

# **National Provider Communication Standards**

February 6, 2024

## What's Changed? – As of 2/6/2023

- [Web Content: Use SEO Best Practices to Optimize > Keywords](#): Edited Standard on keyword use

For the complete list of previous changes, see the “What’s Changed? Archives” at the end of this document.

# Accordions

## Description

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

## Standard

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

## Examples

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

### How to Submit Claims

- > [Institutional](#)
- > [Professional](#)
- > [What if I'm a Mass Immunizer?](#)
- > [What if I'm a Centralized Biller?](#)

#### How to Submit a Centralized Bill

Providers enrolled as [centralized billers](#) can submit a professional claim to [Novitas](#), regardless of where you administered the vaccines.

You must operate in at least [3 MAC jurisdictions](#).

Example 2:

#### How Do I Bill:

- > [To Administer COVID-19 Vaccines?](#)
- > [For the Additional Payment for Administering the Vaccine in the Patient's Home?](#)
- > [For Medicare Advantage Patients?](#)
- > [For Hospice Patients?](#)
- > [If I'm a Rural Health Clinic or Federally Qualified Health Center?](#)
- > [When Medicare is a Secondary Payer \(Coordination of Benefits\)?](#)
- > [For Medicare Patients with Part A Only & Other Types of Insurance Coverage?](#)
- > [For Patients Who Don't Have Medicare?](#)

# 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.

# 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

- Don't use acronyms for terms you use only once in a product, unless your audience more easily recognizes the term by the acronym. Example: Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI), Inpatient Prospective Payment System (IPPS), or Outpatient Prospective Payment System (OPPS).
- Titles:
  - Use common acronyms in titles
  - If an acronym isn't common, don't put it in the title. Spell out the term in the title, and introduce the acronym in the body content instead.
- In longer publications, such as guides or 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)

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

# 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

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

- Use bullets for a list that has 2 or more items. See [Accordions](#) for standards about using an accordion when there's only 1 item.
- Use parallel structure (start each bullet with 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.
  - If content has more than 1 bulleted list (some that require periods and some that don't), still follow these guidelines. It's okay if content has bulleted lists with different punctuation.
  - Don't include commas between bullets.
  - Don't include "and" or a semicolon before the last bullet.
- Capitalize the first word of each bullet.
- Don't include "and" before the last bullet.
- Use numbered lists when listing a sequence, steps in a process, or a specific number of items.

## Examples

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

The proposed rule also includes:

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

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

- Seeing patients
- Processing claims
- Filing appeals

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

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

See [Accordions](#) for standards about using an accordion when there's only 1 item.

# 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
- Always capitalize Chapter, Section, and Version

## 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 [C Y 2022 Physician Fee Schedule \(PFS\) final rule](#).
- See Section 20.1 of the [Medicare Benefit Policy Manual, Chapter 9](#)
- Outcome and Assessment Information Set Version E



# Colons

## Standard

Use colons to introduce text or bulleted lists. 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)**

C 100  
M 60  
Y 19  
K 59

**RGB**

R 0  
G 48  
B 82

**HTML**

002f51

**Process (CMYK)**

C 100  
M 69  
Y 0  
K 11

**RGB**

R 0  
G 82  
B 155

**HTML**

00529b

**Process (CMYK)**

C 90  
M 44  
Y 58  
K 27

**RGB**

R 8  
G 95  
B 93

**HTML**

075e5d

**Process (CMYK)**

C 83  
M 25  
Y 73  
K 9

**RGB**

R 35  
G 135  
B 101

**HTML**

238664

**Process (CMYK)**

C 73  
M 0  
Y 57  
K 0

**RGB**

R 43  
G 184  
B 146

**HTML**

2bb891

**Process (CMYK)**

C 0  
M 11  
Y 94  
K 6

**RGB**

R 243  
G 207  
B 30

**HTML**

f2ce1e

Hex codes 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.
- Removed CPT code 90685 effective August 1, 2022.

# 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: <a href="https://www.medicare.gov/your-medicare-costs/medicare-costs-at-a-glance">https://www.medicare.gov/your-medicare-costs/medicare-costs-at-a-glance</a>  |
| Medicare Advantage plan costs   | Use this language on products related to eligibility, coverage, or payment:<br><br>For Medicare Advantage (MA) plan patients, check with the MA plan for information on eligibility, coverage, and payment. Each plan can have different patient out-of-pocket costs and specific rules for getting and billing for services. You must follow the plan's terms and conditions for payment. |

# Dashes

## Standard

- Use words instead of a dash. See [compound modifiers & hyphens](#) for more information.
- Avoid using a space before or after a dash used to show a range between 2 numbers.

## 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

# Definitions

The list below provides a full definition, references, and additional notes around terms we use in our communications that you may need to define in your content. See the [Terminology: Use This, Not That](#) list and the [Link Directory: Where to Link Common References](#) for more guidance.

| Term                           | Definition  | First reference   | Subsequent references   | Don't Use   |
|--------------------------------|---|---|---|---|
| Telehealth                     | Telehealth generally involves 2-way, interactive technology that permits communication between the practitioner and patient.                                | 2-way, interactive technology (or telehealth)<br><br><b>If specific to audio-video only:</b><br><br>2-way, interactive, audio-video technology<br><br>-or-<br><br>audio-video telehealth<br><br><b>If specific to audio only:</b><br><br>2-way, interactive, audio-only technology<br><br>-or-<br><br>audio-only telehealth | <ul style="list-style-type: none"> <li>• telehealth</li> <li>• audio-video telehealth (if specific to audio-video only)</li> <li>• audio-only telehealth (if specific to audio only)</li> </ul> | Audio and video communication technology, telecommunications (unless in reference to mental health services under the COVID-19 PHE) |
| Virtual communication services | Virtual communications services are services in which a practitioner meets with a patient for at least 5 minutes to determine if the patient needs a visit. |   |   |   |

# Disclaimers

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

| Language  | Use  |
|---|--|
| View the <a href="#">Medicare Learning Network® Content Disclaimer and Department of Health &amp; Human Services Disclosure</a> .   | As a link at the bottom of all products or MLN-branded/identified webpages that contain policy information, above the Trademark Ownership language.  |
| Language  | Use  |
| The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health & Human Services (HHS).  | On all content.<br><br>Written out at the bottom of products and MLN-branded/identified webpages, as the last item.  |
| Language  | Use  |
| The Medicare Learning Network® (MLN) and [Name of co-brander] developed this content together to provide nationally consistent education to health care providers.  | On co-branded content.<br><br>Written out on the last page of a product or webpage, before the MLN Content Disclaimer.   |
| Language  | Use  |
| The COVID-19 public health emergency (PHE) ended at the end of the day on May 11, 2023. View <a href="#">Infectious diseases</a> for a list of waivers and flexibilities that were in place during the PHE. | On content affected by 1135 waivers and other flexibilities related to COVID-19, when requested by SMEs.<br><br>Also on the <a href="#">MLN Publications page</a> , <a href="#">MLN Multimedia page</a> , and <a href="#">MLN Matters Articles page</a> . Disclaimer language varies slightly on these pages based on product types.<br><br>Within the body of the product or white space of a webpage, where appropriate. |
| Language  | Use  |
| See the <a href="#">Copyright Notices</a> for language.   | On content that includes codes or descriptors from the American Medical Association (AMA), American Dental Association (ADA), or the American Hospital Association (AHA).<br><br>See the <a href="#">Copyright Notices</a> for directions.   |



# 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 (AWW, 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<br>* = no data | Modifier<br>0 = not allowed<br>1 = allowed<br>9 = not applicable | PTP Edit Rationale                         |   |   |   |
| 99215                  | G0101    |                                | 19980401       | 19980401                     | 9  | More extensive procedure *                 |   |   |   |
| 99215                  | G0102    |                                | 20000605       | *                            | 0  | Standards of medical / surgical practice * |   |   |   |
| 99215                  | G0104    |                                | 19980401       | 19980401                     | 9  | More extensive procedure *                 |   |   |   |
| 99215                  | G0105    |                                | 19980401       | 19980401                     | 9  | More extensive procedure *                 |   |   |   |
| 99215                  | G0106    |                                | 19980401       | 19980401                     | 9  | More extensive procedure *                 |   |   |   |
| 99215                  | G0107    |                                | 19980401       | 19980401                     | 9  | More extensive procedure *                 |   |   |   |
| 99215                  | G0117    |                                | 20020101       | *                            | 0  | Standards of medical / surgical practice * |   |   |   |
| 99215                  | G0118    |                                | 20020101       | *                            | 0  | Standards of medical / surgical practice * |   |   |   |
| 99215                  | G0120    |                                | 19980401       | 19980401                     | 9  | More extensive procedure *                 |   |   |   |
| 99215                  | G0245    |                                | 20020701       | *                            | 0  | Standards of medical / surgical practice * |   |   |   |

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

# Font

## Standard

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

## Exception

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

# Forms

## Standards

- Use the official name of the form followed by parentheses with the form number and a hyphen between the word CMS and the number
- Make the entire name and form number a link

## 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 short, clear, and concise titles.
- Don't use "A" or "The" as the first word in a title.
- Don't include the product format in the title.
- Use common acronyms in titles and headings instead of spelling out. If the term isn't a common acronym, don't put the acronym in the title or heading. First, introduce the acronym in the body content, then use the acronym in later headings.
- 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 [keywords](#) to optimize the content.
- Avoid hyperlink headings or titles. Link the related content under the heading or title to more information instead.

## Examples

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

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

# Legislation & Regulations

## Description

Our products are educational and intended to be general summaries that don't take the place of legislation or regulations. The standards below explain how to reference official legislation and regulations. For more information, see [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.

## Exceptions

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

## Examples

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

# Letters

## Description

We occasionally create letters for MACs to send to providers.

