

CUSTOMER EXPERIENCE & MARKETING COMMITTEE

Wednesday, March 25th @ 1:00 P.M.
50 Water Street, 7th Floor Board Room
New York, N.Y. 10004

AGENDA

Call To Order	Vallencia Lloyd
Old Business	
Adoption of Minutes December 10 th , 2025	Vallencia Lloyd
New Business	
Project Edge	Tomasz Kawka
Member Rewards	Masud Mahdi
Provider Complaints	Lila Benayoun
Telehealth	Lila Benayoun
Retention	Lila Benayoun
Call Center	Lila Benayoun
Claims	Lila Benayoun
Membership Trends & Market Share	Roger Milliner
Salesforce Marketing Cloud	Laura Santella Saccone
Adjournment	Vallencia Lloyd

**Minutes
of
December 10th, 2025
Customer Experience & Marketing
Committee Meeting**

MetroPlus Health Plan, Inc.
Customer Experience & Marketing Committee
Wednesday, December 10th, 2025

MetroPlus Health Plan, Inc. 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 10th day of December 2025 at 10:00 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
Vallencia Lloyd
Karla Silverman

Vallencia Lloyd, Chair of the Customer Experience & Marketing Committee, called the meeting to order at 10:10 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 September 25th, 2025, 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 the Project Edge Wave 1 Go-Live Update. Tomasz Kawka, Vice President of Business Transformation presented A Milestone in our Transformation Journey, What It Took To Get Here and Looking Ahead.

Dr. Talya Schwartz, President & CEO commented on the progress of Project Edge; Ganesh Ramratan, Chief Information Officer responded with additional details.

Committee Members asked a question regarding Edge Transformation; Tomasz Kawka explained. Ganesh Ramratan and Dr. Talya Schwartz shared additional information.

Committee Members asked a question regarding the billing system plan, both Dr. Talya Schwartz and Ganesh Ramratan responded.

Committee Members asked questions regarding Wave 2, Wave 3 EP and Wipro; Tomasz Kawka, Ganesh Ramratan and Dr. Talya Schwartz responded.

SS&C Contract

Vallencia Lloyd asked that we move on to the SS&C Contract presentation. Ganesh Ramratan presented the PowerSTEPP Source Code Software.

Committee Members asked a question regarding cost and temporary employees; Ganesh Ramratan advised that we are within budget.

Membership & Trends

Roger Milliner, Chief Growth Officer, went on to present Membership & Trends specifically covering 2025 Membership Growth and Market Share.

Committee Members asked questions about Gold and H+H; both Dr. Talya Schwartz and Roger Milliner responded.

USHUR PILOT, CONCIERGE PILOT & SALESFORCE MARKETING CLOUD

Vallencia Lloyd asked that we move on to discuss the Ushur Pilot, Concierge Pilot and Salesforce Marketing Cloud Update. Brindha Sridhar, Vice President of Customer Experience Strategy shared Background on Ushur, the Ushur Experience, Ushur Project Update, Gold Concierge Activity, Gold Concierge KPI Tracking, Gold Concierge After-Call Sentiment, Salesforce Marketing Cloud Elevating Engagement in 2025, Onboarding Campaign Executive Summary, Onboarding Journey Evolution, Full Scale Rollout Onboarding Results, Onboarding Results – PCP Visits & Portal Registrations and Recert Journey Initial Update.

Committee members asked a question regarding member feedback and portal experience; Brindha Sridhar responded. Ganesh Ramratan shared stats regarding portal usage.

CALL CENTER

Lila Benayoun, Chief Operating Officer, went on to present Call Center specifically covering the Member Abandonment Rate and Trend in Call Center Call Volume – Member.

Committee Members asked a question regarding Abandonment Rate; Lila Benayoun responded.

Lila Benayoun presented Provider Abandonment Rate, Net Promoter Score (NPS); Brindha Sridhar provided context following Lila's presentation. Dr. Schwartz further commented.

MEMBER & PROVIDER COMPLAINTS AND INQUIRIES

Lila Benayoun, Chief Operating Officer, presented Member Provider Complaints and Inquiries specifically covering Complaints Category by Quarter, Balance Billing Drivers, Q3 Complaints Substantiated vs. Unsubstantiated, Provider Call Center Top 10 Categories of Inquiries Top Provider and Abrasion Raised at Joint Operating Committees (JOC).

Committee Members asked a question regarding providers; Lila Benayoun responded.

CLAIMS

Vallencia Lloyd asked that we move on to discuss Claims. Lila Benayoun, Chief Operating Officer, presented Claims for November 2024-October 2025 and Claims for November 2024-October 2025.

CUSTOMER SUCCESS PERFORMANCE

Vallencia Lloyd asked that we move on to discuss Customer Success Performance. Lila Benayoun, Chief Operating Officer, presented Recert Trends 2024 vs. 2025, CSX Disenrollment Mitigation 2024 vs. 2025 and CSX Disenrollment 2024 vs. 2025.

Dr. Talya Schwartz shared 2025-year end membership totals.

Committee members asked a question regarding members saved; Lila Benayoun explained voluntary vs. involuntary disenrollment. Dr. Schwartz shared additional details regarding Marketshare and unwinding.

Committee Members asked about voluntary disenrollment and Queens enrollment; Roger Milliner responded. Dr. Schwartz shared additional details.

COMPASS HEALTH

Vallencia Lloyd asked that we move on to discuss Compass Health. Lila Benayoun, Chief Operating Officer, presented Operational Asset Development Project Background, Project Team Organization, Operational Asset Summary and Desktop Level Procedures (DLPS) Authoring Tool & Repository.

Committee Members asked a question regarding how compass health will help update all Policy & Procedures. Both Lila Benayoun and Tomaz Kawaka responded.

There being no further business, Vallencia Lloyd adjourned the meeting at 11:38 A.M.

New Business

MetroPlusHealth

Customer Experience & Marketing Committee Meeting

Wednesday, March 25th, 2026

Project Edge

Tomasz Kawka

Vice President of Business Transformation

Wednesday, March 25th, 2026



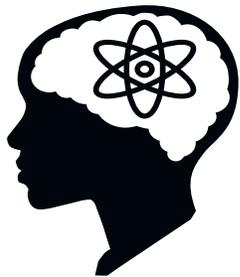
OUR JOURNEY | FROM OPPORTUNITY TO IMPACT

The WHY

Our core system dated back 30+ years and required significant effort to maintain.

We need to modernize workflows and increase automation to stay competitive.

We need an agile platform to comply with the rapid pace of change in rules and regulations.



The ACHIEVEMENTS

01

4,900+ HIV-SNP members and our network of providers transitioned to new HealthEdge platforms.

