Maryland Health Benefit Exchange Board of Trustees

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

Members Present:
Meena Seshamani, M.D., Ph.D., Chair
JoAnn Volk, M.A.
Douglas Jacobs, M.D.
David Lehr
Yvette Oquendo-Berruz, M.D

Also in Attendance:
Johanna Fabian-Marks, Deputy Executive Director, MHBE
Ken Buerger, Director of Policy and Plan Management, MHBE
Becca Lane, Senior Policy Analyst, MHBE
Christopher Randolph, Principal Counsel, MHBE
Mimi Hailegeberel, Manager, Small Business Programs, MHBE
Tony Armiger, Chief Financial Officer, MHBE
Venkat Koshanam, Ph.D., Chief Information Officer, MHBE
Tracey Gamble, Procurement Manager, MHBE
Saiqa Atta, Director of Privacy and Compliance, MHBE
Amelia Marcus, Manager of Legislative Affairs, MHBE

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 requesting a motion to approve the minutes of the May 18, 2026, public Board meeting. Mr. Lehr moved to approve the minutes, which was seconded by Dr. Oquendo-Berruz. The motion was passed unanimously.

Public Comments

None offered.

Finance and Audit Committee Report

David Lehr, Board Member

Mr. Lehr reported that the Finance and Audit Committee met on July 15. He reported that Tony Armiger, Chief Financial Officer with the MHBE, shared a brief history of the MHBE's funding and provided an update on the fiscal year (FY) 2026 budget, based on actuals through April 2026 and projections through May and June. He noted that the MHBE is projected to be over budget by $50,000 at the end of FY 2026 because $250,000 in expected funding which was approved by the legislature in 2025 was, in fact, already committed and spent. Mr. Armiger explained during the Committee meeting that, according to gap procedures, the MHBE can use FY 2027 funds to cover the FY 2026 over-budget amounts.

Mr. Lehr noted that Saiqa Atta, Director of Privacy and Compliance with the MHBE, provided the quarterly compliance and privacy update, which included successful completion of the independent external financial and programmatic audit and the submission of the 2025 State-based Marketplace Annual Reporting Tool (SMART) audit to the Centers for Medicare and Medicaid Services (CMS). Other privacy updates included privacy-related assessments of the MHBE, such as the Acceptable Risk Controls for ACA, Medicaid, and Partner Entities (ARC-AMPE) self-assessment that was submitted to CMS at the end of June. The Committee covered non-exchange entity (NEA) agreements which are being negotiated or have been recently executed and an annual update on the rollout of training modules for consumer assistance workers.

Standing Advisory Committee Report

Johanna Fabian-Marks, Deputy Executive Director, MHBE

Ms. Fabian-Marks provided the Standing Advisory Committee (SAC) report in Aika Aluc's absence. She explained the SAC met on May 21 and July 16. Ms. Fabian-Marks reported that, during the May meeting, the SAC voted to approve a new Co-Chair, Marcquetta Carey, to join Stephanie Klapper, who is in the second year of her two-year term as Co-Chair. Becca Lane, Senior Policy Analyst with the MHBE, provided an overview of the 2027 value plan parameters that the Board approved in April, and Ms. Fabian-Marks shared updates from the 2026 legislative session as well as federal updates impacting the marketplace and Medicaid: specifically, restrictions on immigrant eligibility for tax credits and Medicaid work requirement implementation updates. She

also shared the proposed reinsurance and state subsidy parameters the Board voted on in April.

Ms. Fabian-Marks reported that, during the July SAC meeting, Andy York, the Executive Director of the Prescription Drug Affordability Board (PDAB), presented PDAB's cost review policy and upper payment level processes: specifically, where PDAB is in their process and what is coming. Amelia Marcus provided a refresher on the recent and upcoming federal changes for Maryland Health Connection (MHC) and Medicaid and then reviewed the impact of the state subsidy program to date, highlighting that Maryland has retained more enrollment relative to national trends. Ms. Marcus also gave an update on the timeline for setting final reinsurance and state subsidy parameters. The SAC discussed priorities for affordability programs and how to continue to engage partners as the MHBE moves forward.