## Standard

- If you post a PDF version of the letter, make sure it's exactly the same as the hard copy (don't add hyperlinks or make changes of any kind)
- 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:<br><a href="https://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/CERT-A-B-MAC-Outreach-Education-Task-Force">https://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/CERT-A-B-MAC-Outreach-Education-Task-Force</a>  | N/A   |
| Eligibility               | Eligibility Fact Sheet:<br><a href="https://www.cms.gov/files/document/checking-medicare-eligibility.pdf">https://www.cms.gov/files/document/checking-medicare-eligibility.pdf</a>   | <ul style="list-style-type: none"> <li>• Check for <a href="#">eligibility</a>. If you need help, contact your eligibility service provider.</li> <li>• Find out when your patient is <a href="#">eligible for XX</a>. (Examples for XX = service name, "these services," "their next screening," "this service")</li> <li>• When more context is needed, like when referring to more than 1 program, use the word "Medicare." Examples:               <ul style="list-style-type: none"> <li>◦ Check <a href="#">Medicare eligibility</a>.</li> <li>◦ Review the <a href="#">Medicare eligibility response</a>.</li> <li>◦ Use the <a href="#">Medicare eligibility response</a>.</li> </ul> </li> </ul> |
| Advancing Health Equity   | <p>If your product contains information about disparity or health equity is the primary topic, use the appropriate message:</p> <ol style="list-style-type: none"> <li>1. Add this <b>General Publication Message</b> in products about Health Equity, Preventive Services, Medicaid, Dual Eligibles, Medicare Shared Savings Program, Access to Care, and Quality Initiatives:           <p>Together we can advance health equity and help eliminate health disparities for all minority and underserved groups. Find resources and more from the <a href="#">CMS Office of Minority Health</a>:</p> <ul style="list-style-type: none"> <li>• <a href="#">Health Equity Technical Assistance Program</a></li> <li>• <a href="#">Disparities Impact Statement</a></li> </ul> </li> <li>2. Add this <b>Rural Health Message</b> to products about rural health:           <p>Together we can advance health equity and help eliminate health disparities in rural communities, territories, Tribal nations, and geographically isolated communities. Find these resources and more from the <a href="#">CMS Office of Minority Health</a>:</p> <ul style="list-style-type: none"> <li>• <a href="#">Rural Health</a></li> <li>• <a href="#">CMS Framework for Rural, Tribal, and Geographically Isolated Areas</a></li> <li>• <a href="#">Data Stratified by Geography (Rural/Urban)</a></li> <li>• <a href="#">Health Equity Technical Assistance Program</a></li> </ul> </li> <li>3. Add this <b>Communicating with Patients</b> message to products about communicating with patients:           <p>Together we can advance health equity and help eliminate health disparities for all minority and underserved groups. Use these resources and more from the <a href="#">CMS Office of Minority Health</a> to communicate with your patients:</p> <ul style="list-style-type: none"> <li>◦ <a href="#">Understand Your Health Coverage – Connect to primary care and preventive services</a></li> <li>◦ <a href="#">Guide to Developing a Language Access Plan</a></li> <li>◦ <a href="#">A Practical Guide to Implementing the National CLAS Standards</a></li> <li>◦ <a href="#">Blind or Low Vision – Improving Communication Access</a></li> <li>◦ <a href="#">Deaf or Hard of Hearing – Improving Communication Access</a></li> <li>◦ <a href="#">Health Equity Technical Assistance Program</a></li> </ul> </li> <li>4. For products that have a <b>specific health equity message with statistics</b> (<a href="#">example</a>), add this additional sentence under the specific health equity message:           <p>Visit the <a href="#">CMS Office of Minority Health</a> for more information:</p> <ul style="list-style-type: none"> <li>• <a href="#">Health Equity Technical Assistance Program</a></li> <li>• <a href="#">Disparities Impact Statement</a></li> </ul> </li> </ol> |   |

|  |  |  |
|--|--|--|
| Internet Only Manual                                   | Reference the section in the text preceding the link. Then, link directly to the chapter.  | Format: Manual Name, Chapter #<br><br>Example in full sentence:<br><br>See Section 20.1 of the Medicare Benefit Policy Manual, Chapter 9.<br><br>Example in bulleted list:<br><br><ul style="list-style-type: none"> <li>• Section 20.1 Medicare Benefit Policy Manual, Chapter 9</li> </ul> |
| Legislation & Regulations                              | See <a href="#">legislation &amp; regulations</a>  | See <a href="#">legislation &amp; regulations</a>  |
| Local Coverage Decisions                               | Link to the title to the decision  | Format: Local Coverage Decision: Article Title (Number)<br><br>Example for products other than MLNC: Local Coverage Decision: Power Mobility Devices (L33789)<br><br>Example for MLNC: Local Coverage Decision: Power Mobility Devices   |
| Medicare Advantage Costs                               | See <a href="#">costs</a>  | See <a href="#">costs</a>  |
| MLN logo   | MLN page: <a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo</a>  | See <a href="#">Logos, Icons, &amp; Images</a>   |
| MLN Homepage   | MLN Homepage:<br><br><a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo</a>   | Visit the <a href="#">Medicare Learning Network</a> .  |
| National Supplier Clearinghouse                        | National Supplier Clearinghouse: <a href="https://www.palmettogba.com/nsc">https://www.palmettogba.com/nsc</a>   | <a href="#">National Supplier Clearinghouse</a>  |
| Original Medicare Costs                                | See <a href="#">costs</a>  | See <a href="#">costs</a>  |
| Referring patients who come to CMS.gov to Medicare.gov | <ul style="list-style-type: none"> <li>• For all PCG-owned or managed webpages that have corresponding beneficiary content, add a box at the top of the page with bold text linking to the content. <ul style="list-style-type: none"> <li>◦ For a group of pages, put the content on the landing page.</li> <li>◦ For pages that aren't landing pages: if there's data indicating that beneficiaries are incorrectly coming to a page without the box, consider adding a box to that page, too.</li> <li>◦ Use this text if there's a specific page on Medicare.gov on the topic: This content is for health care providers. If you're a person with Medicare, learn more about [insert topic and link it].</li> <li>◦ Use this text if there isn't a specific page on <a href="#">Medicare.gov</a> on the topic: This content is for health care providers. If you're a person with Medicare, visit <a href="#">Medicare.gov</a>.</li> </ul> </li> <li>• For Health observance messages: <ul style="list-style-type: none"> <li>◦ Include in bulleted "More Information" section as the last item</li> <li>◦ Use this text: [insert topic and link it]: Get information for your patients</li> <li>◦ Example - <a href="#">Flu shots</a>: Get information for your patients</li> </ul> </li> </ul> |  |
| Referring people to MACs                               | List of secure MAC websites, secure internet portals, and electronic mailing list:<br><br><a href="https://www.cms.gov/MAC-info">https://www.cms.gov/MAC-info</a>  | Find your <a href="#">MAC's website</a> .<br><br>-or-<br><br>Access your <a href="#">MAC's secure internet portal</a> .<br><br>-or-<br><br>Sign up for your <a href="#">MAC's electronic mailing list</a> .  |

# Logos, Icons, & Images

## Description

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

## Standards

### MLN Brand Mark Specifications

The brand is a single unit composed of 2 elements:

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

Don't recreate or alter the MLN brand.



### Process (CMYK)

C 100  
M 79  
Y 25  
K 10

### RGB

R 20  
G 71  
B 125

### HTML

14477D

### Logo Colors

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

### Bleed-Edge Indicator

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

### Background Color

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

PRIMARY  
LOGO



REVERSED  
LOGO



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

## Downloads

[Logo, icon & image downloads](#)

# MLN Formatting & Templates

## Description

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

## Standards

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

- Follow the template standards for specific formats:
  - [HTML](#)
  - [MLN Connects®](#)
  - [MLN Matters® Articles](#)
  - [Publication](#)
  - [Video](#)
  - [Web-Based Training](#)
- 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 "Health Equity" sections in [HTML](#), [Publication](#), and [Web-Based Training](#).
- Use co-branding when MLN collaborates with the MACs. Your PCG contact must first approve. See [co-branding language](#).

## Naming & Placing a Product

- Product Naming: Refer to the [Heading & Titles](#) standard.
- ICN Format:
  - Don't put ICN in front of MLNxxxxxx.
  - If the original ICN is 4 digits, add 2 zeros in front to make it a 6-digit ICN. Example: change ICN 5639 to MLN005639.
  - If the original ICN is 6 or 8 digits, don't add more digits. Example: ICN 908625 or ICN90827635 will now read MLN908625.
- Product Location:
  - MLN products will live at <https://www.cms.gov/files/document/mln-title-of-product.pdf>
  - Remove references to the Percussion URL for articles and publications
- HTML URLs:
  - When updating HTML products, the HTML file name must be an exact match to avoid creating a duplicate webpage.
  - Don't change existing product names.
  - HTML webpages (not products) don't have the ".html" extension.
  - Find a product URL:
    1. Go to the [MLN Publications](#) 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/MLNXXXXXX-course-title/topic/index.html>
    - WBTs written in Articulate and converted to HTML: <https://www.cms.gov/Outreach-and-Education/MLN/WBT/MLNXXXXXX-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>

## Displaying Revisions & New Content

This section applies to: [HTML](#), [MLN Matters® Articles](#), and [Publication](#).

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

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

- The revised substantive content changes with at least the approved color contrast ratio of 4.5:1 RGB 192.
- The title description and content for revised or new tables.
- The title description for revised or new figures.
- Include this language:
  - If you don't make substantive changes: Note: No substantive content updates. Put this in the "What's Changed?" call-out box.
  - If you make significant policy updates: We made significant updates to explain recent policy changes.
  - If you completely re-write a product: We made significant updates to the language, order, and formatting of this product to better meet provider needs and improve understanding. [Insert any specific bullet points of changes after this statement.] Put this at the start of the What's Changed? call-out box.

For placement of the "What's Changed?" call-out box, see the "Displaying Revisions & New Content" sections in [HTML](#), [MLN Matters® Articles](#), and [Publication](#).

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

# 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

### Accessibility

Use the [Section 508 and CMS guidelines](#). This information aligns CMS accessibility standards with the [WCAG 2.0 guidelines](#). Accessible content should be responsive and easy to navigate.

### Security

Visit CMS' [Web Policies & Important Links](#) for guidance on security for HTML.

### Analytics

Use the most current Tealium code in all HTML. See [Web-Based Training](#).

### Length

HTMLs should be 15-40 pages.

### Health Equity

If you add the [Advance Health Equity statement](#), put it in an easy-to-find place, like the left-hand column on the bottom. See [MLN Formatting & Templates](#) for more standards.

### Displaying Revisions & New Content

When you revise HTML and change or add new content, readers should see what information has substantively changed from the earlier release. Include a "What's Changed?" call-out box on the right side.

See the "Displaying Revisions & New Content" section of [MLN Formatting & Templates](#) for more standards.

### Branding

Use image files from the most current [MLN publication templates](#) in programming to include:

- Headers
- Footers
- [Logos](#)
- Publication type
- Tagline
- ICN
- Month and year

### Design Requirements

- MLN logos appearing in the screen environment page header or footer must link to the MLN homepage.
- A "Back to MLN" button in the header takes readers back to the MLN homepage.
- A "Print" button allows readers to print preferred sections. See [example](#).

