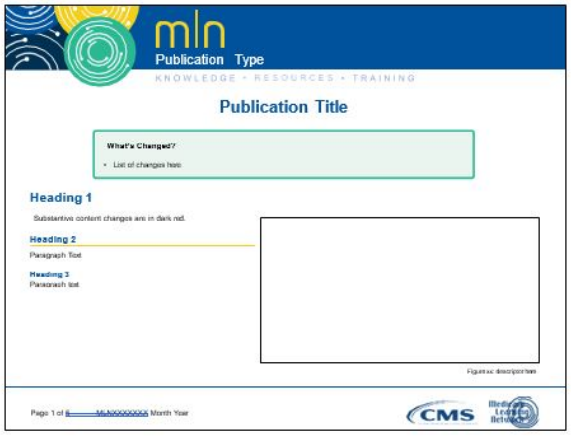
C. Page number, Inventory Control Number (ICN), and month and year the SMEs reviewed and cleared publication.

D. See co-branding language.

Example

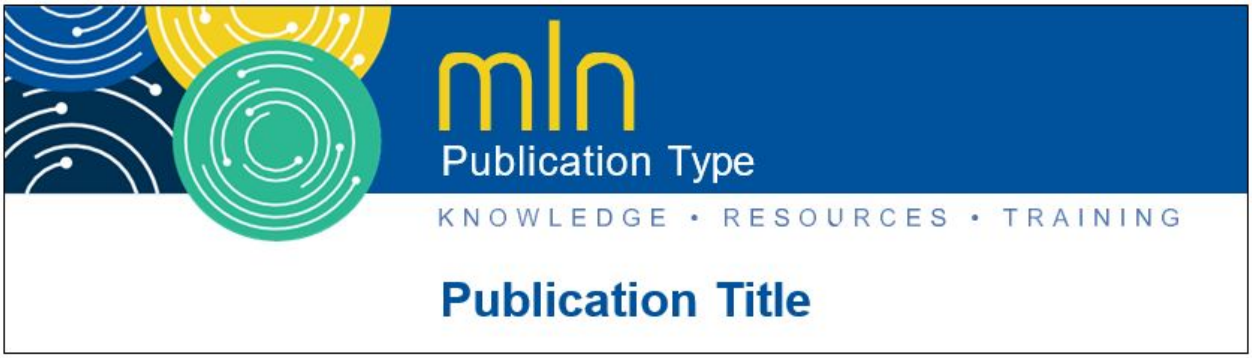






Header

Place the MLN brand graphic with the KNOWLEDGE • RESOURCES • TRAINING tagline on the A-Cover master page, keeping it locked in the general layout. Don't alter the header. Match the "Publication Type" to match the publication design.



Paragraph & Character Styles

The templates have paragraph and character styles to help in keeping the typesetting and layout consistent throughout the documents. Consistently use text styles to show information hierarchy. This helps users with the reading order and priority of information.

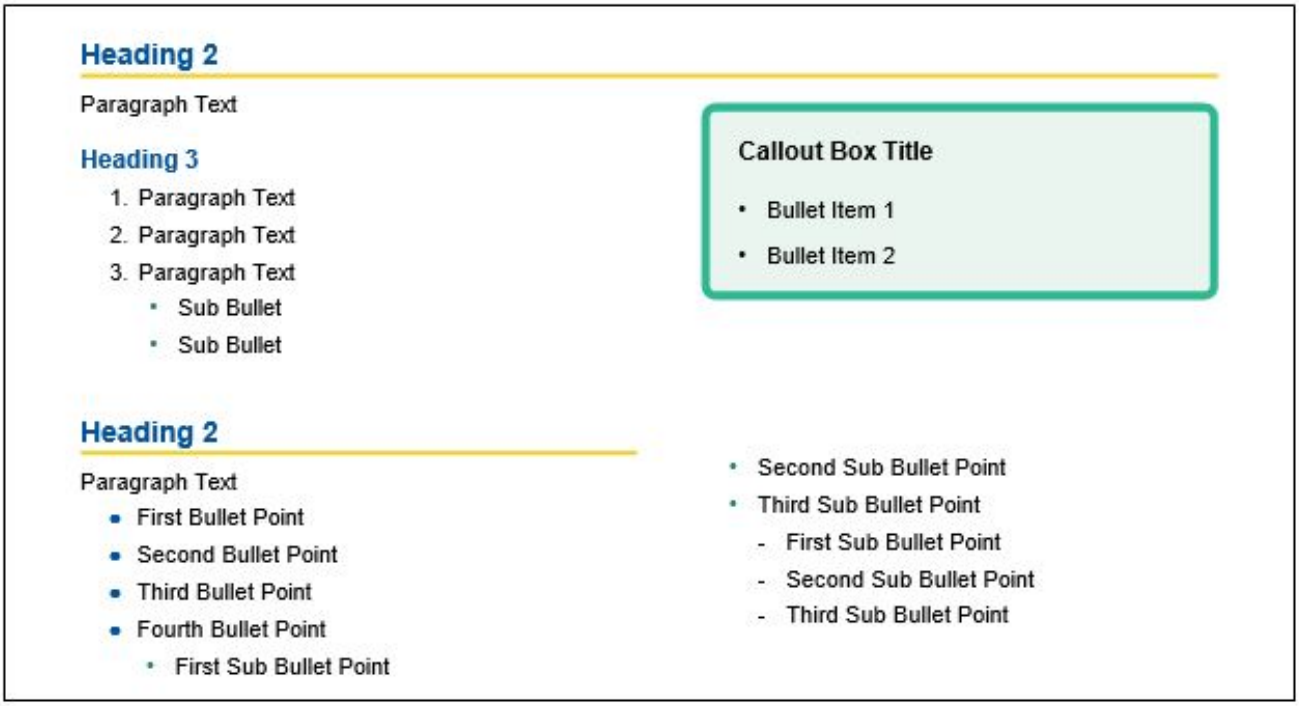
There are enough styles to account for all, if not most of the needs of any designer. There are multi-level header styles, bullet and sub-bullet styles, numbered list styles, table of contents styles, and several others.

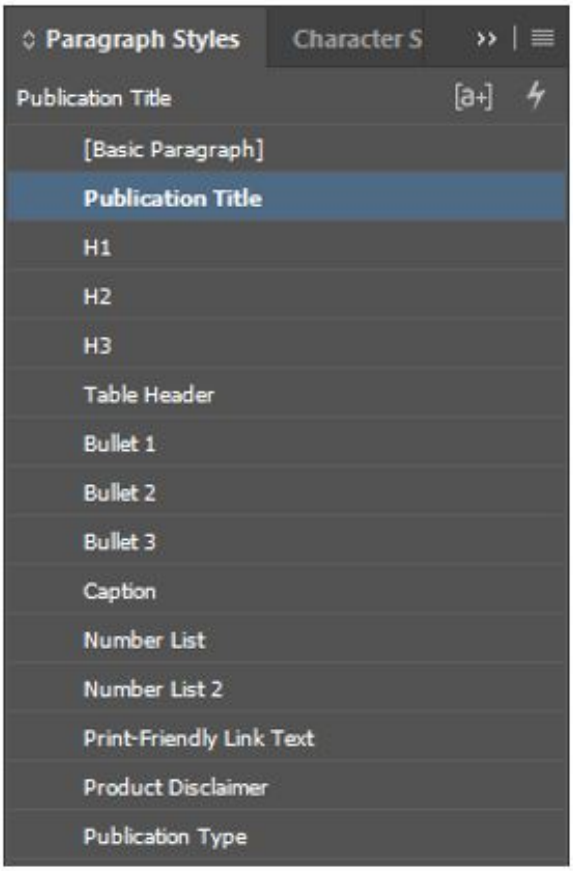
Upon opening the document and saving it in the relevant project's folder, designers can look at the examples provided in the template for guidance on where to use specific styles.

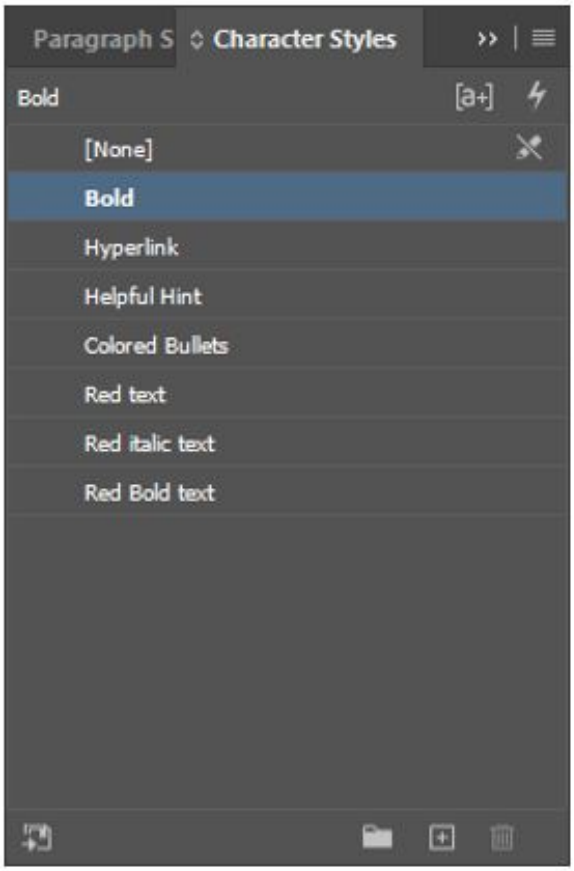
While designers shouldn't alter the existing styles, they can make brand new or offshoot styles when needed, for instance, a new numbered list that doesn't continue from a list earlier in the document. Use all styles in a consistent manner for design consistency and information hierarchy.

Examples

When using any of the bulleted list paragraph styles, apply the colored bullets character style. This will make sure that the bullets keep their color while leaving the text black.







Content:

- Table of Contents:

    - A list of headings and sub-headings on which they start.
    - Use in booklets only.
- Introduction:
    - Information to put the product subject matter into context.
    - Don't use "Introduction" as a heading. Body of introduction remains.
    - Highly recommended but dependent on the content.
    - Appears at the start of the publication. Aim to have no more than 150 words in 3-8 sentences, but this is flexible based on the publication.
    - May include important and relevant studies.
    - Combine background and provider types affected information into the introduction, if appropriate.
- FAQs:
    - Answers to a list of typical questions that users may ask about a subject.
    - Optional but not recommended
    - Try to incorporate these answers into your publication instead.
- Resources:
    - An alphabetical bulleted list at the end of your product.
    - Only have 1 section of resources (don't have More Information, Helpful Websites, AND Resources sections).
    - Try to limit to no more than 5. This includes both higher level links to resources already listed in the publication and other resources not listed in the publication. For example, if the publication has separate links to the Medicare Beneficiary Policy Manual, Chapter 15, Sections 30, 160, 170, 190, 200, and 210, for the Resources Section use a higher level link and point users to the Medicare Beneficiary Policy Manual, Chapter 15.
    - Resource items include related subject matter links to websites, regulations, and manuals.
    - See Links & URLs for standards on linking.
    - Content links to MLN content shouldn't be older than 3 years. This doesn't apply to source content. Work with your contractor to incorporate content from MLN links that are older than 3 years.
    - If your publication is part of a series, include the other related products.
    - If it's applicable, offer providers a list of beneficiary resources such as 800-MEDICARE and Medicare.gov.
- In body copy, don't include a format like booklet, fact sheet, guide, educational tool, article, or webpage in or immediately after the product link. After the product link, include the format only for web-based training courses and videos.
- Make the purpose known through clear and concise headings and content. Don't use this sentence: This [publication type] shows you how to [purpose].
- Don't use footnotes. Include these in the Resource Section, if needed.
- Don't include individual names of stakeholders who help develop your product. For example, Article Endorsed By section. Using stakeholder logos are okay.
- Use 508-compliant call-out boxes sparingly and if needed to briefly define acronyms and subject matter.
- Briefly define terms your readers may find confusing.
- In rare instances, you may use errata sheets. They show MLN content changes that occur between content updates or revisions, when it may not be cost effective or the level of effort is too high to update the publication. Talk to the DPIPD Management Team to discuss this on a case-by-case basis.