02

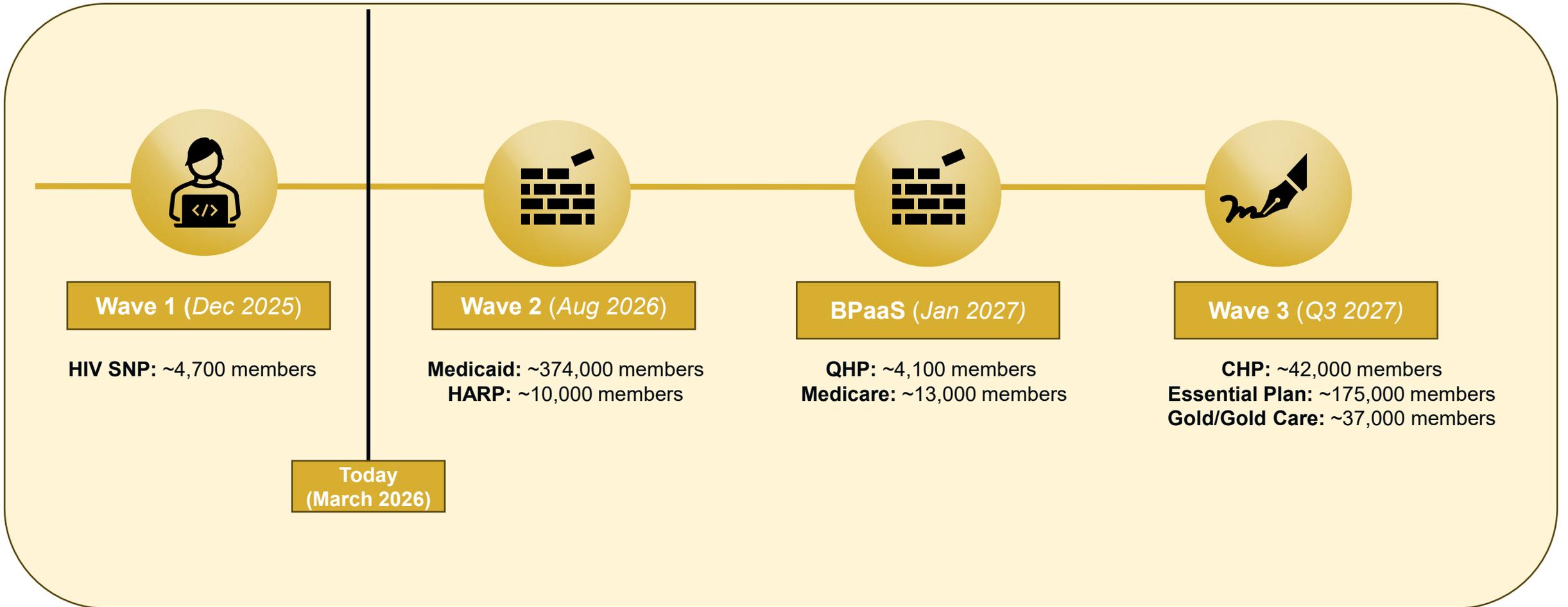
CM and UM teams operate within a single integrated system streamlining coordination.

03

8,700+ care interactions and 13,000+ claims per month are processed using the new platforms.

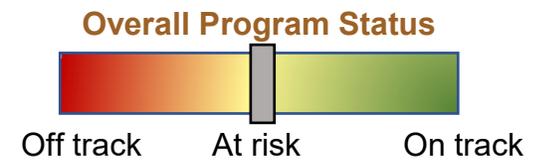


OUR ROADMAP FOR TRANSFORMATION



HOW OUR ROADMAP EVOLVED

Milestone	Populations	Planned Go-Live	Original Timeline	Justification
Wave 2	Medicaid HARP	Aug 2026	Spring 2026	<ul style="list-style-type: none">• Extended requirement and design review.• Expanded testing period to ensure quality.• Contingency for shifts in program team.
BPaaS & WiPro	MA QHP	Jan 2027	Winter 2026	<ul style="list-style-type: none">• No changes (OE winter 2026, Operations 2027).
Wave 3	CHP EP Commercial	Fall 2027	Summer 2026	<ul style="list-style-type: none">• Deferred start of work until Q3 2026 to enable MPH teams to focus on stabilization, Wave 2, and BPaaS efforts.



PROGRAM STATUS | WAVE 2

Key Accomplishments

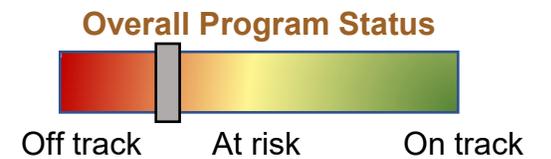
Wave 2 (Medicaid and HARP)

- Assembled and onboarded a program team and replaced longstanding partner support under MPH leadership.
- Procured and provisioned new environments to enable execution of Wave 2 conversion and testing activities.
- Developed a test strategy specific to each domain to mitigate the risk of an extended stabilization and errors.
- Developed a program schedule for an August go-live with an extensive testing windows (5 months of testing).
- Completed requirement gathering and finalized both configurable and development scope for Wave 2.
- Executed first data conversion load with Wave 2 data.

Awareness

Wave 2 (Medicaid and HARP)

- Delays in provisioning new environments delayed the first load of data by 2 weeks. Teams expect to absorb this impact and are working to accelerate downstream activities.
- Delivery of new functionality (enhancements and automation) is not expected until July 2026 limiting the test window for these features.
- Newly formed team is supporting MPH with the Wave 2 implementation. The risk of institutional knowledge loss is mitigated by heavy engagement from MPH business and IT teams.



PROGRAM STATUS | BPAAS

Key Accomplishments

BPaaS (MA and QHP)

- Completed contracting with BPaaS vendor (February) and began discovery, requirements, and design sessions.
- Onboarded consulting resources to support MPH with the MA and QHP implementation.
- Developed a schedule to achieve a January 2027 go-live for both the enrollment and billing tools (Enrollment 360) and HealthEdge tools (HRP and GC) supporting medical management and claims.

Awareness

BPaaS (MA and QHP)

- Provisioning of a dedicated environment for our partner to work in is delayed by 3 weeks.
- Initial interactions with partner focused on configuring our platforms raised significant concerns including:
 - **Schedule:** Vendor proposed an aggressive schedule to complete the design and configuration of HealthEdge components to enable 1/1/27 go-live.
 - **Subcontracting:** Vendor subcontracted the configuration of the HRP system.
 - **New resources:** Vendor demonstrated limited experience with provider configuration in HRP using our toolset and is onboarding new resources.

RISKS AND CHALLENGES

Risks

- MPH is operating under a fixed timeline to complete the migration and is concluding a longstanding TPA relationship. The schedule leaves little room for error and may result in MPH having to accept a partial solution.
- The extension to the overall program timeline will result in costs exceeding the currently allocated contingency.

Challenge

- Significant volume of issues discovered post go-live (~35% of total issues). This resulted in an extended stabilization and overlap between stabilization and Wave 2 activities.
- Contract with testing partner concludes March 2026. Given the challenging experienced during Wave 1 we are considering shifting to an MPH led model to ensure quality in future go-lives.
- Program management contract concluded in February. Onboarded staff and independent consultants to operate an MPH led program.

Member Rewards

Masud Mahdi

Deputy Chief Operating Officer

Wednesday, March 25th, 2026



MEMBER REWARDS OVERVIEW

The member rewards program is designed to:

- Increase member satisfaction and retention
- Encourage preventive care and quality-driven behaviors
- Support quality-related metrics (HEDIS, Star/CAHPS, etc.)

Members earn rewards for completing eligible activities

- These are typically health-related activities, both clinical and behavioral
- Examples of eligible activities (varies by line of business):

Annual Physical	Walking/Steps
Breast Cancer Screening	Sunscreen Use
Flu Shot	Mental Health Screening
Dental Visit	Colon Cancer Screening

The program has been administered by InComm/Convey since early 2024.



