

BOARD OF DIRECTORS MEETING

Friday, September 26th @ 11:00AM 50 Water Street, 7th Floor Conference Room New York, N.Y. 10004

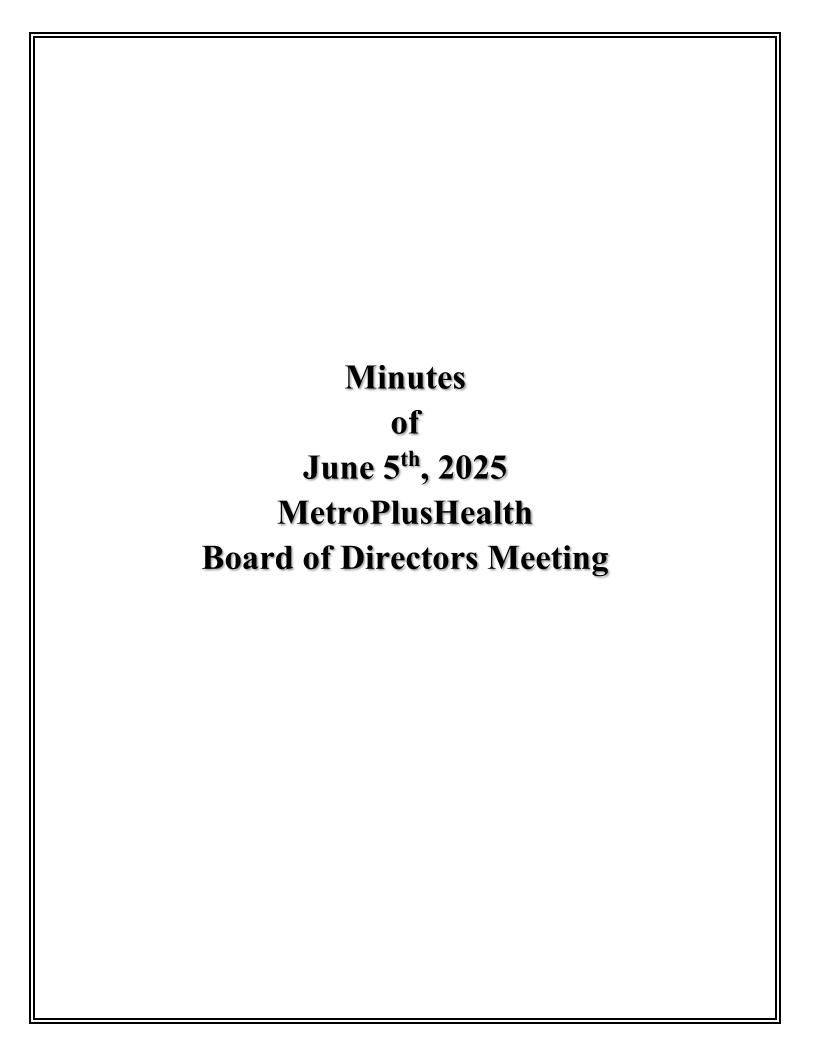
AGENDA

| Call To Order | Sally Hernandez-Pinero |
|--|--|
| Old Business | |
| Adoption of Minutes June 5th, 2025 | Sally Hernandez-Pinero |
| Executive Session | |
| Action Items | |
| a. Approving the appointment of members of the Board of Directors to committees by the chair of the Board of Directors and designating the chair of each committee. | Sally Hernandez-Pinero |
| b. Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or the "Plan"), to execute a best interest contract with Gallagher Benefit Services, Inc. ("GBS") to provide pharmacy benefit consulting services for an amount not to exceed \$2,000,000 for a two-year term. | Hillary Jalon |
| c. Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or "the Plan") to execute a best interest contract with SourcEdge Solutions, LLC ("SourcEdge") for data migration and conversion professional services, for an amount not to exceed \$2,300,000 including 17% contingency, for an 18-month contract. | |
| d. Authorizing the submission of a resolution to the Board of Directors of New York City Health and Hospitals ("NYC Health + Hospitals"), to authorize the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus or "the Plan") to execute a contract with Wipro Insurance Solutions ("Wipro") a Business Process as a Service (BPaaS) solution for the Medicare and Exchange line of business, for an amount not to exceed \$30,000,000 for a total 5-year contract period. | |
| New Business | |
| Project Edge | Tomasz Kawka |
| Salesforce Expansion | Tomasz Kawka |
| Gold Initiatives | Laura Santella Saccone |
| Bids | Alisa Cocozza |
| Membership & Trends | Lauren Leverich Castaldo Roger Milliner |



| USHUR Launch Update | Brinda Sridhar |
|--|-------------------------|
| Committee Reports | |
| Audit & Compliance Committee June 4th, 2025 | Kathleen Shure |
| Customer Experience & Marketing Committee June 4th, 2025 | Vallencia Lloyd |
| Finance Committee June 4th, 2025 | Frederick Covino |
| Adjournment | Sally Hernandez- Piñero |

^{*}For Board Member convenience, only the minutes of each Committee have been provided since resolution documents were already presented at the Board level. Full Committee Reports can be provided upon request.





MetroPlus Health Plan, Inc. **Board of Directors Meeting** Thursday, June 5th, 2025

MetroPlusHealth Board of Directors Minutes

The meeting of the Board of Directors of the MetroPlus Health Plan, Inc. (hereafter "MetroPlus or the Plan") was held in the 7th Floor Boardroom at 50 Water Street, New York, NY 10004, the 5th day of June 2025 at 11:00 A.M., pursuant to a notice which was sent to all the Board of Directors of the Corporation by the Secretary. The following Directors were present in-person:

Sally Hernandez Piñero Dr. Talya Schwartz Frederick Covino Kathleen Shure Hillary Jalon

Due to extraordinary circumstances, **Vallencia Lloyd**, attended via Videoconference.

Sally Hernandez Piñero, Chair of the Board, called the meeting to order at 11:06 A.M. and Angela Minerva, kept the minutes, thereof.

Executive Session

Sally Hernandez Piñero called the meeting into Executive Session at 11:07 A.M. so the Board of Directors could receive legal advice from the Chief Counsel; the Board of Directors resumed the official meeting at 11:38 A.M.

ADOPTION OF THE MINUTES

The minutes from the Board of Directors meeting held on Thursday, March $27^{\rm th}$ at 10:30AM were presented to the Board. On a motion by Sally Hernandez Piñero and duly seconded, the Board adopted the minutes.

ACTION ITEMS

Sally Hernandez Piñero advised that we begin the meeting by covering the Action Items. A **first** resolution was presented by Hillary Jallon, Chair for the Quality Assurance & Performance Improvement Committee (QAPI), for Board approval.

Approving the appointment of Dr. Michael Bouton to the Quality Assurance & Performance Improvement Committee (QAPI) of the MetroPlus Board of Directors.

There being no further questions or comments, on a motion by Sally Hernandez Piñero and duly seconded, the resolution was unanimously adopted by the Board.

A **second** resolution was presented by Hillary Jallon, Chair for the Quality Assurance & Performance Improvement Committee (QAPI), for Board approval.



Approving the appointment of Dr. Radeyah Hack to the Quality Assurance & Performance Improvement Committee (QAPI) of the MetroPlus Board of Directors.

There being no further questions or comments, on a motion by Sally Hernandez Piñero and duly seconded, the resolution was unanimously adopted by the Board.

A **third** resolution was presented by Hillary Jallon, Chair for the Quality Assurance & Performance Improvement Committee (QAPI), for Board approval.

Approving the appointment of Vanessa Rodriguez to the Quality Assurance & Performance Improvement Committee (QAPI) of the MetroPlus Board of Directors.

There being no further questions or comments, on a motion by Sally Hernandez Piñero and duly seconded, the resolution was unanimously adopted by the Board.

A **fourth** resolution was presented by Steven Stein Cushman, Chief Counsel, for Board Approval.

Adopting the written procedures set forth in Attachment A for the use of videoconferencing for public meetings of the MetroPlus Board of Directors and its committees.

Steven Stein Cushman provided an overview of Videoconferencing and Participation Requirements.

Board members asked questions regarding Videoconferencing participation requirements; Steven Stein Cushman responded.

There being no further questions or comments, on a motion by Sally Hernandez Piñero and duly seconded, the resolution was unanimously adopted by the Board.

A **fifth** resolution was presented by Frederick Covino, Chair of the Finance Committee, for Board approval.

Authorizing the submission of a resolution to the Board of Directors of New York City Health and Hospitals ("NYC Health + Hospitals"), to authorize the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus or "the Plan") to increase the contract authority for Accenture, LLP ("Accenture") in the amount of \$3,100,000 for a total not to exceed authority amount of \$23,100,000, for the remaining contract term.

Ganesh Ramratan, Chief Information Officer, provided a detailed overview of the Background, Authority Increase for Resource Extension, Authority Increase for Resource Extension Continued, Contract Authority Increase and the Board Approval Request.

There being no further questions or comments, on a motion by Sally Hernandez Piñero and duly seconded, the resolution was unanimously adopted by the Board.

A **sixth** resolution was presented by Frederick Covino, Chair of the Finance Committee, for Board approval.

Authorizing the submission of a resolution to the Board of Directors of New York City Health and Hospitals ("NYC Health + Hospitals"), to authorize the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus or "the Plan") to execute a 9-month contract extension and to increase the contract authority with Deloitte Consulting, LLP ("Deloitte") in the amount of \$3,000,000 for a new total not to exceed authority amount of \$12,500,000.



Ganesh Ramratan, Chief Information Officer, provided a detailed overview of the Background, Authority Increase for Resource Extension, Authority Increase for Resource Extension Continued, Contract Authority Increase and Board Approval Request.

Board Members made comments regarding the request and Frederick Covino expanded on the background.

There being no further questions or comments, on a motion by Sally Hernandez Piñero and duly seconded, the resolution was unanimously adopted by the Board.

A **seventh** resolution was presented by Frederick Covino, Chair of the Finance Committee, for Board approval.

Authorizing the submission of a resolution to the Board of Directors of New York City Health and Hospitals ("NYC Health + Hospitals"), to authorize the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus or "the Plan") to execute a 9-month contract extension and to increase the contract authority with SourcEdge Solutions LLC ("SourcEdge") in the amount of \$4,030,000 for a new total not to exceed authority amount of \$10,000,000.

Ganesh Ramratan, Chief Information Officer, provided a detailed overview of the Background, Authority Increase for Resource Extension, Authority Increase for Resource Extension Continued, Contract Authority Increase and Board Approval Request.

There being no further questions or comments, on a motion by Sally Hernandez Piñero and duly seconded, the resolution was unanimously adopted by the Board.

A **seventh and final** resolution was presented by Frederick Covino, Chair of the Finance Committee, for Board approval.

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus") to execute a contract with Wakely Consulting Group, LLC, an HMA Company ("Wakely") to provide Actuarial services for a term of three (3) year with two (2) one-year renewal options, solely exercisable by MetroPlus, for an amount not to exceed \$11,600,000, for the total 5-year term.

Lauren Leverich Castaldo, Chief Finance Officer, provided a detailed overview of the Background, RFP Criteria, Selection Process, Vendor Evaluation and Board Approval Request.

Board Members asked questions regarding vendor selection; Lauren Leverich Castaldo responded.

There being no further questions or comments, on a motion by Sally Hernandez Piñero and duly seconded, the resolution was unanimously adopted by the Board.

NEW BUSINESS

PROJECT EDGE

Sally Hernandez Piñero, asked that we move on to Project Edge. Tomasz Kawka, Vice President of Business Transformation began by presenting Project Edge Status, Where We Are, Project Status, Project Watch Items and Focus on Wave 1 Readiness.

Board Members asked questions regarding Project Edge; Tomasz Kawka responded.



FEDERAL & NEW YORK STATE BUDGET

Sally Hernandez Piñero asked that we move on to discuss the Federal & New York State Budget. Raven Ryan Solon, Chief Compliance & Regulatory Officer began by presenting the New York State Federal Risks and the State Budget SFY 2025 Highlights.

Board Members asked questions regarding the budgets; Lauren Leverich Castaldo responded.

SALESFORCE

Sally Hernandez Piñero asked that we move on to discuss the Salesforce Update. Tomasz Kawka, Vice President of Business Transformation began by presenting the Strategic Enhancements and 2025 Priorities.

PROVIDER DIRECTORY

Sally Hernandez Piñero asked that we move on to discuss the Provider Directory. Lila Benayoun, Chief Operating Officer began by presenting the Provider Directory Accuracy and Improvements and Provider Directory Accuracy and Improvements Continued.