### URL Format

## 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 have the brand name with a noun for example:

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

## Guidance for Messages

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

- [Include short messages that get right to the point](#)
- If you've a lot of content, link to more detailed information online to make sure that users get the most current information
- Find provider types affected and any deadlines
- If applicable, include a "More Information" section at end of message with links
- 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 visited this CMS webpage earlier, 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 Off-Cycle Edition SINGLE - Provider, Partner, MAC
  - Off-Cycle edition with 1 message
- MLN Connects Off-Cycle Edition MULTIPLE - Provider, Partner, MAC
  - Off-Cycle edition with multiple messages

## Template Descriptions

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

MAC version:

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

Partner version:

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


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

## Examples



## Regular Edition

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)



**mlnconnects**  
Official CMS news from the Medicare Learning Network®

Thursday, Month XX, Year

**Instructions to MACs:**

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

---

**CMS Provider Education Message:**

MLN Connects Newsletter: Abbreviated Month XX, Year

Unlinked TOC for MACs

---

Linked TOC for Partners/Providers

---



View the full edition

---

[Report a problem viewing this newsletter.](#)

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To unsubscribe or add MAC staff to this MAC mailing list, please contact CMS at [MLNConnectsMAC@cms.hhs.gov](mailto:MLNConnectsMAC@cms.hhs.gov). Medicare providers must subscribe to the newsletter [here](#).

## Off-Cycle Edition (Single Item)

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)



**mlnconnects**  
Official CMS news from the Medicare Learning Network®

Day, Month XX, Year

**Instructions to MACs:**

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

---

**Provider Education Message:**

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

**Header**



Insert Message Title (hyperlink to content)

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[Report a problem viewing this newsletter.](#)

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To unsubscribe or add MAC staff to this MAC mailing list, please contact CMS at [MLNConnectsMAC@cms.hhs.gov](mailto:MLNConnectsMAC@cms.hhs.gov). Medicare providers must subscribe to the newsletter [here](#).

## Off-Cycle Edition (Multiple Items)



# mlnconnects

Official CMS news from the Medicare Learning Network®

03y, Month XX, Yur

**Instructions to MACs:**

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

**Provider Education Message:**

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

**News**

- Insert Message Title (nype'link to content)

**Proposed Rule(s)**

- Insert Message Title (nype'link to content)

**Final Rule(s)**

- Insert Message Title (nype'link to content)

**From our Federal Partners**

- Insert Message Title (nype'link to content)

[If you are having trouble viewing this newsletter.](#)

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# MLN Matters® Articles

## Standards

- Articles may have slight adjustments to tables to make them more presentable.
- Always capitalize "A" even if only referring to "the Article."
- Only link the first instance of a resource to avoid duplicate content and links. Don't duplicate links in the body or the More Information section.
- Include More Information and Document History sections at the end of Articles.

## Displaying Revisions & New Content

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

Example:


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

See the "Displaying Revisions & New Content" section of [MLN Formatting & Templates](#) for more standards.

## 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



MLN MATTERS®  
KNOWLEDGE • RESOURCES • TRAINING

MLN Matters: MM00000

Related CR 00000

### MM Article Plain Language Title

Related CR Release Date: MLN Matters Number: MM00000  
Effective Date: Related Change Request (CR) Number: [CR00000](#)  
Implementation Date: Related CR Transmittal Number:  
Related CR Title:

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

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

#### Affected Providers

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

Example:

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

#### Action Needed

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

#### Background

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

If you insert a table, use this format:

| CY 2020 HCPCS Code | CY 2020 Long Descriptor                                       | CY 2020 SI | CY 2020 APC |
|--------------------|---|------------|-------------|
| C9053              | Injection, crizanlizumab-trmca, 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, (Zlextenzo) 0.5 mg | G          | 9345        |

#### More Information

(Insert CR and approved MAC contact language.)

#### Document History

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

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If the Article mentions codes, follow the Standards and add appropriate copyright language.

## Special Edition Article

## SE Article Title

Related CR Release Date: MLN Matters Number: SE00000  
 Effective Date: Related Change Request (CR) Number: CR00000  
 Implementation Date: Related CR Transmittal Number:

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

**Example:**

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

### Affected Providers

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

**Example:**

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

### Action Needed

(Insert text here – 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 the pertinent provider information from the related CR.)

If you insert a table, use this format:

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

### More Information

(Insert approved MAC contact language and add links to any other resources that may help the provider understand the issue.)

### Document History

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

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## Specifications

MLN Matters® Article

First page Header:  
 Height: Absolute: 1.7"  
 Width: Absolute: 8.25"  
 Scale: height 96%  
 Scale: width 90%  
 Image is locked and anchored into Header

Secondary Page Header:  
 Anchored in place in Header  
 Rectangular box color: RGB: R: 0 G: 48 B: 82 Hex color: 003052  
 Rectangular box size: Height: 1.11" Width: 8.49" Scale: Height: 88% 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  
 11pt 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 text 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 lines: on  
 Line Color: RGB: R: 248 G: 207 B: 30 Hex color: F8C87E  
 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: R: 255 G: 255 B: 0 Hex color: ffff00  
 Border lines: 0.5pt

Table:  
 Preferred width of table: 6.95"  
 Indent: from left: 1"  
 Table Align: left  
 Table title: left  
 Table title font: Arial bold  
 Table title font size: 11pt

Table Cell Margins: left: 0.05"  
 Table Cell Margins: right: 0.05"  
 Table Headers: Arial Bold 11pt Align left  
 Table text: Arial Regular 11pt Align left

Table Example:

| 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        |

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 50%  
 scale: width 40%

Logo is locked and anchored into Footer

MLN logo:  
 Height: Absolute: 0.70"  
 Width: Absolute: 1.24"  
 Scale: height: 50%  
 Scale: width: 50%  
 Logo is locked and anchored into Footer



# Templates

[Template downloads](#)

# Podcasts

## Standards

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

## Format

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

# Printing

## Standards

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

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

| <u>Print Format</u> | <u>Info.</u>       | <u>Instructions</u>  |
|---------------------|--------------------|--|
| Fact Sheet          | 1-8 pages          | <p><b>Cover:</b> White Matte Litho Coated 80 lbs. Paper</p> <p>Print Cover Pages 1 through 4 head to head in 4 color process</p> <p><b>Text:</b> White paper 60 lbs. weight</p> <p>Print text pages head to head white 60 lb. paper</p> <p><b>Size:</b> 4 page - 17" x 11" folded to 8 ½" x 11"</p> <p>6 pages – 11" x 25 ½" folded to thirds</p> <p><b>Color:</b> 4 color process</p> <p><b>No Blank pages</b></p>  |
| Booklet             | 9-50 pages         | <p><b>Cover:</b> White Matte Litho Coated 80 lbs. Paper</p> <p>Print Cover Pages 1 through 4 head to head in 4 color process</p> <p><b>Text:</b> White paper 60 lbs. weight</p> <p>Print text pages head to head white 60 lb. paper</p> <p><b>Size:</b> 4 page - 17" x 11" folded to 8 ½" x 11"</p> <p>6 pages – 11" x 25 ½" folded to thirds</p> <p><b>Binding:</b> Perfect Bind text wraparound cover; trim 3 sides</p> <p><b>Color:</b> 4 color process</p> <p><b>No Blank pages</b></p>                                    |
| Guide or Manual     | 50+ pages          | <p><b>Cover:</b> White Matte Litho Coated 80 lbs. Paper</p> <p>Print Cover Pages 1 through 4 head to head in 4 color process</p> <p><b>Text:</b> White paper 60 lbs. weight</p> <p>Print text pages head to head white 60 lb. paper</p> <p><b>Size:</b> 4 page - 17" x 11" folded to 8 ½" x 11"</p> <p>6 pages – 11" x 25 ½" folded to thirds</p> <p><b>Binding:</b> Perfect Bind text wraparound cover; trim 3 sides</p> <p><b>Or:</b> Punch suitable and insert spiral wire binding</p> <p><b>Color:</b> 4 color process</p> |
| 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  | <b>Print:</b> White matte 60 lb. paper<br><b>Size:</b> 8 ½" x 11"<br><b>Color:</b> 4 color process |
| Video  | SFTP    | 60 min, 90 min   |
| Audio  | SFTP    | 30 min, 45, min, 60 min, 90 min  |
| Charts | 2 pages | <b>Print:</b> White matte 60 lb. paper<br><b>Size:</b> 8 ½" x 11"<br><b>Color:</b> 4 color process |



# Publication

## Standards

### Templates include:

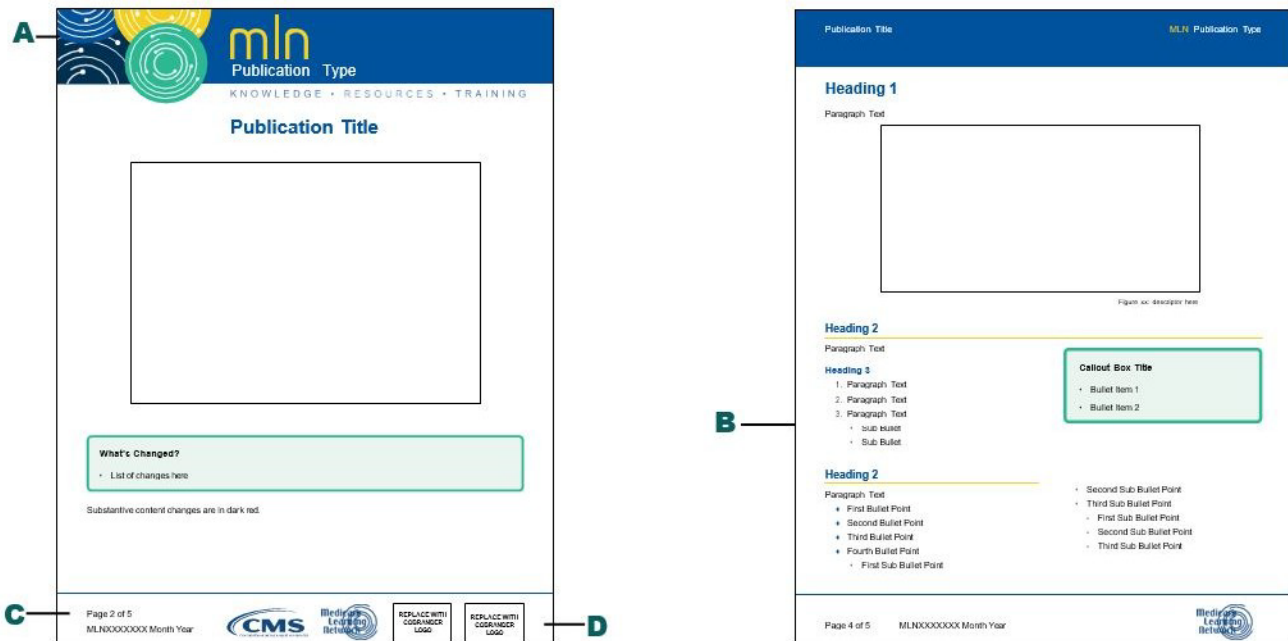
A. An MLN brand graphic at the top of each page. We locked the graphic itself in place, but on publication templates the "Publication Type" we unlocked so you can edit it. For example, for a fact sheet, you would change "Publication Type" to "Fact Sheet" on all page headers. On secondary page headers,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

