National Provider Communication Standards

What's Changed? – As of 8/1/2022

- **Capitalization – Added**: Examples of an acronym and Medicare.gov
- **Contractions – Added**: "They'll" to list of acceptable contractions
- **Figures & Tables – Added**: Alt text language
- **Link Directory: Where to Link Common References – Added**: Language to refer patients who came to CMS.gov to Medicare.gov
- **MLN Formatting & Templates – Added**: New standard - If you revise the title of a product (not an HTML) that was originally posted under Percussion, set up an Alias ("Vanity") URL that follows our naming standard
- **MLN Formatting & Templates > HTML – Clarified**: The standards for displaying revisions also apply to new content, not just revisions to existing content
- **MLN Formatting & Templates > Publications – Clarified**: "What's Changed" applies to new content, as well as existing content
- **Numbers, Dates, Percentages, & Time – Added**: Don't include "rd," "st," or "th" after the number directly following a month
- **Optimizing Web Content > Links & URLs – Added:** Exception to include "Provider Toolkit" in link for COVID-19 Vaccine Provider Toolkit
- **Optimizing Web Content > Links & URLs – Clarified:** Rule about linking verbs by providing 2 exceptions: Link the verb if it's the first word of the page title or the verb is "register" and takes the user to a registration page
- **Slashes (/) – Clarified**: Proper use of "and" or "or," never both
- **Terminology: Use This, Not That – Added**: "Canceled" instead of "Cancelled"
- **Terminology: Use This, Not That – Changed**: "Check Medicare eligibility" to "Check eligibility"

As of 6/13/2022

- **Capitalization – Clarified:** To capitalize word after hyphen if in a title or heading
- **Gender vs. Sex – Changed:** Definition of "sex" and **added** definition of "sex assigned at birth"
- **Link Directory: Where to Link Common Reference – Changed:** Advance Health Equity messages
- **MLN Formatting & Templates > HTML – Changed:** Anchor links in HTML educational tools
- **Optimizing Web Content > Links & URLs – Added:** Don't link the verb in link text
- **Optimizing Web Content > PDFs – Added:** "Access to Care" as a product topic
- **Terminology: Use This, Not That – Added:** "start" instead of "begin"
- **Trademarks & Disclaimers – Changed:** Medicare Learning Network® Content & Product Disclaimer, and Department of Health & Human Services Disclosure

As of 5/17/2022

- **Acronyms – Added:** PECOS as a common acronym
- **Link Directory: Where to Link Common References – Added:** Advanced Health Equity statement
- **MLN Formatting & Templates – Added:** Reference and placement of the Advance Health Equity statement
- **MLN Formatting & Templates > HTML – Changed:** Updated Tracking Google Analytics
- **MLN Formatting & Templates > Publication – Changed:** Updated templates
- **Spotlights – Changed:** Spotlights on CMS.gov to Spotlights for Payment Rules
- **Terminology: Use This, Not That – Added:** Low dose computed tomography (no hyphen)
- **Terminology: Use This, Not That – Added:** Part B-ID and added text to remove "all" when referring to people with Medicare Part A or Part B

As of 4/12/2022

- **Acronyms – Added:** MBI & NPI as common acronyms (with an exception)
- **Gender vs. Sex –Changed:** Clarified sex assigned at birth and gender descriptions
- **Legislation & Regulations – Clarified:** Use the full name of legislation as it appears officially (don't edit it to match our standards)
- **Link Directory: Where to Link Common References – Added:** Sentence to eligibility reference re: if you need help
- **Race & Ethnicity – Added:** New standard

As of 3/16/2022

- **Ampersands – Changed:** Explain when it's okay to use more than 1 ampersand in a title or heading
- **Capitalization – Added:** If you have Federally Qualified Health Center in the same sentence as another provider type then capitalize the other provider type in that sentence
- **Gender vs. Sex – Added & Changed:** Gender neutral titles, clarified standard
- **Headings & Titles – Changed:** Using acronyms in titles
- **Letters – Added:** Use gender neutral greeting in letters
- **MLN Formatting & Templates > Publication – Changed:** Updated bullet re: linking titles so that we know not to link the product format
- **Numbers, Dates, Percentages, & Time – Added:** When to use the year in dates and includes exceptions
- **Optimizing Web Content > Links & URLs – Changed:** Clarified to only link title, not format

- **Terminology: Use This, Not That – Added:** New standard for Zip Code

As of 1/13/2022

- **Acronyms – Changed:** Specified for titles
- **Capitalization – Added:** Standard to capitalize contract types
- **Contractions – Added:** "what's"
- **Gender vs. Sex – Added:** New standard
- **Headings & Titles – Changed:** Using acronyms in titles
- **Link Directory: Where to Link Common References – Added:** Referring to MAC secure internet portals or electronic mailing list
- **Link Directory: Where to Link Common References – Added:** National Supplier Clearinghouse
- **Numbers, Dates, Percentages, & Time – Added:** An exception to spell out "one" when using the phrase "one-time"
- **Numbers, Dates, Percentages, & Time – Added:** Standard for fractions
- **Optimizing Web Content > Alias ("Vanity") URLs – Changed:** Reducing the number of hyphens
- **Optimizing Web Content > Links & URLs – Added:** Avoid hyperlink headings or titles
- **Terminology: Use This, Not That – Added:** Use "MAC secure internet portal"

As of 12/9/2021
- **Acronyms – Added:** U.S. as a common acronym
- **Acronyms – Added:** When referring to MACs singular and plural
- **Link Directory: Where to Link Common References – Added:** When referring to Medigap
- **Numbers, Dates, Percentages, & Time – Added:** Moved time zone standard from the "Terminology" page
- **Numbers, Dates, Percentages, & Time – Added:** Noon vs 12pm, repeating am and pm in time range
- **Optimizing Web Content > Alias ("Vanity") URLs – Added:** MAC website list
- **Slashes (/) – Added:** New standard for using slashes
- **Spotlights on cms.gov – Added:** Linking to fact sheet vs. press release
- **Terminology: Use This, Not That – Added:** Original Medicare vs. Traditional Medicare
- **Terminology: Use This, Not That – Added:** Referring to MACs
- **Who vs. That (Referring to Providers) – Added:** Example with "institutional providers"

As of 10/19/2021

- **Acronyms – Added:** QR Code as a common acronym

- **Campaign Analytics & Feedback – Added:** New standard for Google Analytics, GovDelivery Statistics, and Qualtrics Survey
- **Contractions – Added:** "that's" as a common contraction
- **Legislation & Regulations – Added:** Always reference a legislation section if it's applicable
- **Optimizing Web Content > Alias ("Vanity") URLs – Added:** PAMA Regulations
- **Optimizing Web Content > Keywords – Changed:** Character limit
- **Optimizing Web Content> Optimizing PDFs – Added:** Clarified standard
- **Plain Language > PCG Examples: Before & After– Added:** Clinical Fee Schedule Direct Mailing
- **Spotlights on cms.gov – Added:** New standard that announces important information at the top of the page within a blue box
- **Terminology: Use This, Not That – Added:** "professional" to the column indicating terms we don't use to refer to a provider
- **Trademarks & Disclaimer – Added:** Exceptions to MLN Connects newsletter
- **Trademarks & Disclaimer – Added:** Medicare Advantage (MA) language to use in content about eligibility, coverage, and payment

As of 9/16/2021

- **Contractions – Added:** Guidance for contractions not on the list
- **Costs – Added: Free vs. waived vs. no cost**
- **Legislation & Regulations – Added:** New standard
- **Link Directory: Where to Link Common References – Added:** New standard
- **MLN Formatting & Templates> HTML – Added:** Tealium code
- **Terminology: Use This, Not That – Added:** Impact as a verb
- **Terminology: Use This, Not That – Added:** People with Medicare" vs "patients.
- **Terminology: Use This, Not That – Added:** CR numbers
- **Terminology: Use This, Not That – Added:** Formatting of CMS.gov
- **Trademarks & Disclaimer – Added:** Use of the trademark symbol

As of 8/16/2021

- **Acronyms – Added:** ESRD as a common acronym
- **Commas – Added:** Serial (Oxford) comma
- **MLN Formatting & Templates> Publication – Added: "**Introduction" section text is no longer a heading
- **Optimizing Web Content> Optimizing PDFs – Added:** New standard for PDFs
- **Terminology: Use This, Not That – Added:** Use of Medicare drug plan (Part D)
- **Videos (Best Practices) – Added:** Standard for listing video run time

As of 7/14/2021

- **Logos, Icons, & Images – Added:** Copyright standards for images*
- **MLN Formatting & Templates – Added:** Naming and placing a product*
- **MLN Formatting & Templates – Added:** Standards for margins and text color*
- **MLN Formatting & Templates> HTML – Added:** Displaying MLN publication revisions for product development*
- **MLN Formatting & Templates> HTML – Added:** Adding a print button
- **MLN Formatting & Templates> MLN Matters® Articles – Added:** Displaying MLN publication revisions for product development*
- **MLN Formatting & Templates> Podcast – Added:** Standards for podcasts*
- **MLN Formatting & Templates> Printing – Added:** Requirements for printing products*
- **MLN Formatting & Templates> Publication – Added:** Content sections for product development*
- **MLN Formatting & Templates> Publication – Added:** Design standards for product development*
- **MLN Formatting & Templates> Publication – Added:** Displaying MLN publication revisions for product development*
- **MLN Formatting & Templates> Publication – Added:** Video standards for product development*
- **MLN Formatting & Templates> Web-Based Training – Added:** WBT standards for product development*
- **Optimizing Web Content > Alias ("Vanity") URLs – Added:** New standard added for vanity URLs.
- **Optimizing Web Content > Links & URLs – Added:** Inline links and examples
- **Terminology: Use This, Not That – Changed:** Find your MAC's website

* This item came from the DPIPD Product Development SOP

As of 6/14/2021

- **MLN Formatting & Templates – Changed:** Specified RGB 0/0/255 color for MLN PDF product links
- **MLN Formatting & Templates> Publication – Added:** Co-branded logos links
- **Letters – Added:** Making changes to a letter before posting it to the web
- **Optimizing Web Content > Keywords – Added:** More details to the metadata "Best Bets" section of this standard (#4)
- **Optimizing Web Content > Links & URLs – Added:** Use RGB 0/0/255 for links in MLN PDF products
- **Terminology: Use This, Not That – Added:** Use LGBTQ+
- **Terminology: Use This, Not That – Added:** Redundancy with the word "Medicare" in products

