## Calendar Year (CY) 2022 Wellness and Healthcare Planning (WHP) Reporting Worksheet Template

Deadline for Reporting Date to CMS: March 31, 2023

Plan Reporting Period: January 1, 2022 – December 31, 2022

## ALL REPORTING SHOULD BE AT THE PARENT ORGANIZATION LEVEL

## WHP OUTREACH

Q1. Please enter your Parent Organization name, your name, and your e-mail address:
Parent Organization name
Name of point of contact completing this report
E-mail address of point of contact

**Q2.** Did you inform **all enrollees** in each of your VBID Plan Benefit Packages (PBPs) of their opportunity to take part in Wellness and Health care Planning (WHP) activities?

Note that throughout this document and consistent with the Addendum, "WHP services" mean advance care planning (ACP) services and other services identified in the Approved Proposal for the WHP Services VBID Component. Such services may be in addition to the activities and performance required by 42 CFR § 422.128. In this WHP reporting template, we will be requesting information on ACPs, such as completion of an advance directive, to understand how WHP influences ACP outcomes.

[Yes/No]

**Q3.** In your VBID PBPs, in what ways did you promote awareness of WHP services, including ACP, and access to these services using both general outreach, such as print materials, and more individualized one-on-one outreach? (Select all that apply.)

Q3.a General Outreach	Q3.b One-on-One Outreach
General enrollee outreach by a Medicare Advantage Organization (MAO) that is one-way print or digital communications that are not personalized or other types of outreach that are not specific to a single enrollee.	One-on-one outreach is individualized enrollee outreach by an MAO.
☐ WHP information is included in enrollment materials (e.g., Evidence of Coverage (EOC))	☐ An outreach conversation with an enrollee by case management staff (conducted either in person, by phone, or virtually) that promotes awareness of WHP opportunities and access
☐ WHP information is included in other post enrollment print materials (e.g., letters, emails, portal posting)	☐ An outreach conversation with an enrollee by customer service or other MAO staff (conducted either in person, by phone, or virtually) that promotes awareness of WHP opportunities and access
☐ WHP specific print communications (e.g., WHP including ACP brochures, flyers, reminders sent to all enrollees or to targeted enrollees)	☐ Outreach to an enrollee's provider to encourage the provider to conduct a WHP conversation with the enrollee

Q3.a General Outreach	Q3.b One-on-One Outreach
☐ Annual Wellness Visits (AWV) reminders and promotions that mention WHP (including print or digital communications)	☐ Other one-on-one individualized outreach by an MAO to an enrollee that promotes awareness of WHP opportunities and access (Please specify)
☐ Other online or digital WHP postings or communications	
☐ Outreach or training to network providers to encourage WHP discussions	
☐ Other (Please specify )	

## UNDERSTANDING YOUR WHP POPULATION

**Q4**. Think about **all enrollees in each of your VBID PBPs in CY 2022**. In Columns A through D, please report the following metrics at your parent organization level, taking into consideration your entire enrolled population. Note that Column E is optional for parent organizations wishing to report on prior years' ACP completions.

2022 in VBID PBPs	Number of enrollees in VBID PBPs who participated in a WHP discussion* with a provider, care manager, or other qualified individual in 2022	vBID PBPs that completed ACP in or prior to 2022 (i.e., the number of enrollees for whom there is a preexisting signed document indicating their wishes)?	If in 2022 you tracked the number of enrollees in VBID PBPs who completed an ACP, what number completed or updated an ACP document in 2022?	enrollees in VBID PBPs, what number completed an ACP document prior to 2022?
Column A	Column B	Column C	Column D	Column E
Report the total number of enrollees.	Report the number of enrollees who had a WHP discussion.*  This number should be less than the total number of enrollees.	Select "yes" or "no".	This number should be less than the total number of enrollees.  NOTE: If you do not track ACP completions, enter "0".	This number should be <b>less</b> than the total number of enrollees, but could be greater than the total in column B.  NOTE: If you did not track ACP completions prior to 2022
#	#	Yes/No	#	#

<sup>\*</sup> A WHP discussion is a face-to-face, telephonic, or virtual conversation between a qualified health care professional and an enrollee that discusses the enrollee's health care wishes if he or she becomes unable to make decisions about their care. The discussion may talk about an ACP including advance directives, with or without completing legal forms.

