



Maryland Health Benefit Exchange Board of Trustees

January 20, 2026
2:00 p.m. – 4:00 p.m.
Meeting Held via Video Conference

Members Present:

Meena Seshamani, M.D., Ph.D., Chair
Aika Aluc, Vice Chair
Ken Brannan
Marie Grant
Douglas Jacobs, M.D.
Yvette Oquendo-Berruz, M.D.
Katherine Rodgers, EdD, MPH
Maria Pilar Rodriguez
JoAnn Volk, M.A.

Also in Attendance:

Michele Eberle, Executive Director, MHBE
Johanna Fabian-Marks, Deputy Executive Director, MHBE
Tony Armiger, Chief Financial Officer, MHBE
Tamara Gunter, Director, Consumer Assistance & Eligibility, MHBE
Shirelle Greene, Procurement Officer, MHBE

Meeting Call to Order and Approval of Minutes

Meena Seshamani, M.D., Ph.D., Chair

Sec. Seshamani called the meeting to order and asked for a motion to approve the minutes of the October 20, 2025, public Board meeting. Ms. Grant moved to approve the minutes, seconded by Dr. Jacobs. The Board voted unanimously to approve the minutes.

Standing Advisory Committee Report

Aika Aluc, Board Liaison

Ms. Aluc gave the Board an update on the Standing Advisory Committee (SAC), noting that the term of SAC Co-Chair Mark Meiselbach is ending as part of a broader time of transition for the group. Along with Mr. Meiselbach, eight other SAC members are concluding their service. A search for new SAC members is underway with a special emphasis on finding people who work in care delivery as well as representation from Western Maryland.

Next, Ms. Aluc summarized topics discussed during the SAC's most recent meetings, including the recommendations of the Value Plan Workgroup, the Maryland Health Connection for Small Business (MHC-SB) enrollment portal, and an introduction to the Maryland Insurance Administration (MIA) Health Coverage Assistance Team (H-CAT) who works to help Marylanders avoid fake or junk plans. Ms. Grant added that MIA is working on legislation to help hold third-party administrators (TPAs) accountable for violations of the Insurance Article, noting that MIA's authority over brokers is well established but is much more limited over TPAs.

Finance and Audit Committee Report

Maria Pilar Rodriguez, Board Liaison

Ms. Rodriguez asked Tony Armiger, MHBE Chief Financial Officer, to update the Board on the Finance Committee's recent meeting, citing her own absence. Mr. Armiger shared that the committee heard an update on the MHBE financial statements as of the end of October 2025 showing the agency over budget by roughly \$32,000. He added that all materials presented to the Committee were also provided to the Board in its meeting materials. Scott Brennan, MHBE Director of Compliance & Privacy, added that the Committee heard an update on the MHBE privacy program, including quarter-over-quarter trending. Mr. Brennan noted that the rate of privacy incidents is low and stable and that the Office of Legislative Audits (OLA) will begin its audit of the MHBE at the end of the calendar year.

Executive Report

Michele Eberle, Executive Director, MHBE

Ms. Eberle began her remarks with a recap of the recently completed open enrollment (OE). She shared that the number of renewal enrollments is the highest it has been since the MHBE was established and that the number of completely new enrollments has declined since last year. Ms. Eberle pointed out that the MHBE has over 83,000 people enrolled without any financial assistance, including people whose income falls below 100 percent of the federal poverty level (FPL) and have thus lost access to Medicaid due to their immigration status. The MHBE's analysis shows that the people who were previously receiving the least assistance are those most severely impacted by the recent federal changes, she explained, adding that the data shows enrollees choosing less generous plans for 2026 than they chose in 2025. Those most affected include enrollees over age 55 and those over 400% of the FPL. Ms. Eberle cautioned that the State replacement subsidies are built on the framework of the State Reinsurance Program (SRP), which will expire in 2028. She pointed out that the MHBE is participating, along with other state agencies, in efforts to prepare for further impacts from the One Big Beautiful Bill Act (OBBBA).

