



Provider Marketing Communications Guidelines

United
Healthcare

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Introduction

Welcome

At UnitedHealthcare, we have a shared commitment to unify all the separate health care professional programs across the organization under common goals — and to bring health care professionals on board by engaging and inspiring them with the real-world solutions that we're creating.

This guide is a part of that vision and marks a major step forward in our relationship with health care professionals. This transformation will impact everything from daily interactions and internal processes to how we communicate with partners.

Our goal: **Let's Change the Course of Health Care**

Communication plays a vital role in our work. Every day, hundreds of pieces of communication are sent to health care professionals' offices. The importance of consistency, clarity and conciseness is greater than ever. This guide will help us achieve it, because we all play an important role in making our health care system work better for all.



How to use this guide

This guide promotes consistency, clarity and plain language principles across all provider communications.

Occasionally, a specific contract or a government regulation may contradict the advice in this guide. If that happens, defer to the contract or regulation. Please contact your legal or compliance representative if you have specific questions.

We will use this guide to create documents consistent with the business line for which we are writing.



Share your thoughts

The information in this guide will be updated regularly. We invite your feedback on how to make this information more helpful and relevant to your work.

Please email your suggestions to physician_comm_review@uhc.com.





**Let's Change the Course
of Health Care**

Shared commitment

Our shared commitment drives us forward as an organization and sets the tone for the way we communicate and engage with health care professionals.

Let's Change the Course of Health Care

As it stands today, our health care system needs to change. It's too complex and too costly. The pandemic has shed new light on these challenges and helped accelerate change.

Now, we need transformative solutions that have a lasting impact.

As an industry leader, we have the opportunity to work closely with health care professionals in different ways. We can set new standards for the entire system to make it more affordable and efficient.

However, this is no small task.

We'll need to bring ambitious ideas forward, along with an unwavering commitment to create meaningful change, and some of that change is already underway.

We're changing the system for the better and helping people live healthier lives. And while it may be a challenge, it's one worth rising to.

Together, let's Change the Course of Health Care by making health care work better for all.



Guiding principles



Transform

We're tackling health care professionals' toughest challenges with innovative solutions that will come from empowering our teams to be powerful agents of change.



Together

We can't solve the system's problems alone. By listening to and learning from health care professionals, we'll drive real change.



For the better

When our systems work for us, not against us, we'll more easily reach our shared goal — better health care for all.





UnitedHealthcare brand voice and tone



Our brand principles — simply smart, human kind and with a twist — guide what we say and how we say it. We use plain, straightforward language balanced with a warm, welcoming tone. Health care is complicated — our language shouldn't be. If it doesn't add, take it away.



Brand voice and tone

Our voice and tone will:

- Simplify and modernize UnitedHealthcare
- Seamlessly complement our brand's visual identity
- Positively change the way we are perceived by internal and external audiences
- Strengthen our commitment to care
- Communicate with authenticity and humanity



Health care is:

- Complicated
- Individual
- Emotional
- Innovative
- Human



Our language is:

- Simple
- Personal
- Empathetic
- Inspiring
- Authentic

Brand standards, landmarks, lockups, U-mark, fonts, colors, PowerPoint templates, formatting guidelines and iconography are available at brand.uhc.com



Brand principles

Simply smart

Health care should be clear and easy to understand. We strive to make everything as simple as possible, but no simpler. If it doesn't add, take it away.

Human kind

Celebrate imperfections that bring humanity and a feeling of care. Look for opportunities to engage on a personal level.

With a twist

Fresh and modern with touches that surprise and delight. Have courage to push boundaries in ways that are true to our brand.



Watchouts

- **Do not** use a negative as a lead-in to headlines or messaging
- **Do not** use periods in headlines, subheads or bullets
- **Do not** use periods in captions under icons
- **Do not** write long, detailed headlines
- **Do not** overexplain or overwhelm
- **Do not** use sentence case for titles or cover pages



Simply smart

Simply smart is:

- A headline with a singular message
- Simple, effective content
- Information that is easy to navigate
- The right amount of detail

Simply smart is not:

- A headline with multiple messages
- Overly detailed or dense content
- Content that must be read in full to understand
- Too much detail in one touchpoint



Human kind

Human kind is:

- Writing with the audience in mind, focused on what's important to them
- Language that is warm, personal and inclusive
- Embracing authenticity, connecting with empathy and a sense of humility
- Incorporating storytelling into messaging
- Talking like an adult to an adult

Human kind is not:

- Writing with the enterprise in mind, focused on what's important to our business
- Impersonal, generic or corporate language
- Trying too hard or sounding like someone we're not
- Delivering information in a dry, factual tone
- Talking like a parent to a child



With a twist

With a twist is:

- Celebrating positivity and exhibiting a sensitivity that is appropriate to the brand and category
- Using a tone that is appropriate for the subject matter, messaging, audience and touchpoint
- Unexpected yet unmistakable
- Used only when appropriate to the subject, audience and touchpoint

With a twist is not:

- Inappropriate for the brand, subject matter or the health care category
- The same tone for every message, audience and touchpoint
- Cute, sarcastic, a pun or off-brand tone
- Relevant for every touchpoint





Language matters

How do we refer to our audience?

- We respect health care professionals and view them as equal partners.
- When possible, be specific and address people by their proper titles (e.g., physician, advanced practice clinician).
- The term “provider” refers to physicians, practice managers and everyone who provides care to patients in a clinical or business sense. And while the term is accepted, it can also represent the commoditization of health care and diminish the educational achievements of medical professionals.
- That’s why we are making a shift and will now refer to them as health care professionals when possible, not providers.



Reasons why “provider” should not be used

- **Demotes** the educational standards of a doctorate degree
- **Creates confusion** among patients when searching for care
- **Non-specific** and nondescript term that confers little meaning; not appropriate for health care
- **Diminishes** not only the educational achievement of medical professionals but the symbol of their accomplishment

According to the American Academy of Family Physicians. For more research on the term “provider,” see the Provider Term Research section in the Appendix.





Emails, letters and other communications



Be inspirational

- Writing from the perspective of our audience
- Language that is warm, personal and inclusive
- Embracing authenticity, connecting with empathy and a sense of humility
- Incorporating storytelling into messaging
- Talking like an adult to an adult



Do not be purely functional

Sample: You've joined our network. The enclosed copy of your fully executed Participation Agreement provides more details about your role, including your participation effective date.





Be empathetic

Sample: Change can be hard. That's why we are here to help you every step of the way. Our team is here for you to provide the information and support you need at **UHCprovider.com/paan** or by calling Provider Services at **877-842-3210**.



Do not be impersonal

Sample: You can learn more about how to use prior authorization advanced notification (PAAN) through training, complete the notification/prior authorization process or confirm a coverage decision as follows:

Online: Go to UHCprovider.com/paan.

Phone: Call **877-842-3210** from 7 a.m. to 7 p.m. local time, Monday through Friday.





Be personal when writing from the perspective of the audience

Sample: Now you can focus on what's most important to your practice: better outcomes for your patients.

Our newly expanded prior authorization requirement helps minimize out-of-pocket costs for your patients and improves cost efficiencies for the overall health care system.



Do not write solely from the UnitedHealthcare perspective

Sample: We've been working toward achieving better health outcomes, improving patient experience and lowering the cost of care. To continue this important work, our newly expanded prior authorization requirement will help minimize out-of-pocket costs for our plan members.





Be collaborative

Sample: Let's work together and create a health care system that works better for all.



Do not sound corporate

Sample: We look forward to working with you to provide a positive experience for your patients who are UnitedHealthcare Community Plan members.





Be concise

Sample: On Nov. 1, 2019, the list of codes requiring prior authorization will expand for certain surgical services performed in outpatient settings.



Do not be wordy

Sample: In our September edition of the *Network Bulletin*, we announced the expansion of our site of service requirements to limit certain surgical codes to be performed in a freestanding center. This will be effective Nov. 1, 2019.





Be conversational

Sample:

Dear Dr. Johnson,
You are important to us. Together, we can change
the course of health care.



Do not be overly formal

Sample:

Dear Dr. Johnson,
On behalf of the UnitedHealthcare Community Plan
of Minnesota, I want to personally thank you for
joining our network.