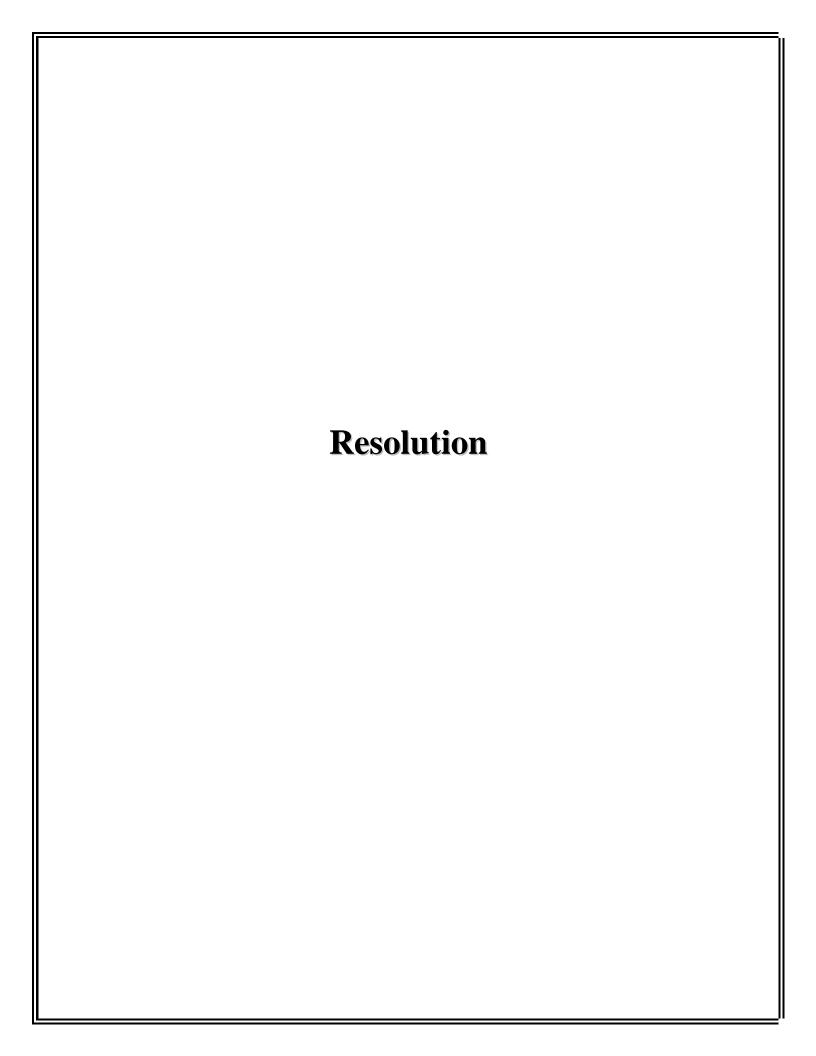
Lauren Santella-Saccone, Chief Marketing and Brand Officer presented the Find a Doc Tool Enhancement Methodology and Journey, and the Search Problem Solved Challenge.

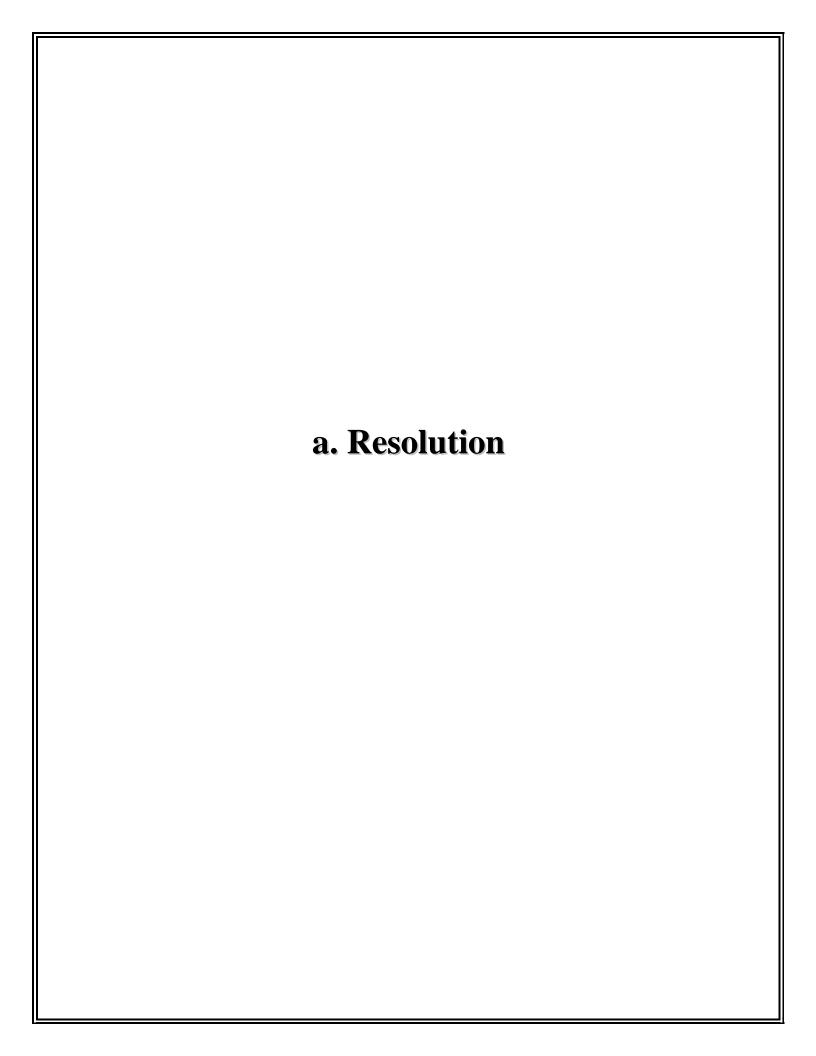
FINANCE REPORT

Sally Hernandez Piñero asked that we move on to discuss the Finance Report. Lauren Leverich Castaldo, Chief Financial Officer presented the 2024 Revision Rate Updates for Medicaid and HARP, 2025 Q1 MMCOR P&L Finance Health Check, Q1 Regulatory Reporting to Forecast, Medicaid and HARP Rate Updates and HIV SNP Rate Updates.

Due to time constraints, Roger Milliner, Chief Growth Officer, did not present the Membership, Acquisition & Retention slides. Board Members are always encouraged to read the packet at their leisure and follow-up with any questions.

There being no further business, Sally Hernandez Piñero adjourned the meeting at 12:28 P.M.





RESOLUTION

Approving the appointment of members of the Board of Directors to committees by the chair of the Board of Directors and designating the chair of each committee.

WHEREAS, on July 31, 2025, the New York City Health and Hospitals Board of Directors appointed Karla Silverman to the MetroPlusHealth Board of Directors to serve in such capacity until her successor has been duly elected and qualified, or as otherwise provided in its Bylaws; and

WHEREAS, the bylaws of the MetroPlusHealth Plan, Inc. ("MetroPlusHealth") provide for the Chairperson of the MetroPlusHealth Board of Directors to appoint, with the approval of a majority of the Board of Directors, members of the Board of Directors to the committees; and

WHEREAS, the Chair of the MetroPlusHealth Board appointed the members of the Board of Directors to the committee as set forth in Exhibit A attached to this Resolution; and

WHEREAS, the MetroPlusHealth bylaws further provide for the Board of Directors to designate the chair of each committee; and

WHEREAS, the MetroPlusHealth Board of Directors designates the chair of each committee as set forth in Exhibit A attached to this Resolution; and

WHEREAS, to support the orderly transition of committee operations after the appointment of Karla Silverman to the Board of Directors;

NOW, THEREFORE, be it

RESOLVED, that the appointment of the members of the Board to committees by the Chair of the Board of Directors of MetroPlusHealth Plan, Inc. and the designation of the chair of each such committee as set forth in Exhibit A attached hereto is hereby unanimously approved.

EXHIBIT A

Executive Committee

Committee Members:

- 1. Sally Hernandez-Pinero, Chair
- 2. Talya Schwartz, MD
- 3. Matthew Siegler
- 4. Kathleen Shure
- 5. Hillary Jalon

Finance Committee

Committee Members:

- 1. Frederick Covino, Chair
- 2. Sally Hernandez-Pinero
- 3. Talya Schwartz, MD
- 4. James Cassidy
- 5. Vacant

Quality Assurance and Performance Improvement

Committee Members:

- 1. Hillary Jalon, Chair
- 2. Sally Hernandez-Pinero
- 3. Talya Schwartz, MD
- 4. Michael Bouton, MD
- 5. Radeyah Hack, MD

Audit & Compliance Committee

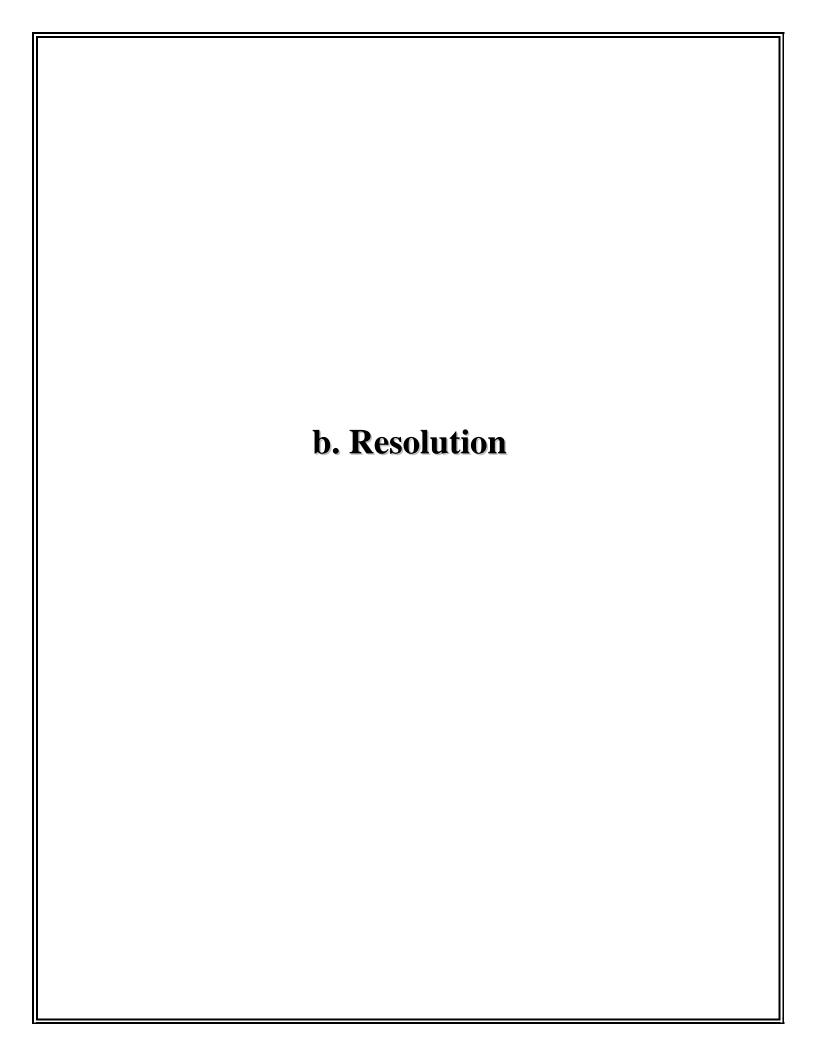
Committee Members:

- 1. Kathleen Shure, Chair
- 2. Sally Hernandez-Pinero
- 3. Talya Schwartz, MD
- 3. Vallencia Lloyd

Customer Experience & Marketing Committee

Committee Members:

- 1. Vallencia Lloyd, Chair
- 2. Sally Hernandez-Pinero
- 3. Talya Schwartz, MD
- 4. Matthew Siegler
- 5. Mark Power
- 6. Karla Silverman, RN, CNM



RESOLUTION

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or the "Plan"), to execute a best interest contract with **Gallagher Benefit Services, Inc.** ("GBS") to provide pharmacy benefit consulting services for an amount not to exceed \$2,000,000 for a two-year term.

WHEREAS, MetroPlus is certified under Section 4403(a) of the Public Health Law of the State of New York as a Health Maintenance Organization and has organized a plan for the provision of Prepaid Health Services to its members; and

WHEREAS, MetroPlusHealth is seeking a vendor to provide pharmacy benefit management consulting services, including financial and performance guarantee oversight and reporting, annual market check, formulary and utilization management strategies, medical benefit analysis, government program compliance support; and

WHEREAS, GBS has been MetroPlus' pharmacy consultant since 2016; and

WHEREAS, in addition to the current services, MetroPlus will engage GBS to perform audits on rebates and other pharmacy financial areas; and

WHEREAS, it is in the best interest of MetroPlus to contract with GBS.