- **Numbers, Dates, Percentages, & Time – Added:** Comma after year when date is in a sentence

As of 5/13/2021

- **Formatting & Templates – Added:** Use RGB 0/0/255 color for links
- **MLN Matters® Articles – Changed:** MLN publications link directly to product and no longer to detail page
- **MLN Connects® Newsletter – Added:** Refresh browser language
- **Hyphens & Compound Modifiers – Added:** Examples of compound modifiers
- **Keywords – Added:** Clarified the different types of keywords (content and metadata) and added 64 character limit and commas between words
- **Links & URLs – Added:** Clarified not to use "https" in long form of URLs
- **Videos & Links & URLs – Added:** Linking to videos
- **Terminology: Use This, Not That – Changed:** How readers can reach their MAC
- **Terminology: Use This, Not That – Added:** Use "Get" instead of "Receive"
- **Tone of Voice – Added:** Avoid unnecessary words like "please"

As of 3/20/2021

- **Acronyms – Added:** Titles: use acronyms in product and Special Edition MLN Matters Articles titles instead of spelling out. MLN Matters Articles related to Change Requests (CRs) use the same title as the CR on the cms.gov dynamic list.
- **Links & URLs – Added:** Use "get" if the information is accessible directly when the user clicks on the link. Use "find" if the link takes the user to a place where they need to enter any information or search.
- **Links & URLs – Added:** Include organization names (like HHS, CMS, CDC) in the hyperlink
- **Slashes (/) – Added:** Avoid using a slash in writing unless it is part of commonly-understood terminology for the audience.
- **Terminology: Use This, Not That – Added:** Shot vs. vaccine
- **Terminology: Use This, Not That – Added:** And Or vs. and/or
- **Terminology: Use This, Not That – Added:** Payment vs. reimbursement
- **Terminology: Use This, Not That – Added:** CMS's vs. CMS'
- **Terminology: Use This, Not That – Added:** Data is vs. Data are
- **Terminology: Use This, Not That – Added:** Up-to-date vs. Current
- **Terminology: Use This, Not That – Added:** Specified that "subscribe" should always link to our electronic mailing lists page

As of 3/18/2021

- **Formatting & Templates – MLN Matters Articles – Added:** Standard: Always capitalize the "A" even if only referring to "the Article"
- **Free vs. No Cost vs. Waived – Added Page:** Standard: Consult the policy to confirm whether to use "free," "no cost," or "waived." Use the correct term consistently in all communications on the topic.
- **Numbers, Dates, Percentages, & Time – Added:** Dates: Use a dash to indicate a range (see exception). Exceptions: If the SME recommends a word (like between or through) for a policy reason, use that word instead of a dash. Examples: Collect Data January 1 - June 30, 2019.
- **Numbers, Dates, Percentages, & Time – Added:** For time ranges, replace "to" with a dash.
- **Optimizing Web Content – Added:** Keywords and Meta Descriptions
- **Who vs. That (Referring to Providers) – Added Page:** Included new standard and examples.
- **Terminology: Use This, Not That – Moved:** References to "free", "no cost", "waived" were moved to the Free vs. No Cost vs. Waived page.

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).

Exceptions

- Titles:
    - Use common acronyms in product and Special Edition MLN Matters Articles.
    - 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.
    - MLN Matters Articles related to Change Requests (CRs) use the same title as the CR on the cms.gov dynamic list. See Headings & Titles
- In longer publications, such as guides or 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 in PCG Communications.

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

- CDC
- CFR
- CMS
- COVID-19
- CPT
- ESRD
- FAQs
- FDA
- HCPCS
- HHS
- ICD-10
- IRS
- MBI (see exception)
- NPI
- Q&A
- QR Code
- PECOS
- SSN
- U.S.

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 identify 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 will need it for future inquiries.

Ampersands

Standards

- Use ampersands (&) instead of "and" in headings & titles
- Use a comma before the ampersand in a series of 3 or more
- 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

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

Bullets & Numbered Lists

Standards

- Use bullets for a list that has 2 or more items.
- Use parallel structure (start each bullet with the same part of speech - either a noun or a verb, but be consistent).
- 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.
- Capitalize the first word of every 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.

Examples

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

Campaign Analytics & Feedback

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

- Google Analytics to understand user behavior on webpages
- Gov Delivery statistics to collect data about campaign messages
- Qualtrics surveys to collect data about user experiences on webpages

Google Analytics

Description

We use Google Analytics to understand user behavior on our webpages. We'll work with you to define metrics that quantify user actions so that you can understand the effect of your campaign.

Standards

Metrics

The primary metrics we use to understand user behavior patterns on our webpages include:

- Pageviews:
    - Total number of pages viewed
    - Repeated views
    - Doesn't include internal CMS web traffic
- Unique pageviews:
    - Number of sessions when the user viewed the page (URL + page title combination) at least once
    - Doesn't include internal CMS web traffic
- Average time on page: Average amount of time users spent viewing a specific page or screen or set of pages or screens.
- Bounce Rate:
    - Percentage of single-page sessions when there was no interaction with the page
    - Has a duration of 0 seconds
- Percent Exit: Indicates how often users exit when they view the page.
- Referral: Shows you the website (by domain) a user was on when they clicked through to get to your site.
- Direct: People who typed your website's URL into their browser or clicked a link in an email application (that didn't include campaign tags). Direct sessions also include other cases where Google Analytics can't identify the source of the click. Google Analytics will only assign 'direct' as a last resort. When a known source is used, we attribute that source to the session.
- Organic: Refers to people clicking on a free link from a search results page like Google.
- Source/Medium: Combines source and medium -see monthly analytics report (for example: Google/organic, novitas-solutions.com/referral, lnks.gd/referral)
    - Source: How users got to your page (for example, a search engine like Google or a domain like example.com)
    - Medium: General category of the source (for example, organic search (organic), cost-per-click paid search (cpc), web referral (referral))

Standard Reports

The following standard reports are available in Microsoft Excel format:

- Weekly reports:

    - Daily unique pageviews (chart)
    - Specific metrics for all campaign pages: pageviews, unique pageviews, exit rate, bounce rate, and average time on page
    - Number of referrals from a CMS spotlight page, if applicable

- Monthly reports:
    - Unique pageviews for main campaign landing page (chart)
    - Specific metrics for all campaign pages: pageviews, unique pageviews, exit rate, bounce rate, and average time on page
    - List of top 10 sources/mediums, including:
        - Unique pageviews
        - Direct, organic, and referral sources for the main campaign landing page (sources for other pages in the campaign upon request)

We can also generate reports for specific metrics upon request for webpages (for example: number of new and returning users to a page or a user's next page path) or campaign-related files (for example: clicks on New Medicare Card fact sheet).

Request Google Analytics

Submit a web request.

Examples

- Weekly analytics report
- Monthly analytics report

Resources

- Key Metrics to Understand User Patterns on PCG Webpages
- The Ultimate Google Analytics Glossary - 2021 Edition

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 Gov Delivery uses them in benchmarking)

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

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

We'll work with your team to 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

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

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
- 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, only if you are to capitalize that word based on the Headings & Titles standards
- Don't capitalize product types (for example, fact sheet, educational tool) unless you're to capitalize the words based on the Headings & Titles standards
- Always capitalize contract types

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 publications list on cms.gov may be in capitals due to formatting of the list. "MLN Matters" is an exception because it trademarked.
- If you've Federally Qualified Health Center in the same sentence as another provider type then capitalize the other provider type in that sentence.

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.

Colons

Standard

Capitalize the first word after a colon, only if what follows is a complete sentence.

Examples

- You must have the following 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
- 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

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)	**Process (CMYK)**	**Process (CMYK)**	**Process (CMYK)**	**Process (CMYK)**	**Process (CMYK)**
C 100	C 100	C 90	C 83	C 73	C 0
M 60	M 69	M 44	M 25	M 0	M 11
Y 19	Y 0	Y 58	Y 73	Y 57	Y 94
K 59	K 11	K 27	K 9	K 0	K 6
RGB	**RGB**	**RGB**	**RGB**	**RGB**	**RGB**
R 0	R 0	R 8	R 35	R 43	R 243
G 48	G 82	G 95	G 135	G 184	G 207
B 82	B 155	B 93	B 101	B 146	B 30
HTML	**HTML**	**HTML**	**HTML**	**HTML**	**HTML**
002f51	00529b	075e5d	238664	2bb891	f2ce1e

Hex codes are listed below:

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

Commas

Standard

Serial (Oxford) comma: Use in a list of 3 or more.

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.

Contractions

Standard

Use the following common contractions because they're easier to read. If you want to use a contraction not listed below, 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

Costs

If you need to talk about this:	Do this:
"free" vs "no cost" vs "waived"	Consult the policy 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/your-medicare-costs/medicare-costs-at-a-glance
Medicare Advantage plan costs	Use this language: Benefit costs and coverage may vary by plan. For more information on premiums, copays, and Medicare Advantage plans, refer to the Find a Medicare plan page.

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.

Exceptions

- Use an em dash (the longer dash, —) to offset a phrase or reference a manual
- section Use an en dash (the shorter dash, -) to convey a range of numbers

Examples

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

Figures & Tables

Standards

- Number figures and tables sequentially but separately throughout the product
- 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

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

Examples

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

Gender vs. Sex

Standard

- Use **sex** to refer to the presence of specific anatomy and to the biological differences between males, females, and intersex individuals. Sex characteristics include hormonal, genitalia, and other genetic differences. Although sex is typically thought of as male or female, sex also includes intersex individuals—people with differences in sexual development.
- Use **sex assigned at birth** when asking about sex in gender-affirming health care settings. This information is important for clinical decision support, preventive screenings, and population health management. Some transgender people pursue gender affirming surgeries and may have primary and secondary sex characteristics (genitalia, body shape) that match their gender identity. However, many transgender individuals don't desire or need gender-affirming surgeries or treatments, and many others lack access to gender-affirming care.
- Use **gender** when referring to a person's internal sense of who they are.
- Use gender neutral greetings.

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.

If you're unsure which term to use, work with your subject matter expert.

Examples

Other factors affecting DRG assignment are patients' sex assigned at birth, age, or discharge status disposition.

Dear Medicare Providers,

Dear Dr. Jane Smith,

Dear Dr. Joe Smith,

Headings & Titles

Standards

- 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.
- Use Title case (capitalize all the elements except articles, prepositions, and conjunctions unless it's the first word of the sentence).
- Use ampersands (&) instead of "and." See ampersands.
- Use numerals instead of spelling out the number. See numbers, dates, percentages, & time.
- Use the right keywords to optimize the content.
- Avoid hyperlink headings or titles. Link the related content under the heading or title to more information instead.