Use language that denotes equality

Sample: We are pleased to inform you that your practice will be invited to participate in next year's Medicare Advantage Primary Care Physician Incentive program. We look forward to working together. This relationship will help us create a health care system that works better for all.



Do not use solely transactional language

Sample: We have conducted a review and determined that your practice will be included in next year's Medicare Advantage Primary Care Physician Incentive program.





Use simple calls to action

Sample:

To get started, use the enclosed checklist.
If you have any questions, please call Provider Services at **877-842-3210**.



Do not use overly complicated calls to action

Sample:

Here are a few last items to complete as you get started as a care provider in the UnitedHealthcare Community Plan network.

Provider Services is available to answer any questions you may have as you get started as a care provider in the UnitedHealthcare network. We're standing by at **877-842-3210** from 7 a.m. to 7 p.m., Monday through Friday.





Use contractions, but sparingly

Sample: We're happy to have you join us on our mission.



Do not use longer words when shorter will do

Sample: We are pursuing a mission, and we are very pleased to have you accompany us.





Before and after examples

Considerations

When writing letters, emails, faxes and more, please keep in mind the following:

- Keep content to one page. If that isn't possible, consider including a separate checklist or an addendum.
- If secondary or less important information can be found online, direct your audience to a URL to learn more rather than including everything in the communication.
- Avoid long blocks of copy. Keep paragraphs relatively short when possible.
- Be human, empathetic, friendly and conversational.

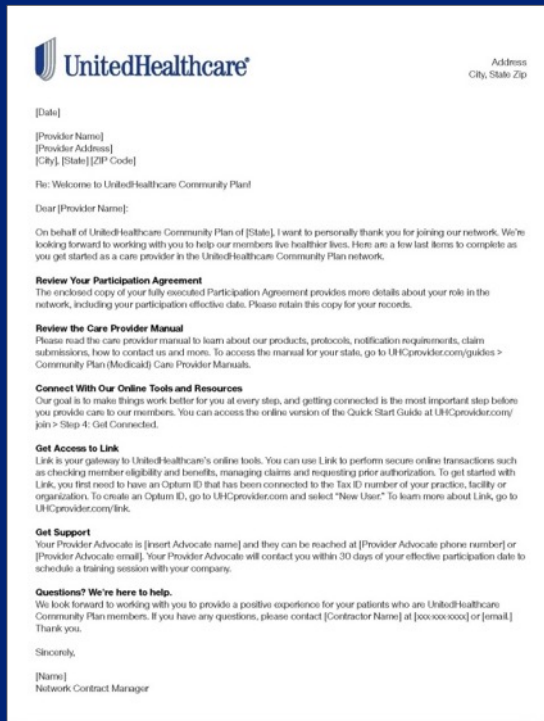




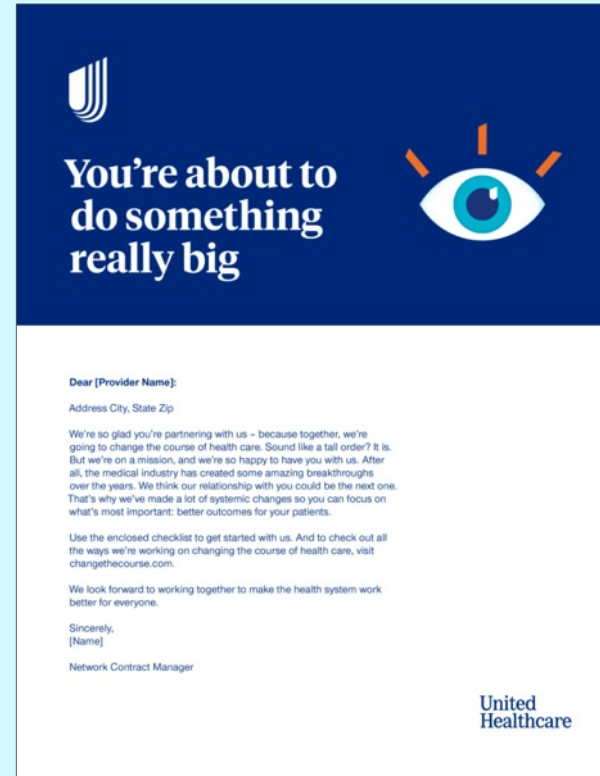
Tip

Consider transitioning from a standard letter format to a more engaging and visually interesting letter and insert

Welcome — before



Welcome — after



NOTE: The “after” materials are examples of how to update current materials but are not formally approved at this time.



Welcome — before

Dear [Provider Name]:

On behalf of the UnitedHealthcare Community Plan of [State], I want to personally thank you for joining our network. We're looking forward to working with you to help our members live healthier lives. Here are a few last items to complete as you get started as a care provider in the UnitedHealthcare Community Plan network.

Review your participation agreement

The enclosed copy of your fully executed Participation Agreement provides more details about your role in the network, including your participation effective date. Please retain this copy for your records.

Review the care provider manual

Please read the care provider manual to learn about our products, protocols, notification requirements, claim submissions, how to contact us and more. To access the manual for your state, go to UHCprovider.com/guides > Community Plan (Medicaid) Care Provider Manuals.

Connect with our online tools and resources

Our goal is to make things work better for you at every step, and getting connected is the most important step before you provide care to our members. You can access the online version of the Quick Start Guide at UHCprovider.com/join > Step 4: Get Connected.

Get access to Link

Link is your gateway to UnitedHealthcare's online tools. You can use Link to perform secure online transactions, such as checking member eligibility and benefits, managing claims and requesting prior authorization. To get started with Link, you first need to have an Optum ID that has been connected to the tax ID number of your practice, facility or organization. To create an Optum ID, go to UHCprovider.com and select "New User." To learn more about Link, go to UHCprovider.com/link.

Get support

Your Provider Advocate is [Advocate name], and they can be reached at [Provider Advocate phone number] or [Provider Advocate email]. Your Provider Advocate will contact you within 30 days of your effective participation date to schedule a training session with your company.

Questions? We're here to help.

We look forward to working with you to provide a positive experience for your patients who are UnitedHealthcare Community Plan members. If you have any questions, please contact [Contractor Name] at [xxx-xxx-xxxx] or [email.] Thank you.

Sincerely,

[Name]



Welcome — after

Dear [Provider Name]:

We're so glad you're partnering with us — because together, we're going to change the course of health care. Sound like a tall order? It is. But we're on a mission, and we're happy to have you with us. After all, the medical industry has created some amazing breakthroughs over the years. We think our relationship with you could be the next one. That's why we've made systemic changes. So you can focus on what's most important: better outcomes for your patients.

Use the enclosed checklist to get started. And to check out all the ways we're working on changing the course of health care, visit [changethecourse.com](https://www.changethecourse.com).

We look forward to working together to make the health system work better for everyone.

Sincerely,

[First Name] [Last Name], [Credentials]

[Title]

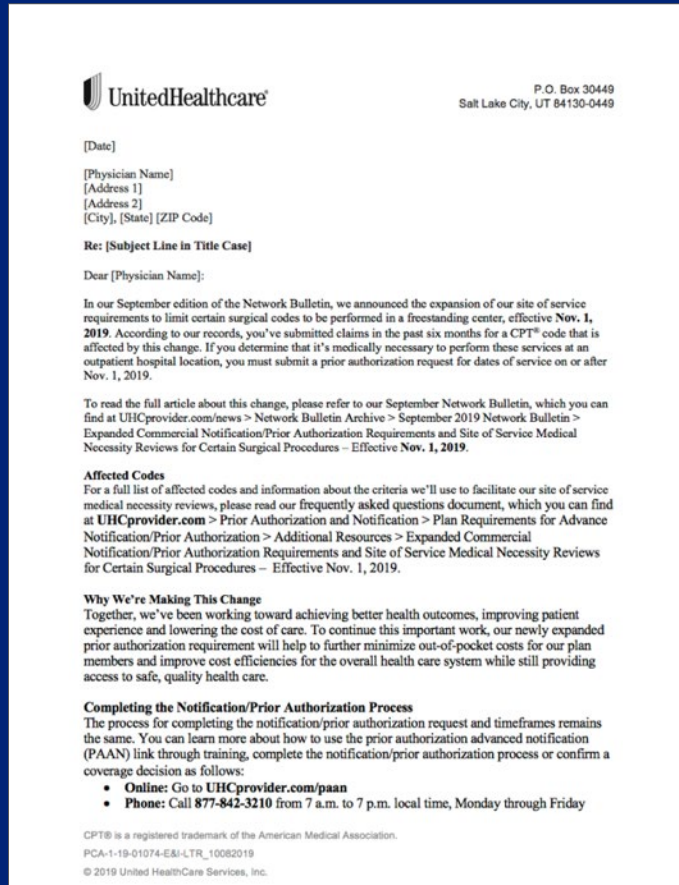




Tip

Consider using an insert or a call-out box when needing to draw attention to an action item.

