

# Increasing Enrollment in Veteran Health Benefits

*Email outreach to separating Service Members did not affect enrollment in VA health benefits*

**Agency Objective** Provide transitioning service members with information about Veterans Administration (VA) health benefits via an email campaign, in order to increase enrollment rates.

**Background** In November 2016, the VA launched Concierge for Care to develop a proactive outreach strategy aimed at providing transitioning service members (TSMs) a seamless transition to receiving VA health care. The initiative included an email campaign to engage TSMs prior to separation by providing clear, concise information about the VA health care system, health benefits, eligibility, and the enrollment process. Prior to the initiative, 42% of Veterans who have never used VA health care were not aware of VA health care benefits<sup>1</sup>; Concierge for Care aimed to address this knowledge gap by delivering messages specific to the TSM audience.

**Program Change** The Office of Evaluation Sciences (OES) and the VA's Health Eligibility Center designed three emails to TSMs, sent 60 and 30 days pre-separation and 30 days post-separation. The email messages informed recipients of the availability of VA health benefits, summarized the eligibility requirements and the application process, and prompted them to consider enrolling. The post-separation email specifically noted that they can enroll now.

Two variants of the email subject lines were sent. The first was *Formal* wording (example subject line: "Are you informed about VA Health Care?"), and

the second was *Familiar* wording (example subject line: "VA Health Care – Are you informed?").

**Evaluation Methods** The VA worked with the Department of Defense to identify 13,569 TSMs with expected separation dates between May and August 31, 2017, who had provided email addresses for VA communications (approximately 27% of TSMs for this period).<sup>2</sup> TSMs were randomly assigned to one of three conditions: 3,363 received the email series with the *Formal* subject line; 3,371 received the email series with the *Familiar* subject line; and 6,835 did not receive any emails from the VA about health benefits.

We evaluated enrollment rates among transitioning service members 30 and 90 days post-separation, and estimated the effect of receiving email outreach relative to the control group that received no email outreach. For the email recipients, we compared open rates and click rates across the two treatment groups.

**Results** We did not observe any statistically significant increase in enrollment within 30 days post-separation among service members assigned to receive email outreach. Enrollment in VA health benefits was 10.7% in the control group and 10.9% in the pooled treatment arms. The difference between the two enrollment rates is not statistically significant ( $p=.74$ , 95% CI [-.009, .012]). We can rule out an increase in enrollment as small

<sup>1</sup> [National Survey of Veterans](#), Active Duty Service Members, Demobilized National Guard and Reserve Members, Family Members, and Surviving Spouses. Department of Veterans Affairs. December 2010.

<sup>2</sup> Additionally, TSMs were excluded from the sample if: they were Reservist/National Guards Members without a qualifying military service episode, and thus were ineligible for VA Healthcare; they already appeared in the enrollment system; or they were enrolled in a separate pilot focused on streamlining the disability claims process.

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as 1.2 percentage points due to the email campaign.

<sup>3</sup> For combat veterans, we observe that enrollment within 30 days is 11.9% in the control arm and 12.4% in the pooled treatment arm; again, the difference is not statistically significant ( $p=.45$ , 95% CI  $[-.008, .017]$ ).

**Conclusion** Evidence from a pilot evaluation suggests that providing information about VA benefits by email to TSMs has no impact on enrollment, consistent with the hypothesis that information is not the primary barrier to enrollment. While the sample in this pilot was smaller than projected due to the restricted sample and data limitations,<sup>4</sup> the precision of our results nonetheless suggests that email may not be an effective communication channel. This may be partly because the majority of email messages reach TSMs prior to their separation date, at a point in which they cannot enroll in VA health benefits. Future iterations of this project could better target TSMs, and test the relative cost-effectiveness of different proactive outreach strategies.

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<sup>3</sup> We also tested whether there are differences between the formal and familiar arm in email open rates. Email open rates four hours following email receipt were 17.4% in the formal arm and 19.4% in the familiar arm. The difference between the two enrollment rates is statistically significant ( $p=.000$ , 95% CI  $[-.031, -.009]$ ), suggesting lower open rates in the formal arm.

<sup>4</sup> As previously noted, a large number of TSMs were excluded because their email addresses were not available. In addition, estimates from other Concierge for Care projects suggest that up to one-third of individuals identified as TSMs by the Department of Defense did not separate from the military during the pilot period.