Executive Director Update

Johanna Fabian-Marks, Deputy Executive Director, MHBE

Ms. Fabian-Marks began with a staffing update. She noted that Michelle Eberle retired at the end of June and that a new Executive Director has not been announced yet, but an announcement will be forthcoming shortly. She reported that Saiqa Atta was promoted from Associate Director of Compliance and Privacy to Director of that division in the beginning of July. Crystal Knight-Lee recently joined the MHBE as the Chief Operating Officer and oversees consumer assistance, human resources, and general services. Ms. Knight-Lee was previously with WSSC Water, where she oversaw customer service and served on the executive team for several years.

Ms. Fabian-Marks noted that an ad hoc Board meeting is scheduled for August 4, and materials for the meeting will be sent out soon. MHBE staff will present the final recommendations for reinsurance and state subsidy parameters at that meeting rather than at the July meeting as usual because it only recently received key data for inputs into modeling, particularly the federal pass-through number from CMS for 2026. Ms. Fabian-Marks reported that the Health Services Cost Review Commission (HSCRC) is meeting later this week to vote on a recommendation from HSCRC staff to build funding into the uncompensated care portion of hospital rates that would go to the MHBE. The MHBE submitted a joint comment letter with the Maryland Insurance Administration (MIA) in support of the proposal because it would provide funding to support the state subsidy program in particular and would overall be beneficial for the individual market. This proposal would allow the state to take an upstream approach by reducing the number of uninsured individuals rather than pay for uncompensated care on the back end through the hospitals. Ms. Fabian-Marks explained that approval or denial of this proposal is the last piece of information needed to finalize the modeling and recommendation for the 2027 reinsurance and state subsidy program parameters.

Ms. Fabian-Marks then moved on to federal updates. She noted that there has been ongoing court action and litigation around regulations from CMS that affect the marketplaces, including methods state exchanges use to verify income. CMS proposed provisions that would go into effect for 2026 that were stayed by the court, and CMS reproposed those provisions for 2027, after which the court issued another stay last week. The MHBE continues to monitor this ligation and its operational impact. Ms. Fabian-Marks also reported that the federal government is reissuing a public charge rule that would affect how non-citizens' use of public benefits will impact their immigration proceedings. The MHBE does not have full clarity on how health benefits will factor into that and will continue to monitor this situation and report back to the Board.

Calendar Year (CY) 2027 Board Meeting Schedule

Johanna Fabian-Marks, Deputy Executive Director, MHBE

Ms. Fabian-Marks explained that MHBE staff are asking the Board to approve the meeting schedule for CY 2027, which is the same as prior years, with Board meetings on the third Monday of the month or on Tuesday if there is a holiday. There are no Board meetings scheduled for March, August, November, or December; however, if there is a need, the MHBE will coordinate with the Board to schedule an additional meeting. Ms. Fabian-Marks presented a slide showing the scheduled meeting dates for CY 2027. Detailed slides are available in the presentation for this meeting. She noted that the June 21 meeting is the only mandatory in-person meeting during the year and that the September 20 meeting will be designated as the annual meeting, pending a bylaw update being presented during this meeting.

Sec. Seshamani requested a motion to approve the CY 2027 meeting dates. Dr. Oquendo-Berruz moved to approve the minutes, which was seconded by Mr. Lehr. The motion was passed unanimously.

Final Regulatory Updates: Small Business Plan Limits

Amelia Marcus, Manager of Legislative Affairs, MHBE

Ms. Marcus explained that MHBE staff are requesting final approval of updates to the small business program regulations and authorization to submit them for state-mandated approval. The MHBE is proposing regulatory updates to MHC for small business operations regarding changes to plan limits in the small group market and adding a "meaningful difference" standard for small group plan offerings. MHBE staff presented the draft regulations to the Board in January for approval and authorization to submit the draft regulations for formal review to the Joint Committee on Administrative, Executive, and Legislative Review. The draft regulations were posted for a public comment period that ended in May. The MHBE made non-material formatting changes to the proposed regulations presented to the Board, but the content remains the same.