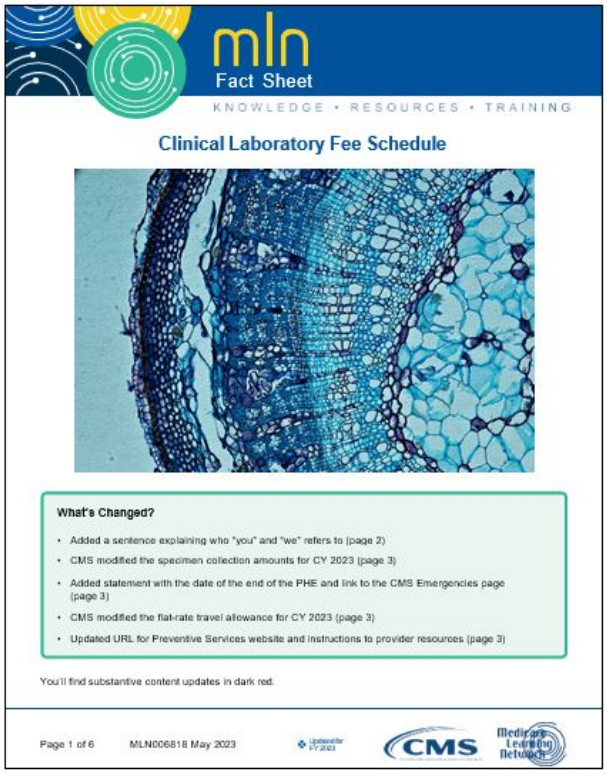
Design

- Use the MLN product templates as a guide for formatting and design. You've some flexibility on the formatting and design if you use the approved MLN colors, fonts, and your formatting is consistent throughout the product.
- Count each page regardless of whether you put a number on the page. For example, if you decide not to put a number 1 on the cover page, page 2 is the following page.
- Use sub-headings for publications that include a large amount of content, such as guides and booklets. Consider the content and length of the publication when you decide the type of heading and sub-heading.
- Consider the content and type of publication when you:
    - Choose the type of layout style to use (that is, charts, 2 or 3-column layout, or other styles).
    - Decide on the size and layout. For example, if a full-sized chart fits on 1 page, it should be on a page by itself. Don't split it between 2 pages, if possible.
- When working on an annual update to a publication, replace the graphic on the cover page with a new graphic to signify an update.
- Publications (booklets, guides, manuals, and fact sheets) must display an Adobe Bookmark panel. A bookmark is a type of link with representative text in the Bookmarks panel in the navigation pane and makes it easy for the reader to jump to a destination in the PDF.

Images and Graphics

When choosing, editing, or creating images or graphics for MLN publications, use image files with at least 300 dpi.

Example



Footers

Footers in the MLN Publications have several elements that you can adjust in the master pages:

- **Page Numbers:** These are set in each master page and you shouldn't need to edit it.
- **ICN:** Update to match the current product. Make sure to change this on every master page before starting the layout for the rest of the product.
- **CMS & MLN Logos:** These are set in every master page and you shouldn't alter it. When designing a new document, make sure to alternate your pages between the CMS logo footer and the MLN logo footer. The cover page will always have both logos.
- **Co-branding Logo:** In some instances, there will be co-branding to go along with the CMS and MLN logos. In these instances, there's a master page that has space for multiple co-branded logos. Add the needed logo(s) to the footer and remove the placeholder boxes. Co-branded logos shouldn't be larger than the MLN logo. If multiple products use the same co-brand, the co-branded logo links should link to the same webpage for each product. Consult with your co-branding contact for exact link.

Length

- Fact sheets: 1-8 pages
- Booklets: 9-50 pages
- Guides: 50+ pages

Displaying Revisions & New Content

Include a “What’s Changed?” call-out box on the cover page below the publication image. Or, you can include it on its own page after the cover page or table of contents but before the introduction page, depending on space.

Example:

What's Changed?

- Added documentation guidelines for medical services (page 3)
- Added additional resources for Medicare documentation requirements (page 3)

Substantive content changes are in dark red.

See the "Displaying Revisions & New Content" section of MLN Formatting & Templates for more standards.

Templates

Template downloads

Web-Based Training

Description

You must keep a few set elements of the MLN web-based training (WBT) template, but there's enough flexibility to create unique, yet consistent, design language.

Standards

A. **Header:** The MLN branding graphic must always be present. Don't alter the branding graphic and logotype size. You may alter the rest of the header.

B. **HHS, CMS, and MLN Logos:** If the CMS identity mark ("logo") and HHS logo are on the same page, the HHS logo must be more prominent and dominant than the CMS logo. Present these with at least .375 inches of space between each logo, as well as the clear space around the cluster of logos. If needed, change the logo cluster to be horizontal or have the space between them increased to .5 inches.

- **HHS Logo:** A width at least 1.375 inches
- **CMS Logo:** A width at least 1.5 inches
- **MLN Logo**: A width at least 1.0 inches

C. **Footer Branding Graphic:** Display this MLN branding graphic on all content pages in the lower left corner. Scale the branding graphic to a minimum of 1.0 inch square and a maximum of 1.5 inches square.

Length

WBTs should be 60 minutes or less. This includes video time and assessments, if applicable.

Displaying Revisions & New Content

Include a “What’s Changed?” section after the title slide.

See the “Displaying Revisions & New Content” section of MLN Formatting & Templates for more standards.

Definitions

If you own a WBT, meet with your Division Director to determine if it needs a glossary.

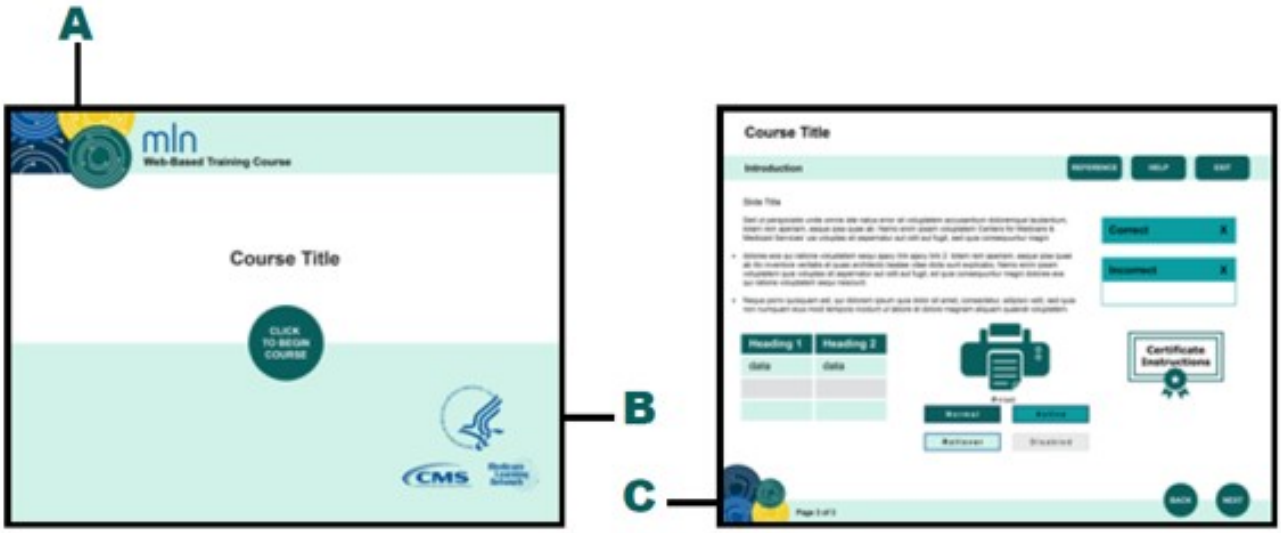
- Define terms within the body content of the WBT, whenever possible
- For complex or difficult-to-define terms:
    - Use a rollover (also called a hover, pop-up, or light box) to define the term
    - Be sure the functionality is user friendly and you use it consistently
    - Use a rollover that automatically opens when the user moves the cursor over it and closes when the user moves the cursor away from it, if technically possible
    - Use a rollover that requires the user to actively click to both open and close the definition, only if the above functionality isn't possible
- Create a separate glossary if your Division Director agrees and there are a significant number of terms that need rollover definitions on the same page:
    - Create a separate glossary within the WBT, so the page doesn't look cluttered or distract the user
    - The user should be able to open and close the glossary within the WBT, if technically possible
        - The glossary shouldn't open in a separate tab
        - Don't use a PDF
    - Use consistent definitions across all PCG-owned WBTs, whenever possible
    - Define terms the first time you use them in each WBT lesson
    - Don't link directly to the CMS.gov glossary

Knowledge Checks & Test Questions

- **Knowledge checks (within WBT lessons):**
    - Limit knowledge checks to 3 questions
    - If the user answers a question incorrectly, provide the correct answer and any additional information in the question feedback
- **Test questions (at the end of the WBT):**
    - Limit test questions to 10 questions
    - A satisfactory completion score is 70% or above
    - If the user answers a question incorrectly, don’t provide the correct answer or additional information in the question feedback

Examples

Here's an example of the base MLN Template with no extra design work:



These images are examples of some of the flexibility that designers have while working within the templates:

Course Development Requirements

- One storyboard that includes the technical programming instructions and subject matter expert (SME) content is acceptable
- Share storyboards in a format that allows contractor SMEs and CMS to redline the storyboard and add comments
- Storyboards shared through a sharing site must be accessible by contractor SMEs and CMS without needing other software plug ins or downloads
- Storyboards must be able to export into a format accessible to contractor SMEs and CMS and as deliverables
- Spell out all urls or create a live link for contractor SMEs and CMS to review
- Include x of x page numbers on each page of the storyboard
- For WBT file packaging instructions, see the WBT Conversion SOP
- Include Tealium code in WBT files

Tealium Code for WBT Files

Use this Tealium code implementation instruction for any pure HTML pages not driven by Drupal:

- Within the <head> of the page: <script src="//tags.tiqcdn.com/utag/cmsgov/cms-www/prod/utag.sync.js"></script>
- Immediately after the opening <body> tag of the page:

```
<script type="text/javascript">

(function(t,e,a,l,i,u,m){

t="cms-www"; e=/^(www\.)?cms.gov/; a=(e).test(window.location.hostname)?'prod':'dev';l='//tags.tiqcdn.com/utag/cmsgov/'+t+'/'+a+'/utag.js';
i=document;u='script';m=i.createElement(u);m.src=l;m.type='text/java'+u;m.async=true;l=i.getElementsByTagName(u)[0];l.parentNode.
insertBefore(m,l);

})();

</script>
```

Nouns Ending -ion,-ment,-mant,-ance,-ence

Description

Making a verb into a noun by adding the following endings makes sentences longer, weaker, and harder to read. These words are "nominalizations" or "smothered verbs."

