

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1202	Date: March 22, 2013
	Change Request 8113

SUBJECT: Transition to New Centers for Medicare and Medicaid Services (CMS) Identity Mark

I. SUMMARY OF CHANGES: To build a new visual identity, CMS has adopted a new identity mark (“logo”). Medicare Administrative Contractors (MACs), Fiscal Intermediaries (FIs), and Carriers regularly use the CMS logo in numerous places. This CR initiates the implementation of the new CMS logo. An updated CMS Branding Guide that provides more detailed information on, and examples of, the logo will be made available to all MACs, FIs, and Carriers.

EFFECTIVE DATE: April 22, 2013

IMPLEMENTATION DATE: Contractors shall transition to the new logo as time and their regular operating budgets allow.

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 1202	Date: March 22, 2013	Change Request: 8113
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SUBJECT: Transition to New Centers for Medicare and Medicaid Services (CMS) Identity Mark

EFFECTIVE DATE: April 22, 2013

IMPLEMENTATION DATE: Contractors shall transition to the new logo as time and their regular operating budgets allow.

I. GENERAL INFORMATION

A. Background: Medicare Administrative Contractors (MACs), Fiscal Intermediaries (FIs), and Carriers regularly use the CMS Identity Mark, or logo, in numerous places. The CMS logo was recently updated, and CMS is now initiating its implementation.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement.

Number	Requirement	Responsibility										
		A/B MAC		D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				Other
		P a r t A	P a r t B					F I S S	M C S	V M S	C W F	
8113.1	Any CMS contractor who is currently using the old CMS Identity Mark ("logo") shall begin to transition to the new logo.	X	X	X	X	X	X					
8113.1.1	Contractors shall not incur any additional costs during this transition.	X	X	X	X	X	X					
8113.2	Contractors shall replace the old CMS logo with the new CMS logo in any and all instances where this can be done at no cost. That is, all transitions to the new logo that can be completed without incurring any costs shall be performed now (e.g., changing the logo on electronic letterhead).	X	X	X	X	X	X					
8113.3	Contractors shall exhaust their current stock of all physical items displaying the old CMS logo, such as (but not limited to) paper letterhead and envelopes, before ordering stock that displays the new CMS logo.	X	X	X	X	X	X					
8113.3.1	Going forward, all orders contractors place for items that normally feature the CMS logo shall feature the new CMS logo.	X	X	X	X	X	X					

Number	Requirement	Responsibility											
		A/B MAC		D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				Other	
		P a r t A	P a r t B					F I S S	M C S	V M S	C W F		
8113.4	In all instances (including, but not limited to, those specified in the above requirements) contractors shall phase-in the use of the new CMS logo as their normal budget allows (e.g., ordering new supplies with the new CMS logo when the current stock of supplies has been exhausted; replacing the old CMS logo featured on the contractor's website with the new CMS logo when a website refresh is done).	X	X	X	X	X	X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC		D M E M A C	F I	C A R R I E R	R H I	Other
		P a r t A	P a r t B					
	None							

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	For your reference, the new CMS Branding Guidelines have been attached to this CR.
	Contractors may obtain the new CMS logo in various colors and/or file formats by e-mailing Cindy Dickerson at Logos@cms.hhs.gov. <u>Please specify, in your e-mail, that you are a MAC/FI/Carrier.</u>
	This notice does not apply to CR7676, since the Department of Health and Human Services logo (and not the CMS logo) appears on the Medicare Summary Notice.

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Cindy Dickerson, 410-786-7410 or cynthia.dickerson@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

Section B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS do not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.





Attachments (2)

CMS COLOR PALETTE

Use the following color palette for identity program components on all graphic communications materials. Match the CMS colors as closely as possible.

- For four-color process printing (also known as full-color printing), refer to the CMYK values indicated.
- For software like Microsoft Word® or Microsoft PowerPoint®, refer to RGB (print/on-screen).
- For Web applications, refer to the RGB Web values or Hexadecimal Web values.
- For printing on coated and uncoated paper, use the PANTONE® and CMYK values provided.