Ms. Marcus presented an overview of the proposed regulatory updates. Detailed slides are available in the presentation for this meeting. The MHBE is proposing to adjust the

plan limit in the small group market to eight plans per metal tier per insurance holding company, beginning plan year 2027. Currently, carriers operating under multiple licenses may offer up to four plans per metal tier per license. For example, United Healthcare operates under three licenses in the on-exchange small group market, so they could theoretically offer up to 12 plans per metal tier. The MHBE believes that this change would increase flexibility for insurers that operate with only one license to offer additional plans and also puts insurers on more equal footing in terms of the number of plans they can offer. Ms. Marcus noted that no carrier currently offers more than eight plans per metal level at the holding company level, so no plans would be discontinued as a result of this proposal.

The MHBE is also proposing to add a "meaningful difference" standard for small group plan offerings by adding language that mirrors federal regulations around meaningful difference standards for standardized plans in the federal marketplace at 45 CFR § 156.201(c). She then presented a slide that shows the proposed meaningful difference regulatory language, with the changes highlighted. Detailed slides are available in the presentation for this meeting.

Both of these proposed regulatory updates were discussed with the MIA, the MHBE Small Business Programs Advisory Committee (SBPAC), and the SAC during drafting. The MHBE did not receive any comments during the public comment period but did receive a comment during an informal public comment period during the drafting process in December 2025. An SBPAC member expressed support for the proposed change to plan limits, stating that this limit still allows for meaningful variation in plan offerings and that the meaningful difference standard should not be overly defined or quantified in order to be able to accommodate evolving plan standards year over year, which is how these regulatory updates have been structured.

Ms. Marcus concluded that, if the Board votes to finalize these regulations as proposed, they will be published as final in the August 1 issue of the Maryland Register and become effective as of August 11.

Sec. Seshamani asked for more information on why the MHBE is proposing this regulatory update. Ms. Marcus responded that allowing more plans per metal tier for insurance companies operating multiple licenses is meant to level the playing field for carriers so plan limits will be based on the insurance holding company and not multiple carrier licenses.

Ms. Volk asked whether the regulatory change means that United will be capped at eight plans per metal tier, while other carriers will be able to offer more plans. Ms. Marcus responded in the affirmative and added that there are no carriers that offer more than eight plans per metal tier, so carriers would not need to reduce their offerings, but it would give carriers who operate under one license the ability to offer more plans.

Ms. Volk asked if consumers’ additional plan choices would have meaningful differences rather than simply being copycat plans that could confuse consumers. Ms.

Marcus responded in the affirmative, noting that was the basis for adding meaningful difference language to the regulations.

Sec. Seshamani requested a motion to approve the final Small Business program regulations as presented, and authorize MHBE to submit them to the Division of State Documents for publication in the Maryland Register as presented. Ms. Volk put forward the motion, which was seconded by Dr. Oquendo-Berruz. The motion was passed unanimously.

MHBE's 2027 Open Enrollment Period (OEP)

Ken Buerger, Director of Policy and Plan Management, MHBE

Mr. Buerger updated the Board on where the open enrollment period (OEP) stands given CMS' attempts to shorten it and recent court decisions. He noted that MHBE staff are not requesting a Board vote because the OEP does not need to be changed at this time; this is an informational briefing.

Mr. Buerger began with an overview of the recent federal regulation changes and litigation regarding OEPs. He noted the CMS's 2025 Marketplace Integrity and Affordability Rule attempted to shorten the permissible OEPs to address what CMS purported to be an adverse selection issue that was happening in the January stage of the OEPs. Under this rule, state-based marketplaces would be required to have OEPs that begin no later than November 1 and end no later than December 31 and are no longer than 9 weeks in duration. In Maryland, the OEP has historically been from November 1 through January 15. In July 2025, a coalition of cities and advocacy groups sued CMS in Federal District Court, challenging that various provisions of the rule were arbitrary and capricious, including the shortening of the permissible OEP. Last month, the district court granted summary judgment to the plaintiffs on a number of challenged provisions and vacated them, including the shortened OEPs. Mr. Buerger noted that, since the MHBE shared the meeting materials last week, CMS has officially filed a notice of appeal, so there will likely be further litigation on this issue.

