



Maryland Health Benefit Exchange Board of Trustees

February 17, 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

Yvette Oquendo-Berruz, M.D.

Katherine Rodgers, Ed.D, 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

Scott Brennan, Director, Compliance & Privacy, MHBE

Venkat Koshanam, Ph.D., Chief Information Officer, MHBE

Tracey Gamble, Procurement Manager, MHBE

Shirelle Greene, Procurement Officer, MHBE

Meeting Call to Order and Approval of Minutes

Aika Aluc, Vice Chair

Ms. Aluc called the meeting to order. Dr. Rodgers moved to approve the minutes of the January 20, 2026, public Board meeting. Ms. Volk seconded. The Board voted unanimously to approve the minutes.

Public Comment

None offered.

Executive Director Update

Michele Eberle, Executive Director

Ms. Eberle gave her executive update, noting that the Notice of Benefit and Payment Parameters recently released by the Centers for Medicare and Medicaid Services (CMS) appears to make buying Catastrophic and Bronze plans easier. She noted that Senator Lam put forward a technical clean-up bill for the MHBE's pregnancy special enrollment period and that the MHBE is working on the required fiscal analysis for that proposal.

Ms. Eberle commented that most of the funding the MHBE requested, particularly for the implementation of requirements put in place by H.R.1, the One, Big, Beautiful Bill Act, was granted in the Governor's budget and will now go through the General Assembly. She noted the high praise given to the MHBE by legislators with whom she and Ms. Fabian-Marks met.

She then apologized on the MHBE's behalf for an issue with file transfers to CareFirst involving around 4,000 participants that occurred during open enrollment. She stated that the problem should now be mainly resolved, with only about 400 outstanding cases remaining. Ms. Eberle also explained that 1095 forms will be sent out soon for reporting on coverage and tax credits received, and consumers can contact the MHBE about corrections as necessary.

Ms. Eberle closed by noting that the request for applications (RFA) for the Connector Entity grant program closed two weeks ago. The Review Committee will review the applications and provide an update by close of business (COB) today; applications will then be reviewed internally, followed by award notifications being issued by COB on Thursday, February 19. Then, she described how the MHBE received approval and additional funding for the community engagement and semiannual redetermination portions of H.R.1.

Ms. Eberle reported on a pilot program the MHBE has undertaken for the use of artificial intelligence (AI) to handle case status inquiries, along with the agency's AI password assistance functionality.

Ongoing recruitments include a case worker position focused on escalated cases and a new director of policy and plan management.

Ms. Eberle concluded by noting that the next Board meeting will be in April, not March. Ms. Wilson explained that the meeting is in person at the Maryland Health Care Commission.

Ms. Volk expressed interest in discussing the items from CMS' Notice of Benefit and Payment Parameters related to catastrophic plans at a future meeting, as they seem to impose changes on states.

Standing Advisory Committee Appointments

Aika Aluc, Board Liaison

Next, Ms. Aluc presented on the appointments made to the Standing Advisory Committee (SAC). Detailed slides are available in the presentation for this meeting. The goal in recruiting new members was for SAC membership to reflect the diversity of the state. The application period ran from December 12, 2025, to February 2, 2026, through a recruitment process consistent with SAC policy and procedure. The MHBE particularly sought and recruited representation from Western Maryland and from healthcare advocates, providers from federally qualified health centers and other facilities, and public health researchers.

Seven individuals applied to the SAC for 2026 rather than the typical five to six due to the more ambitious recruitment goals pursued and the departure of the SAC's Aetna representative. Ms. Aluc noted that she and the SAC Chair recommend that the Board appoint all seven applicants to the SAC. She and the SAC Chair met with MHBE staff to confirm the recommendation for appointment of all applicants.

She showed details on each applicant, noting that resumes for each are included in the materials for the meeting, along with a spreadsheet containing details on all SAC members and their diversity and expertise.

Ms. Aluc requested a motion to appoint the applicants.

Ms. Rodriguez asked for confirmation that the window during which the application period was open was December 2025 to February 2026. Ms. Aluc replied in the affirmative.

Dr. Rodgers praised the SAC's outreach efforts and the diverse group of applicants they have assembled. Mr. Brannan concurred, remarking on the gifted applicant pool and on the importance of the SAC to the Board. He congratulated the newly appointed SAC Chair on her position and implored the Board to take advantage of the SAC's potential through deep engagement with it.