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

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

D. See [co-branding language](#).

## Example





## Header

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



## Paragraph & Character Styles

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

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

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

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

## Examples

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

## Heading 2

Paragraph Text

### Heading 3

1. Paragraph Text
2. Paragraph Text
3. Paragraph Text
  - Sub Bullet
  - Sub Bullet

#### Callout Box Title

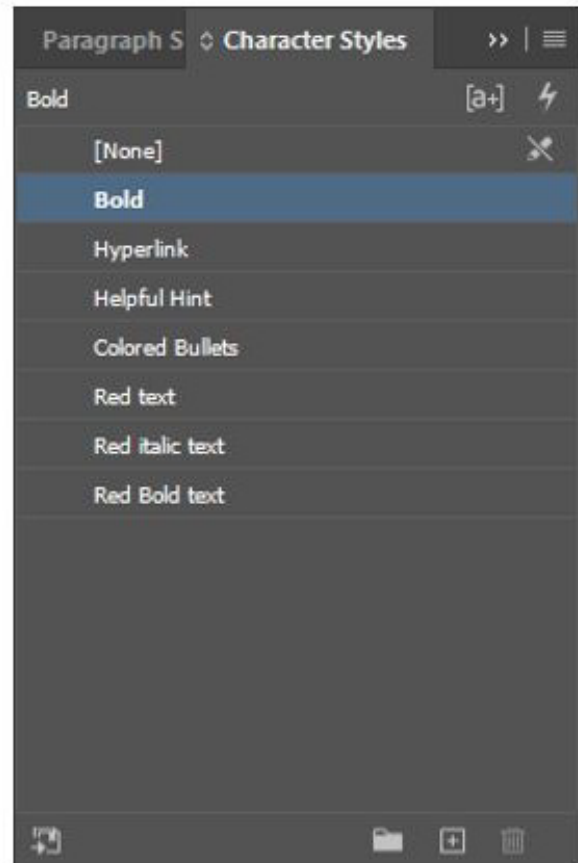
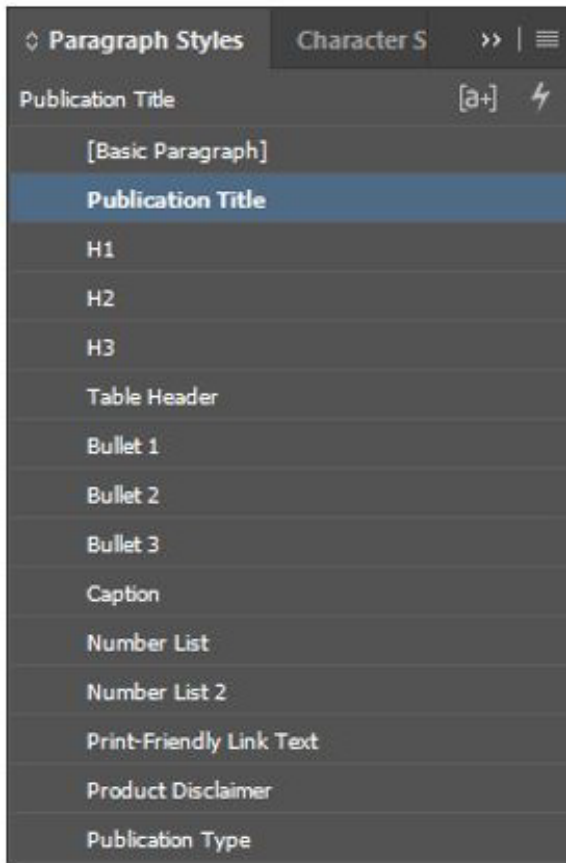
- Bullet Item 1
- Bullet Item 2

## Heading 2

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



### Content:

- Table of Contents:

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

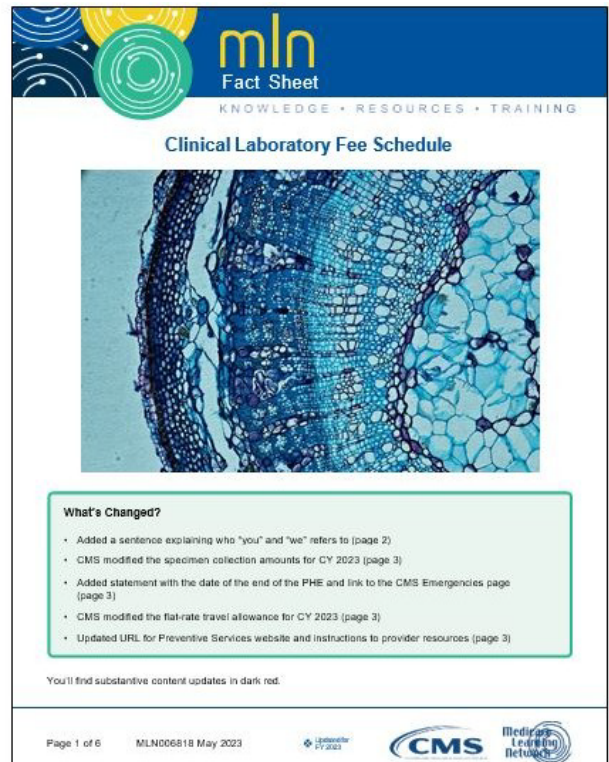
## Design

- 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.



## Length

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

## Health Equity

If you add the [Advance Health Equity statement](#), put it on the cover page below the publication image or embedded in the first page of content. See [MLN Formatting & Templates](#) for more standards.

## Displaying Revisions & New Content

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

Example:

## What's Changed?

---

- 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.

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

### Templates

[Template downloads](#)

# Web-Based Training

## Description

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

## Standards

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

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

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

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

## Length

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

## Health Equity

If you add the [Advance Health Equity statement](#), put it on the introduction page. See [MLN Formatting & Templates](#) for more standards.

## Definitions

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

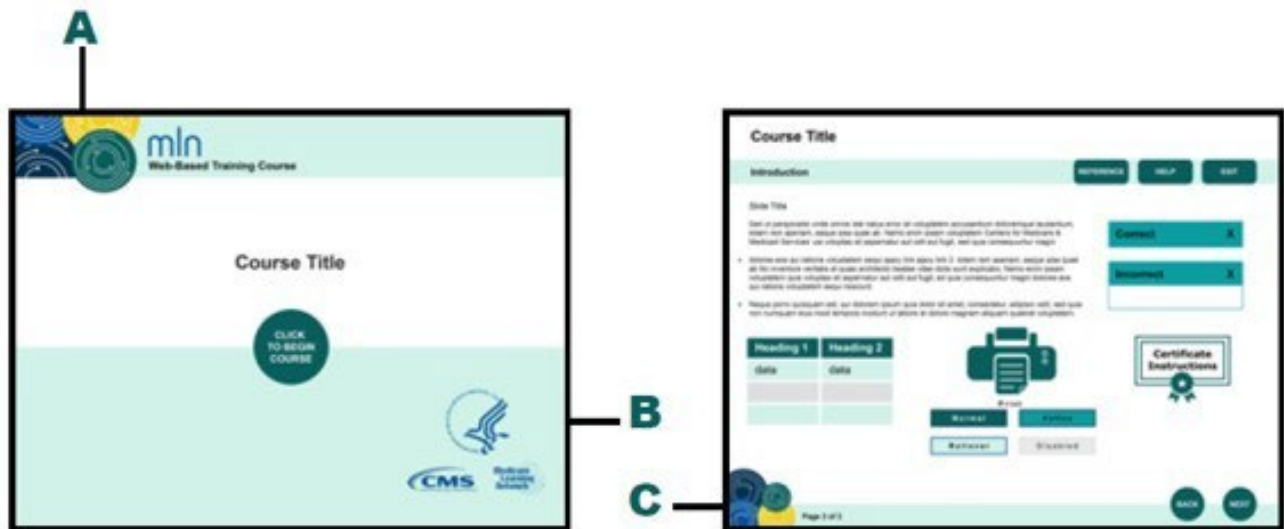
- Define terms within the body content of the WBT, whenever possible
- For complex or difficult-to-define terms:
  - Use a rollover (also called a hover, pop-up, or light box) to define the term
  - Be sure the functionality is user friendly and you use it consistently
  - Use a rollover that automatically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

## Knowledge Checks & Test Questions

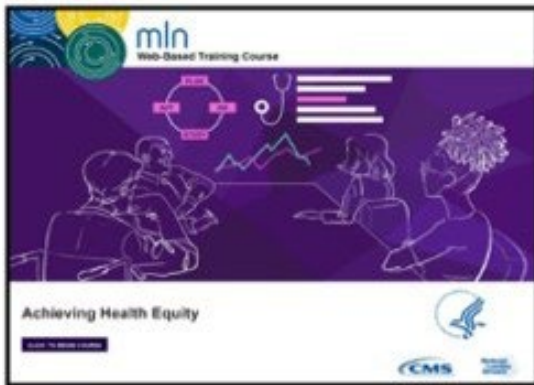
- **Knowledge checks (within WBT lessons):**
  - Limit knowledge checks to 3 questions
  - If the user answers a question incorrectly, provide the correct answer and any additional information in the question feedback
- **Test questions (at the end of the WBT):**
  - Limit test questions to 10 questions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

## Examples

Below is an example of the base MLN Template with no extra design work:



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



### Course Development Requirements

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

### Tealium Code for WBT Files

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

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

```

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

```



# Monthly Highlight on MLN Homepage

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

## Standards

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

## Examples

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

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

- [Depression Screening](#)
- [Annual Wellness Visit](#)
- [Initial Preventive Physical Exam](#)
- [Alcohol Misuse Screening & Counseling](#)

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

# 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.
- Spell out ordinal numbers (first, second, third, etc.) unless they:
  - Deal with dates or time. For ordinal numbers related to dates and time, don't include "rd," "st" or "th" after the number.
  - Are 10<sup>th</sup> and above.

