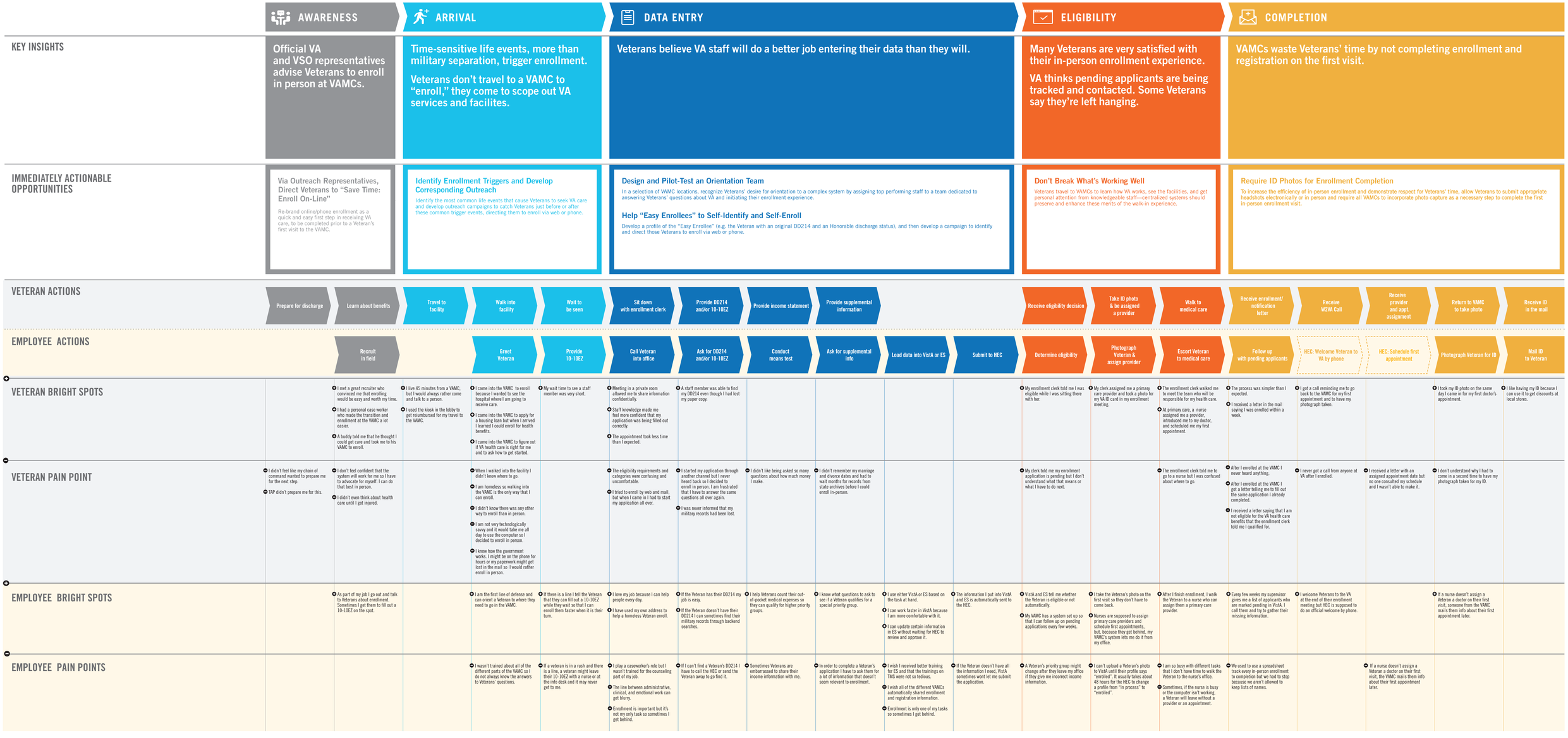
AWARENESS
ARRIVAL
DATA ENTRY
ELIGIBILITY
COMPLETION
KEY INSIGHTS
Official VA and VSO representatives advise Veterans to enroll in person at VAMCs.
Time-sensitive life events, more than military separation, trigger enrollment.
Veterans don't travel to a VAMC to "enroll," they come to scope out VA services and facilites.
Veterans believe VA staff will do a better job entering their data than they will.
Many Veterans are very satisfied with their in-person enrollment experience.
VA thinks pending applicants are being tracked and contacted. Some Veterans say they're left hanging.
VAMCs waste Veterans' time by not completing enrollment and registration on the first visit.