NOW, THEREFORE, be it

RESOLVED, that the Executive Director of MetroPlus is hereby authorized to execute a best-interest contract with Gallagher Benefit Services, Inc. ("GBS") to provide pharmacy benefit consulting services for an amount not to exceed \$2,000,000 for a two-year term.

EXECUTIVE SUMMARY

AUTHORIZING METROPLUS HEALTH PLAN, INC. TO CONTRACT WITH GALLAGHER BENEFIT SERVICES, INC. FOR PHARMACY CONSULTING SERVICES

BACKGROUND: MetroPlus, a subsidiary corporation of NYC Health +

Hospitals, is a Managed Care Organization and Prepaid Health Services Plan, certified under Article 44 of the Public Health Law of the State of New York. MetroPlus seeks to contract with Gallagher Benefit Services, Inc. ("GBS") to provide

pharmacy consulting services.

NEED: MetroPlus is seeking a best-interest contract with Gallagher

Benefit Services, Inc (GBS) to provide pharmacy benefit management consulting services. GBS provides financial and performance guarantee oversight and reporting, annual market checks, formulary and utilization management strategies, medical benefit analysis, government program compliance support. In addition to the current services, MetroPlus will engage GBS to perform audits on rebates and other pharmacy financial areas. The rebate audit will be a contingency arrangement and GBS will receive a recovery fee

based on findings.

PROPOSAL: MetroPlus seeks to contract with GBS for two years for a total

amount not to exceed \$2,000,000.

Application to Enter into Contract

Pharmacy Benefit Management Consulting Services Gallagher Benefit Services, Inc.

Dr. Sanjiv ShahChief Medical Officer

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BACKGROUND

- MetroPlus is seeking a best interest contract with Gallagher Benefit Services, Inc (GBS) to provide pharmacy benefit management consulting services.
- GBS provides the following pharmacy program monitoring:
 - Financial and performance guarantee oversight and reporting
 - Annual market checks
 - Formulary and utilization management strategies
 - Medical benefit analysis
 - Government program compliance support
- In addition to the current services, MetroPlus will engage GBS to perform audits on rebates and other pharmacy financial areas. The rebate audit will be a contingency arrangement and GBS will receive a recovery fee based on findings.
- MetroPlus is seeking authorization to execute a two-year agreement, with GBS in the amount of \$2,000,000 including contingency, for continued consulting services and add-on audit services.

BEST INTEREST JUSTIFICATION AND SCOPE

- GBS has worked as a strategic partner with MetroPlus and our PBM (currently CVS) since 2016.
 They have been successful with providing market insights and network guarantees which have resulted in rebates and savings for MetroPlus.
- Given their experience with our pharmacy operations and their experience in the PBM consulting market, it is in the best interest of MetroPlus to continue working with GBS as well have GBS conduct an audit on the PBM.
- GBS will provide a specialized team for the audit services.
- GBS will perform a PBM audit on rebates, as well as other pharmacy financial areas for the following lines of business: Commercial, CHP, Exchange, Essential and Medicare
- GBS will analyze PBM claims and perform an in-depth review of MetroPlus' contract with the PBM to verify adherence with contracted definitions, financial and rebate guarantee language, and claims excluded from guarantees such as but not limited to: 340B, COB, Direct Member Reimbursement.

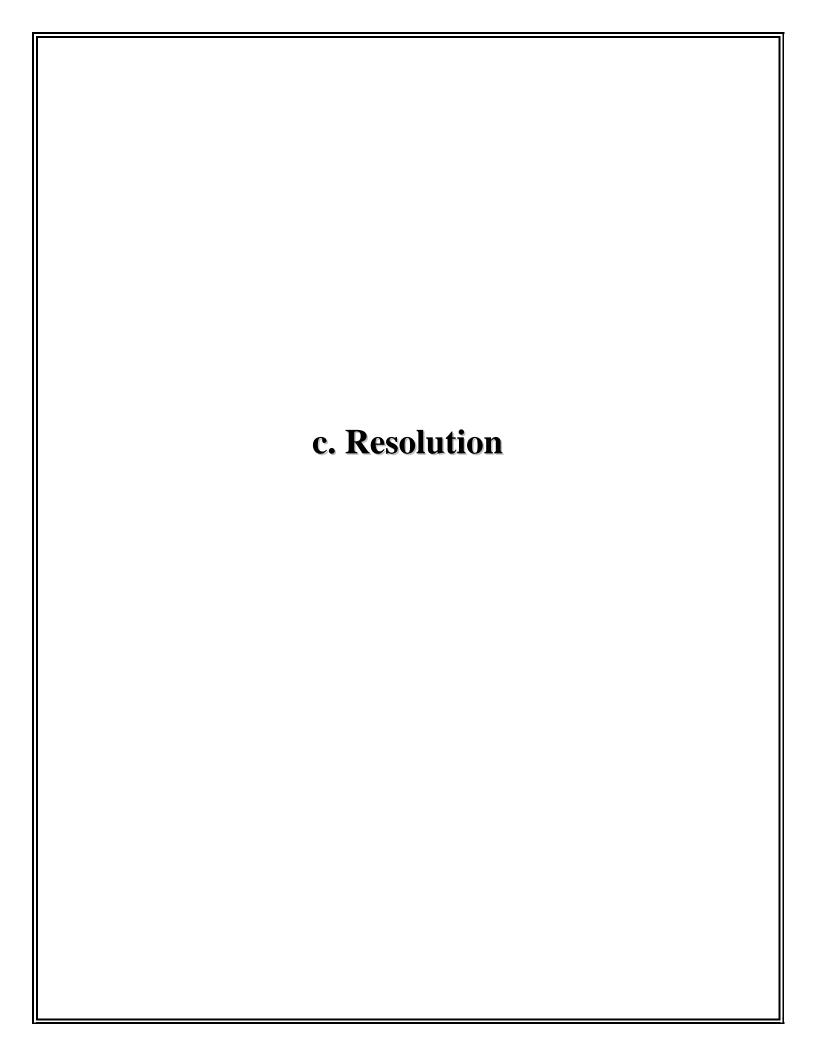
BOARD APPROVAL REQUEST

 MetroPlus is seeking authorization to execute a two-year agreement, with GBS in the amount of \$2,000,000 including contingency, for continued consulting services and add-on audit services.

Contract Term: 1/1/2026-12/31/2027.







RESOLUTION

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or "the Plan") to execute a best interest contract with SourcEdge Solutions, LLC ("SourcEdge") for data migration and conversion professional services, for an amount not to exceed \$2,300,000 including 17% contingency, for an 18-month contract.

WHEREAS, MetroPlus, a subsidiary corporation of NYC Health + Hospitals, is a Managed Care Organization and Prepaid Health Services Plan, certified under Article 44 of the Public Health Law of the State of New York; and

WHEREAS, MetroPlus needs to convert historical data from legacy systems; and

WHEREAS, SourcEdge will develop a database with a user interface that will allow MetroPlus to access archived data from legacy systems; and

WHEREAS, SourcEdge will create a repository database that will house claims and care management data and convert historical data to this repository; and

WHEREAS, it is in the best interest of MetroPlus to contract with SourcEdge for this solution; and

WHEREAS, on September 25th, 2025, the MetroPlus Finance Committee considered and approved the submission of the resolution for approval by the MetroPlusHealth Board of Directors, for the proposed contract between MetroPlus and SourcEdge.

NOW THEREFORE, be it

RESOLVED, that the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or "the Plan") is hereby authorized to execute a best interest contract with SourcEdge Solutions, LLC ("SourcEdge") for data migration and conversion professional services, for an amount not to exceed \$2,300,000 including 17% contingency, for an 18-month contract.

EXECUTIVE SUMMARY

OVERVIEW: MetroPlus is seeking a best interest contract with SourcEdge

Solutions LLC ("SourcEdge") for the creation of a repository database that will house claims and care management data from

our legacy system.

PROCUREMENT: SourcEdge is a trusted partner of MetroPlus and has been

integral in providing data configuration services for Project

Edge, our large-scale implementation project currently

underway. SourcEdge has experience with our legacy systems (PowerStepp and CareConnect). Over the last 16 months of working with MetroPlus, SourcEdge has learned how our internal systems are configured and the makeup of our data workflows, which makes them highly qualified to create an interface that will be user friendly and meet our needs.

SourcEdge has provided the lowest cost option for MetroPlus.

TERM: The term of the proposed contract is 18 months.

MWBE: Exempt – Best Interest contract.

Application to Enter into Contract

Migration and Conversion Data Repository SourcEdge Solutions LLC

Ganesh Ramratan
Chief Information Officer

MetroPlusHealth Board of Directors Meeting Friday, September 26th, 2025



BACKGROUND

- MetroPlusHealth is seeking a best interest contract with SourcEdge Solutions LLC ("SourcEdge") for the creation of a repository database that will house claims and care management data from our legacy system.
- SourcEdge will develop a database with a user interface that will allow MetroPlusHealth to access archived data from our legacy systems – PowerStepp and CareConnect. We are obligated to retain at least 10 years of historical claims and utilization data.
- In addition, SourcEdge will migrate and convert over 10 years of historical data so that it is accessible to MetroPlus, since our relationship with our current core operating system vendor will be coming to an end in December 2026.
- This work is separate and different from the services SourcEdge is currently providing to MetroPlusHealth for Project Edge.
- MetroPlusHealth is seeking authorization to execute an 18-month agreement, with SourcEdge in the amount of \$2,300,000 including 17% contingency, for both interface build and data migration.
- MetroPlusHealth Finance Committee approved this resolution on Thursday, September 25th.

BEST INTEREST JUSTIFICATION

- SourcEdge is a trusted partner of MetroPlusHealth and has been integral in providing data configuration services for Project Edge, our large-scale implementation project currently underway.
- MetroPlusHealth did not include these additional years of history in the HealthEdge implementation because it would have resulted in a significant increase in scope, complexity and cost for the HRP implementation.
- MetroPlusHealth was in discussions with our current core operating system vendor to have them provide a platform for this historical data, however the cost to obtain it from them would be 75% higher than working with SourceEdge and it would not include the additional UM component.
- SourcEdge has the experience with our legacy systems (PowerSTEP and CareConnect) to extract the data and to create a repository exclusive to MetroPlus.
- Over the last 16 months of working with MetroPlusHealth, SourcEdge has learned how our internal systems are configured and the makeup of our data workflows, which makes them highly qualified to create an interface that will be user friendly and meet our needs.
- Given the price differential, going with SourcEdge would be the lowest cost option for MetroPlusHealth.

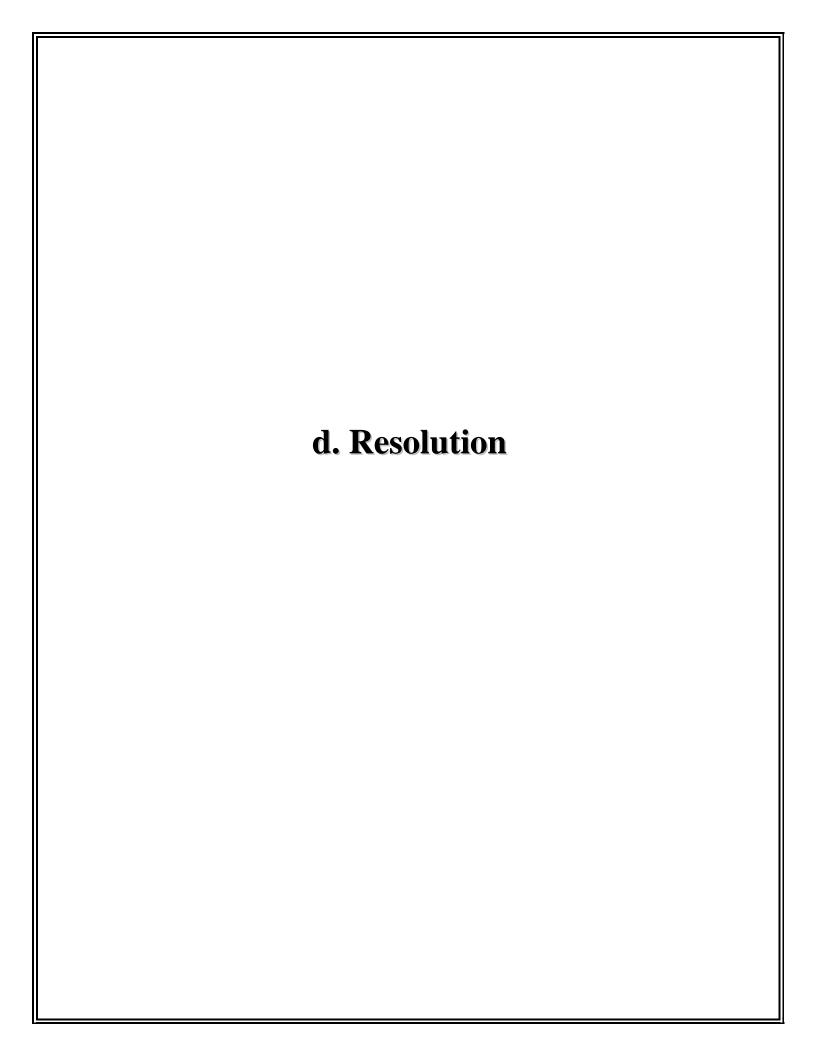
BOARD APPROVAL REQUEST

 MetroPlusHealth is seeking to execute an 18-month agreement, with SourcEdge in the amount of \$2,300,000 including 17% contingency, for both interface build and data migration.