Site of service—before



Site of service — after



Check the codes

For a full list of affected prior authorization codes and information about the criteria we'll use to facilitate our site of service medical necessity reviews, please read our frequently asked questions document, which you can find at:

UHCprovider.com

- ➔ Prior Authorization and Notification
- ➔ Plan Requirements for Advance Notification/Prior Authorization
- ➔ Additional Resources
- ➔ Expanded Commercial Notification/Prior Authorization Requirements and Site of Service Medical Necessity Reviews for Certain Surgical Procedures (effective Nov. 1, 2019)

NOTE: The “after” materials are examples of how to update current materials but not are formally approved at this time.



Site of service — before

Dear [Physician Name]:

In our September edition of the *Network Bulletin*, we announced the expansion of our site of service requirements to limit certain surgical codes to be performed in a freestanding center, effective Nov. 1, 2019. According to our records, you've submitted claims in the past six months for a CPT® code that is affected by this change. If you determine that it's medically necessary to perform these services at an outpatient hospital location, you must submit a prior authorization request for dates of service on or after Nov. 1, 2019.

To read the full article about this change, please refer to our September *Network Bulletin*, which you can find at UHCprovider.com/news > Network Bulletin Archive > September 2019 Network Bulletin > Expanded Commercial Notification/Prior Authorization Requirements and Site of Service Medical Necessity Reviews for Certain Surgical Procedures — Effective Nov. 1, 2019.

Affected codes

For a full list of affected codes and information about the criteria we'll use to facilitate our site of service medical necessity reviews, please read our frequently asked questions document which you can find at UHCprovider.com > Prior Authorization and Notification > Plan Requirements for Advance Notification/Prior Notification > Additional Resources > Expanded Commercial Notification/Prior Authorization Requirements and Site of Service Medical Necessity Reviews for Certain Surgical Procedures — Effective Nov. 1, 2019.

Why we're making this change

Together, we've been working toward achieving better health outcomes, improving patient experiences and lowering the cost of care. To continue this important work, our newly expanded prior authorization requirement will help to further minimize out-of-pocket costs for our plan members and improve cost efficiencies for the overall health care system while still providing access to safe, quality health care.

Completing the notification/prior authorization process

The process for completing the notification/prior authorization request and time frames remains the same. You can learn more about how to use the prior authorization advanced notification (PAAN) link through training, complete the notification/prior authorization process or confirm a coverage decision as follows:

Online: Go to UHCprovider.com/paan.

Phone: Call **877-842-3210** from 7 a.m. to 7 p.m. local time, Monday through Friday.



Site of service—after

Dear [Physician Name]:

At UnitedHealthcare, we believe health care is ready for a big leap forward. Together with health care professionals like you, we're doing our best to transform the system from the inside out. Like introducing new tools and services that make your job easier and helping to ensure financial fairness for everyone. With transformation comes growing pains, but please know that every change we make is with your interest in mind.

Here's what's new

Starting Nov. 1, 2019, we're expanding our list of codes that require prior authorization for certain surgical services performed in an outpatient setting. To avoid unnecessary claim denials, we urge you to check prior authorization requirements when verifying patient eligibility. The fastest way to check is through our online Prior Authorization and Notification tool on Link. Learn more at UHCprovider.com/paan.

At the same time, we're excited to introduce an all-new way of getting automated prior authorizations for many procedures at the point of care. It's part of a revolutionary suite of services that gives care teams instant digital access to the latest data in real time, enabling them to make more effective point-of-care decisions. Learn more at UHCprovider.com/POC.

Why is this changing?

As part of our commitment to change the course of health care, we've been working with health care professionals to achieve better health outcomes, lower the cost of care and make the whole system work better for all. Our newly expanded prior authorization requirement helps minimize out-of-pocket costs for your patients and improves cost efficiencies for the overall health care system while continuing to provide access to quality care.

We're here to help

Changes like these can be hard, and we want to help you every step of the way by providing the information and support you need. Always feel free to get in touch with us by calling Provider Services at **877-842-3210**.

Sincerely,

[First Name] [Last Name], [Credentials]
[Title]

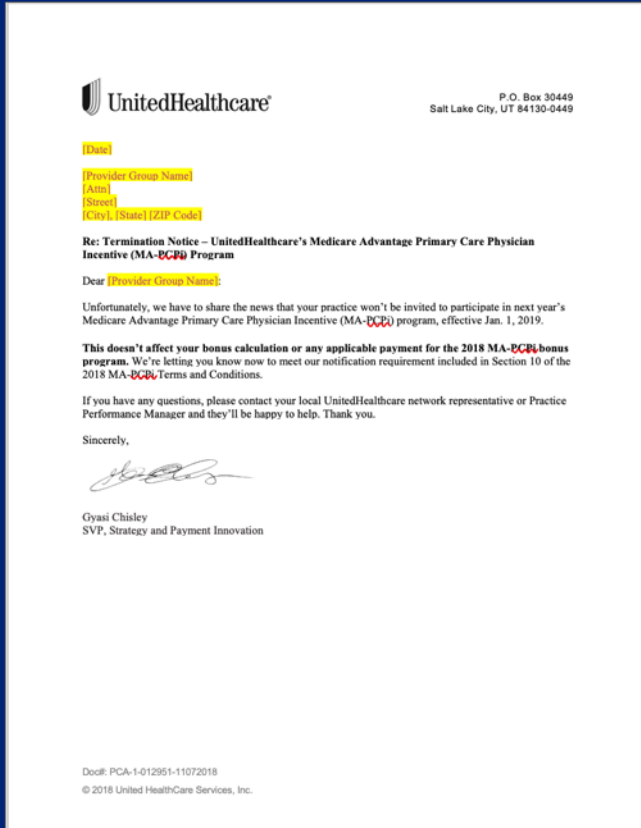




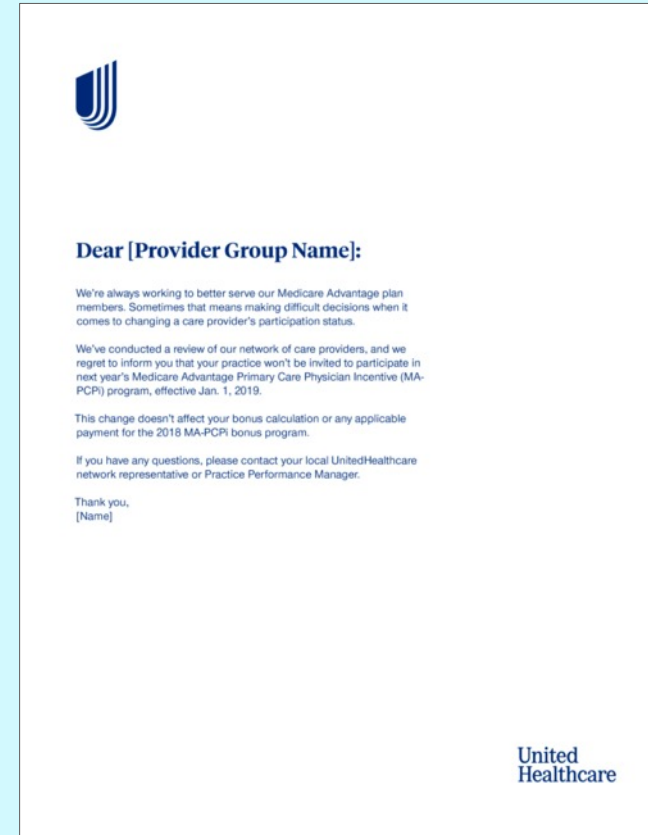
Tip

Be real and straightforward. If topic is a potentially sensitive issue, remember to be empathetic and avoid using distracting visual elements.

