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The Enrollment Gap Playbook

Six Direct Mail Plays to **Help Close Your Digital Health Enrollment Gap**

Created for digital health marketing and marketing operations teams.

INTRODUCTION

FOR FAST-GROWING DIGITAL HEALTH COMPANIES, securing health plan contracts or employer partnerships is only half the battle. The real challenge happens post-launch—a stark disconnect known as the enrollment gap. It occurs when covered individuals have access to a platform on paper, yet only a small fraction ever activate their needed benefits.

At its core, this gap means that individuals who may desperately need care—whether for managing chronic conditions, accessing mental health support, or navigating complex health journeys—may not receive the high-quality, tailored support available.

When enrollment stalls, the primary mission of healthcare is compromised. Beyond the business impact of high acquisition costs and unrealized platform growth, the true cost falls on patients who remain disconnected from better tools and better outcomes. Closing this gap isn't just about driving user metrics—it's about honoring the fundamental purpose of healthcare by removing friction, building trust, and ensuring that life-changing support actually reaches the people who need it most.

Building relationships means starting the conversation, and starting the conversation means successful engagement. However, nearly every digital health marketing team runs into the same wall of unresponsive silence, usually at the same point in the process.

How Large is your **Enrollment Gap?**

Here are some example numbers for you to compare and contrast your own numbers against.

100,000 eligible lives

↓

76,000 reachable digitally

↓

14,000 engage

↓

7,000 enroll

24,000 members not reached

That is our example enrollment gap—now let's look at closing it.

Building relationships means starting the conversation, and starting the conversation means successful engagement. However, nearly every digital health marketing team runs into the same wall of unresponsive silence, usually at the same point in the process.

That process begins simply enough. The commitment gets made first. An insurance carrier or an employer sends the file, the contract names an engagement number, and your team builds against the channels you have. Then the open rates come in, and it becomes clear that a meaningful share of that file is never going to answer you in an inbox.

Those who are unresponsive tend to skew older, are less digitally connected, and are often more clinically complex—which is another way of saying that this silent share of your file holds the members your program is designed to help most.

The ones your client will likely ask about immediately.

> *"We had an audience that was quite sizable, but we couldn't use our traditional digital advertising channels to reach out to them. We weren't able to engage with nearly as many patients as we were contracted to engage. So where do we go from here?"*
>
> —**Kristin Garcia**, Senior Growth Marketing Manager, Eleanor Health.

This guide is our answer. Six plays—each run by a digital health company on the platform they already use—and each showing the trigger that fires it and the measure that proves it worked. First, let's look at some common missteps many companies make and why they don't get results.

Ask Yourself

What share of our eligibility file has never opened an email?

What would our engagement rate look like if we could increase our reach?

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Built for regulated data

- **BAA in place.** PFL signs a Business Associate Agreement that governs how PHI is handled, as HIPAA requires of covered entities and their business associates.
- **HIPAA compliance program**. Administered and monitored on NIST methodology endorsed by the Office for Civil Rights for the HIPAA Security Rule.
- **SOC 1 Type 2 and SOC 2 Type 2.** Audited by independent third-party auditors for security, availability, processing integrity, and confidentiality. Reports available under NDA.
- **PCI DSS.** Assessed annually by a third-party Qualified Security Assessor.

Why More Digital Fails to **Close the Gap**

The instinct is to add volume. Another email, an SMS, a longer in-app prompt window.

It's an understandable reaction. However, additional digital volume arrives at the same email address not getting results, so the number of people you can actually reach stays exactly where it was. **This is a coverage problem wearing the costume of a creative problem**, which is why rewriting the subject line rarely moves it.

Paid channels cannot fill the gap either— and budget isn't the reason. Eleanor Health found that the regulations governing their paid search activity prevented them from targeting specific individuals at all. When a program depends on reaching named members from a file, a channel that only sells audience segments is the wrong tool.