COLOR EQUIVALENT CHART

COLOR	CMS GOLD	CMS BLUE	CMS RED	MEDICARE Burgundy
SPOT COLORS	PANTONE 110	PANTONE 287	PANTONE 186	PANTONE 704
CMYK	7C 16M 100Y 0K	99C 75M 8Y 0K	0C 100M 83Y 4K	21C 95M 85Y 11K
RGB	255R 204G 0B	0R 102G 153B	204R 0G 51B	204R 51G 51B
HEXADECIMAL WEB	#FFCC00	#006699	CC0033	#CC3333
				

(The colors shown throughout this manual have not been evaluated by Pantone, Inc. for accuracy and may not match the PANTONE® Color Standards. Please refer to the current edition of the Pantone color formula guide. PANTONE® is a registered trademark of Pantone, Inc. Please visit <http://www.pantone.com> for more information. Microsoft and PowerPoint are registered trademarks of Microsoft Corporation. All rights reserved.)



CMS Brand Strategy & Graphic Standards Guide

Revision: May 2012

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1. INTRODUCTION

The Centers for Medicare & Medicaid Services (CMS) strives to provide our audiences with a consistent communication and brand experience. This document provides guidelines concerning messaging themes and visual identity marks (“logos”) to achieve this goal.

Consistent branding will make CMS initiatives more effective by helping CMS’ audiences understand how to take advantage of CMS programs and how CMS works to improve health care. In doing so, it will also strengthen each audience’s understanding of CMS’ purpose and, therefore, strengthen the CMS brand.

CMS interacts with different audiences in different ways—providers and other non-consumers who participate in our programs know and recognize CMS as an Agency, while consumers know and trust us through our health care programs. Consumers are grateful for the health care access and security our programs provide. We communicate consistent, accurate, and usable information when, how, and where people need it to take advantage of CMS program benefits and comply with CMS rules.

Both sets of audiences experience CMS and its programs through our messages, information, customer service and visual identity. These guidelines aid in making that experience positive and consistent.

2. CMS BRAND ARCHITECTURE

CMS is part of the larger family of Agencies in the Department of Health and Human Services. Our branding strategy, messages and visual identity are organized in a way that acknowledges our place in the Department and works collaboratively with the DHHS Identity Program.

CMS must be strategic around the positioning and creation of its unique programmatic, organizational, and project-based brands:

- ***Programmatic brands*** are tied to strong independent programs like Medicare, Medicaid, and the Pre-Existing Condition Insurance Plan (PCIP). They have a strong direct relationship with customers who directly benefit from the programs. These brands are often used independently of CMS because they are easily recognized and understood by our customers.
- ***Organizational units*** serve CMS and must be tied closely to CMS to strengthen and reinforce the CMS brand. See page 17 for more information on organizational branding guidelines.

- **Temporary brands** mostly represent time–limited initiatives tied to one or more independent programs. An example would be a 4–month paid media campaign with a specific tagline.

This Guide explains the standards for two main parts of the CMS brand—messaging themes and visual identity—as well as providing additional resources to guide other communications activities.

3. CMS Messaging Themes

Messaging themes provide a high–level structure for organizing information, so that the themes best resonate with our intended audiences. Themes are not the same as actual messages that may vary and should be defined for each specific initiative or program. These themes and approaches are based on considerable audience research with health care providers and people who benefit from CMS programs.

Below are two overall themes that resonate with two broad audience groups—non–consumer audiences who are familiar with CMS and consumer groups who don’t know CMS, but are familiar with its programs. Most Americans don’t know CMS, but those who do know it, understand its important role in healthcare delivery. The general public and those who directly benefit from CMS programs have stronger relationships with the programs themselves (e.g., Medicare, CHIP, Medicaid, PCIP). They are thankful for these programs and see them as safety nets.