<b>Q4.a</b> . The regulation at 42 CFR § 422.128 requires MAOs to document in an enrollee's medical record whether the individual has a current advance care directive in place. In addition to such notations, you indicated that you track the number of completed ACPs for your full enrollment in
VBID PBPs. How did you track the number of completed ACPs? (Select all that apply)
☐ Claims ☐ Care Management System ☐ Electronic Health Record (EHR) ☐ Registry ☐ Digital application (e.g., a digital advance directive platform or other online platform) ☐ Other (Please specify)
<b>Q4.a.1.</b> Do you track WHP discussions for enrollees in VBID PBPs? If so, how did you track the WHP discussions for all enrollees in VBID PBPs? (Select all that apply). If not, please indicate that you don't track WHP discussions in the check box below.
☐ Claims ☐ Care Management System ☐ Electronic Health Record (EHR) ☐ Registry
☐ Digital application (e.g., a digital advance directive platform or other online platform) ☐ Other (Please specify) ☐ We don't track WHP discussions.
Q4.a.2. We are interested in better understanding your assessment of the accuracy and completeness of the ACP completion tracking method(s) you use for enrollees in VBID PBPs. Please briefly indicate any limitations or concerns you have with the tracking method(s) and/or how you verify ACP completion information.
<b>Q4.a.3.</b> How do you know which enrollees in VBID PBPs have a completed ACP? Do you maintain a copy of the ACP document(s) or is there another way you determine a completed ACP is being
maintained for or by the enrollee?
maintained for or by the enrollee?

[If Column C = "yes" indicating completion of an ACP was tracked for full enrollment, continue to

**Q4.b.1**. Do you plan to track the number of ACP completions in the future, and if so, what are you doing to enable future tracking of the number of ACP completions?

Q5. In addition to informing all enrollees in all VBID PBPs about their opportunity to engage in WHP (including ACP activities), did you specifically target and outreach to one or more defined subpopulations of these enrollees for WHP, including ACP, such as enrollees with specific health conditions as defined by a specific diagnosis, enrollees taking part in a specific care management program, or enrollees receiving specific types of services? [Yes/No]

[If Q5=Yes, continue to Q5.a. Otherwise, skip to Q5.d.]

**Q5.a**. In 1-2 sentences, please briefly describe the subpopulation(s) targeted for WHP including ACP (e.g., enrollees with a documented advanced illness diagnosis, specifically XX conditions).

**Q5.b.** In Columns A-D, please report the following metrics at your parent organization level for all enrollees for CY 2022 in each of your participating PBPs in the defined **subpopulation(s)** described above in Q5.a. Please report all subpopulations combined in a single row (do not fill out a separate row for each subpopulation). Note that Column E is optional for parent organizations wishing to report on prior years' ACP completions.

Total number of enrollees in subpopulation(s) in 2022 in VBID PBPs	in VBID PBPs who participated in a WHP discussion*	(i.e., the number of enrollees for whom there is a preexisting signed	ACP in your subpopulation(s) in VRID PRPs	Optional: If you tracked the number of enrollees in your subpopulation(s) in VBID PBPs, who have a completed ACP, and you also specifically tracked ACPs completed prior to the start of 2022, what number completed an ACP document prior to 2022?
Column A	Column B	Column C	Column D	Column E

enronees in subpopulation(s) in 2022 in VBID PBPs	in VBID PBPs who participated in a WHP discussion*	Did you track the number of enrollees in your subpopulation(s) in VBID PBPs who completed an ACP in or prior to 2022 (i.e., the number of enrollees for whom there is a preexisting signed document indicating their wishes)?	completed an ACP in your subpopulation(s) in VBID PBPs, what number completed or updated an ACP document in 2022?	Optional: If you tracked the number of enrollees in your subpopulation(s) in VBID PBPs, who have a completed ACP, and you also specifically tracked ACPs completed prior to the start of 2022, what number completed an ACP document prior to 2022?
aejinea subpopulation(s) described in Q4.a. Report a total for all	Report the number of enrollees from the subpopulation(s) defined in Q4.a. who participated in a WHP discussion.*  Report a total for all subpopulations if you target more than one.  This number should be less than the total number of enrollees.	Select "yes" or . "no".	enrollees that were part of the specified subpopulation(s) that completed an ACP in 2022.  Report a total for all subpopulations if you target more than one.  This number should be less than the total number of enrollees.  NOTE: If you do	{If yes,} Report the specific number of enrollees that were part of the specified subpopulation(s) that completed an ACP prior to the start of 2022.  Report a total for all subpopulations if you target more than one.  This number should be less than the total number of enrollees, but could be greater than the total in column B.  NOTE: If you did not track ACP completions prior to 2022 or do not have a way to separately quantify this information, or don't wish to report it, leave blank.
#	#	Yes/No	#	#

<sup>\*</sup>A WHP discussion is a face-to-face, telephonic, or virtual conversation between a qualified health care professional and an enrollee that discusses the enrollee's health care wishes if he or she becomes unable to make decisions about their care. The discussion may talk about an ACP including advance directives, with or without completing legal forms.