Contract Term: 10/1/2025 - 1/31/2027







RESOLUTION

Authorizing the submission of a resolution to the Board of Directors of New York City Health and Hospitals ("NYC Health + Hospitals"), to authorize the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus or "the Plan") to execute a contract with Wipro Insurance Solutions ("Wipro") a Business Process as a Service (BPaaS) solution for the Medicare and Exchange line of business, for an amount not to exceed \$30,000,000 for a total 5-year contract period.

WHEREAS, MetroPlus, a subsidiary corporation of NYC Health + Hospitals, is a Managed Care Organization and Prepaid Health Services Plan, certified under Article 44 of the Public Health Law of the State of New York; and

WHEREAS, MetroPlus is seeking a vendor to outsource operational and technical services for Medicare and Exchange lines of business; and

WHEREAS, due to the specific requirements only a limited pool of vendors were available to provide these services; and

WHEREAS, a Negotiated Acquisition was issued March 7, 2025 in compliance with MetroPlus' procurement policies and procedures; and

WHEREAS, Wipro was the vendor selected to provide these services.

WHEREAS, on September 25th, 2025, the MetroPlus Finance Committee considered and approved the submission of the resolution for approval by the MetroPlusHealth Board of Directors, for the proposed contract between MetroPlus and SourcEdge.

NOW THEREFORE, be it

RESOLVED, that a resolution will be submitted to the Board of Directors of New York City Health and Hospitals ("NYC Health + Hospitals"), to authorize the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus or "the Plan") to execute a contract with Wipro Insurance Solutions ("Wipro") a Business Process as a Service (BPaaS) solution for the Medicare and Exchange line of business, for an amount not to exceed \$30,000,000 for a total 5-year contract period.

EXECUTIVE SUMMARY

OVERVIEW:

MetroPlus seeks a vendor to provide a Business Process as a Service (BPaaS) solution for the Medicare and NY Exchange (QHP) lines of business. Operational and technical services will include, but are not limited to, Enrollment and Eligibility, Claims Processing, Premium Billing / Reconciliation, Benefit Administration and Configuration, Coordination of Benefits (COB), Regulatory and Compliance (including NYS, CMS and internal audits), Technology, integration of vendor partner solutions, hosting and software.

PROCUREMENT:

MetroPlus issued a Negotiated Acquisition to a limited pool of vendors on March 7, 2025. 3 proposals were received, all 3 were deemed responsive and they were evaluated, and scored by an Evaluation Committee based on quality of proposed approach and adherence to the scope of work, relevance and quality of experience, compliance with technical and regulatory requirements, cost and MWBE utilization plan or MWBE status.

Wipro was selected on these criteria.

TERM: The term of the proposed initial agreement is 5 years.

MWBE: 30% MWBE utilization plan has been submitted.

Application to Enter into Contract

Business Process as a Service (BPaaS) – Medicare and Exchange Wipro Insurance Solutions

Ganesh Ramratan, Chief Information Officer Lila Benayoun, Chief Operations Officer

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BACKGROUND

- MetroPlus is seeking a vendor to provide a Business Process as a Service (BPaaS) solution for our Medicare and Exchange line of business. Operational and technical services will include, but not limited to, the following:
 - Enrollment and Eligibility
 - Claims Processing
 - Premium Billing / Payment Reconciliation
 - EDI Connectivity
 - Benefit Administration and Configuration
 - Coordination of Benefits (COB)
 - Regulatory and Compliance (including CMS and internal audits)
 - Technology, integration of vendor partner solutions, hosting and software
- Due to the specific nature of the requirements only a limited pool of vendors were available to provide these services. MetroPlus procured this contract through a Negotiated Acquisition. Our current BPO expires on 12/31/2026.
- MetroPlus has outsourced services for these lines of business since 2008. MetroPlus requires a new vendor because the current vendor is no longer able to deliver the services or meet the requirements, as we migrate to new core operating system.
- MetroPlus is seeking authority to execute a 5-year agreement, with Wipro in the amount of \$30,000,000, for the total 5 years, including a 20% contingency for BPaaS services.
- The MetroPlusHealth Finance Committee approved this resolution on Thursday, September 25th, 2025.

SCOPE OF SERVICES

- Wipro will provide a service solution that will allow MetroPlus to outsource key operational and technological processes for our Medicare and Exchange lines of business.
- The key services that WIPRO will provide include but are not limited to the following:
 - Membership Reconciliation & Premium Billing
 - Enrollment Processing
 - Benefit Setup and Maintenance
 - Claims Processing
 - Implement regulatory changes, support and submission of CMS reporting, and all other rules and requirements needed to stay CMS compliant.
- The selected vendor will integrate with MetroPlus' HealthEdge platform.

SOLICITATION CRITERIA

Minimum Criteria

- MWBE Utilization Plan, Waiver, or MWBE Certification.
- Experience implementing Medicare (MA, Duals, IB Duals) products using the Health Edge platform (HRP and Guiding Care).
- Experience offering BPaaS products for Medicare LOBs (> 100k MA lives and > 3 existing MA clients).
- Experience supporting highly successful and highly rated MA plans (4+ STARS in operational domains)
- U.S. based. Must operate within the United States, meet all CMS HIPAA privacy and security requirements and keep all data onshore.

Additional Preferences

- Experience offering BPaaS services for Exchange (QHP) line of business.
- Experience with the NYS Marketplace.
- Experience implementing and operating managed care products in NY.

Evaluation Criteria

- Quality of proposed approach and adherence to SOW- 15%
- Relevance of quality of experience- 15%
- Compliance with technical and regulatory requirements 20%
- Cost 15%
- MWBE 10%

SELECTION PROCESS

- Negotiated Acquisition sent to 6 vendors.
- 3 vendors responded to the NA.
- 3 vendors met the minimum qualifications to proceed.
- Final scoring concluded 5/8/25.
- Wipro, was selected by the Evaluation Committee.

VENDOR EVALUATION

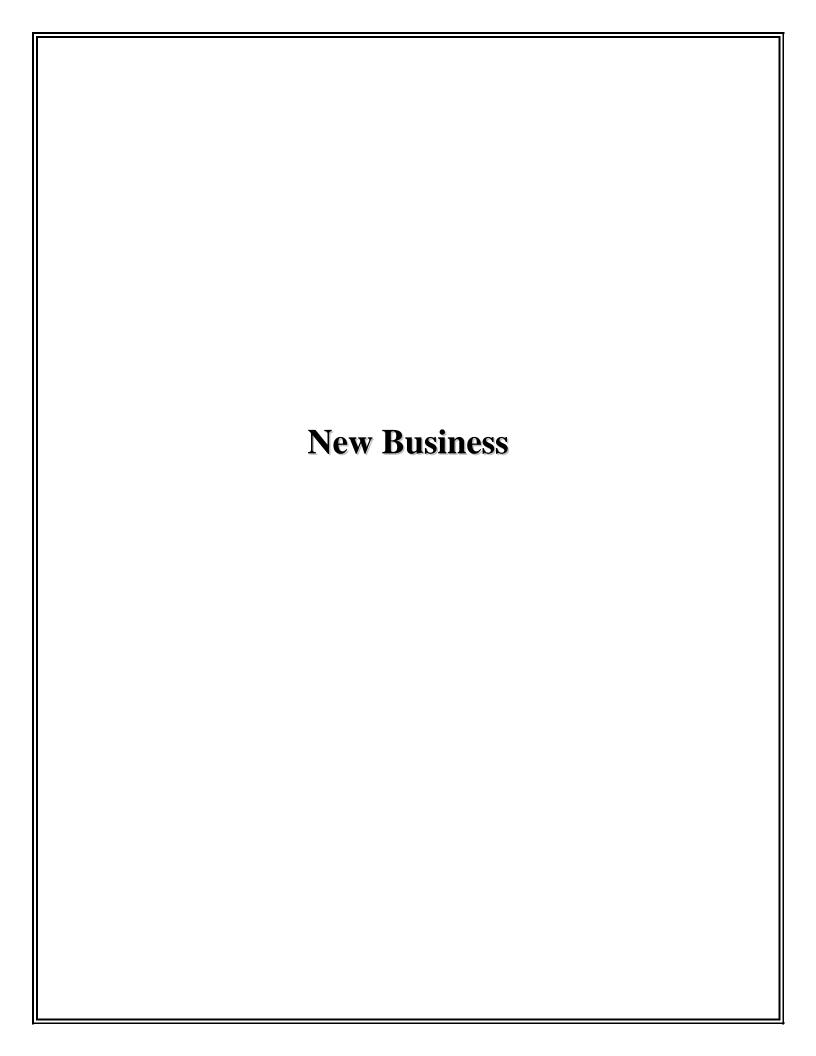
- WIPRO supports over 100 health plan clients with BPaaS services specifically for Medicare LOBs.
 These services include enrollment and billing through their enrollment and billing product, and claims processing.
- WIPRO has a strategic relationship with HealthEdge and has worked on several implementations for clients, leveraging HealthEdge's HRP and Guiding Care platforms.
- All Wipro platforms and data are hosted/stored onshore (in the United States). All in-scope BPaaS services (claims processing, benefit config., enrollment and billing, mail room) will be delivered from US locations.
- Wipro has a long-term partnership with CMS including a direct contract as submitter for eligibility and enrollment. They are also a CMS partner for the dual demonstration program.

BOARD APPROVAL REQUEST

- Seeking a 5-year contract.
- Anticipated contract start date: 1/1/2026.
- Total Contract Authority request \$30,000,000 which includes a 20% contingency.
- WIPRO has submitted a 30% MWBE Utilization Plan. They will be utilizing ITRS Inc. a NY MWBE company for implementation and configuration staffing.







MetroPlus**Health**Board of Directors Meeting



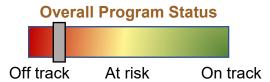
For People. Not Profit.

Project Edge

Tomasz Kawka
Vice President of Business Transformation

Friday, September 26th, 2025





PROGRAM STATUS

Key Accomplishments:

Wave 1 (PIC HIV SNP)

- Completed configuration of core platforms (HRP & GC).
- Received delivery of product enhancements required to support operations in NY (billing).
- Completed multiple testing cycles (In-Sprint, SIT, and multiple E2E cycles).
- Began user acceptance, parallel claims, and performance testing phases.
- Established a plan and schedule to perform integration testing with 3rd party vendors.
- Completed development of the training curriculum and materials and began delivery of training to testers.

Wave 2 (Medicaid, HARP & CHP)

• Paused the review and sign-off for Wave 2 requirement and design document to focus on remediation activities supporting Wave 1.

Awareness:

Wave 1 (PIC HIV-SNP)

- Business testing of product enhancements uncovered deficiencies and issues with the new billing module.
 MPH and partners are working to complete discovery and remedy issues as they are identified.
- Business user validation and parallel testing of claims identified significant errors in system configuration.
- Reverse conversion encountered additional complexities extending the timeline and delaying downstream testing of system integrations and 3rd party interfaces.
- MPH decided to extend and expand the testing effort to minimize the likelihood of experience disruptions for our customers and delay the Wave 1 Go-Live to December.

Wave 2 (Medicaid & HARP)

- Target implementation is late Q1 2026.
- No net new product gaps identified (yet).

