

US DEPARTMENT OF VETERANS AFFAIRS

# THE ENROLLMENT EXPERIENCE AT VA MEDICAL CENTERS

---

Insights from Research with Veterans, VA Front-Line Staff, and VHA Leaders



## PROJECT CREDITS

*The Enrollment Experience at VA Medical Centers* documents a research project undertaken by the U.S. Department of Veterans Affairs' Veterans Experience Office, Atlas Research, and the Public Policy Lab.



This work is licensed under a Creative Commons Attribution-NonCommercial NoDerivatives 4.0 International License. To view a copy of this license, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

All icons from [thenounproject.com](http://thenounproject.com).

# INSIDE THIS REPORT

1	Executive Summary
2	Product Landscape Evaluation
4	Research Activities & Participants
<b>7</b>	<b>INSIGHTS &amp; OPPORTUNITIES</b>
8	Overview
10	Key Insights
12	Immediately Actionable Opportunities
14	Future Opportunities
<b>17</b>	<b>THE WALK-IN ENROLLMENT EXPERIENCE</b>
18	Veteran Journey
19	Employee Journey
20	Journey Map
22	Awareness
24	Arrival
26	Data Entry
28	Eligibility
30	Completion



# EXECUTIVE SUMMARY

To receive VA health services, Veterans must first submit an enrollment application. The Veterans Health Administration (VHA) Health Eligibility Center (HEC) oversees Veterans' enrollment applications.

Health applications can be submitted through any of five enrollment channels: online, by phone, by mail, by fax, or in person at a VA Medical Center (VAMC). While online, phone, mail, and fax applications are monitored and managed by the HEC using centralized systems, the in-person enrollment experience is managed by individual VAMCs.

The VHA is currently exploring ways to include in-person enrollments in centralized systems to ensure consistent experiences across channels and reduce the risk of enrollment delay.

This report documents research exploring the in-person enrollment experience—for both Veterans and VHA staff. The research team focused on three research questions:

- 1) Why do Veterans prefer to enroll in person at VA Medical Centers?
- 2) How might moving to a centralized enrollment system impact Veterans and staff?
- 3) How might potential negative impacts be minimized?

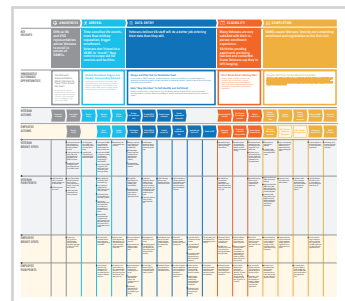
The two sections that follow 1) describe key insights, identify immediately actionable opportunities to improve the enrollment experience, and recommend longer-term system improvements, and 2) detail research findings about the enrollment experience.

## The Walk-In Enrollment Experience Journey Map

Journey maps are useful in creating a common understanding between individuals involved in an experience and those who seek to learn about it. A holistic view of users' paths allows for patterns and insights to emerge from what would otherwise be separate points of data.

Throughout this report, you'll see excerpts from the Walk-In Enrollment Experience Journey Map. The map represents the actions and experiences of Veterans and VAMC staff throughout the enrollment process. The map also documents opportunities for VA to improve the Veteran and staff experience while centralizing enrollment protocols.

The Walk-In Enrollment Journey Map is available as a digital file or a large-format printed poster.



# CHANNEL

# DATA ENTRY

## In Person

VAMC, CBOC, Vet Center

Veterans can apply for health benefits in person at a VA Medical Center, Clinic or Vet Center by filling out an application. A benefits enrollment coordinator inputs their information into VistA where it is transferred to the Enrollment System for processing and determination.



PENDING Missing Information ?

## Call

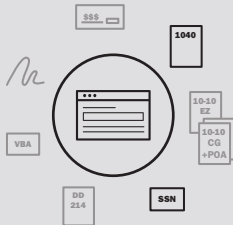
HEC Call Center

Health Eligibility Center staff members are available to help Veterans enroll by phone. VA staff collect the necessary information from the Veteran and submit the application directly into the Enrollment System for eligibility determination.



## Vets.gov

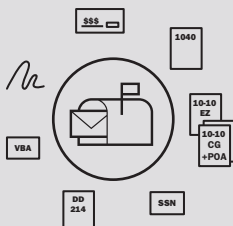
Veterans can fill out an application for health benefits online and submit it electronically for processing. The Veteran is not required to submit any additional documents and the information is transferred directly into the Enrollment System.



## Mail

HEC, VAMC

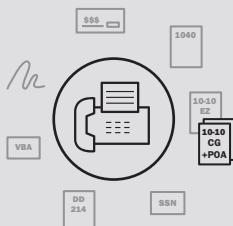
Veterans can pick up a paper application for health benefits (10-10EZ) from their local VA or download it from VA.gov or Vets.gov. After filling out the form, the Veteran mails it to the Health Eligibility Center for processing and determination.