### 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

- 1 pm ET
- 11 am – 1 pm
- 75% of respondents (instead of 3 out of 4, 3/4, three quarters)
- a one-time cost
- July 4 (instead of July 4th)

# Web Content: Use SEO Best Practices to Optimize

## 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 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](https://cms.gov/flu-provider)

# Keywords

## Description

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

## Standard

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

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

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

### 2. Evaluate the keywords you've gathered

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

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

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

# Links & URLs

## Description

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

## Standards

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

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

The screenshot shows the 'Edit Document' page for 'MLN1986542 - Medicare Mental Health'. At the top, there are tabs for 'View', 'Edit', and 'Analyze'. Below the tabs is a breadcrumb trail: 'Home » Download Media'. The 'Name' field contains 'MLN1986542 - Medicare Mental Health'. The 'Document' field shows a file named 'Medicare\_Mental\_Health\_MLN1986542.pdf' with a 'Remove' button. Below this is a 'Topics' section with a search bar and a list of topics: 'Affordable Care Act', 'Ambulances', 'Ambulatory surgical centers', 'American Indian/Alaska Native', 'Appeals & grievances', and 'Billing & payments'. To the right of the list are buttons for 'Add', 'Remove', and 'Add All'.

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

The screenshot shows the 'Edit Zip' page for '2023 Mental Health HPSA'. At the top, there are tabs for 'View', 'Edit', and 'Analyze'. Below the tabs is a breadcrumb trail: 'Home » Download Media'. The 'Name' field contains '2023 Mental Health HPSA'. The 'File' field shows a file named '2023\_FullyMentalHealth\_HPSA.zip' with a 'Remove' button. Below this is a 'Topics' section with a search bar and a list of topics: 'Affordable Care Act', 'Ambulances', 'Ambulatory surgical centers', 'American Indian/Alaska Native', 'Appeals & grievances', and 'Billing & payments'. To the right of the list are buttons for 'Add', 'Remove', and 'Add All'.

See [Alias \("Vanity"\) URLs](#)

- Follow CMS's [Policy for Linking to Outside Websites](#) on [CMS.gov](#)
- Don't link to sites from outside the US (like [uk.gov](#))
- Link text should clearly communicate what information the user will get.
- Make your link as short and descriptive as possible.
- Avoid generic language like "Get more information" and "Click here."
- Use keywords to make it easier to find your content.
- Include organization names (like HHS, CMS, CDC) in the hyperlink.
- Avoid context-setting language such as "on the CMS website," "on [CMS.gov](#)," "click here," "on the web," or "on the Internet" before or after a URL.
- Avoid spelling out the URL as the link text.
- Use "get" if the information is accessible directly when the user 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.
- Incorporate related resources and other links into body content as much as possible
- If a resource has a short title that clearly indicates the topic:
  - Name it and link the title
- In a list of resources, include the content format after the name of the product or webpage. Don't use parentheses.

Examples:

- [Medicare Part B Immunosuppressive Drug Benefit](#) booklet
  - [Medicare & Medicaid Basics](#) fact sheet
- In body content, only include the content format if it's a video or web-based training. Don't use parentheses.

Example: View the [Medicare Coverage and Payment of Cognitive Assessment & Care Plan Services](#) video.

- If a resource title is long or doesn't clearly indicate the relevant topic:
  - Don't name it
  - Use a short verb phrase to indicate the action or purpose
  - Only link the verb if it's the first word of the resource or the verb is "register" and takes the user to a registration page
  - Example: Learn more about [Medicare eligibility](#).
- Use blue and underlined URLs and embedded (inline) hyperlink. Use RGB 0/0/255 for links in MLN PDF products.
- If a link is in a sentence and has punctuation after it, don't capture the punctuation in the linked text.
- Links shouldn't wrap between lines, if possible.
- Use capital letters for [CMS.gov](#).
- Use lowercase letters for all other websites (like [socialsecurity.gov](#)).
- Always use the most direct URL when directing people to websites.
- For MLN Publications and multimedia products, link directly to the product, not the detail page.
- Don't use "www." "<https://www>." and "<http://www>." in the text that displays for the user. Be sure to confirm that if the user types the URL in their browser, it works without the www. and <http://www>. In the coding, include "www" or "<https://www>," even though it's not part of what the user sees.
- Omit section symbols (§§). Use [42 CFR 414.210](#), not [42 CFR §§414.210](#).

Make the entire name and form number a link

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

See [Videos](#)

## Exceptions

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

## Examples

- Complete [Form CMS855B](#) to register for the program
- [HHS National Minority Health Month](#)
- [Medicare.gov](#)
- [Medicaid.gov](#)
- [CMS.gov](#)
- [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 do 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 does a search.

## Standard

### Make the description clear and concise

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

### Highlight what 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 you tailor language to your target audience.
- Consider using headers from the page for inspiration. For example, the [CMS Ambulance Services Center](#) page includes the headlines "Ambulance Fee Schedule Zip Code Files" and "Public Use Files;" the spotlights section also includes an initiative about data collection. These can all be joint under "access relevant data."
- Don't use specific dates; for example, say "Access the PFS final rule" instead of "Access the CY 2021 PFS final rule."

### Use action-oriented language

- Use verbs that will encourage users to 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

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

## Examples:

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

Compiled from suggestions in Palmetto's [Basic SEO Guide](#), Google's [SEO Starter Guide](#), and the [SEO Cheat Sheet](#)

# PDFs

## Description

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

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

## Standard

### 1. Update metadata fields in the Description Tab

- **Title** - Enter the identification number (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
- **Tagged PDF** - Make sure you tag your document for Section 508 Compliance
- **Fast Web View** - Be sure to enable this

Document Properties

Description Security Fonts Initial View Custom Advanced

Description

File: MLN909479\_Oral\_Anticancer\_Drugs\_Tip\_Sheet\_2021\_02\_508\_Final (screenshot for Confluence description tab)

Title: MLN909479 - Provider Compliance Tips for Oral Anticancer Drugs and Antiemetic Drugs Used In Conjunction

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

Subject: Provider Compliance

Keywords: oral anticancer drugs, antiemetic drugs, provider compliance tips

Created: 04/14/2021 5:13:13 PM

Additional Metadata...

Modified: 07/29/2021 11:51:45 AM

Application: Adobe InDesign 16.1 (Windows)

Advanced

PDF Producer: Adobe PDF Library 15.0

PDF Version: 1.7 (Acrobat 8.x)

Location: F:\A optimize pdf\

File Size: 565.76 KB (579,334 Bytes)

Page Size: 8.50 x 11.00 in

Number of Pages: 5

Tagged PDF: Yes

Fast Web View: Yes

**MLN Product**

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

## MLN Matters® Article

### 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 webpages.

### 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 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-ntp-edits.pdf>

# Parentheses

## Standard

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

## Examples

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

# Periods

## Standard

Use 1 space after a period.

## Example

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



# Phone Numbers

## Standards

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

## Example

800-123-4567

# Plain Language

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  |
|--|--|
| <a href="#">Clinical Fee Schedule Direct Mailing</a>   | <a href="#">Clinical Fee Schedule Direct Mailing</a>   |
| 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. | <p><b>Plain language 1</b> (slight improvement)</p> <p>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.</p> <p><b>Plain language 2</b> (personalized and engaging)</p> <p>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.</p> |

# 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

# Review Performance Metrics

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

- [Google Analytics](#) to understand user behavior on webpages
- [GovDelivery statistics](#) to collect data about campaign messages
- [Qualtrics surveys](#) to collect data about user experiences

# Google Analytics

## Description

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

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

## Standards

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

- Pageviews:
  - Shows total pages views
  - Shows repeated views
  - Doesn't include internal CMS web traffic
  - Doesn't include Chrome incognito mode users
- Unique pageviews:
  - Shows number of sessions when the user viewed the page (URL + page title combination) at least once
  - Doesn't include internal CMS web traffic
  - Doesn't include Chrome incognito mode users
- Average time on page:
  - Shows average amount of time users spent viewing a specific page or screen or set of pages or screens
  - Shows format in hh:mm:ss
- Bounce Rate:
  - Shows percentage of single-page sessions when there was no interaction with the page
  - Shows duration of 0 seconds
- Percent Exit: Shows the percentage of users who exit from the page
- Referring links: Shows the website (by domain) a user was on when they clicked through to get to your site
- Direct:
  - Shows who typed your website's URL into their browser or clicked a link in an email application (that didn't include campaign tags)
  - Shows direct sessions that include other cases where Google Analytics can't find the source of the click (Google Analytics will only assign "direct" as a last resort. When a known source is used, GA attributes that source to the session.)

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

| Page Type  | Performance Metrics   |
|--|---|
| "Browse" page (provides links to other <a href="#">CMS.gov</a> webpages) (Example: <a href="#">Preventive Services</a> )                         | <ul style="list-style-type: none"><li>• Low average time on page (to quickly go to more specific content)</li><li>• Low bounce/exit rates (because users find relevant content)</li></ul>   |
| "Learn" page (content-heavy pages on a single topic) (Example: <a href="#">Medicare Billing for COVID-19 Vaccine Shot Administration</a> )       | <ul style="list-style-type: none"><li>• High average time on page (because content is relevant to users)</li><li>• High exit rate (if users successfully find what they need)</li></ul>     |
| "Materials" page (collection of related materials or files) (Example: <a href="#">Clinical Labs Center</a> )                                     | <ul style="list-style-type: none"><li>• Low bounce rate (users click to provided material)</li><li>• High average time on page (users browse the materials on page)</li></ul>               |
| "List" page (provides details and in-depth information about a specific piece of referenced content) (Example: <a href="#">Payer Resources</a> ) | <ul style="list-style-type: none"><li>• High average time on page (lots of relevant on-page content)</li><li>• Low bounce/exit rates (users click the links to provided material)</li></ul> |

## Standard Webpage Analytics report in Excel ([sample](#)):

- Unique pageviews (chart)
- Specific metrics: pageviews, unique pageviews, average time on page, bounce rate, and exit rate
- Performance metrics table for easier reference

| PDF Type   | Performance Metrics  |
|--|--|
| <b>Last Modified</b> (date PDF was last updated)                             | Modified within: <ul style="list-style-type: none"> <li>• last year (Excellent)</li> <li>• last 3 years (Good)</li> <li>• last 5 years (Fair)</li> <li>• more than 5 years ago (Poor)</li> </ul> |
| <b>Referring Links</b> (total number of referring links from other websites) | <ul style="list-style-type: none"> <li>• more than 5 (Excellent)</li> <li>• 2-4 (Good)</li> <li>• 1 (Fair)</li> <li>• 0 (Poor)</li> </ul>  |
| <b>Total Events</b> (how many users have clicked on a link to open the PDF)  | Per year: <ul style="list-style-type: none"> <li>• 5,000+ (Excellent)</li> <li>• 1,000-4,999 (Good)</li> <li>• 100-999 (Fair)</li> <li>• less than 99 (Poor)</li> </ul>                          |

**Standard PDF Analytics report in Excel ([sample](#)):**

- Specific metrics: last modified date, event label, referring links (including total), and total events
- Performance metrics table for easier reference

**Request Google Analytics**

[Submit a web request.](#)

**Resources**

- [Key Metrics to Understand User Patterns on PCG Webpages](#)
- [The Ultimate Google Analytics Glossary - 2022 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](mailto:MLNConnectsTeam@cms.hhs.gov).

