



MHBE

Standing Advisory Committee

November 20, 2025

2:00PM – 4:00PM

Via Google Meets

Members:

Aika Aluc, MHBE Board Liaison
Mark Meiselbach, Co-Chair
Stephanie Klapper, Co-Chair
Nate Apathy
Elizabeth Arend Dutta
Leidi Garcia
Maya Greifer
Brandy Guy
Carmen Larsen
Kiya Lofland
Allison Mangiaracino
Kimberly Robinson
Mark Romaninsky
Douglas Spotts
Rick Weldon
Jake Whitaker

MHBE Staff

Theresa Battaglia
Jose Cabrera
Maggie Church

Nicole Edge
Alexandra Edwards
Johanna Fabian-Marks
Makeda Hailegeberel
Becca Lane
Amelia Marcus
Pooja Singh

Members of the Public

Ninfa Amador
Nikki Blake
Brad Boban
Kimberly Cammarata
Maggie Church
Vinny DeMarco
Patricia Dorn
Ruth Getachew
Jessie Haviland
Gabie Robinson
Suzanne Schlattman
Adam Zimmerman

Welcome, Agenda, and Minutes

Co-Chair Stephanie Klapper opened the meeting and asked for a motion to approve the minutes of the September 18, 2025, meeting. Mr. Weldon moved to approve, seconded by Ms. Larsen. The minutes were approved.

Ms. Klapper then acknowledged those departing from the Standing Advisory Committee (SAC), including some whose terms are ending and one who has joined the MHBE Board of Trustees. She thanked them for their service.

Co-Chair Mark Meiselbach then shared the agenda for the meeting.

Executive Update

Johanna Fabian-Marks, Deputy Executive Director of the MHBE, began with developments at the federal level. She explained that the government shutdown concluded without reaching a deal to extend the enhanced premium tax credits, and that it is still possible for Congress to act before the year ends. She added that the MHBE is ready to implement system changes very quickly should the tax credits be extended.

Ms. Fabian-Marks then turned to open enrollment, noting that it is currently day 20. New enrollments are tracking 13% lower than the prior year but total enrollments are up roughly 10%. She cautioned that many of those who have completed their enrollment will be affected by the loss of tax credits and the MHBE expects some of them to drop coverage later in the year. She shared that consumers have expressed support for the state subsidy and its efforts to support affordability.

Next, Ms. Fabian-Marks described the Achieving Healthcare Efficiency through Accountable Design (AHEAD) model, an agreement between Maryland and federal authorities establishing a framework for the state's healthcare model, with a particular focus on hospital compensation. She explained that the AHEAD model becomes active in 2026 covering the next ten years. The MHBE has been participating in a working group of state regulatory agencies on implementing the model. Elements of the model that affect the private market include commitments to investment in primary care and growth targets for total cost of care.

Ms. Klapper asked whether the MHBE can extend the open enrollment period if tax credits are extended. Ms. Fabian-Marks replied that, while that would be possible this year, the Board's authority to establish open enrollment dates will end next year.

Ms. Larsen asked about hospital participation in the AHEAD model. Ms. Fabian-Marks replied by sharing that the hospitals are expected to sign participation agreements, but that she was not aware of the deadline nor current status.

Ms. Larsen asked whether citizen children of noncitizen parents can enroll through Maryland Health Connection (MHC). Ms. Fabian-Marks replied in the affirmative, adding that parents are not required to provide their immigration status if only the children are enrolling.

2027 Plan Certification Standards - Value Plan Workgroup

Becca Lane, MHBE Senior Health Policy Analyst, shared the Value Plan Workgroup's draft plan certification standards for 2027. She noted that the MHBE overhauled the Value Plans for plan year 2024 and that they have stayed largely unchanged since then. The recommendation for 2027 is to maintain the cost sharing structure from 2026 and add a requirement that carriers provide at least one continuous glucose monitor (CGM) with no cost sharing. The Workgroup also recommends that the MHBE require carriers to post easily accessible information about the CGM benefit to ensure transparency and

consumer access to the benefit. Another recommendation is to conduct consumer testing on the name "Value Plan," given reports of negative connotations to the word "value." Ms. Lane concluded her remarks by noting that the cost sharing is not final until the federal actuarial value calculator for 2027 plans is released and the MHBE has a chance to run the calculations, after which some cost sharing may have to be adjusted to fit within actuarial value boundaries.

