BlueCross BlueShield of North Carolina

Quick Reference Guide for Language Simplification

Guiding principles of plain language:

+ Use language your audience can easily grasp.
+ Write in a conversational style, as if you were speaking.
+ Organize content with your readers' needs in mind. What does the member need to know?
+ Use reader-friendly formatting so that your information *looks* easy to read.

These specific strategies can help you stick to these principles:

+ **Check the reading level.**
Aim to write at the 6th to 8th grade reading level. Choose a readability formula, but know that they all have limitations. Getting a "good score" is not a guarantee that your content is easy to read. You can use MS Word (under spell/ grammar check) or the Health Literacy Advisor tool.

+ **Choose common, everyday words.**
Replace multi-syllable (or short but complex) words with simpler vocabulary. Aim to avoid using insurance or medical jargon. If you must use a complicated term, define it in plain language and give an example, an analogy, or a visual aid.

+ **Use active voice.**
The subject of your sentence should act, instead of being acted upon. "We will ask you questions about your health" is active, while "You will be asked questions about your health" is passive.

+ **Write in the first-person.**
Use pronouns, such as "I," "we," and "you." This encourages the use of active voice and will be clearer and more engaging to the reader. Start letters with the member's name (*not* "Dear Valued Member").

+ **Keep sentences short and to the point.**
Break up sentences joined with conjunctions or semicolons. It's okay to start a sentence with "And" or "But."

Try to vary sentence length. Sentences should average 15 words or less. For web-based content, watch for character limits.

+ **Limit paragraphs to one main idea.**
Start with a clear and concise topic sentence. Remove or move details that do not relate to the main topic. A paragraph of 1 or 2 sentences is okay.

For digital content, stick to one idea per webpage.

+ Use clear and descriptive headings. Make the document easy to scan.
Meaningful headings that describe the content of different sections will give your readers "road signs" and help them navigate your document more easily.

Use large font, bold, or other emphasis to make headings stand out. Use a text box for the key message or call to action.

Include only the facts that members need to know. Don't be wordy.

Use large font and/or age-appropriate or culturally-sensitive language to meet the needs of special populations like the elderly, children, minorities, or people with chronic health conditions.

+ Organize and format your document so that key information is clear and easy to find.
Lead with the most important information, and order the information in a clear order that members can easily follow. Use the inverted pyramid – leading with the biggest idea or point and then each fact after that supports the main idea.

Use bold, larger font, bullets, or graphics to point out critical information. *Do not* use justified margins or put entire sentences in all caps or italics.

Put long lists of items into bulleted lists when practical. Use numerical lists when the items need to be understood or done in order. Use Question & Answer (FAQ) format.

For digital content, use bullets or lists as appropriate to make the content easiest to read and to skim. The FAQ format is best when questions come straight from members.

+ Use plenty of white space and margins. Use Arial 11-point font size or greater.
Break up dense copy by using plenty of white space between paragraphs and headings. Think about adding white space between paragraphs or by increasing the font size of headers or text. Documents should be 30% or more white space.

Avoid decreasing margins to force text to fit on one page. Top and bottom margins should be at least 1", and side margins should be at least 1.25." Use large font sizes.

+ Read your document aloud.
This is one of the best ways to find errors and test for flow and clarity when you proofread. It can also help you troubleshoot. When you get stuck, try just speaking your thoughts. Seek member input, including a diverse audience.

+ Ask others to read and edit the document.
Someone unfamiliar with the project is more likely to notice text that is hard to understand.

+ Use fresh eyes when you edit or proofread.
When possible, set the material aside for a day or two and proofread it again after taking a break. This step, along with reading your document out loud, is a good way to find errors that you may have overlooked before.

+ **Double-check names and contact information.**
  Call all phone numbers and check all links and email addresses. Make sure that all names are spelled correctly and that all titles are correct. Don't abbreviate titles or department names.

+ **Make numbers easy to grasp.**
  - Less is often more.
  - Keep tables clear. Minimize the number of tables used.
  - Make numbers relevant and meaningful.
  - Focus on one idea at a time.
  - Use numbers only when they are really needed.
  - Use pictures or physical representations of numbers.
  - Reduce inferences and calculations that members are required to make.

Writer's Checklist

☐ Does the title, headline or email subject line get the reader's attention and convey value/benefits?

☐ Is there one main message?

☐ Is there a clear call to action and does the call to action include all needed information?

☐ What is the reading level? _____ (Our goal is 6-8 or below using the Flesch-Kincaid test.) Have you simplified wording and concepts?