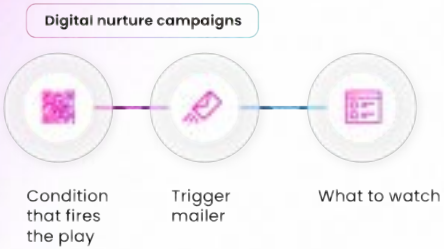
Outbound calling does reach people, though often at a cost you feel later. Eleanor Health's calls landed abruptly with patients who were not ready to speak with a medical professional. Even with a dedicated outreach team, low trust and low response made the approach ineffective.

Mail reaches a named individual at a physical address, without requiring that person to be online, logged in, or even ready to pay in-depth attention the moment it connects.

Mail reaches a named individual at a physical address, without requiring that person to be online, logged in, or even ready to pay attention.

A Lifecycle of Plays

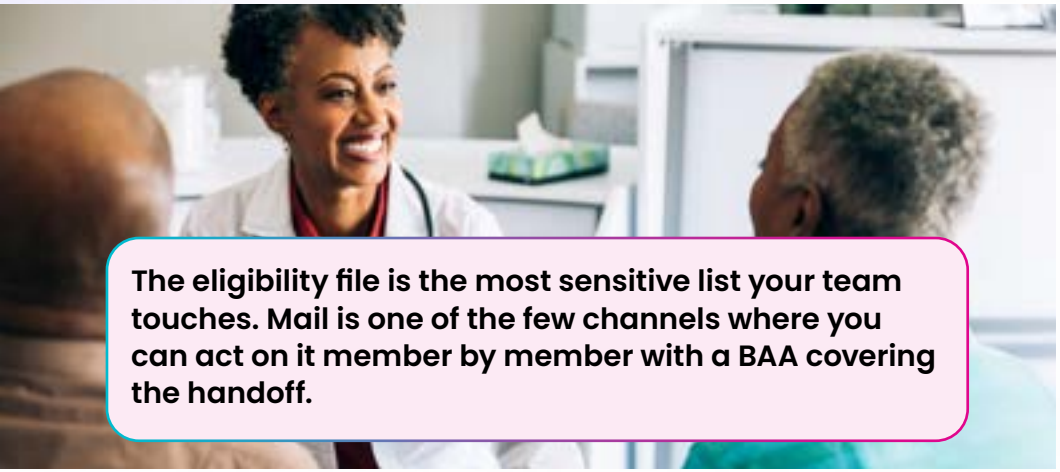
Let's walk through the stages of the member journey and look at how mail can move people, one step at a time. Each play includes the condition that fires it, the piece itself, and what to watch.



Enrollment

The hardest part of enrollment is rarely persuasion. It's arrival. A member who never sees the message cannot weigh it, and a meaningful share of every eligibility file sits in exactly that position.

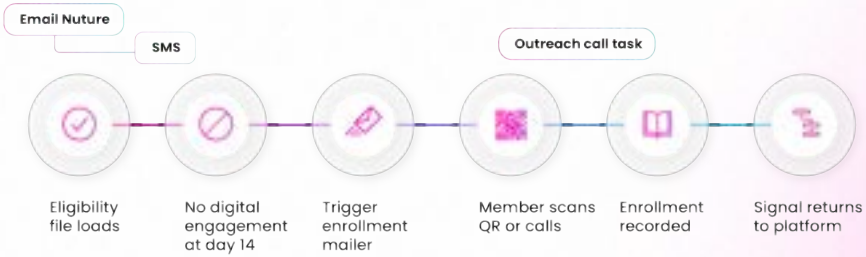
We recommend treating those members as a distinct segment from the beginning, rather than as the residue of a campaign that underperformed. They need a different channel, not another email.



1. Reach eligible members who never engage digitally

Try this: When an eligibility file loads, set a window for digital engagement. Fourteen days is a reasonable starting point. Members who show no engagement by the end of it route to mail rather than to another send. The piece names the sponsoring employer or plan, states plainly that the program is available at no cost, and gives one way to act.

