Our great hidden healthcare system

Many uninsured are eligible for programs that already exist -- they just don't know about them.

By Phil Lebherz

Sometimes it pays to first look carefully at what *doesn't* work when you are trying to fix something. This could hold true with healthcare reform and the proposal before Congress to add a "public option" plan.

If such a government health insurance option is implemented, will people who are uninsured sign up for it? The question is valid because one-third of the 47 million uninsured people in the United States -- that's 15 million people -- are eligible for government coverage plans already in place but not signed up.

Five years ago, the Foundation for Health Coverage Education launched the California Uninsured Help Line (now the U.S. Uninsured Help Line) and the coverageforall.org website to help the uninsured find government-sponsored health coverage they didn't know existed. The mission was to reduce the ranks of the uninsured. Today, this nonprofit resource gets queries from more than 2,300 people a day. These people get access to every publicly funded program in the country by state on the website. After taking a five-question eligibility test, the help line can connect them to counselors who can aid them in 140 languages. A survey of 12,856 participants who have -- anonymously -- taken the eligibility test found that 8,656 were eligible for government options.

People came to the foundation because often they didn't know where else to turn. Yet most of these subsidized programs we help them with have been "on the books" for years.

Perhaps a first step in fixing the current healthcare delivery system is to create legislation that mandates an effective communication system for any new program as well as the programs already in place. Our experience running the help line has yielded these observations:

* **Reduce hurdles to access**. There are many reasons why 15 million people who are eligible for government health programs don't use them. Among them are the obstacles public agencies unintentionally create that hamper efforts to get enrolled. Case in point: The foundation sent a team of recent college graduates out to local California county agencies to apply for Medi-Cal. They found inconsistent office hours, a dearth of options (one agency only knew of the Medi-Cal program despite there being 10 other state options), lengthy and complicated application processes for eligibility and out-of-date agency websites. It took two days and visits to three agencies to gather the correct information.

* **Make public awareness of services a priority.** No one expects government to market its programs as intensely as private industry, but Congress needs to be fully committed to creating a continuing communications effort about who qualifies for services and how to access them. Unfortunately, the common experience is that much ado is made when a program is announced, followed by little outreach effort to the needy by local agencies.

To this end, public airwaves should be utilized to promote the options. The foundation has relied on radio and television public service announcements, news stories and health organizations such as the American Cancer Society to get the message out about its service, without a single dollar paid for advertising.

* **Don't over-promise**. California's children's health insurance program was placed on the chopping block just months after President Obama signed federal legislation in February ensuring its viability. If current government programs aren't fully funded because there is no tax revenue to support them, make sure the money is there to implement any *new* layer of healthcare service before assuring Americans that it will be there for them.

Few question that change is needed in the healthcare delivery system to reduce the ranks of the uninsured. It's important, however, that any reform be accompanied by a concerted effort to make sure that those who need help know how to find it.

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