KEY RISKS AND ISSUES

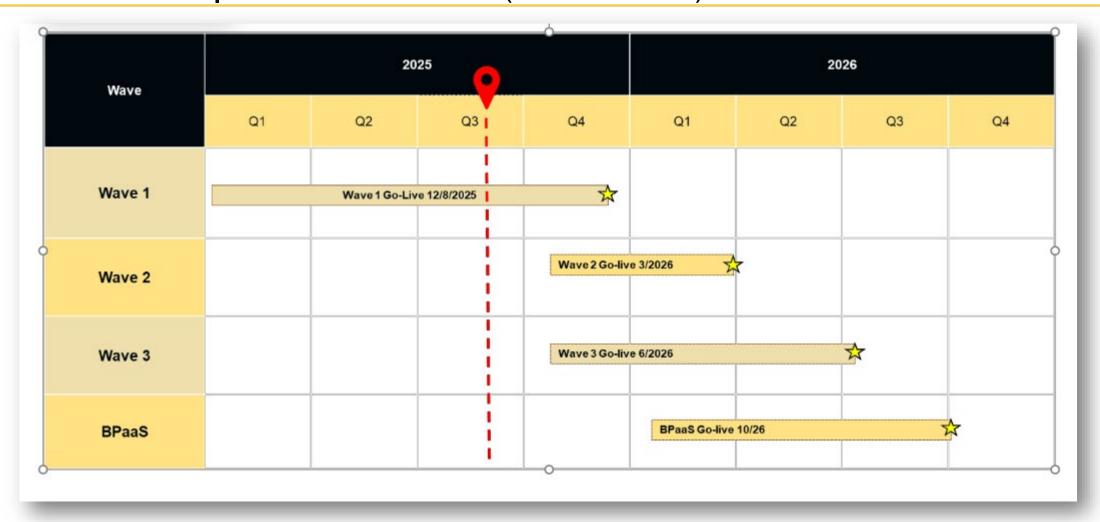
Key Risks:

- MPH dedicated leadership resources to drive completion of remaining Wave 1 testing and remediation efforts. This shifted resources and focus away from development efforts in support of future waves.
- Continued variances between testing results and business findings indicates a need to adjust the program timeline to ensure quality.
- MPH is operating under a fixed timeline to complete the migration and is concluding along standing TPA relationship. The schedule leaves little room for error.

Key Issues:

- Claims parallel testing is uncovered erroneous variances between claims processed in HRP and our legacy platforms.
- The enhancements developed by HealthEdge to enable NYS billing are underway.
- Complexities with reverse conversion resulted in a delay in completing development. This had downstream impact on the implementation and testing of integrations (e.g., CRM, portals, 3rdparty partners).

PROJECT EDGE | DRAFT TIMELINE (ALL WAVES)



Salesforce Expansion

Tomasz Kawka

Vice President of Business Transformation

Friday, September 26th, 2025



IMPROVING EXPERIENCE AND STREAMLINING OPERATIONS

- MPH implemented Salesforce to modernize customer service operations and elevate member and provider experience. The platform currently supports our customer service teams and contracting team, as well as our member, provider, and broker portals.
- Our long-term strategy is to unify customer-facing systems using a single, integrated platform. This consolidation will drive operational efficiency, streamline workflows, and enhance service.
- Salesforce priorities in 2025 focused on growth and retention. We are going live with Salesforce for Customer Success (Retention) and Sales teams beginning September and October, respectively.

WE HAVE A ROBUST APPROACH TO PREPARE TEAMS TO TAKE ADVANTAGE OF NEW TOOLS

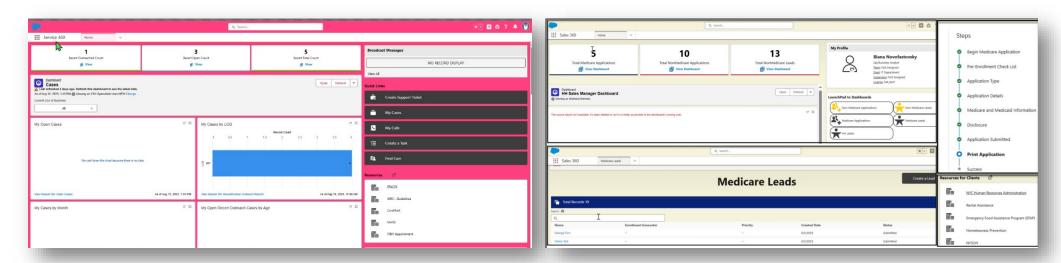
We will deploy capabilities incrementally:

- Our retention and Sales teams will gain access to a CRM which enables them to better service our members (access to all existing service capabilities).
- We deployed the tool to the Medicare sales team (7/2025) and are beginning with the recertification and sales journeys for remaining lines of business.
- Once staff gains proficiency (quick follow) we will roll out remaining workflows including presumptive disenrollments and payments.
- The value from of tool extends past the immediate workflow improvements. Adoption of the tool by the Sales teams integrates workflows with our marketing data (Marketing Cloud) enabling Sales outreach to prioritize warm leads and prospects.

We have extensive processes to help teams adopt the new toolkit:

- User acceptance testing and validation.
- End-user training and procedural training materials.
- Super user support.

SALESFORCE PROVIDES OUR ASSOCIATES WITH "ONE PANE OF GLASS" ALL PROSPECT AND SERVICE NEEDS



- By consolidating data from multiple sources, Salesforce provides a full picture of each member (history, preferences, interactions).
- One click access to past letters, email, text, and chat history enable staff to maintain better meaningful relationships.
- Teams can tailor communications and services to each member's needs, leading to higher trust and improved outcomes.
- Salesforce provides automated follow-ups and reminders.

Gold Initiatives

Laura Santella-Saccone, Chief Marketing & Brand Officer

Friday, September 26th, 2025



OBJECTIVES

1

Awareness

for the Gold product

Engage staff through

staff through interactive tools and memorable messaging

Convert

via in-person activations and leadership endorsements

TARGETS & TACTICS

Increase Gold membership from 32,735 YTD 2025 to 40k by end of Q1 2026.



Expand Employee Gold Awareness (H+H and NYC Agencies)

- H+H Gold Awareness Campaign
 - New Hires vs Transfers
- NYC Agency Outreach Initiative



Improve Gold Member Retention

- Onboarding process enhancements for new Gold members
 - Ushur Pilot
 - Concierge Pilot
- Strengthen customer service experience for existing Gold members

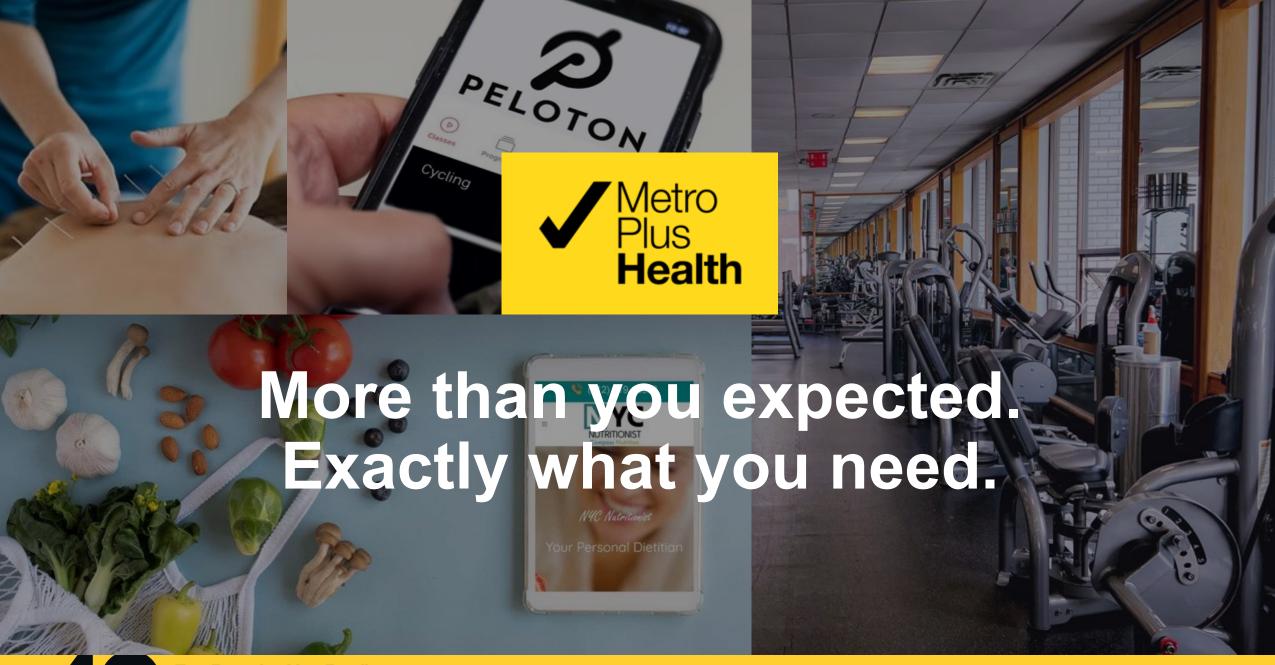


Expand Provider Network

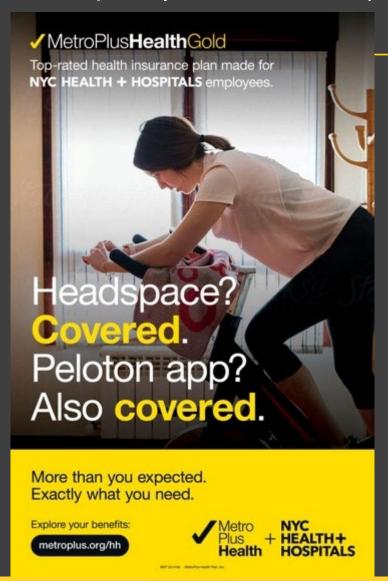
- Broaden Gold provider network to serve employees and members both within the five boroughs and in surrounding areas beyond NYC
 - Long Island Westchester

MARKETING SEASONALITY, TIMING AND TARGET AUDIENCE

| | DTC: Year-Round | DTC: Annual Transfer | B2B |
|------------------|---|---|---|
| Timing: | Jan 1 – Dec 31 | Nov 1 – 30 | Year Round |
| Goal: | Marketing to new employees (H+H) Sales enablement ground game | Marketing to drive switching Sales enablement events to drive additional enrollments | Employee engagement via Benefits Managers Boost plan menu visibility as a toptier option |
| Target Audience: | New employees: 30 days to enroll Life event: 30 days to enroll Current employees who are open during transfer | New employees: 30 days to enroll | Benefits ManagersAgency headsH+H staff members |
| Strategy: | Brand awareness - digital air coverage campaignCRM outreach | CRM marketing New suite of sales collateral detailing points of differentiation Events and sales outreach | Agency heads outreachBenefit ManagersH+H visibility campaign |



Concept A | HMN Poster (Size 30"x46")







GOLD MEDIA PLAN



Media Plan leans heavily on Digital media with superior ability to target NYC government employees.

- 88.9% of budget devoted to Digital.
 - Social leads the way with 44.9% allocated to Meta and LinkedIn.
 - There is a site direct schedule running on ChiefLeader.com.

Just in: NY1 TV – 6 week run, touching consumers 15x!

MMS (MULTIMEDIA MESSAGING SERVICE) | CAPTURE ATTENTION AND MARKETING ON THE PHONE

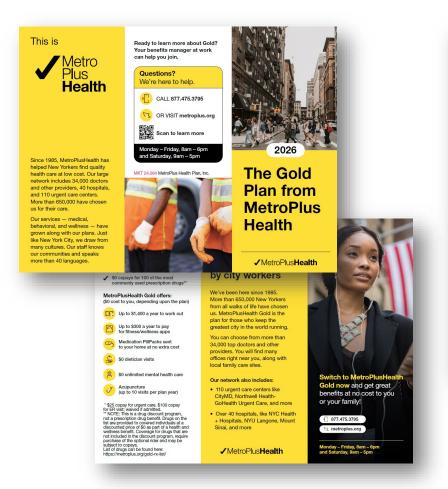
Leverage MMS via SFMC to be top of mind with our target audience.



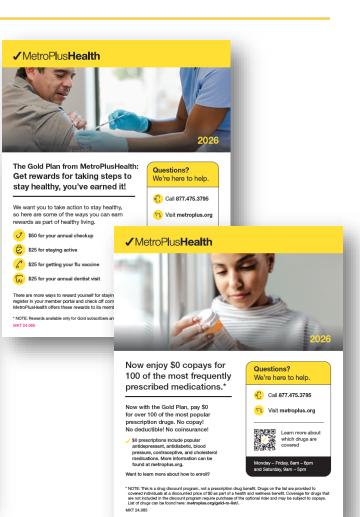




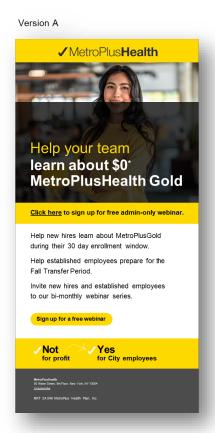
FAMILY OF GOLD SALES COLLATERAL

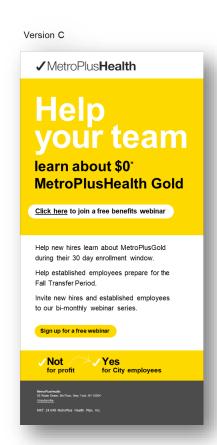


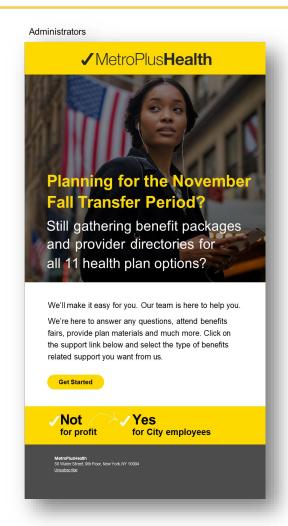




BENEFITS MANAGER EMAILS







B2B



MetroPlusHealth Gold just added new \$0* benefits.