Unless an appeals court takes further action to reverse the district court's decision, the MHBE will continue the November 1 through January 15 OEP currently specified in Maryland regulations and guidance for the 2027 plan year. If the appeals court reinstates the rule, then the Board can vote to shorten the OEP as needed in the future. For now, the MHBE is monitoring the situation and will keep the Board informed.

Board Bylaw Amendment to Annual Meeting

Ken Buerger, Director of Policy and Plan Management, MHBE

Mr. Buerger reported that MHBE staff are proposing an amendment to the Board's bylaws to change the timing of the Board's annual meeting from July to September. He explained that a September annual meeting would allow the MHBE to incorporate information about the MHBE's fiscal year that ended in June into the annual meeting. He provided an overview of the Board's procedural authorities and history of the bylaws.

Article IX of the current bylaws provides that they may be amended by the affirmative vote of five members of the Board at any annual or regular meeting, provided that the proposed amendment or amendments have been sent to each member of the Board at least seven days before the meeting. Mr. Buerger noted that they sent the proposed bylaw amendment to Board members seven days before this meeting. He then presented a slide showing the recommended amendment to the Board bylaws. Detailed slides are available in the presentation for this meeting. The current bylaws state that the annual meeting should be held in June, at which time the Chair shall present, for approval by majority vote of the Board, a schedule of the time and place of regular meetings for the ensuing year. The bylaw amendment would change the annual meeting to September instead of June so the Board will have more complete information for the preceding fiscal year.

Sec. Seshamani asked whether there would still be a Board meeting in June. Ms. Fabian-Marks responded in the affirmative and noted that there is always a September Board meeting; this change is just the formality of designating it as the annual meeting.

Sec. Seshamani then asked what is different about an annual meeting compared to a regular meeting. Ms. Fabian-Marks responded that it is the meeting when the Board formally adopts the meeting dates for the following year, but MHBE staff would also like to be able to review for the Board the budget and finances of the prior fiscal year and provide an annual report on compliance and privacy. These are issues that would traditionally be covered during a board's annual meeting, but currently, the MHBE is unable to deliver annual meeting-style updates at the June meeting because the fiscal year has not yet ended at that point.

Sec. Seshamani asked if MHBE staff deliver the annual updates in September, meaning this bylaw amendment would just bring the naming of the meeting in line with the functions of the meeting. Ms. Fabian-Marks responded in the affirmative.

Sec. Seshamani requested a motion to adopt the Amended Bylaws of the Maryland Health Benefit Exchange, as presented, and the 2023 Bylaws are hereby rescinded and superseded in their entirety. Dr. Oquendo-Berruz put forward the motion, which was seconded by Dr. Jacobs. The motion was passed unanimously.

IT Procurement: Informatica PowerCenter

Venkat Koshanam, Ph.D., CIO, MHBE
Tracey Gamble, Procurement Manager, MHBE

Mr. Koshanam began with an overview of the Informatica PowerCenter software and why it matters for the MHBE. He explained that this procurement is for a one-year renewal of the Informatica PowerCenter software, the MHBE's data integration platform. The licensing term runs from August 2026 through July 2027, and Mr. Koshanam noted that the software is used daily and was procured competitively through an invitation for bids. He explained that Informatica PowerCenter is essentially the data backbone of MHC, the core consumer and worker portal, and it has three main functions: data

integration, data extraction, and translation, and operational continuity. Mr. Koshanam explained that the Informatica PowerCenter software is the platform that reliably powers the backbone of data extraction, translation and movement between the MHBE, the carriers, and the federal government. He noted that Informatica is the leader in the 2025 Gartner Magic Quadrant for data integration tools for the 20th year in a row and has also been recognized as the "Completeness of Vision" axis in the Magic Quadrant for Data Integration Tools for the last 12 years, indicating that it is the established category leader, not a declining product.