Exceptions

The titles of MLN Matters Articles related to Change Requests (CRs) use the same title as the CR on the cms.gov dynamic list until further notice. Special Edition MLN Matters Articles follow the standards above.

Examples

- Nursing Homes & COVID: 5 Things to Know, Additional Resources, Training
- Learn About COVID-19 Coverage and Treatments & How to Keep Your Patients Healthy
- More Information

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 is 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

- 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. The standards below explain how to reference official legislation and regulations. For more information, see our Trademarks & Disclaimers.

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.

Use a lowercase "s" for "section" unless it's at the beginning of a sentence. See example below.

Exceptions

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

Examples

- 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) HIPPA 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)Use gender neutral greetings. See Gender vs. Sex

Link Directory: Where to Link Common References

Description

PCG products repeatedly refer to many of the same web pages for more information. An optimal user experience makes sure that the user gets what they expect when they click a link. Use the list below 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/checking-medicare-eligibility.pdf	Check for eligibility. If you need help, contact your eligibility service provider.
Advancing Health Equity	If your product contains information about disparity or health equity is the primary topic, use the appropriate message: 1. Add this **General Publication Message** in products about Health Equity, Preventive Services, Medicaid, Dual Eligibles, Medicare Shared Savings Program, Access to Care, and Quality Initiatives: Together we can advance health equity and help eliminate health disparities for all minority and underserved groups. Find resources and more from the CMS Office of Minority Health: • Health Equity Technical Assistance Program • Disparities Impact Statement 2. Add this **Rural Health Message** to products about rural health: Together we can advance health equity and help eliminate health disparities in rural populations. Find these resources and more from the CMS Office of Minority Health: • Rural Health • Data Stratified by Geography (Rural/Urban) • Health Equity Technical Assistance Program 3. Add this **Communicating with Patients** message to products about communicating with patients: **Use this language or format** Together we can advance health equity and help eliminate health disparities for all minority and underserved groups. Use these resources and more from the CMS Office of Minority Health to communicate with your patients: • Understand Your Health Coverage – Connect to primary care and preventive services • Guide to Developing a Language Access Plan • A Practical Guide to Implementing the National CLAS Standards • Blind or Low Vision – Improving Communication Access • Deaf or Hard of Hearing – Improving Communication Access • Health Equity Technical Assistance Program	
Internet Only Manual	Reference the section in the text preceding the link. Then, link directly to the chapter.	Format: Manual Name, Chapter # Example in full sentence: See section 20.1 of the Medicare Benefit Policy Manual, Chapter 9. Example in bulleted list: • Section 20.1 Medicare Benefit Policy Manual, Chapter 9
Legislation & Regulations	See legislation & regulations	See legislation & regulations
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	**If there isn't a specific page on Medicare.gov to direct the user to, use this language:** This content is for health care providers. If you're a person with Medicare, visit Medicare.gov. **If there's a specific page on Medicare.gov to direct the user to, use this language:** This content is for health care providers. If you're a person with Medicare, learn more about [insert topic and link it]. **Example:** This content is for health care providers. 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.	
Referring people to MACs	List of secure MAC websites, secure internet portals, and electronic mailing list: https://www.cms.gov/MAC-info	Find your MAC's website. -or- Access your MAC's secure internet portal. -or- Sign up for your MAC's electronic mailing list.

Logos, Icons, & Images

Description

CMS Provider Communications Group (PCG) is responsible for developing and marketing 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

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

The MLN brand shouldn't be recreated or altered.

Logo Colors

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

Process (CMYK)
C 100
M 79
Y 25
K 10

RGB
R 20
G 71
B 125

HTML
14477D

Bleed-Edge Indicator

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

Background Color

For most circumstances, the monochromatic blue logo should be used. 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, which is reversed out of white. The negative mark, which is reversed out of black, must not be placed on a background that is tonally lighter than 100% of the color. Consider choosing a background color that maintains sufficient contrast with the MLN brand.

PRIMARY LOGO

REVERSED LOGO

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

Downloads

Logo, icon & image downloads

MLN Formatting & Templates

Description

CMS has developed a set of templates to help drive a visual consistency across all published products. While there are elements of the template that you shouldn't alter, the purpose of the template is to make sure that there is uniformity across MLN products while allowing enough flexibility for designers to make creative choices. Use these standards as a supplement to the CMS Brand Strategy & Graphic Standards Guide, available on the CMS Brand Identity page.

Standards

The updated templates share consistency in design. Publication templates are Adobe InDesign files and the MLN Matters Article template is a Microsoft Word file. You'll still have the flexibility to place content and images within the updated templates. Don't change page margins. Some elements of the templates we locked in position: headers, footers, logos, and certain other graphics. They're locked to make sure consistency across our various publications and template versions. Don't unlock any locked template elements without first discussing this with your PCG contact.

- Follow the template standards for specific formats

    - HTML
    - MLN Connects®
    - MLN Matters® Articles
    - Publication
    - Video
    - Web-Based Training
- Don't use "widows" throughout paragraphs. (Widows don't apply to charts or tables.) A widow is 1 word on a line by itself generally at the end of a paragraph. If you can't avoid it, adjust the spaces between the lettering to make it fit on a line with other text.

- Use bold for headers and to emphasize important points or necessary text.
- Avoid italics because it's hard to read.
- Avoid all caps for emphasis because it implies that you're screaming at the reader and it's easy to confuse with acronyms.
- Only use underlining for URLs. See Links & URLs.
- Use RGB 0/0/255 color for PDF product links.
- Don't use full justification centered text aligned to both the left and right margins.
- Most text is black.
- If your product is about a disparity or health equity is the primary topic, refer to the Link Directory: Where to Link Common References standard to add the Advance Health Equity statement. For placement, see the following:
    - HTML: In an easy to find place for example, the left-hand column on the bottom
    - Publication or educational tool: Either on the cover page below the publication image or embedded in the first page of content
    - Web-based training: On the introduction page

Naming and Placing a Product

- Product Naming
    - Make the product title as short as possible. Don't use "A" or "The" as the first word in the title.
    - Don't include the product format in the title.
    - Refer to the Heading & Titles standard.
- ICN Format
    - Don't put ICN in front of the 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 digits, don't add more digits. Example: ICN 908625 will now read MLN908625
    - If the original ICN is 8 digits, don't add more digits. Example: ICN 90827635 will now read MLN90827635
- Product Location
    - New products posted under Drupal will have the following product URL. See underlined part: Example: https://www.cms.gov/files /document/mln-title-of-product.pdf
    - If you revise the title of a PDF or page that was originally posted under Percussion, set up an Alias ("Vanity") URL that follows our naming standard. Don't use vanity URLs for HTML files.
- Naming a New Product URL:
    - Don't use spaces or underscores. Use dashes between words and all letters in lower case.
    - Don't include articles, prepositions, and or conjunctions:

Articles	Prepositions	Conjunctions
a, an, the	at, by, for, in, of, off, on, out, to, up	and, as, but, if, or, nor

    - Product URL format: https://www.cms.gov/files/document/mln-title-of-product (use a few words about the product and or use common acronyms).pdf. Example URL: (for illustration purposes only) https://www.cms.gov/files/document/mln-otp-billing-payment.pdf
    - Zip file format: https://www.cms.gov/files/zip/mln-title-of-product.zip
    - Large publications posted with sections/chapters listed separately have the following URL format for each chapter: https://www.cms.gov /files/document/mln-title-of-product-chapter-(insert chapter number).pdf
- 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 webpage to locate a product URL
        2. Click in the "Filter On" box and enter key words

3. Click on 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://imp.cms.gov/Outreach-and-Education/MLN/WBT/MLN3995723-MLNPartsCD/FWA/story.html

Exceptions

In MLN Connects, use bold for headers only.

HTML

Description

Hypertext Markup Language (HTML) is a text-based document with functionality. It's programmed to tell different web browsers how to show images and other multimedia on a webpage and adapts to different devices.

Standards

HTML 5 is the current standard.

- HTML should be:
  - Accessible
  - Secure
  - Responsive
  - Accurate
  - Easy to navigate
- HTML should use:
  - A layout that determines how the page order functions
  - Logos and icons to add validity to the product; using too many may be distracting. Refer to the Logos, Icons, & Images standard.
  - Images to add value and meaning to the product and complement the content and design
  - Alternate text for accessibility
  - A button with "Print" allows users to print preferred sections (see example)

Displaying Revisions & New Content

When you revise HTML content or add new content, readers can see what information has changed from the earlier release.

Updates to revised HTML must have:

- A callout box on the right side with the following language:
  - "What's Changed?"
  - "You'll find substantive content updates in dark red font"
- Substantive content changes only (altering and or adding new content); not grammatical or plain language edits
- Information in the product body:
  - Revised substantive content in dark red font. The minimum approved color contrast ratio is 4.5:1 RGB 192.
  - Title description and content in dark red font for revised or new tables and figures.

Note: This above only applies to the latest revision for an MLN product update. Earlier revisions that had items in the summarized bulleted list in the callout box and dark red font changes in the product, are no longer listed in the summarized bulleted list in the callout box and in dark red font in the next latest revision. If there are no substantive content edits, include the following language in the callout box "No [MM-DD-YYYY] changes".

Tracking Google Analytics

We use Tealium code for any pure HTML pages not driven by Drupal. Examples of HTML pages not driven by Drupal include HTML educational tools, the anchor links in HTML educational tools, and web-based trainings. CMS contractors should contact their CORs for CMS provided HTML Tealium code. PCG staff should refer to your internal SOPs for instructions.

Examples

- Medicare Provider Enrollment
- Medicare Preventive Services
- Advance Beneficiary Notice of Non-Coverage Interactive Tutorial

MLN Connects® Newsletter

Trademark Guidance

Don't use the MLN Connects® brand name as a noun in external communications, always accompany the brand name with a noun. 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. To standardize our content and help readers find the information they need, we follow these additional style rules:

- Include short messages that get right to the point
- If you have a lot of content, link to more detailed information online to ensure that users get the most current information
- Identify provider types affected and any deadlines
- If applicable, include a "For More Information" section at end of message with links
- Don't use sub-bullets; they create formatting issues for the web team. See Bullets & Numbered Lists for more tips
- If you need to inform readers how to view current web content, use this language, "If you previously visited this CMS webpage, you may have to refresh your browser or clear your cache to see new information."

