

**FINANCE COMMITTEE**  
Thursday, September 25<sup>th</sup> @ 10:00AM  
50 Water Street, 7<sup>th</sup> Floor Board Room  
New York, N.Y. 10004

**AGENDA**

Call To Order	Frederick Covino
Old Business	
Adoption of Minutes   June 4 <sup>th</sup> , 2025	Frederick Covino
Action Items	
<i>a. 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.</i>	Ganesh Ramratan
<i>b. 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.</i>	Ganesh Ramratan Lila Benayoun
New Business	
Finance Committee Report	Lauren Leverich Castaldo
Adjournment	Frederick Covino

**Minutes  
of  
June 4<sup>th</sup>, 2025  
Finance Committee Meeting**

MetroPlus Health Plan, Inc.  
**Finance Committee Meeting**  
Wednesday, June 4<sup>th</sup>, 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 7<sup>th</sup> Floor Boardroom at 50 Water Street, New York, NY 10004 on the 4<sup>th</sup> 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 26<sup>th</sup>, 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.

# Resolution

## **a. Resolution**



## 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

**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  
SourceEdge Solutions LLC

**Ganesh Ramratan**  
Chief Information Officer

**MetroPlusHealth** Finance Committee Meeting  
Thursday, September 25<sup>th</sup>, 2025



**For People. Not Profit.**  
Since 1985.

# 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.
- 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.



# 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 - 1/31/2026



**For People. Not Profit.**  
Since 1985.



## **b. Resolution**



## 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.

**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

**MetroPlusHealth** Finance Committee Meeting  
Thursday, September 25<sup>th</sup>, 2025



**For People. Not Profit.**  
Since 1985.

# 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.
- 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.



**For People. Not Profit.**  
Since 1985.

# 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.



**For People. Not Profit.**  
Since 1985.

# 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.



**For People. Not Profit.**  
Since 1985.



# 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.





# **New Business**

# MetroPlusHealth

## Finance Committee Meeting



### For People. Not Profit.

Thursday, September 25<sup>th</sup>, 2025

# Finance Committee Report

**Lauren Leverich Castaldo**

Chief Financial Officer

**Finance Committee Meeting**

Thursday, September 25<sup>th</sup>, 2025



**For People. Not Profit.**  
Since 1985.

# Finance Q2 2025



**For People. Not Profit.**  
Since 1985.

# RATE UPDATES

---

## Jan 2025 v2 Revision

### Essential Plan

- Increase of 1%.
- Primary Driver: MCO Tax Effective January 1<sup>st</sup>, 2025; negative adjustment to acuity assumption in EP5 (200%-250% FPL).

### Child Health Plus

- Increase of 0.61%.
- Primary Driver: MCO Tax Effective January 1<sup>st</sup>, 2025.

## April 2025 v2 Revision

### MLTC and MAP

- Increase of 2.6%.
- Primary Driver: Statewide FI Adjustment effective April 1<sup>st</sup>, 2025.



**For People. Not Profit.**  
Since 1985.

# 2025 Q2 MMCOR P&L | FINANCIAL SNAPSHOT

---

- **Medical Loss Ratio: 91.6%**
- **Administrative Loss Ratio: 7.9%**
- **Margin: 4%**

- Managed Care Organization (MCO) Tax in effect starting Q1 2025.
- QHP and Medicare both showing continued stable performance.
- Medicaid and HARP starting to show deterioration, with Medicaid having a negative Value Based Payment at the end of Q2 2025.



**For People. Not Profit.**  
Since 1985.



# ADMINISTRATIVE EXPENSES | BUDGET VS. ACTUALS

---

For the **6 months ending June 30, 2025**, the total administrative expenses of **\$188.6M** were **\$10.5M (5.3%) favorable** to budget, **\$5.8M** of which was driven by personnel spend and **\$4.7M** of which was driven by vendor spend (OTPS).