## Example

May Cognitive Assessment & Care Plan Services message

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

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

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



# Qualtrics Survey

## Description

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

## Standard

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

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

Remove a survey if it meets the following criteria:

- Has been public for 6 months
- Hasn't received more than 5 responses in the last 3 months
- Not tied to campaign tracking and reporting

## Request a survey for my campaign

Email the [Medicare Customer Experience Team](#).

## Examples

Flu Shot webpage survey data and comments:

- [Example Flu survey](#)
- [Dashboard September 20](#)
- [Comments September 20](#)

# 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](https://www.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

We'll 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](mailto:hospicepolicy@cms.hhs.gov)

## Spotlights & MLNC Messages

We will 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<br>patients with Medicare Part B  | all patients with Medicare Part A<br>all patients with Medicare Part B  |
| before  | prior to  |
| billing agency, clearinghouse, or software vendor (use this entire phrase)                            | third-party vendor, billing vendor, billing entity, billing organization  |
| canceled  | cancelled   |
| Check eligibility   | HETS (see <a href="#">Link Directory: Where to Link Common References</a> )   |
| CMS   | the CMS   |
| CMS.gov   | cms.gov (see <a href="#">Links &amp; URLs</a> 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                    |
| doctoral degree   | Doctoral degree, Doctoral Degree  |
| electronic mailing list   | LISTSERV  |
| email (use as a verb instead of saying "send an 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 <a href="#">standard</a> )  | <a href="#">see standard</a>  |
| get   | receive   |
| health care   | healthcare  |
| ICN   | ICN #   |

|   |  |
|---|--|
| LGBTQI+   | LGBTQ+   |
| long-term care  | long term care<br>longterm care<br>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 <a href="#">Link Directory: Where to Link Common References</a> | see <a href="#">Link Directory: Where to Link Common References</a>  |
| MACs  | MAC(s)   |
| MAC secure internet portal  | MAC portal, Online portal, secure internet portal, internet portal   |
| master's degree   | Master's degree, Master's Degree   |
| Medicare.gov  | medicare.gov   |
| medically necessary   | medically-necessary  |
| Medicare Part A (first instance), use Part A for all other instances  | Medicare Part A after the first instance   |
| Medicare Part B (first instance), use Part B for all other instances  | Medicare Part B after the first instance   |
| Medicare drug plan (Part D) (first instance), use drug plan for all other instances                                       | Medicare drug plan (Part D) after the first instance<br>prescription drug plan   |
| Medicare patients (first instance), use patients for all other instances  | Medicare patients after the first instance<br>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<br>Medicare physician (or other qualified health care professional)<br>Exceptions:<br>If content relates to non-Medicare providers, use Medicare providers to distinguish between different types of providers.<br>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 TDs)  | shall  |
| no cost (see <a href="#">standard</a> )   | <a href="#">see standard</a>   |
| 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<br>Part B-ID  | PBID   |
| people  | individuals  |
| Physician Fee Schedule (PFS)  | Medicare Physician Fee Schedule (MPFS) (Exception: If SMEs request we use Medicare Physician Fee Schedule, use Medicare Physician Fee Schedule (PFS) for the first instance, and use PFS for all subsequent instances.)  |
| post-assessment   | post-test  |

|   |   |
|---|---|
| previous year   | prior year  |
| provide or supply (when talking about services)   | furnish or give (exception: use "furnish" if the regulation specifies using the term "furnish")   |
| provider  | non-physician practitioner (exception: use "physician or non-physician practitioner" if the regulation specifies using it. Use "practitioner" for all subsequent references.)<br>professional |
| provider specialty type XX (where XX is the number)   | specialty type XX   |
| putting patients first<br>put patients first<br>(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<br>patient first<br>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, COVID, and flu "preferred vaccines")   |
| start   | begin   |
| subscribe (make sure that "subscribe" always links to <a href="#">Electronic Mailing Lists</a> 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  |
| telehealth (see <a href="#">definitions</a> )   | see <a href="#">definitions</a>   |
| third-party (use this term hyphenated as shown when it precedes a noun)   | 3rd party, 3rd-party, third party   |
| waived (see <a href="#">standard</a> )  | <a href="#">see standard</a>  |
| 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"

# Trademarks

## Description

These are the MLN-related registered trademarks of CMS:

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

The acronym MLN isn't a registered trademark.

## Standards

Only PCG staff and agents can use MLN trademarks on materials and products. Before other entities can use the MLN trademark, PCG must give written approval. You can email approval requests to: [MLN@cms.hhs.gov](mailto:MLN@cms.hhs.gov).

- Use the ® symbol the first time a trademark appears in the body of the text. Don't use the trademark symbol if it appears later in the document.
- Use the ® symbol if it appears in a disclaimer, regardless of placement. See [Disclaimers](#).
- Don't use superscript.

## Exceptions

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

# Typography

## Standards

We approved Genius and Arial fonts for our templates. The Genius font set includes 14 styles of the font. Genius isn't a standard font, so designers may need to 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  
ABCDEFGHIJKLMN**OP**QRSTU**VW**XYZ  
abcdefghijklmnopqrstuvwxy 0123456789

ARIAL NARROW ITALIC  
*ABCDEFGHIJKLMN**OP**QRSTU**VW**XYZ*  
*abcdefghijklmnopqrstuvwxy 0123456789*

ARIAL NARROW BOLD  
**ABCDEFGHIJKLMN**OP**QRSTU**VW**XYZ**  
**abcdefghijklmnopqrstuvwxy 0123456789**

ARIAL NARROW BOLD ITALIC  
***ABCDEFGHIJKLMN**OP**QRSTU**VW**XYZ***  
***abcdefghijklmnopqrstuvwxy 0123456789***

ARIAL REGULAR  
ABCDEFGHIJKLMN**OP**QRSTU**VW**XYZ  
abcdefghijklmnopqrstuvwxy 0123456789

ARIAL REGULAR ITALIC  
*ABCDEFGHIJKLMN**OP**QRSTU**VW**XYZ*  
*abcdefghijklmnopqrstuvwxy 0123456789*

ARIAL BOLD  
**ABCDEFGHIJKLMN**OP**QRSTU**VW**XYZ**  
**abcdefghijklmnopqrstuvwxy 0123456789**

ARIAL BOLD ITALIC  
***ABCDEFGHIJKLMN**OP**QRSTU**VW**XYZ***  
***abcdefghijklmnopqrstuvwxy 0123456789***

ARIAL BLACK  
**ABCDEFGHIJKLMN**OP**QRSTU**VW**XYZ**  
**abcdefghijklmnopqrstuvwxy 0123456789**

# Videos

## Standards

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

## Linking

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

## Elements

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

## Placement

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

## Navigation

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

# 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 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.)

## 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.

# What's Changed? Archives

| Date       | Changes   |
|------------|---|
| 6/12 /2023 | <ul style="list-style-type: none"> <li>• <b>Link Directory: Where to Link Common References:</b> Added language referring beneficiaries to <a href="#">Medicare.gov</a> from <a href="#">CMS.gov</a></li> <li>• <b>MLN Formatting &amp; Templates &gt; Web-Based Training:</b> Added new Definitions and Knowledge Checks &amp; Test Questions sections</li> <li>• <b>Numbers, Dates, Percentages, &amp; Time:</b> Added information on ordinal numbers</li> <li>• <b>Terminology: Use This, Not That:</b> Added master's degree and doctoral degree</li> </ul>   |
| 5/15 /2023 | <ul style="list-style-type: none"> <li>• <b>Bullets &amp; Numbered Lists:</b> Clarified and added direction on bullet punctuation</li> <li>• <b>Disclaimers:</b> Updated COVID-19 disclaimer</li> <li>• <b>Link Directory: Where to Link Common References:</b> Updated advancing health equity messaging</li> <li>• <b>MLN Formatting &amp; Templates:</b> Updated to indicate we no longer use Percussion URLs</li> <li>• <b>Monthly Highlight on MLN Homepage:</b> Created new standard</li> <li>• <b>Terminology: Use This, Not That:</b> Added Physician Fee Schedule (PFS) vs. MPFS</li> </ul>  |
| 4/17 /2023 | <ul style="list-style-type: none"> <li>• <b>Acronyms</b> – Added: IRIS and NPPES</li> <li>• <b>MLN Formatting &amp; Templates</b> – Changed: "What's Changed" language</li> <li>• <b>MLN Formatting &amp; Templates</b> – Remove: Information on product URL naming (moved to new "Creating URLs" section of Links &amp; URLs</li> <li>• <b>MLN Formatting &amp; Templates &gt; Publication, Web-Based Training</b> – Added: Length</li> <li>• <b>MLN Formatting &amp; Templates &gt; HTML</b> – Added: Accessibility, Security, Analytics, Length, Branding, Design Requirements, &amp; URL Format</li> <li>• <b>Terminology: Use This, Not That</b> – Added: Use "before" instead of "prior to" and use "previous year" instead of "prior year"</li> <li>• <b>Videos</b> – Added: Length</li> <li>• <b>Web Content: Use SEO Best Practices to Optimize &gt; Links &amp; URLs</b> – Added: New section on creating URLs</li> <li>• <b>You, Me, &amp; They (Pronouns)</b> – Removed: TDL exception</li> </ul>   |
| 3/27 /2023 | <ul style="list-style-type: none"> <li>• <b>Font</b> – Added: Exception for MLN Connects</li> <li>• <b>Headings &amp; Titles</b> – Added: Don't use "A" or "The" as the first word in a title and don't include product format in the title</li> <li>• <b>Link Directory: Where to Link Common References</b> – Updated: Eligibility references</li> <li>• <b>MLN Formatting &amp; Templates</b> – Added: New "Displaying Revisions &amp; New Content" section</li> <li>• <b>MLN Formatting &amp; Templates &gt; Publication</b> – Clarified: When to include format and specified the publication date should be the month and year the SMEs reviewed and cleared content</li> <li>• <b>Review Performance Metrics &gt; Qualtrics Survey</b> – Added: Standard for when to remove Qualtrics surveys</li> <li>• <b>Videos</b> – Created: New standard (by combining previous Videos (Best Practices) and Video (MLN) standards)</li> <li>• <b>Web Content: Use SEO Best Practices to Optimize &gt; Links &amp; URLs</b> – Specified: When to use format within body content and in resources list</li> </ul>  |
| 2/21 /2023 | <ul style="list-style-type: none"> <li>• <b>Accordions</b> – Added: Clarification on using accordions and individual links</li> <li>• <b>Acronyms</b> – Added: iQIES as a common acronym</li> <li>• <b>Font</b> – Created: New standard</li> <li>• <b>Parentheses</b> – Added: Information on using parentheses as part of statute citations and original code descriptors</li> </ul>   |
| 1/24 /2023 | <ul style="list-style-type: none"> <li>• <b>Acronyms</b> – Added: CASPER, DEA, DME, DNA, OASIS, and SAMHSA as common acronyms</li> <li>• <b>Disclaimers</b> – Edited: To make its own page (originally Trademarks &amp; Disclaimers) and updated guidance</li> <li>• <b>MLN Formatting &amp; Templates &gt; MLN Matters® Articles</b> – Updated: MLN Matters &amp; SE Article examples</li> <li>• <b>MLN Formatting &amp; Templates &gt; Publication</b> – Added: Information about making the product purpose clear</li> <li>• <b>Parentheses</b> – Added: Guidance to use parentheses (and parentheses within parentheses) sparingly.</li> <li>• <b>Review Performance Metrics</b> – Renamed: Page from Campaign Analytics &amp; Feedback to better capture all content and products</li> <li>• <b>Review Performance Metrics &gt; Google Analytics</b> – Updated: To reflect latest research findings</li> <li>• <b>Terminology: Use This, Not That</b> – Added: Use people, not individuals</li> <li>• <b>Trademarks</b> – Edited: To make its own page (originally Trademarks &amp; Disclaimers) and updated guidance</li> <li>• <b>Web Content: Use SEO Best Practices to Optimize &gt; Links &amp; URLs</b> – Added: Omit section symbols</li> <li>• <b>What's Changed? Archives</b> – Moved: Past Standards changes to new section</li> </ul> |