IMMEDIATELY ACTIONABLE OPPORTUNITIES
Via Outreach Representatives, Direct Veterans to "Save Time: Enroll On-Line"
Re-brand online/phone enrollment as a quick and easy first step in receiving VA care, to be completed prior to a Veteran's first visit to the VAMC.
Identify Enrollment Triggers and Develop Corresponding Outreach
Identify the most common life events that cause Veterans to seek VA care and develop outreach campaigns to catch Veterans just before or after these common trigger events, directing them to enroll via web or phone.
Design and Pilot-Test an Orientation Team
In a selection of VAMC locations, recognize Veterans' desire for orientation to a complex system by assigning top performing staff to a team dedicated to answering Veterans' questions about VA and initiating their enrollment experience.
Help "Easy Enrollees" to Self-Identify and Self-Enroll
Develop a profile of the "Easy Enrollee" (e.g. the Veteran with an original DD214 and an Honorable discharge status); and then develop a campaign to identify and direct those Veterans to enroll via web or phone.
Don't Break What's Working Well
Veterans travel to VAMCs to learn how VA works, see the facilities, and get personal attention from knowledgeable staff—centralized systems should preserve and enhance these merits of the walk-in experience.
Require ID Photos for Enrollment Completion
To increase the efficiency of in-person enrollment and demonstrate respect for Veterans' time, allow Veterans to submit appropriate headshots electronically or in person and require all VAMCs to incorporate photo capture as a necessary step to complete the first in-person enrollment visit.
VETERAN ACTIONS
Prepare for discharge
Learn about benefits
Travel to facility
Walk into facility
Wait to be seen
Sit down with enrollment clerk
Provide DD214 and/or 10-10EZ
Provide income statement
Provide supplemental information
Receive eligibility decision
Take ID photo & be assigned a provider
Walk to medical care
Receive enrollment/ notification letter
Receive W2VA Call
Receive provider and appt. assignment
Return to VAMC to take photo
Receive ID in the mail
EMPLOYEE ACTIONS
Recruit in field
Greet Veteran
Provide 10-10EZ
Call Veteran into office
Ask for DD214 and/or 10-10EZ
Conduct means test
Ask for supplemental info
Load data into VistA or ES
Submit to HEC
Determine eligibility
Photograph Veteran & assign provider
Escort Veteran to medical care
Follow up with pending applicants
HEC: Welcome Veteran to VA by phone
HEC: Schedule first appointment
Photograph Veteran for ID
Mail ID to Veteran
VETERAN BRIGHT SPOTS
I meet a great recruiter who convinced me that enrolling would be easy and worth my time.
I had a personal case worker who made the transition and enrollment at the VAMC a lot easier.
A buddy told me that he thought I could get care and took me to his VAMC to enroll.
I live 45 minutes from a VAMC, but I would always rather come and talk to a person.
I used the kiosk in the lobby to get reimbursed for my travel to the VAMC.
I came into the VAMC to enroll because I wanted to see the hospital where I am going to receive care.
I came into the VAMC to apply for a housing loan but when I arrived I learned I could enroll for health benefits.
I came into the VAMC to figure out if VA health care is right for me and to ask how to get started.
My wait time to see a staff member was very short.
Meeting in a private room allowed me to share information confidentially.
Staff knowledge made me feel more confident that my application was being filled out correctly.
The appointment took less time than I expected.
A staff member was able to find my DD214 even though I had lost my paper copy.
My clerk told me my enrollment application is pending but I don't understand what that means or what I have to do next.
My clerk assigned me a primary care provider and took a photo for my VA ID card in my enrollment meeting.
The enrollment clerk walked me to meet the team who will be responsible for my health care.
At primary care, a nurse assigned me a provider, introduced me to my doctor, and scheduled me my first appointment.
The process was simpler than I expected.
I received a letter in the mail saying I was enrolled within a week.
I got a call reminding me to go back to the VAMC for my first appointment and to have my photograph taken.
I took my ID photo on the same day I came in for my first doctor's appointment.
I like having my ID because I can use it to get discounts at local stores.
VETERAN PAIN POINT
I didn't feel like my chain of command wanted to prepare me for the next step.
TAP didn't prepare me for this.
I don't feel confident that the system will work for me so I have to advocate for myself. I can do that best in person.
I didn't even think about health care until I got injured.
When I walked into the facility I didn't know where to go.
I am homeless so walking into the VAMC is the only way that I can enroll.
I didn't know there was any other way to enroll than in person.
I am not very technologically savvy and it would take me all day to use the computer so I decided to enroll in person.