**For People. Not Profit.**  
Since 1985.

# Q2 2025 REGULATORY REPORTING TO FORECAST

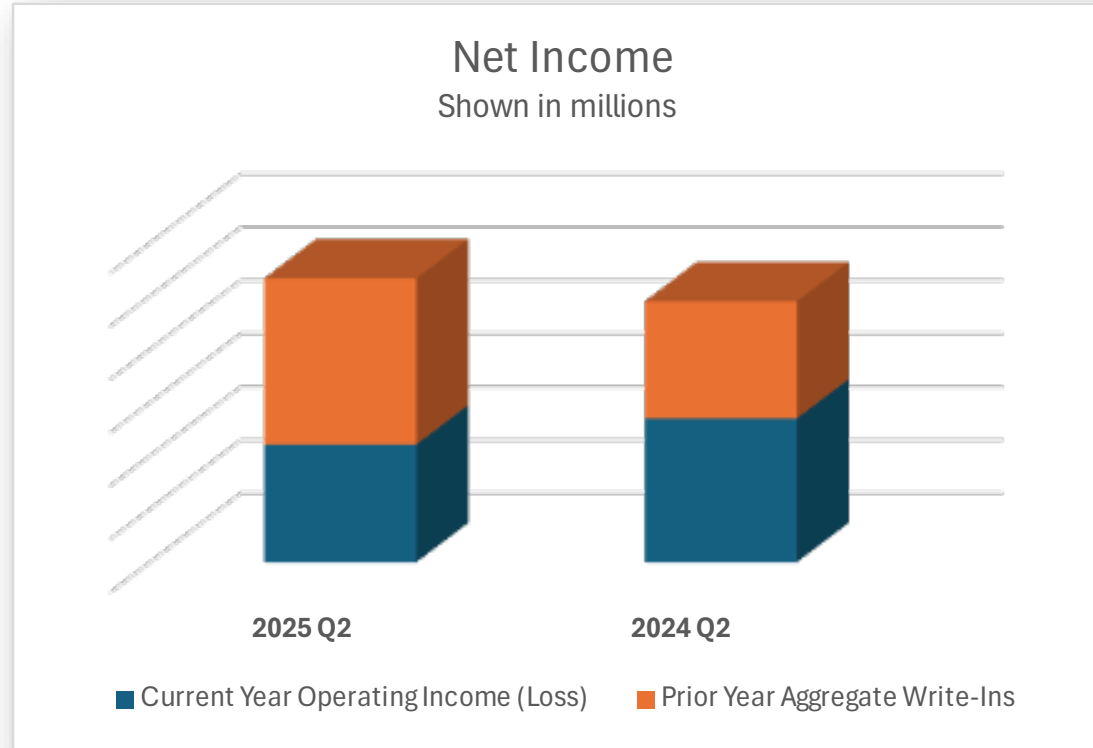
---

- Revenue net of pass-throughs (e.g., MCO Tax, NYHER, UPL) was 4% higher than forecast.
- Overall expenses are 0.9% higher than expected.
- In Q2 2025 we realized a current year margin of 2%. Inclusive of the Aggregate Write-ins (PY) at Q2 2025 MetroPlus generated a 4% margin.



**For People. Not Profit.**  
Since 1985.

# CURRENT YEAR OPERATING INCOME BY LINES OF BUSINESS



# RATE UPDATES

---

July 2025

## MetroPlus Gold

- Overall increase of above the projected rate.
- Pharmacy Rider
  - Grandfathered: No rate change.
  - New Enrollees: -8% decrease for Individual; -4% decrease for Family.
- Primary Driver: Increased medical trend and costs to match the HIP base rate.