This is the motion behind many digital health marketing and marketing operations teams' consumer sides. The teams pitch campaigns to a client, get approval, and drive enrollment among the client's workforce. Before teams inherit the channel, every step is manual, with the main problem being that the program needs to scale through a process that is too manual, too cumbersome, and too prone to error.



Test this: Hold back a randomly selected slice of the unengaged segment and mail nothing. Their enrollment rate is your baseline, and without it you could spend the next quarter arguing about attribution.

2. Build trust before the first outreach call

Try this: When the first piece introduces something personal, sign it from someone holding a clinical role rather than from the brand. A letter from a nurse is a different object to receive than a benefit announcement, and it asks less of the person opening it.

Eleanor Health contracts with insurers to identify high-risk patients who would benefit most from care. Those members have not raised a hand, and the team's earlier approach of calling them often connected to people not ready to speak with a medical professional. Their introduction sequence now opens with a personalized letter from a nurse, noting that services are eligible for insurance coverage.

Test this: The 3X did not come from new creative. The sequence originally opened with a brochure, and when the team saw the nurse's letter pulling a higher response rate, they moved it to the front. Test the signer and the order before you test the design.

eleanor health

Activation

An enrollment is not an outcome. The member who signs up and never takes action costs the same as the one who didn't sign up—showing up worse in your reporting because they count as engaged.

What moves activation is relevance with a date on it. Mail is unusually strong here, because the piece can carry information specific to that person and arrive at the moment it matters.

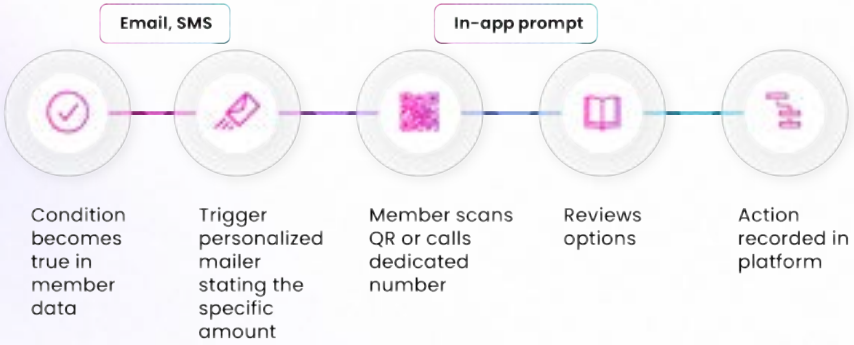
Personalizing on a member's own clinical or prescription data is exactly where paid channels stop being available to you. It is also where mail gets most of its lift.

3. Activate members when personal savings become available

Try this: Rather than mailing on a calendar, mail on a condition in the member's own data. When something becomes true for that person, the piece fires and names the relevant item.

Rx Savings Solutions runs this play on prescription data. When savings become available on a member's medications, the mailer goes out with the potential savings stated clearly and the next step spelled out.

> *"There's something about holding a piece of mail in your hand that makes the message feel more real. We wanted our members to feel seen and valued and not just another click or open rate."*
> —**Kristin James**, Director of Engagement Marketing, Rx Savings Solutions.

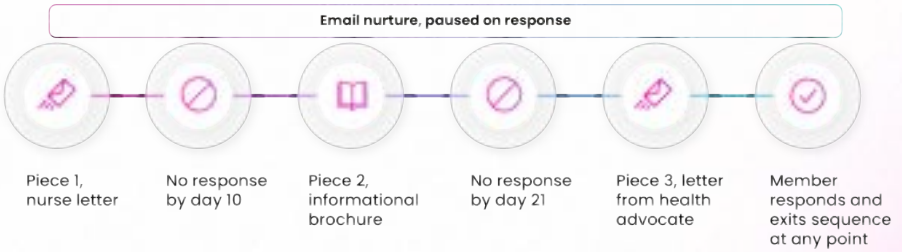


Test this: Run the same piece with the specific amount and with a general savings message. The lift from naming the number is usually larger than teams expect, and it tells you how much personalization depth is worth paying for.