Termination — before



Termination—after



NOTE: The “after” materials are examples of how to update current materials but are not formally approved at this time.



Termination — before

Dear [Provider Group Name]:

Unfortunately, we have to share the news that your practice won't be invited to participate in next year's Medicare Advantage Primary Care Physician Incentive (MA-PCPi) program, effective Jan. 1, 2019.

This doesn't affect your bonus calculation or any applicable payment for the 2018 MA-PCPi bonus program. We're letting you know now to meet our notification requirement included in Section 10 of the 2018 MA-PCPi Terms and Conditions.

If you have any questions, please contact your local UnitedHealthcare network representative or Practice Performance Manager and they'll be happy to help. Thank you.

Sincerely,

[Name]



Termination — after

Dear [Provider Group Name]:

We're always working to better serve our Medicare Advantage plan members. Sometimes that means making difficult decisions when it comes to changing a care provider's participation status.

We've conducted a review of our network of care providers, and we regret to inform you that your practice won't be invited to participate in next year's Medicare Advantage Primary Care Physician Incentive (MA-PCPi) program, effective Jan. 1, 2019.

This change doesn't affect your bonus calculation or any applicable payment for the 2018 MA-PCPi bonus program.

If you have any questions, please contact your local UnitedHealthcare network representative or practice performance manager.

Thank you,

[First Name] [Last Name], [Credentials]

[Title]






Tip

Simplify and streamline content. Organize text and information in a digestible way. Determine and include what is most need-to-know. Secondary information can be represented by a link and/or contact information with a CTA to learn more.

Copay announcement — before

 UnitedHealthcare

Feb. 20, 2020

Attn: Aaron Andzelik, OD
Re: New! \$0 Copay for Ophthalmology and Optometry Services for Some Medicare Advantage Plans

We're excited to share that effective Jan. 1, 2020, the following UnitedHealthcare Medicare Advantage plans now have a \$0 copay for all in-network Medicare-covered ophthalmology and optometry services:

- AARP Medicare Advantage (HMO)
- AARP Medicare Advantage Choice (PPO)

Because members of these plans no longer have a copay for Medicare-covered ophthalmology and optometry services, please do not charge them the specialist copay listed on their member ID card when rendering these services.

Covered Services with a \$0 Copay
The \$0 copay applies to the following ophthalmology and optometry services:

- Outpatient physician services provided by an ophthalmologist or optometrist for the diagnosis and treatment of diseases and injuries of the eye, including diagnosis or treatment of age-related macular degeneration or cataracts*
- One glaucoma screening each year for members who are high risk for glaucoma
- Eye exams to evaluate for eye disease for members who have diabetes or signs and symptoms of eye disease*
- Screening for diabetic retinopathy once per year for members who have diabetes*
- One pair of eyeglasses or contact lenses after each cataract surgery (includes insertion of an intraocular lens)*

*Referral and/or prior authorization required

Please note: Additional prior authorization and advance notification requirements may apply. The \$0 copay applies to in-network services only. Higher copays apply for out-of-network services.

To view the Medicare Advantage plans that your office is contracted to accept, use the My Practice Profile tool on Link. To sign in to Link, go to UHCprovider.com and click on the Link button in the top right corner. Then, select the My Practice Profile on your Link dashboard.

Verifying Eligibility and Requesting Prior Authorization
Before rendering services, please verify member eligibility using the eligibilityLink tool on Link. For more information and to access the tool, go to UHCprovider.com/eligibilityLink.


To request prior authorization, use the Prior Authorization and Notification tool on Link. Sign in at UHCprovider.com/paan.

Care Provider Training and Resources
UnitedHealthcare Medicare Advantage training resources are available on UHC On Air, your source for live and on-demand video broadcasts created specifically for UnitedHealthcare providers. To access UHC On Air, go to UHCprovider.com/uhconair and sign in. Then, select the Medicare channel.

We're Here to Help
If you have questions, please call Provider Services at 866-574-6088. Thank you.

If you do not want to receive future news from us, please notify us by calling us at 866-464-4404 and use ID 7768 or faxing us at 855-729-2930. Failure to comply with your request within 30 days is unlawful. This fax was sent to 505-245-2475.
PCA-1-19-61978-AMB-FAX_01242020

Copay announcement — after



Attn: Aaron Andzelik, OD
Re: New \$0 copay for ophthalmology and optometry services for some Medicare Advantage plans

We're excited to announce that effective Jan. 1, 2021, the following UnitedHealthcare Medicare Advantage plans now have a \$0 copay for all in-network Medicare-covered ophthalmology and optometry services:

- AARP Medicare Advantage (HMO)
- AARP Medicare Advantage Choice (PPO)

Because members of these plans no longer have a copay for Medicare-covered ophthalmology and optometry services, please do not charge them the specialist copay listed on their member ID card when rendering these services.

Covered services with a \$0 copay
The \$0 copay applies to the following ophthalmology and optometry services:


- Outpatient physician services provided by an ophthalmologist or optometrist for the diagnosis and treatment of diseases and injuries of the eye, including diagnosis or treatment of age-related macular degeneration of cataracts*
- One glaucoma screening each year for members who are high risk for glaucoma
- Eye exams to evaluate for eye disease for members who have diabetes or signs and symptoms of eye disease*
- Screening for diabetic retinopathy once per year for members who have diabetes*
- One pair of eyeglasses or contact lenses after each cataract surgery (includes insertion of an intraocular lens)*

* Referral and/or prior authorization required

Please note: Additional prior authorization and advance notification requirements may apply. The \$0 copay applies to in-network services only. Higher copays apply for out-of-network services.

If you have questions, please call Provider services at 866-574-6088.

Thank you,
[Name], [Credentials]
[Title]



NOTE: The “after” materials are examples of how to update current materials but are not formally approved at this time.



Copay announcement — before

Attn: Aaron Andzelik, OD

Re: New! \$0 Copay for Ophthalmology and Optometry Services for some Medicare Advantage Plans

We're excited to share that effective Jan. 1, 2020, the following UnitedHealthcare Medicare Advantage plans now have a \$0 copay for all in-network, Medicare-covered ophthalmology and optometry services:

- AARP® Medicare Advantage (HMO)
- AARP® Medicare Advantage Choice (FPO)

Because members of these plans no longer have a copay for Medicare-covered ophthalmology and optometry services, please do not charge them the specialist copay listed on their member ID card when rendering these services.

Covered services with a \$0 copay

- The \$0 copay applies to the following ophthalmology and optometry services:
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 - Eye exams to evaluate for eye disease for members who have diabetes or signs and symptoms of eye disease*
 - Screening for diabetic retinopathy once per year for members who have diabetes*
 - One pair of eyeglasses or contact lenses after each cataract surgery (includes insertion of an intraocular lens)*

*Referral and/or prior authorization required

Please note: Additional prior authorization and advance notification requirements may apply. The \$0 copay applies to in-network services only. Higher copays apply for out-of-network services.

To view the Medicare Advantage plans that your office is contracted to accept, use the My Practice Profile tool on Link. To sign in to Link, go to UHCprovider.com and click on the Link button in the top right corner. Then, select the My Practice Profile tile on your Link dashboard.

Verifying eligibility and requesting prior authorization

Before rendering services, please verify member eligibility using the eligibilityLink tool on Link. For more information and to access the tool, go to UHCprovider.com/eligibilityLink.

To request prior authorization, use the Prior Authorization and Notification tool on Link. Sign in at UHCprovider.com/paan.

Care provider training and resources

UnitedHealthcare Medicare Advantage training resources are available on UHC On Air, your source for live and on-demand video broadcasts created specifically for UnitedHealthcare providers. To access UHC On Air, go to UHCprovider.com/uhconair and sign in. Then, select the Medicare channel.

We're here to help

If you have questions, please call Provider Services at **866-574-6088**. Thank you.