**For People. Not Profit.**  
Since 1985.

# OTHER ANTICIPATED RATE CHANGES

---

## Revised April 2024 Rates

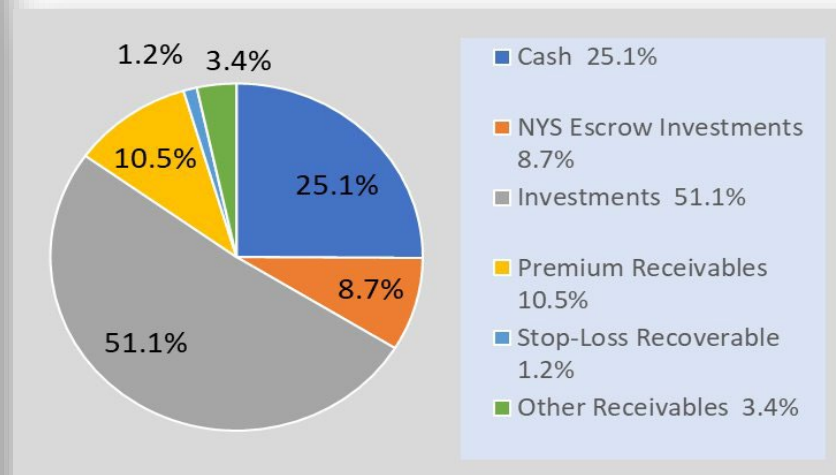
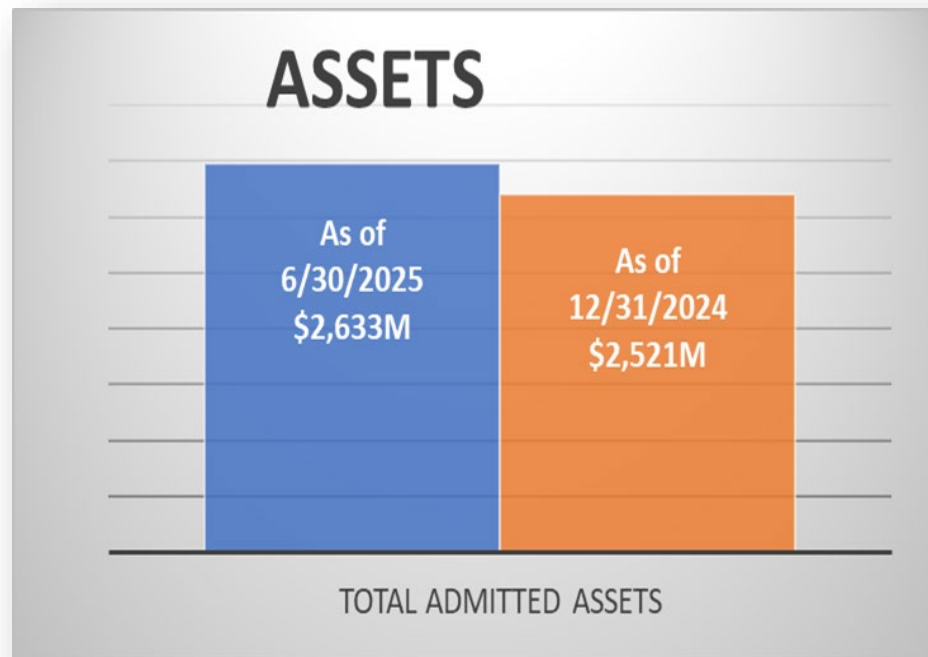
- Managed care benefit/fee schedule changes.
- MCO Tax Effective January 2025.
- Revisit FI Carve Out for CDPAS Effective August 2024.
- Revisit population acuity associated with the end of the continuous coverage requirement.

## Revised April 2025 Rates

- By end of calendar year.
- Single Statewide Fiscal Intermediary effective April 1<sup>st</sup>, 2025.
- SFY 2025-26 enacted budget proposals.
- Transition of Doula Services into managed care.

