

Repeat Health Care Applications

USER RESEARCH AND PROPOSED SOLUTIONS



Background

- CTO asked DSVA to investigate the issue that non-logged-in online HCAs have their **identities entered into MVI without review**, degrading MVI's data quality
- DSVA proposed a multi-part solution to this issue, which HEC and ESR agreed to
- During this research, ESR revealed that a **large portion of online health care applications are repeats**;
- Of 201k applications submitted on vets.gov between 4/1/17 and 8/15/18, 106k (**53%**) were from Veterans who had previously submitted an application
- HEC/ESR staff reported these Veterans were using HCA to change their address, preferred facility, or income
- DSVA wanted to confirm users' intentions

Repeat HCA: Research Process

- ESR provided names, emails, and application dates for 45 individuals who recently submitted repeat HCAs
- Recent applications were Aug/Sep 2018 and were made online; prior applications ranged from 2008 to 2017 and may have been online, mail, or phone
- Perigean recruited study participants from this list; due to high proportion of no-shows, DSVA ultimately spoke to only **7 Veterans**
- **Basic research question: Why did you submit a repeat healthcare application in 2018?**
- Cross-referenced Veteran's answers with information derived from ESR about enrollment and eligibility determinations

Repeat HCA: Findings

- 3 of 7 applicants were re-applying simply because they **never heard back regarding their first application** (16, 36, 11)
 - All of these applicants **still have not heard**
 - 2 of 3 are in fact ineligible (16, 11)
- 1 of 7 applicants was re-applying because they **did not remember hearing back from their first application**, though they are not positive they did not receive communication; this Veteran heard back the second time and now has HC (3)
- 2 of 7 applicants believed they had previously been accepted, but that their enrollment lapsed because they had not used VA HC, and were **applying to re-establish eligibility** (33, 39)
 - 1 heard back and now has healthcare (39)
 - 1 has not heard back but is ineligible (33); was mistaken about initial eligibility
- 1 of 7 applicants effectively wanted to **appeal their determination of ineligibility** but also did not recall getting clear notification of ineligibility; had to determine by calling VA (2)

Repeat HCA: Findings

- **No Veterans were using repeat HCAs to change address, income, or preferred facility**
- **Poor communication** is by far the primary driver of repeat applications
 - **Only 1-2 in 7 applicants heard back from VA after both HCAs, and most heard back from neither**
- Poor communication was exacerbated by some amount of **user error**: erroneous assumptions about lapsed ability, misunderstanding appeal process
 - Note there is no simple way to confirm ongoing eligibility, or file a HCA appeal

Repeat HCA: Findings

- Of the 13,000 monthly online applications, nearly 7,000 are repeat applications; and, conservatively, 6,000 would not be made if there were better communication
 - **Half of the HEC workforce is processing unnecessary applications**
- As many as **hundreds of thousands of Veterans who have applied for health care are currently unsure about their health care enrollment status**

Repeat HCA: Additional Questions

- **Limited understanding of the intended HEC communication process**
- Who is supposed to reach out to a Veteran after an eligibility decision?
- Is this process the same regardless of the eligibility determination?
- Is this process the same regardless of whether it is a first or a repeat HCA?
- Were the individual Veterans we spoke to contacted? (Unsure if these records exist)

Repeat HCA: Proposed Solution

Overview

- **Improve communication** retrospectively and moving forward
- Allow Veterans to **check HC eligibility determinations online**, and show existing determinations as part of the HCA

ESR/HEC tasks

- **Review communication processes** for both new and repeat applications, and determine why Veterans are not receiving communication
- Determine a preferred pathway for HC appeals
- Determine a preferred route for Veterans to ask enrollment questions by phone
- **One-time outreach campaign** to:
 - (a) rejected Veterans who have submitted repeat applications, and
 - (b) enrolled Veterans who have not used health care since enrolling

Repeat HCA: Proposed Solution

DSVA tasks

- HC eligibility determinations / enrollment status on VA.gov dashboard
 - Include explanation for rejection if determined ineligible
 - Include guidelines on possible next steps (appeals, income change documentation, service-connection, etc.)
- *(Existing recommendation from Anonymous HCA issue)* Veterans with existing ESR records must log in to access the online HCA
- These logged-in users see their existing enrollment/eligibility status online when they try to access the online HCA, and are discouraged from making additional applications

Anonymous HCAs

ADDITIONAL INFORMATION

Anonymous HCA: Solution

- Use UI changes to encourage more log-ins
- For anonymous users, check identity traits against MVI and ESR before serving application
- Applicants not found in MVI submit applications anonymously, with an option to submit DD-214; applications are routed to manual HEC queue before adding to MVI
 - Akin to mail applications
- Applicants found in MVI but not ESR submit applications that are tied to the ICN, and otherwise are like today's anonymous applications
- Applicants found in MVI and ESR are required to log in before continuing to the healthcare application
 - No anonymous applications for existing patients and previous applicants

Anonymous HCA: Solution

DSVA tasks

- UI changes to encourage log-ins
- Separate ID page prior to application for anonymous applications
- Integration to ESR; integration to MVI directly from HCA
- DD-214 upload option for true anonymous applications
- Error page requiring log-in for ESR-found users

ESR/HEC tasks

- Create alternate queue for anonymous applications
- Review anonymous applications like mail applications