- -ance
- -ence
- -mant
- -ment
- -ion

Standard

Avoid turning verbs into nouns.

Examples

Original

Prepare for the Medicare enrollment process by reviewing the MDPP Checklist.

The primary goal of the MDPP expanded model is to help Medicare beneficiaries achieve at least 5% weight loss. This is the outcome associated with reduction in development of type 2 diabetes in people at high risk for the disease.

Revised

Review the MDPP Checklist, and get ready to enroll.

The primary goal of the MDPP expanded model is to help Medicare beneficiaries achieve at least 5% weight loss, which decreases the onset of type 2 diabetes in high risk patients.

Monthly Highlight on MLN Homepage

We post a monthly highlight on the MLN Homepage to promote preventive services by highlighting a national observance.

Standards

- Keep message to no more than 3 short paragraphs, using bullets if needed.
- Coordinate with OMH. Include their content if appropriate.
- Include a call to action in the title and body.
- Don't include:
    - Stat at the beginning
    - Medicare covers preventive services
    - Your patients pay nothing if you accept assignment (if applicable)

Examples

~~20% of Americans experience mental illness each year (see CDC), and it disproportionately affects racial and ethnic minority groups (see CDC).~~

During National Mental Health Month, recommend appropriate preventive services, including:

- Depression Screening

- Annual Wellness Visit

- Initial Preventive Physical Exam

- Alcohol Misuse Screening & Counseling

~~Medicare covers preventive services, and your patients pay nothing if you accept assignment.~~

Parentheses

Standard

- Use parentheses sparingly.
- Don't put optional plurals in parentheses. Use the plural instead.
- Use parentheses within parentheses when necessary. Don't use brackets.
- Always use parentheses when they're part of a statute citation or the original code descriptor.

Examples

- Use MACs instead of MAC(s)
- Use medical conditions instead of medical condition(s)
- Title XVIII of the Social Security Act, Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.
- 78608 brain imaging (PET)

Periods

Standard

Use 1 space after a period

Example

One new code is effective for dates of service from June 25, 2020, and beyond. Medicare implemented this code under CR 11736 for the October 2020 HCPCS update.

Numbers, Dates & Time

Numbers

- Use numerals for numbers instead of spelling them out.
- Spell out ordinal numbers (first, second, third, etc.) unless they're 10th and above.
- Place a zero before a decimal where there's no unit, except in market quotations
- "Use every 2 (interval) or twice a (interval)" to clearly convey time. Don't use biweekly, bimonthly, or biannually.
- In body copy, use "million" and "billion" with figures when rounding is appropriate (for example, 342.4 million) and use figures for all numbers less than 1 million (for example, $1,000).
- Write K, M, and B for thousand, million, and billion in headings and wherever space is limited, like in some tables and graphics.
- Omit the decimal point and zeros after a number unless the zero is needed to indicate exact measurement

Fractions

Use percentages instead of fractions.

Percentages

- Use the percent sign (%) when paired with a numeral, with no space between the numeral and %
- For amounts less than 1%, use a zero before the decimal
- Spell out the word "percent" if you're using it without a numeral

Dates

- Always include year.
- Use the 2-digit month, 2-digit date, 4-digit year.
- Use digits in the format CCYY/MM/DD in dynamic lists.
- Spell out in text content (headings, sentences, paragraphs).
- In charts or tables, use digits or text. Use the same format throughout the product.
- Use a dash to show a range (see exception).
- If date contains a year and is within a sentence, use a comma after the year.
- Don't include "rd," "st" or "th" after a number directly following a month. For example, use July 3, not July 3rd.

Time

- Use a lower case abbreviation for am and pm
- Only repeat am or pm within a time range if the first time is am and the second is pm
- Don't use periods in the abbreviation for am and pm
- Put a space after the number and before the abbreviation
- Use a dash instead of "to" to show time range
- Use ET, CT, MT, PT without parenthesis to show the time zone
- Use noon instead of 12 pm or 12:00 pm

Exceptions

- Spell out numbers if they're the first word in a sentence
- Spell out numbers that reference their position in a series, like first or second
- Always use numerals to write about money, pages, percentages, measurement, or time (age, weeks, months, years, hours)
- If the SME recommends a word (like between or through) for a policy reason, use that word instead of a dash
- Use "1" only when expressing a true numerical quantity. Do not use:
    - As a pronoun (example: *I replaced my old toothbrush with a new one*—here, "one" is a pronoun meaning "toothbrush")
    - In expressions such as "one-time," "one another," or "one of a kind"
- Don't include the year in a message title unless it's not clear what year you're referring to or the year is critical for the reader to understand the message. For example, if providers need to do something in 3 years, include the year.
- Don't include the year in the message body if the context makes it clear that you're referring to this year, last year, or next year. Exception: include the year the first time you reference the date in these situations:
    - Effective dates
    - Implementation dates
    - Other important dates asked by the SME

Examples

- Two face-to-face sessions
- The AMA/ADA NUBC User Agreement displays once per web session, the first time you view a document that may contain CPT or CDT codes
- Nursing Homes & COVID: 5 Things to Know, Additional Resources, Training
- 1.6M people
- Wednesday, July 16, 2025

- New Medicare Card Mailing Complete, 58% of Claims Submitted with MBIs
- 100% of users agreed with the finding
- The cost of living rose 0.6%.
- 1 am, 1:30 pm, 1–2 pm
- 2020/10/13
- Collect Data January 1 – June 30, 2025
- 1 pm ET
- 11 am – 1 pm
- 75% of respondents (instead of 3 out of 4, 3/4, three quarters)
- a one-time cost
- July 4 (instead of July 4th)

Person-Centered Language

Person-first language means focusing on the individual as a whole human being first, not their disability, condition, or diagnosis. Using person-first language avoids the assumption that a person's disability or condition is a characteristic of their personal identity, placing these as secondary to who the person is.

Instead of this:	Try this:
Inmate, prisoner	People who are incarcerated
Disabled, handicapped	People with a disability
Drug users, addicts, alcoholics	People who use drugs, people with a substance use disorder (alcohol use disorder)
Diabetic person	Person living with or person who has diabetes
Underserved people	People who are underserved
Hard to reach populations	People who are medically underserved
The uninsured	People who are uninsured
Homeless people, the homeless	People experiencing homelessness
Mentally ill	People with a mental or behavioral health condition
Mentally retarded	Person with an intellectual disability
Suffers from or is afflicted with (condition)	People with (a diagnosed or condition)
Elderly	Older adults
High risk people	People who are at increased (higher) risk for (condition)
Rural people	People who live in rural (sparsely populated) areas, rural communities
Beneficiary	People with Medicare*

***People with Medicare**

When you refer to people with Medicare, you can also use these terms when appropriate:

- Patient, including people in hospitals
- Resident for people in skilled nursing facilities, nursing homes, and long-term care facilities
- Clients for people in intermediate care facilities for individuals with intellectual disabilities (ICF/IID)

Phone Numbers

Standards

- Separate groups of numbers with a hyphen
- Don't use parentheses
- Use "call" instead of "phone" or "telephone" when giving an instruction to call a phone number. Example: "Call 1-800-MEDICARE" instead of "Phone 1-800-MEDICARE" or "Telephone 1-800-MEDICARE."

Example

800-123-4567

Plain Language

Description

We follow Federal Plain Language Guidelines in our writing because it makes our content easier to find and understand. Plain language is also the law.

These are the basic guidelines we follow with links to more guidance. Note that we don't change official names of code sets, programs, publication titles, and regulations to match our Standards.

Standard

1. Organize for your readers.
2. Use "you" and other pronouns.
3. Use active voice instead of passive voice.
4. Write short sentences. Sometimes our content must have technical terms that are for the audience. Be sure to explain them the first time you use them.
5. Use common, everyday words.
6. Design for easy reading.

Examples

PCG Examples: Before & After page

Resources

- plainlanguage.gov
- PCG Resource Library

PCG Examples: Before & After

Before	After
The CMS-1500 is the required form for health care professionals or suppliers, whether or not the claims are assigned.	The CMS-1500 is the required form for Medicare providers, whether or not MACs assign the claims.
Up to six lines of service may be submitted on one form.	Submit up to 6 lines of service on 1 form.
The CMS-1500 is not intended to allow the billing of 50 services that can be billed using the 837P.	The CMS-1500 doesn't allow the billing of 50 services billed using the 837P.
The denial will be based on the fact that neither statute nor regulation allows coverage of certain services when ordered or referred by the identified health care professional or physician specialty.	Medicare bases the denial on the fact that neither statute nor regulation allows coverage of certain services when the identified Medicare provider or physician specialty orders or refers the services.
When billing for multiple anti-markup tests, each test shall be submitted on a separate claim form CMS-1500.	When billing for multiple anti-markup tests, submit each test on a separate claim form CMS-1500.
Items that are required by Medicare are required to be completed for all claims submitted on the 837P and CMS-1500.	Complete all Medicare required items for submitted claims on the 837P and CMS-1500.
As a rule, the provider/claim submitter is required to submit the additional documentation within 7 calendar days, if the document is sent by fax, or within 10 calendar days, if sent by mail.	You must submit the other documentation within 7 calendar days (by fax) or 10 calendar days (by mail).
Claims submitted in which the ordering/referring physician or health care professional is not authorized by statute and regulation will be denied as a non-covered service.	Medicare denies claims as non-covered services when they're submitted by an ordering and or referring physician or Medicare provider who isn't authorized by statute and regulation.
Portable x-ray services may only be ordered by an M.D. or a D.O	Only an M.D. or a D.O. may order portable x-ray services.
Most radiology contrast drugs, eye lenses, and new drugs/supplies will require an invoice so prices can be established.	You need an invoice to establish prices for most radiology contrast drugs, eye lenses, and new drug and or supplies.
If the claim does not require additional documentation, the claim will be adjudicated without reviewing the additional documentation.	If the claim doesn't require more documentation, MACs adjudicate the claim without reviewing the other documentation.
When billing for multiple anti-markup tests, each test shall be submitted on a separate claim form CMS-1500.	When you bill for multiple anti-markup tests, submit each test on a separate claim form CMS-1500.
In order to adhere to department policy requirements and guidelines, employees are required to submit a Foreign National Visitor request to the Division of Strategy Information (DSI) 12 business days prior to a scheduled visit to CMS.	**Plain language 1 (**slight improvement**)** Department policy and guidelines require employees to submit a Foreign National Visitor request to the Division of Strategy Information (DSI) 12 business days before a scheduled visit to CMS. **Plain language 2 (**personalized and engaging**)** If you're visiting CMS from another country, you'll need to submit a Foreign National Visitor request to the Division of Strategy Information (DSI) 12 business days before your visit.

Pronouns: You, We & They

Description

Pronouns like "you" are a plain language principle that help you get rid of unnecessary words so the reader needs to do less "translation."

Standards

- Refer to the reader (customer service representatives, providers, MACs, partners) as "you" in the text and as "I" in questions
- Refer to CMS as "we" after the first time you use "CMS" in content
- If necessary, define "we" and "you" in the definitions section
- If the communication is for multiple audiences and "you" creates confusion, consider dividing the content by audience so the "you" is clear (tabs on a webpage or headings in content can help)
- Use "they" as a singular pronoun instead of he or she

Exception

- In lists on the web where a person is trying to find the situation that applies to them, use "I" (Example: I qualify for a Special Enrollment Period.)

