Maryland Health Benefit Exchange
Board of Trustees

May 18, 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
Katherine Rodgers, Ed.D, M.P.H.
JoAnn Volk, M.A.
Douglas Jacobs, M.D.
Yvette Oquendo-Berruz, M.D.

Also in Attendance:
Johanna Fabian-Marks, Deputy Executive Director, MHBE
Trina Middleton, Connector Program Manager, MHBE
Venkat Koshanam, Ph.D., Chief Information Officer, MHBE
Shirelle Green, Procurement Officer, MHBE
Tracey Gamble, Procurement Manager, MHBE
Alyssa Brown, Director, MDH, Office of Innovation, Research and Development

Meeting Call to Order and Approval of Minutes

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

Sec. Seshamani called the meeting to order, beginning with a motion to approve the minutes of the April 20, 2026, public Board meeting. Dr. Rodgers moved to approve the minutes, which was seconded by Commissioner Grant. The motion was passed unanimously.

Public Comment

Sec. Seshamani inquired about public comment, to which Ms. Wilson responded there was none. Sec. Seshamani then turned the meeting over to Board committee reports.

Policy Committee Report

Katherine Rodgers, M.D., M.P.H., Board Liaison

Dr. Rodgers shared that the policy committee met the previous week. The first item discussed was the Board retreat and the committee discussed broker enrollments, both out-of-state and in-state, along with MHBE's consideration of an $80 authorization fee for out-of-state brokers. Dr. Rodgers shared the committee would continue collecting data and present the Board with a proposal letter in the next several months.

Dr. Rodgers then shared legislative updates discussed by the committee. She began with the discussion of Senate Bill (SB) 794, which made a technical change to the state's pregnancy special enrollment period (SEP), and SB 521, which provided an SEP for a material change to a provider network. She also shared House Bill (HB) 1367, which establishes a commission on reimagining healthcare in Maryland. She then shared bills that did not pass in the previous legislative session, such as HB 1068, which would have created an SEP in the individual market for new employees of small businesses that do not offer employer-sponsored insurance. She also shared HB 1112, which would have tasked the Health Insurance Protection Commission with studying ten policy initiatives to improve stability in the individual and small group markets. Dr. Rodgers shared that the committee also discussed individual and small group market modeling, and that MHBE is working with the Maryland Insurance Administration (MIA) to improve the stability and affordability of these markets.

Lastly, Dr. Rodgers shared that MHBE budgeted to send up to two Board members to the Maryland Association of Counties' Annual Summer Conference in August.

Acknowledgements

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

Sec. Seshamani shared that Michele Eberle, MHBE's Executive Director, will be unable to attend the meeting. She then acknowledged the absence of Board member Maria Pilar Rodriguez, as this would have been her final Board meeting. Sec. Seshamani recognized Ms. Rodriguez's years of service to MHBE and shared that she would be receiving a citation from Governor Moore, recognizing her leadership on the MHBE Board.

Executive Director Update

Johanna Fabian-Marks, Deputy Executive Director, MHBE

Ms. Fabian-Marks shared that the Centers for Medicare and Medicaid Services (CMS) released the Notice of Benefit and Payment Parameters the previous week. This notice provides annual guidelines for Affordable Care Act (ACA) marketplaces. The MHBE is reviewing the provisions of the notice and will share any significant updates with the Board. Ms. Fabian-Marks shared that there were some provisions relaxing cost-sharing within bronze and catastrophic plans to lower premiums, but she was doubtful that Maryland would be affected by this provision in the coming year. She then shared that several provisions require more restrictive income verification practices, which have been under litigation. She ensured that the MHBE would be investigating these provisions to understand the legal context.

Ms. Fabian-Marks then noted that the MHBE is still awaiting regulations that would implement pre-enrollment verification requirements in January 2028. She hopes to have more detail on these regulations later in the summer. Ms. Fabian-Marks shared that the MHBE is still awaiting information on 2026 federal passthrough funding for the reinsurance program. This information will allow the MHBE to model the reinsurance program and set parameters for 2027.