## Fax

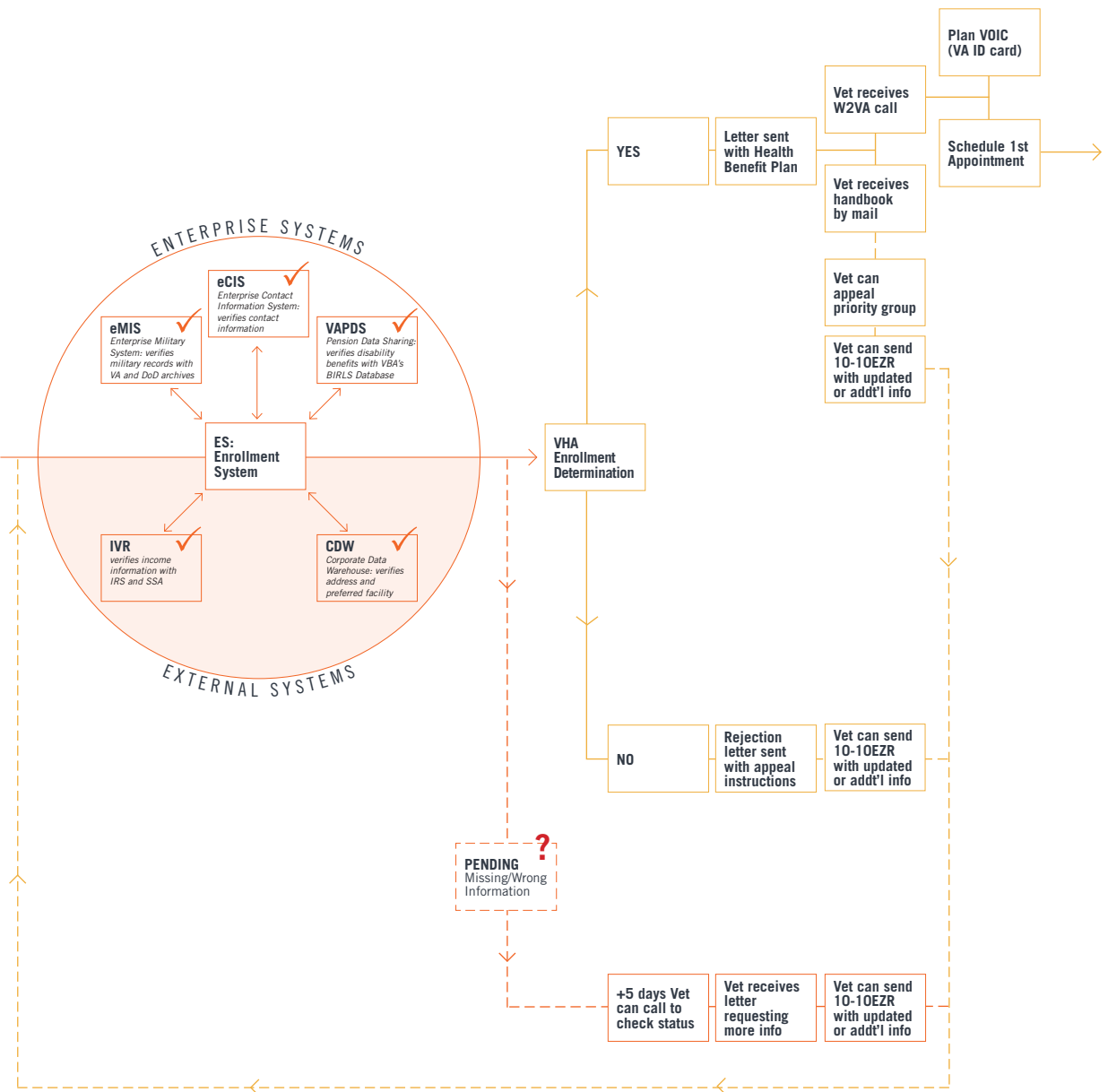
HEC

If a Veteran has delegated their medical decisions via a Power of Attorney, their agent or attorney-in-fact may fill out an application (10-10CG) on that Veteran's behalf. The application may be faxed in along with the Power of Attorney letter.



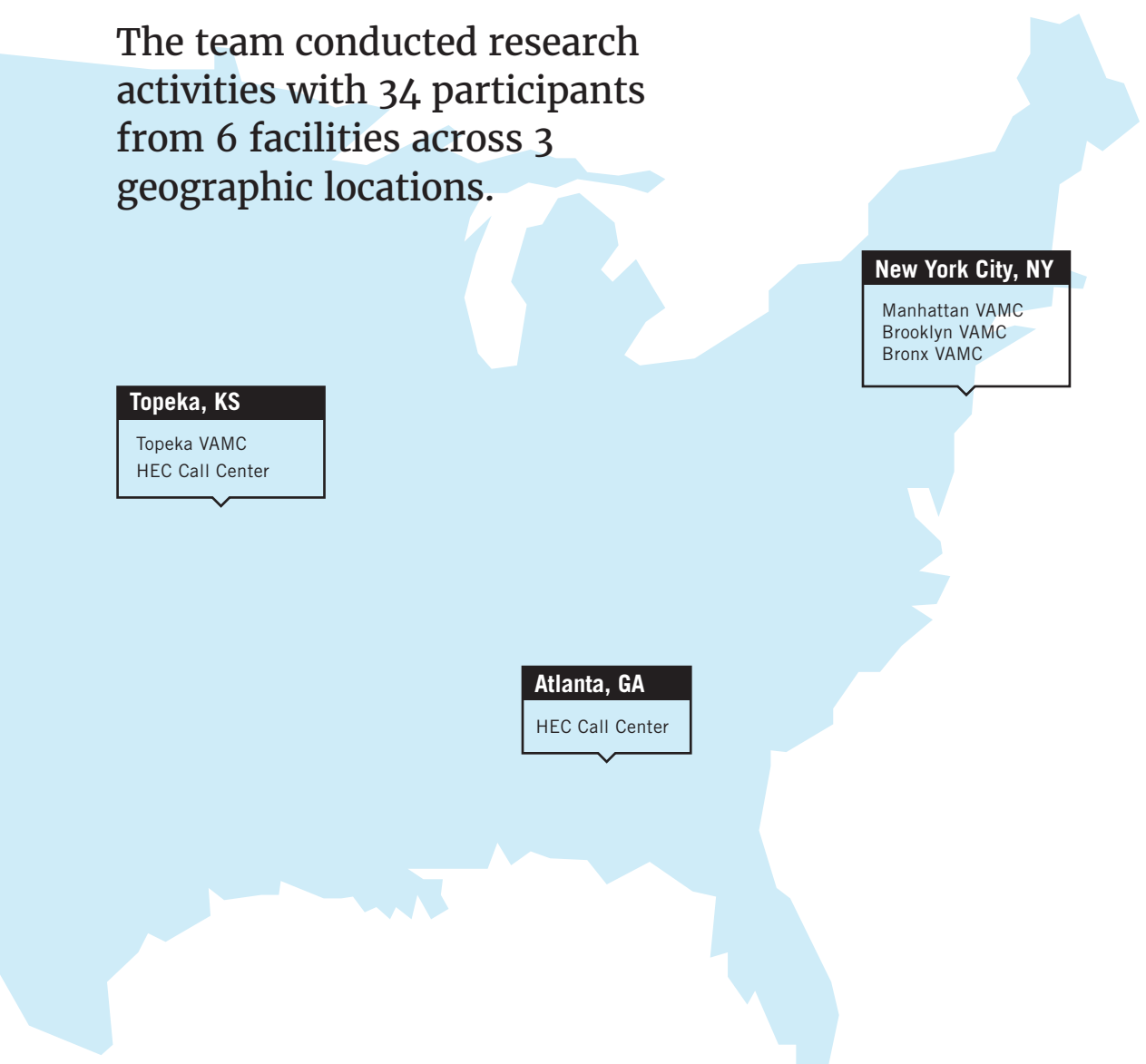
# ELIGIBILITY

# COMPLETION



# RESEARCH ACTIVITIES & PARTICIPANTS

The team conducted research activities with 34 participants from 6 facilities across 3 geographic locations.