Copay announcement—after

Attn: Aaron Andzelik, OD

Re: New \$0 copay for ophthalmology and optometry services for some Medicare Advantage plans

We're excited to announce that effective Jan. 1, 2020, the following UnitedHealthcare Medicare Advantage plans now have a \$0 copay for all in-network, Medicare-covered ophthalmology and optometry services:

- AARP® Medicare Advantage (HMO)
- AARP® Medicare Advantage Choice (FPO)

Because members of these plans no longer have a copay for Medicare-covered ophthalmology and optometry services, please do not charge them the specialist copay listed on their member ID card when rendering these services.

Covered services with a \$0 copay

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 - One glaucoma screening each year for members who are at high risk for glaucoma
 - Eye exams to evaluate for eye disease for members who have diabetes or signs and symptoms of eye disease*
 - Screening for diabetic retinopathy once per year for members who have diabetes*
 - One pair of eyeglasses or contact lenses after each cataract surgery (includes insertion of an intraocular lens)*
- *Referral and prior authorization required

Please note: Additional prior authorization and advance notification requirements may apply. The \$0 copay applies to in-network services only. Higher copays apply for out-of-network services.

If you have questions, please call Provider Services at **866-574-6088**.

Thank you,

[First Name] [Last Name], [Credentials]
[Title]



Medicare Advantage FAQs

before



Background

FAQs needed to be simplified. Information was duplicated across three related pieces and the number of questions made the plan more complex than it was.

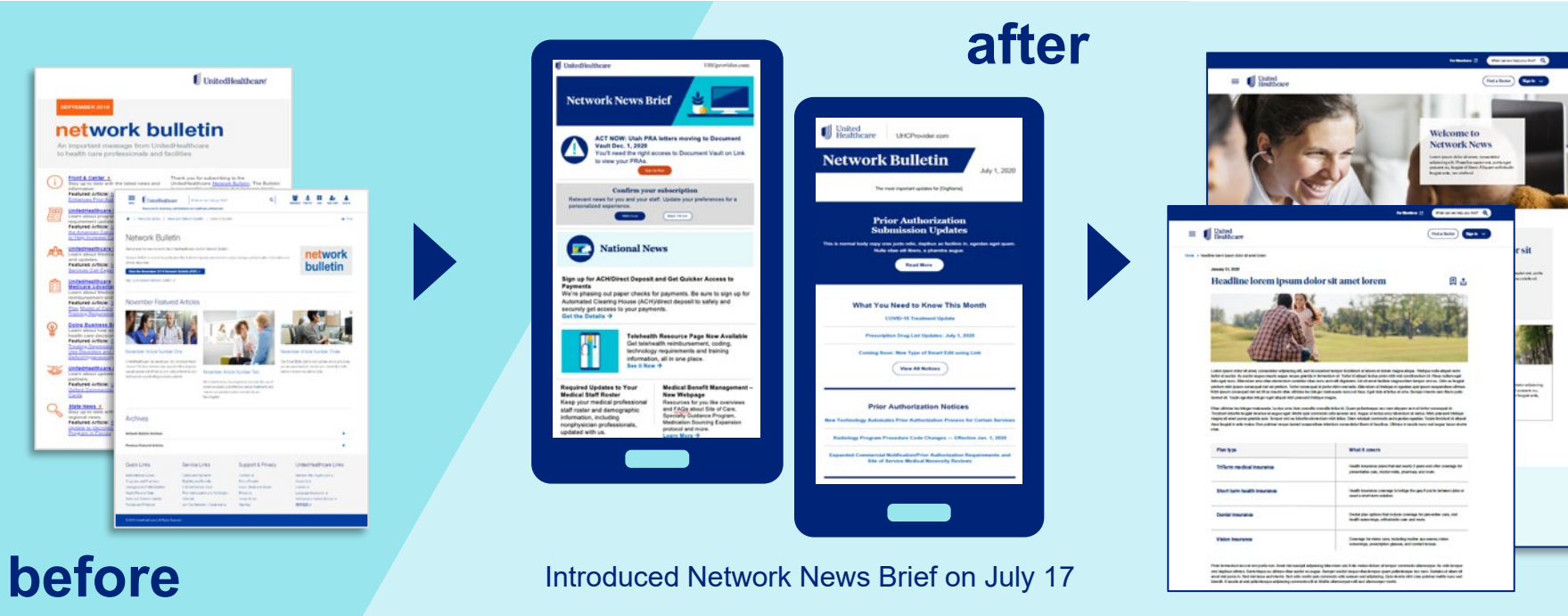
Approach

- Instead of writing questions to answer, important information is listed
- Future updates will be easier
- Icons are consistent with topics across related Medicare Advantage pieces

after



Network Bulletin/Network News



before

Introduced Network News Brief on July 17



Key insights

Background

To drive engagement and viewership of critical updates, the static PDF of regulated content needed to evolve into a dynamic and personalized real-time news experience.

Approach

- Real-time publishing and news cycle
- Improve searchability through enhanced tagging
- Consolidate disparate channels and streamline touchpoints in single news experience
- Drive personalization and preferences

Results

Print/PDF:

250% increase in provider preference center to allow for targeted communications

Publishing Cycle:

+14 days of added production time

Email

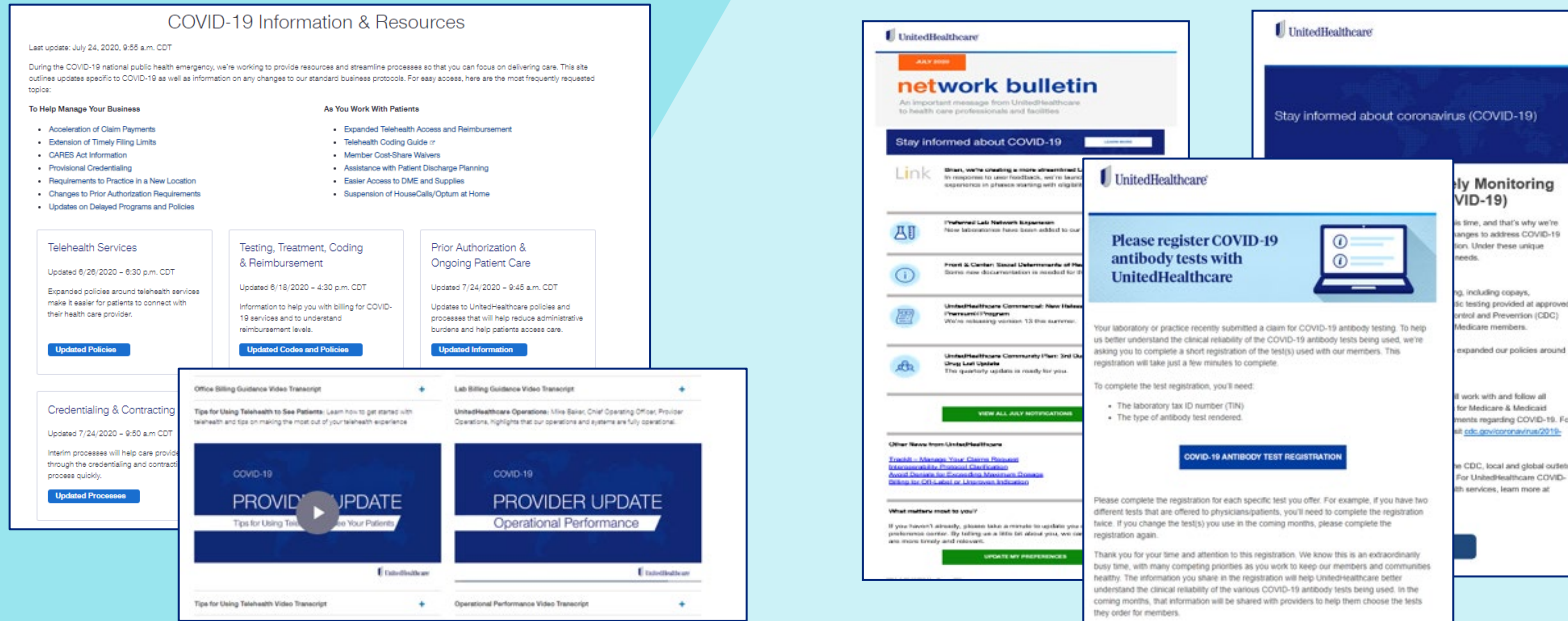
48% average open rate for engaged audience in 2020

Network News Brief:

405K+ total visits since November 2019 to the new Network News page



COVID-19 support and response



Key insights

Background

To provide clarity for our provider community during the national health emergency, our team partnered closely with core power partners to provide information and resources related to the CARES Act.