MHC for Small Business Enrollment Portal Updates

Makeda Hailegeberel, MHBE Manager of Small Business Programs, gave the SAC an update on the MHC for Small Business enrollment portal, which recently launched. She began by explaining the history of MHC for Small Business beginning in 2014 and providing an overview of the development and launch of the new portal. She shared positive feedback from brokers and employers regarding the new suite of tools available in the portal.

Next, Ms. Hailegeberel discussed enrollment projections, noting that current figures represent a 20 to 30% increase over the prior year. She underscored the importance of brokers in driving participation on MHC for Small Business and shared that 112 different businesses are slated to have coverage during 2026.

Ms. Hailegeberel then described the MHC for Small Business Outreach & Education program that allows small 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.

Next, Ms. Hailegeberel shared a proposed update to the Code of Maryland Regulations (COMAR) limiting each carrier to eight different benefit designs per metal level for each insurance *holding company* in 2027 and future years, where now they are limited to four plans per metal level *carrier license*. So with this proposed change, carriers operating under multiple licenses would be limited to a total of 8 plans per metal level across all their operating licenses. She explained that employers and brokers expressed displeasure with the stricter limitations of the existing regulation and that more plan options are necessary for the small group market to function well.

Ms. Hailegeberel concluded by sharing what the MHC for Small Business intends for the future, including monitoring developments on individual coverage health reimbursement arrangements (ICHRA), level-funded plans offered off-exchange and their potential to destabilize the market, and continuous improvements to the portal and associated policies.

Mr. Meiselbach asked whether the MHBE knows which groups on MHC for Small Business are offering coverage for the first time. Ms. Hailegeberel replied that they don't track that information at present but will work to add that question to the portal. Ms. Klapper and Ms. Mangiaracino underlined the importance of that information and urged the MHBE to take the necessary steps.

Mr. Meiselbach asked whether the MHBE intends to incorporate ICHRAs. Ms. Hailegeberel responded that the agency is exploring their options with the hope of building something similar for the portal.

MHBE Upcoming Consumer and Stakeholder Events

Theresa Battaglia, MHBE Deputy Director of Marketing, shared an overview of upcoming events, beginning with webinars hosted by the Maryland Insurance Administration (MIA) and the Maryland Department of Labor focused on consumer outreach and education. Next, Ms. Battaglia described two recent “virtual enrollment” events where consumers eligible for individual market plans are given a warm handoff to a participating broker to complete their enrollment. She noted that the success has led the MHBE to plan more virtual enrollment events.

Next, Ms. Battaglia explained that the MHBE hosts an annual Broker Achievement Awards event to recognize the top 100 brokers for their contributions. The agency is seeking sponsors for the next Broker Achievement Awards and invites interested parties to reach out. Ms. Battaglia added that any funds raised above what is needed to hold the Broker Achievement Awards will be used to support consumer outreach for other events.

MIA Health Coverage Assistance Team (H-CAT) and Consumer Notices

Patricia Dorn, MIA Associate Commissioner of Consumer Education and Advocacy, gave an overview of the work of H-CAT, including consumer notices it has released. She began by laying out the basics of how MIA regulates insurance in Maryland, including licensing, compliance monitoring, policy form review and approval, rate reviews, and investigation of consumer and provider complaints and fraud allegations. She pointed out that much of the health coverage in Maryland falls outside MIA’s jurisdiction, including most Medicare, all Medicaid, all uniformed services coverage (VA/TRICARE), self-funded plans, and plans issued in other states. This means MIA regulates only roughly 20% of all health coverage in Maryland.

Ms. Dorn then turned to the Consumer Education and Advocacy unit. She explained that the unit does direct consumer education at in-person events, online presentations, and publishes information such as consumer advisories. The H-CAT is a specialized team that provides one-on-one consumer assistance with referrals and warm handoffs to the appropriate entity to solve the issue. Since MIA does not necessarily have jurisdiction over every consumer’s policy, the role of H-CAT is to be a “no wrong door” for consumers to get linked to the right kind of help.

Next, Ms. Dorn shared four recent consumer advisories issued by the Consumer Education and Advocacy unit, including warnings about fake health insurance sites targeting shoppers during open enrollment, warnings about the risks of the health-expense-sharing platform CrowdHealth, and a clarification that consumers with

Medicare supplement plans from United HealthCare can still receive services from Johns Hopkins and are not impacted by the contract disputes between the two parties. Ms. Dorn noted that the unit intends to release an advisory updating consumers on the availability of premium tax credits.

Ms. Dorn concluded her remarks by sharing the contact information for the H-CAT and encouraging SAC members to share it among their networks.

