

Montgomery County Strategy for the Uninsured

Overview of Healthcare Access Programs

January 9, 2026

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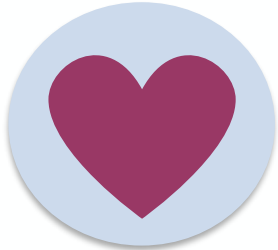


Table of Contents

- Overview of Programs for Uninsured Populations in Montgomery County
- Strategy for Strengthening the Safety Net & Responding to an Influx of New Patients
 - Advocacy
 - Capacity Building



Healthcare for Uninsured Populations in Montgomery County, MD



Montgomery Cares
Ages 18+



Primary Care



Behavioral Health



Specialty Care



Dental Care



Cancer Screenings



Medicine Access
Brand Name &
Formulary



Care for Kids
Ages 0 - 18



Primary Care



Behavioral Health



Specialty Care



Dental Care



Vision Care

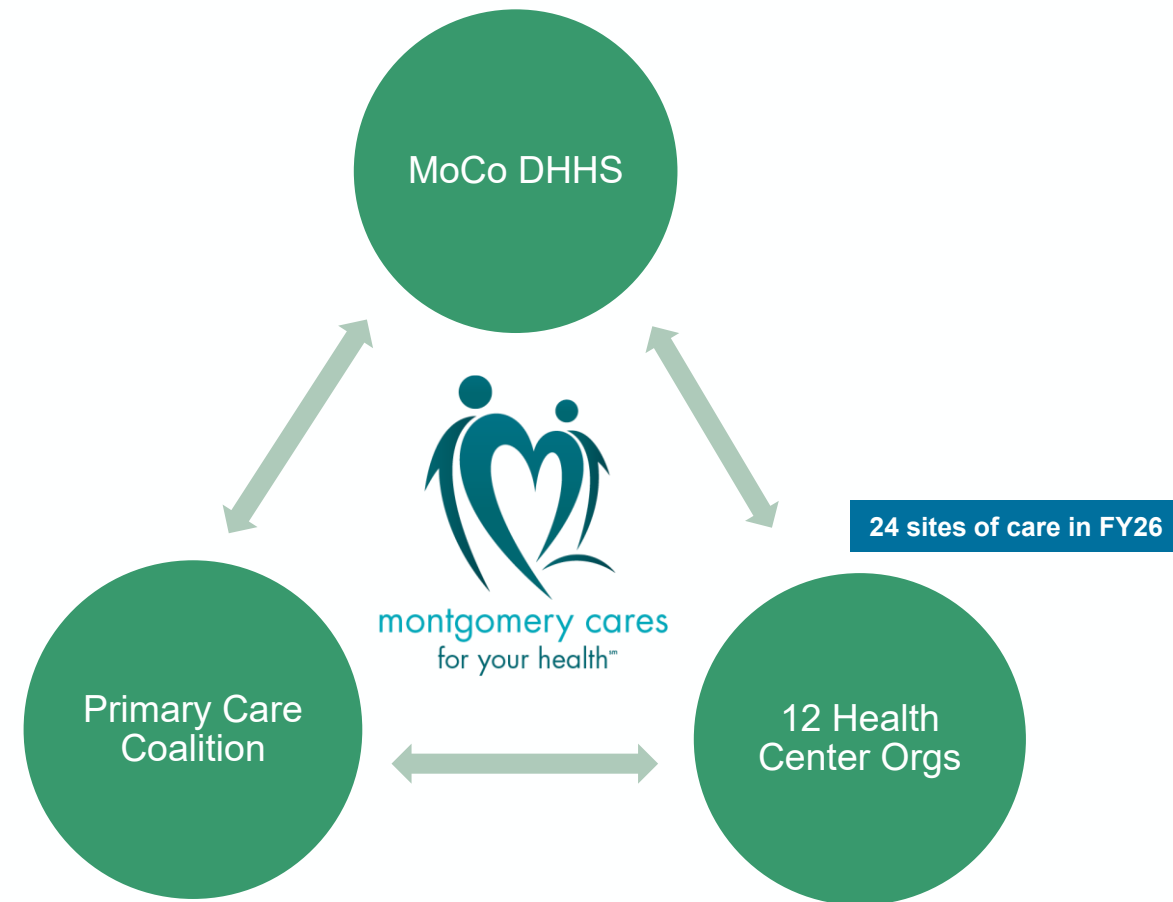
Montgomery Cares

A Public-Private Partnership

The Montgomery Cares program is a **public-private partnership** between the Montgomery County Department of Health and Human Services (MoCo DHHS), Primary Care Coalition (PCC), 12 independent community-based health care organizations – which provides health care services to **low-income, uninsured Montgomery County adults 18+ years old.**