HOW IT WORKS

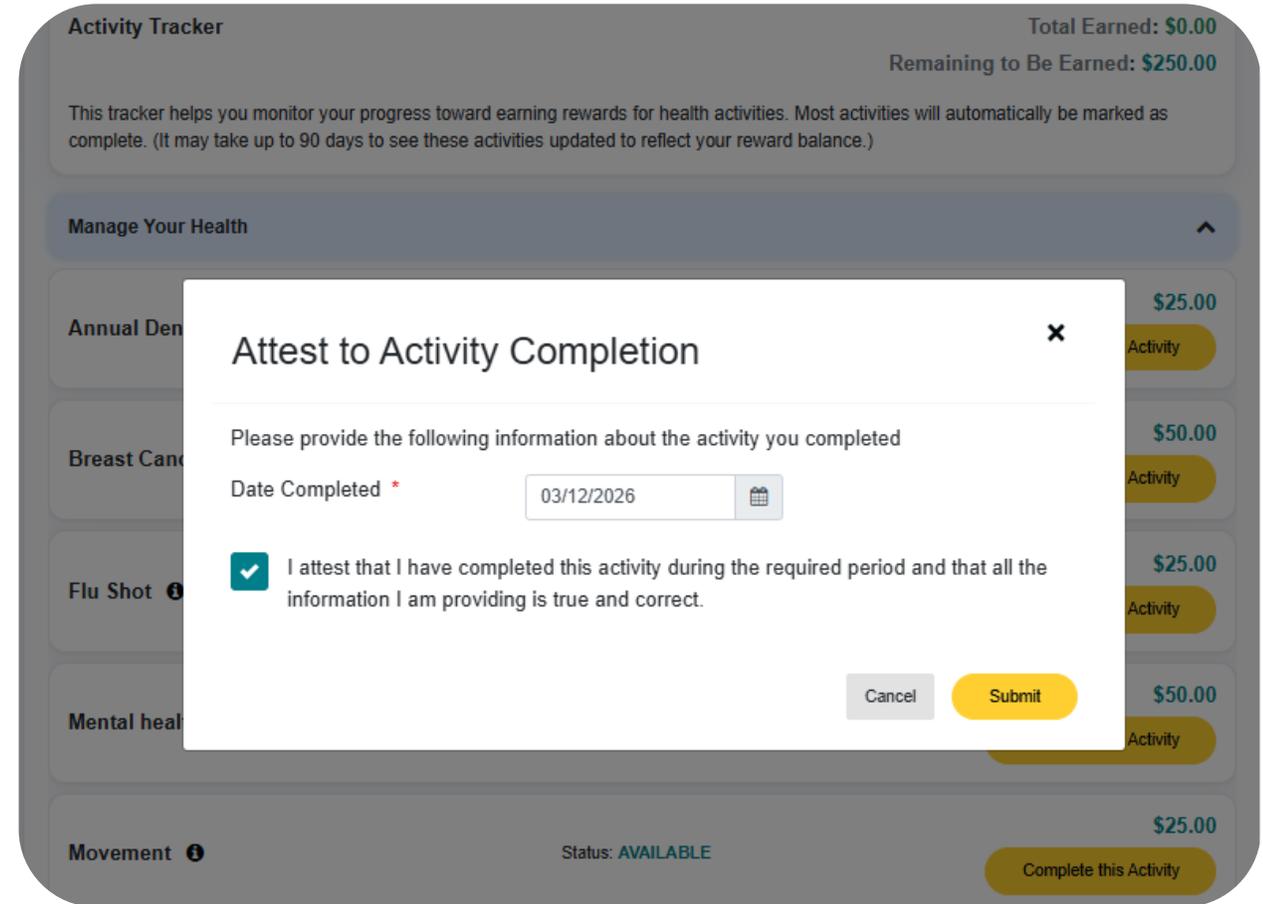
- Most MetroPlusHealth members are eligible for rewards.
- Members are informed of the rewards program in many ways, including enrollment materials, onboarding journey text messages, call center IVR message, website/portal placement, etc.
- Once registered, members receive a card in the mail after completing their first eligible activity. Eligible activities are recorded either through:
 - Claims activity load to the vendor (most common).
 - Member self-attestation (less common).
 - In either case, no documentation is required from the member, simplifying the process.
- Member wallet balance is updated after each eligible activity.
- Member can redeem the rewards at thousands of physical locations or through major online retailers (including Walmart, Walgreens, Instacart and Amazon).
- Members can carry-over rewards earned in one year partially into the following year.
- MPH's call center can address all member questions/concerns about their rewards.

GOLD MEMBER REWARDS

- Rewards for Gold members began in September 2025
- All Gold subscribers are eligible (looking to expand beyond subscribers)
- Designed with simplicity in mind: all eligible activities are member self-attested

Summary of rewards program:

Activity Name	Reward Value
Annual Dental Visit	\$25
Breast Cancer Screening	\$50
Flu Shot	\$25
Mental health screening	\$50
Movement	\$25
Annual PCP Visit	\$50
Sunscreen use	\$25



Provider Complaints

Lila Benayoun

Chief Operating Officer

Wednesday, March 25th, 2026



PROVIDER INQUIRY CHANNELS

Provider Network Operations (PNO) supports the "No Wrong Door" Approach for Providers.

PNO receives inquiries through several pathways, and many are closed immediately (quick wins). Those requiring further action are documented and tracked in Salesforce or IT Tickets (CPI):

- Provider Call Center
- Provider Joint Operating Committee (JOC)
- Provider Ops Mailbox
- Access & Availability Education
- Growth team to Direct Hotline and Virtual Appointments – *New in 2026*

TOP 15 CATEGORIES OF INQUIRIES | PROVIDER CALL CENTER

Inquiries	1Q25	2Q25	3Q25	4Q25	Grand Total
Claim Status	82,647	90,826	77,099	65,052	315,624
Inquiry Authorization	38,113	41,912	46,053	46,654	172,732
Provider Benefits Inquiry	24,856	25,334	27,056	24,267	101,513
Provider Eligibility Inquiry	15,200	16,093	16,507	15,830	63,630
Claim Dispute	18,941	16,199	14,399	9,904	59,443
General Inquiry	6,811	8,532	8,991	7,201	31,535
Eligibility Inquiry	6,738	7,145	6,705	6,436	27,024
Non-Member Inquiry	3,993	4,534	5,751	6,752	21,030
Prior Auth	4,634	4,627	4,888	4,840	18,989
Non-Provider Inquiry	2,786	3,471	4,230	3,824	14,311
Claim Inquiry	3,914	3,574	3,197	1,975	12,660
Correspondence	3,823	3,482	2,657	2,404	12,366
Account Registration	2,986	2,961	2,836	2,942	11,725
Credentialing & Contracting	1,762	2,040	2,215	1,937	7,954
Credentialing	2,092	2,359	1,467	1,544	7,462
All Other	9,136	11,801	13,219	11,208	45,364
Grand Total	228,432	244,890	237,270	212,770	923,362

- Top 15 Categories drive 95% of all inquiries received through Provider Call Center.
- Steady decrease in Claim Status, Claim Disputes and Claim Inquiry, reflection of increased timeliness and payment accuracy as well as Provider Relations working with Providers and internal teams to address root cause and continued mitigation.