Ms. Larsen asked for an explanation of the issue between Johns Hopkins and United HealthCare. Ms. Dorn replied that, while United HealthCare Medicare Advantage plans no longer work with Johns Hopkins, United HealthCare Medicare Supplement plans continue to operate normally with Johns Hopkins.

Overview of Upcoming Federal Changes and SAC Discussion

Amelia Marcus, MHBE Health Policy Analyst, started the committee's discussion by sharing how federal changes will affect immigrant consumers in the coming years. She noted that, in stages over the next 13 months, several categories of immigrants will lose access to federally funded health coverage, including Medicaid and tax credits for individual Marketplace plans. Altogether, the MHBE expects the changes to affect roughly 40,000 Maryland Marketplace consumers in 2026 and 2027. Ms. Marcus pointed out, however, that programs already in place that provide Medicaid coverage to pregnant and post-partum individuals regardless of immigration status are unaffected by the federal changes.

Ms. Larsen asked that the MHBE work with her organization, the Hispanic Chamber of Commerce Montgomery County, and others to disseminate the message about the federal changes more widely. Ms. Marcus agreed.

Ms. Klapper asked whether the MHBE contacts affected individuals after they lose coverage to help guide them to useful resources such as federally qualified health centers and away from potential scams. Ms. Marcus replied that the agency has been providing that information, but that they will investigate how to bolster that effort. Ms. Larsen cautioned that any such communication should involve the state and local health departments.

Ms. Larsen shared reports that patients are being asked for their citizenship status on admission to the hospital and asked whether it is a federal directive. Ms. Marcus replied that she would have to investigate the question.

Ms. Garcia asked for an estimate of the number of Marylanders affected by the suite of federal changes. Ms. Marcus replied that, including Medicaid, as much as 100,000 Marylanders are estimated to be affected.

Ms. Marcus then discussed the Medicaid changes that will impact the MHBE's operations, including the previously mentioned eligibility changes for immigrants,

shortening of the retroactive period for coverage, work requirements for Affordable Care Act (ACA) Expansion Adults, and increasing the frequency of eligibility redetermination for ACA Adults from once every 12 months to twice a year (every 6 months).

Ms. Larsen asked whether the work requirements apply regardless of age. Ms. Marcus replied that, since the work requirements apply only to those enrolled as “ACA Adults,” and that category has its own age limits, there are no further age limits for the work requirements within this population.

Ms. Marcus then opened the SAC discussion session with a prompt for input on communication strategies for impacted populations.

Ms. Larsen asked for clarification that citizen children of noncitizen parents can access Medicaid coverage. Ms. Marcus replied in the affirmative, noting that parents or guardians in that situation are not required to provide their own immigration status information, just that of the child applying for eligibility.

Noting the number and capabilities of organizations serving the affected population, Ms. Larsen encouraged the MHBE to take a leadership role in establishing communication roundtables among all those affected. Ms. Garcia agreed, adding that her organization has focused on virtual workshops since so many of the affected individuals are wary of in-person events. Ms. Battaglia agreed to discuss the possibility with her team.

Ms. Klapper noted that her organization is developing a campaign focused on the Easy Enrollment Program, where consumers can “check the box” on their tax forms to have their data transferred to the MHBE for eligibility determination and potential enrollment.

Mr. Meiselbach closed the meeting.

Public Comment

None offered.

Chat record:

00:45:47

Jose Cabrera -MHBE-: <https://www.marylandhbe.com/sponsors/>

00:57:04

Ruth Getachew -MDInsurance-: Health Coverage Assistance Team (H-CAT) Phone number: 410-468-2442; Email: hcat.mia@maryland.gov; Webform:

<https://insurance.maryland.gov/Consumer/Pages/health-coverage-assistance-team.aspx>

01:00:27

Stephanie Klapper: <https://www.facebook.com/share/v/1BbJrzq1SG/?mibextid=wwXlfr>

01:15:22

Johanna Fabian-Marks -MHBE-: For immigrants losing APTC in January, we did send an email informing them about FQHCs and hospital financial assistance programs

01:16:27

Theresa Battaglia -MHBE-: <https://211md.org/>

01:16:53

Theresa Battaglia -MHBE-: Maryland 211 is a great resource as well for the immigrant community.

01:39:10

Leidi Garcia: Thank you so much

01:39:27

Theresa Battaglia -MHBE-: My email is theresa.battaglia@maryland.gov '

01:40:35

Leidi Garcia: Leidi Garcia - CASA - Lgarcia@wearecasa.org