Templates

Templates are custom designed by Granicus 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 Special Edition SINGLE - Provider, Partner, MAC
    - Special edition with 1 message
- MLN Connects Special Edition MULTIPLE - Provider, Partner, MAC
    - Special 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 of edition
- Instructions to MACs
- CMS Provider Education Message with links to web and PDF versions of MLN Connects
- 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 of edition
- Hyperlinked Table of Contents
- Links to web and PDF versions of MLN Connects
- Link to survey
- Newsletter footer including trademark ownership language, CMS logo, and MLN logo
- Partner email footer

Provider version:

- MLN Connects header graphic
- Date of edition
- Hyperlinked Table of Contents
- Links to web and PDF versions of MLN Connects
- Link to survey
- Newsletter footer including trademark ownership language, CMS logo, and MLN logo
- Provider email footer

Each edition is released to three audiences: MACs (MAC version), Provider Association Partners (Partner version), and our general public subscribers (Provider version).

Examples

Regular Edition

Special Edition (Single Item)

Special Edition (Multiple Items)

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

mlnconnects
Official CMS news from the Medicare Learning Network ®

20 YEARS EST. 2002

Special Edition – 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 the close of business of the next business day after receipt in accordance with CMS Publication IOM 100-9, Chapter 6, Section 50.2.4.1.

Provider Education Message:

INSERT SUBJECT LINE HERE

Message 1 Title
Message 2 Title
Message 3 Title
Message 4 Title
Message 5 Title
Message 6 Title

Message 1 Title
Message 1 content.

Message 2 Title
Message 2 content.

Message 3 Title
Message 3 content.

Message 4 Title
Message 4 content.

Message 5 Title
Message 5 content.

Message 6 Title
Message 6 content.

Like our newsletter? Have suggestions? Please let us know!

MLN Matters® Articles

Standards

- Articles have different copyright dates at the end of the template and or may have slight adjustments to tables on occasion to make them more presentable.
- Always capitalize the "A" even if only referring to "the Article"

Displaying Revisions

- Titles are the same as the CR.
- More Information and Document History sections are at the end of the Article.
- Will have a callout box below the Article Information. Updates to revised Articles must:
  - Have a brief summary of changes (not listed word for word) in a callout box.
  - Be substantive content changes (altering and or adding new content) only (not grammatical or plain language edits).
  - Begin with "Note:"
  - Callout box is yellow filled. [insert color ratio].
  - With the revised item, add the page number where the change occurred in the Article.
  - Within the callout box, include the verbiage "You'll find substantive content updates in dark red font."
  - Have in the body of the product the revised substantive content in dark red font. The minimum approved color contrast ratio is 4.5:1 RGB 192.

Example of the callout box

Note: We revised this article to provide the updated rate effective January 1, 2021 for G2025. You'll find substantive content updates in dark red font (see pages 2, 3, and 6). We also updated the rate for G0071 on page 6.

Examples

- Annual Clotting Factor Furnishing Fee Update 2021 (New)
- National Coverage Determination (NCD 30.3.3): Acupuncture for Chronic Low Back Pain (cLBP) (Revised)
- Medicare Continues to Modernize Payment Software (Special Edition Article)
- The MLN Matters Article describes how to bill properly.
- The Article describes how to bill properly.

MLN Matters Article

Special Edition Article

SE Article Title

MLN Matters Number: SE00000   Related Change Request (CR) Number: N/A

Related CR Release Date: Effective Date:

Related CR Transmittal Number: Implementation Date:

> **Note: This box will appear when we revise an Article. It will list the page numbers and the substantive content updates. Also, the word – Revised – will appear above in red font after the Article number. Revisions will appear in dark red font within the Article.**
>
> **Example: We revised this Article to provide the updated rate effective January 1, 2021, for G2025. You'll find substantive content updates in dark red font (see pages 2, 3, and 6).**

Provider Types Affected

(Insert text here – The provider types affected by the change and, where appropriate, the types of services involved in the change.)

Provider Action Needed

(Insert text here – A brief statement of how the changes 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 from the related CR pertinent information that the provider needs to know.)

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 approved MAC contacting language. Also, add links to any other resources that may help the provider understand the issue.

Document History

Date of Change	Description
TBD	Initial article released.

Specifications

MLN Matters® Article

First page Header:
Height: Absolute: 1.7"
Width: Absolute 8.55"
Scale: height 96%
Scale: width 96%
Image is locked and anchored into Header

Secondary Page Header:
Anchored in place in Header
Rectangle box color: RGB: R-0 G-48 B-82 Hex color: 003052
Rectangle box size: Height: 1.11" Width: 8.49" Scale: Height: 98% width: 100%
MLN Matters: text color: yellow Number: text color: white Font: Arial Bold
Related CR Number – Font: Arial Bold Font Color: white

MLN Matters Article Information:
2 Columns
Equal spaced
Font: Arial Regular
Font size: 11pt
No line border
Text to left of column

Article Title:
Align centered
Font: Arial Bold
Font size: 16pt
Font color: RGB: R-0 G-48 B-82 Hex color: 003052
Revised Titles should be colored red

Paragraph Header:
1" margin from the left of column
Font: Arial Bold
Font size: 14pt
Font color: RGB: R-0 G-48 B-82 Hex color: 003052
Borders and Shading: Bottom border
Border line: 3pt
Line Color: RGB: R-243 G-207 B-30 Hex color: F3CFlE
Apply to Paragraphs

Body Text:
Align left
1" margin from left of column
Font: Arial Regular
Font size: 11pt
Revised text should be colored red

Notes: should be placed in a yellow callout box with Arial bold text
Images should be centered and anchored within the text
Secondary Header
Margins: 1" from left of column
Font: Arial Bold
Font size: 11pt
Text box shading color RGB: RGB: R-255 G-255 B-O Hex color: ffff00
Border line: 0.5pt

> **Note: We revised this article to reflect a revised CR 11742, issued on June 19, 2020. CMS revised the CR to revise the COVID19 blanket waiver for the LTCH ALOS policy, to include revising the effective date and policy section. We updated that portion of this article. Also, we revised the CR release date, transmittal number, and the web address of the CR. All other information remains the same.**

Table:
Preferred width of table: 6.93"
Indent from left: 1"
Table Align: Left
Table title: Left
Table title font: Arial Bold
Table title font size: 11pt

Table Cell Margins: Left: 0.08"
Table Cell Margins: Right: 0.08"
Table Headers: Arial Bold 11pt Align left
Table text: Arial Regular 11pt Align left

Charts:
2 columns
First column 1.44" Second column 5.05"
Preferred width of chart: 6.5"
Chart Header cell color RGB: R-23 G- 54 B- 93 HEX 17365D
Chart border .5"
Chart border color RGB: R-23 G- 54 B- 93 HEX 17365D
Chart header shading color RGB: R-23 G- 54 B- 93 HEX 17365D
Chart Header text color white
Arial Bold 11pt
Chart Header align: centered
Chart text Arial regular 11pt
Chart text align: Left

Footer:
Page numbers
Margins: 1" from left of column
Font: Arial Regular
Font size: 11pt

Logos at right of column:
CMS Logo:
Height: Absolute: 0.58"
Width: 1.68"
Scale: height 39%
Scale: width 40%

Logo is locked and anchored into Footer

MLN logo:
Height: Absolute 0.78"
Width: Absolute 1.24"
Scale: height 59%
Scale: width 59%
Logo is locked and anchored into Footer

Templates

[Template downloads](#)

Podcasts

Standards

- The Office of Communications (OC) Studio will give you the music selection 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 additional 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, ensure 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, 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" x 11" 6 pages 11" x 25 " 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" x 11" 6 pages 11" x 25" 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" x 11" 6 pages 11" x 25" 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

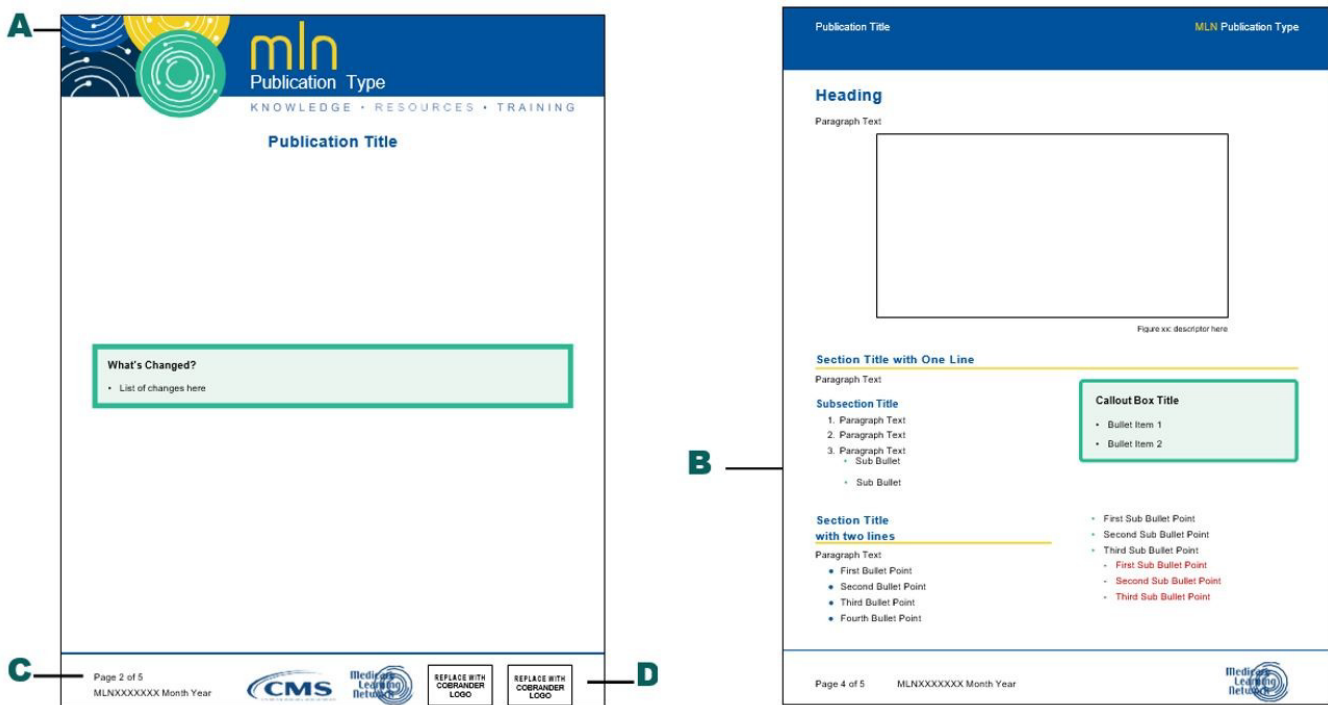|		
Flyers	1 page	**Print:** White matte 60 lb. paper **Size:** 8 " x 11" **Color:** 4 color process
Video	SFTP	60 min, 90 min
Audio	SFTP	30 min, 45, min, 60 min, 90 min
Charts	2 pages	**Print:** White matte 60 lb. paper **Size:** 8" x 11" **Color:** 4 color process

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. Displays page number along with the Inventory Control Number (ICN) and month and year of publication.