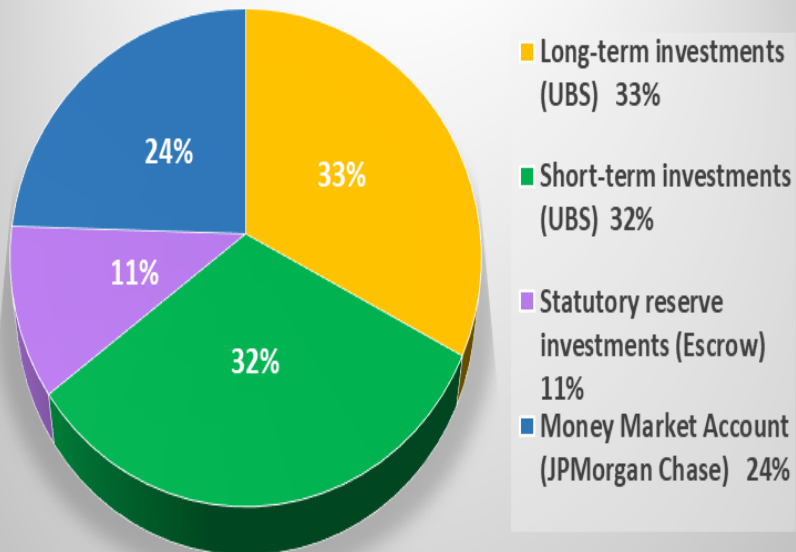


# FINANCIAL PERFORMANCE | ASSETS



# METROPLUSHEALTH | INVESTMENTS

## Investment Holdings



## UBS Holdings (\$ in Millions)



# Bids



**For People. Not Profit.**  
Since 1985.



# 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 2<sup>nd</sup> lowest.
  - Gold's position remains unchanged as 3<sup>rd</sup> lowest.
  - Bronze Standard remains at middle ground among competitors as 3<sup>rd</sup> lowest cost option.

NYS DFS 2026 QHP RATE DECISION			
Company Name	Requested 2026 Rate Actions	Approved 2026 Rate 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.*