Hi [First Name],

Are you offering your staff quality health care packed with \$0 perks?

MetroPlusHealth Gold just got even more rewarding with all new benefits:

New: Pay \$0 for select prescription drugs**
New: Up to \$300 to use a wellness app
New: Up to \$1,400 to work out
\$0* copays & doctor visits

\$0 unlimited telehealth \$0 mental health care

As NYC's health plan made for City employees, caring for our own and their families is a point of pride. Our network includes 34,000+ of the City's top doctors, 40+ hospitals including NYU Langone, Mount Sinai, NYC Health + Hospitals, and 110+ urgent care centers, including CityMD locations.

All NYC City Employees are eligible. Enrollment is open through November 30. Visit metroplus.org/gold for more information.

Our Representatives keep the sign up process simple for you and your staff. Call 877.475.3795 to get started.

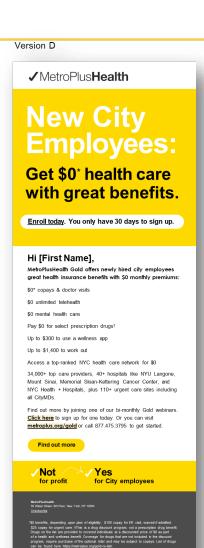
*\$0 benefits, depending upon plan of eligibility. \$100 copay for ER visit; waived if admitted. \$25 copay for urgent care. **This is a drug discount program, not a prescription drug benefit. Drugs on the list are provided to covered individuals at a discounted price of \$0 as part of a health and wellness benefit. Coverage for drugs that are not included in the discount program, require purchase of the optional rider and may be subject to copays. List of drugs can be found here https://metroplus.org/gold-rk-list/. MKT 24.068 MetroPlus Health Plan, Inc.

GOLD WEBINAR PROMOTIONS

Version B ✓ MetroPlusHealth City Employees:
Get \$0* health care with great benefits. Click here to get started. MetroPlusHealth makes \$0* health care even better for City Employees with benefits like: \$0* copays & doctor visits \$0 unlimited telehealth \$0 mental health care Pay \$0 for select prescription drugs† Up to \$300 to use a wellness app Up to \$1 400 to work out Access a top-ranked NYC health care network for \$0 34.000+ top care providers. 40+ hospitals like NYU Langone. Mount Sinai Memorial Sloan-Kettering Cancer Center and NYC Health + Hospitals, plus 110+ urgent care sites including Enrollment is only open November 1-30, but you can get started today. All City agencies and employees are eligible to Find out more by joining one of our bi-monthly Gold webinars. Click here to sign up for one today. Or you can visit metroplus.org/gold or call 877.475.3795 to get started. Find out more ✓ Not / Yes for City employees for profit

✓ MetroPlusHealth **Employees:** Get \$0* health care with great benefits. Click here to get started. MetroPlusHealth makes \$0* health care even better for City Employees with benefits like: \$0* copays & doctor visits \$0 unlimited telehealth \$0 mental health care Pay \$0 for select prescription drugs† Up to \$300 to use a wellness app Up to \$1,400 to work out Access a top-ranked NYC health care network for \$0 34.000+ top care providers, 40+ hospitals like NYU Langone Mount Sinai, Memorial Sloan-Kettering Cancer Center, and NYC Health + Hospitals, plus 110+ urgent care sites including Enrollment is only open November 1-30, but you can get started today. All City agencies and employees are eligible to Find out more by joining one of our bi-monthly Gold webinars. Click here to sign up for one today. Or you can visit metroplus.org/gold or call 877.475.3795 to get started. Find out more Yes / Not

Version A ✓ MetroPlusHealth New City Employees Get \$0* health care with great benefits. Enroll today. You only have 30 days to sign up. Hi [First Name]. MetroPlusHealth Gold offers newly hired city employees great health insurance benefits with \$0 monthly premiums: \$0* conavs & doctor visits \$0 unlimited telehealth \$0 mental health care Pay \$0 for select prescription drugs Up to \$300 to use a wellness app Up to \$1,400 to work out Access a top-ranked NYC health care network for \$0 34,000+ top care providers, 40+ hospitals like NYU Langone, Mount Sinai, Memorial Sloan-Kettering Cancer Center, and NYC Health + Hospitals, plus 110+ urgent care sites including all CityMDs. Find out more by joining one of our bi-monthly Gold webinars. Click here to sign up for one today. Or you can visit metroplus.org/gold or call 877.475.3795 to get started. Find out more ✓ Yes for City employees MKT 24.048 MetroPlus Health Plan. Inc.



MKT 24.048 MetroPlus Health Plan. Inc.

JET REWARDS | DC37 LEAD CAPTURE









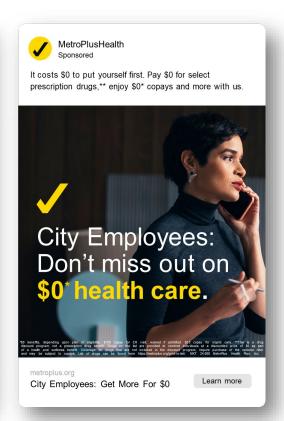


DIGITAL









NYC AGENCY OUTREACH | SALES

Benefits Offices





 Engaged contacts and distributed MPH Gold updates to 77 key benefits offices.

Benefits Activities



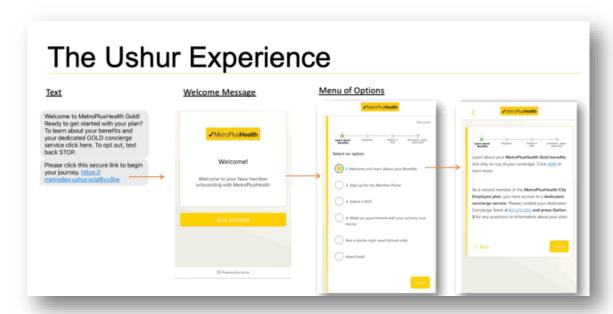


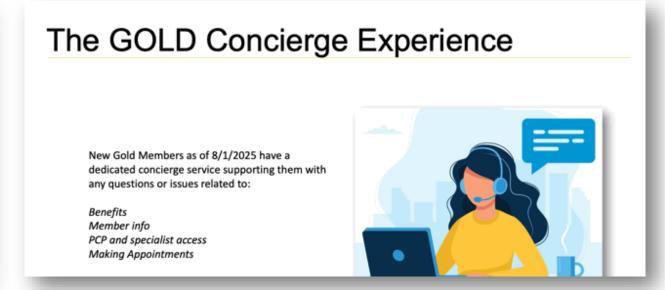


- Outreach generated 97 benefit related meeting opportunities. A year-over-year increase of 21 activities (and counting).
- Fall Transfer Period (Open Enrollment) events, such as Benefit Fairs, Virtual Information Sessions and employee engagement events. Additionally, some agencies provide access to New Hire engagement opportunities.

ENHANCING GOLD MEMBER RETENTION

Objective: Deliver best-in-class digital and phone experience for new GOLD members- ensuring they feel supported and confident throughout the early stages of their membership journey.





Test Pilots Launched August 2025



EXPANDING OUR PROVIDER NETWORK

Objective: Expand Access to Care outside the 5 boroughs, January 2026. Long Island and Westchester.

- Identify Par providers who have office locations in one of these counties.
- Work with DME and Pharmacy vendors to leverage networks.
- Understand NYU and Mt. Sinai footprint.
- Update Provider Directory flagging Providers servicing "Gold Only" Members.



BIDs

Alisa Cocozza, Vice President of Product

Friday, September 26th, 2025



QHP 2026 RATE REQUEST

- For 2026 MetroPlus submitted a Rate request of 10.1%
- MetroPlus received a 4.4% Final Decision
- Competitor Standing Estimate:
 - Profitable Metal Levels positioned to attract and retain membership:
 - Non-standard Platinum landed as lowest cost option among competitors.
 - Standard Platinum landed as 2nd lowest.
 - Gold's position remains unchanged as 3rd lowest.
 - Bronze Standard remains at middle ground among competitors as 3rd lowest cost option.

| NYS DFS 2026 QHP RATE DECISION | | | | | | | | |
|--------------------------------|----------------|--------------------|-----------|--|--|--|--|--|
| | Requested 2026 | Approved 2026 Rate | | | | | | |
| Company Name | Rate Actions | Actions | Reduction | | | | | |
| Anthem | 10.3% | 4.6% | -55.3% | | | | | |
| CDPHP | 13.7% | 12.1% | -11.7% | | | | | |
| Emblem (HIP) | 0.9% | -9.0% | -1100.0% | | | | | |
| Excellus | 24.8% | 20.7% | -16.5% | | | | | |
| Fidelis | 8.1% | 2.9% | -64.2% | | | | | |
| Healthfirst PHSP | 14.3% | 9.0% | -37.1% | | | | | |
| Highmark | 23.9% | 19.4% | -18.8% | | | | | |
| IHBC | 38.4% | 20.8% | -45.8% | | | | | |
| MetroPlus | 10.1% | 4.4% | -56.4% | | | | | |
| MVP Health Plan | 8.0% | 7.4% | -7.5% | | | | | |
| Oscar | 17.0% | 3.5% | -79.4% | | | | | |
| UnitedHealthcare of | | | | | | | | |
| NY | 36.6% | 9.1% | -75.1% | | | | | |
| Summary | 13.5% | 7.1% | -47.4% | | | | | |

^{*}Highlighted plans are in our service area.

MEDICARE 2026 BID

- For Medicare Advantage and UltraCare:
- Flex Supplemental card for 2025 will increase from \$475 to \$500!
- Offerings will continue to include:
 - Utilities
 - Groceries
 - OTC
 - Bathroom Safety Devices
 - Personal Emergency Response System (PERS)
- New for 2026 offerings:
 - Chiropractic Services
 - Pet Supplies
- Additional Supplemental Benefits for 2026
 - UltraCare will also include Unlimited Transportation to medical services.
 - Medicare Platinum plan will add a new \$500 Vision benefit.

METROPLUS GOLDCARE RATE FILING

- Large Group rate filing for GoldCare requested 7.9% rate increase effective 10/1/2025:
 - 2022 PMDFS rate decision -4.7%
 - Changed lookback period from 3 years to 2 years for all filings
 - PM claim experience was excluded and was ~\$50PMPM greater than 2023 and 2024.
 - Includes enhancements:
 - PCP copay decreased from \$10 to \$5
 - Specialist copay decreased from \$20 to \$10
 - Addition of Vision benefit
 - NEW Large Group Effective 1/1/2026:
 - We will be an additional plan option for Physician Affiliate Group of New York (PAGNY).
 - We will be the only \$0-member premium option.

Membership & Trends

Lauren Leverich Castaldo, Chief Financial Officer Roger Milliner, Chief Growth Officer

Friday, September 26th, 2025



METROPLUSHEALTH | 12 MONTHS MEMBERSHIP PERFORMANCE BY LOB

| MetroPlusHealth - 12 Month Membership Performance by LOB | | | | | | | | |
|--|---------|---------|---------------------|----------|--|--|--|--|
| Line of Bsiness | Jul-24 | Jul-25 | Delta (MemberCount) | % Change | | | | |
| Managed Medicaid | 404,178 | 394,410 | -9,768 | -2.4% | | | | |
| Essential Plans (EP) | 154,712 | 172,701 | 17,989 | 11.6% | | | | |
| Child Health Plus (CHP) | 50,062 | 47,827 | -2,235 | -4.5% | | | | |
| MetroPlus Gold | 27,680 | 33,385 | 5,705 | 20.6% | | | | |
| Managed Medicare | 10,486 | 11,844 | 1,358 | 13.0% | | | | |
| Enhanced (HARP) Plan | 12,401 | 11,930 | -471 | -3.8% | | | | |
| Marketplace Health Plans (QHP) | 10,683 | 5,175 | -5,508 | -51.6% | | | | |
| Partnership in Care (SNP) | 4,366 | 4,701 | 335 | 7.7% | | | | |
| Managed Long-Term Care (MLTC) | 2,271 | 2,743 | 472 | 20.8% | | | | |
| MetroPlus GoldCare Lvl 1 | 2,278 | 2,159 | -119 | -5.2% | | | | |
| Medicaid Advantage Plus (MAP) | 180 | 335 | 155 | 86.1% | | | | |
| Grand Total | 679,297 | 687,210 | 7,913 | 1.2% | | | | |

METROPLUSHEALTH | 12 MONTHS MEMBERSHIP INFLUENCERS

Child Health Plus (CHP)

- **Eligibility Changes**: Changes in immigration status and household income have led to transitions from CHP to Medicaid, affecting continuity of care and coverage.
- Relocation Outside Service Area: Families relocated out of MetroPlusHealth service areas.
- **Insurance Coverage options:** Many parents are now receiving employer-sponsored health insurance, which has led to changes in coverage and eligibility for public health programs.
- Dental Service Limitation
- Continuous Eligibility for CHP Members: Effective January 1, 2025, children who are fully eligible for Child Health Plus are continuous eligibility through the end of the month in which they turn six years old.