Approach

- Centralized COVID-19 website as source of truth
- Content strategy driven by closed-loop process
- Provide downloadable resource guides for billing and date provisions
- CARES Act support by web portal, email, webinars

Results

Provider satisfaction

84% believed UnitedHealthcare content is the best in the industry

Email

+30M emails sent across more than 100 deployments with a double average open rate compared to benchmarks

Web

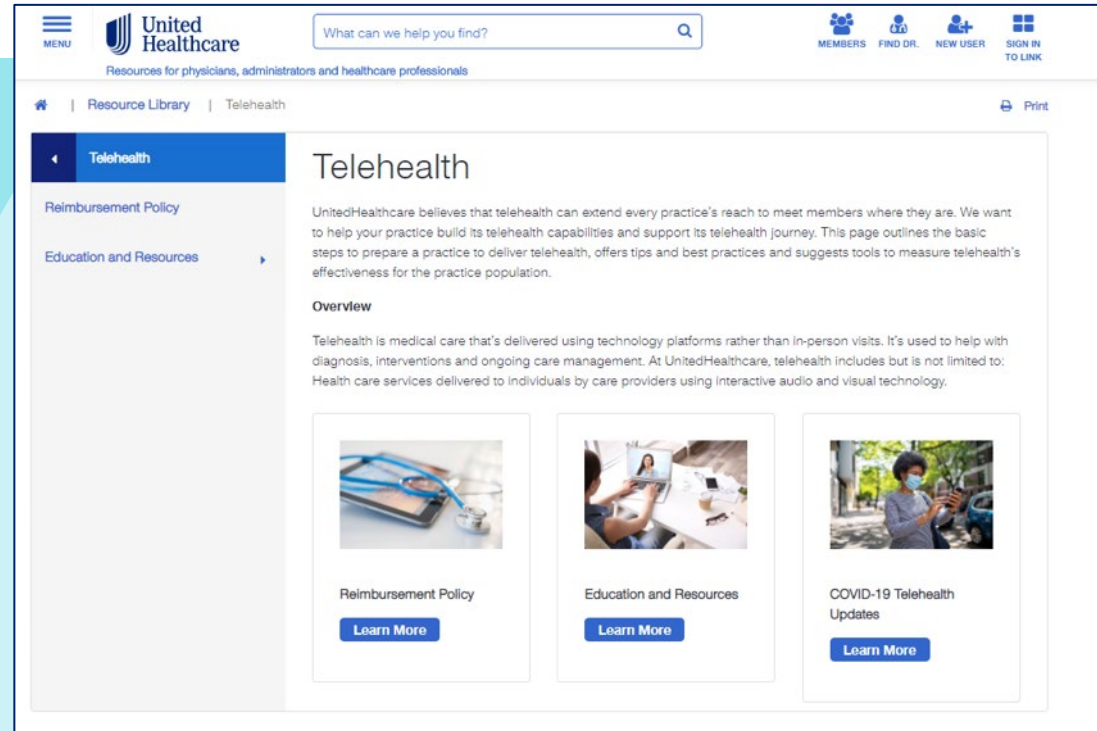
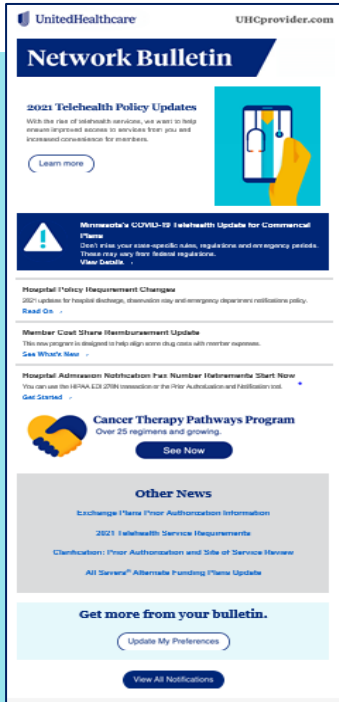
1M+ total visits to the UHCprovider.com/covid page since March 8

Closed loop

1,700+ provider inquiries resolved and reflected in web content



Telehealth



Key insights

Background

In addition to the COVID-19 content on **UHCprovider.com**, we saw a need to build out telehealth content that would have a longer shelf-life as providers continue to turn toward virtual care.

Approach

- Centralized landing location on **UHCprovider.com**
- Organized content buckets on key topics
- Promoted updates by email
- State-specific content based on preferences

Results

Content

88% of visits on **UHCprovider.com** were on main page, services and occupational/speech therapy content

Email

16% open rate achieved (highest recorded) for October *Network Bulletin* with telehealth featured content

Web

355K total visits to the **UHCprovider.com/covid** page since March 8


Resources

37K downloads of Telehealth Patient Scenarios PDF



High Performing Physicians pilot launch




Home | High Performing Physicians Print



High Performing Physicians

A program for physician groups supporting excellence in care delivery

We have a common goal: A high performing health care system that provides quality and affordable patient care. Based on physician feedback, we're launching High Performing Physicians, a new program that focuses on the whole practice – from administration to prescriptions. We're committed to simplifying the way we work together and helping to ensure access to high-quality, affordable care for patients. Together, we can make meaningful change.

 <h3>Beginning the Journey</h3> <p>We are embarking on a journey to transform how we work with our valued physician</p>	 <h3>Evolving our Relationship</h3> <p>We begin by rewarding you with elevated engagement, enhanced service and digital</p>	 <h3>Collaborating</h3> <p>Together, we can transform the health care industry and engage in new ways.</p>
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Content guidelines

Formatting

Periods

- When it comes to periods, the overall rule is: If it adds clutter, take it away. If it adds clarity, keep it in. In most instances, periods add more clutter than clarity, so avoid using them when possible.
- No periods in headlines
- No periods in subheads
- No periods in bullet points
- Include periods in footnotes and source notes
- We don't want to limit expression. After all, sometimes a well-placed period can be effective. Period.

More information

- For more on Voice and Tone and side-by-side comparisons, the Voice and Tone Formatting Guide has it all and is available for download by [clicking here](#).
- For more on punctuation and side-by-side comparisons, the Voice and Tone Punctuation Guide has it all and is available for download by [clicking here](#).



Formatting

Registration mark legal guidance:

- Headlines should not include ® or ™. The first copy mention of UnitedHealthcare should include the registered mark ®.
- If there are other registered trademarks that appear in the text, for example the UnitedHealthcare Healthy Pregnancy app, the ® should appear after the first use of that registered trademark: the UnitedHealthcare Healthy Pregnancy® app.
- Whenever possible, the full title of the plan, product, service or program should be on one line.

UnitedHealthcare, not UHC:

- When writing content that includes our brand name, always write out UnitedHealthcare. The abbreviation UHC is not acceptable in headlines, subheads, copy for print, digital, video or presentations.

Copyright line:

The correct copyright line approach is as follows:

© 2021 United HealthCare Services, Inc. All Rights Reserved.

- Space between the copyright symbol and the year
- Space between United and HealthCare in the copyright line



Capitalization

This is sentence case

Used for:

- Headlines
- Subheads
- Headers
- Calls to action
- Table headings
- Chart headings

This Is Title Case

Used for:

- Digital buttons
- Digital wayfinding
- Title covers for presentations

Examples:

- Initial cap all words except articles, prepositions or conjunctions that are fewer than four letters. For example, don't capitalize: a, an, and, at, but, by, far, in, not, of, on, or, per, so, the, to, up or yet
- Do capitalize the first word, the last word, verbs, nouns, pronouns, adjectives, adverbs and conjunctions and prepositions that are four or more letters
- Do capitalize verbs — even when under four letters — such as are, be, is and was
- Initial cap both words in hyphenated terms in headlines and subject lines, e.g., How to Select an In-Network Specialist



Foundations in copy

Writing resources

- The Just Plain Clear® program includes a suite of tools and resources to help UnitedHealth Group employees create communications that are simple, understandable and easy-to-use. [Click here](#)
- The Doc Scrub health literacy tool can help you determine if you've reached your intended reading level goal.
- uhcdocscrub.com
 - Username: scrubs
 - Password: literacy

AP style

- UnitedHealthcare generally follows The Associated Press (AP) Stylebook. Please note that some lines of business (LOB) stray from the Stylebook every now and then — in which case, their preference should be followed (for example, AP uses OB-GYN, though E&I uses OB/GYN).