Next, Ms. Eberle discussed federal action, noting that there is little hope that tax credits will be restored, despite rumors that Congress may still act. In the unlikely event that expanded tax credits are extended, the agency stands ready to implement them. The MHBE continues to await the 2027 Notice of Benefit and Payment Parameters from the Centers for Medicare & Medicaid Services (CMS), which will lay out rules for the 2027 plan year. This notice is usually released in December, but it is running late. When the notice is released, the MHBE expects it will contain further impediments to enrollment.

Ms. Eberle noted that the Governor's budget will be released the following day and that the 2026 Maryland legislative session has begun. She noted that the MHBE has only one departmental bill before the Maryland General Assembly this year, which contains a technical update to the pregnancy special enrollment period (SEP) rules.

Next, Ms. Eberle announced that the MHBE is interviewing candidates for the Director of Policy and Plan Management position.

Finally, Ms. Eberle asked the Board to agree to the 2026 Board meeting schedule, including an additional meeting beyond the traditional schedule. On June 15, 2026, the MHBE wishes to hold an all-day Board/Leadership planning retreat distinct from a regular open meeting.

Sec. Seshamani cautioned that enrollments are likely to drop for 2026 once enrollees must make their binder payment and experience sticker shock.

Ms. Volk asked whether the MHBE can share data showing whether enrollees who moved from Silver to Bronze plans for 2026 would have been eligible for a Silver CSR (cost-sharing reduction) plan. Ms. Eberle replied that those data are available, and that she would gather and distribute them to the Board. Ms. Volk asked that the agency inquire with consumer assistance workers such as brokers and Connector Entity staff whether their conversations with consumers have gone into the details of the tradeoffs moving from Silver CSR to Bronze coverage. Ms. Eberle agreed.

Ms. Grant shared anecdotes of her conversations with consumers making their plan selection for 2026, showing that people understand the tradeoffs and impacts of "buying down" to a less generous plan and are weighing their options carefully.

Dr. Oquendo-Berruz moved to approve the 2026 Board of Trustees meeting schedule as presented, including the all-day retreat on June 15. Ms. Volk seconded. The motion was approved unanimously.

[Proposed Small Business Regulatory Update](#)

Johanna Fabian-Marks, Deputy Executive Director, MHBE

Ms. Fabian-Marks presented the proposed updates to the regulations governing small business health plans through the MHBE. The proposed change will to expand the number of plans at each metal level that may be offered by each insurer. Through plan year 2026, carriers are limited to four plans per metal level per carrier license. The proposed update would limit carriers to eight plans per metal level per insurance holding company in the small group market. In addition, the proposed standards include a "meaningful difference" clause based on similar language in federal regulations. Ms. Fabian-Marks noted that the Board will be asked to vote on the proposed action which, if approved, will be distributed to the appropriate parties in preparation for a final vote in April, after which the updated regulations would take effect in May.

Ms. Volk asked whether the meaningful difference standard applies both on- and off-exchange. In reply, Ms. Fabian-Marks shared the text of the standard, adding that the Board has the authority to expand the scope of the standard if desired. Ms. Volk asked whether the standard will include concrete amounts by which plan features such as co-pays must differ between plans. Ms. Fabian-Marks replied in the negative and expressed confidence in the MHBE's ability to appropriately

adjudicate this standard. Sec. Seshamani added that this change is in response to feedback from the small business community that they need additional plan options.

Mr. Brannan asked whether the MHBE has established a goal to fill in gaps in coverage for those leaving the individual market. Ms. Fabian-Marks replied that the MHBE has much more flexibility in the individual market to set standards, but that they are committed to supporting small businesses also.

Sec. Seshamani asked for a motion to approve the proposed regulations as presented and authorize MHBE to submit them to the Division of State Documents for publication in the Maryland Register. Ms. Volk advanced the motion, seconded by Dr. Oquendo-Berruz. The motion was approved unanimously.