Dr. Rodgers moved to approve the appointment of the applicants to the 2026 Standing Advisory Committee as presented. Mr. Brannan seconded. The motion passed by unanimous consent.

2026 IT Roadmap Presentation

Venkat Koshanam, Ph.D., CIO

Dr. Koshanam then presented on the roadmap for information technology (IT) strategy at the MHBE for 2026. Detailed slides are available in the presentation for this meeting. He provided an overview of the technologies the MHBE uses, including various portals accessible to staff and consumers, noting that Maryland Health Connection (MHC) is one of the few end-to-end encrypted state health insurance exchanges nationwide. He highlighted the 11 million consumer inquiries handled through the MHBE's customer relationship management (CRM) solution since 2017, and he noted the agency's automation initiatives handling consumer portal and call center functionality. Stability, scalability, and innovation are key components of the agency's IT strategy.

Dr. Koshanam shared many metrics representing the organization's IT accomplishments in 2025. He highlighted the IT department's nimbleness in making changes as needed and noted that they have updated CMS monthly as to the system changes being implemented.

After going over the MHBE's vision for the MHC platform's IT functions, Dr. Koshanam reviewed its 3 pillars of execution, which consists of resilience and system security, exemplified by the new disaster recovery platform as well as innovation and engagement, including use of new technologies such as AI, resulting in significant cost savings. Lastly, quick implementation of policies at scale, such as implementation of MHC for Small Business, integration with the Maryland Department of Health's Unified Benefits portal, and the launch of a presumptive eligibility portal for hospital workers to apply for temporary Medicaid coverage.

In 2026, the organization's IT strategy focuses on cybersecurity, including migration to Acceptable Risk Controls for ACA, Medicaid, and Partner Entities (ARC-AMPE) standards and implementation of the Security Governance, Risk, and Compliance (GRC) platform; innovation in the AI sphere and through a stronger microservices architecture; policy implementations, including the requirements put in place by H.R.1; and operations improvements, including automation advancements and other system updates.

Dr. Koshanam shared a roadmap of the implementations planned for 2026 and reviewed a slide summarizing the outcomes discussed for the calendar year.

Mr. Brannan asked if Amazon Web Services (AWS) is involved in the MHBE's security and innovation updates and inquired about its integration with MHBE's existing processes, noting AWS' ubiquity and stating his desire to avoid remaining on legacy programs. Dr. Koshanam replied that the MHBE has an ecosystem of technology that they have embedded into the AWS system and continues to investigate the newer services AWS offers but does not adopt them all. He commented that the agency could switch to a competitor's product if one offering superior features were to emerge and noted that the MHBE's use of AWS is largely governed by common technology hosted on the MD Benefits platform but includes customized features catered to its needs as well.

Mr. Brannan commented on the disconnect between the MHBE and CareFirst regarding the data transfer incident. He stated that the issue continued for some time before being discovered, inquiring whether expanded integration with AWS will help avoid such pitfalls. Dr. Koshanam responded that there are at times mismatches between the MHBE's IT functionality and that of external partners, so technology improvements on the MHBE side improve the organization's ability to identify and respond to issues. He identified improvements to the processes used in inter-organizational interactions, such as those used in data exchanges, as a helpful step forward. He pointed to an instance during this open enrollment period when the MHBE's bots were able to catch issues with the carriers' "Pay Now" functionality, notifying the MHBE of the need to disable that functionality until the issues could be resolved, and he advocated for increased accountability for external partners moving forward to guarantee the continued functionality of inter-organizational integrations.

Amazon Web Services Procurement

Tracey Gamble, Procurement Manager

Venkat Koshanam, Ph.D., CIO

Dr. Koshanam then moved on to discussing the details of the procurement for the agency's AWS contract. Detailed slides are available in the presentation for this meeting. He listed numerous functionalities for which the MHBE uses its customized AWS infrastructure, hosted separately from the MD Benefit environment for security purposes in the event of a failure in the main health benefit exchange platform. He stated that he is requesting that the Board approve a contract and not-to-exceed (NTE) amount for the MHBE's AWS licenses.

Ms. Gamble explained that the MHBE issued a Request for Proposal (RFP) to renew its AWS contract for a five-year period, consisting of a three-year base period from May 1, 2026, to April 30, 2029, followed by Option Year 1 from May 1, 2029, to April 30, 2030, and Option Year 2 from May 1, 2030, to April 30, 2031. Four responses to the RFP were received from four different vendors. The evaluation committee recommended the vendor, A & T Systems, Inc., and Ms. Gamble concurred. The annual cost will vary based on the agency's utilization each year, and the Board will vote on a particular NTE amount each year. For the first year, the Board is asked to approve an NTE amount of \$2 million, with a federal participation amount of \$1,320,000 (66% of the total cost) and a state participation amount of \$680,000 (34% of the cost).