1Q26 TOP PROVIDER ISSUES SURFACING DURING JOC MEETINGS

System modification to remove services not covered by Medicaid Physician Fee Schedule in Oct'25

- Incorrectly removed services that should have been included, triggering inappropriate denials; Implemented more robust configuration approval process requiring detailed technical requirement document and impacted business area approvals.

EDI processing delays

- Delays in processing EDI files in December due to manual parsing of PIC claims to be routed to new system; enhanced process to split the files systemically.

Claim Denials and Underpayments

- Caused by contract configuration errors or delays – Peer to Peer Review has been instituted to minimize.

Provider Authorization Tool Needs CPT Codes

- No CPT code level “look-up tool” for providers to determine the need for prior authorization; Enhancements to be deployed.

Delays in Regulatory Rate Updates (mostly BH)

- Upon receipt of State rate adjustment notification; improve internal timeline to load updated rates received and reprocess impacted claims within 90 days.

PROVIDER ESCALATIONS | SALESFORCE TRACKING | 6.1.2025 – YTD2026

1,101 SalesForce Cases Created where PNO Creates and/or Resolves

- 389 Provider Escalations Created and Resolved by PNO
 - 333 Closed – average age 27 days
 - 56 currently open
- 139 Provider Escalations Created by PNO and Resolved by other teams
 - 93 Closed – average age 18 days
 - 46 currently open
- 573 Provider Escalations Created by other teams and Resolved by PNO
 - 162 closed – average age 42 days
 - 411 currently open

CPI TRACKING | 6.1.25 – YTD 2026

Total 3,003 CPI tickets created

2,660 Cases were assigned to CORE, & 343 assigned to other departments.

- 1,438 Provider Maintenance
- 856 CORE Benefits
- 366 CORE Pricing

109 Regulatory Cases With an average Cycle Time of 59 Days.

55 SWAT cases With an average Cycle Time of 57 Days.

181 Mass Adjustments With an average Cycle Time of 58 Days.

Current active inventory has 44 mass adjustments with an estimated 906k claims.

Current Open Inventory = 270 Plus an additional 231 completed awaiting closure review.

- Average time to complete all CPI's is 30 Days.

CPI TOP TEN SUBMITTED INQUIRIES

Provider Maintenance Update	1,068
Mass Adjustment	181
Inappropriate Denials	169
Provider/Contract Rates	165
Provider Maintenance - Other	151
Vendor Maintenance Update	125
Benefits Configuration	122
Incorrect Payment of Claims	114
Provider Pricing – PPC Tool	105
Hold Code	103
Total	2,303

PNO INQUIRY TRACKING AND CLOSURE OF ISSUES

Dashboard in Power BI organize Salesforce Cases for Leadership Review and workload management.

- All cases are followed through to closure.

CPI Cases to CORE are tracked weekly by PNO Leadership.

- Addresses internal delays and raises awareness to leaders on cases that are overdue or at risk of becoming overdue.

Escalation Meeting Bi-Weekly to Close out more complex cases.

- PNO, Claims, Payment Integrity and CORE meet to review a tracker of cases.
- Leader level (COO + VPs and Directors) attend to make business decisions and prioritize work.

Developing central repository to house all provider inquiries to better capture provider pain points.

- Allows for better tracking of issues holistically; understand turnaround time for resolution.
- Identifies opportunities for continued operational improvement, training, communication.



Telehealth

Lila Benayoun

Chief Operating Officer

Wednesday, March 25th, 2026



2025 TELEHEALTH UTILIZATION OVERVIEW (VIRTUAL & EXPRESSCARE)

Telehealth Utilization Overview

- Telehealth visits account for 12.72% of all Outpatient Visits with ExpressCare accounting for 3.5% of telehealth visits or 0.4% of Outpatient Visits
- Telehealth utilization up 6.8% YoY; ExpressCare up 23%.

Demographic Analysis Scope

- Utilization measured by age, gender, race, ethnicity, geography and product normalized per 1,000 members for accurate comparisons.

Demographic Analysis

UTILIZATION AT A GLANCE

Age-Based Utilization Patterns

- Younger adults show peak telehealth use, declining steadily with older age groups, consistent across virtual and Express Care.

Gender Differences in Usage

- Females are primary telehealth users, engaging broadly across service types, while males show lower utilization.

Race and Ethnicity Variations

- Telehealth use varies by race and ethnicity, with some groups underutilizing due to barriers like digital access and trust.

RACIAL AND ETHNIC DIFFERENCES

Row Labels	Sum of Members	TotalInGroup	# Distinct Members	# Virtual Visit	Express Care Virtual	Sum of Visits/Member
2025	100%		100.00%	100.00%	100.00%	5.37
American Indian/Alaskan Native	0%		0.21%	0.33%	0.01%	8.18
Asian	15%		14.51%	9.14%	9.38%	3.38
Black/African American	28%		28.42%	29.04%	36.75%	5.48
Native Hawaiian/Pacific Islander	0%		0.30%	0.30%	0.28%	5.46
*Other	24%		22.58%	22.49%	34.28%	5.35
Two or More Races	0%		0.04%	0.06%	0.07%	8.45
Unknown	22%		21.86%	23.23%	6.54%	5.70
White	10%		12.09%	15.41%	12.68%	6.84
Grand Total	100%		100.00%	100.00%	100.00%	5.37
<i>*81% are Hispanic/Latino</i>						

Racial and ethnic utilization differences highlight access and potential trust issues, opportunity to evaluate and improve.

- Asians are disproportionately underutilizing.

TYPE OF VISITS

Row Labels	# Distinct Members	# Virtual Visit	Express Care Virtual	Sum of Visits/Member
2025	152,355	100.00%	100.00%	4.51
Emergency Dept	20	0.00%	0.02%	1.10
OP BH Visit	39,919	69.35%	7.56%	11.93
OP PCP Visit	67,961	17.29%	7.32%	1.75
OP Specialty Visit	20,204	5.81%	9.76%	1.97
OTHER	12,120	4.46%	0.00%	2.53
Urgent Care	12,131	3.08%	75.34%	1.75
Grand Total	152,355	100.00%	100.00%	4.51

- Outpatient behavioral health visits form a substantial share of virtual encounters, expanding access to mental health care.
- Urgent Care contributes to most visits using ExpressCare.

UTILIZATION BY LINE OF BUSINESS

Row Labels	Total Members in Group	# Distinct Members	# Virtual Visit	Express Care Virtual	Sum of Visits/Member
2025	100.00%	100.00%	100.00%	100.00%	5.37
CHP	6.58%	3.07%	2.82%	2.45%	4.93
EP	28.80%	23.80%	18.17%	17.03%	4.10
HARP	1.63%	4.47%	7.55%	4.16%	9.08
Gold	1.99%	6.53%	8.01%	15.19%	6.59
Goldcare	0.06%	0.28%	0.17%	0.08%	3.29
MA	1.18%	2.86%	2.63%	0.44%	4.95
MAP	0.05%	0.20%	0.20%	0.02%	5.42
MCAD	57.92%	56.12%	57.80%	59.27%	5.53
HIVSNP	0.73%	1.27%	1.41%	1.08%	5.99
MLTC	0.36%	0.31%	0.06%	0.00%	1.08
QHP	0.71%	1.12%	1.17%	0.26%	5.62
Grand Total	100.00%	100.00%	100.00%	100.00%	5

- Medicaid utilization is used at a proportional rate to our membership.
- EP underutilizes in comparison to our membership.
- HARP and Gold members are noticeably higher, using more services disproportionately per member than any other LOB.