I know how the government works. I might be on the phone for hours or my paperwork might get lost in the mail so I would rather enroll in person.
The eligibility requirements and categories were confusing and uncomfortable.
I tried to enroll by web and mail, but when I came in I had to start my application all over.
I started my application through another channel but I never heard back so I decided to enroll in person. I am frustrated that I have to answer the same questions all over again.
I was never informed that my military records had been lost.
I didn't like being asked so many questions about how much money I make.
I didn't remember my marriage and divorce dates and had to wait months for records from state archives before I could enroll in-person.
My clerk told me my enrollment application is pending but I don't understand what that means or what I have to do next.
The enrollment clerk told me to go to a nurse but I was confused about where to go.
After I enrolled at the VAMC I never heard anything.
After I enrolled at the VAMC I got a letter telling me to fill out the same application I already completed.
I received a letter saying that I am not eligible for the VA health care benefits that the enrollment clerk told me I qualified for.
I never got a call from anyone at VA after I enrolled.
I received a letter with an assigned appointment date but no one consulted my schedule and I wasn't able to make it.
I don't understand why I had to come in a second time to have my photograph taken for my ID.
EMPLOYEE BRIGHT SPOTS
As part of my job I go out and talk to Veterans about enrollment. Sometimes I get them to fill out a 10-10EZ on the spot.
I am the first line of defense and can orient a Veteran to where they need to go in the VAMC.
If there is a line I tell the Veteran that they can fill out a 10-10EZ while they wait so that I can enroll them faster when it is their turn.
I love my job because I can help people every day.
I have used my own address to help a homeless Veteran enroll.
If the Veteran has their DD214 my job is easy.
If the Veteran doesn't have their DD214 I can sometimes find their military records through backend searches.
I help Veterans count their out-of-pocket medical expenses so they can qualify for higher priority groups.
I know what questions to ask to see if a Veteran qualifies for a special priority group.
I use either VistA or ES based on the task at hand.
I can work faster in VistA because I am more comfortable with it.
I can update certain information in ES without waiting for HEC to review and approve it.
The information I put into VistA and ES is automatically sent to the HEC.
VistA and ES tell me whether the Veteran is eligible or not automatically.
My VAMC has a system set up so that I can follow up on pending applications every few weeks.
I take the Veteran's photo on the first visit so they don't have to come back.
Nurses are supposed to assign primary care providers and schedule first appointments, but, because they get behind, my VAMC's system lets me do it from my office.
After I finish enrollment, I walk the Veteran to a nurse who can assign them a primary care provider.
Every few weeks my supervisor gives me a list of applicants who are marked pending in VistA. I call them and try to gather their missing information.
I welcome Veterans to the VA at the end of their enrollment meeting but HEC is supposed to do an official welcome by phone.
If a nurse doesn't assign a Veteran a doctor on their first visit, someone from the VAMC mails them info about their first appointment later.
EMPLOYEE PAIN POINTS
I wasn't trained about all of the different parts of the VAMC so I do not always know the answers to Veterans' questions.
If a veteran is in a rush and there is a line, a veteran might leave their 10-10EZ with a nurse or at the info desk and it may never get to me.
I play a caseworker's role but I wasn't trained for the counseling part of my job.
The line between administrative, clinical, and emotional work can get blurry.
Enrollment is important but it's not my only task so sometimes I get behind.
If I can't find a Veteran's DD214 I have to call the HEC or send the Veteran away to go find it.
Sometimes Veterans are embarrassed to share their income information with me.
In order to complete a Veteran's application I have to ask them for a lot of information that doesn't seem relevant to enrollment.
I wish I received better training for ES and that the trainings on TMS were not so tedious.
I wish all of the different VAMCs automatically shared enrollment and registration information.
Enrollment is only one of my tasks so sometimes I get behind.
If the Veteran doesn't have all the information I need, VistA sometimes wont let me submit the application.
A Veteran's priority group might change after they leave my office if they give me incorrect income information.
I can't upload a Veteran's photo to VistA until their profile says "enrolled". It usually takes about 48 hours for the HEC to change a profile from "in process" to "enrolled".
I am so busy with different tasks that I don't have time to walk the Veteran to the nurse's office.
Sometimes, if the nurse is busy or the computer isn't working, a Veteran will leave without a provider or an appointment.
We used to use a spreadsheet track every in-person enrollment to completion but we had to stop because we aren't allowed to keep lists of names.
If a nurse doesn't assign a Veteran a doctor on their first visit, the VAMC mails them info about their first appointment later.