Examples

- Where can **I** get more information? **You** can get more information...
- I submitted an appeal. What happens next?
- A provider may call you with questions that they can answer in the portal.

Provider Compliance & Fast Facts

Description

- **Provider Compliance**: We send provider compliance messages through the MLN Connects Newsletter to educate providers on compliance issues and how to avoid common billing errors.
- **Fast Facts**: Matches the provider compliance message. We post as a fast fact on the Provider Compliance Fast Facts webpage after we release the message in MLN Connects.

Standards

- Limit message to 200 words
- Include a call-to-action in the title and body
- Compliance issues:
    - State the compliance issue in the first sentence of the body
    - If the compliance message relates to an OIG report, add a link to the report in the message
- Use bullets for compliance steps to keep the message brief and concise
- Coordinate with SMEs and include their content, if appropriate
- Use bullets when linking to additional resources
- **Fast Facts**:
    - Page title matches the title of the Provider Compliance message
    - Include a title subheading with the same title as the page title
    - Include a date:
        - Use the date of the MLN Connects newsletter that included the provider compliance message
        - Include subheading with the Year-Month-Day (i.e. 2023-05-23)

Exceptions

SMEs may identify mandatory language you need to include due to a policy or regulation.

Example

- Provider Compliance
- Fast Facts

Race & Ethnicity

Standard

Use these Census-preferred terms or phrases when referring to race:

- American Indian
- Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Another race

Use these Census-preferred terms or phrases when referring to ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Exceptions

If referring to a form or content created outside of PCG and the content doesn't follow this standard, use the term in the content.

Examples

Black or African Americans aged 50 and older

Body Mass Index (BMI) of at least 25 (23 if patient self-identifies as Asian) on first core session date

Hispanic or Latinos aged 65 and older

GovDelivery Statistics

Description

We collect and analyze statistics for our direct subscribers to MLN Connects – the provider audience. This is our largest mailing list with just under 500K subscribers and our most effective tool to assess the success of your message.

Standard

We can report the following information about your messages:

- Open rate (if your message is in the subject line) - % of subscribers that open the email
- Click rate (if your message is in the subject line) - # of subscribers divided by the # of total clicks in the email
- Clicks on specific messages

Request Statistics for Your Message

Contact MLNConnectsTeam@cms.hhs.gov.

Example

May Cognitive Assessment & Care Plan Services message

Date	5/13/2021	Gov Delivery 2021 Benchmarks for Federal Clients
Subject Line:	Cognitive Impairment: Medicare Provides Opportunities to Detect & Diagnose	
Total # of Subscribers	483,158	
Total Opens*	92,269	
Open Rate	19%	15%
Click Rate	4%	2%
Total Clicks*	5,365**	

*Includes repeat visitors (we track these numbers because GovDelivery uses them in benchmarking)

**A single MLN Connects message with 5,000+ clicks performs well, while 10,000+ is exceptional and rare

Review Performance Metrics

We use a multi-faceted approach to track campaign analytics and gather feedback, including:

- Adobe Analytics to understand user behavior on webpages
- GovDelivery statistics to collect data about campaign messages
- Qualtrics surveys to collect data about user experiences
- Product Downloads to discover top product downloads

Qualtrics Survey

Description

We can add a brief survey to your CMS.gov webpages to collect data about respondents' experience with Medicare and your campaign.

Standard

Develop custom questions to get the feedback that matters to you. For example, survey questions can ask:

- If a page is helpful
- How we can improve a page
- Why users came to a page
- If users are successful
- What users' relationship is to Medicare

Remove a survey if:

- It's been public for 6 months
- It didn't get more than 5 responses in the last 3 months
- It's not tied to campaign tracking and reporting

Request a survey for my campaign

Email the Medicare Customer Experience Team.

Examples

Flu Shot webpage survey data and comments:

- Example Flu survey
- Dashboard September 20
- Comments September 20

Adobe Analytics

Description

We use Adobe Analytics to understand user behavior on our webpages. We'll work with you to define performance metrics that quantify user actions so you can create and revise content to best meet user needs.

> **NOTE: Metrics vary by provider type (smaller pools of provider types will have fewer hits). Work with the FO on how to accurately analyze the metrics based on audience.**

Standards

- Events:
  - Shows total page views
  - Shows repeated views
  - This is the all encompassing catch all event that will capture all events, except those which were mapped to specific success event slots
- Sessions:
  - Shows number of sessions when the user viewed the page (URL + page title combination) at least once
- Time Spent per Session:
  - Shows average amount of time users spent viewing a specific page or screen or set of pages or screens
  - Shows format in hh:mm:ss
  - The average amount of time a person spent per session on any given dimension item
- Bounce Rate:
  - Shows percentage of single-page sessions when there was no interaction with the page
  - Shows duration of 0 seconds
- Referrer URL:
  - Shows the website (by domain) a user was on when they clicked through to get to your site
- No value:
  - Shows who typed your website's URL into their browser or clicked a link in an email application (that didn't include campaign tags)

Evaluate metrics based on page type, as noted in the report.

Page Type	Performance Metrics
"Browse" page (provides links to other CMS.gov webpages) (Example: Preventive Services)	• Low average time on page (to quickly go to more specific content) • Low bounce/exit rates (because users find relevant content)
"Learn" page (content-heavy pages on a single topic) (Example: Medicare Billing for COVID-19 Vaccine Shot Administration)	• High average time on page (because content is relevant to users) • High exit rate (if users successfully find what they need)
"Materials" page (collection of related materials or files) (Example: Clinical Labs Center)	• Low bounce rate (users click to provided material) • High average time on page (users browse the materials on page)
"List" page (provides details and in-depth information about a specific piece of referenced content) (Example: Payer Resources)	• High average time on page (lots of relevant on-page content) • Low bounce/exit rates (users click the links to provided material)

Standard Webpage Analytics report in Excel (sample):

- Events (chart)
- Specific metrics: events, sessions, time spent per session, and bounce rate
- Performance metrics table for easier reference

PDF Type	Performance Metrics
Last Modified (date PDF was last updated)	Modified within: • last year (Excellent) • last 3 years (Good) • last 5 years (Fair) • more than 5 years ago (Poor)
Referrer URL (total number of referring links from other websites)	• more than 5 (Excellent) • 2-4 (Good) • 1 (Fair) • 0 (Poor)
File downloads (Captures the number of files downloaded)	Per year: • 5,000+ (Excellent) • 1,000-4,999 (Good) • 100-999 (Fair) • less than 99 (Poor)

Standard PDF Analytics report in Excel (sample):

- Specific metrics: last modified date, file name, referrer URL (including total), and file downloads
- Performance metrics table for easier reference

Request Adobe Analytics

Submit a web request.

Product Downloads

Description

We pull these reports to discover top product downloads and number of hits for downloadable MLN products and WBTs:

- **Monthly Top 5 Product & WBT Report**:
  - Word document
  - Summary of the top 5 most popular products and WBTs
  - Sorted by most popular
  - Includes total monthly downloads of all products and WBTs
  - Includes title, format, and number of monthly downloads
- **Product & WBT Summary Report**:
  - Word document
  - Summary of the monthly product and WBT data reports
  - Includes Top 3 products and WBTs
  - Includes percentage increase or decrease of publications and WBTs downloaded in the current month compared to the previous month
- **Product Report**:
  - Excel spreadsheet
  - Tab for each year to help identify trends
  - Total monthly usage of products and other resources
  - Sorted by most popular
  - Includes title, format, ICN, URL, and monthly and yearly downloads
- **WBT Report**:
  - Excel spreadsheet
  - Total monthly usage of WBTs
  - Sorted by most popular
  - Includes title, ICN, URL, and monthly and yearly downloads

Standards

We pull the reports each month and post to Confluence.

Quotes

Standards

- Use only when quoting a direct source or defining a specific word
- Don't use quotes around publication titles for messaging and web content
- Don't use quotes when referring to a cliché or catch phrase, such as "baby boomer" or "state of the art"
- Don't use quotes when referencing a title, such as "DMEPOS Supplies"
- Place punctuation inside quotation marks

Examples

- Section 1861(w)(1) states that the term "arrangements" is limited to...
- To locate these booklets, go to the MLN Publications page at http://go.cms.gov/mln-publications and search for items containing the words "how to"

Slashes (/)

Standard

Avoid using a slash in writing unless it's part of commonly understood terminology for the audience.

Avoid "and/or" and "and or" because it's unclear and creates confusion. In most cases, you can use "or" and it means the same as using "and/or." You must choose either "and" or "or."

General guidelines and examples to avoid "and/or:"

- Use "and" when you mean both. **Example:** Submit SAT scores and a transcript to get the scholarship.
- Use "or" for one or the other. **Example:** Submit SAT scores or a transcript to get the scholarship.
- If you mean either or both, try to reword the sentence. **Example:** Submit SAT scores, a transcript, or both to get the scholarship.

Exceptions

- E/M
- HCPCS/CPT
- A/B MAC

Solid Compounds

- Use one word when “any,” “every,” “no,” and “some” are combined with “body, “thing,” and “where”
- Type as separate words “any one” and “every one”
- To avoid mispronunciation, type “no one” as two words
- Type compound personal pronouns as one word (herself)
- Type as one word compass directions consisting of two points (southeast)

Spotlights

Description

Spotlights are short messages at the top of Center and Special Topics pages to:

- Support payment rules, campaigns, or other initiatives
- Highlight new, important, reusable (used in multiple places), or time-sensitive content
- Announce important calls to action

Standards

- Include on all Center pages
- Include a Spotlights heading that's plural, bold, left aligned, and not underlined
- Box will have a blue background
- Limit to 3 messages, if possible
- Include subheadings, if needed, without colons at the end
- Order messages from newest to oldest
- Include an image, only if SMEs request it

Other standards vary depending on the type of spotlight:

Location

- Center pages
- PPS landing/index pages
- PPS section pages

Title

- Start with a verb for the call to action (CTA), and follow this format:
    - CTA – Year, Rule Type (Proposed or Final)
    - Example: Submit Comments by May 31 - Fiscal Year 2023 Proposed Rule
- Exception: For pages with multiple rules for different provider types (such as the Hospital Center), follow this format:
    - Provider Type: Year, Rule Type (Proposed or Final), Deadline
    - Example: Inpatient Psychiatric Facilities: Fiscal Year 2023 Proposed Rule - Submit Comments by May 31

Body

- Date comments close for proposed rules or implementation date for final rules.
- Link to the detail page (rule and payment files).
- Link "summary of key provisions" to fact sheet. If there's no fact sheet, link to press release.

Location

- Center pages
- Other webpages with:
    - High traffic (some owned by OC, so they require Jira tickets)
    - Information for specific provider types

Body

- Start with a verb for the call to action if possible
- Include links to additional information
- Brief: 3 line maximum

Example

Flu Shots

Get payment, coverage, billing, & coding information for the 2024-2025 season. You can now check eligibility for the flu shot. We give information from claims billed in the last 18 months.

