<table>
<thead>
<tr>
<th>don't say that</th>
<th>say this</th>
</tr>
</thead>
<tbody>
<tr>
<td>accessible</td>
<td>available, on hand</td>
</tr>
<tr>
<td>accompany</td>
<td>go with, take with</td>
</tr>
<tr>
<td>accomplish</td>
<td>do, finish</td>
</tr>
<tr>
<td>activate, activation date</td>
<td>start, start date</td>
</tr>
<tr>
<td>adhere</td>
<td>follow, stick with</td>
</tr>
<tr>
<td>adjudicate</td>
<td>process</td>
</tr>
<tr>
<td>advise</td>
<td>tell, let you know</td>
</tr>
<tr>
<td>advocacy</td>
<td>help, coaching</td>
</tr>
<tr>
<td>appropriate</td>
<td>right</td>
</tr>
<tr>
<td>authorize</td>
<td>allow, approve, let</td>
</tr>
<tr>
<td>benefit</td>
<td>coverage, covered services</td>
</tr>
<tr>
<td>coordination of benefits</td>
<td>match up, manage benefits from more than one plan</td>
</tr>
<tr>
<td>complete</td>
<td>fill out, finish</td>
</tr>
<tr>
<td>consult</td>
<td>talk with, talk to, discuss</td>
</tr>
<tr>
<td>coverage period</td>
<td>plan year, or time frame that you are covered</td>
</tr>
<tr>
<td>contract year</td>
<td>plan year</td>
</tr>
<tr>
<td>demonstrate</td>
<td>prove, show</td>
</tr>
<tr>
<td>determine</td>
<td>find out</td>
</tr>
<tr>
<td>effective date</td>
<td>start date</td>
</tr>
<tr>
<td>effective</td>
<td>works well</td>
</tr>
<tr>
<td>excessive</td>
<td>too much</td>
</tr>
<tr>
<td>fatigue</td>
<td>feeling tired</td>
</tr>
<tr>
<td>forfeited</td>
<td>lost</td>
</tr>
<tr>
<td>formulary</td>
<td>drug list</td>
</tr>
<tr>
<td>frequently</td>
<td>often</td>
</tr>
<tr>
<td>hypertension</td>
<td>high blood pressure</td>
</tr>
<tr>
<td>implement</td>
<td>start, begin, carry out</td>
</tr>
<tr>
<td>mail order</td>
<td>home delivery</td>
</tr>
<tr>
<td>maintenance medications</td>
<td>long-term medicines</td>
</tr>
<tr>
<td>medications</td>
<td>medicines</td>
</tr>
<tr>
<td>member/patient liability</td>
<td>how much you owe, amount you need to pay</td>
</tr>
<tr>
<td>network savings</td>
<td>discount (explain how a network discount works)</td>
</tr>
<tr>
<td>out-of-pocket expenses</td>
<td>how much you pay for services your plan doesn't cover</td>
</tr>
<tr>
<td>outreach telephonically</td>
<td>call, reach by phone</td>
</tr>
<tr>
<td>participant</td>
<td>employee or dependent</td>
</tr>
<tr>
<td>patient, consumer</td>
<td>member</td>
</tr>
<tr>
<td>physician</td>
<td>doctor</td>
</tr>
<tr>
<td>portal</td>
<td>website</td>
</tr>
<tr>
<td>prior authorization</td>
<td>get okay before using</td>
</tr>
<tr>
<td>provider</td>
<td>health care professional (doctor, hospital, pharmacy, etc.)</td>
</tr>
<tr>
<td>reimburse</td>
<td>pay</td>
</tr>
<tr>
<td>subsequent to</td>
<td>after</td>
</tr>
<tr>
<td>suspended</td>
<td>not active, on hold, you won't be able to use</td>
</tr>
<tr>
<td>terminate, termination date</td>
<td>end, cancel; end date</td>
</tr>
<tr>
<td>utilize</td>
<td>use</td>
</tr>
<tr>
<td>validate</td>
<td>confirm</td>
</tr>
</tbody>
</table>
Communication is always to someone

Communication is always from someone

All communication is always spoken and written in plain language (5th grade level)

Communication is always in the member’s language (English, Spanish, etc.)

Communication is always in members’ preferred way (email, phone, paper, web)

Never use acronyms and jargon

Never ask members to do more than 3 steps