## Topeka, KS

Topeka VAMC  
HEC Call Center

## Atlanta, GA

HEC Call Center

## New York City, NY

Manhattan VAMC  
Brooklyn VAMC  
Bronx VAMC

# Three key research questions:

Why do Veterans prefer to enroll in person at VA Medical Centers?

How might moving to a centralized enrollment system affect Veterans and staff?

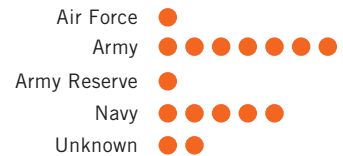
How might potential negative impacts be minimized?



### Veteran Service Era



### Veteran Service Branch



## 14 Front-Line Providers

**VAMC Enrollment Coordination Staff:**  
Semi-Structured Workplace Interviews

**HEC Staff:**  
Semi-Structured Workplace Interviews

**HEC (Front-Line):**  
Job Shadowing

## 4 Subject Matter Experts

**HEC Leaders:**  
Semi-Structured Phone Interviews

## 16 Veterans & Their Supporters

Semi-Structured Intercept Interviews at VAMCs

Semi-Structured In-Person or Phone Interviews



ENROL  
ST

JACK OF

In person emotions  
allow vets to  
ask questions  
about other things/  
services in one  
place

Exp.  
the use of  
the data of  
the future...

Exp.  
can also refer  
vets to outside  
services

Part 2  
of service  
to improve

7. It is already  
making an impact  
among young people  
with (dis)orders

Optimizing  
of the problem  
Vets's killing  
Vets's long term  
concerns of not  
applying for what  
they need

that already exist  
through personal  
but they will not  
all, and can run  
as official activity  
in practice

Experience that's  
helped in say,  
ER or who desk,  
it may occur side  
to HEZ

Vets who need  
immediate care  
may jump application  
from less-urgent  
vets

Using HEZ  
must be reached  
by a business or  
order to get  
approved

Process for  
getting into  
HEZ - makes  
care of my job

HEZ does usage  
& monitor queue  
of pending  
applications

HEZ does usage  
& monitor queue  
of pending  
applications

HEZ does usage  
& monitor queue  
of pending  
applications

HEZ does usage  
& monitor queue  
of pending  
applications

HEZ does usage  
& monitor queue  
of pending  
applications

7E NEGATIVE  
MODEL? VET


Project researchers record observations from field interviews.

# **INSIGHTS & OPPORTUNITIES**



INSIGHTS & OPPORTUNITIES

# OVERVIEW



“A couple months ago, probably three months ago, I [enrolled] online. And then—since I was there at the location with my buddy—he said ‘Why don’t you just go into the office and talk to somebody about what you did online.’ So that’s what I did.” – *Marine Veteran*

“If you’re physically sitting across from me and filling out the form, then I’m loading your information into the system, it’s a very low chance that your information will not be complete within 5 days.” – *VAMC Staff*

For each of the five phases of enrollment—awareness, arrival, data entry, eligibility, and completion—we’ve identified key insights about current experiences and also short-term opportunities for improvement. Three longer-term opportunities may provide more systemic improvements.

# KEY INSIGHTS

Research with Veterans and staff generated seven key insights about the experience of enrolling in person at a VAMC.

## AWARENESS

### **Official VA and VSO representatives advise Veterans to enroll in person at VAMCs.**

Many Veterans learn about VA health benefits through in-person contact with VA and VSO representatives. As part of their outreach, these official representatives encourage Veterans to walk into a VAMC for a quick and easy initiation to VA medical services. Other ways to enroll may be mentioned, but aren't typically emphasized by representatives.

## ARRIVAL

### **Time-sensitive life events, more than military separation, trigger enrollment.**

Veterans tend not to enroll for VA care immediately after military discharge. Rather, they may wait for years or decades until a life event—such as college enrollment, ACA requirements for tax filing, impending retirement, or an urgent medical condition—triggers them to enroll.

### **Veterans don't travel to a VAMC to "enroll." They come to scope out VA services and facilities.**

On their first visit to a VAMC, Veterans are often hoping to learn how VA works, see the facilities, and ask questions of staff. Veterans understand that they will engage in a sign-up process, but the distinctions between enrollment (entering a Veteran's personal and medical information into a VA database to start a benefit application), eligibility (the determination of which benefits a Veteran qualifies), and registration (when a Veteran's application is approved and they're registered to receive care) are not well-understood.

#### DATA ENTRY

### **Veterans believe VA staff will do a better job entering their data than they will.**

Veterans assume that they won't be able to locate and enter their own data in VA systems and that VA staff members are best equipped to navigate the enrollment process for them. Even tech-savvy Veterans report that they'd prefer to "let the experts handle it," especially since they anticipate needing help resolving complications that may arise during enrollment.

### **Many Veterans are very satisfied with their actual in-person enrollment experience.**

While VA is concerned about the quality and outcome of walk-in enrollments at VAMCs, many Veterans are quite satisfied. Traveling to a VAMC may appear to be time-consuming and inefficient, but Veterans appreciate the in-person experience of the facility and assistance from knowledgeable staff.

#### ELIGIBILITY

### **VA thinks pending applicants are being tracked and contacted. Some Veterans say they're left hanging.**

HEC tracks and regularly follows up on all pending applications, including those originating from walk-ins to VAMCs. However, we heard from Veterans that they had to file multiple enrollment applications before receiving a determination.

#### COMPLETION

### **VAMCs waste Veterans' time by not completing enrollment and registration on the first visit.**

Veterans report that multiple VAMC visits and follow-up by phone are required to complete simple steps such as taking an ID photo and arranging a first doctor's appointment. This wastes time for Veterans and staff and undermines the "all in one" efficiency of a visit to the VAMC.

## INSIGHTS & OPPORTUNITIES

# IMMEDIATELY ACTIONABLE OPPORTUNITIES

VA can move swiftly to improve the enrollment experience through seven short- and medium-term research and design activities.

### AWARENESS

#### **Convince VA and VSO representatives that enrolling online benefits Veterans.**

##### *Communications Design Project*

Online and phone enrollment can be a quick first step to receiving VA care, easily completed prior to a Veteran's first visit to a VAMC. To spread this knowledge, VA can design a communications campaign aimed at VA and VSO outreach staff, building confidence in the quality of service provided via online and phone enrollment.

then develop materials, services, and outreach campaigns (see p. 14) targeting Veterans just before or after these common trigger events, directing them to enroll online or by phone.