4. Give each piece one job

Try this: Resist putting the whole decision in the first envelope. Build a short sequence where each piece does one thing, and let the member exit the moment they respond.

Eleanor Health's introduction runs this way. The nurse's letter comes first. Over the following weeks, members who have not responded receive an informational brochure, then a letter from a health advocate, each one giving another reason to get in touch. The pieces that arrive later are not repetition. They are a different argument to a person who has already met someone.



Test this: Change the interval before you change the content. Sequences that feel patient outperform sequences that feel persistent, and the interval is a one-field edit.

Re-engagement

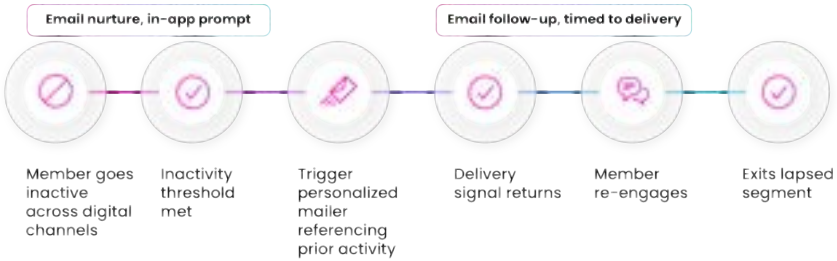
Disengagement is quieter than non-enrollment and more expensive. These members already said yes, which means they are already in your reported numbers and already counted against your commitment. Winning one back costs less than finding a new one—and mail reaches them at an address that has not gone stale the way an unopened inbox has.

Suppression matters as much as targeting here. Anyone who has opted out, disenrolled, or moved needs to fall out of the sequence before the next trigger fires.

5. Win back members who stopped engaging

Try this: Define lapsed by behavior, not by tenure. When a member goes quiet across your digital channels for a set window, route them to mail rather than to another email in the same thread. The piece should reference what they were doing before they went quiet, not restart the relationship from scratch.

Rx Savings Solutions built this into their omnichannel program, sending personalized mail to members who had become inactive on digital channels. Each piece was tailored using data insights so the content stayed relevant to that specific member, rather than reverting to a generic re-introduction.



Test this: Test the inactivity threshold itself. Most teams set it too long, because the number came from an email program where sending again is free. Mail costs something per piece, which is a good reason to find the point where re-engagement is still likely, rather than defaulting to ninety days.

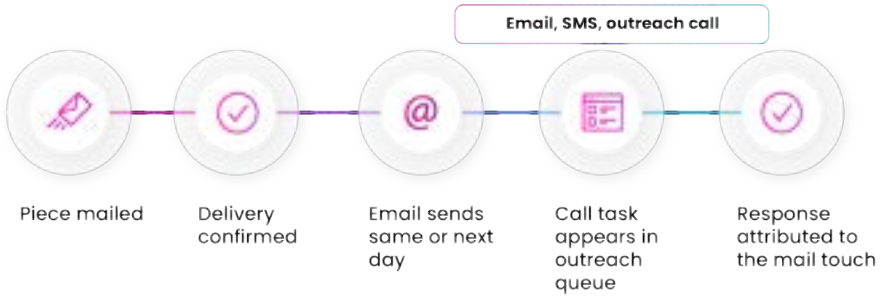
rxss™
Rx Savings Solutions

6. Coordinate digital follow-up with in-home delivery

Try this: Use the delivery signal as a trigger for the next touch. When the piece lands, that's when the email goes out, and when the outreach call task appears in someone's queue. Mail becomes the opener for a sequence, rather than a standalone send.

This is the mechanic that makes mail measurable rather than mysterious, and it is the same one Eleanor Health uses to track appointments and calls resulting from direct mail, alongside form activity.

Without it, you are guessing at timing and losing the window when the piece is still sitting on someone's counter.