Non–Consumer Audiences

Non–consumer audiences are key partner and stakeholder individuals and groups who already are familiar with CMS. This includes:

- a. Insurance industry
- b. Many physicians and mid–level providers
- c. Hospitals, nursing homes, and home health care organizations
- d. Patient advocates
- e. States

The primary theme for these audiences is:

Better Care and Lower Costs through Improvement, Prevention and Population Health, Expanded Care Coverage

This theme uses the CMS brand and encompasses the many programs designed to improve health care delivery including, bundled payments, value-based purchasing, accountable care organizations, Partnership for Patients, and Demonstrations to Integrate Care for Dual Eligible Individuals.

While the *Care and Costs, Population Health, Expanded Coverage* theme is understood by these audiences, it still needs explanation. Even for stakeholder audiences, it isn't immediately intuitive how CMS programs align within this theme.

The safety net theme that resonates with consumers, described next, also resonates with providers and other non-consumers. Inversely, the *Care and Costs, Population Health, Expanded Coverage* theme is not intuitive to consumers.

Consumer Audiences

Consumer audiences are individuals and groups who use services or benefits from the health care programs we oversee. They include:

- a. People with Medicare
- b. People with no coverage (Uninsured)
- c. People with pre-existing conditions
- d. Families and Caregivers
- e. People with Medicaid or CHIP

The primary theme for these audiences is:

Safety Net, New Benefits, Expanded Coverage

This theme represents the strong bond people who benefit from CMS programs have with those programs. This is especially true for the almost 50 million people with Medicare, which is the strongest program brand. The expanded coverage and benefits for some of the other audiences continue to be promoted to build that relationship.

This theme encompasses provisions included in the Affordable Care Act, including expanding family coverage to children under age 26, PCIP, expanded preventive benefits, extra savings in the Part D donut hole, and Health Care exchange programs. The general public and consumer audiences relate to the CMS programs that provide them with health care.

Tone of Voice

CMS communications should always sound the same. Our language can change to reflect an audience–appropriate level of content (partner, provider, beneficiary, etc.), But our tone of voice (TOV) should be consistent across all media and products and across CMS programs. Users should have the same CMS experience whether they visit our websites, call a toll–free line, get a notice in the mail, see a television commercial, talk to a caseworker or read a CMS publication. The tone of voice should be consistent whether it is CMS speaking, or one of CMS’ programs (e.g. Medicare, Medicaid, PCIP, CHIP).

We know that people want CMS to be friendly, helpful, consistent, and sympathetic. We know they value the idea of fairness and accuracy. Our goal is to create a consistent, rewarding experience that encourages commitment to CMS as the official, primary source for program information. More specific guidance is available on the [CMS Tone of Voice](#) webpage, including a useful checklist to use as you create materials.

4. CMS VISUAL BRANDING

While some people think of a logo as a brand, it's really just one small part of the overall visual brand. A visual brand takes the experiences and expectation associated with our organization, and expresses them in a nonverbal way through layout, color, typography, and graphic elements.

CMS Identity Guidelines

These guidelines provide standards related to the CMS identity mark ("logo") and the development and use of organizational unit identity marks. These include Centers, Offices, Regions, groups and divisions.

New brand and visual identity determinations for Agency programs and initiatives are made by the CMS Office of Communication, at the request of CMS business owners. If you believe your program or initiative needs its own distinctive brand, send a request to Logos@cms.hhs.gov.

About the NEW CMS Identity Mark

As of May 2012, CMS is transitioning to a new design for our CMS identity mark. The new mark was designed to indicate forward movement and growth. As the Agency expands, the health care programs we oversee become more varied and diverse, and the people impacted or covered by these programs grow with us.

Products already completed and approved, which include the prior design, can continue to be used until stock is depleted, so as not to incur unnecessary transition costs. As all materials are developed, updated, reprinted, reproduced, or otherwise modified, the prior CMS identity mark should be replaced with the new mark, in accordance with the following guidelines. The Office of Communications will no longer provide files or approve the use of the prior identity mark in any materials produced for CMS.