Ms. Fabian-Marks then shared that she and Ms. Eberle participated in the state marketplace's annual fly-in, where they met with other state marketplace leadership and congressional staff. Ms. Fabian-Marks noted that both sides of the aisle were interested in enrollment data from state marketplaces. The MHBE has begun to see a decline in enrollment after several years of flat numbers and projects a 15% decline in enrollment with the actions that they have taken thus far.

Next, Ms. Fabian-Marks noted that the MHBE is developing a new uninsured dashboard on their website, allowing visualizations of uninsured data with demographic breakdowns at the county and state level. She also shared that the transition to a new fulfillment vendor for notice printing is on track. Lastly, she shared that Ken Buerger, the MHBE's new Director of Policy and Plan Management, welcomed a son, Theodore, at the beginning of the month.

Aika Aluc thanked the MHBE for their new uninsured dashboard, and the visibility it allows.

Connector Entity Program FY27 Grant Awards

Trina Middleton, Program Manager

Ms. Middleton shared that the connector entity (CE) program's current grant ends on June 30, 2026. The MHBE issued a request for applications (RFA) in December, which received 11 proposals, all of which met grant requirements. In fiscal year (FY) 2027, the CE program intends to reduce the number of consumer assistance regions from eight to six. This update was made to better reflect distribution of the uninsured population and to align staffing and funding with need. Ms. Middleton then shared the CE program's areas of focus, which highlight community outreach, enrollment assistance, and navigation. She shared the performance metrics for the CE program, which are based on completion of applications. Ms. Middleton then explained the recommended awards, with one for each new consumer assistance region. Five of the six recommended grantees are incumbents.

Sec. Seshamani asked how current work surrounding H.R.1 played into grant application decisions and current plans for the CE program. Ms. Middleton responded that incumbents coincidentally happened to be in areas highly impacted by H.R.1. She emphasized that the application was fair and appropriate, but that H.R.1 uncertainty made the MHBE appreciate grantees who were already working with consumers.

JoAnn Volk posed a concern regarding performance monitoring, as some CEs are meant to pass consumers on to brokers rather than completing applications, which may reflect poorly in performance metrics, despite fulfilling assigned tasks. Ms. Middleton responded that performance metrics account for hand-offs to a broker and for level of effort. Ms. Volk also emphasized CEs as a source of on-the-ground knowledge and consumer interaction.

Commissioner Grant asked about the identity of the current incumbent for Prince George's County, to which Ms. Middleton responded the Prince George's County Department of Social Services (DSS) is the current grantee, while Health Care Access Maryland (HCAM) is the recommended grantee. Commissioner Grant inquired about the reasoning for the change. Ms. Middleton responded that DSS and HCAM both submitted applications, but that HCAM emphasized growing partnerships, and that their application was ultimately preferred. Ms. Middleton shared that the MHBE is recommending HCAM to absorb the Prince George's County DSS CE program, which alleviates concern of community disruption and ensures a seamless transition.

Dr. Rodgers moved to approve the grant awards to the organizations as presented for a one-year base period of July 1, 2026 – June 30, 2027 and one one-year option period of July 1, 2027 – June 30, 2028, in the total amount of $8M for the base period; and with grant amounts and distribution for the base period as presented. Dr. Oquendo-Berruz seconded. The motion was passed unanimously.

IT Software Procurements

Tracey Gamble, Procurement Manager, MHBE
Venkat Koshanam, Ph.D., Chief Information Officer, MHBE

Dr. Koshanam began presenting the requested software procurements on behalf of the IT team. First, he provided background on Akamai, a software that the MHBE uses for the security and performance of its website. He then passed the presentation to Ms. Gamble, who shared details of the request to renew the MHBE's Akamai license. The total award amounted to $335,224.44, with a 66%/34% federal/state split. Ms. Volk moved to approve the contract award to Infoshare Systems, Inc. to renew Akamai license subscription for the period of July 1, 2026, to June 30, 2027, in the amount of $335,224.44 with Federal Funding Participation amount of $221,248.13 and State Participation amount of $113,976.31. Mr. Brannan seconded the motion. The motion was passed unanimously.