Ms. Volk recalled reading somewhere in the Board materials about possible future reductions to indefinite delivery, indefinite quantity (IDIQ) spending if the cost exceeds a certain amount, asking whether this is the contract to which that clause applies. Dr. Koshanam replied that the anticipated NTE amount is \$2 million. He stated that the agency has not exceeded its IT budget for several years, and if they did need to exceed it, the MHBE would come back to the Board to request a change to the IDIQ amount. This possibility allows for tweaking as needed. Mr. Armiger added that the contract will only be active for two months in FY 2026 due to its May 1 start date, so the impact on

the FY 2026 budget will be minimal, with little risk of going over budget. He also stated that any over-budget amount is likely to be small.

Ms. Volk asked if the five-year period divided into a three-year base period and two option years is customary, noting that this may be a long time if there are any performance issues. Mr. Armiger replied that this structure is typical, as it is the longest period for which a contract can typically be drawn up. He stated that each contract contains clauses on cancellation for convenience, allowing for cancellation without a particular reason, as well as “with reason,” allowing for cancellation due to performance issues.

Ms. Volk moved to approve renewal of the Amazon Web Services (AWS) Subscription Licenses through the reseller A & T Systems, Inc. for the contract base period of three years from May 1, 2026 – April 30, 2029, and two option years from May 1, 2029 – April 30, 2031, for a Not-to-Exceed amount of \$10,618,272 with a Federal Participation amount of \$7,008,059 and a State amount of \$3,610,213, as presented. Dr. Oquendo-Berruz seconded. The Board voted unanimously to renew the contract.

Dr. Oquendo-Berruz moved to approve a Not-to-Exceed amount of \$2,000,000 with a Federal Participation amount of \$1,320,000 and a State participation amount of \$680,000 for the procurement of AWS Subscription Licenses for Year One of the Base Period, from May 1, 2026 to April 30, 2027. Mr. Brannan seconded. The motion passed by unanimous consent.

IDIQ Modification for OBBBA Work

Shirelle Green, Procurement Officer

Venkat Koshanam, Ph.D., CIO

Dr. Koshanam then gave a presentation requesting an increase to the FY 2026 IDIQ NTE amount to allow for implementation of federally mandated changes under H.R. 1. Detailed slides are available in the presentation for this meeting. He showed a slide summarizing the types of changes mandated, including more frequent eligibility verifications, new qualification criteria, requirements for more frequent consumer interaction with the system, and more system and compliance controls. He then showed a list of stakeholders who will be involved in the implementation. He stated that the MHBE is well-prepared given its thorough understanding of the requirements, its technology team, and its connections with stakeholders.

Next, Dr. Koshanam showed an overview of the policy changes at a high level, highlighting the new work requirement and associated exceptions. He explained the anticipated technology impacts on the MHBE, including changes to the agency’s eligibility rules engines, its worker and consumer portals, its mobile application, its verification and document management workflows, its reporting, its audit controls, its data extraction, its security and compliance logging, and its integration and data exchanges. He then showed a preliminary schedule for implementation of these changes, starting immediately, with implementations beginning as early as March. He

praised the robust team within the MHBE working on this effort, with a solid understanding of the requirements, and expressed confidence that they will be able to meet the tight deadlines put in place.

Dr. Koshanam continued by reviewing the project's funding. For federal fiscal year 2026, CMS has already approved \$4,576,250 for work requirement-related steps and \$1,873,881 for tasks not related to the work requirement. The state funding amount for state fiscal year 2026 was already included in the appropriation under the Governor's Proposed Budget. Thus, the funding is in place to start the implementation work and continue until the end of state fiscal year 2026, along with a potential three additional months. The MHBE will request the additional funding from CMS within the next few months. Dr. Koshanam expressed confidence that the request will be approved rapidly given how quickly their previous funding requests for this work were approved, so the MHBE should receive the funding around August or September.

Dr. Koshanam closed by reviewing the current approved IT IDIQ NTE amount: \$34,550,000. Adding in the \$5,312,500 in approved funding for H.R.1 implementation, the new NTE amount the MHBE requests from the Board is \$39,862,500. He explained that the MHBE would move some existing architecture, development, and security personnel to this implementation work and hire new personnel to assist.