Medicaid Enrollment and Retention Challenges

- **Immigration Policy Changes:** Recent adjustments to immigration guidelines have impacted eligibility and enrollment patterns among Medicaid applicants. Loss of immigrant population.
- **Community Hesitancy**: Due to the current political climate, some individuals are reluctant to enroll in Medicaid. Immigration attorneys often advise clients against submitting personal information.
- **Income and Coverage Transitions**: Changes in household income have led some members to become eligible for the Essential Plan (EP) or to transition to employer-sponsored health coverage, resulting in disenrollment from Medicaid.

USHUR Launch Update | Gold & Essential Plan

Brindha Sridhar, Vice Preside of Customer Experience Strategy

Friday, September 26th, 2025



BACKGROUND

Objective

- Improve new member engagement, education and experience to grow member loyalty.
- Target: GOLD and Essential Plan new members.
- Pilot Launch Date: August 18th, 2025.

What is Ushur?

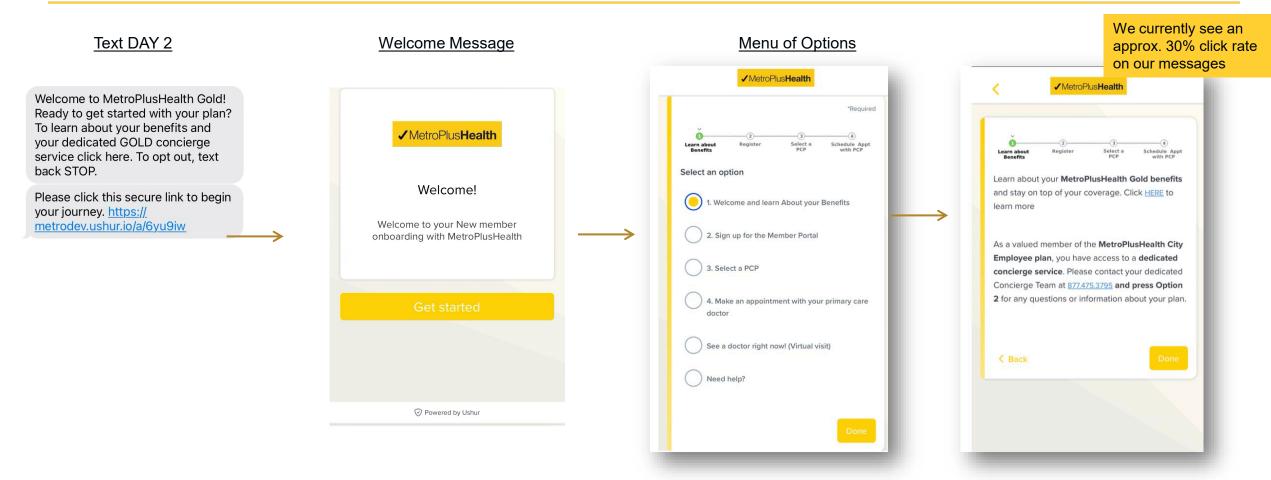
A seamless, self-guided app that empowers members to independently complete their onboarding education and essential tasks right from the very beginning of their journey with MetroPlusHealth

Members are guided through key steps such as:

- 1. Benefits education
- 2. Member portal registration
- 3. PCP selection
- 4. Making a new member appointment

Additionally, they are encouraged to use Virtual Visit through ExpressCare whenever they need.

THE USHUR EXPERIENCE



As of August 18, new GOLD members can also avail of a **Dedicated Concierge** service that will be able to support members in a white glove service experience, supporting them with all their needs when they call metroPlus.



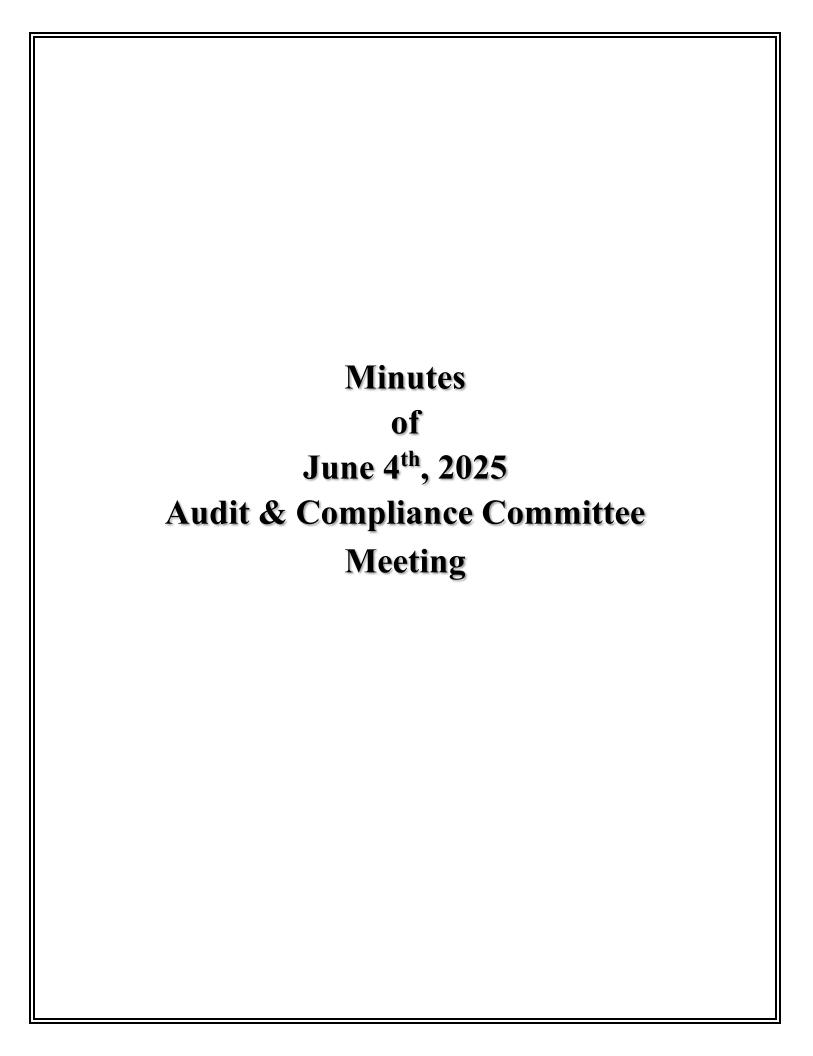
MEASUREMENT OF SUCCESS

KPIs

- Retention
- Satisfaction

Engagement Metrics

- Open rates
- Click through rates
- Call volumes
- Member portal registration
- PCP selection
- PCP appointments
- Telehealth appointments





MetroPlus Health Plan, Inc. **Audit & Compliance Committee Meeting**Wednesday, June 4th, 2025

MetroPlusHealth Audit & Compliance Committee Minutes

The meeting of the Audit & Compliance Committee of the MetroPlus Health Plan, Inc. (hereafter "MetroPlus or the Plan") was held in the 7^{th} Floor Boardroom at 50 Water Street, New York, NY 10004, the 4^{th} day of June 2025 at 3:00 P.M., pursuant to a notice which was sent to all the Committee Members of the Corporation by the Secretary. The following Committee Members were present inperson:

Sally Hernandez Piñero Dr. Talya Schwartz Kathleen Shure

Due to extraordinary circumstances consistent with the Procedures adopted by the Board, **Vallencia Lloyd** attended via Videoconference.

Kathleen Shure, Chair of the Audit & Compliance Committee, called the meeting to order at 3:15 P.M. and Angela Minerva, kept the minutes, thereof.

ADOPTION OF THE MINUTES

The minutes of the Audit & Compliance meeting held on March 26th, 2025, were presented to the Committee. On a motion by Kathleen Shure and duly seconded, the Committee adopted the minutes.

NEW BUSINESS

COMPLIANCE EXECUTIVE SUMMARY

Kathleen Shure asked that we begin with the Compliance Executive Summary. Raven Ryan Solon, Chief Compliance & Regulatory Officer discussed the 2025 Work Plan Status – Corporate Compliance, 2025 Work Plan Status – Privacy, 2025 Work Plan Status – Vendor Compliance, 2025 Work Plan Status – Special Investigations Unit, 2025 Work Plan Status – Product Compliance, 2025 Work Plan Status and Business Process Monitoring,

Committee Members asked a question regarding staff; Pamela Binns, Vice President of Compliance Responded.

Raven Ryan Solon went on to discuss Compliance Highlights which included Activities – Corporate Compliance, Activities - Privacy, Activities – Regulatory Operations, Activities – State Implementations Summary, Activities – Federal & IP Implementations Summary, and Activities – Regulatory Operations Summary.



Committee Members asked questions regarding privacy and survey volume; Raven Ryan Solon responded.

Raven Ryan Solon then went on to discuss State Regulatory Highlights specifically School-Based Health Center Services (Billing Guidance & Transition of SBHC to MMC).

FEDERAL & NEW YORK STATE UPDATES

Kathleen Shure asked that Lauren Leverich Castaldo, Chief Financial Officer, present Federal & New York State Updates. Lauren Leverich Castaldo discussed the New York State Federal Risks.

Committee Members asked questions regarding EP; Lauren Leverich Castaldo responded.

Raven Ryan Solon went on to discuss Aliessa and the State Budget SFY 2025 Highlights.

INTERNAL AUDIT SUMMARY

Kathleen Shure asked that Joseph Sorbello, Director of Internal Audits present the Internal Audit Summary. Joseph Sorbello discussed the 2025 Audit Plan and Internal Audit Folow-Up.

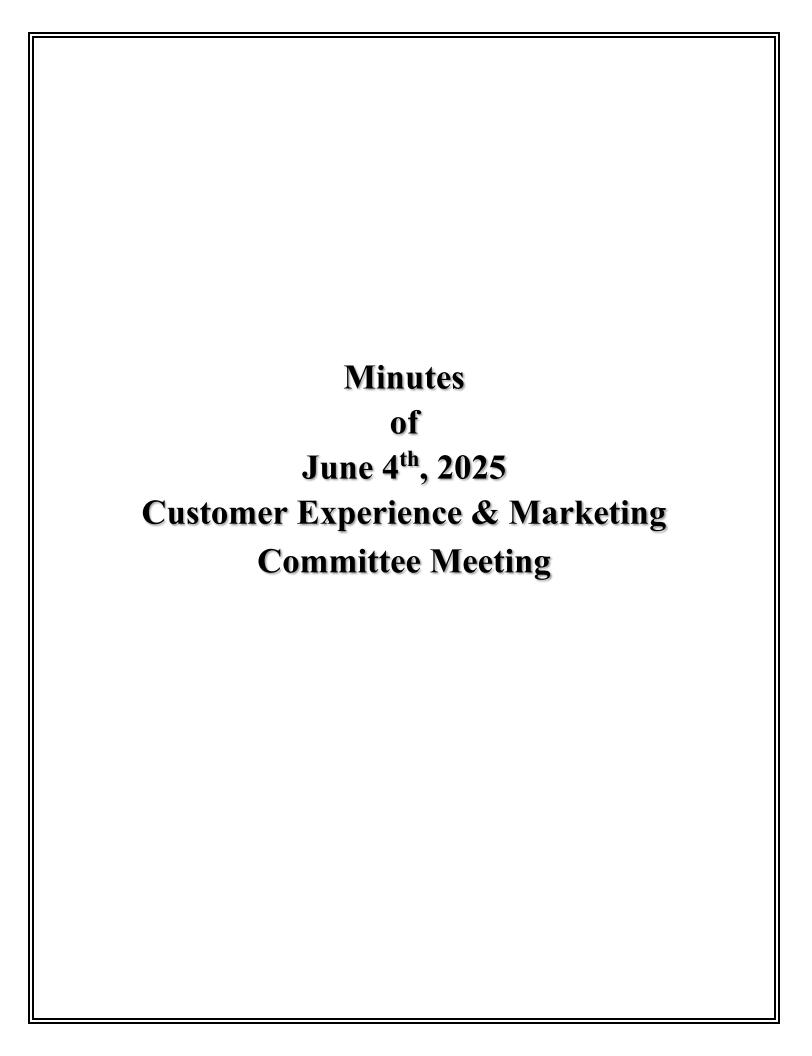
QUARTERLY CYBERSECURITY UPDATE

Kathleen Shure asked that Robert Micillo, Chief Information officer, present the Quarterly Cybersecurity Update. Robert discussed Training & Awareness, System Health, Security Investigations Update, Business Continuity & Disaster Recovery, Application Development Lifecyle and Security, New NYS/DFS Cybersecurity Regulation & Timeline, Program Measurements and Security Posture for Local Competitors.