Ms. Gamble presented the procurement summary. She explained that the MHBE issued an invitation for bid for this software renewal on May 18, 2026 and closed it on June 17. The MHBE received three viable bids, and the lowest bidder was Software Information Resource Corp, the current incumbent, at $300,277.04.

Sec. Seshamani requested a motion to approve award of the Informatica PowerCenter Subscription Renewal contract to Software Information Resource Corp (SIRC) in the amount of $300,277.04 for the term of August 1, 2026 - July 31, 2027 as presented. Mr. Lehr put forward the motion, which was seconded by Dr. Oquendo-Berruz. The motion was passed unanimously.

Uninsured Dashboard

Pooja Singh, Manager of Research and Evaluation, MHBE
Pavan Ravela, IT Project Manager, MHBE

Ms. Singh provided an overview of the development of the uninsured dashboard. She noted that, based on current available data, 6.3% of Marylanders, roughly 382,503 people, are uninsured. The MHBE's goal is to ensure that all Marylanders have access to coverage and to take the steps needed to identify and reach the uninsured. Ms. Singh explained that, when developing the dashboard, the MHBE asked such questions as where are the uninsured located, what does that community look like, what barriers do they face, and how should the uninsured be reached. To answer these questions, the MHBE spent months researching and compiling data across government sources to build a comprehensive and accurate picture of what the coverage gap looks like in Maryland. The MHBE is currently using data from the U.S. Census Bureau American Community Survey 5-Year Estimates (2020–2024), which is one of the most detailed government surveys of how Americans live, covering income, employment, housing, health coverage, and more. The MHBE extracted a complete community portrait of every uninsured Marylander using these data, organized into six themes: demographics, socioeconomic status, health coverage, social factors, housing, and vulnerability. Detailed slides are available in the presentation for this meeting. Ms. Singh presented a table showing the backend for the dashboard, which includes more than 30 data tables and over 150 variables.

Mr. Ravela provided an overview of the implementation of the dashboard. He explained that the table that was just presented was the foundation for the dashboard and that the uninsured data were spread across several demographics and geographical areas

throughout Maryland. The goal was to transform these complex data into a user-friendly and easy to understand visual representation. Mr. Ravela noted that the MHBE policy team identified the correct data sources, defined the categories, and determined what story the dashboard should tell. There were several design iterations, and the final approved version was published on the MHBE website.[1]

Mr. Ravela then demonstrated the uninsured dashboard available online. He noted that the dashboard has two views, summary and detailed. The summary view displays the big picture at a glance and shows the uninsured population counts at the county level through a heat map. The user can also view uninsured counts by a House, Senate, or congressional district map. Users may select a detailed view at the state or individual county level. Mr. Ravela showed a detailed view of Prince George's County, which has the highest number of uninsured, including several charts displaying such demographic characteristics as age, employment status, race, ethnicity, income level, education attainment, gender, citizenship status, disability status, and work experience. Mr. Ravela noted that there is an option to download the dashboard as an image, a PDF, or a PowerPoint, as well as either an Excel spreadsheet or CSV file for data analysis.

Ms. Singh then provided an overview of data insights from the dashboard and how it can be used. She started by showing the summary map displaying the number of uninsured by county and then selected the detailed view for Prince George's County, noting that the uninsured rate of 11% is much higher than the state average. She noted that, in the detailed view of Prince George's County, the age chart shows that people aged 26 to 34 years and 35 to 44 years had the highest uninsured rate among all age groups, which is an important data point that can be used for marketing or outreach. She also noted that the employment status chart shows that 70% of the uninsured population is employed, another useful data point. Ms. Singh highlighted other data insights from Prince George's County detailed view, including that Black residents have higher uninsured rates, 43% of the uninsured have incomes between 138% and 400% of the federal poverty level, and 40% of the uninsured have less than a high school graduate diploma. These data can help the MHBE better target their marketing outreach and make information more accessible, such as providing materials in Spanish because the data show a large number of uninsured people who are Hispanic or Latino. Ms. Singh explained that she can download a cross tab of the dashboard to share with her team when needed and that the uninsured dashboard is not just for brokers or community partners, but can be used for any evidence-based decision-making, such as developing grants or policy briefs.