D. Use co-branding when MLN collaborates with the MACs. PCG must first approve.

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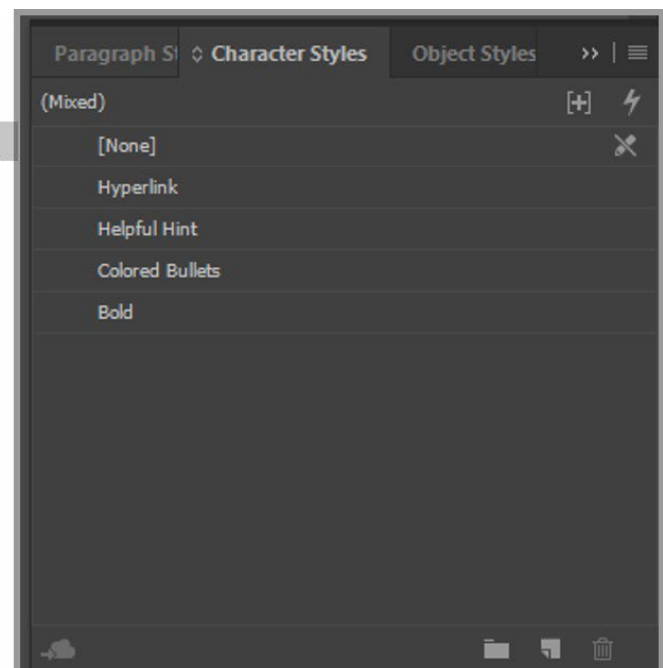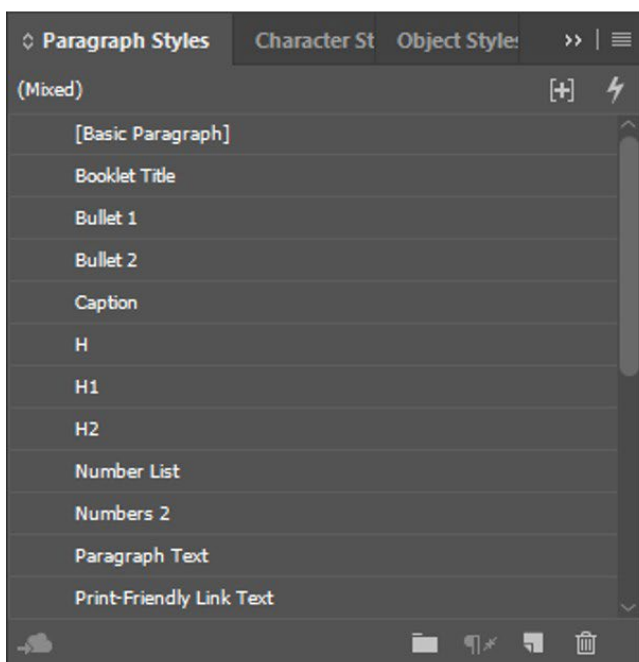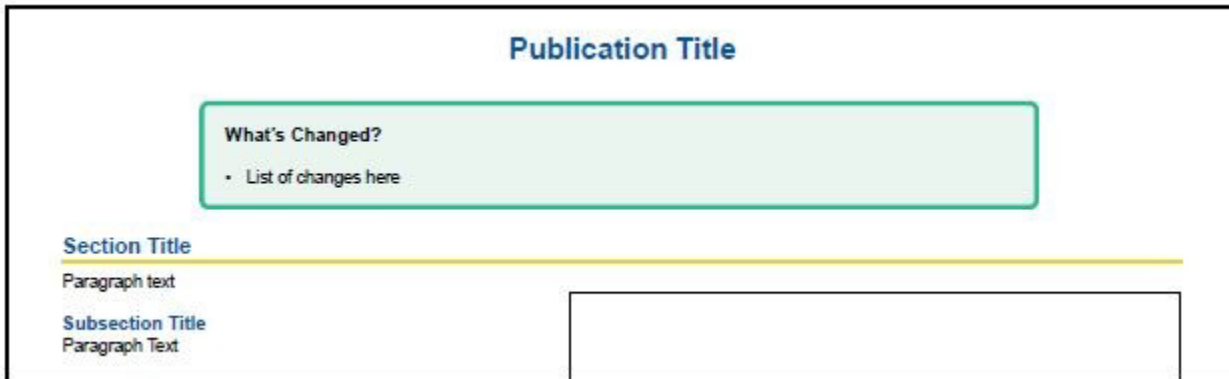
There are enough styles to account for all, if not most of the needs of any designer. There are multi-level header styles, bullet and sub-bullet styles, numbered list styles, table of contents styles, and several others.

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, be sure to also apply the colored bullets character style. This will make sure that the bullets keep their color while leaving the text black.

Content:

- What's Changed? Section
    - When you revise a publication, readers can see what information has changed from the earlier release. Refer to **Displaying Revisions** further down this page for complete details.
- Table of Contents
    - A list of subsections and the pages on which they start. Used in booklets.
    - Use Table of Contents for the section title.
- Introduction Section:
    - Don't use "Introduction" as a heading. Body of introduction remains.
    - Highly recommended but dependent upon your product.
    - Appears at the beginning of your product. Aim to have no more than 150 words in 3 to 8 sentences but this is flexible based upon your product.
    - Information to put the product subject matter into context and what your educational product intends to do.
    - May include important and relevant studies.
    - You can combine background and provider types affected information into the introduction.
- FAQ Section

- Optional but not recommended
- Try to incorporate these answers into your product instead
- Answers to a list of typical questions that users might ask about a subject
- Resources Section:
  - Have no more than 8 resources. This includes both higher level links to resources already listed in the publication and other resources not listed in the publication. For example, if our publication has separate links to the Medicare Beneficiary Policy Manual, Chapter 15, Sections 30, 160, 170, 190, 200, and 210, for the Resources Section we would use a higher level link and point users to the Medicare Beneficiary Policy Manual, Chapter 15. Use your judgment when deciding what 8 resources are most important to our readers. For exceptions, discuss with DPIPD management.
  - An alphabetical bulleted list at the end of your product.
  - Resource items include related subject matter links to websites, regulations, and or manuals.
  - Hyperlink the title. Include the product format or description (webpage, website, booklet, educational tool). See Links & URLs.
  - Content links to MLN educational products and articles 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 product 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.
  - Don't include another Helpful Websites section.
- Don't use footnotes. Include these in the Resource Section.
- Don't include individual names of stakeholders who help develop your product. For example, Article Endorsed By section. Using stakeholder logos are okay.
- If needed, use 508 compliant callout boxes sparingly 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 product content changes that occur between product content updates or product revisions, when it may not be cost effective or the level of effort is too high to update the product. 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, it's optional to 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.

Displaying Revisions & New Content

When you revise a publication by changing content or adding new content, readers can see what information has changed from the earlier release.

The summary of these updates will appear on a separate page titled "What's Changed?" after the publication's table of contents but before the introduction page. Updates to revised publications must:

- Have a bulleted summary of changes (not listed word for word) in a callout box.
- With the bulleted item, add the page number in parenthesis where the change occurred in the publication.
- Be substantive content changes (altering and or adding new content) only (not grammatical or plain language edits).
- Have the following language in the beginning of the summarized bulleted list: "What's Changed?"
- Below the callout box, include the verbiage "You'll find substantive content updates in dark red font."
- Have in the body of the product the revised substantive content in dark red font with at least the approved color contrast ratio of 4.5:1 RGB 192.
- Have in the body of the product the title description and content in dark red font for revised or new tables.
- Have in the body of the product the title description in dark red font for revised or new figures

Note: The above applies only to the latest revision for an MLN product update. Earlier revisions that had items in the summarized bulleted list in the callout box and dark red font changes in the product, are no longer listed in the summarized bulleted list in the callout box and in dark red font in the next latest revision. If there are no substantive content edits, have the following language in the callout box "Note: No substantive content updates."

The summarized bulleted list callout box will have the summary of updates. Either depending upon space, you can place the callout box on the cover page below the publication image or it can have its own page after the cover page. If it's a booklet and space doesn't allow for placement on the cover page, you can place the callout box on its own page after the publication's table of contents.

Example

Templates

Template downloads

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. Displays page number along with the Inventory Control Number (ICN) and month and year of publication.

D. Use co-branding when MLN collaborates with the MACs. PCG must first approve.

Example

A

mln
Publication Type
KNOWLEDGE • RESOURCES • TRAINING

Publication Title

What's Changed?
- List of changes here

C
Page 2 of 5
MLNXXXXXXX Month Year

CMS   Medicare Learning Network   REPLACE WITH COBRANDER LOGO   REPLACE WITH COBRANDER LOGO
D

Publication Title   MLN Publication Type

Heading
Paragraph Text

Figure xx descriptor here

Section Title with One Line
Paragraph Text

Subsection Title
1. Paragraph Text
2. Paragraph Text
3. Paragraph Text
   · Sub Bullet
   · Sub Bullet

Callout Box Title
- Bullet Item 1
- Bullet Item 2

B

Section Title with two lines
Paragraph Text
- First Bullet Point
- Second Bullet Point
- Third Bullet Point
- Fourth Bullet Point

- First Sub Bullet Point
- Second Sub Bullet Point
- Third Sub Bullet Point
  - First Sub Bullet Point
  - Second Sub Bullet Point
  - Third Sub Bullet Point

Page 4 of 5   MLNXXXXXXX Month Year   Medicare Learning Network

---

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.

mln
Publication Type
KNOWLEDGE • RESOURCES • TRAINING

Paragraph and 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, be sure to also apply the colored bullets character style. This will make sure that the bullets keep their color while leaving the text black.

Publication Title

What's Changed?