[2027 Proposed Plan Certification Standards Preview](#)

Johanna Fabian-Marks, Deputy Executive Director, MHBE

Ms. Fabian-Marks then presented on the proposed 2027 plan certification standards, beginning with background information, including listing recently introduced standards such as requiring carriers to be accredited by the National Committee for Quality Assurance (NCQA) beginning in 2024. She discussed Value Plan standards, first introduced in 2020 and updated annually since then. The MHBE has used the Value Plan benefit design as a policy tool to support affordability and access, simplify plan choice, and promote health equity. She emphasized the importance of the Value Plans' reliance on co-pays as the mechanism for delivering on these goals.

Next, Ms. Fabian-Marks laid out the timeline for implementation of the new standards, should they be approved by the Board at the current meeting. She cautioned that, at some point during 2026, the federal actuarial value (AV) calculator will be released, the results of which may require extensive changes to the Value Plan designs. With the new standards set to take effect on January 1, 2027, the MHBE hopes to have the Board vote to finalize the standards during its February meeting.

Ms. Fabian-Marks then described the contents of the proposed 2027 Value Plan designs. She noted that these are the only components of the plan certification standards currently set to be updated, and they maintain the same cost-sharing as the 2026 plans. All carriers would be required to offer at least one continuous glucose monitor to patients with diabetes at no cost-sharing, along with required disclosures to the public as to the availability of this benefit and how consumers may access it.

Next, Ms. Fabian-Marks shared feedback from the Value Plan Workgroup recommending that the Board make Value Plans' diabetes-related benefits more publicly visible in plan shopping and link directly to each carrier's page disclosing these benefits. The Workgroup further recommended that the MHBE conduct consumer testing on the phrase "Value Plan" and explore possible alternative branding. Finally, the Workgroup recommended that carriers be required to submit data on utilization and prior authorization denials to the MHBE to identify challenges to consumer access to the benefit.

Dr. Jacobs expressed support for the diabetes-related benefits in the Value Plan designs, but cautioned that the term "diabetes" refers to more than one condition, only one of which requires glucose monitoring. Ms. Fabian-Marks thanked Dr. Jacobs and committed to capturing that distinction in the Value Plan standard.

Dr. Rodgers moved to approve the proposed plan certification standards for plan year 2027 as presented, seconded by Dr. Jacobs. The motion passed unanimously.

MHC for Small Business Update

Mimi Hailegeberel, Small Business Programs Manager, MHBE

Ms. Hailegeberel updated the Board on the progress of MHC-SB. She began by describing the small business landscape in Maryland, where nearly 700,000 small businesses employ nearly half of the Maryland workforce. Slightly more than 60% of small businesses in Maryland offer no employer-sponsored health coverage. She explained that the small business coverage market has a few challenges, including cost, difficulty in accessing clear and unbiased information on coverage options, administrative burdens, and potentially locking lower-income employees out of richer benefits and financial assistance available through the individual market.

Next, Ms. Hailegeberel discussed MHC-SB, noting that it is the only way small businesses can access federal tax credits. She described the recent launch of the MHC-SB enrollment portal with the goal of targeting businesses with fewer than 10 employees and enrolling 10,000 Marylanders within five years. She shared figures showing the number of small businesses with coverage through MHC-SB (70) and the number of covered lives (489). A new outreach and education program through MHC-SB will allow businesses to display an exclusive “We offer health coverage!” badge after completing a three-step program including educational videos, a presentation to employees by a broker, and signing up for coverage.

Ms. Hailegeberel then discussed future plans for MHC-SB, including the integration of Individual Coverage Health Reimbursement Arrangements (ICHRA), continuous improvement of the enrollment portal, and expanding outreach and education efforts. She shared a schedule of marketing events including an awareness campaign through the fall, outreach and education efforts through the winter, and a fully targeted paid advertisement campaign in the spring.