Existing Mark:



New CMS Mark:



New CMS Mark with Office/Center Name:



How to Use the Identity Mark

These guidelines provide information and instructions on the appropriate use of the CMS identity components. You should never recreate the CMS identity marks; e-mail Logos@cms.hhs.gov and ask for an electronic version.

The new CMS mark is composed of at least two components:

1. The letters CMS
2. A two-color graphic image

The preferred use in most cases also includes a third element:

3. The words Centers for Medicare & Medicaid Services

An official Center or Office name may be added to become part of the mark, if necessary. Do not try to recreate the identity mark on your own. E-mail Logos@cms.hhs.gov for an electronic version in any of the formats described below.

- **2-Color Identity Mark (preferred)**
Use CMS Gold (or gold foil) and CMS Blue.
- **1-Color Identity Mark**
If you are only using one CMS color, use CMS Blue.

If you are not using color, use black. You can also use a negative mark, which is reversed out in white. The negative mark must not be placed on a background that is tonally lighter than 100% of the color. Make sure you use a background color that contrasts sufficiently with the mark.

Size, Placement and Color

- **Minimum Size**
Make sure the CMS mark is at least 2 inches wide so that it is legible. This measurement is equal to the horizontal length of the entire mark.
- **Bleed-Edge Indicator**
The identity mark may not bleed off any edge of an item. The mark should sit at least 1/8 inch inside any item's edges.

- **Clear Space Allocation**

The clear space around the CMS mark prevents any nearby text, image, or illustration from interfering with the mark. Any type of graphic components must be at least “x” distance from the mark, where “x” is the height of the “M” in the identity mark.



Using the CMS Name without the Identity Mark

CMS encourages the use of the CMS identity mark on all communications products. If you are only using the agency name, follow these criteria:

- Make all words the same size and font (at least an 8 point sans serif font such as Frutiger Bold or Arial Bold).
- Put all letters in uppercase except for the word “for.”
- Use an ampersand (&) instead of “and.”
- Use black, blue, or a dark color if the background is light.
- Use yellow, white, or a lighter shade if the background is dark.

Example (12 point Arial Bold):

CENTERS for MEDICARE & MEDICAID SERVICES

For a product that is entirely in Spanish, use the words “**Centros de Servicios de Medicare y Medicaid**” in place of the CMS name.

Use of CMS Mark with DHHS Logo

If the CMS mark and DHHS logo are used on the same page, the DHHS logo must be more prominent and dominant than the CMS mark. Prominence and dominance are not necessarily measured in size; they also depend on factors such as contrast and placement. For example, the DHHS logo should never be smaller than 0.5 inches wide. For more specific guidance, consult the Department's [guidelines](#) for logo use.