Test this: Run one cohort with delivery-triggered follow-up and one with follow-up on a fixed calendar. The gap between them is usually the clearest argument you will have for why mail needs to live inside the platform, rather than beside it.

Ask Yourself

Who on our team owns the journeys today?

What could we do with the hours currently spent on manual sends?

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Mail runs inside the platform you already have

With Vomela's Direct Mail Automation solution, powered by PFL, direct mail becomes another action inside the journeys you're already building.

Not listed? Ask us.

How to Measure Success: Tips to Prove what Actually **Increased Enrollment**

Use a holdout group to measure incremental lift, cost per enrollment, and engagement against the contracted commitment.

Decide what you're measuring before sending. Pick the metrics that make sense for your program, set your benchmark, and then measure the same way every time. Teams that choose metrics after results arrive end up arguing about attribution instead of deciding what to do next.

Use the same yardstick across channels. If you judge one program on enrollments and another on response rate, you have not compared them. You have produced two unrelated numbers.

With that in place, here is what we would watch for a B2B2C enrollment program.

Enrollment lift against a holdout. The one number that settles the argument. Withhold mail from a randomly selected slice of the same segment and compare enrollment rates. Everything else is supporting evidence.

Response by segment and by signer. Break out response by who signed the piece and where the member sat in the journey. Eleanor Health found their 3X inside a cut like this one.

Inbound calls and appointments, not only form fills. A member responding to a letter from a nurse is more likely to phone than to fill anything out. A dedicated campaign phone number captures those calls and records the touchpoint. Without it, your best-performing play could look like your worst.

QR scans and personalized URL visits. A unique URL per recipient tells you who engaged, and it lets the landing page speak to that person specifically rather than greeting them as a stranger.

Cost per enrollment, not cost per piece. Cost per piece invites a comparison with email that mail will always lose. Cost per enrollment is the comparison that matters, and it is the one your CFO is already making.

Time from trigger to in-home. Track it, because it determines when your follow-up should fire and it's the number your outreach team will ask for first.

Engagement against your contracted commitment. The figure your client asks about. Report mail alongside your digital channels so the plan sees one total, rather than a reconciliation exercise.

One process warning worth noting: If enrollment gets recorded in a system that cannot see which mail piece preceded it, mail will never receive credit for the work it did. That's not a measurement problem with the channel, it's a plumbing problem in your stack—and it's worth fixing before you launch, rather than after the first review.

Start **Small**

Pick the segment where digital has clearly stalled. The unengaged portion of a single eligibility file works well, because the baseline is already near zero and the comparison is clean.

Size it between 2,000 and 5,000 members. Large enough that the result means something, small enough to run without a project plan.

Hold back 10 to 20 percent. Randomly selected and mailed nothing. This is the part teams skip and then regret, because without it you will spend the following quarter unable to answer a reasonable question.

Run one trigger and two pieces. A first piece signed by a person, and a second for anyone who has not responded by day ten. Resist adding a third.

Fire your follow-up on delivery. Email the day the piece lands, and put a call task in the queue.

Write down your threshold before you launch. What enrollment lift over the holdout would justify scaling this to your other segments? Decide now while the number is a decision, rather than a negotiation.

Thirty days from your first trigger you will know whether this channel belongs in your program. That is a faster answer than most channels give you.

Start with **One Segment**

If one thing from this guide is worth acting on, it is this: Identify the portion of your eligibility file that has never opened an email, and stop treating it as the residue of a campaign that underperformed.

It is a distinct segment that needs a distinct channel.

We would be glad to look at it with you. Bring your segment sizes and your current engagement rates, and we will map which of these six plays fits, what the trigger looks like in your platform, and what strategy to start with.

Book a Call

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About PFL

PFL, a leading direct mail technology company, increases engagement for brands with their key audiences, using data to automate direct mail and create more authentic human experiences at infinite scale. PFL delivers personalized direct mail programs that are measurable and relevant so organizations can earn attention and amplify growth.

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