- List of changes here

Section Title

Paragraph text

Subsection Title
Paragraph Text

Paragraph Styles | Character St | Object Style: | ≫ | ≡

(Mixed) [+] 𝄒

- [Basic Paragraph]
- Booklet Title
- Bullet 1
- Bullet 2
- Caption
- H
- H1
- H2
- Number List
- Numbers 2
- Paragraph Text
- Print-Friendly Link Text

Paragraph S: | **Character Styles** | Object Styles | ≫ | ≡

(Mixed) [+] 𝄒

- [None]
- Hyperlink
- Helpful Hint
- Colored Bullets
- Bold

Content:

- What's Changed? Section
  - When you revise a publication, readers can see what information has changed from the earlier release. Refer to **Displaying Revisions** further down this page for complete details.
- Table of Contents
  - A list of subsections and the pages on which they start. Used in booklets.
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  - May include important and relevant studies.
  - You can combine background and provider types affected information into the introduction.
- FAQ Section
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  - An alphabetical bulleted list at the end of your product.
  - Resource items include related subject matter links to websites, regulations, and or manuals.
  - Hyperlink the title. Include the product format or description (webpage, website, booklet, educational tool). See Links & URLs.

- Content links to MLN educational products and articles 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 product 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.
  - Don't include another Helpful Websites section.
- Don't use footnotes. Include these in the Resource Section.
- Don't include individual names of stakeholders who help develop your product. For example, Article Endorsed By section. Using stakeholder logos are okay.
- If needed, use 508 compliant callout boxes sparingly to briefly define acronyms and subject matter.
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- 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, it's optional to 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.

CMS — CENTERS FOR MEDICARE & MEDICAID SERVICES   Medicare Learning Network   REPLACE WITH COBRANDER LOGO   REPLACE WITH COBRANDER LOGO

Displaying Revisions

When you revise a publication, readers can see what information has changed from the earlier release.

The summary of these updates will appear on a separate page titled "What's Changed?" after the publication's table of contents but before the introduction page. Updates to revised publications must:

- Have a bulleted summary of changes (not listed word for word) in a callout box.
- With the bulleted item, add the page number in parenthesis where the change occurred in the publication.
- Be substantive content changes (altering and or adding new content) only (not grammatical or plain language edits).
- Have the following language in the beginning of the summarized bulleted list: "What's Changed?"
- Below the callout box, include the verbiage "You'll find substantive content updates in dark red font."
- Have in the body of the product the revised substantive content in dark red font with at least the approved color contrast ratio of 4.5:1 RGB 192.
- Have in the body of the product the title description and content in dark red font for revised or new tables.
- Have in the body of the product the title description in dark red font for revised or new figures

Note: The above applies only to the latest revision for an MLN product update. Earlier revisions that had items in the summarized bulleted list in the callout box and dark red font changes in the product, are no longer listed in the summarized bulleted list in the callout box and in dark red font in the next latest revision. If there are no substantive content edits, have the following language in the callout box "Note: No substantive content updates."

The summarized bulleted list callout box will have the summary of updates. Either depending upon space, you can place the callout box on the cover page below the publication image or it can have its own page after the cover page. If it's a booklet and space doesn't allow for placement on the cover page, you can place the callout box on its own page after the publication's table of contents.

Example

What's Changed?

- When a hospital gets a replaced device credit 50% or greater than the device's cost, report the amount in the claim's FD code value portion.
- Beginning in 2020, Medicare applies a device offset cap to the Ambulatory Payment Classification (APC) claims that require implantable devices and have significant device offset (greater than 30%) based on the FD value code's listed credit amount.

You'll find substantive content updates in dark red font.

Templates

Template downloads

Video (MLN)

Description

The standards below apply to videos created as part of MLN. All PCG videos should follow PCG video best practices. All PCG video descriptions require the following statement: CMS accepts appropriate comments but can't respond to questions in this forum.

Standards

- Programmers must remove the full-screen option icon that appears in the video at the bottom right of the screen. YouTube allows learners to view full-screen operations. When videos appear in a WBT, use the following instructional verbiage: To start the video in the player window on the left, click 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. Click the link to view the video in full screen.
- Some learners have firewalls that prevent them from viewing YouTube videos at work. When a product contains a YouTube video, if possible, attach a copy of the transcript so learners who can't view the video will be able to read the transcript.
- Link MLN products directly to the product, not the detail page.

MLN Open

- The Division of Multimedia Services (DMS) custom creates the standard MLN open on a per project basis. Give the title and subtitle information in the project request.
- If a contractor is creating a video product, DMS provides a custom open and the standard MLN close. Create a project request for this.

Video Resolution	HD 1920 x 1080
Frame rate	29.97 fps
Length	7 seconds
Character Limits	Main Title: One line max, 14 characters max Secondary Title: Two lines max, 20 characters per line max
Fonts	Arial, Genius Regular
Colors	**Blue:** 100,69,0,11 (#00529B) **Dark Blue:** 100, 60,19,59 (#003052) **Green:** 73, 0, 57, 0 (#2BB892) **Yellow:** 0, 11, 94, 6 (#F3CF1E)

MLN Close

Video Resolution	HD 1920 x 1080
Frame rate	29.97 fps
Length	10-15 seconds
Text content	go.cms.gov/mln

MLN Provider Minute

A typical MLN provider minute will feature an individual "host" talking to camera, supported by template slides, graphic content, and occasionally video content. The approach, whether a green-screen or the CMS studio hard-set is utilized, will be determined by the DMS producer assigned to the project. There may also be instances where no host is required and the template graphics would be supported by a voiceover.

Video Resolution	HD 1920 x 1080
Frame rate	29.97 fps
Length	TBD

Other MLN Content

Content that falls outside of the MLN Provider Minute umbrella can be created on a case-by-case basis, to be determined jointly by the DMS producer and PCG analyst.

Templates

The studio (OC) maintains video templates.

Web-Based Training

Description

Similar to the MLN Publications templates, the MLN WBT template has a few set elements that shouldn't be altered but still allows enough flexibility to create a unique, yet consistent design language.

Standards

A. **Header:** The MLN branding graphic must always be present. The branding graphic and logotype size can't be altered, but the rest of the header can be.

B. **HHS, CMS, and MLN logos:** If the CMS mark and HHS logo are used on the same page, the HHS logo must be more prominent and dominant than the CMS mark. These must be presented with a minimum of .375 inches of space between each logo, as well as the clearspace around the cluster of logos. If needed, you can change the logo cluster to be horizontal or have the space between them increased to .5 inches.

- **HHS Logo:** minimum width of 1.375 inches
- **CMS Logo:** minimum width of 1.5 inches
- **MLN Logo**: minimum width of 1

C. **Footer Branding Graphic:** We'll display this MLN branding graphic on all content pages in the lower left corner. You can scale the branding graphic to a minimum of 1 inch square and a max of 1.5 inches square.

Examples

Below is an example of the base MLN Template with no extra design work:
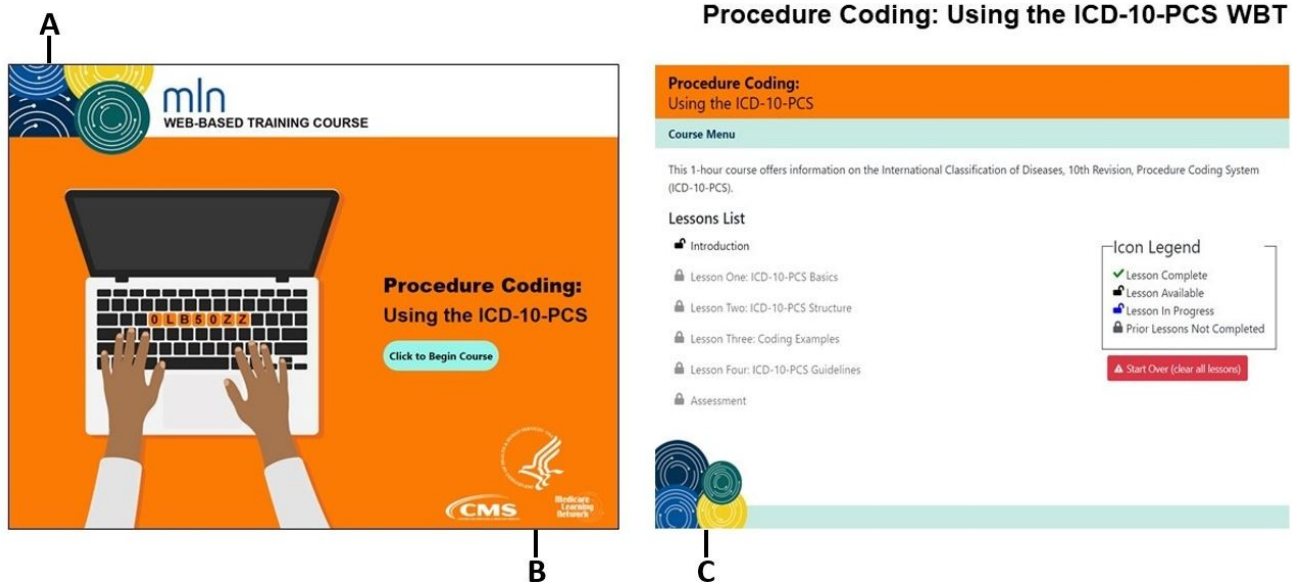
The following images are examples of some of the flexibility that designers have while working within the templates:

Course Development Requirements

- One story board that includes the technical programming instructions and SME content is acceptable.
- You must share story boards in a format that allows subject matter experts (SMEs) and other CMS staff to redline the story board and add comments.
- Story boards shared through a document sharing site must be accessible by CMS staff and SMEs without the need of additional software plug ins, downloads or passwords.
- Story boards must be able to export into a word format that can be accessed by CMS.
- Spell out all URLs or create a live link for SMEs to verify.
- Include page numbers on each page of the story board.
- For WBT file packaging instructions, see the WBT Conversion SOP.
- Add the following Tealium code to the WBT files.

Use this Tealium code implementation instructions 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.

Numbers, Dates, Percentages, & Time

Standards

Numbers

Use numerals for numbers instead of spelling them out

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.

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

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
- Spell out "one" when using the phrase "one-time"
- 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
- 1.6 million people
- Thursday, July 16, 2020
- 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, 2019
- 1pm ET
- 11:00am-1pm
- 75% of respondents (instead of 3 out of 4, 3/4, three quarters)

- a one-time cost
- July 4 (instead of July 4th)

Optimizing Web Content

Description

The following standards help users get to the content that they expect with minimal effort.