[If Column C = "yes" at Q5.b. indicating completion of an ACP was tracked for the subpopulation(s) defined, continue to Q5.c. Otherwise, skip to Q5.d.]

Q5.c. The regulation at 42 CFR § 422.128 requires MAOs to document in an enrollee's medical record whether the individual has a current advance care directive in place. In addition to such notations, you indicated that you track the number of completed ACPs for the subpopulation(s) in VBID PBPs you described in Q3.a. How did you track the number of completed ACPs for the subpopulation(s)? (Select all that apply)

ПС1-:	ПС М	□ E1 t · · · · · · · · · · · · · · · · ·
□Claims	Lare Management System	☐ Electronic Health Record (EHR) ☐ Registry

☐ Digital application (e.g., a digital advance directive platform or other online platform) ☐ Other (Please specify)
Q5.c.1. If you track WHP discussions, how did you track the number of WHP discussions for the subpopulation(s) in VBID PBPs? (Select all that apply). If not, please indicate that you don't track WHP discussions in the check box below.
□Claims □Care Management System □ Electronic Health Record (EHR) □Registry □ Digital application (e.g., a digital advance directive platform or other online platform) □ Other (Please specify) □ We don't track WHP discussions.
[Skip to Q6.]
<b>Q5.d.</b> Do you plan to track in the future the number of ACP completions for any subpopulation(s), and if so, what are you doing to enable future tracking of the number of ACP completions for these subpopulation(s)?
UNDERSTANDING YOUR WHP IMPLEMENTATION EXPERIENCE
<b>Q6.</b> We would like to understand any enhancements you may have made to your WHP implementation approach to support your goals since your Approved Proposal.
Please add any details or new information about your WHP implementation activities that may not have been available at the time of your approved proposal. This will help us better understand exactly how you implemented the WHP component, including ACP, in 2022.
Q6.a. Which of your CY 2022 WHP activities do you see as the most impactful in terms of leading to the largest number of enrollees engaging in a WHP discussion, including completing ACPs? Please include how you measure, or otherwise assess, "impact"?

**Q6.b.** We are interested in learning more about innovative approaches you may be using, particularly any use of technology such as online tools or applications, to engage enrollees in WHP activities,

including WHP outreach, and specifically to encourage ACP completion. If any of your WHP activities fit this description, tell us how your technology, digital tools or other approaches have helped to engage enrollees in WHP activities, and how your approach may have specifically impacted enrollee ACP completion or access to completed ACPs. Please also describe any activities or approaches you may have undertaken to support equitable access and use of any technology or digital tools supporting WHP discussions and ACP completion.
Q7. Please describe how your experience engaging enrollees in ACP through WHP activities has changed since your involvement in VBID. Has participating in the VBID Model changed your approach to ACP? We are also interested to understand the engagement of enrollees with your technology, tools and innovative approaches. Please tell us if and how you measure their use among your enrollees and provide any utilization data you may have.
Q8. CMS is interested in your experience and insights engaging enrollees in sensitive ACP conversations, including supporting ACP through WHP activities that are culturally sensitive and informed by data and other information that supports improved equity across underserved populations. Please tell us about your experiences to date including your planned activities.
Q9. What additional support could CMS provide to help you best execute your WHP initiatives so that more enrollees complete ACPs?
changed since your involvement in VBID. Has participating in the VBID Model changed your approach to ACP? We are also interested to understand the engagement of enrollees with your technology, tools and innovative approaches. Please tell us if and how you measure their use among your enrollees and provide any utilization data you may have.  Q8. CMS is interested in your experience and insights engaging enrollees in sensitive ACP conversations, including supporting ACP through WHP activities that are culturally sensitive and informed by data and other information that supports improved equity across underserved populations. Please tell us about your experiences to date including your planned activities.  Q9. What additional support could CMS provide to help you best execute your WHP initiatives so

Thank you for taking the time to complete this worksheet, and for the important work you do in implementing your WHP program. Your insights and feedback are an important part in helping us understand the impacts of the Model. Your WHP programs support this Model and work to ensure that beneficiaries receive the care they need and want.