Next, Dr. Koshanam provided background on Corticon, a software the MHBE uses to make eligibility and enrollment determinations for consumers. Ms. Gamble then shared details of the request to renew the MHBE's Corticon license. The total award amounted to $438,309.92, with 66%/34% federal/state split. Sec. Seshamani inquired about the vendor review process and how the best bid is chosen. Ms. Gamble shared that the MHBE examines the lowest bid and checks references to ensure vendors can meet the need efficiently. Mr. Brannan moved to approve the contract award to Simplified Acquisitions Solutions, LLC to renew Corticon maintenance and support for the period from August 1, 2026, to July 31, 2027, in the amount of $438,309.92 with a Federal Funding Participation amount of $289,284.55 and State Participation amount of $149,025.37. Ms. Volk seconded the motion. The motion was passed unanimously.

Next, Dr. Koshanam provided background on MongoDB, a database management system that the MHBE uses to store and retrieve unstructured data. He shared that the MHBE currently stores over 90 million documents in MongoDB. Ms. Gamble then shared details of the request to renew the MHBE's MongoDB license. The award amounted to $206,809.94, with a 66%/34% federal/state split. Mr. Brannan inquired about whether the vendor selection process values technology over costs. Ms. Gamble shared that invitations for bid (IFBs) are operated strictly by the lowest bid. Sec. Seshamani inquired about the determination to use an IFB vs a request for proposal (RFP). Ms. Gamble shared that RFPs are used when the MHBE does not have a set rate for services and values quality over pricing. Dr. Koshanam shared that IFBs are used for software procurement because bids are provided by vendors of software rather than competing products or services. Dr. Oquendo-Berruz moved to approve the

contract award to Arif International Corporation dba Numeriksoft to renew MongoDB license subscription for the period from July 19, 2026 to July 18, 2027, in the amount of $206,809.94 with a Federal Funding Participation amount of $136,494.56 and State Participation amount of $70,315.38. Dr. Rodgers seconded the motion. The motion passed unanimously.

Lastly, Dr. Koshanam provided background information on the Salesforce platform, which coordinates MHBE operations across 10+ business applications. He shared a request to increase the number of licenses under an existing contract to meet new demands associated with H.R.1. He then shared the types of services that will be provided with these new licenses. Shirelle Green then presented the history of the existing contract and details of the new request. The total cost of the additional licenses amounted to $273,731.91, with a 66%/34% federal/state split. Commissioner Grant asked how many licenses the MHBE is currently scheduled to purchase and what the increase amount would be. Dr. Koshanam shared that the MHBE currently has 100 licenses for the service cloud but is requesting 29 additional licenses for various purposes. The majority of the costs were for a new marketing cloud license. Ms. Volk moved to approve an increase of $273,731.91 to the Not-to-Exceed (NTE) amount of the Salesforce contract with Carahsoft Technology Corp., to a new NTE amount of $1,760,343.29, to procure additional Salesforce licenses as presented, with additional Federal Funding Participation amount of $180,663.06 and State Participation amount of $93,068.85. Dr. Oquendo-Berruz seconded the motion. The motion was passed unanimously.

H.R.1 Update

Johanna Fabian-Marks, Deputy Executive Director, MHBE
Alyssa Brown, Director, Innovation, Research, and Development, Office of Health Care Financing, Maryland Department of Health

Ms. Brown introduced herself and opened the presentation. She highlighted changes to immigrant eligibility and Medicaid work requirements as major impacts of H.R.1. She estimated that these changes could produce a 15,000-person and 115,000-person decrease in coverage, respectively. She also highlighted the major impacts of increased redetermination requirements and shortened retroactive coverage. She shared that most retroactive coverage claims occur within the month before enrollment, which may minimize the impact of the shortened coverage period.

Ms. Brown shared that the state has developed a cross-agency partnership between the Maryland Department of Health (the Department), the MHBE, and several other relevant

groups to implement H.R.1 Medicaid eligibility requirements. She emphasized the importance of protecting Marylanders' coverage while obeying federal law.

Ms. Brown then presented several specific provisions of H.R.1 that are relevant to the MHBE's work. She began with the new coverage limitations for non-U.S. citizens. She provided background information on the Medicaid Healthy Babies program, which provides Medicaid coverage to pregnant individuals who do not qualify based on immigration status. She shared that H.R.1 has no impact on the Healthy Babies program or emergency Medicaid for non-citizens.