Services Available:

- Primary Care
- Medication Access
- Specialty Care
- Cancer Prevention & Detection
- Behavioral Health
- Dental Care



PCC is the network hub, integrating the health centers into a **connected system**, offering foundational support, including:

Oversight and administration, the technical infrastructure, data analytics, service delivery design, training and quality assurance, quality and process improvement, reimbursement, & technical assistance.

PCC also provides patient navigation, case management & direct patient care for programs that augment care at the sites.

Demographic Trends Across the Montgomery Cares Network in FY 25

24,813 patients received primary care, **expecting 84K encounters** in FY26

29% of patients are between **40-49** years of age, and represent greatest age range

69% of patients identify as **Female**

64% of patients have incomes below the **Federal Poverty Level***

80% of patients identify as **Hispanic/Latino**

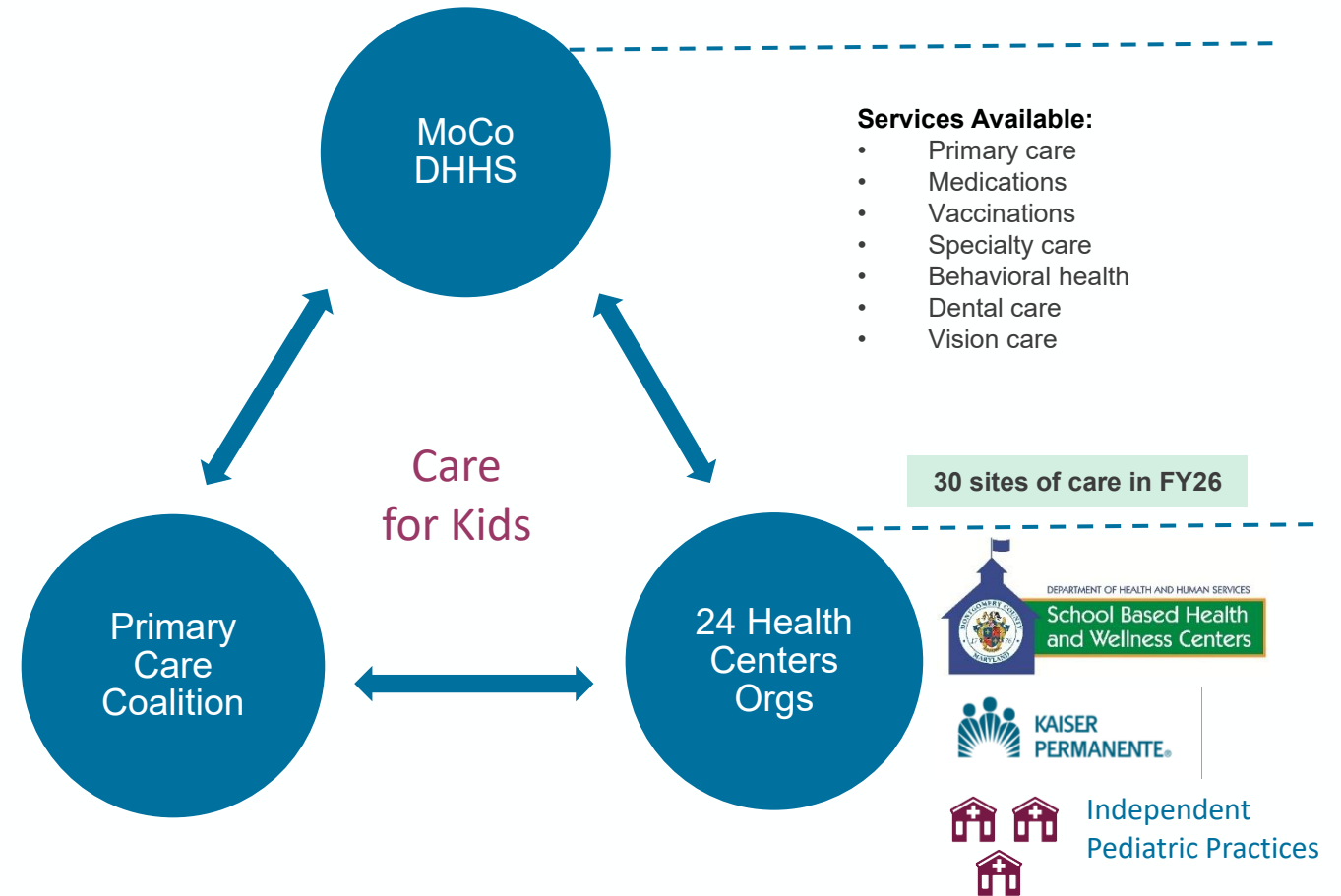
Patients speak over 60 languages, **78% speak Spanish**