Other style considerations

- Use the following sparingly:
 - Exclamation points (!)
 - Semicolons (;) — Use only when required in legal language or to separate items in a complex list
 - Parentheses () — Incorporate the information into the sentence instead
 - Slashes (/) — Avoid using in place of and or or, e.g., doctors/nurses



Names

Program names

- Always use the exact name of a product or program, taking care to avoid adding words, e.g., Member Rewards, not Member Rewards Program

Drug names

- Capitalize brand-name drugs and use appropriate registration marks or trademarks on first mention
- Lowercase generic drug names and drug descriptors such as dosage or method of administration

Copyrights, registration marks, trademarks and service marks

- Legal and the brand owner determine use of registration marks, trademarks and service marks
- In any materials, the ©, ®, TM and SM must be used on the first mention of the trademarked term in titles or body copy
- Superscript all of these marks
- Place marks appropriately within the entity name, e.g., AARP® MedicareComplete®
- For the first mention of UnitedHealthcare, the ® should be omitted if the masterbrand logo is present

Plan names

- Always use UnitedHealthcare and never abbreviate to UHC
- Lowercase “plan” unless it’s part of the official plan name
- Use “plan,” not “product”
- Always use the full plan name like UnitedHealthcare Community Plan, not Community plan
- Don’t use C&S or M&R externally



Text styles and formatting

Letters or faxes

- Use UHC Sans 11pt font
- Font color can be UnitedHealthcare Blue for headers and subheads, but body copy should be black
- Shades of white or gray may be used for design elements
- Logos should be in black and white
- Don't use hyperlinks or underline web addresses

Electronic documents

- Use UHC Sans 11pt font
- Font color can be UnitedHealthcare Dark Blue for headers and subheads, but body copy should be black
- Shades of white or gray or UnitedHealthcare Dark Blue may be used for design elements
- Logos should be in color
- Use hyperlinks and underline them within the document



Acronyms

- Always spell out acronyms on first reference in body copy, e.g., Centers for Disease Control and Prevention (CDC)
- Avoid using program name acronyms in the marketplace, e.g., HPP or POCA
- If the acronym isn't listed on the following pages, think carefully before using it in a communication. In general, we don't want to introduce new acronyms that aren't part of a care provider's standard language. Only use an acronym if it's a standard industry term
- If an acronym isn't repeated within a document, don't introduce it unless the acronym is a completely accepted industry term that a care provider would be confused without, e.g., HEDIS®
- Don't spell out an acronym in a title unless it's needed to promote understanding. For example, HEDIS® is a standard industry term, so the title "2018 HEDIS® Measures" is appropriate as long as you spell out HEDIS® on first mention in the body copy. But "IMBP Standardization" should be spelled out in the title since IMBP is not standard industry terminology
- After spelling out the full term on first usage, use only the acronym



Acronyms (cont.)

Term	Acronym
Centers for Disease Control and Prevention	CDC
Centers for Medicare & Medicaid Services	CMS
children's health insurance plan	CHIP
Consumer Assessment of Healthcare Providers & Systems	CAHPS
Current Procedural Terminology	CPT®
dual special needs plan	DSNP
electronic payments & statements	EPS
frequently asked questions	FAQs
Healthcare Common Procedure Coding System	HCPCS
Healthcare Effectiveness Data and Information Set	HEDIS®
Health Insurance Portability and Accountability Act	HIPAA
health maintenance organization	HMO
home and community-based	HCBS
immunochemical fecal occult blood test	iFOBT



Acronyms (cont.)

Term	Acronym
National Provider Identifier number	NPI number
obstetrics and gynecology	OB-GYN
preferred provider organization	PPO
primary care provider	PCP
tax ID number	TIN



Signatory

Non-system-generated

- All non-system-generated letters must have a person as the signatory. Usually this is a UnitedHealthcare staff member. A signatory isn't needed for emails or faxes.

- Signatory format:

[First Name] [Last Name], [Credentials]
[Title]

System-generated

- System-generated communications may use a department name as the signatory instead of a person. It must be a department name and not just "UnitedHealthcare" or "Optum."
- Don't repeat the line of business in the signatory title — it's already in the logo and should be evident from the rest of the document.





Word choice

Words to use and avoid

Use	Avoid	
advance notification	advanced notification	
affect	impact	
aims to	designed to, designed for	
and	&	Don't use & unless it's part of the official name, e.g., Centers for Medicare & Medicaid Services
antipsychotic	anti-psychotic	No hyphen
by	via	
health care professional	provider, care provider	
checkup	check-up	Don't use hyphen
CMS-1500 form	CMS 1500	Use hyphen and include form
CMS star ratings	STAR Ratings, Medicare Star Ratings	
commercial	Commercial	Lowercase
comorbid	co-morbid	One word, no hyphen
composed of	comprised of	Don't use comprised of . Reword or consider using composed of instead.
coinsurance, copay, copayment	co-insurance, co-pay, co-payment	One word, no hyphen



Words to use and avoid (cont.)

Use	Avoid	
confidential	strictly confidential	Use sparingly — only if needed
drop, leave, end or stop	un-enroll	It's acceptable to use dis-enroll , but finding a way to reword is best. In general, use plain language terms like drop, leave, end or stop .
dropdown	drop-down	One word, no hyphen
e.g.,	e.g.	Always include comma after
email	e-mail	One word, no hyphen
findings, results	learnings	Don't use jargon like learnings
flier	flyer	
following	below	Use Please review the following guidelines , not Please review the guidelines below
frequently asked questions	FAQ	Spell out first reference, include the s
health care	healthcare	Two words
help ensure	ensure	Be sure to use a qualifier when using definitive terms like ensure
i.e.,	i.e.	Always include comma after



Words to use and avoid (cont.)

Use	Avoid	
in network, out of network	non network	Treat in network and out of network as any other compound modifier — hyphenate only when they precede the noun <ul style="list-style-type: none"> • Go to UHCprovider.com to check if the specialist is in network (no hyphen since it's after the noun) • To find an in-network specialist, go to UHCprovider.com (use hyphen since it's before the noun)
member ID card, health plan ID card	ID card	Don't capitalize member, health plan or card
nonprofit	non-profit	One word, no hyphen
participating health care professionals or health care professionals who participate with us	our care providers	
Participation Agreement	Participation agreement	Capitalize
work together with	partner with, partnership	Don't say partner with or partnership — there are legal implications with this
payer	payor	
Payer ID	payer ID, payor ID	Capitalize
%	percent	Use the % symbol in body copy, charts and graphs. Use the word percent or percentage in body copy without a number, as a general term



Words to use and avoid (cont.)

Use	Avoid	
person with a disability, members diagnosed with diabetes	disabled, handicapped, diabetic	Use the “person first” language guidelines to refer to members with disabilities, never referring to them as disabled or handicapped . Separate the person from the condition: Make sure you’re using language like members who have diabetes or members diagnosed with diabetes instead of diabetic members or members with diabetes .
phone	telephone	
P.O. Box	PO box	Use periods in P.O.
pop-up box	popup box	Use hyphen
pre-diabetes	prediabetes	Use hyphen
preventive	preventative	
prior authorization requests	prior authorizations	Unless you're referring to the authorizations themselves
Provider Services	voice portal, customer service, IVR	
sign in	log in, log on, sign on	When referring to UnitedHealthcare websites such as Link, UnitedHealthcareOnline.com and UHCprovider.com, always use sign in
tax ID number	Tax ID	Lowercase tax , and always include number after
their	his or her	Use their for a gender neutral singular possessive, e.g., When writing to a care provider, think about their needs instead of think about his or her needs
toward	towards	



Words to use and avoid (cont.)