Incorrect Use

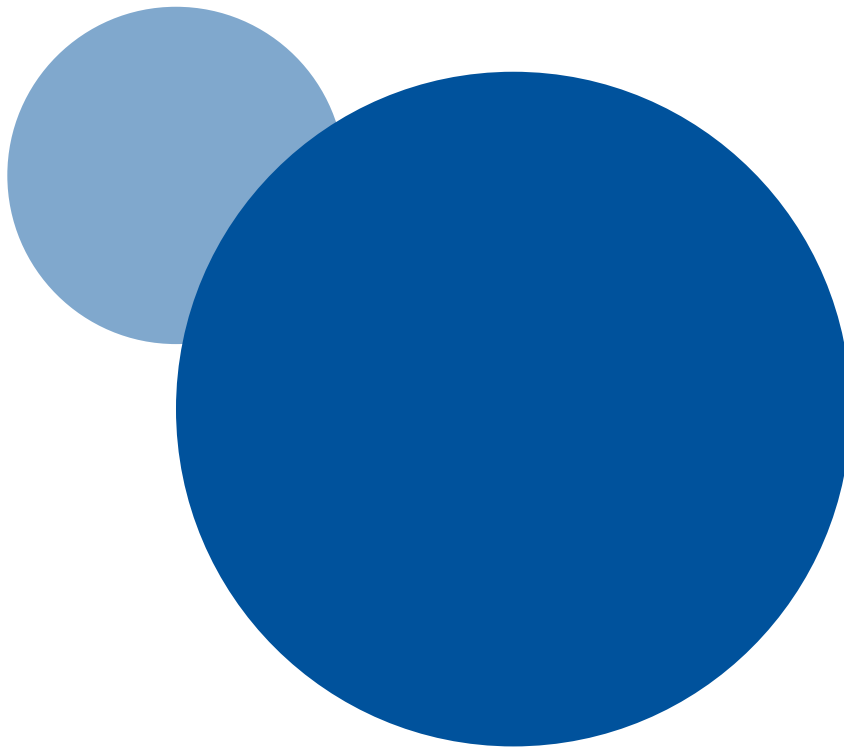
In order to maintain the integrity of the mark, it is essential that the CMS identity mark be used correctly. Deviation from the guidelines can weaken the impact of the Agency's identity and program branding efforts.

Follow these guidelines:

- Do not alter the position of the identity mark elements.
- Do not alter or change the typeface.
- Do not rotate any of the identity mark elements.
- Do not combine the mark with other elements to create a new mark, symbol, etc.
- Do not stretch, distort, or otherwise alter the aspect ratio of the identity mark.
- Do not position the identity mark too close to other items or images.
- Do not alter the color of any of the identity mark elements.
- Do not position the identity mark on colors that do not compliment the mark's colors.
- Do not position the identity mark on a photographic background where there is insufficient contrast between the photographic image and the identity mark and typography.

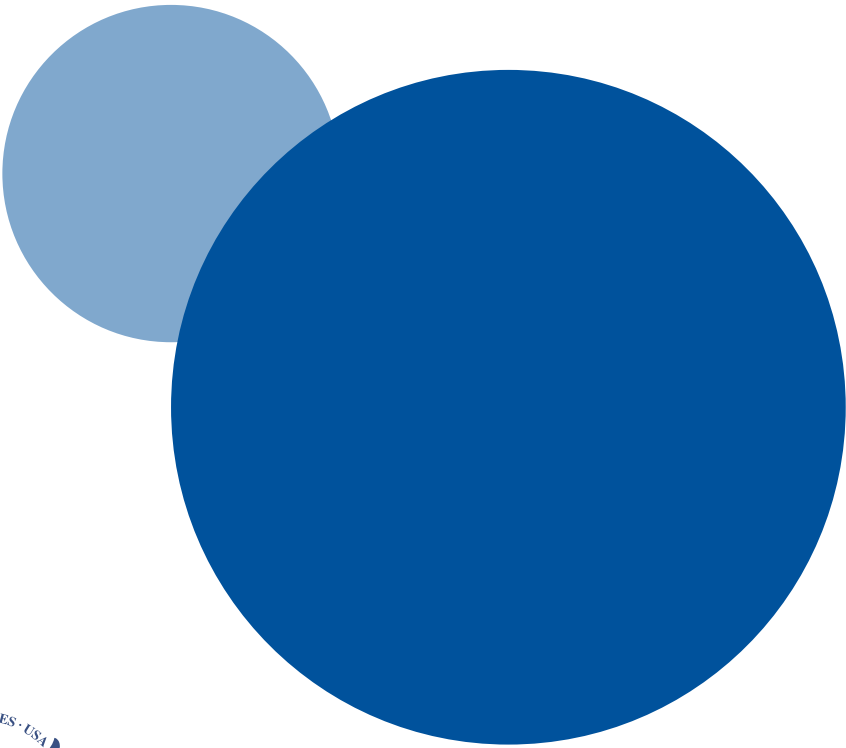
Example of Acceptable Use:

This is a **good** example of logo placement. The HHS logo is more prominently placed and dominant to the CMS logo.