Tone of Voice

When you write or review MLN products, make sure they follow our tone of voice guidelines:

The MLN Sounds

- Clear
- Helpful
- Objective
- Professional
- Trustworthy
- Accurate
- Reliable

MLN Tone of Voice

- Follow plain language guidelines
- Use active voice
- Use pronouns like "you"
- Use common contractions and acronyms
- Include only the details the audience needs
- Be conversational yet professional
- Avoid using exclamation points
- Avoid words that create doubt like "maybe" or "might"
- Avoid superlatives like "best" or "worst"
- Avoid using CMS jargon
- Avoid unnecessary words like "please"

Terminology: Use This, Not That

Below are rules for common words and phrases used in materials for Medicare Fee-for-Service providers.

See our list of common acronyms and plain language guidance for plain language alternatives to common, every day words. **Note: This list is specific to PCG.**

Use this (including capitalization and punctuation as shown below)	Don't use this
Accelerated and Advance Payment Program	Accelerated & Advance Payment Program
affect (use this instead of using "impact" as a verb)	impact (only use impact as a noun)
Affordable Care Act	ACA
patients with Medicare Part A patients with Medicare Part B	all patients with Medicare Part A all patients with Medicare Part B
before	prior to
billing agency, clearinghouse, or software vendor (use this entire phrase)	third-party vendor, billing vendor, billing entity, billing organization
canceled	cancelled
Check eligibility	HETS (see Link Directory)
CMS.gov	cms.gov (see Links & URLs for more standards)
CMS's (avoid using possessive form of CMS as much as possible by using pronoun "we" or "our" instead)	CMS'
copayment	Co-payment
CR XXXX (example: CR 1234)	CRXXXX, CR#XXXX, CR# XXXX (examples: CR1234, CR#1234, CR# 1234)
current	up-to-date
CY YYYY (example: CY 2025)	CYYYYY (example: CY2015)
Data is	Data are
diagnosis-related group	diagnosis related group. Only capitalize if it's used in an official name like Medicare Severity Diagnosis-Related Group.
digital	paperless
doctoral degree	Doctoral degree, Doctoral Degree
electronic health record (EHR)	electronic medical record (EMR)
electronic mailing list	LISTSERV
electronic prior authorization	ePA
email (use as a verb instead of saying "send an email")	e-mail, E-mail
Emergency Department (ED)	Emergency Room (ER)
evidence-based assessment	social determinants of health
Fee-for-Service	Fee-For-Service, fee-for-service or any other variation
flu (when talking about the illness or the season)	influenza (exception: use "influenza vaccine" when talking about the HCPCS code and description and or official name)
for example	e.g.
free (see standard)	see standard
get	receive
health care	healthcare

HHS's	HHS'
ICN	ICN #
long-term care	long term care longterm care Exception: capitalize the "T" if it's part of a name (Long-Term Care Facility Hospital)
low dose computed tomography	low-dose computed tomography
MACs (telling people how to find their MAC website) - see Link Directory	see Link Directory
MACs	MAC(s)
MAC secure internet portal	MAC portal, Online portal, secure internet portal, internet portal
master's degree	Master's degree, Master's Degree
Medicare.gov	medicare.gov
medically necessary	medically-necessary
Medicare Part A (first instance), use Part A for all other instances	Medicare Part A after the first instance
Medicare Part B (first instance), use Part B for all other instances	Medicare Part B after the first instance
Medicare drug plan (Part D) (first instance), use drug plan for all other instances	Medicare drug plan (Part D) after the first instance prescription drug plan
Medicare patients (first instance), use patients for all other instances	Medicare patients after the first instance Exception: If content relates to other types of patients, use Medicare patients to distinguish between different types of patients.
Medicare Program	Medicare program
Medicare provider (first instance), use you for all other instances	Medicare provider after the first instance Medicare physician (or other qualified health care professional) Exceptions: If content relates to non-Medicare providers, use Medicare providers to distinguish between different types of providers. If a product is for a specific provider type, refer to that specific provider type the first time, then use you later references
medications for opioid use disorder (MOUD)	medication-assisted treatment (MAT)
mobile device	iPad, Kindle, smart phone
must or will (use in all products depending on context except for TDLs)	shall
no cost (see standard)	see standard
offline and online	off-line and on-line
Original Medicare	Traditional Medicare
payment	reimbursement
Part B-Immunosuppressive Drug Benefit Part B-ID	PBID
people	individuals
physical activity and nutrition risk assessment	social determinants of health assessment
Physician Fee Schedule (PFS)	Medicare Physician Fee Schedule (MPFS) (Exception: If SMEs request we use Medicare Physician Fee Schedule, use Medicare Physician Fee Schedule (PFS) for the first instance, and use PFS for all subsequent instances.)

post-assessment	post-test
previous year	prior year
provide or supply (when talking about services)	furnish or give (exception: use "furnish" if the regulation specifies using the term "furnish")
provider	non-physician practitioner (exception: use "physician or non-physician practitioner" if the regulation specifies using it. Use "practitioner" for all subsequent references.) professional
provider specialty type XX (where XX is the number)	specialty type XX
putting patients first put patients first (use in a descriptive way that suggests common speech, not a slogan, trademark, service mark)	any version of this phrase in quote or with capital letters patient first patients first
Recovery Audit Contractor	RAC
select	click, choose, or hit
shall (use in TDLs)	must or will (use "shall" in TDLs to match IOM language)
shot (see exceptions in the "don't use this" column)	vaccine (exceptions: use "vaccine" when talking about the official HCPCS code & description, COVID, and flu "preferred vaccines")
start	begin
The CMS Innovation Center	CMS' Innovation Center
X-ray	x-ray
telehealth (see definitions)	see definitions
third-party (use this term hyphenated as shown when it precedes a noun)	3rd party, 3rd-party, third party
timeframe	time frame
URL	url
waived (see standard)	see standard
web	Internet
web-based	web based
webpage	Web page, web page, Webpage
website	Web site, web site, Website
ZIP Code	Zip Code, zip code, ZIP code

Trademarks

Description

These are the CMS MLN-related registered trademarks:

- Medicare Learning Network®
- MLN Matters®
- MLN Connects®

The acronym MLN isn't a registered trademark.

Standards

Only PCG staff and agents can use MLN trademarks on materials and products. Before other entities can use the MLN trademark, PCG must give written approval. Email approval requests to: MLN@cms.hhs.gov.

- Use the ® symbol the first time a trademark appears in the body of the text. Don't use the trademark symbol if it appears later in the document.
- Use the ® symbol if it appears in a disclaimer, regardless of placement. See Disclaimers & Standard Language.
- Don't use superscript.

Exceptions

The Medicare Learning Network® trademark is in the header and footer of the MLN Connects newsletter, so don't include the trademark symbol in each message.

Typography

Standards

We approved Genius and Arial fonts for our templates. The Genius font set includes 14 styles of the font. Genius isn't a standard font, so designers may need to buy the font set on all computers they'll use to edit the MLN templates in Adobe InDesign. All content text is Arial; the Genius font only appears in designed graphic elements but we don't use it in content text because screen readers don't read it.

Genius

GENIUS THIN
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 0123456789

GENIUS THIN ITALIC
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 0123456789

GENIUS EXTRA LIGHT
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 0123456789

GENIUS EXTRA LIGHT ITALIC
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 0123456789

GENIUS LIGHT
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 0123456789

GENIUS SEMI BOLD
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 0123456789

GENIUS SEMI BOLD ITALIC
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 0123456789

GENIUS LIGHT ITALIC
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 0123456789

GENIUS REGULAR
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 0123456789

GENIUS REGULAR ITALIC
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 0123456789

GENIUS MEDIUM
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 0123456789

GENIUS MEDIUM ITALIC
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 0123456789

GENIUS BOLD
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 0123456789

GENIUS BOLD ITALIC
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 0123456789

Arial

ARIAL NARROW
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 0123456789

ARIAL NARROW ITALIC
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 0123456789

ARIAL NARROW BOLD
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 0123456789

ARIAL NARROW BOLD ITALIC
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 0123456789

ARIAL REGULAR
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 0123456789

ARIAL REGULAR ITALIC
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 0123456789

ARIAL BOLD
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 0123456789

ARIAL BOLD ITALIC
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 0123456789

ARIAL BLACK
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 0123456789

Videos

Standards

- Make sure all information in the video is also available as a text transcript
- Make sure all videos are closed captioned
- Remove "private" videos from our playlist
- If the video URL changes, set up a redirect

Linking

- **Webpages:** Embed videos on a webpage. If the video is too large to embed, link directly to the video.
- **Digital content (PDFs and MLNC):** Link directly to the video.
- **Print Content:**
    - Don't link to the video
    - Direct users to the associated content or campaign page (Example: gov/cognitive)
    - If there's not a campaign page, link to the detail page and create an alias
    - Attach a copy of the transcript for users who can't view the video

Elements

- **Thumbnail**: Make sure the thumbnail shows the video style. For example, if the video is an interview, show an interview setting. The thumbnail image doesn't have to be from the video, but don't use the same thumbnail photo, like a branded title page, on every video.
- **Title**: Use a descriptive, topic-focused title with keywords near the video start.
- **Length**: Display the length of the video in parenthesis after the video name in messages and announcements. Example: Importance of Proper Documentation: Provider Minute Video (4:05). Videos should be 5 minutes or less.
- **Introduction**: Keep the introduction to :05 or less.
- **End:** End the video with a clear call to action or links to more information.
- **File name**: Use a descriptive name for the video file that uses keywords for SEO.
- **Description**:
    - The user will only see the first few lines unless they scroll down. Use keywords that are relevant in the description. You can copy the transcript or content from the matching webpage for the description.
    - Include this statement: CMS accepts comments but can't respond to questions in this forum.
    - At the bottom, include links to a few related videos and hashtags.
- **Tags**: Enter a few tags that describe the video. Use keywords, like "medicare coverage," "medicare plans," "diabetes prevention," "colorectal cancer screening," etc. Tip: The info icon in YouTube tells you that tags won't help people find content. Ignore that.
- **Full-screen icon**:
    - Remove the full-screen option icon at the bottom right.
    - If videos are in a web-based training, use this language: To start the video in the player window on the left, select the Play button. If you can't see the video player on the left, or the video player doesn't work, you can launch the video in a new browser window to view the content on the YouTube website. Select the link to view the video in full screen.

Placement

- If the video is at the top of the page, it should contain all of the content on the page
- If the video is specific to a certain section of the page, place it at the top of that section
- Avoid placing the video at the bottom of the page or on the right side

Navigation

- If the video describes a long multistep process, use multiple small videos (1 for each step) instead of 1 long video.
- In long videos, use chapters or other time markers.
- Display the length of the video in the player window and as part of the video thumbnail.
- Avoid autoplay. Give users control to stop, start, restart, and mute.

Web Content

Description

These standards help users get to the content they expect with minimal effort. Use best practices to optimize web content.

Standards

- Alias (Vanity) URLs
- Keywords
- Links & URLs
- Meta Descriptions
- PDFs
- Web Content Types
- Web Disclaimers

Alias (Vanity) URLs

Description

An alias, or a vanity URL, is a shorter URL that redirects to the real URL. Vanity URLs take up less room, relate with your brand, are memorable, and easy to read.

What if you printed your vanity URL on a billboard on the beltway? Would drivers be able to quickly read and remember this URL without writing it down? Vanity URLs are also a way to track campaigns.

We use vanity URLs for webpages related to campaigns or for URLs that will go in products but aren't linkable (like a direct mail).