**For People. Not Profit.**  
Since 1985.

# 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 ~\$50MPM 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.



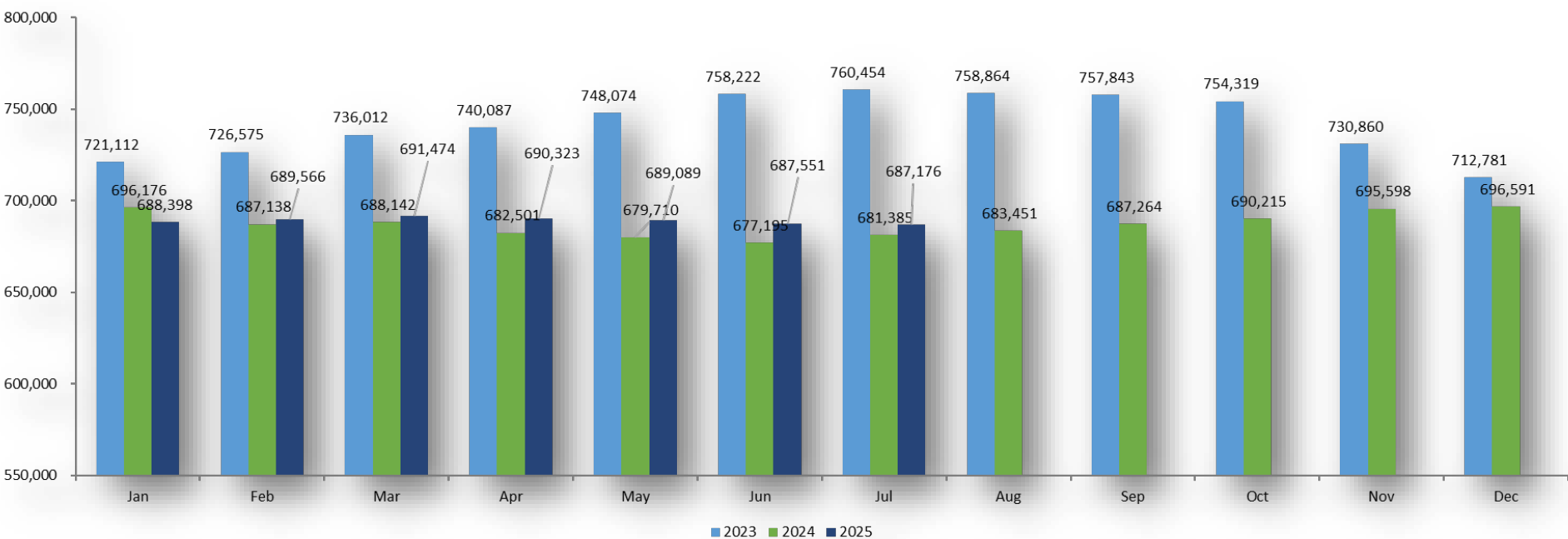
# Membership



**For People. Not Profit.**  
Since 1985.

# MEMBERSHIP TREND 2022-2025

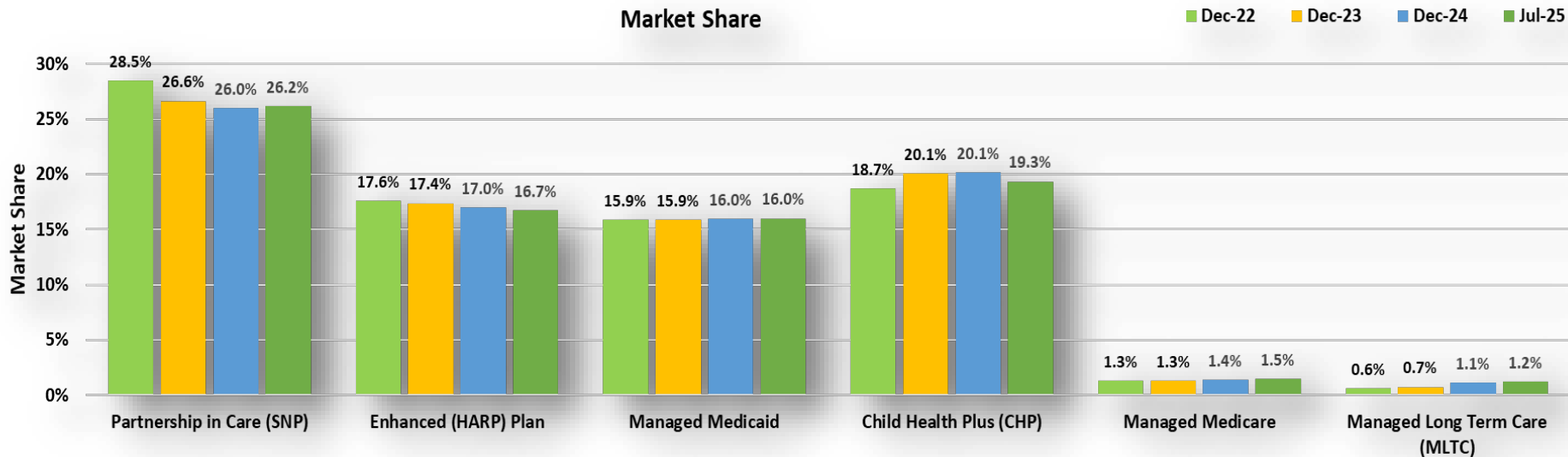
Total membership is at 687K as of June 2025.



**For People. Not Profit.**  
Since 1985.

# MARKET SHARE

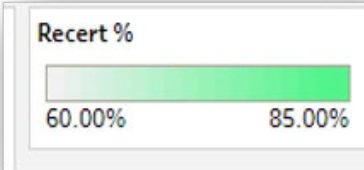
- MLTC and SNP markets have seen slight growth in Q2 2025.
- Medicaid and Medicare have stabilized in Q2 2025.
- HARP and CHP have experienced decline in market share.



# RECERTIFICATIONS

- MetroPlusHealth recertifications continue as a top priority.
- NYS Average recertification rate as of June 2025 is 80.5%.

Monthly Overall Recert Rate (%)	
September 2024	83.71%
October 2024	82.06%
November 2024	82.39%
December 2024	83.39%
January 2025	81.06%
February 2025	83.11%
March 2025	81.58%
April 2025	81.67%
May 2025	78.71%
June 2025	77.02%



# Risk Adjustment



**For People. Not Profit.**  
Since 1985.



# RISK ADJUSTMENT

---

## Medicare

- 2025 AdvantMed In-Home Assessment project running ahead of last year's project.
- 2024 DOS Optum Chart Chase project running ahead of last year's project.
- MetroPlusHealth subject to RADV audit for 2018 DOS, with additional audits likely.
- Project has a very aggressive timeline and long-time lag since DOS.

## Medicaid

- 2025 rates were released, showing a **1.1%** increase in risk scores.
- TANF-Adult and TANF-Child scores increased by **1.2%**, SSI scores decreased by **2%**.

## HARP

- We continue to be highest risk-score plan in our region.
- 2025 activities Risk score decreased **2.5%** due to negative enrollment demographic development.
- Focused on member outreach for H+H members, supplemental chart reviews and SOMOS supplemental diagnosis file.



# RISK ADJUSTMENT

---

## QHP

- Strategy to right-size QHP population appears to have succeeded.
- Initial projections show a \$13M risk adjustment receivable for 2025. This is our best risk adjustment result ever.