OPTIMIZE VIRTUAL CARE FOCUSING ON INCREASING EXPRESSCARE

Optimize Virtual Care for Younger Adults

- Focus on enhancing virtual care with reliable access and seamless experiences for younger adults to sustain engagement and growth.

Expand Telehealth Among Older Adults

- Simplify technology and provide caregiver support to increase telehealth adoption among older adults and low-utilizing segments.
- Emphasize after-hour ability, callback option, wait-time transparency.

Prioritize Equity-Focused Initiatives

- Promote culturally relevant communication, translation, digital literacy and community partnerships to address demographic disparities and bridge access gaps across races and ethnicities.

Retention

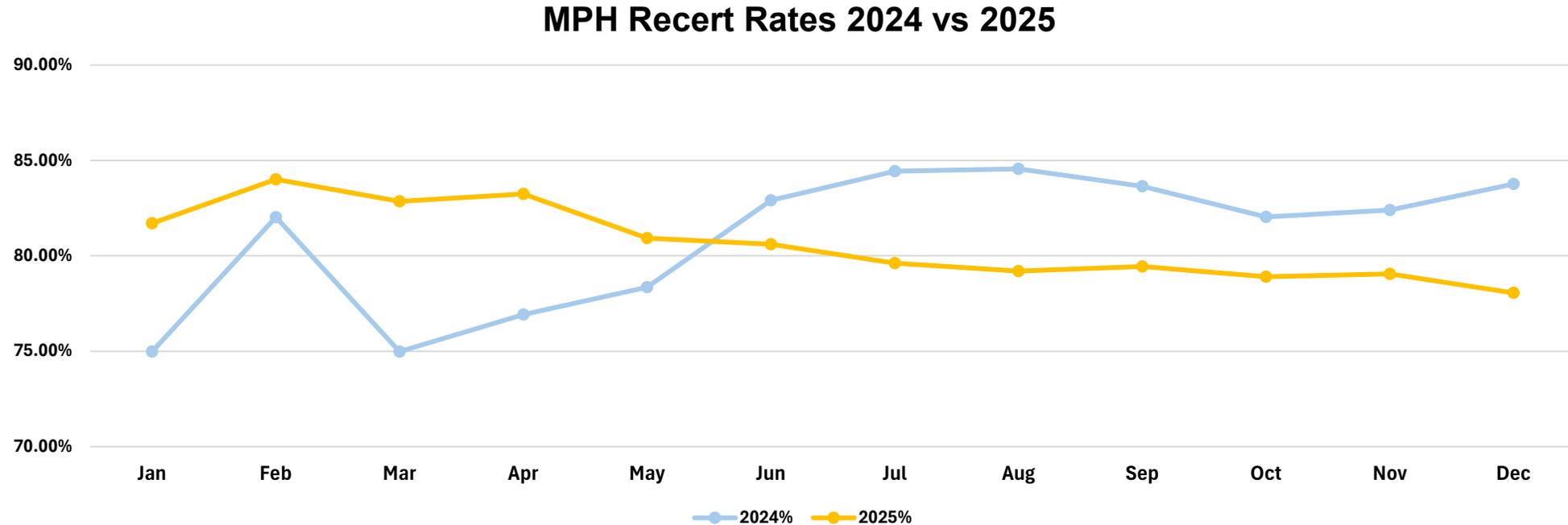
Lila Benayoun

Chief Operating Officer

Wednesday, March 25th, 2026



RECERTIFICATION RATES 2024 VS. 2025

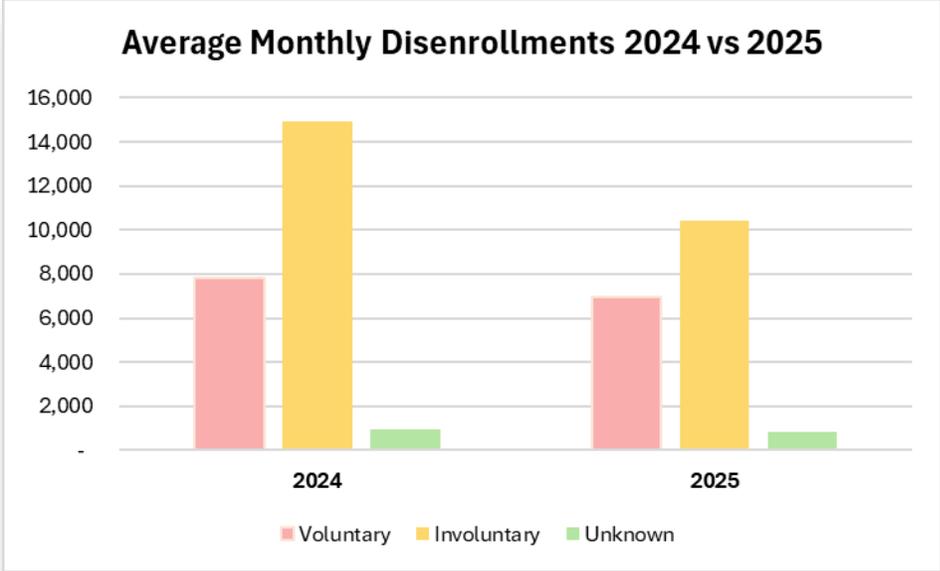


A number of headwinds have affected performance in achieving $\geq 80\%$ recertification rates in 2025

- Elimination of HRA/SSI auto-renewals effective May' 25, which had been in place pre-covid era.
- Political climate causing apprehension amongst members particularly in EP3 and EP4 from completing renewals.
- Monitoring of staff productivity needed improvements, placed quota mandate on the CSX team during 4Q25.

DISENROLLMENT RATE 2024 VS. 2025

Avg Dis Rate	2024	2025	Delta
Overall	3.27%	2.67%	-0.60%
Voluntary	1.11%	1.01%	-0.10%
Involuntary	2.03%	1.53%	-0.50%
Unknown	0.14%	0.14%	0.00%



- MPH experienced a decline in disenrollment rate in 2025 compared to 2024 by 0.6%.
- Involuntary disenrollment saw the largest decrease – 0.50%.
- CSX continues to focus disenrollment mitigation on codes that have a higher success rate, including NYSOH to HRA transfer, missing documentation, non-premium payment and invalid address.
- The disenrollment survey started in August 2024 provided another touchpoint and avenue to mitigate members leaving MPH.

2026 RETENTION INITIATIVES

Consumer segmentation and predictive modeling to support retention efforts

Recertification

- Identify members who are likely to recertify on their own with little plan interaction vs those who are higher touch, in need of prompts.
- Focus on EP5 members; identify other product lines members can be eligible to switch prior to July 2026 to maintain coverage.

Disenrollment Mitigation

- Understand triggers of dissatisfaction and member profiles to proactively predict those at risk of disenrollment.

Increase Community Events

- Around 5 boroughs, focusing on hotspots of lower recertification rates; advertise throughout the community, encouraging members to visit to assist with recertification.