Standard

- Use keywords that resonate with your audience (this will help optimize your content)
- Limit length to 2-3 words
- Use hyphens when necessary, but as infrequently as possible
- Avoid acronyms unless familiar to the audience
- Case doesn't matter when you type URLs in a browser, but when displaying the URL, use capital letters for acronyms and capitalize the first letter of each word

Examples

- Real URL: https://www.cms.gov/medicare/preventive-services/flu-shot
- Vanity URL: cms.gov/flu-provider

Keywords

Description

Most people start their search for information with a search engine. Using keywords in content will help users get the content they expect quickly.

Standard

1. Find the keywords people are putting into search engines to get information about a topic

Find out what keywords users are searching for by using data sources like these:

- Reports (like Google Trends)
- Survey results (like Qualtrics)
- Search results (search to see what words other sites use to refer to the same topic)

2. Evaluate the keywords you've gathered

Once you know the keywords people are searching for, decide how to use them to make our content about a topic more relevant to the user. Incorporate keywords in cleared content that the user sees when they're looking at a webpage or a product.

3. Put the keywords in these parts of the content:

- Titles
- Headings & subheadings
- Introductions & summaries
- Chapter & section titles
- Links & URLs
- Metadata descriptions - These are the descriptions users may see when they get a search engine results page after they enter a search term in a search engine - like Google. Some search engines don't use metadata descriptions. Since the user might see them, only use terms that we want users to see in our cleared content.

Links & URLs

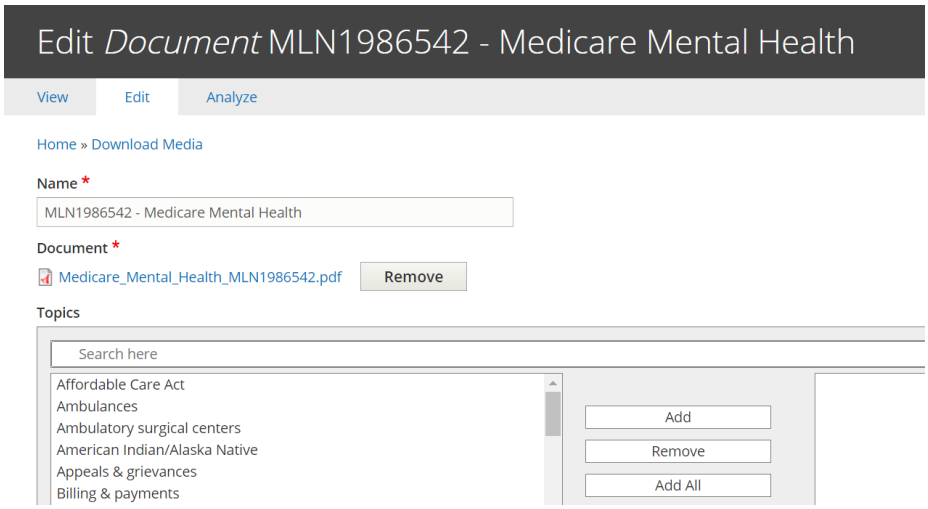
Description

Links should tell the users what they can expect when they select the link. Short, descriptive links help search engines and users find what they need quickly.

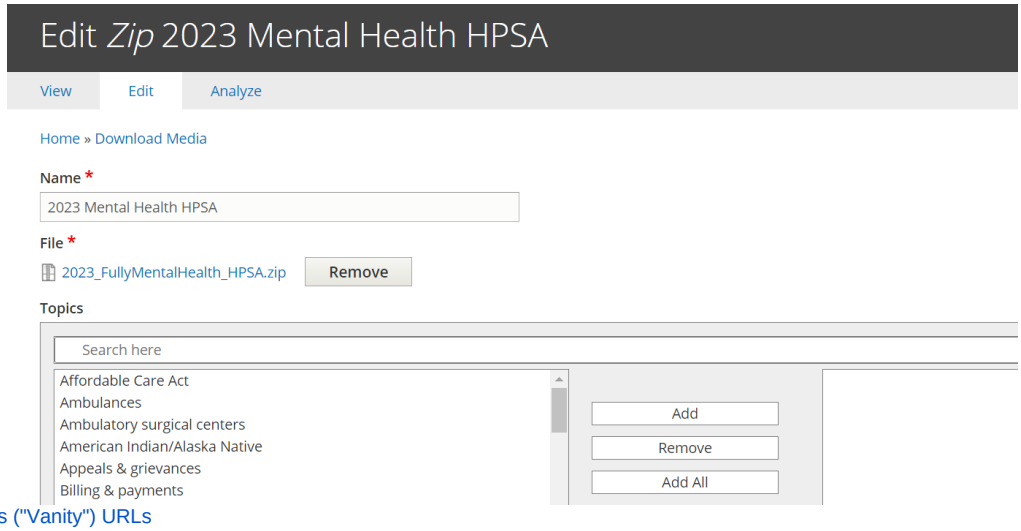
Standards

- Use the full title of the document when creating the URL (see Exceptions: Drupal URLs)
- Add identification number (if applicable) to beginning followed by a hyphen, then the title text
- Try to limit URLs to 20 to 30 characters (per Section 508 Best Practices), but no more than 100 characters

  Example PDF: MLN1988542 - Medicare Mental Health - https://www.cms.gov/files/document/mln1986542-medicare-mental-health.pdf



  Example ZIP: 2023 Mental Health HPSA - https://www.cms.gov/files/zip/2023-mental-health-hpsa.zip



See Alias ("Vanity") URLs

- Follow CMS's Policy for Linking to Outside Websites on CMS.gov
- Don't link to sites from outside the US (like uk.gov)

- Link text should clearly communicate what information the user will get.
- Make your link as short and descriptive as possible.
- Avoid generic language like "Get more information" and "Click here."
- Use keywords to make it easier to find your content.
- Include organization names (like HHS, CMS, CDC) in the hyperlink.
- Avoid context-setting language such as "on the CMS website," "on CMS.gov," "click here," "on the web," or "on the Internet" before or after a URL.
- Avoid spelling out the URL as the link text.
- Use "get" if the information is accessible directly when the user selects the link. Use "find" if the link takes the user to a place where they need to enter any information or search.

- Avoid hyperlink headings or titles. Link the related content under the heading or title to more information instead.
- Incorporate related resources and other links into body content as much as possible
- If a resource has a short title that clearly indicates the topic:
    - Name it and link the title
- In a list of resources, include the content format after the name of the product or webpage. Don't use parentheses.

  Examples:

    - Medicare Part B Immunosuppressive Drug Benefit booklet
    - Medicare & Medicaid Basics fact sheet
    - DMEPOS Fee Schedule: April 2025 Quarterly Update MLN Matters article
- In body content, only include the content format if it's a video or WBT. Don't use parentheses.

  Example: View the Medicare Coverage and Payment of Cognitive Assessment & Care Plan Services video.

  Exception: Include the content format when we refer to the resource with a call to action. Example: Read the Medicare Part B Immunosuppressive Drug Benefit booklet, or see the Flu Shot webpage.

- If a resource title is long or doesn't clearly indicate the relevant topic:
    - Don't name it
    - Use a short verb phrase to indicate the action or purpose
    - Only link the verb if it's the first word of the resource or the verb is "register" and takes the user to a registration page
    - Example: Learn more about Medicare eligibility.

- Use blue and underlined URLs and embedded (inline) hyperlink. Use RGB 0/0/255 for links in MLN PDF products.
- If a link is in a sentence and has punctuation after it, don't capture the punctuation in the linked text.
- Links shouldn't wrap between lines, if possible.
- Use capital letters for CMS.gov.
- Use lowercase letters for all other websites (like socialsecurity.gov).
- Always use the most direct URL when directing people to websites.
- For MLN Publications and multimedia products, link directly to the product, not the detail page.
- Don't use "www." "https://www." and "http://www." in the text that displays for the user. Be sure to confirm that if the user types the URL in their browser, it works without the www. and http://www. In the coding, include "www" or "https://www," even though it's not part of what the user sees.
- Omit section symbols (§§). Use 42 CFR 414.210, not 42 CFR §§414.210.

Make the entire name and form number a link

- Use the most direct link so users don't have to click through multiple pages and or steps.
- Avoid duplicate links on the same page or in the same message as much as possible. Link the first instance only.
- If a link is in the body content on a page or message and there's a "For More Information" section, don't repeat it there.
- If there's companion content on Medicare.gov, link to it.
- Use inline links and embed files instead of putting them in the downloads section (see example).
- Ensure URLs to the subpages reflect the path in the navigation as much as possible.

See Videos

Exceptions

- Use URLs as the link text if it's being done as part of a campaign or for branding purposes
- Use capital letters for websites only if it's a part of their branding (like IRS.gov)
- When it's not practical to use inline links because of a large volume of files (like regulations), link to files as downloads
- Include product type in link for COVID-19 Vaccine Provider Toolkit (COVID-19 Vaccine Provider Toolkit)

Examples

- Complete Form CMS855B to register for the program
- HHS National Minority Health Month
- Medicare.gov
- Medicaid.gov
- CMS.gov
- Get flu vaccine information
- Get your Medicare Administrative Contractor (MAC) and locality numbers based on the State, Fee Schedule Area, or County location of your practice
- Rural Health Clinic booklet
- National Rural Health Association website
- Home Health Rural Add-on Payments Based on County of Residence MLN Matters article
- **Instead of this:** "To find local coverage policy and other general instructions, contact your Medicare Contractor using the Provider Call Center Toll-free Numbers Directory which includes phone numbers and website addresses (See Downloads section below)." **Do this:** Find your MAC's website.
- If you're a person with Medicare, learn more about your Medicare coverage for COVID-19 vaccines, and find a COVID-19 vaccine near you

Meta Descriptions

Description

When you do a Google search, it comes back with a list of links; below each link is a small summary of content on the page. Depending on the search terms used and websites' contents, Google might use a webpage's meta description for this summary. Good meta descriptions inform and attract users with a short, relevant summary of what the page is about. Having a good meta description increases the chances that Google will use it as a summary when someone does a search.

Standard

Make the description clear and concise

- Stay between 135 and 160 characters (including spaces).
- Limit punctuation.
- Don't use adjectives unless they increase understanding of the page content. For example, "billing information" gives more insight, but "important information" doesn't.
- Avoid unnecessary stop words such as "the," "that," "a," "it," "an," "were," etc.
- Use acronyms generously. If the target audience would likely be familiar with an acronym, there's no need to spell it out. For example, if a user is looking for the Wage Index for Skilled Nursing Facilities, they're probably familiar with SNFs. If it's more proper to spell out an acronym, don't add the letters in parenthesis. For example, write "Skilled Nursing Facilities" instead of "Skilled Nursing Facilities (SNFs)."

Highlight what's unique about the page

- Emphasize how this page is different from other pages (including other CMS pages) that might turn up in a search.
- Make sure you tailor language to your target audience.
- Consider using headers from the page for inspiration. For example, the CMS Ambulance Services Center page includes the headlines "Ambulanc e Fee Schedule Zip Code Files" and "Public Use Files;" the spotlights section also includes an initiative about data collection. These can all be joint under "access relevant data."
- Don't use specific dates; for example, say "Access the PFS final rule" instead of "Access the CY 2021 PFS final rule."

Use action-oriented language

- Use verbs that will encourage users to select, such as "discover," "grab," "learn."
- Highlight any interactive tools. For example, "Use the Physician Fee Schedule Look-Up Tool to search pricing amounts and payment policies for over 10,000 physician services."