Care for Kids

A Public-Private Partnership

The Care for Kids program is a public-private partnership between the Montgomery County Department of Health and Human Services (MoCo DHHS), Primary Care Coalition (PCC), 16 School Based Health and Wellness Centers, 7 independent pediatric primary care health care organizations, and Kaiser Permanente. Together, these organizations provides health care services to **low-income, uninsured Montgomery County children aged 0 to 18 years old.**



PCC manages and oversees the program to make sure it runs smoothly, supporting child and family engagement. This includes assigning youth to a medical home, coordinating care beyond primary care, and conducting enrollment and program renewal outreach. Children who need dental, vision, behavioral health, specialty care or social services are connected to care providers in the community. The program also covers costs for approved care through reimbursement.

PCCs partnerships helps meet each child's unique needs and ensure they get the full range of care they require.

Care for Kids Program FY25 Demographic Trends

The Care for Kids Program supported **10,062** children

46% of patients are ages **6–12**, the largest age group

48% Female | **52%** Male

93% of patients identify as **Hispanic/Latino**

Patients speak over 47 languages, **92% speak Spanish**

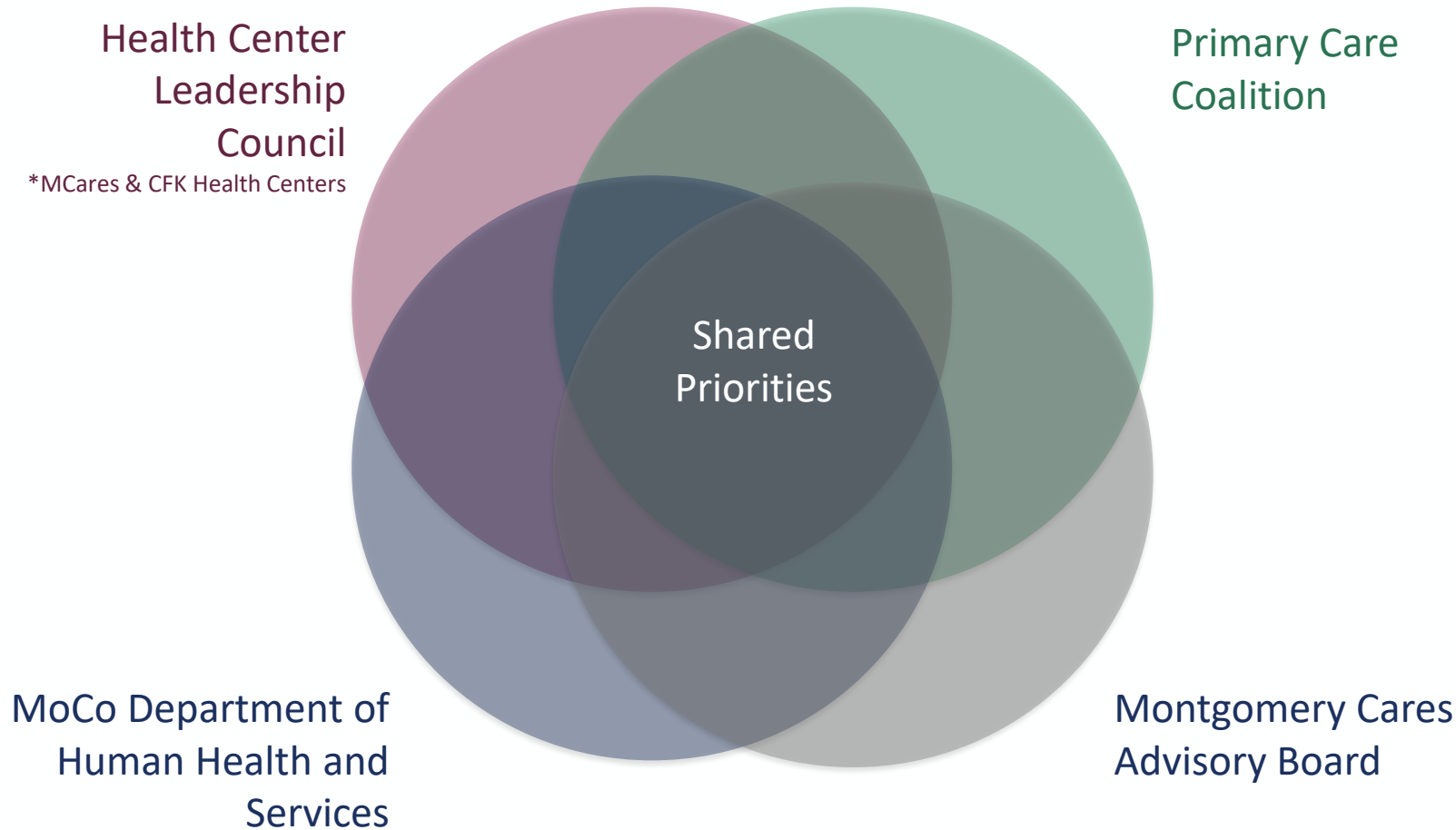
CFK serves a rich, diverse group of families, with children coming from 94 different countries and speaking 47 languages.