☐ Does the content include the best supporting details, with the most important information in the first paragraph?

☐ Is it easy to find information and complete tasks? (It's scannable — using subheads, short paragraphs and bullets to "chunk" information.)

☐ Does it seem as if you're talking with one person, e.g., "you" and "we" are used?

☐ Is the writing in active voice, free of passive sentences?

☐ Is the text concise, free of industry jargon, acronyms and extra words? If not, are acronyms spelled out and unfamiliar terms explained?

☐ Do the visuals — including tables, graphs and infographics — make facts easier to understand?   ☐ N/A

☐ Does the document tell the member just what s/he needs to know?

☐ Did a designated proofreader review the document?

☐ Is the document written in 11-point Arial equivalent or greater?

☐ Is 30% or more of the document white space?

Suggested Words to Use

INSTEAD OF	CONSIDER
acquired	get
activation	start
activation/effective date	start date
advise	tell
advocate	help, coach
adjudicate	process
ancillary provider	nurse, pharmacist, lab technician
attempt	try
attest	confirm
authorize	approve
authorization	approval
biometric screening	health screening
cost effective	affordable
difficult	hard
drug	medication, medicine
effective date	start date
EOB	explanation of benefits
facility	hospital, clinic, lab, skilled nursing facility
following	after
forfeit	lose
formulary	medication list
frequently	often
fund	account, money
group	employer, business
implement, implementation	start, put in place
indicate	show
initial	first
inquire	ask
member liability	how much you owe
network savings	discount, lower fee
out-of-pocket expenses	amount you pay
portal website	website
preauthorization	approval for hospital stay or medical procedure
premium	amount you pay
PCP (primary care physician)	your doctor
prohibited	not allowed
providers	doctors, hospitals, dentists
regarding	about

reimburse	pay
submitted charges	amount billed
subscriber	consumer, customer, member
sufficient	enough
suspended	not active, on hold
telephonic	call, by phone
terminate	end, cancel
utilize	use

Glossary of Common Health Insurance Terms

Whenever you use one of the following health insurance terms, consider whether defining it, in a footnote or in text, could help improve clarity of your communication. Use the definitions here; they've been reviewed by a cross-functional team from across the company and are aligned with the ACA mandated definitions.

Allowed amount
The discounted rate BCBSNC has negotiated with in-network doctors, hospitals or other health care providers for a covered service to help reduce costs.

Appeal
A request for BCBSNC to reconsider a previous coverage decision.

Certification
BCBSNC has reviewed and decided that a member's care meets accepted medical standards and has been approved for coverage.

Coinsurance
A member's share of the costs of covered services, after meeting the deductible. Coinsurance is usually stated as a percentage of the allowed amount.

Coinsurance maximum
The most coinsurance that will be paid for covered services in a policy period. Once a member has met this amount, BCBSNC will pay 100% of the remaining coinsurance.

Copayment
A fixed dollar amount a member pays for a covered service at the time it is received. Copayments can vary depending on the service.

Deductible
The amount a member owes for certain covered services during a benefit period before health insurance begins to pay.

Medically necessary
Medical care that is needed to prevent, diagnose, or treat an illness, injury, or disease. This care may include medical services, supplies, medicines and hospital admissions.

Network
The facilities, doctors and other health care professionals who have agreed to offer care to BCBSNC members at a lower cost.

Out-of-pocket limit
The most a member will pay for covered services during a policy period before BCBSNC begins to pay 100% of covered services. This limit never includes premium payments, services that are not covered, or any extra costs that come from seeing an out-of-network doctor.

Plan
A health benefit policy an employer, union, or other group sponsor provides to help pay for a member's health care.

Preferred Provider
A facility, doctor, or other health care professional who has a contract with BCBSNC to provide members with services at a lower cost. Sometimes called in-network provider or participating provider.

Primary Care Provider (PCP)
A doctor, nurse practitioner or physician assistant who treats common illnesses and injuries. This health care provider may coordinate any care a member needs.

Prior Review
A review of the medical necessity of health care services – including medical care, supplies, medicines, and hospital admissions – before services are provided. BCBSNC requires prior review for certain services, except in an emergency. (Prior review is sometimes called pre-authorization, prior authorization, prior approval or pre-certification.)

Provider
A doctor, health care professional or health care facility licensed, certified or accredited as required by state law.

Specialist
A health care professional who focuses on a specific area of medicine.

Urgent Care
Care for an illness, injury or condition serious enough to seek care right away, but not so severe as to require emergency room care.

You'll find a more complete BCBSNC glossary at https://apps.bcbsnc.com/glossary/start.do