Choose keywords carefully

- It's important to use keywords, but the description can't just be a list of keywords. For example, instead of listing "fact sheets, booklets, videos, templates, etc." just mention "tools" or "resources." If there are too many keywords, Google's search algorithm might think it's spam and will compile the snippet from other sources.
- Don't include trademark symbols. Google search counts these as its own word, which dilutes the value.

Examples:

- For Medicare providers: Guidelines and codes for COVID-19 vaccine administration.
- For providers: Check patient eligibility and benefits. Check claims, payments, and fee schedules. Update your Cigna provider directory information.
- Search Medicare publications for provider information and resources on a variety of topics such as coding, preventive services, and provider compliance.
- Resource directory for Medicare FFS providers and suppliers. Learn more about payment systems and other CMS administrative policies like billing and coding.
- Get provider information including case management, health care services and quality improvement.
- Get providers resources and forms including earlier authorization, Medicare payer sheets, and provider newsletters.

Compiled from suggestions in Palmetto's Basic SEO Guide, Google's SEO Starter Guide, and the SEO Cheat Sheet.

PDFs

Description

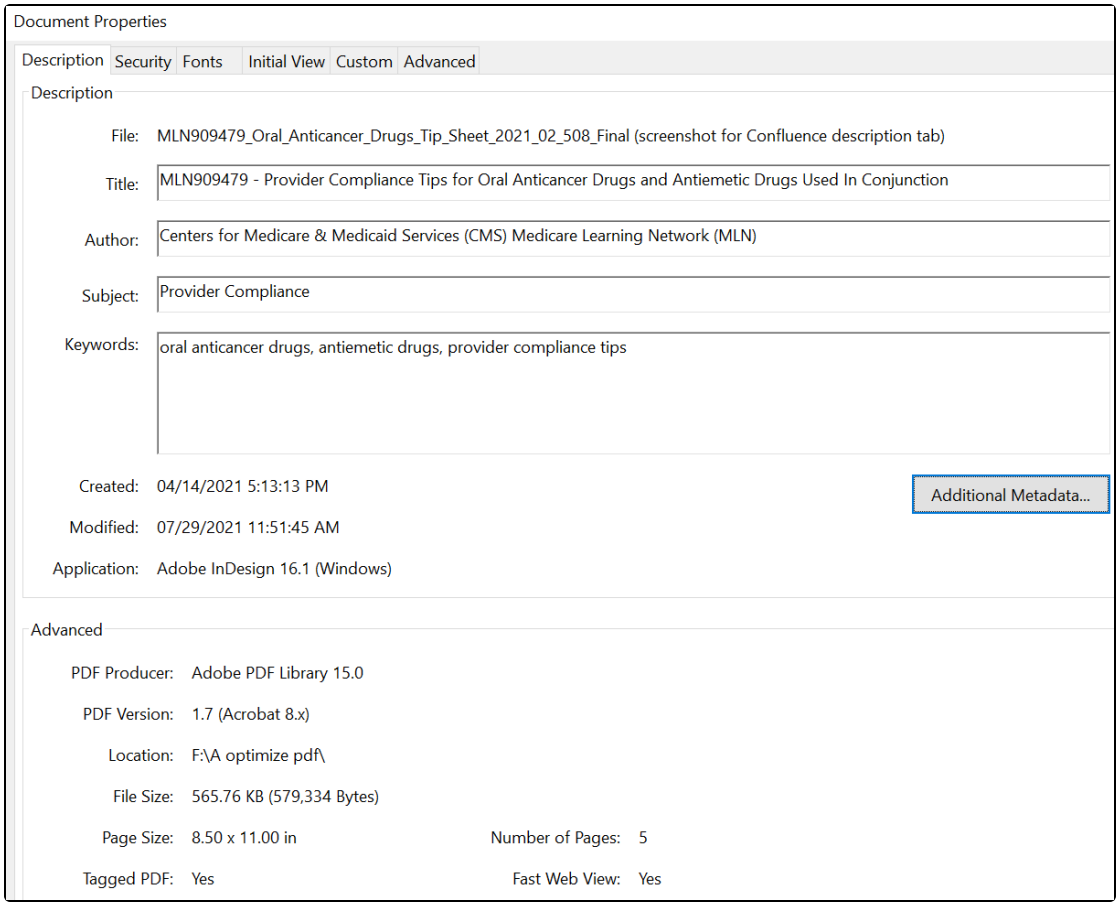
We use PDFs so users can easily share and print files without being able to change the content. To help users find PDFs, you can optimize the content by completing the metadata fields so that search engines find your PDF file. This doesn't always guarantee that your PDF will rank at the top of the search engine results page, but it will optimize the factors that will help it rise higher in the rankings. There are 3 main areas that we optimize in our PDFs:

1. Description tab
2. Body content
3. URL format (See Links & URLs.)

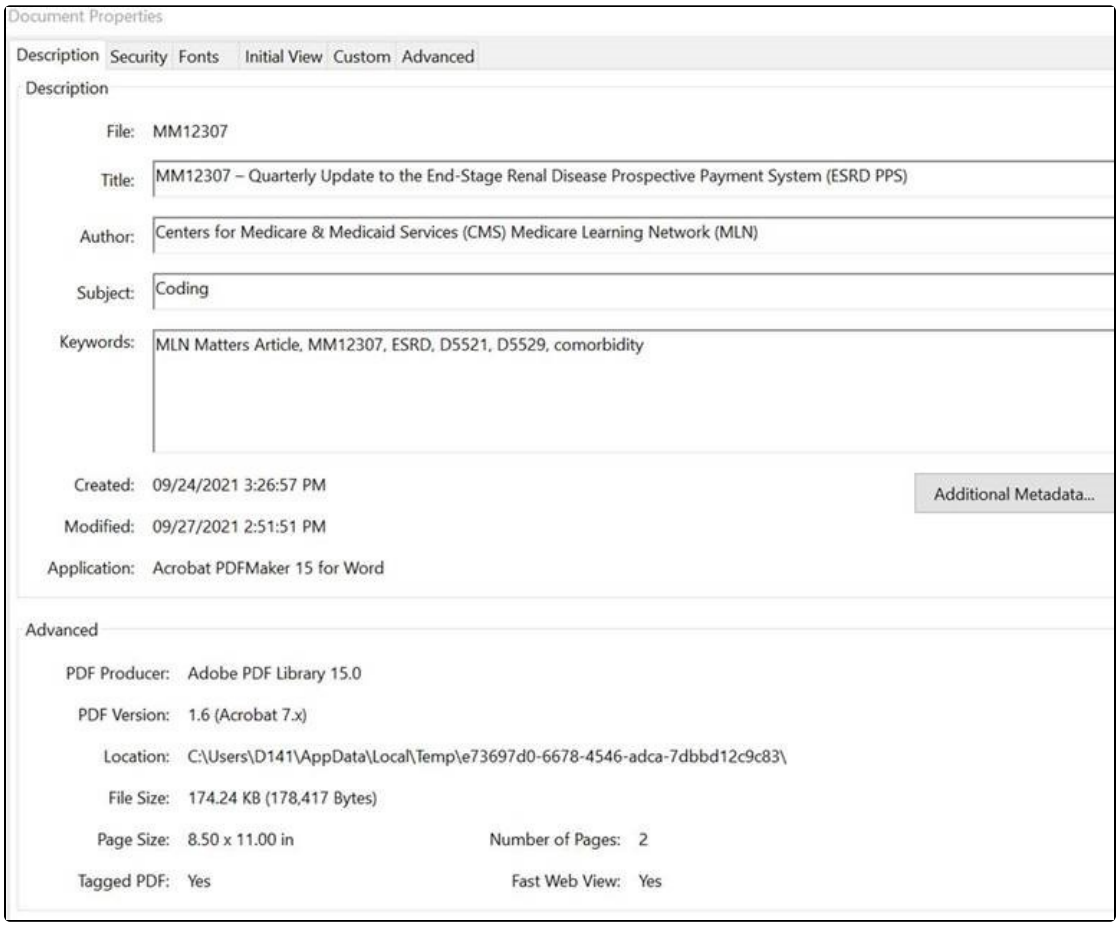
Standard

1. Update metadata fields in the Description Tab

- **Title** - Enter the identification number (ICN or MLN Matters® Article number, if applicable) and full title of document, see screenshot example
- **Author** - Use "Centers for Medicare & Medicaid Services (CMS)." If it's an MLN product or MLN Matters® Article, add "Medicare Learning Network (MLN)."
- **Subject** - A general topic (not the same as Title). The approved list of product topics:
    - Access to Care
    - Coding
    - Communicating with Patients
    - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)
    - Evaluation and Management (E/M)
    - Fraud & Abuse
    - Home Health
    - Medicaid
    - Medicare/Medicaid
    - Medicare Shared Savings Program
    - Office Management
    - Payment Policy
    - Preventive Services
    - Provider Compliance
    - Provider-Specific
    - Provider-Supplier Enrollment
    - Quality Initiatives
    - Remittance Advice
    - Rural Health
- **Tagged PDF** - Make sure you tag your document for Section 508 Compliance
- **Fast Web View** - Be sure to enable this


Document Properties
Description
Security
Fonts
Initial View
Custom
Advanced
Description
File: MLN909479_Oral_Anticancer_Drugs_Tip_Sheet_2021_02_508_Final (screenshot for Confluence description tab)
Title: MLN909479 - Provider Compliance Tips for Oral Anticancer Drugs and Antiemetic Drugs Used In Conjunction
Author: Centers for Medicare & Medicaid Services (CMS) Medicare Learning Network (MLN)
Subject: Provider Compliance
Keywords: oral anticancer drugs, antiemetic drugs, provider compliance tips
Created: 04/14/2021 5:13:13 PM
Modified: 07/29/2021 11:51:45 AM
Application: Adobe InDesign 16.1 (Windows)
Additional Metadata...
Advanced
PDF Producer: Adobe PDF Library 15.0
PDF Version: 1.7 (Acrobat 8.x)
Location: F:\A optimize pdf\
File Size: 565.76 KB (579,334 Bytes)
Page Size: 8.50 x 11.00 in
Number of Pages: 5
Tagged PDF: Yes
Fast Web View: Yes

MLN Product



MLN Matters® Article

2. Include keywords in the headings and body content

Just like any webpage, PDF documents add to the Search Engine Optimization (SEO) value of your site when they have keywords in heading (H1, H2) tags and body content. Follow the Links & URLs standards when referencing other webpages.