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| <p>11/17<br/>/2022</p> | <ul style="list-style-type: none"> <li>• <b>Accordions</b> – Added: New standard</li> <li>• <b>Acronyms</b> – Added: Bullet about acronym use when there's a singular reference in a product, added HIV and AIDS to common acronym list</li> <li>• <b>Link Directory: Where to Link Common References</b> – Added: Check Medicare eligibility caveat</li> <li>• <b>MLN Formatting &amp; Templates &gt; HTML, MLN Matters® Articles, Publication</b> – Changed: "Dark red font" to "dark red"</li> <li>• <b>MLN Formatting &amp; Templates &gt; Publication</b> – Added: Boilerplate language to go in the What's Changed box for complete product re-writes</li> <li>• <b>Web Content: Use SEO Best Practices to Optimize</b> – Changed: Page title</li> <li>• <b>Optimizing Web Content</b> – Added: New Linking to Resources section, added new bullets to Usability &amp; SEO section</li> <li>• <b>Phone Numbers</b> – Added: Language to use "call" as a verb, instead of "phone" or "telephone"</li> <li>• <b>Terminology: Use This, Not That</b> – Added: Use email as verb</li> </ul>  |
| <p>10/17<br/>/2022</p> | <ul style="list-style-type: none"> <li>• <b>Acronyms</b> – Added: CY and FY as common acronyms</li> <li>• <b>Definitions</b> – Added: New standard with definitions of telehealth and virtual communication services</li> <li>• <b>Link Directory: Where to Link Common References</b> – Added: Local Coverage Decisions language, updated Eligibility language</li> <li>• <b>MLN Formatting &amp; Templates &gt; MLN Matters® Articles</b> – Added: Standard on only linking the first instance of a resource</li> <li>• <b>MLN Formatting &amp; Templates &gt; Publication</b> – Updated: Bullet to limit number of resources</li> <li>• <b>Optimizing Web Content &gt; Links &amp; URLs</b> – Added/updated: Standards on link text and writing links, removed PDF subsection</li> <li>• <b>Parentheses</b> – Added: New standard</li> <li>• <b>Terminology: Use This, Not That</b> – Changed: Physician and non-physician practitioner, LGBTQI+, flu "preferred vaccines," and third-party references</li> </ul>   |
| <p>9/19<br/>/2022</p>  | <ul style="list-style-type: none"> <li>• <b>Acronyms</b> – Added: DMEPOS</li> <li>• <b>Bullets &amp; Numbered Lists</b> – Added: Standards also apply to sub-bullets and an example of parallel bullets</li> <li>• <b>Capitalization</b> – Added: Always capitalize Chapter, Section, and Version</li> <li>• <b>Link Directory: Where to Link Common References</b> – Added: New Advancing Health Equity message (#4) for products that have a specific health equity message with statistics</li> <li>• <b>MLN Formatting &amp; Templates</b> – Clarified: When we update a PDF, keep the same file name</li> </ul> <p>Note: MLN Matters Article titles no longer need to match CR titles. All titles should follow the National Provider Communication Standards. We updated these sections: Acronyms, Headings &amp; Titles, and MLN Matters® Articles.</p>   |
| <p>8/1<br/>/2022</p>   | <ul style="list-style-type: none"> <li>• <b>Capitalization</b> – Added: Examples of an acronym and Medicare.gov</li> <li>• <b>Contractions</b> – Added: "They'll" to list of acceptable contractions</li> <li>• <b>Figures &amp; Tables</b> – Added: Alt text language</li> <li>• <b>Link Directory: Where to Link Common References</b> – Added: Language to refer patients who came to CMS.gov to Medicare.gov</li> <li>• <b>MLN Formatting &amp; Templates</b> – 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</li> <li>• <b>MLN Formatting &amp; Templates &gt; HTML</b> – Clarified: The standards for displaying revisions also apply to new content, not just revisions to existing content</li> <li>• <b>MLN Formatting &amp; Templates &gt; Publication</b> – Clarified: "What's Changed" applies to new content, as well as existing content</li> <li>• <b>Numbers, Dates, Percentages, &amp; Time</b> – Added: Don't include "rd," "st," or "th" after the number directly following a month</li> <li>• <b>Optimizing Web Content &gt; Links &amp; URLs</b> – Added: Exception to include "Provider Toolkit" in link for COVID-19 Vaccine Provider Toolkit</li> <li>• <b>Optimizing Web Content &gt; Links &amp; URLs</b> – 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</li> <li>• <b>Slashes (/)</b> – Clarified: Proper use of "and" or "or," never both</li> <li>• <b>Terminology: Use This, Not That</b> – Added: "Canceled" instead of "Cancelled"</li> <li>• <b>Terminology: Use This, Not That</b> – Changed: "Check Medicare eligibility" to "Check eligibility"</li> </ul> |
| <p>6/13<br/>/2022</p>  | <ul style="list-style-type: none"> <li>• <b>Capitalization</b> – Clarified: To capitalize word after hyphen if in a title or heading</li> <li>• <b>Gender vs. Sex</b> – Changed: Definition of "sex" and added definition of "sex assigned at birth"</li> <li>• <b>Link Directory: Where to Link Common Reference</b> – Changed: Advance Health Equity messages</li> <li>• <b>MLN Formatting &amp; Templates &gt; HTML</b> – Changed: Anchor links in HTML educational tools</li> <li>• <b>Optimizing Web Content &gt; Links &amp; URLs</b> – Added: Don't link the verb in link text</li> <li>• <b>Optimizing Web Content &gt; PDFs</b> – Added: "Access to Care" as a product topic</li> <li>• <b>Terminology: Use This, Not That</b> – Added: "start" instead of "begin"</li> <li>• <b>Trademarks &amp; Disclaimers</b> – Changed: Medicare Learning Network® Content &amp; Product Disclaimer, and Department of Health &amp; Human Services Disclosure</li> </ul>   |