#### **Test an orientation team to on-board new enrollees.**

##### *Research and Experience Design Project*

VA can respond to Veterans' desire for orientation to an unfamiliar medical system by designing an 'Orientation Team', where dedicated staffers greet new enrollees, answer their questions about VA services and facilities, and initiate their enrollment experience—including eventually guiding amenable Veterans to self-enter their data (see p. 15). This model can be prototyped in select VAMC locations where top performers in customer service and case management can be recruited to test and evaluate the approach.

### ARRIVAL

#### **Understand when to proactively reach out to Veterans about enrollment.**

##### *Research Project*

Using quantitative and qualitative research, VA can identify the life events that commonly cause Veterans to first seek VA care. VA could

## DATA ENTRY

### **Identify the most common enrollee case types.**

#### *Research Project*

A significant number of enrollees—e.g. those with an original DD214 and an honorable discharge—have an easy time enrolling in person. Others, however, have more complex enrollment situations, such as missing paperwork or a contested discharge status, which complicate their initial data entry and subsequent determination of eligibility. VA can identify the most common clusters of enrollment characteristics and create enrollment personas—‘Easy Enrollee’, ‘No Documents’, etc.—to drive user-centered design and delivery of tailored enrollment pathways per persona.

### **Avoid breaking what’s working well.**

#### *Research Project*

Veterans travel to VAMCs to learn how VA works, see the facilities, and get personal attention from knowledgeable staff. VA can seek to preserve and enhance these merits of the current walk-in experience even while deploying centralized systems to improve the efficiency and reliability of Veteran enrollment in the aggregate. Research with Veterans to explore reaction to new service concepts would allow VA to evaluate, “How might this impact Veterans who value in-person staff attention?”

## ELIGIBILITY

### **Develop a deep understanding of pending cases.**

#### *Research Project*

VA staff and Veterans report contradictory experiences with enrollment determination and communication of enrollment status. VA can clarify the current state of service delivery by engaging in deeper research into whether all Veterans who submit an application are being processed and informed about their enrollment status.

## COMPLETION

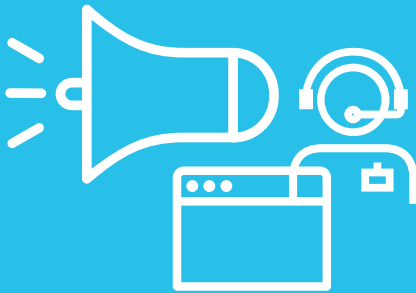
### **Identify all possible enrollment steps process that can be consolidated to a single visit.**

#### *Research and Service Design Project*

Currently, Veterans enrolling in person may leave their first visit to a VAMC with multiple steps yet to complete before seeing their primary care provider. For example, Veterans may be required to return to the VAMC to have an ID photo taken, or they may have to wait to be informed by phone or mail of a first appointment with their primary care provider. VA should identify trailing steps in the enrollment service journey and design protocols that consolidate as many steps as possible into the Veteran’s first visit to the VA.

# FUTURE OPPORTUNITIES

These three proposals suggest ways to improve the enrollment experience through larger-scale investment in service design and back-end systems.



## Help “Easy Enrollees” self-identify and self-enroll.

*Design Project >> RCT Testing + System-Wide Scaling*

Currently, most Veterans assume that enrollment will be complex and time-consuming, so they select a walk-in enrollment, thinking it holds the best chance of success. However, a significant number of these Veterans are actually ‘Easy Enrollees,’ who could quickly enroll via Vets.gov or the phone. Following projects to understand when to proactively reach out to Veterans about enrollment (see p. 12) and to identify the most common enrollee case types (see p. 13), VA could develop, test, and deploy a communications campaign aimed at Veterans who are experiencing an enrollment-triggering life event. Campaign messaging could encourage Veterans who match ‘Easy Enrollee’ characteristics to enroll via phone or digital channels, emphasizing the reliability, ease, and speed of enrollment.



**Allow Veterans to switch enrollment channels midstream without replicating data entry.**

*Back-End Data Integration + TBD Inter-Channel Hand-Off Procedures*

VA could integrate enrollment data systems to remove the need to restart the process when switching enrollment channels. All Veterans could then be encouraged to begin the enrollment process via a digital interface. If they discovered that they have an enrollment challenge—they are not, after all, an ‘Easy Enrollee’—they could then switch to a facilitated in-person or phone enrollment process to complete their application without having to start the data-entry process from scratch.

**Provide digital data-entry points at VAMCs in combination with in-person approval.**

*Back-End Data Integration >> Design Project*

In lieu of self-enrollment kiosks at VAMCs—which may disappoint Veterans who come in person to receive the reassurance that an expert enroller has reviewed their application—VA should design digital self-enrollment to function as a precursor to an in-person validation. Offer Veterans who walk in a digital tablet, such as an iPad, and ask them to enter DD214 and other data while they wait to be seen by an enrollment clerk. Many ‘Easy Enrollees’ will be able to complete the application on their own, with a clerk only providing a final validation and congratulations. If challenges occur, then staff can help the Veteran navigate and resolve those issues.