Launch in-person home visits

- Based on predictive analysis, identify members who are least likely to recertify (i.e.. HRA enrolled, PIC, HARP) schedule home visit to assist with recertification, document collection and upload, etc.

Leverage Provider Partnership

- Assign MPH advocates to partner with Provider offices with volume of attributed members but low recertification rates.

2026 RETENTION INITIATIVES (CONTINUED)

Prepare for HR1 impending changes related to frequency of recertification from annual to bi-annual effective January 2027

Continue to streamline resources and bring operational efficiencies.

- **Implement more targeted texting to encourage inbound calls.**
 - Modify general disenrollment text language to be tailored specifically to disenrollment reasons.
 - Missing documentation
 - Premium Payment
 - Third Party Insurer
 - Invalid Address
- **Implementation of IVR calls for disenrollment mitigation.**
 - Goal is to bridge the gap in call volume we may lose as the team prioritizes recertification over other workstreams.
 - This would be in addition to text, email, and survey campaigns.
- **Develop Communication Plan/Strategy educating members of impending changes**

Call Center

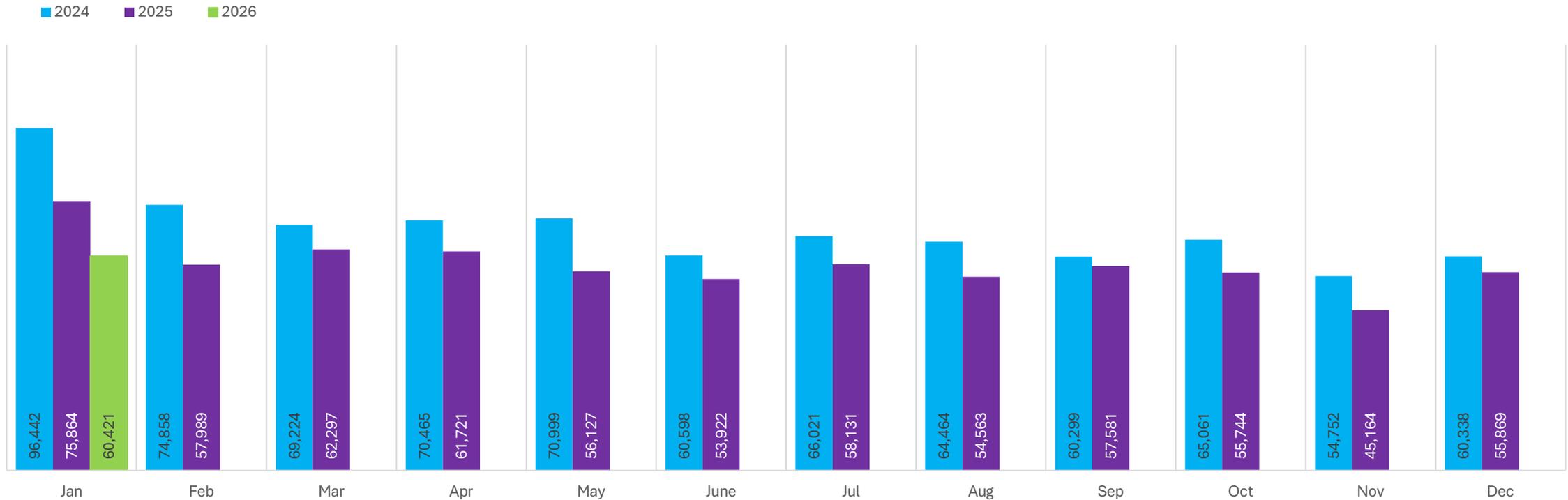
Lila Benayoun

Chief Operating Officer

Wednesday, March 25th, 2026



TREND IN CALL CENTER CALL VOLUME | MEMBERS

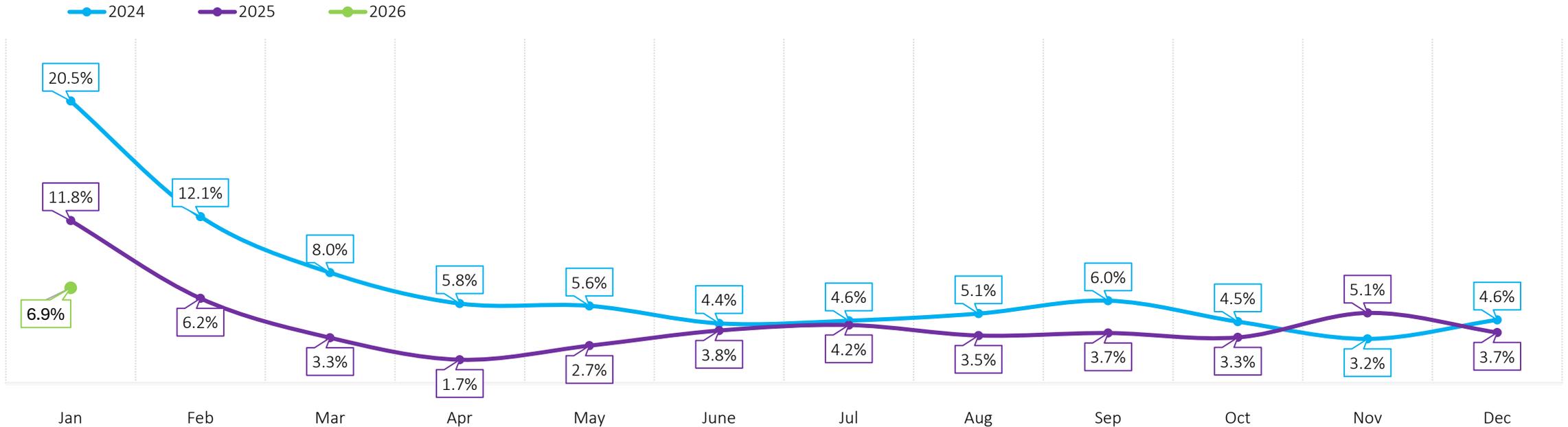


- Overall call volume continues to trend down as a result to operational improvements coupled with declining membership.
- Top 5 Call Drivers: General Inquiry, Medical ID Card Request, PCP Change Request.



For People. Not Profit.
Since 1985.