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| 5/17<br>/2022  | <ul style="list-style-type: none"> <li>• <b>Acronyms</b> – Added: PECOS as a common acronym</li> <li>• <b>Link Directory: Where to Link Common References</b> – Added: Advanced Health Equity statement</li> <li>• <b>MLN Formatting &amp; Templates</b> – Added: Reference and placement of the Advance Health Equity statement</li> <li>• <b>MLN Formatting &amp; Templates &gt; HTML</b> – Changed: Updated Tracking Google Analytics</li> <li>• <b>MLN Formatting &amp; Templates &gt; Publication</b> – Changed: Updated templates</li> <li>• <b>Spotlights</b> – Changed: Spotlights on <a href="https://www.cms.gov">CMS.gov</a> to Spotlights for Payment Rules</li> <li>• <b>Terminology: Use This, Not That</b> – Added: Low dose computed tomography (no hyphen)</li> <li>• <b>Terminology: Use This, Not That</b> – Added: Part B-ID and added text to remove "all" when referring to people with Medicare Part A or Part B</li> </ul>  |
| 4/12<br>/2022  | <ul style="list-style-type: none"> <li>• <b>Acronyms</b> – Added: MBI &amp; NPI as common acronyms (with an exception)</li> <li>• <b>Gender vs. Sex</b> – Changed: Clarified sex assigned at birth and gender descriptions</li> <li>• <b>Legislation &amp; Regulations</b> – Clarified: Use the full name of legislation as it appears officially (don't edit it to match our standards)</li> <li>• <b>Link Directory: Where to Link Common References</b> – Added: Sentence to eligibility reference re: if you need help</li> <li>• <b>Race &amp; Ethnicity</b> – Added: New standard</li> </ul>  |
| 3/16<br>/2022  | <ul style="list-style-type: none"> <li>• <b>Ampersands</b> – Changed: Explain when it's okay to use more than 1 ampersand in a title or heading</li> <li>• <b>Capitalization</b> – 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</li> <li>• <b>Gender vs. Sex</b> – Added &amp; Changed: Gender neutral titles, clarified standard</li> <li>• <b>Headings &amp; Titles</b> – Changed: Using acronyms in titles</li> <li>• <b>Letters</b> – Added: Use gender neutral greeting in letters</li> <li>• <b>MLN Formatting &amp; Templates &gt; Publication</b> – Changed: Updated bullet re: linking titles so that we know not to link the product format</li> <li>• <b>Numbers, Dates, Percentages, &amp; Time</b> – Added: When to use the year in dates and includes exceptions</li> <li>• <b>Optimizing Web Content &gt; Links &amp; URLs</b> – Changed: Clarified to only link title, not format</li> <li>• <b>Terminology: Use This, Not That</b> – Added: New standard for Zip Code</li> </ul>  |
| 1/13<br>/2022  | <ul style="list-style-type: none"> <li>• <b>Acronyms</b> – Changed: Specified for titles</li> <li>• <b>Capitalization</b> – Added: Standard to capitalize contract types</li> <li>• <b>Contractions</b> – Added: "what's"</li> <li>• <b>Gender vs. Sex</b> – Added: New standard</li> <li>• <b>Headings &amp; Titles</b> – Changed: Using acronyms in titles</li> <li>• <b>Link Directory: Where to Link Common References</b> – Added: Referring to MAC secure internet portals or electronic mailing list</li> <li>• <b>Link Directory: Where to Link Common References</b> – Added: National Supplier Clearinghouse</li> <li>• <b>Numbers, Dates, Percentages, &amp; Time</b> – Added: An exception to spell out "one" when using the phrase "one-time"</li> <li>• <b>Numbers, Dates, Percentages, &amp; Time</b> – Added: Standard for fractions</li> <li>• <b>Optimizing Web Content &gt; Alias ("Vanity") URLs</b> – Changed: Reducing the number of hyphens</li> <li>• <b>Optimizing Web Content &gt; Links &amp; URLs</b> – Added: Avoid hyperlink headings or titles</li> <li>• <b>Terminology: Use This, Not That</b> – Added: Use "MAC secure internet portal"</li> </ul>  |
| 12/9<br>/2021  | <ul style="list-style-type: none"> <li>• <b>Acronyms</b> – Added: U.S. as a common acronym</li> <li>• <b>Acronyms</b> – Added: When referring to MACs singular and plural</li> <li>• <b>Link Directory: Where to Link Common References</b> – Added: When referring to Medigap</li> <li>• <b>Numbers, Dates, Percentages, &amp; Time</b> – Added: Moved time zone standard from the "Terminology" page</li> <li>• <b>Numbers, Dates, Percentages, &amp; Time</b> – Added: Noon vs 12pm, repeating am and pm in time range</li> <li>• <b>Optimizing Web Content &gt; Alias ("Vanity") URLs</b> – Added: MAC website list</li> <li>• <b>Slashes (/)</b> – Added: New standard for using slashes</li> <li>• <b>Spotlights on cms.gov</b> – Added: Linking to fact sheet vs. press release</li> <li>• <b>Terminology: Use This, Not That</b> – Added: Original Medicare vs. Traditional Medicare</li> <li>• <b>Terminology: Use This, Not That</b> – Added: Referring to MACs</li> <li>• <b>Who vs. That (Referring to Providers)</b> – Added: Example with "institutional providers"</li> </ul>  |
| 10/19<br>/2021 | <ul style="list-style-type: none"> <li>• <b>Acronyms</b> – Added: QR Code as a common acronym</li> <li>• <b>Campaign Analytics &amp; Feedback</b> – Added: New standard for Google Analytics, GovDelivery Statistics, and Qualtrics Survey</li> <li>• <b>Contractions</b> – Added: "that's" as a common contraction</li> <li>• <b>Legislation &amp; Regulations</b> – Added: Always reference a legislation section if it's applicable</li> <li>• <b>Optimizing Web Content &gt; Alias ("Vanity") URLs</b> – Added: PAMA Regulations</li> <li>• <b>Optimizing Web Content &gt; Keywords</b> – Changed: Character limit</li> <li>• <b>Optimizing Web Content &gt; Optimizing PDFs</b> – Added: Clarified standard</li> <li>• <b>Plain Language &gt; PCG Examples: Before &amp; After</b> – Added: Clinical Fee Schedule Direct Mailing</li> <li>• <b>Spotlights on cms.gov</b> – Added: New standard that announces important information at the top of the page within a blue box</li> <li>• <b>Terminology: Use This, Not That</b> – Added: "professional" to the column indicating terms we don't use to refer to a provider</li> <li>• <b>Trademarks &amp; Disclaimer</b> – Added: Exceptions to MLN Connects newsletter</li> <li>• <b>Trademarks &amp; Disclaimer</b> – Added: Medicare Advantage (MA) language to use in content about eligibility, coverage, and payment</li> </ul> |

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| <p>9/16<br/>/2021</p> | <ul style="list-style-type: none"> <li>• <b>Contractions</b> – Added: Guidance for contractions not on the list</li> <li>• <b>Costs</b> – Added: Free vs. waived vs. no cost</li> <li>• <b>Legislation &amp; Regulations</b> – Added: New standard</li> <li>• <b>Link Directory: Where to Link Common References</b> – Added: New standard</li> <li>• <b>MLN Formatting &amp; Templates &gt; HTML</b> – Added: Tealium code</li> <li>• <b>Terminology: Use This, Not That</b> – Added: Impact as a verb</li> <li>• <b>Terminology: Use This, Not That</b> – Added: People with Medicare" vs "patients.</li> <li>• <b>Terminology: Use This, Not That</b> – Added: CR numbers</li> <li>• <b>Terminology: Use This, Not That</b> – Added: Formatting of CMS.gov</li> <li>• <b>Trademarks &amp; Disclaimer</b> – Added: Use of the trademark symbol</li> </ul>  |
| <p>8/16<br/>/2021</p> | <ul style="list-style-type: none"> <li>• <b>Acronyms</b> – Added: ESRD as a common acronym</li> <li>• <b>Commas</b> – Added: Serial (Oxford) comma</li> <li>• <b>MLN Formatting &amp; Templates&gt; Publication</b> – Added: "Introduction" section text is no longer a heading</li> <li>• <b>Optimizing Web Content&gt; Optimizing PDFs</b> – Added: New standard for PDFs</li> <li>• <b>Terminology: Use This, Not That</b> – Added: Use of Medicare drug plan (Part D)</li> <li>• <b>Videos (Best Practices)</b> – Added: Standard for listing video run time</li> </ul>  |
| <p>7/14<br/>/2021</p> | <ul style="list-style-type: none"> <li>• <b>Logos, Icons, &amp; Images</b> – Added: Copyright standards for images*</li> <li>• <b>MLN Formatting &amp; Templates</b> – Added: Naming and placing a product*</li> <li>• <b>MLN Formatting &amp; Templates</b> – Added: Standards for margins and text color*</li> <li>• <b>MLN Formatting &amp; Templates&gt; HTML</b> – Added: Displaying MLN publication revisions for product development*</li> <li>• <b>MLN Formatting &amp; Templates&gt; HTML</b> – Added: Adding a print button</li> <li>• <b>MLN Formatting &amp; Templates&gt; MLN Matters@ Articles</b> – Added: Displaying MLN publication revisions for product development*</li> <li>• <b>MLN Formatting &amp; Templates&gt; Podcasts</b> – Added: Standards for podcasts*</li> <li>• <b>MLN Formatting &amp; Templates&gt; Printing</b> – Added: Requirements for printing products*</li> <li>• <b>MLN Formatting &amp; Templates&gt; Publication</b> – Added: Content sections for product development*</li> <li>• <b>MLN Formatting &amp; Templates&gt; Publication</b> – Added: Design standards for product development*</li> <li>• <b>MLN Formatting &amp; Templates&gt; Publication</b> – Added: Displaying MLN publication revisions for product development*</li> <li>• <b>MLN Formatting &amp; Templates&gt; Publication</b> – Added: Video standards for product development*</li> <li>• <b>MLN Formatting &amp; Templates&gt; Web-Based Training</b> – Added: WBT standards for product development*</li> <li>• <b>Optimizing Web Content &gt; Alias ("Vanity") URLs</b> – Added: New standard added for vanity URLs</li> <li>• <b>Optimizing Web Content &gt; Links &amp; URLs</b> – Added: Inline links and examples</li> <li>• <b>Terminology: Use This, Not That</b> – Changed: Find your MAC's website</li> </ul> <p>* This item came from the DPIPDP Product Development SOP</p> |
| <p>6/14<br/>/2021</p> | <ul style="list-style-type: none"> <li>• <b>MLN Formatting &amp; Templates</b> – Changed: Specified RGB 0/0/255 color for MLN PDF product links</li> <li>• <b>MLN Formatting &amp; Templates&gt; Publication</b> – Added: Co-branded logos links</li> <li>• <b>Letters</b> – Added: Making changes to a letter before posting it to the web</li> <li>• <b>Optimizing Web Content &gt; Keywords</b> – Added: More details to the metadata "Best Bets" section of this standard (#4)</li> <li>• <b>Optimizing Web Content &gt; Links &amp; URLs</b> – Added: Use RGB 0/0/255 for links in MLN PDF products</li> <li>• <b>Terminology: Use This, Not That</b> – Added: Use LGBTQ+</li> <li>• <b>Terminology: Use This, Not That</b> – Added: Redundancy with the word "Medicare" in products</li> <li>• <b>Numbers, Dates, Percentages, &amp; Time</b> – Added: Comma after year when date is in a sentence</li> </ul>  |
| <p>5/13<br/>/2021</p> | <ul style="list-style-type: none"> <li>• <b>MLN Formatting &amp; Templates</b> – Added: Use RGB 0/0/255 color for links</li> <li>• <b>MLN Matters@ Articles</b> – Changed: MLN publications link directly to product and no longer to detail page</li> <li>• <b>MLN Connects@ Newsletter</b> – Added: Refresh browser language</li> <li>• <b>Hyphens &amp; Compound Modifiers</b> – Added: Examples of compound modifiers</li> <li>• <b>Keywords</b> – Added: Clarified the different types of keywords (content and metadata) and added 64 character limit and commas between words</li> <li>• <b>Links &amp; URLs</b> – Added: Clarified not to use "https" in long form of URLs</li> <li>• <b>Videos &amp; Links &amp; URLs</b> – Added: Linking to videos</li> <li>• <b>Terminology: Use This, Not That</b> – Changed: How readers can reach their MAC</li> <li>• <b>Terminology: Use This, Not That</b> – Added: Use "Get" instead of "Receive"</li> <li>• <b>Tone of Voice</b> – Added: Avoid unnecessary words like "please"</li> </ul>   |

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/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

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.