**A143**

Eligibility

**Please Take A  
Number And Wait  
In The Front Lobby**

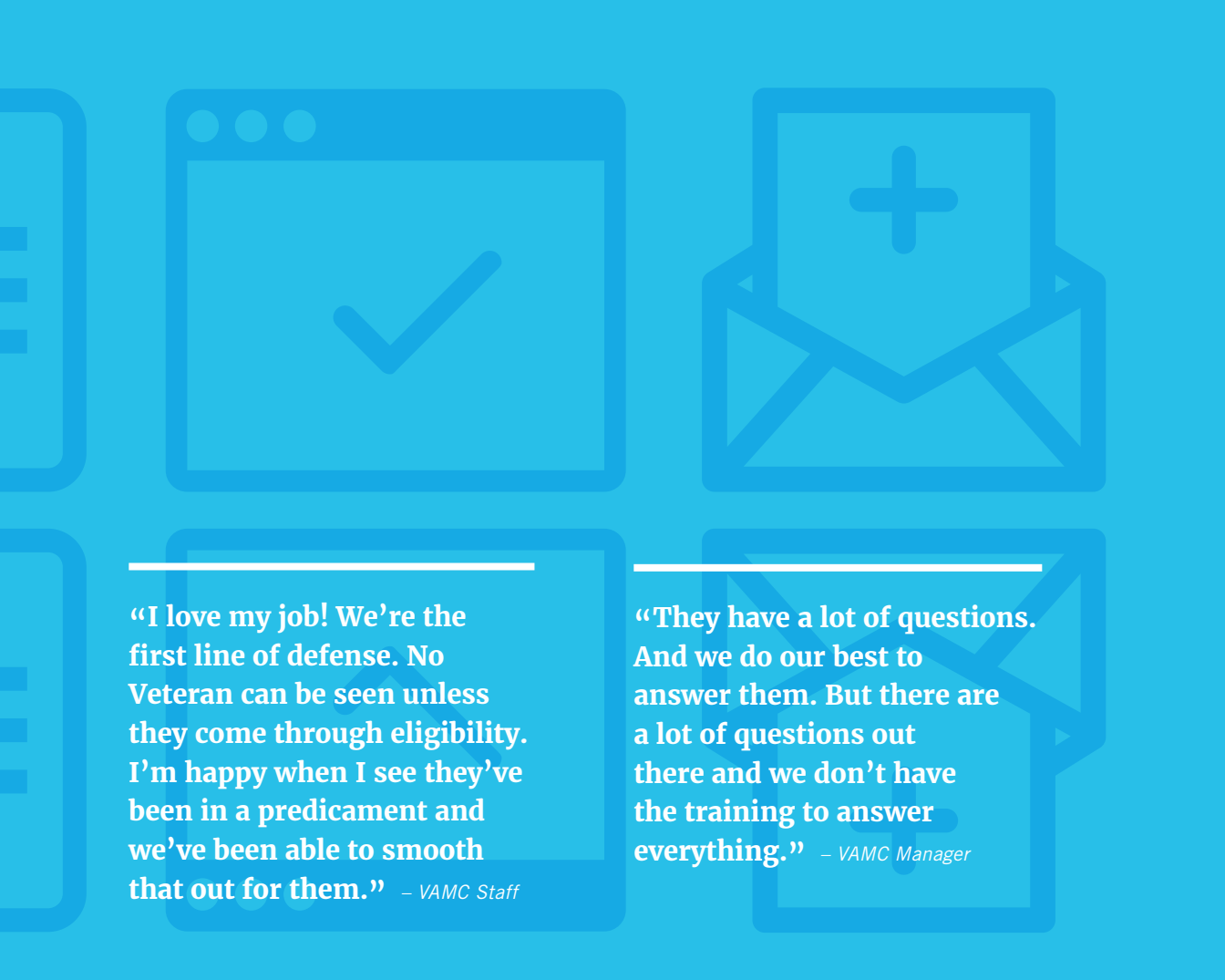
NUMBERS  
INSIDE  
ON FRONT OF  
OFFICE DOOR



Eligibility office at the  
Topeka VA Medical Center.

# **THE WALK-IN ENROLLMENT EXPERIENCE**





**“I love my job! We’re the first line of defense. No Veteran can be seen unless they come through eligibility. I’m happy when I see they’ve been in a predicament and we’ve been able to smooth that out for them.”** – VAMC Staff

**“They have a lot of questions. And we do our best to answer them. But there are a lot of questions out there and we don’t have the training to answer everything.”** – VAMC Manager

#### THE WALK-IN ENROLLMENT EXPERIENCE

## EMPLOYEE JOURNEY

VA staff members’ tasks, also captured on the journey map, stretch across the same five phases of enrollment activity—indeed, staff members’ actions often mirror or respond to those of Veterans.

AWARENESS

ARRIVAL

DATA ENTRY

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

VETERAN BRIGHT SPOTS

- I met 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 filed 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.

- I didn't like being asked so many questions about how much money I make.

- I didn't re-marriage dates and months from state before I could in-person.

VETERAN PAIN POINTS

- 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.

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 supplemental information

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 see if a Veteran qualifies for priority groups.

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.

- Sometimes Veterans are embarrassed to share their income information with me.

- In order to get a Veteran's DD214 I have to do a lot of info that doesn't seem relevant to enrollment.



## ELIGIBILITY



## COMPLETION

Customer Feedback	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
Member my and divorce had to wait records archives could enroll	<ul style="list-style-type: none"> <li>My enrollment clerk told me I was eligible while I was sitting there with her.</li> </ul>	<ul style="list-style-type: none"> <li>My clerk assigned me a primary care provider and took a photo for my VA ID card in my enrollment meeting.</li> </ul>	<ul style="list-style-type: none"> <li>The enrollment clerk walked me to meet the team who will be responsible for my health care.</li> <li>At primary care, a nurse assigned me a provider, introduced me to my doctor, and scheduled me my first appointment.</li> </ul>	<ul style="list-style-type: none"> <li>The process was simpler than I expected.</li> <li>I received a letter in the mail saying I was enrolled within a week.</li> </ul>	<ul style="list-style-type: none"> <li>I got a call reminding me to go back to the VAMC for my first appointment and to have my photograph taken.</li> </ul>		<ul style="list-style-type: none"> <li>I took my ID photo on the same day I came in for my first doctor's appointment.</li> </ul>	<ul style="list-style-type: none"> <li>I like having my ID because I can use it to get discounts at local stores.</li> </ul>
	<ul style="list-style-type: none"> <li>My clerk told me my enrollment application is pending but I don't understand what that means or what I have to do next.</li> </ul>		<ul style="list-style-type: none"> <li>The enrollment clerk told me to go to a nurse but I was confused about where to go.</li> </ul>	<ul style="list-style-type: none"> <li>After I enrolled at the VAMC I never heard anything.</li> <li>After I enrolled at the VAMC I got a letter telling me to fill out the same application I already completed.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>I never got a call from anyone at VA after I enrolled.</li> </ul>	<ul style="list-style-type: none"> <li>I received a letter with an assigned appointment date but no one consulted my schedule and I wasn't able to make it.</li> </ul>	<ul style="list-style-type: none"> <li>I don't understand why I had to come in a second time to have my photograph taken for my ID.</li> </ul>	