ABANDONMENT RATE | MEMBERS

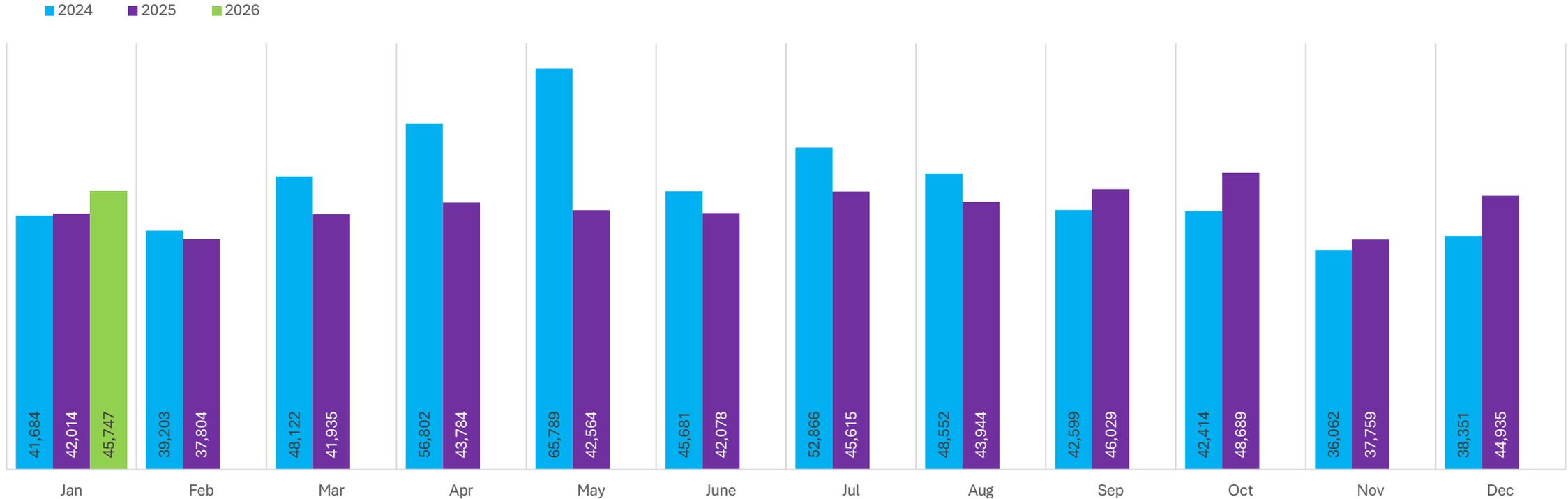


- Member abandonment rate remained steady throughout 2025.
- January 2026 abandonment rate improved compared to the prior two years.
- In addition to normal new year benefit inquiries, issues with Member flex card contributed to unanticipated uptick in calls.



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TREND IN CALL CENTER CALL VOLUME | PROVIDERS

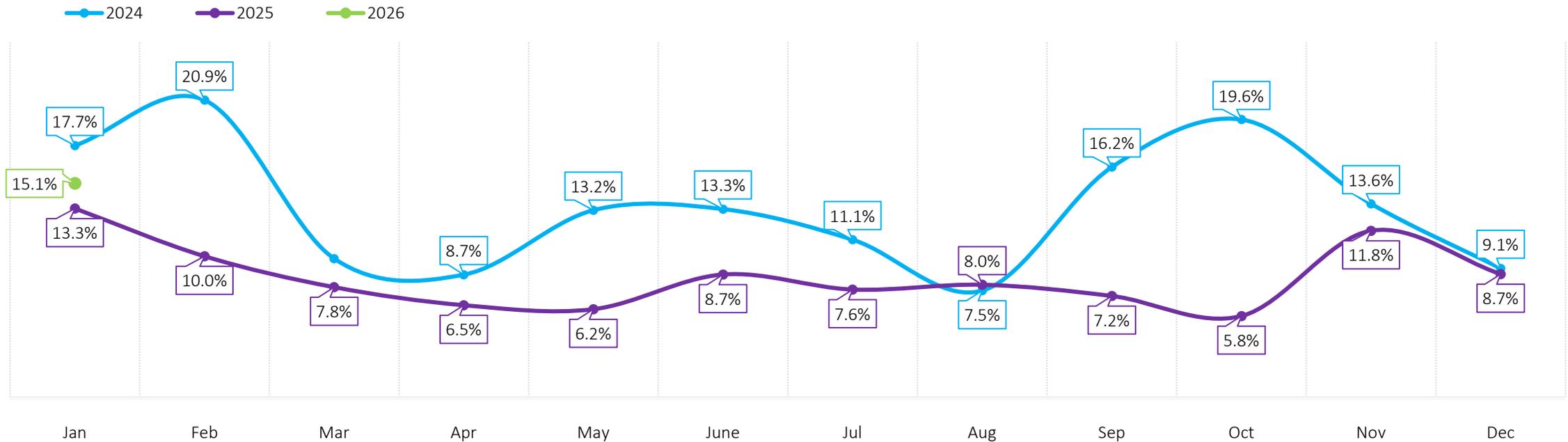


- Provider call volume increased in January 2026 compared to the previous two years.
- A couple of contributing factors were related to EDI file delays, PCP assignment issue impacting provider portal as well as system configuration issue resulting in inappropriate denials.



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ABANDONMENT RATE | PROVIDERS



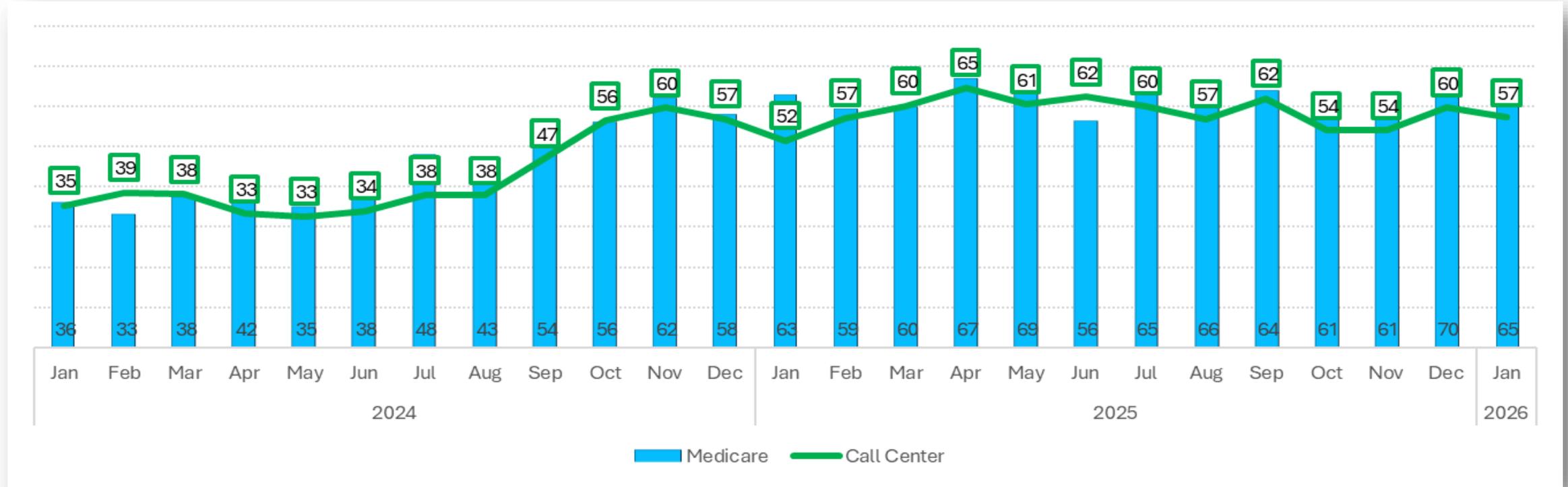
- Provider abandonment rate increased at the opening of 2026 due to increased call volume as it related to system issues.
- Top 5 Provider Call for 2026: Claims Status, Inquiry Authorization, Provider Benefits, Provider Eligibility and PCP Inquiry.



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Quality

NPS & EMPLOYEE ENGAGEMENT



- Our combined Customer Service NPS score for January is 61. We continue to see a positive upward trend across the team.
- Employee Rating for January stays strong at 4.66, reflecting solid morale and overall satisfaction.
- We will keep our focus on member experience and quality, reinforcing call calibration, accuracy and call efficiency to sustain this momentum.