Ms. Eberle noted that the Governor filed an FY 26 deficiency for the state funds to be used for this work, and this measure has gone through the Governor's process but is still working its way through the legislature. So there is a risk that the legislature may not approve it, but she explained that the MHBE is confident that it could repurpose other funds to cover the costs in that case. Mr. Armiger concurred.

Ms. Volk asked whether the Maryland Small Business Health Options Program (SHOP) implementation line item shown on the IDIQ budget sheet involves changes that have already been discussed with the Board. Dr. Koshanam stated that it will use only state funding and concerns the implementation that has already been done, with some funding reserved for ongoing system enhancements taking place through the end of FY 2026. He noted that the MHBE is within budget for this item.

Commissioner Grant moved to increase the FY 2026 Not-to-Exceed (NTE) amount of the IT Indefinite Delivery Indefinite Quantity (IDIQ) budget by \$5,312,500 to \$39,862,500, with a total Federal Financial Participation amount of \$29,838,450 and State participation amount of \$10,024,050, and to increase the IDIQ Task Order NTE amounts for 38 Task Orders by a total amount of \$451,500, as presented. Dr. Rodgers seconded. The motion passed by unanimous consent.

[Strategic Plan Presentation](#)

Johanna Fabian-Marks, Deputy Executive Director

Ms. Fabian-Marks presented on the MHBE's draft strategic plan for FY 2026 – FY 2028. Detailed slides are available in the presentation for this meeting. She noted that the

MHBE will also present this to the Board Policy and Governance Committee next week and aims to finalize the draft in March 2026 and distribute the detailed tasks across the three years covered under the plan. She stated the agency's core structure and goals: to improve the health of Marylanders by connecting them to high-quality, affordable health coverage. She showed statements depicting the organization's vision and values and explained that, in the face of uncertainty from many sources, the MHBE seeks to remain steady and grounded and continue delivering on its mission.

Ms. Fabian-Marks then described the plan's three strategic priorities: organizational strength, encompassing the MHBE's efforts to remain resilient, efficient, and adaptable; "telling our story," focused on the use of data-driven storytelling to build trust, influence, and transparency with internal and external stakeholders; and driving innovation in the MHBE's platform, products, and processes to expand its impact on Marylanders. She listed a number of objectives under each priority, which are further divided into strategies and, even further, into action items, with each level shown in detail in the presentation for this meeting.

Dr. Rodgers praised the strategic plan, commenting that it elevates the MHBE and highlights its role in increasing access to care, serving as a subject matter expert and an innovative market leader.

Mr. Brannan inquired to what extent the previous strategic plan was a living document, especially regarding employee work plans, evaluations, and specific goals. Ms. Fabian-Marks replied that MHBE leadership worked to connect the plan to specific employee goals and evaluations, including through the agency's semiannual employee evaluation and goal-setting process. Ms. Eberle agreed, adding that the MHBE will report to the Board on a quarterly or semiannual basis regarding the plan's outcomes and that the plan's priorities will be reflected in the pillars by which the organization operates and reinforced through the performance evaluation cycle as well as through monitoring of individual departments. She also stated that the agency will monitor possible additional edits to the plan after the final version is approved, as necessary.

Mr. Brannan suggested looking to the SAC and the Board as a first avenue for engagement. He stated that Board members are proud of the trust stakeholders across the state place in the MHBE and its leadership and noted that the Board would love to be able to share more about the agency. Ms. Fabian-Marks responded that one of the action items involves how to better support Board members in serving as MHBE ambassadors.

Ms. Aluc highlighted the importance of the strategic priority "telling our story." In response to recent changes in national health funding structures and the resulting breaches in public trust, she suggested readdressing topics that may have been shelved in the past, such as some maternal health subjects and some issues affecting immigrant populations, perhaps through partnerships with the SAC and external partners. She submitted these ideas for consideration for the Board's June leadership retreat.

Sec. Seshamani praised the plan's areas of focus and suggested that the strategic priority on innovation include language regarding H.R.1 implementation, noting the direct implications of the implementation through the MHBE's technology on Medicaid. Ms. Fabian-Marks replied that the MHBE can elevate the topic in the strategic plan and affirmed that it had been an important consideration throughout the plan.

Ms. Volk praised the care taken in creating this plan.

Motion to Enter Closed Session

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

Commissioner Grant moved 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). Ms. Aluc seconded. The motion passed by unanimous consent.