Example of Unacceptable Use:

This is a **bad** example of logo placement. The CMS logo should be less prominent and less dominant than the HHS logo. Since they are very directional images, the eye is led away from the page. Logos fight each other by facing away.



Example of Unacceptable Use:

Avoid the **improper** placement of logos. Here the CMS logo is on the left and HHS logo is on the right. These logos are placed too close together.



Example of Acceptable Use:

This is the correct usage of logos, with HHS logo first and to the left of the CMS logo.



Branding Centers, Offices, and other Organizational Units

The CMS identity mark is the Agency's primary and dominant organizational brand. Some Centers, Offices or other organizational units within CMS are currently using previously developed identity marks for their organizations. To brand the Centers for Medicare & Medicaid Services most effectively, we limit creation of new brand marks.

Individual Offices/Centers/Regions that have already developed and are using a consistent and recognized individual mark may continue to do so temporarily, and are encouraged to begin to transition to the new CMS identity mark as soon as possible. Offices/Centers/Regions that don't have a recognized mark already in place are not permitted to develop one and should use the new CMS identity mark with their Center or Office or Consortium name. The Office of Communications /Division of Design Services will use only the DHHS logo and new CMS mark in the new materials it develops for CMS components. Organizational levels below the component level (i.e. groups or divisions) should discontinue the use of any subordinate organizational logos. However, if these logos exist and have long-standing recognition, temporary transitional use is permitted in tandem with the new CMS identity mark.

Branding Items within CMS or HHS Initiatives

There are times when CMS develops products or other items as part of a long-term Department level initiative or project, where the initiative has its own specific set of branding guidelines. Examples of this are the Partnership for Patients program and the Million Hearts campaign. When this is the case, the initiative's branding guidelines may supersede the rules and procedures contained in this guide. If this is the case with your product, the CMS Office of Communications can provide you with assistance in determining the guidelines to follow.

For new CMS-level initiatives, the necessity to develop a new identity mark ("logo") for the project or initiative will be determined on a case-by-case basis. The Office of Communications won't approve the development or use of a unique logo for initiatives that are expected to be short-term or of limited scope. For other projects, send a request to Logos@cms.hhs.gov if you believe the development of a special identity mark is warranted, and the Office of Communications will make this determination. If an identity mark is approved for your initiative, all CMS organizations must use the Office of Communications/Division of Design Services for all logo development, to ensure unified brand management.

Branding Items Produced by CMS Contractors

Presentation slides, publications, videos and other external-facing deliverables produced by third-party organizations under contract to CMS should be branded only as CMS and/or HHS products, using the CMS identity mark according to the rules listed above. Third-party contractor logos should NOT be included on these products, although the contractor may be acknowledged by name for their input or support at the appropriate point, i.e. a closing slide, appendix, or notes page. Acknowledgement should not be included in a title slide or page.

Co-branding Items with Partner Organizations

Sometimes it is appropriate for CMS to co-brand a product or initiative with another government or private organization. There are rules and procedures that the Agency follows to determine whether a specific opportunity is appropriate for CMS. Co-branding should not be considered unless a formal agreement is in place. This determination takes time and is reviewed by multiple levels in the Agency. If you want to pursue an agreement, the first step is to contact the Office of Public Engagement/Partner Relations Group. After an agreement is reached, the CMS Office of Communications can provide guidance on the proper usage and placement of the CMS brand mark to ensure that the Agency's visual identity is evident when co-branding specific products.

Permission: License Agreement Policy and Procedures

If you want to use any of the identity or brand marks, you need to get approval to use them.

Once you have a sample of your product, e-mail Logos@cms.hhs.gov at least two weeks before production for approval. Approval requests are effective for the initial production period (for tangible products) or six (6) months (for advertising.)