## Essential Plan

- 2025 Risk Scores decreased by **1%**, expected to impact revenue by **\$2.6M**.
- Impact was driven by 1.4% decreased in EP 3 and 4 tiers, due to enrollment trends of young asylum seekers enrolling in these plans.
- EP 1 and 2 tiers saw 1.9% increase in risk score.



**For People. Not Profit.**  
Since 1985.

# Federal & NYState Updates



**For People. Not Profit.**  
Since 1985.

# HR.1 (OBBBA)

## FEDERAL RECONCILIATION BUDGET BILL OVERVIEW

---

Federal budget bill passed with significant impacts on government sponsored/supported health programs.

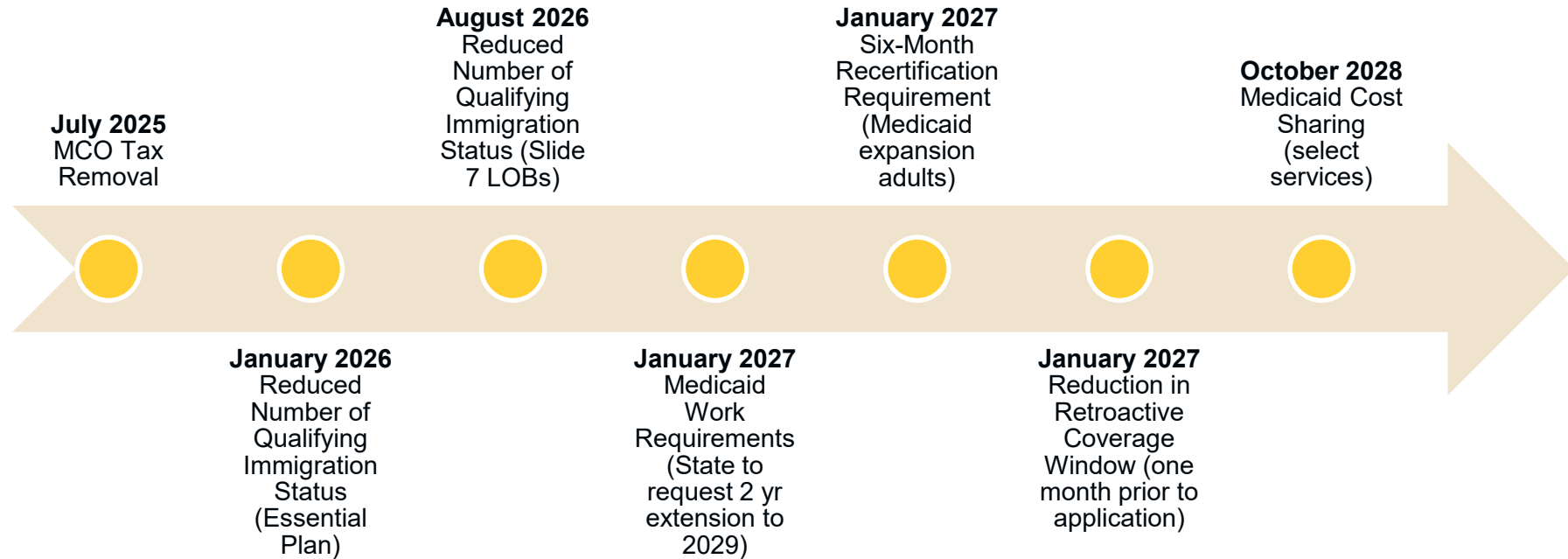
### ✓ We know

- Coverage & Funding rules **are getting stricter.**
- 2 million+ New Yorkers could **lose coverage.**
  - 730,000+ immigrants
- MPH may see **membership decline.**

### ? We still don't know

- How New York State will respond.
- The **exact timing of impact** of all the changes.

# TIMELINE | LEGAL EFFECTIVE DATES



# WHAT'S NEXT?

---

## Other New Rules to Know

- **ACA Rule** – Removes eligibility for QHP for DACA immigrants.
- **LTSS Eligibility** – Creates stricter minimum needs requirements to be eligible for MLTC, PCS, and CDPAP.

## OBBA 2026 | NY sees early impact to health insurance coverage

- EP's special structure will mean funding changes related to immigration start reducing EP enrollment as early as January 2026.
  - Second wave of EP impacts are expected at the end of 2026 and early 2027.





**For People. Not Profit.**  
**Since 1985.**