Next, Ms. Brown provided additional information on new Medicaid work requirements. She shared that the Department is attempting to take advantage of flexibility in H.R.1 to maximize exemptions to these requirements, which are given for caretakers, medically frail individuals, former foster youth, and disabled veterans. She added that there is a lot of confusion surrounding the definition of medical frailty, and CMS may limit the interpretation of this term to individuals who are incapable of working. Ms. Brown then shared the state's new data integrations, partnering with organizations who collect data on academic status, income, and employment to ease the verification process and relieve the administrative burden.

Ms. Brown then presented on the Department's developments in communications. She emphasized the importance of using the same language for work requirements across departments and stakeholders. She also emphasized the development of consumer- and provider-focused materials, as providers are often a first resort for information about the Medicaid program. She explained that ACA adults, non-U.S. citizens, pregnant people, and children are the targeted audience for information about H.R.1 provisions and shared plans for notification of potential and actual disenrollment, renewals and work requirements for these groups. She also shared that enrollees would maintain their current renewal dates, rather than phasing in all work requirements at one time. The Department will continue working with GKV, a communications firm who they partnered with during the public health emergency (PHE) unwinding. She emphasized that many ACA adults may not know they are eligible for work requirements, and the Department is working to develop tools for consumers to check eligibility. Ms. Brown highlighted the importance of being flexible and data-driven in communications during the process. She encouraged attendees to share information with participants.

Ms. Fabian-Marks then shared the operational impacts of H.R.1. The MHBE and the Department have been working closely together to review and implement these provisions and the MHBE is the main state agency responsible for implementing these new H.R.1 implementations. Ms. Fabian-Marks emphasized the maturity of MHBE's

capabilities, and how this will set Maryland apart from other states in implementation of H.R.1. She shared that the largest expected impacts of H.R.1 on MHBE relate to IT systems, call center utilization, outreach and education, and appeals. The MHBE budget for FY 2027 includes 12 additional staff members and $6 million in additional state funds to support implementation. Ms. Fabian-Marks then shared a timeline graphic revealing MHBE's course of action to adapt to H.R.1. The MHBE is attempting to have their system changes in place by October, to have a break between changes for H.R.1 implementation and open enrollment.

Sec. Seshamani thanked MHBE for their hard work. Dr. Jacobs echoed that sentiment and asked whether there were additional coverage options for non-citizens losing Medicaid, or if emergency Medicaid is their only option. Ms. Fabian-Marks shared that immigrants who have been in the United States for under five years, who are ineligible for Medicaid, are able to receive low-cost health insurance via premium tax credits (PTCs) through the exchange, but eligibility for PTCs was revoked at the beginning of the year. She shared that many other groups losing eligibility for Medicaid under H.R.1 will also be losing eligibility for PTCs in the next year. Ms. Brown shared that the Department has been reviewing resources for non-citizen coverage options and is preparing materials to send to these groups. She shared that there are options for behavioral health coverage through the Behavioral Health Administration. She concluded that there are patchworks of coverage for these groups, but nothing as comprehensive as Medicaid. Ms. Volk added the possibility of applying for financial assistance from hospitals.

Ms. Volk then asked where responsibility lies for finding work requirement exemptions for ACA adults. Ms. Brown emphasized the importance of communication and the "Medicaid Check-In" campaign as tools for consumers. She also shared that the Medicaid managed care organizations (MCOs) have some responsibility to communicate with their enrollees. Ms. Brown added that the focus of the Department's efforts is educating enrollees on how to self-identify, rather than identifying individuals. The Department will be having H.R.1 101 sessions and meeting with key stakeholders to communicate with their populations. Ms. Fabian-Marks reiterated the goal to maximize work requirement exemptions by reviewing eligibility (medical frailty, etc.) during the renewal process. Dr. Oquendo-Berruz added the option of federally qualified health centers, free clinics, and charities as care opportunities for immigrants. She also expressed concern with the presence of Immigration and Customs Enforcement (ICE) around these facilities. Ms. Brown expressed appreciation for Dr. Oquendo-Berruz's sentiment.

Adjournment

Commissioner Grant moved to adjourn the session. Dr. Jacobs seconded the motion. The motion passed unanimously, and the meeting was adjourned.