Standards

- Alias ("Vanity") URLs
- Keywords
- Links & URLs
- Meta Descriptions
- PDFs

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.

In PCG, we use vanity URLs for web pages 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. What you call the subject of your page might not be what your users are calling it. Using keywords in content will help users get the content they expect, quickly.

Standard

1: Identify 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:

- Reports (like Google Analytics and Google Trends)
- Survey results (like Qualtrics)
- Search results (perform your own searches to see what words other sites use to refer to the same topic)

2: Evaluate the keywords you've gathered:

Once you identify the keywords people are searching for, decide how to use them to make our content about a topic more relevant to the user. There are 2 ways to use keywords:

1. In page content: this is cleared content that the user sees when they're looking at a webpage or a product
2. In metadata: this is content that people may not see, but search engines scan it to help users find our content. Metadata gives us the chance to use words people search for but that we can't put in our content. For example, people might search for the term "preventative" services, but the term we use is "preventive" services. In this case, our content should use "preventive," but we can put "preventative" in the keyword metadata field described below.

3: If your keywords are words you want users to see, put the keywords in these parts of the content:

- Titles
- Headings
- Introductions and summaries
- Chapter and 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.

4: If your keywords are words you don't want users to see, put the keywords in the keyword metatadata field (called "Best Bets" in Drupal) following these standards:

- 64 character limit
- Use commas to separate words
- If a word is in the page title, don't repeat it in the keywords
- Case doesn't matter
- Plural covers singular, so you don't need both

Links & URLs

Description

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

Standards

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)

- Make your link as short and descriptive as possible.
- Avoid generic language like "Get more information" and "Click here."
- Avoid referring to downloads, include inline links instead (see example below).
- Use keywords to make it easier to find your content.
- If you have a verb that precedes the link text, don't link the verb (see exceptions).
- Include organization names (like HHS, CMS, CDC) in the hyperlink.
- Link the entire title of a product. Don't link the format (webpage, website, booklet, press release). The format should be lowercase (except trademarked terms like MLN Matters).
- 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 clicks on 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.

- 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.

Make the entire name and form number a link

- Links to .PDFs should take users directly to the .PDF, not to an intermediate landing or introductory page
- Show that the link goes to a PDF (this is an HHS standard)

- 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.

See Videos (Best Practices)

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)
- Link the verb if it's the first word of the page title or the verb is "register" and takes the user to a registration page.

Examples

- Complete Form CMS855B to register for the program
- HHS National Minority Health Month
- Medicare.gov
- Medicaid.gov
- CMS.gov
- www.medicare.gov/newcard
- 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
- Visit the Rural Health webpage for more information
- 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 perform a search using Google, 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 web page'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 performs a search.

Standard

Make the description clear and concise

- Stay between 135 and 160 characters (including spaces).
- Minimize punctuation.
- Don't use adjectives unless they increase understanding of the page content. For example, "billing information" provides additional 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 appropriate 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 is 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 language is tailored for your target audience.
- Consider using headers from the page for inspiration. For example, the CMS Ambulance Services Center page includes the headlines "Ambulance Fee Schedule Zip Code Files" and "Public Use Files;" the spotlights section also includes an initiative about data collection. These can all be combined 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 click, 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

- Use keywords from Google analytics to draft the description.
- 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 algorithm might think it's spam and will compile the snippet from other sources.
- Don't include trademark symbols. Google 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 prior 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

Standard

1. Update metadata fields in the Description Tab

- **Title** - Enter the identification number (MLN ICN product number or MLN Matters® Article number, if applicable) and full title of document, see screenshot example below
- **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 is:
  - Access to Care
  - Coding
  - Communicating with Patients
  - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)
  - Evaluation and Management (E/M)
  - Equity
  - 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
- **Keywords** - Use the keywords standard with commas to separate words. For all MLN Matters® Articles, have "MLN Matters Article" as the first keyword.
- **Tagged PDF** - Make sure you tag your document for Section 508 Compliance
- **Fast Web View** - Be sure to enable this

MLN Product

Document Properties

Description | Security | Fonts | Initial View | Custom | Advanced

Description

File: MM12307

Title: MM12307 – Quarterly Update to the End-Stage Renal Disease Prospective Payment System (ESRD PPS)

Author: Centers for Medicare & Medicaid Services (CMS) Medicare Learning Network (MLN)

Subject: Coding

Keywords: MLN Matters Article, MM12307, ESRD, D5521, D5529, comorbidity

Created: 09/24/2021 3:26:57 PM

Additional Metadata...

Modified: 09/27/2021 2:51:51 PM

Application: Acrobat PDFMaker 15 for Word

Advanced

PDF Producer: Adobe PDF Library 15.0

PDF Version: 1.6 (Acrobat 7.x)

Location: C:\Users\D141\AppData\Local\Temp\e73697d0-6678-4546-adca-7dbbd12c9c83\

File Size: 174.24 KB (178,417 Bytes)

Page Size: 8.50 x 11.00 in   Number of Pages: 2

Tagged PDF: Yes   Fast Web View: Yes

2. Include keywords in the headings and body content

Just like any web page, 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 web pages.

3. Update URL format

- Use the full title of the document when creating the URL
- 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

Exceptions: Drupal & PDF URLs (for new PDF files only)

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

- 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 New Format

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

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.

Phone Numbers

Standard

- Separate groups of numbers with a hyphen
- Don't use parentheses

Example

800-123-4567

Plain Language

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.

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

For a comprehensive resource on plain language, visit:

- plainlanguage.gov
- PCG Resource Library
- PCG Examples: Before & After page

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 may require technical terms that are appropriate for the audience. Be sure to explain them the first time you use them.
5. Use common, everyday words.
6. Design for easy reading.

PCG Examples: Before & After

Before	After
Clinical Fee Schedule Direct Mailing	Clinical Fee Schedule Direct Mailing
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.

Race & Ethnicity

Standard

Use the preferred terms or phrases when referring to race and ethnicity:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian and Pacific Islander
- White
- Multiracial

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

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

- 42 CFR Section 410.32(d)(3) states "An individual receiving or expecting to receive..."
- 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" are below:

- 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

Spotlights for Payment Rules

Description

Center pages on CMS.gov serve as the 1-stop shop for topics of interest to specific provider types. The spotlight section announces important calls to action at the top of the page within a blue box.

Standard

Payment rule spotlights

Payment rule spotlights include:

- Headlines
- 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 page), follow this format:
  - Provider Type: Year, Rule Type (Proposed or Final), Deadline
  - Inpatient Psychiatric Facilities: Fiscal Year 2023 Proposed Rule - Submit Comments by May 31
- Text that contains these important points:
  - 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.
  - A few bullets (try to be as brief as possible) from SME, press release, or fact sheet highlighting the major points of the regulation. When the fact sheet is extremely detailed, the press release may be the most helpful in identifying the major provisions in the rule.

Posting Spotlights

We use the PCG Content Calendar to track when to post and remove spotlights.

We used Google Analytics data (3 months worth) to identify pages to post spotlights for rules. Usually, spotlights are posted on:

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

Well revisit this data annually (during the proposed rule cycle for each rule) to confirm spotlight placement.

DPRO has a template for Front Office review and clearance of spotlights - including listing pages where the spotlight will live (as well as Google Analytics data), a link to the latest version of the press materials, and information on SME clearance.

Removing Spotlights

- Proposed Rules: Take these spotlights down once the comment period ends
- Final Rules: Take down when you post the next proposed rule spotlight

Example:

Submit Comments by May 31 - Fiscal Year 2023 Proposed Rule

CMS issued a Fiscal Year (FY) 2023 Hospice Payment Rate Update proposed rule to update Medicare hospice payments, wage index, quality reporting programs, and policies. See a summary of key provisions. Proposals include:

- Routine annual rate setting changes resulting in a 2.7% increase in payments for FY 2023
- Permanent 5% cap on negative wage index changes
- Hospice Quality Reporting Program (HQRP) updates including the new Hospice Outcomes and Patient Evaluation Tool, quality measures for FY 2023, and a Request for Information to inform future efforts related to health equity and the HQRP

We encourage you to review the rule, and submit formal comments by May 31, 2022.

Hospice Center

Spotlight

Submit Comments by May 31 - Fiscal Year 2023 Proposed Rule

CMS issued a Fiscal Year (FY) 2023 Hospice Payment Rate Update proposed rule to update Medicare hospice payments, wage index, quality reporting programs, and policies. See a summary of key provisions. Proposals include:

- Routine annual rate setting changes resulting in a 2.7% increase in payments for FY 2023

- Permanent 5% cap on negative wage index changes

- Hospice Quality Reporting Program (HQRP) updates including the new Hospice Outcomes and Patient Evaluation Tool, quality measures for FY 2023, and a Request for Information to inform future efforts related to health equity and the HQRP

We encourage you to review the rule, and submit formal comments by May 31, 2022.

Value-Based Insurance Design (VBID) Model: Hospice Benefit Component

As of January 1, 2021, participating Medicare Advantage Organizations can include the Medicare hospice benefit in their Part A benefits package. Visit the Hospice Benefit Component webpage for more information.

Contact Us

For questions about hospice payment policy, send your inquiry via email to: hospicepolicy@cms.hhs.gov

Spotlights & MLNC Messages

Well use approved spotlight language as the MLNC message when:

- It's in a special edition with more than 1 message regardless of whether the other message(s) are about a payment rule
- It's in the regular edition

Tracking Spotlight Referral Traffic

Coming soon: DPRO & DPCT working on reporting specifications

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: the list below is specific to PCG. If you find information in the list below that contradicts what is in the general, government-wide plain language guidance, use the PCG-specific terminology as stated in the table below.**

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
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: Where to Link Common References)
CMS	the CMS
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 2020)	CYYYYY (example: CY2016)
Data is	Data are
Diagnosis-Related Group	Diagnosis Related Group, Diagnosis related Group, diagnosis-related group, diagnosis-related group
electronic mailing list	LISTSERV
email	e-mail, E-mail
FAQs	Frequently-asked questions
FDA	Food and Drug Administration
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
ICN	ICN #
LGBTQ+	LGBTQ

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: Where to Link Common References	see Link Directory: Where to Link Common References
MACs	MAC(s)
MAC secure internet portal	MAC portal, Online portal, secure internet portal, internet portal
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
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
Original Medicare	Traditional Medicare
patient	beneficiary (Exception: use "beneficiary" when communicating with MACs or if press office uses "beneficiary" in final, cleared materials. If the audience includes more than providers, you may use "people with Medicare" depending on the audience and content.)
payment	reimbursement
Part B-Immunosuppressive Drug Benefit Part B-ID	PBID
post-assessment	post-test
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 "non-physician practitioner" if the regulation specifies using it) 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
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 and COVID)
start	begin
subscribe (make sure that "subscribe" always links to Electronic Mailing Lists web page)	subscribe (don't link directly to GovDelivery or any other page)
in other words	i.e.
The CMS Innovation Center	CMS' Innovation Center
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

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
- Trusted
- 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"

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Standards

- 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 ® in its proper font size.
- Don't superscript.
- Approvers have cleared these legal statements, so use the content exactly as it appears below. For this reason, sometimes they may not follow National Provider Communication standards f or common acronyms or preferred terminology .