Customer Feedback	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
at to ask Veteran or a special	<ul style="list-style-type: none"> <li>I use either Vista or ES based on the task at hand.</li> <li>I can work faster in Vista because I am more comfortable with it.</li> <li>I can update certain information in ES without waiting for HEC to review and approve it.</li> </ul>	<ul style="list-style-type: none"> <li>The information I put into Vista and ES is automatically sent to the HEC.</li> </ul>	<ul style="list-style-type: none"> <li>Vista and ES tell me whether the Veteran is eligible or not automatically.</li> <li>My VAMC has a system set up so that I can follow up on pending applications every few weeks.</li> </ul>	<ul style="list-style-type: none"> <li>I take the Veteran's photo on the first visit so they don't have to come back.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>After I finish enrollment, I walk the Veteran to a nurse who can assign them a primary care provider.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>I welcome Veterans to the VA at the end of their enrollment meeting but HEC is supposed to do an official welcome by phone.</li> </ul>		<ul style="list-style-type: none"> <li>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.</li> </ul>	
complete a application ask them for formation 't want to t.	<ul style="list-style-type: none"> <li>I wish I received better training for ES and that the trainings on TMS were not so tedious.</li> <li>I wish all of the different VAMCs automatically shared enrollment and registration information.</li> <li>Enrollment is only one of my tasks so sometimes I get behind.</li> </ul>	<ul style="list-style-type: none"> <li>If the Veteran doesn't have all the information I need, Vista sometimes won't let me submit the application.</li> </ul>	<ul style="list-style-type: none"> <li>A Veteran's priority group might change after they leave my office if they give me incorrect income information.</li> </ul>	<ul style="list-style-type: none"> <li>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".</li> </ul>	<ul style="list-style-type: none"> <li>I am so busy with different tasks that I don't have time to walk the Veteran to the nurse's office.</li> <li>Sometimes, if the nurse is busy or the computer isn't working, a Veteran will leave without a provider or an appointment.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>		<ul style="list-style-type: none"> <li>If a nurse doesn't assign a Veteran a doctor on their first visit, the VAMC mails them info about their first appointment later.</li> </ul>		

## THE WALK-IN ENROLLMENT EXPERIENCE

# AWARENESS

### Veteran Experience

While separating service members are supposed to receive information about VHA enrollment, we heard from many Veterans that they left the service unaware that they were eligible for any health benefits at all. Instead, many Veterans learn about VA health benefits from other trusted sources, both official and unofficial. Some Veterans spoke of a helpful recruiter or VSO representative who encouraged them to apply for benefits in person. Another Veteran recalled a buddy who accompanied him to the local VAMC to enroll. In many cases, Veterans were not applying for health benefits immediately upon separating from the military, but were prompted by a life event or medical need.

### Staff Experience

While awareness is a key aspect of motivating Veterans to enroll in-person at VAMCs, VA enrollment and eligibility staff don't typically play much of a role in this phase of the process. However, we did hear that at some facilities, enrollment staff conduct outreach by hosting information sessions on college campuses and at community centers.

---

**“There is a lot of doubt among Veterans and people planning to get out about ‘How do I enroll in VA healthcare?’ People wonder, maybe it’s not for everyone, or I’ll have to wait a long time to get an appointment. I still have that feeling.”** – *Army Veteran*



AWARENESS



ARRIVAL



DATA ENTRY



ELIGIBILITY



COMPLETION



## THE WALK-IN ENROLLMENT EXPERIENCE

# ARRIVAL

### Veteran Experience

When a Veteran decides to enroll in person, it's often because they want to check out the VAMC facility or to ask general questions about health care. Even Veterans living many miles away often choose visit in person. Some Veterans report feeling confused about where to go upon arrival at the VAMC; Veterans who were received by an enrollment coordinator in the lobby reported a more positive experience than those who were not. Some Veterans do not even intend to enroll upon walking into the facility, but do so once they learn that on-the-spot enrollment is available.

### Staff Experience

Each VAMC has its own method for managing the wait for enrollment—from kiosks, to numbered tickets, to a physical waiting line. In some cases, VAMC staff rotate through the waiting room acting as greeters and explaining the process to Veterans, and multiple staff members expressed a sense of pride when orienting Veterans to VA. In other cases, staff reported feeling overwhelmed by the number of tasks they have to accomplish and felt they didn't have enough time to perform these orientation tasks.

---

**“It’s an hour’s drive to get to the VA. And I’ve been on and off gainfully employed so everything I do has to be cost effective. Just driving down for an interview, it costs me. I have to watch my nickels pretty close. But I would still rather come in person.”** – *Army Veteran*



**ARRIVAL**

**DATA ENTRY**

**ELIGIBILITY**

**KEY INSIGHTS**

**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 facilities.**

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 are hanging.

**IMMEDIATELY ACTIONABLE OPPORTUNITIES**

**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**

Develop a team of staff members to provide orientation to Veterans at the VAMC. The team should be trained to help Veterans understand the enrollment process and to provide information on VA services and facilities.

**Build Tools to Help Veterans**

Develop tools to help Veterans understand the enrollment process and to provide information on VA services and facilities.

**VETERAN ACTIONS**

Travel to facility

Walk into facility

Wait to be seen

**EMPLOYEE ACTIONS**

Greet Veteran

Provide 10-10EZ

**VETERAN PAIN POINT**

*I am not very technologically savvy and it would take me all day to use the computer so I decided to enroll in person.*

**EMPLOYEE BRIGHT SPOT**

*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.*

**VETERAN BRIGHT SPOTS**

- 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.

**VETERAN PAIN POINTS**

- My wait time to see a staff member was very short.
- 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.

**EMPLOYEE BRIGHT SPOTS**

- 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.

**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 I may never get to me.

## THE WALK-IN ENROLLMENT EXPERIENCE

# DATA ENTRY

### Veteran Experience

Once Veterans are in the door of a VAMC, they are generally satisfied with the in-person enrollment experience. Veterans, whether recently separated or decades from service, are wary of complicated government forms, and they value the opportunity to meet with enrollment experts whom they believe will move them through the process quickly and with minimal errors. Veterans appreciate the private offices that allow them to share information confidentially. Some Veterans are attempting enrollment for the first time, while others tried to enroll through other channels but hit road blocks along the way; Veterans in the latter group often express frustration that they have to begin the enrollment process over again at the VAMC.

### Staff Experience

VAMC staff can quickly find information not easily accessible to Veterans; they also know which questions to ask Veterans in order to help them receive all the benefits for which they're eligible. Sometimes, however, if a Veteran doesn't have their DD214 and the staff member can't locate their service record, the Veteran may leave without a clear determination of eligibility. Some staff members seemed to be confused about how to best help a Veteran in that situation. Staff take great satisfaction from helping Veterans, but some expressed concern that they did not have the cultural competency or social-work training for the aspects of their job that involve emotional care.