Use	Avoid	
UB-04 form	Ub 04	Use hyphen, and include form
UnitedHealthcare	UHC	Never abbreviate to UHC unless it's part of the program name, e.g., UHC On Air
website	website, portal	Avoid portal unless you're referring to an external website that is specifically called a portal
who	that	If you're talking about a person or a group of people, always use who , e.g., care providers who treat our members instead of care providers that treat our members
your patients who are UnitedHealthcare members	UnitedHealthcare patients	
ZIP code	Zip code	





Appendix



Provider term research

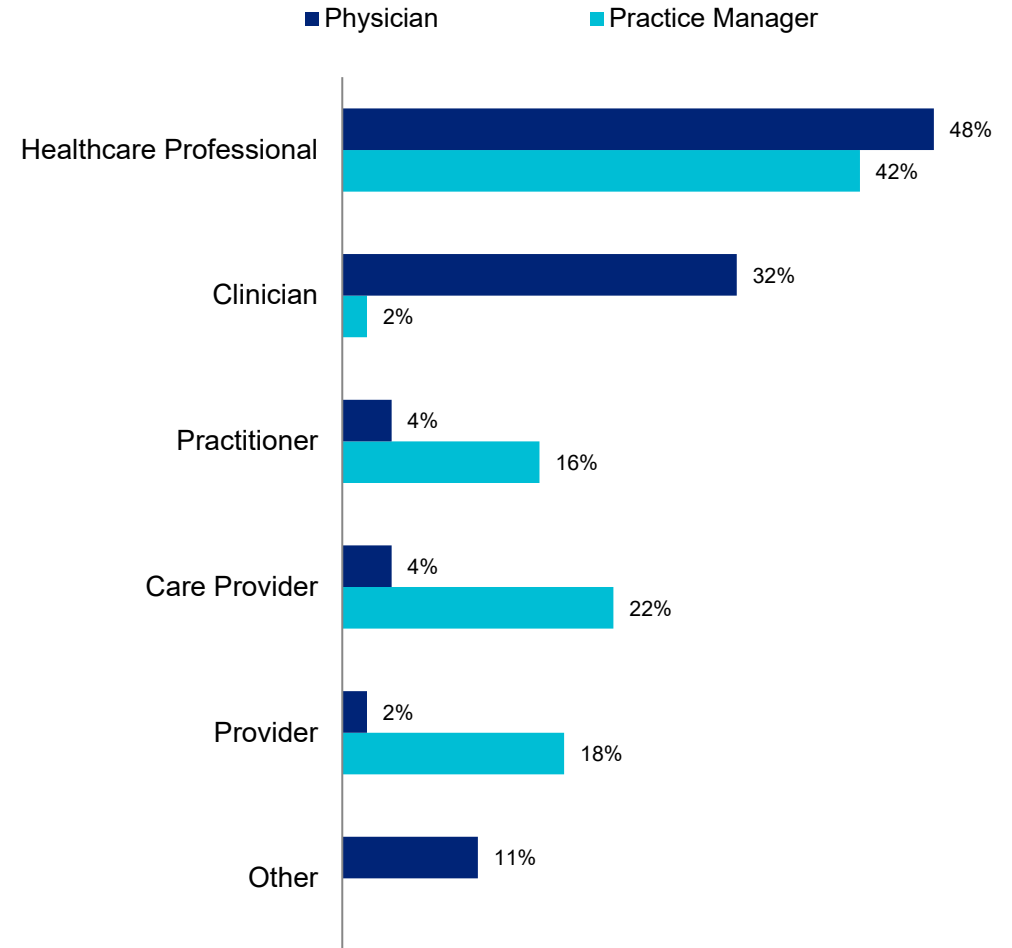
The term “provider” is disliked

The American Academy of Family Physicians published a position paper stating its objection to the term:

The term “provider” levels distinctions and implies a uniformity of expertise and knowledge among health care professionals. The term diminishes those distinctions worthy of differentiation such as education, scope and range of ability. The term “provider” is one of bureaucratic origin and has no significance or relevance beyond that created by regulators and insurers.

Alternatives to “provider”

You will see a few suggestion for replacing the term “provider” that encompass the roles in practices and hospitals involved in care delivery. Of the following alternatives “provider,” **which is your preference?**

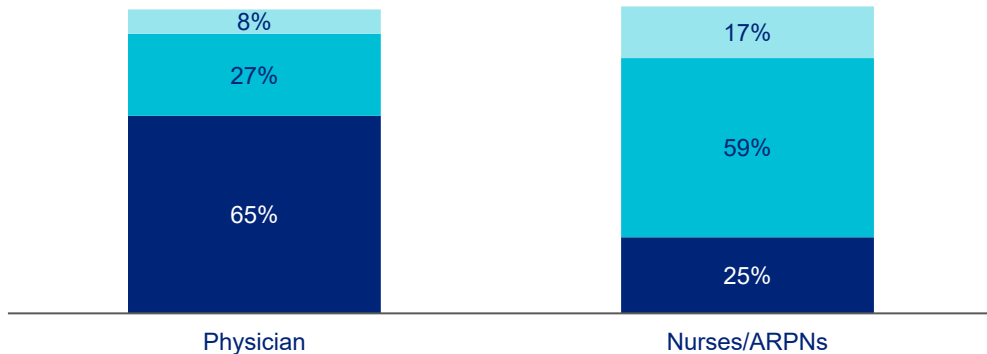


Physicians are most offended

Physicians feel this title does not accurately depict their contributions and significant education, and that it devalues the unique and personal nature of health care.

When referring to physicians, nurses and other clinicians, do you find the term “provider”...

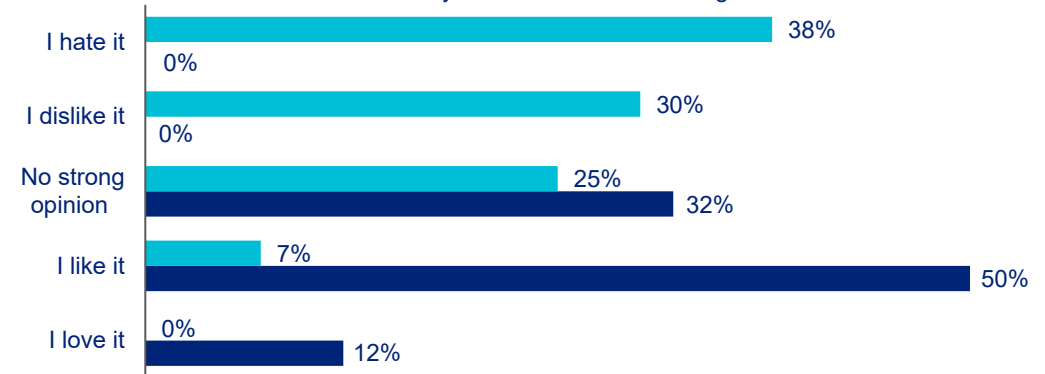
■ Undesirable ■ Neither Desirable Nor Undesirable ■ Desirable



Source: Medscape

In your opinion, how much do you like or dislike the term “provider” as a way to reference medical professionals?

■ Physician ■ Practice Manager



“The terms “provider” and “consumer,” applied to medicine, represent the drive to commodify medicine, to turn it into a business like any other, i.e., the patient is like the “consumer” who purchases online access from an internet service “provider.” Medicine must resist this trend and remain true to its timeless goal: the care of the patient, not the pursuit of business success/profit. The doctor-patient relationship is special and intimate, based on trust and advocacy, utterly unlike the provider-consumer relationship between, say, a car dealer and car shopper.”



Takeaways and recommendations

1. **While “provider” is a very loaded term in the health care industry, changing it is only a small part of the battle.** Evolving the tone of communications and improving health care professionals’ experience with UnitedHealthcare is equally vital.
2. **When possible, we must still be specific and address individuals by proper titles that denote education, certifications, expertise, etc.** Avoid terms such as “mid-level practitioner” or “non-physician practitioner” for advanced practice clinicians — they want names that clearly state their roles in the health care system.
 - Physician or doctor (MD or DO)
 - Advanced practice clinician (physician assistant and advanced practice registered nurses)
3. **For broad communications, using “practice” or “team” is acceptable.** These terms imply that there are multiple roles with varying levels of expertise and skill.
4. **Ultimately, “health care professional” or “clinician” is preferable to “provider.”**





Thank you.

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