Ms. Eberle asked whether the MHBE has given the Board a demo of the MHC-SB portal. Ms. Hailegeberel replied in the negative. Ms. Eberle committed to a demo in a future meeting.

Mr. Brannan asked whether each of the carriers offering plans on the individual market are also offering small business plans through MHC-SB. Ms. Hailegeberel replied in the affirmative.

Mr. Brannan asked whether it is true that business owners cannot sign up to a small business plan. Ms. Hailegeberel replied that business owners are enjoined from enrolling in a plan unless there is at least one actual employee in coverage.

Salesforce License Renewal

Venkat Koshanam, Chief Information Officer, MHBE

Shirelle Green, Procurement Officer, MHBE

Mr. Koshanam shared background information on the use of the Salesforce platform at the MHBE, noting that it is central to several critical business systems, including the customer relationship management (CRM) system that tracks tickets and other requests for assistance. He explained that

the agency intends to modify its licensing by reducing the number of the most expensive type of licenses and increasing the number of less expensive licenses. The change will result in nearly \$40,000 estimated savings in 2026 compared to the prior year.

Next, Ms. Greene listed the procurement details including the license begin and end date, the reseller, and the total cost. She shared the dates of the quote, approval from CMS, and the expected date of procurement completion. Ms. Greene asked for a motion to exercise the Intergovernmental Cooperative Purchasing Agreement (ICPA) second option year renewal with Carahsoft Technology Corporation for the period from April 1, 2026, to April 1, 2027 and award the contract to Carahsoft Technology Corporation in the amount of \$1,486,611.38, with a Federal Participation of \$981,163.51 and State Participation of \$505,447.87 to procure the Salesforce licenses for the period of March 2, 2026 to March 1, 2027. The motion was advanced by Dr. Oquendo-Berruz and seconded by Dr. Rodgers. The motion was approved unanimously.

Consumer Assistance Contract Review – Language Translation Services

Tamara Gunter, Director, Consumer Assistance & Eligibility, MHBE

Ms. Gunter shared details of a request to modify the contract between the MHBE and its language translation service for the call center, the language line. She explained that language line services are secured through a Maryland State contract through the Board of Public Works and that the agency seeks the Board's approval to increase the not-to-exceed (NTE) amount of the contract from \$250,000 to \$1,200,000 for FY 2026. She explained that recent massive increases in call volume necessitate the request.

Ms. Volk asked what is driving the increase in call volume. Ms. Gunter replied that people who need language support are electing not to go in person to local offices due to fears for their safety, leading them to use the call center and other consumer assistance sources that offer support over the phone or online.

Ms. Gunter then shared a range of figures showing details of the use of the language line at the MHBE. Since the call center has invested so heavily in multilingual staff, its own internal team has handled between 13,000 and 21,000 Spanish calls every month during FY 2025 and 2026. They have maintained that volume of call handling in Spanish after August 2025, but have increased the number of Spanish calls handled by the language line from less than 1,000 in July 2025 to nearly 10,000 in December 2025. Ms. Gunter underlined that calls involving the language line are predominantly in support of Medicaid enrollees but that the volume of calls relating to individual market coverage increased by nearly 200% during the open enrollment period.

Ms. Gunter asked the Board to approve the request to increase the NTE for Language Line services through the State contract with the Board of Public Works in the not-to-exceed amount of \$1,200,000.00 for FY26. The motion was advanced by Dr. Oquendo-Berruz with a second by Ms. Volk. The motion was approved unanimously.

Adjournment

Sec. Seshamani asked for a motion to enter closed session to discuss the appointment, employment, assignment, promotion, discipline, demotion, compensation, removal, resignation, or performance evaluation of appointees, employees, or officials over whom this public body has jurisdiction; or any

other personnel matter that affects one or more specific individuals pursuant to General Provisions Article, §§3-305(b)(1). Dr. Rodgers advanced the motion, seconded by Dr. Oquendo-Berruz. The motion was approved unanimously.