Montgomery County Population Changes

Changes	Impacts
MCares Eligibility Changes in FY25 - Uninsured, living in MoCo, 250% Below FPL– not required to be "uninsurable"	Coverage available to more people – growth in FY26 Q1
Loss of Federal Medicaid Expansion Funding	44K beneficiaries at risk
Medicaid Recertification (in person 6 months), Work Requirements, in-person care requirements	Confusion, lapses in care (3K loss due to work requirements, 23K loss due to admin barriers)
Kaiser Permanente Reduction in CHAP Program	1,100 will lose KP subsidy
DACA Recipients Losing Access to Medicaid	69 now eligible for MCares
Local Economy & Loss in Federal Jobs	1.6% + in unemployment as of Sept 2025 in Moco, 25K federal jobs in MD
Federal Law Enforcement Priorities	Reduction in population, widespread fear and frustration

How will we use
these pressures to
adapt & innovate?

Advocating Together



Advocating for resources requires collaboration across four organizations, which together shape budget requests and directly advocating to the County Executive and County Council.

We align on needs and priorities to develop a shared advocacy requests.

To do this we:

- Meet regularly
- Discuss gaps
- Share data and projections
- Monitor changes
- Invite one another in to weigh in on priorities and impacts
- Build trust and work on our relationships

Access to Care Workshops



DHHS, Health Center, and PCC leaders came together to discuss the future of the healthcare safety net.

- Level set on external forces impacting service delivery
- Explore our shared purpose
- Identify any gaps between our vision and outcomes
- Prioritize improvement area to better align with our purpose
- Establish how partners will play a role in model enhancements
- Develop an implementation roadmap to align our vision and operations





Directions to Pursue

When we asked the group about our collective purpose and possible directions to pursue, here are the final areas we will pursue.

Economies of Scale to Strengthen Primary Care

What shared services can facilitate and strengthen comprehensive primary care while also reducing costs? Examples include:

- Network contracts for lab services
- Nurse triage line & telehealth care
- Urgent
- Expanding after hours care
- Group purchasing of supplies
- Group contract for interpretation

Tightening the Loop Between Hospitals & Health Centers

How might we make the most of shared incentives between hospitals who want to reduce readmission and health centers who may be able to help manage patients? What bridges and business models can incentive stronger partnerships?

Improving Navigation & Enrollment / Alternative Access Points

With more people without health insurance how might we improve navigation into Montgomery Cares and Care for Kids?

How might we leverage alternative access points (Mobile Health Clinic, community-based organizations and centers) to better navigate people into our programs?



Thank you!

Way Forward