Ms. Singh explained that the MHBE has more detailed, zip code-level data in a companion tool called the Maryland Community and Uninsured Profile tool, which is not available on the website yet but will be published soon and can be available upon request. This tool is inspired by a tool in Minnesota and was built to help the MHBE understand uninsured rates and community characteristics at a very granular level. The State Health Access Data Assistance Center (SHADAC) developed the Minnesota tool

[1] Available at https://www.marylandhbe.com/uninsured-marylanders-dashboard/.

and provided assistance to the MHBE in the development of a tool for Maryland. Ms. Singh explained that the MHBE's tool provides the uninsured rate by zip code and the Social Vulnerability Index (SVI), a measure from the Centers for Disease Control and Prevention (CDC) of how hard a community is to reach based on socioeconomic factors.

Ms. Singh summarized that the uninsured dashboard is live and evolving. The MHBE is currently working on including the zip code data into the public dashboard and adding the CDC's SVI to the dashboard. The MHBE is also working on responsiveness so that the dashboard can be accessed by multiple devices, not just a computer. Ms. Singh added that every number in the dashboard represents an uninsured person, and the dashboard will help the MHBE make more informed decisions regarding outreach to the uninsured. She asked for feedback or questions from the Board.

Dr. Jacobs thanked Ms. Singh for the presentation and expressed support for the uninsured dashboard, emphasizing the importance of the information it can provide to community partners. He commended MHBE for adding zip code data to the public dashboard, especially since the federal changes are greatly impacting immigrant communities, which tend to be very local. He suggested archiving the current version of the dashboard so that changes in the uninsured population can be observed over time, particularly in the context of federal changes that could impact the uninsured. Ms. Singh responded that different states have been discussing archiving data.

Mr. Lehr echoed Dr. Jacobs' comments about how impressive the dashboard is and its usefulness. He also noted that he would like to be able to view the same geographies over time. He asked whether the MHBE has considered adding health outcomes to the dashboard, such as the prevalence of diabetes, congestive heart failure, and other chronic diseases by zip code, noting that it could be very useful to combine these data with coverage data. Ms. Singh responded that in the future it may be possible to collaborate with other entities that have dashboards focused on health outcomes. She will note it as a possible future upgrade.

Dr. Oquendo-Berruz echoed the previous comments and stated that the dashboard is a great tool.

Ms. Volk added her praise and thanks for the dashboard and the effort it took to develop. She asked whether the MHBE considered adding a category comparing individuals who are uninsured and eligible for coverage to those who are uninsured and ineligible. She also noted that the data for the dashboard are through 2024, so it would not reflect the 2025 federal changes, and asked how that would be reflected in the dashboard. Ms. Singh responded by acknowledging those are the two biggest limitations for the dashboard. She explained that the census data are the most reliable and that they are using the five-year estimate, not the one-year estimate, because they are going to the zip code level, and recent estimates would not be dependable at that level of granularity. She also noted they she has been looking at other possible sources that can be used to identify the ineligible population and that The Hilltop Institute has

done calculations on figuring out how many people are eligible for coverage. She explained that adding that layer of data would require a lot of validation processes, but having data on the ineligible population would be very helpful in making informed decisions.

Ms. Fabian-Marks commended Ms. Singh and Mr. Ravela for their efforts in developing the dashboard. She explained that, a couple years ago, she showed them the tool SHADAC developed for Minnesota and asked them to replicate the efforts of that research on their own, and they achieved it. Ms. Fabian-Marks expressed pride and excitement that the MHBE was able to make this uninsured dashboard available for the state.

Sec. Seshamani asked about the rollout of the dashboard. Ms. Fabian-Marks responded that the MHBE issued a notice to their partner list to inform them of the dashboard but still has more work to do in spreading awareness of it.

Adjournment

Dr. Jacobs moved to adjourn the meeting. Mr. Lehr seconded the motion. The motion passed unanimously, and the meeting was adjourned.