---

**“When you’re sitting down with someone else and they’re entering your information, you have more of a confident feeling. When I’m filling out forms online I have the doubts in my mind, maybe I missed a step.”** – *Navy Veteran*



AWARENESS



ARRIVAL



DATA ENTRY



ELIGIBILITY



COMPLETION

DATA ENTRY

KEY INSIGHTS

Veterans believe VA staff will do a better job entering their data than they will.

IMMEDIATELY ACTIONABLE OPPORTUNITIES

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.

VETERAN ACTIONS



EMPLOYEE ACTIONS

VETERAN BRIGHT SPOTS

- 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.

VETERAN PAIN POINTS

- 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 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.

EMPLOYEE BRIGHT SPOTS

- 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 I have to call the HEC or send the Veteran away to go find it.
- If the Veteran doesn't have their DD214 I can sometimes find their military records through backend searches.
- 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.
- The information I put into VISTA and ES is automatically sent to the HEC.
- 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.

EMPLOYEE PAIN POINTS

- 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 won't let me submit the application.

VETERAN PAIN POINT

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.

EMPLOYEE BRIGHT SPOT

I know what questions to ask to see if a Veteran qualifies for a special priority group.

## THE WALK-IN ENROLLMENT EXPERIENCE

# ELIGIBILITY

### Veteran Experience

Once a Veteran has provided all of their enrollment information, they typically receive an eligibility determination on the spot. This is a happy surprise for many Veterans, who expect the enrollment process will be long and difficult. After they receive the eligibility decision, most Veterans are then directed to a medical office where they are assigned a primary care provider and given a date for their first appointment. Frustrations may arise, however, if a Veteran is later found ineligible or if their application is marked 'pending' due to inconsistencies in the information they provided. Many Veterans report that if they are put into a pending state, they never get clear information about what to do next. Instead, they receive requests for the same information they have already provided.

### Staff Experience

Once a staff member has entered all of a Veteran's information electronically, the system immediately issues an eligibility determination that staff can share with the Veteran. After that, the staff's only remaining responsibility is to direct or escort the Veteran to the medical office where they are assigned a primary care doctor and schedule their first appointment. In some facilities, however, staff also take the Veteran's ID photo during the initial visit and upload it to VistA. Enrollment staff may also be able to assign a primary care doctor and schedule the first appointment without having to take the Veteran to a separate office.

---

**“A couple weeks later I got a paper application. Which was weird because I already answered all those questions in front of her while she was typing it into a computer so why am I receiving a paper application?”**

– Marine Veteran



**ELIGIBILITY**

**COMPLETION**

**KEY INSIGHTS**

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 serve Veterans the best by not rushing enrollment and registration for the next visit.

**IMMEDIATELY ACTIONABLE OPPORTUNITIES**

**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.

**Reduce ID Photo and Enrollment Complexity**

To improve the efficiency of the enrollment process, VA should consider a centralized system for ID photos and enrollment. This would allow for a more consistent experience across all VAMCs.

**VETERAN PAIN POINT**

**−** My clerk told me my enrollment application is pending but I don't understand what that means or what I have to do next.

**VETERAN ACTIONS**

- Receive eligibility decision
- Take ID photo & be assigned a provider
- Walk to medical care

**EMPLOYEE ACTIONS**

- Determine eligibility
- Photograph Veteran & assign provider
- Escort Veteran to medical care

**VETERAN BRIGHT SPOTS**

- My enrollment clerk told me I was eligible while I was sitting there with her.
- 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.
- My primary care, a nurse assigned me a provider, introduced me to my doctor, and scheduled me my first appointment.

**EMPLOYEE BRIGHT SPOT**

**+** After I finish enrollment, I walk the Veteran to a nurse who can assign them a primary care provider.

**VETERAN PAIN POINTS**

- 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.

**EMPLOYEE BRIGHT SPOTS**

- Visit 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.

**EMPLOYEE PAIN POINTS**

- 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 iClick 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.

## THE WALK-IN ENROLLMENT EXPERIENCE

# COMPLETION

### Veteran Experience

Once enrolled, Veterans expect that they will be able to see a doctor quickly. However, before receiving care, many Veterans must return to the VAMC to have an ID photo taken. In some less common cases, Veterans may receive a letter indicating that they're not actually eligible for the benefits they were previously told they would receive. Veterans may find themselves filling out more paperwork, having to return to the VAMC to discuss their eligibility status with enrollment staff, and/or completing different medical exams related to eligibility and Compensation and Pension—all before they can see a doctor for the issue for which they initially sought care.

### Staff Experience

In most cases, VAMC staff involvement in Veteran care ends after handoff to medical staff. At some VAMCs, however, staff are asked to follow up on pending applications. Many VAMC staff members we spoke with were unsure of the official division of responsibilities between HEC and VAMC enrollment staff regarding pending applications.

---

**“I had to come back on another day to have my photo taken. Then I got an appointment letter saying ‘You’ve got an appointment tomorrow.’ But if I have an appointment on September 6th, it’s no good if I get the letter on September 7th.”** – *Army Veteran*



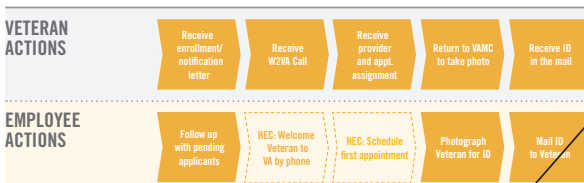
**COMPLETION**

**KEY INSIGHTS**

VAMCs waste Veterans' time by not completing enrollment and registration on the first visit.

**IMMEDIATELY ACTIONABLE OPPORTUNITIES**

**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 BRIGHT SPOTS**

- 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 appointment.
- I like having my ID because I can use it to get discounts at local stores.

**VETERAN PAIN POINTS**

- 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**

- 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 in 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**

- 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.

**VETERAN PAIN POINT**

➖ After I enrolled at the VAMC I got a letter telling me to fill out the same application I already completed.

**EMPLOYEE BRIGHT SPOT**

➕ After I finish enrollment, I walk the Veteran to a nurse who can assign them a primary care provider.





Researcher interviews an enrollment staff member at the Manhattan VA Medical Center.