Exceptions

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

Content & Product Disclaimer, Trademark Ownership Language, and Department of Health & Human Services Disclosure

Language Type	Description	Add this Language (What the reader sees)	Language Location
Content & Product Disclaimer	Educational products published or uploaded to the web are current. Medicare policy changes often so links to the source documents are within the document, for your reference.	Medicare Learning Network® Content & Product Disclaimer, and Department of Health & Human Services Disclosure	Last page of the product, above the Trademark Ownership Language
Trademark Ownership Language	The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health & Human Services (HHS).	The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health & Human Services (HHS).	Last page of the product, last item the reader sees

Co-branding Language

When CMS collaborates product content with an external entity we "co-brand" the product. CMS only co-brands with MACs.

Type of Language	Description	Verbiage Inserted into the Product (What the reader sees)	Location of Verbiage
Co-branding Language	Product content from collaborative external entities.	This [insert: Approved Product Format] was collaboratively developed by the Medicare Learning Network® (MLN) and [insert: Name of co-brander that is co-branding the product] to provide nationally-consistent education on topics of interest to health care providers.	Last page of the co-branded product, above the MLN Content Disclaimer, Product Disclaimer, and Department of Health & Human Services hyperlink
Content & Product Disclaimer	Educational products published or uploaded onto the web are current. Medicare policy changes often so links to the source documents are within the document, for your reference.	Medicare Learning Network® Content & Product Disclaimer, and Department of Health & Human Services Disclosure	Last page of the co-branded product above the Trademark Ownership language
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Use the trademark symbol ® after the first use of the term CPT. Afterwards, we're not required to use the trademark symbol®. Products that have CPT codes only , CPT codes and descriptions, or HCPCS codes, must have:

HCPCS or CPT Code Level	Type of Language	Description	Verbiage Inserted into the Product (What the reader sees)	Location of Verbiage
Level 1	CPT- AMA Copyright Statement	The AMA copyright year is 1 year earlier than the year of the CPT codebook. For example, the year 2021 has the copyright date of 2020. There's also a date range used if codes span multiple years in which case you would put those years for example, 2014- 2018, or 2009 to 2012. Medical Association. All rights reserved. Note: You may also see/use the longer variant - CPT codes, descriptions, and other data only are copyright 2019 American Medical Association. All rights reserved. See link for the copyright statements Level 2 HCPCS or CPT Codes **don't** require the CPT-AMA Copyright Statement.	CPT only copyright [Insert YYYY before the code year] American Medical Association. All rights reserved. Note: You may also see/use the longer variant - CPT codes, descriptions, and other data only are copyright [Insert YYYY before the code year] American Medical Association. All rights reserved.	Each page with Level 1 content
Level 1	CPT- AMA Copyright Notice	CPT codes, descriptions and other data only are copyright the earlier year American Medical Association. All Rights Reserved. Applicable FARS/HHSAR apply.	CPT codes, descriptions and other data only are copyright [Insert YYYY before the code year] American Medical Association. All Rights Reserved. Applicable FARS/HHSAR apply.	Footer on each page that has CPT data
Level 1 Level 2	CPT- AMA Trademark Statement	CPT is a registered trademark of the American Medical Association.	CPT-AMA Trademark Statement	Each page with Level 1, 2 content
Level 1	CPT- AMA Copyright Disclaimer	Fee schedules, relative value units, conversion factors and or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.	CPT-AMA Disclaimer	Each page with Level 1

American Dental Association's (ADA) Current Dental Terminology (CDT) Codes Language

Type of Language	Description	Verbiage Inserted into the Product (What the reader sees)	Location of Verbiage
ADA- CDT Copyright Language	Current Dental Terminology © previous year American Dental Association. All rights reserved. The ADA copyright year is 1 year earlier than the year of the CDT codebook. For example, the year 2021 has the copyright date of 2020. See link for the copyright statements	Current Dental Terminology © [Insert YYYY before the CDT codebook] American Dental Association. All rights reserved.	Above the ADA-CDT Disclaimer and CMS Disclaimer
ADA- CDT Disclaimer	CDT is provided "as is" without warranty of any kind, either expressed or implied, including but not limited to, the implied warranties of merchantability and fitness for a particular purpose. No fee schedules, basic unit. Relative values or related listings are included in CDT. The ADA does not directly or indirectly practice medicine or dispense dental services. The sole responsibility for the software, including any CDT and other content contained therein, is with the software provider or the CMS; and no endorsement by the ADA is intended or implied. The ADA expressly disclaims responsibility for any consequences or liability attributable to or related to any use, non-use, or interpretation of information contained or not contained in this product or file.	ADA-CDT Disclaimer and CMS Disclaimer	Above the MLN Content Disclaimer and Product Disclaimer hyperlink
CMS Disclaimer	The scope of the license is determined by the ADA, the copyright holder. Any questions pertaining to the user of the CDT should be addressed to the ADA. End Users don't act for or on the behalf of the CMS. CMS disclaims responsibility for any liability attributable to the end user of the CDT. CMS will not be liable for any claims attributable to any errors, omissions, or other inaccuracies in the information or materials. In no event shall CMS be liable for direct, indirect, special, incidental, or consequential damages arising out of the use of such information or materials.	ADA-CDT Disclaimer and CMS Disclaimer	Above the MLN Content Disclaimer and Product Disclaimer hyperlink

National Uniform Billing Codes (NUBC) Language

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COVID-19 Disclaimer Language

Products the 1135 waivers or other flexibilities related to COVID-19 affect. Don't place directly on products or on all products. If your product has an exception, please reach out to DPIPD Management.

Type of Language	Description	Verbiage Inserted into the Product (What the reader sees)	Location of Verbiage

COVID-19 Disclaimer	The COVID-19 disclaimer language has been approved by Office of the General Council for inclusion on any product that might be affected by the 1135 waivers or other flexibilities related to COVID-19.	The content in this Medicare Learning Network® educational product does not reflect waivers and flexibilities issued pursuant to section 1135 of the Act or short-term regulatory changes made in response to COVID-19. The Centers for Medicare & Medicaid Services (CMS) has issued blanket waivers and flexibilities and made temporary changes to its rules to prevent gaps in access to care for beneficiaries affected by the COVID-19 public health emergency. Please visit MLN Matters® Article SE20011 for up-to-date information and a complete list of COVID-19 blanket waivers and flexibilities, and temporary regulatory changes.	Post in the white space of the MLN product list and MLN multimedia pages.

Medicare Advantage (MA) Plan Language

Include on products related to eligibility, coverage, or payment.

Type of Language	Description	Verbiage Inserted into the Product (What the reader sees)	Location of Verbiage
Medicare Advantage plan Language	Language on MA plan eligibility, coverage, and 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.	Anything related to eligibility, coverage, or payment

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 purchase 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 and isn't used 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
ABCDEFGHIJKLMNOPQRSTUVVVXYZ
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
ABCDEFGH/JKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 0123456789

ARIAL BLACK
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz 0123456789

Videos (Best Practices)

Standards

- Make sure all information in the video is also available as a text transcript
- Make sure all videos are close captioned
- Use videos consistently on your site (for example, if you use a video on a help page, consider using videos on other help pages)
- Curate videos regularly and remove "private" videos from our playlist
- Display the length of the video in parenthesis immediately after the video name in messages and announcements. Example: Importance of Proper Documentation: Provider Minute Video (4:05)

Linking to Videos

- **Webpages:** When placing a video on a webpage, embed the video if you can make it a reasonable size. If not, link directly to the video.
- **Digital Content (PDFs and MLNC):** In digital content, link directly to the video. If the video URL changes, set up a redirect.
- **Print Content:** Avoid printing the long form YouTube URL; refer all traffic to the associated campaign page (ex: cms.gov/cognitive). In the rare case when there's not a campaign page, link to the detail page and provide an alias via Drupal (ex: cms.gov/cognitive_video)

Video Elements

- **Thumbnail -** Make sure the thumbnail indicates 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 on every video, like a branded title page.
- **Title -** Use a descriptive, topic-focused title that uses keywords near the beginning.
- **Introduction -** Keep introduction short (:05 or less) and to the point.
- **Ending -** End the video with a clear call to action or links to additional information.
- **File name -** Make sure the video file has a good, descriptive name before it's even uploaded to YouTube ("IMG_1773.MOV" isn't a descriptive name). Even though it won't be visible to viewers, it will be scanned by YT search crawlers.
- **Description -** Make sure the first couple of lines include keywords and sound interesting. They will be the only part that's visible unless the user clicks down. One way to add relevant copy without writing from scratch is to copy the transcript into the lower description space. You can also re-purpose copy from the matching web page, as long as it's edited well enough to not be identical. At the bottom, include links to a few related videos and a few hashtags.
- **Tags -** Enter a few tags that describe what the video is about - when in doubt use keywords from the CTS. Things like "medicare coverage", "medicare plans", "diabetes prevention", "colorectal cancer screening" etc. are good choices. Tip: the info icon in YT tells you that tags won't help people find content. Ignore that.

Video 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, present it at the top of that section
- Avoid placing videos in the right rail where users won't see them or will mistake for an ad
- Avoid placing the video at the bottom of the page as often as possible

Navigation

- If the video describes a multistep process, use multiple small videos (1 for each step) instead of 1 long video.
- If possible, use chapters or other time markers within a long video.
- Display the length of the video as part of the video thumbnail, not just in the player window.
- Avoid autoplay. Give user control over stopping, starting, restarting, and muting a video.

MLN Formatting & Templates (Video)

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** participate in this model will have to fill out a report.
- Hospitals, SNFs, and FQHS **that** bill Medicare need to take these steps.

You, We, & They (Pronouns)

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 (CSRs, 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.)
- In TDLs, refer to the MACs as "you" after the first time you use "MACs" in content

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.