3. Update URL format

- Use the full title of the document when creating the URL
- Add identification number (MLN# or MM#, if applicable) to beginning followed by a hyphen, then the title text
- Limit URLs to 30 characters (per Section 508 Best Practices), if possible, but no more than 100 characters

Exceptions: Drupal URLs (for new PDF files only)

The URL won't always match the title because Drupal:

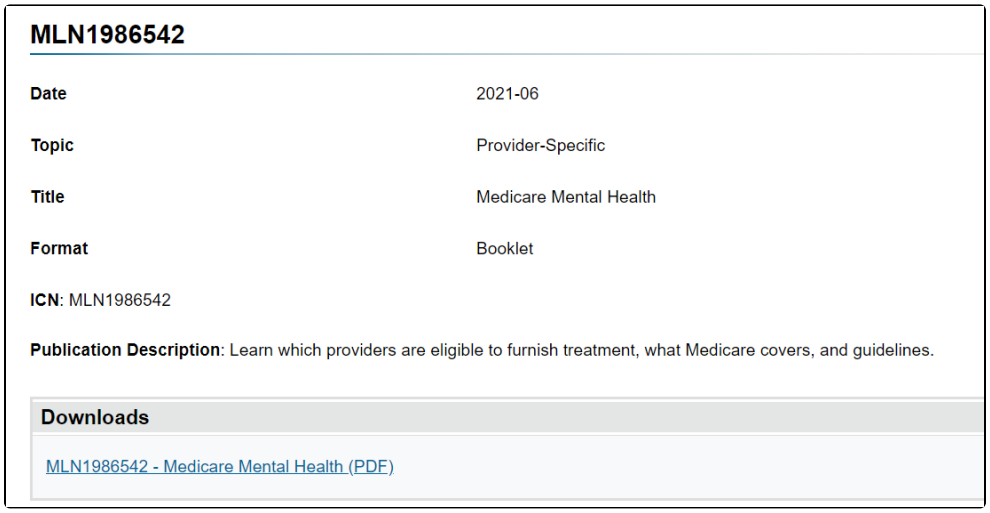
- Cuts off text at the first full word before 100 characters
- Automatically removes short words, like "a," "for," "to," "the"
- Removes symbols like parentheses for acronyms, apostrophes, ampersands
- Adds dashes for spaces

For example, this title "MLN909406 - Provider Compliance Tips for Inpatient Rehabilitation Facility (IRF) - Inpatient Rehabilitation Hospitals and Inpatient Rehabilitation Units" becomes this URL https://www.cms.gov/files/document/mln909406-provider-compliance-tips-inpatient-rehabilitation-facility-irf-inpatient-rehabilitation.pdf.

Note: Migrated files from Percussion with predefined URLs can't follow the recommended format, even if you try to change the "Name" field in Drupal.

Example: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM7676.pdf

PDF Examples in Drupal



MLN1986542

Date	2021-06
Topic	Provider-Specific
Title	Medicare Mental Health
Format	Booklet

ICN: MLN1986542

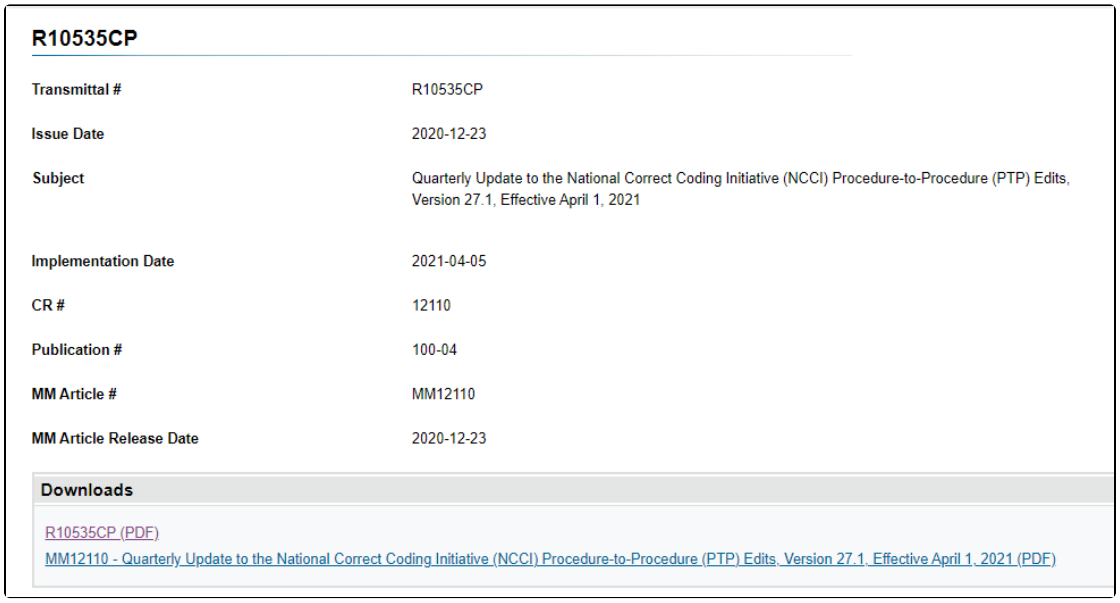
Publication Description: Learn which providers are eligible to furnish treatment, what Medicare covers, and guidelines.

Downloads

MLN1986542 - Medicare Mental Health (PDF)

Full title of document and identification number (with an ICN number)

Example URL: https://www.cms.gov/files/document/mln1986542-medicare-mental-health.pdf.



R10535CP

Transmittal #	R10535CP
Issue Date	2020-12-23
Subject	Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 27.1, Effective April 1, 2021
Implementation Date	2021-04-05
CR #	12110
Publication #	100-04
MM Article #	MM12110
MM Article Release Date	2020-12-23

Downloads

R10535CP (PDF)

MM12110 - Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 27.1, Effective April 1, 2021 (PDF)

Full title of document and identification number over 100 characters (with an MLN Matters® Article number)

Example URL: https://www.cms.gov/files/document/mm12110-quarterly-update-national-correct-coding-initiative-ncci-procedure-procedure-ptp-edits.pdf

Web Content Types

Standards

- Frontload important information
- Use subheadings and other available formatting elements (like notes, accordions, bulleted and numbered lists, and tables) to organize content in an easy-to-digest and visually appealing way
- Include this language if there's existing beneficiary content: This information is for health care providers. If you're a person with Medicare, learn more about [topic].
- Use Notes (Drupal tables) sparingly to either:
    - Draw attention to important content
    - Visually break up long chunks of text
- Include bold headings and subheadings (H2s and H3s):
    - Frame as user-asked questions, if possible
    - Make actionable, if possible
    - Order from most important to least
- Include a History heading for historical policy information
- Include an Archive heading for documents 6 years and older
- Include a Contact Us section towards the end, if needed:
    - Include contact information relevant to the topic
    - Contact information can be email addresses or phone numbers
    - Don't link to the Contact CMS page
- Include a Resources or More Information section at the end, if needed:
    - List resources from most important to least
    - Include resource dates, if needed (i.e. 5/16/24 or May 2024)
    - Don't list beneficiary resources

Center Pages

- Limit to 1 webpage
- Include Information Center at the end of the page title
- Include an AI generated description of the page and an appropriate image
    - Include an Announcements section;
    - Create an [Insert Provider/Supplier] News & Announcements page if the section contains more than one announcement or if the announcement is lengthy.
    - Hyperlink title of each topic to each Announcements page's corresponding anchor link
    - Add a blue button for "View all announcements" to go to the Announcements page
- Include a Resources section below the Announcements:
    - Use 2-column layout with consistent subheadings between Centers including:
        - Enrollment & Participation (left side top)
        - Coverage (left side top)
        - Billing/Payment (right side top)
        - Coding (right side top)
    - Subheadings should be grouped by topic. Ensure each column is balanced (right & left) on the page.
    - For manuals & transmittal items, use sub header "Program Manuals & Transmittals".
    - For regulations & legislation items, use sub header "Policies, Regulations, & Legislation
    - Use singular bullets, when needed, for page alignment and consistency
- Include a third section with a 2-column layout for a Stay Informed and Contacts section
- (Optional) Include any Downloads as appropriate for the page. Use your judgement to determine whether the links should be listed under a subheading in the Resources Section or under Downloads. If the links are just a list of files, they should probably move under Downloads. If they contain clarifying text, it can probably stay under a subheading in Section 2.
- (Optional) Include any Related Links as appropriate for the page. Use your judgement to determine whether the links should be listed under a subheading in Resources Section or under Related Links
- Example: Clinical Labs Information Center

Files

- Organize files chronologically – newest to oldest
- Archive any files older than 6 years, unless users need them more readily available
- Include month and year or month, day, and year at the end of the file name, if available
- Include a short description in the file name, to aid in SEO
- Example: ASP Pricing Files

Highlights

Landing Pages

- Include a Highlight, if needed
- Include a brief description of main topic
- Example: Clinical Laboratory Fee Schedule

Provider Compliance & Fast Facts

Special Topics

- Topic is not a specific provider type
- Format like an Information Center page
- Example: End-Stage Renal Disease Information Center

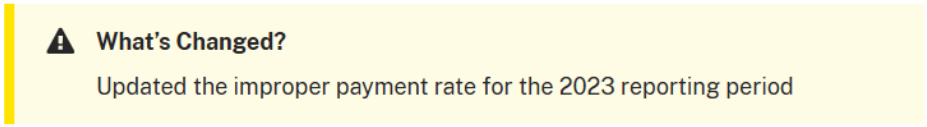
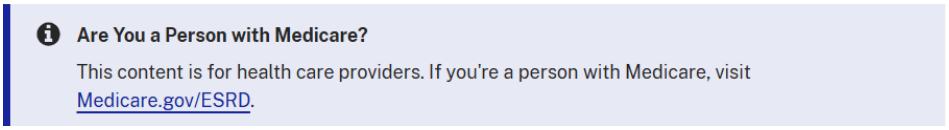
Spotlights

Subpages

- Include a Highlight, if needed
- Provide a link back to the main landing page
- Example: CLFS Annual Public Meeting

Web Banners

These banners only work on section pages or layout builder pages. They can't be used on center pages, dynamic lists, or sub site pages.

Banner	Use
	Use on PCG-owned and managed webpages to summarize recent updates. Remove after 90 days.
	Use on PCG-owned and managed webpages when updates are minor. Remove after 90 days.
	View Link Directory for more information.
	• Use at the bottom of all PCG-owned webpages • Use at the bottom of other CMS.gov webpages when SMEs agree

Who vs. That (Referring to Providers)

Standard

- When using the term "providers" to refer to people (like doctors), use "who"
- When using the term "providers" to refer to **a group** of providers that includes doctors, facilities, institutions and suppliers, use "who"
- When using the term "providers" to refer to **facilities** (like a like a hospital or ESRD facility), use "that"

Examples

- We work with providers **who** serve people with Medicare.
- We process claims for institutional providers **who** serve people with Medicare.
- Skilled nursing facilities **that** take part in this model will have to fill out a report.
- Hospitals, SNFs, and FQHS **that** bill Medicare need to take these steps.

What's Changed?

Standards Version	Changes
18 May 2026	• Acronyms: Removed ESRD as a common acronym • Capitalization: Changed standard for federally qualified health center • Terminology: Use This, Not That: Added evidence-based assessment, electronic health record, electronic prior authorization, and physical activity and nutrition risk assessment
13 Jan 2026	• Acronyms: Added PrEP and updated link title rules • Bullets & Numbered Lists: Added rules on bullets starting with numbers • Dashes: Added rule on spacing around em dashes • Forms: Added guidance on using shortened form names • Headings & Titles: Updated capitalization rules • Link Directory: Added telehealth language • Terminology: Use This, Not That: Added timeframe
25 Nov 2025	• Acronyms: Updated U.S. vs. United States use • Capitalization: Added standards on capitalization of tribe and nation • Colons: Updated use of capitalization after colon • Commas: Added standard on effective date • Logos, Icons & Images: Added new section on photographs • Numbers, Dates & Times: Added standards on intervals and long numbers • Race & Ethnicity: Updated list to match Census's • Terminology: Use This, Not That: Added HHS's and digital
21 Jul 2025	• Web Content > Web Disclaimers: Created new standard
13 Jun 2025	• MLN Formatting & Templates > MLN Matters Articles: Removed section on Special Edition articles • MLN Formatting & Templates > Publication: Changed coverage page requirements (from optional to mandatory graphic change)