If you have a contractor, partner, or other stakeholder who wants to use any element of our identity program, they must have a licensing agreement with CMS. Some contractors like Medicare Administrative Contractors (MACs) and Quality Improvement Organizations (QIOs) have license agreements incorporated into their CMS contracts. To get a licensing agreement, send a request with the following information to Logos@cms.hhs.gov:

- Name and address of requestor
- CMS contact name and number
- Project name
- Which identity program element(s) you want to use
- Why you want to use it
- How long you want to use it

You may not use agency marks to promote private for-profit entities or to promote one service over another within CMS programs. Products with CMS identity marks on them generally should not be sold for profit. Only CMS and partners authorized to do so may use the CMS identity materials on products they distribute. In addition, these products must follow the National Gifts provision, which states that the gifts may be offered to the public as long as the gifts are of nominal value and are provided whether or not the individual is enrolled in a CMS program.

Be aware that our identity marks are protected by law. For example, Section 1140 of the Social Security Act, 42 U.S.C. §1320b-10, prohibits the use of the Department and agency names, acronyms, stationery, cards, logos/marks and other identity materials in a manner which would convey the false impression that such item is approved, endorsed, or authorized by CMS or DHHS, or that such person has some connection with, or authorization from CMS or DHHS.

For more information on prohibition of misuse, visit http://www.ssa.gov/OP_Home/ssact/title11/1140.htm. If you notice unauthorized use of the CMS mark, e-mail Logos@cms.hhs.gov.


5. STANDARD BUSINESS TEMPLATES


Building audience recognition and confidence in our brand and visual identity is another important element of our brand architecture. To ensure that CMS presents a consistent “face” to our external audiences, we strongly encourage the use of approved templates for standard communications, including Microsoft PowerPoint® presentation slides, business cards, and listserv e-mail messages. You can find the [current templates](#) on the CMS Intranet or send a request to designservices@cms.hhs.gov.

Sample of standard Power Point® title slide (multiple standard options are available):




Sample of standard business card:

	
NAME <i>Title</i> <i>Group and or Division</i> <i>Centers for Medicare & Medicaid Services</i>	
Address	Ph: 000.000.0000
Mail Stop	Cell: 000.000.0000
City, St	Fax: 000.000.0000
Zip	E-mail: first.last@cms.hhs.gov

	
NAME <i>Title</i> <i>Group and or Division</i> <i>Centers for Medicare & Medicaid Services</i>	
7500 Security Boulevard	Ph: 410.786.0000
Mail Stop	Cell: 410.786.0000
Baltimore, MD	Fax: 410.786.0000
21244-1850	E-mail: first.last@cms.hhs.gov

Sample of standard listserv e-mail template:

	
Headline	
[content]	
Line 1	
[content]	
Line 2	
[content]	
Component name, initiative title, or tag line would be placed in this space.	

6. FOR MORE INFORMATION

The Office of Communications, Creative Services Group oversees the CMS brand architecture and visual identity guidelines. Please direct questions to Logos@cms.hhs.gov and requests for logo development and other design services to designservices@cms.hhs.gov.

Other resource documents on communications are available and address topics that may not be covered here. These include:

- **Plain Language Style Guide**—
<http://cmsnet.cms.hhs.gov/PlainLanguageStyleGuide.pdf>
- **Toolkit for Making Written Materials Clear and Effective**—
<http://www.cms.gov/WrittenMaterialsToolkit/>
- **Web Writing Style Guide**—
<http://cmsnet.cms.hhs.gov/WebWritingStyleGuide.pdf>
- **YouTube User Guide**—
<http://cmsnet.cms.hhs.gov/hpages/OEA/CSG/CSGfiles/YouTubeUserGuideFinal.pdf>
- **Twitter User Guide**—
<http://cmsnet.cms.hhs.gov/hpages/OEA/CSG/CSGfiles/TwitterUserGuidedocx.pdf>

NOTES



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