# ACKNOWLEDGMENTS

## Thanks

This project would not have been possible without the insight and generosity of the dozens of Veterans and VA service providers across the United States who shared their experiences with us. Any insights in the document come from their generously shared wisdom; all mistakes are the authors' own. All respondents in this project participated as volunteers; names have been omitted to provide anonymity. We offer our thanks for their participation.

## Photo Credits

All photos in this report are images of real Veterans, their families, VA staff members, or members of the project team. Photos of project interviewees were taken with permission of the interviewee.

## Project Partners

**U.S. Department of Veterans Affairs' Veterans Experience Office** is dedicated to capturing, sharing and improving the experience of all those using the care and benefits of the VA. VEO listens to the voice of Veterans, their families, caregivers and survivors—aimed at enhancing their access to care, benefits and services.

**Atlas Research** is an award-winning consulting firm providing strategic advisory and applied research services to federal health and social service agencies.

**The Public Policy Lab** is a nonprofit innovation lab for government. We apply human-centered methods from design, behavioral science, and technology development to improve the creation of public policy and the delivery of public services.

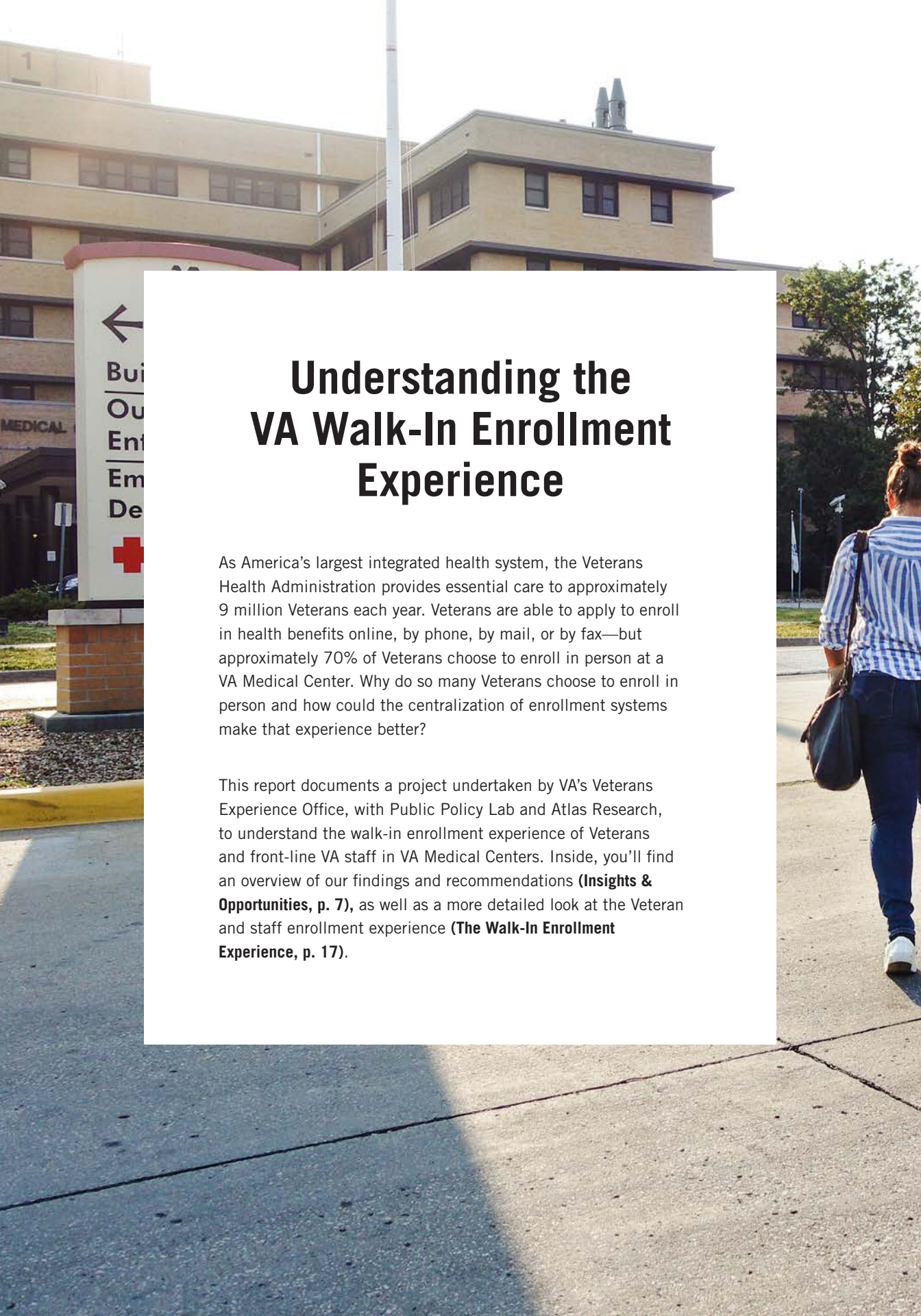
## Project Team

Ana Monroe Fitzner  
Erin Siminerio  
Corinne Vizzacchero

Carolyn Alchowiak

Sophia Dalal  
Andrew Eickmann  
David Frisco  
Kacia Ng  
Shanti Mathew  
Chelsea Mauldin



The background image shows a multi-story, tan-colored VA Medical Center building. In the foreground on the left, there is a white signpost with a black arrow pointing left and a red cross symbol. The signpost has text that is partially visible: 'Bu', 'Ou', 'Ent', 'Em', and 'De'. To the right, a person with their back to the camera is walking away on a paved path. They are wearing a blue and white striped long-sleeved shirt, blue jeans, and white sneakers, and carrying a dark shoulder bag. The scene is brightly lit, suggesting a sunny day.

# Understanding the VA Walk-In Enrollment Experience

As America's largest integrated health system, the Veterans Health Administration provides essential care to approximately 9 million Veterans each year. Veterans are able to apply to enroll in health benefits online, by phone, by mail, or by fax—but approximately 70% of Veterans choose to enroll in person at a VA Medical Center. Why do so many Veterans choose to enroll in person and how could the centralization of enrollment systems make that experience better?

This report documents a project undertaken by VA's Veterans Experience Office, with Public Policy Lab and Atlas Research, to understand the walk-in enrollment experience of Veterans and front-line VA staff in VA Medical Centers. Inside, you'll find an overview of our findings and recommendations (**Insights & Opportunities, p. 7**), as well as a more detailed look at the Veteran and staff enrollment experience (**The Walk-In Enrollment Experience, p. 17**).