EXECUTIVE SUMMARY

Kathleen Shure called the meeting into Executive Session at 3:54 P.M. so the Committee Members could discuss confidential Audit & Compliance issues related to potential litigation; the Committee resumed the official meeting at 4:52 P.M.

There being no further business, Kathleen Shure adjourned the meeting at 4:53 P.M.





MetroPlus Health Plan, Inc. **Customer Experience & Marketing Committee**Wednesday, June 4th, 2025

MetroPlusHealth Customer Experience & Marketing Committee Minutes

The meeting of the Customer Experience & Marketing Committee of the MetroPlus Health Plan, Inc. (hereafter "MetroPlus or the Plan") was held in the 7th Floor Boardroom at 50 Water Street, New York, NY 10004, the 4th day of June 2025 at 10:30 A.M., pursuant to a notice which was sent to all the Committee Members and Board of Directors of the Corporation by the Secretary. The following Directors were present in-person:

Sally Hernandez Piñero Dr. Talya Schwartz Matthew Siegler

Due to extraordinary circumstances consistent with the Procedures adopted by the Board, **Vallencia Lloyd** attended via Videoconference.

Vallencia Lloyd, Chair of the Customer Experience & Marketing Committee, called the meeting to order at 10:48 A.M.

Vallencia Lloyd chaired the meeting and Angela Minerva kept the minutes, thereof.

ADOPTION OF THE MINUTES

The minutes of the Customer Experience & Marketing Committee held on March 26th, 2024, were presented to the Committee. On a motion by Vallencia Lloyd and duly seconded, the Committee adopted the minutes.

NEW BUSINESS

PROJECT EDGE

Vallencia Lloyd asked that we begin with Project Edge. Tomasz Kawka, Vice President of Business Transformation began by presenting Project Edge – Where We Are, Project Edge Status, Project Edge Watch Items and Project Edge Focus on Wave 1 Readiness.

Committee Members asked questions regarding Wave 2; Tomasz Kawka responded.

RETENTION

Vallencia Lloyd asked Tabitha Garcia, Senior Director of Customer Success to discuss Member Retention. Tabith Garcia presented the 12 Month Membership Breakdown.

Committee Members asked a question regarding disenrollment numbers; Tabitha Garcia responded.



PROVIDER NETWORK OPERATIONS

Vallencia Lloyd asked that we move on to discuss the Provider Network Operations Update. Lila Benayoun, Chief Operating Officer presented Provider Directory Accuracy Improvements.

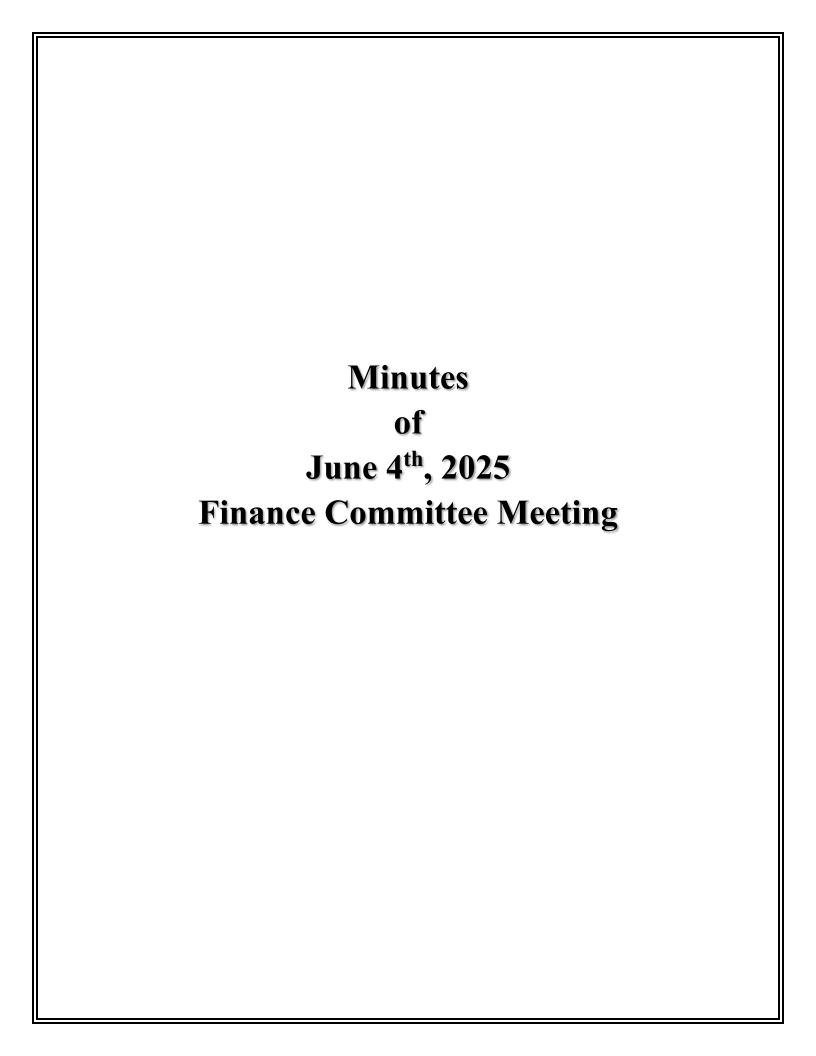
Committee Members asked a question regarding access and availability; Lila Benayoun responded.

SALESFORCE MARKETING CLOUD | RECERTIFICATION & ONBOARDING PILOT RESULTS

Vallencia Lloyd asked that we move on to discuss the Salesforce Marketing Cloud. Laura Saccone-Santella, Chief Brand & marketing Officer presented the Recertification Pilot Executive Summary, Recertification Results, Recertification Pilot and Control Journey, Recertification Scale Up Plan, Onboarding Pilot Executive Summary and the Onboarding Scale Up Plan.

Committee Members asked a question regarding recertification; Raven Ryan Solon, Chief Compliance & Regulatory Officer responded.

There being no further business, Vallencia Lloyd adjourned the meeting at 11:23 A.M.





MetroPlus Health Plan, Inc. **Finance Committee Meeting** Wednesday, June 4th, 2025

MetroPlusHealth Finance Committee Minutes

The meeting of the Finance Committee of the MetroPlus Health Plan, Inc. (hereafter "MetroPlus or the Plan") was held in the 7th Floor Boardroom at 50 Water Street, New York, NY 10004 on the 4th day of June 2025 at 1:00 P.M. pursuant to a notice which was sent to all the Committee Members of the Corporation by the Secretary. The following Committee Members were present in-person:

Sally Pinero-Hernandez Frederick Covino Dr. Talya Schwartz James Cassidy

Frederick Covino, Chair of the Finance Committee, called the meeting to order at 1:05 P.M. and Angela Minerva, kept the minutes, thereof.

ADOPTION OF THE MINUTES

The minutes of the Finance Committee meeting held on March 26th, 2025, were presented to the Committee. On a motion by Frederick Covino and duly seconded, the Committee adopted the minutes.

ACTION ITEMS

Frederick Covino advised that we begin the meeting by covering the Action Items. A **first** resolution was presented by Ganesh Ramratan, Chief Information Officer for Board approval.

Authorizing the submission of a resolution to the Board of Directors of New York City Health and Hospitals ("NYC Health + Hospitals"), to authorize the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus or "the Plan") to increase the contract authority for Accenture, LLP ("Accenture") in the amount of \$3,100,000 for a total not to exceed authority amount of \$23,100,000, for the remaining contract term.

Ganesh Ramratan, Chief Information Officer, provided a detailed overview of the Background, Authority Increase for Resource Extension, Authority Increase for Resource Extension Continued, Contract Authority Increase and the Board Approval Request.



Committee Members asked a question regarding term; Ganesh Ramratan responded, Frederick Covino further explained.

There being no further questions or comments, on a motion by Frederick Covino and duly seconded, the resolution was unanimously adopted by the Committee.

A **second** resolution was presented by Ganesh Ramratan, Chief Information Officer, for Committee Approval.

Authorizing the submission of a resolution to the Board of Directors of New York City Health and Hospitals ("NYC Health + Hospitals"), to authorize the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus or "the Plan") to execute a 9-month contract extension and to increase the contract authority with Deloitte Consulting, LLP ("Deloitte") in the amount of \$3,000,000 for a new total not to exceed authority amount of \$12,500,000.

Ganesh Ramratan, Chief Information Officer, provided a detailed overview of the Background, Authority Increase for Resource Extension, Authority Increase for Resource Extension Continued, Contract Authority Increase and Board Approval Request.

Committee Members asked questions regarding contract increase; Ganesh Ramratan responded.

There being no further questions or comments, on a motion by Frederick Covino and duly seconded, the resolution was unanimously adopted by the Committee.

A **third** resolution was presented by Ganesh Ramratan, Chief Information Officer, for Committee Approval.

Authorizing the submission of a resolution to the Board of Directors of New York City Health and Hospitals ("NYC Health + Hospitals"), to authorize the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus or "the Plan") to execute a 9-month contract extension and to increase the contract authority with SourcEdge Solutions LLC ("SourcEdge") in the amount of \$4,030,000 for a new total not to exceed authority amount of \$10,000,000.

Ganesh Ramratan, Chief Information Officer, provided a detailed overview of the Background, Authority Increase for Resource Extension, Authority Increase for Resource Extension Continued, Contract Authority Increase and Board Approval Request.

Committee Members asked a question regarding resources; Ganesh Ramratan responded.

Committee Members commented on the contract dollar amount and scope of work; Ganesh Ramratan explained.



There being no further questions or comments, on a motion by Frederick Covino and duly seconded, the resolution was unanimously adopted by the Committee.

A **fourth and final** resolution was presented by Lauren Leverich Castaldo, Chief Financial Officer, for Committee Approval.

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus") to execute a contract with Wakely Consulting Group, LLC, an HMA Company ("Wakely") to provide Actuarial services for a term of three (3) year with two (2) one-year renewal options, solely exercisable by MetroPlus, for an amount not to exceed \$11,600,000, for the total 5-year term.

Lauren Leverich Castaldo, Chief Finance Officer, provided a detailed overview of the Background, RFP Criteria, Selection Process, Vendor Evaluation and Board Approval Request.

Committee Members asked questions regarding contract renewal and forecast predictions; both Lauren Leverich Castaldo and Dr. Talya Schwartz, President & CEO responded.

There being no further questions or comments, on a motion by Frederick Covino and duly seconded, the resolution was unanimously adopted by the Committee.

NEW BUSINESS

FINANCE COMMITTEE REPORT

Frederick Covino asked Lauren Leverich Castaldo, Chief Financial Officer, to discuss the Q1 Finance Committee Report.

Laurne presented the Rate Updates, 2025 MMCOR P&L, Administrative Expenses Budget vs. Actual, Q1 2025 Regulatory Reporting to Forecast, Current Year Operating Income by Line of Business, Rate Updates, Other Anticipated Rate Changes, Financial Performance Assets, Financial Performance Liabilities, Financial Performance Investments, Membership Trends 2022-2025 and Market Share

Committee Members asked questions regarding MCO tax; Lauren Leverich Castaldo responded.

FEDERAL & NY STATE UPDATES

Raven Ryan Solon, Chief Compliance & Regulatory Officer, discussed the Federal & NY State Updates which included NYS Federal Risks and State Budget SFY 2025 Highlights.

Committee Members asked various questions; Raven Ryan Solon responded.



KPI UPDATES

Jeffrey Wojtasik, Vice President of Health Analytics presented the KPI Dashboard which included an overview of the Enterprise KPI Dashboard.

There being no further business, Frederick Covino adjourned the meeting at 1:48 P.M.