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Claims

Lila Benayoun

Chief Operating Officer

Wednesday, March 25th, 2026



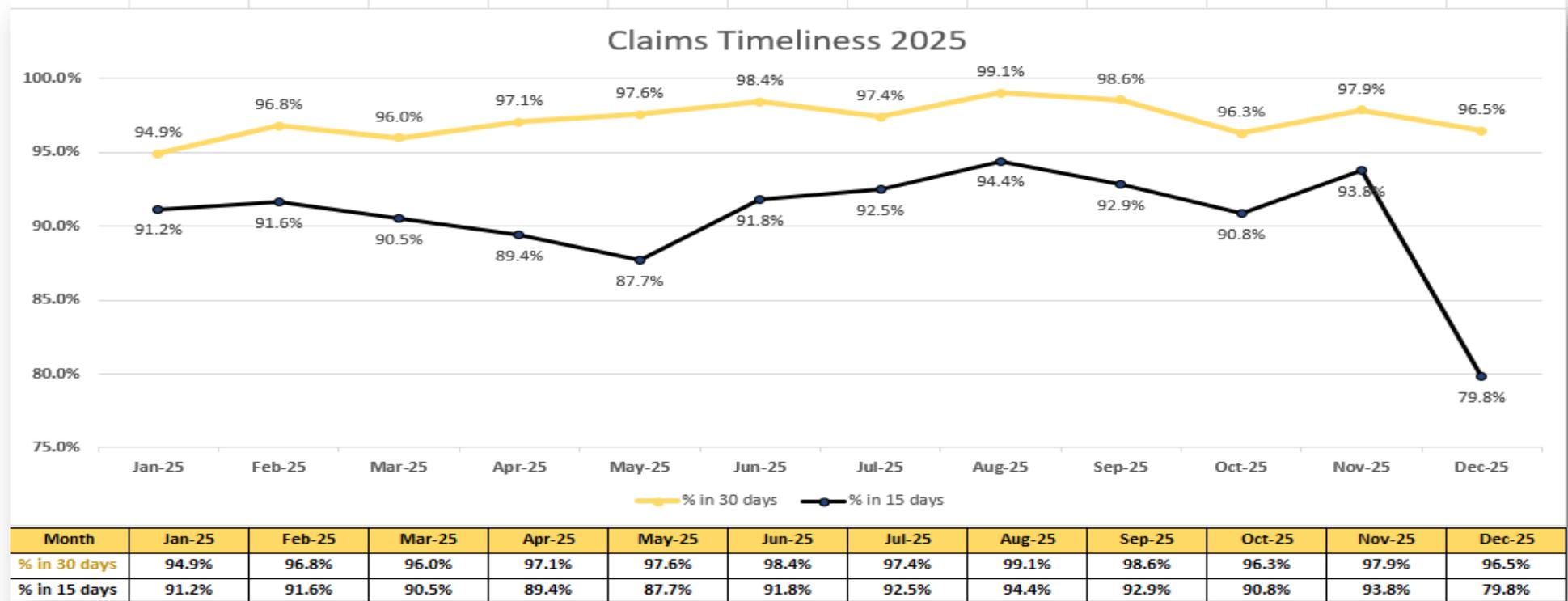
CLAIMS CALENDAR YEAR 2025



2025 January through December Results

- 6% increase in receipts compared to calendar year 2024
 - Receipts January – December 2025 = 9,684,028
 - Receipts January – December 2024 = 9,140,051
- 9,722,061 Claims Processed
- 10.4% average denial percentage
- December results impacted by blackout period due to HRP migration.
 - Intentional holding of claim loads beginning 12/4/25 to finalize and convert PIC claims to HRP.
 - EDI delays related to migration when loading files resumed on 12/15/25.

CLAIMS CALENDAR YEAR 2025



- Average percent of claims processed within 30 days = 97.18%.
- Average percent of claims processed within 15 days = 90.66%.
- December % *in 15 days* results impacted by intentional blackout period in claim file loads as of 12/4/2025 due to HRP migration.
- When file loads resumed on 12/15/2025 there were unexpected delays due to parsing of files between PowerStepp and HRP resulting in some claim files being aged close to or more than 15 days when loaded.

Membership Trends & Market Share

Roger Milliner

Chief Growth Officer

Wednesday, March 25th, 2026



METROPLUSHEALTH 12-MONTH MEMBERSHIP BY LOB

MetroPlusHealth - 12-Month Membership Performance By LOB

Line of Business	25-Feb	26-Feb	Growth (+) (-)	Percentage Change
Child Health Plus (CHP)	50528	42974	↓ -7554	-17.58%
Enhanced (HARP) Plan	12211	10619	↓ -1592	-14.99%
Essential Plans (EP)	172898	184790	↑ 11892	6.44%
Managed Long-Term Care (MLTC)	2789	2545	↓ -244	-9.59%
Managed Medicaid	396559	378230	↓ -18329	-4.85%
Managed Medicare	11098	12468	↑ 1370	10.99%
Marketplace Health Plans (QHP)	5541	4160	↓ -1381	-33.20%
Medicaid Advantage Plus (MAP)	264	491	↑ 227	46.23%
MetroPlus Gold	31262	35743	↑ 4481	12.54%
MetroPlus GoldCare Lvl 1	2203	2297	↑ 94	4.09%
Partnership in Care (SNP)	4548	5017	↑ 469	9.35%
Grand Total	689901	679334	↓ -10567	-1.56%

Key Drivers of Membership Decline:

- Medicaid redeterminations continue to be the largest contributor to membership loss as members cycle through the recertification process.
- Child Health Plus disenrollment driven by household income shifts and eligibility churn, including families transitioning between CHP, EP, and QHP Products.
- Heightened anxiety in the community regarding immigration status and perceived risk of deportation enforcement.

Key Drivers of Membership Growth:

- Increase focus on marketing activities in high EP concentrated areas.
- Teams aligned with partners that provided services to EP potentials.
- SNP: Stronger collaboration with agencies serving SNP-eligible individuals, improving qualifier identification.
- Increase in EP enrollment due to Broker contribution.

METROPLUSHEALTH | MARKET SHARE BY LOB (DEC.24 – DEC.25)

MetroPlusHealth - Market Share by LOB

Line of Business	24-Dec		25-Dec		Growth		Market Share	
	Members	%	Members	%	Members	%	Growth/Loss 2025 vs. 2024	
CHP	53,446	21.10%	43,614	18.94%	(9,832)	-18.40%	↓	-2.16%
EP	164,619	16.67%	181,277	17.63%	16,658	10.12%	↑	0.96%
Medicaid	407,562	15.97%	396,446	15.86%	(11,116)	-2.73%	↓	-0.11%
Medicare	11,194	1.38%	12,606	1.50%	1,412	12.61%	↑	0.12%
HIV-SNP	4,471	25.99%	5,022	27.17%	551	12.32%	↑	1.18%
HARP	12,626	16.98%	11,290	16.32%	(1,336)	-10.58%	↓	-0.66%
MLTC	2,731	1.12%	2,654	1.16%	(77)	-2.82%	↑	0.04%

- MetroPlusHealth Market Share increased in Essential Plan, HIV-SNP, Medicare and MLTC LOBs.
- Essential Plan had the highest growth (16,658 Members) followed by Medicare (1,412 Members) and HIV-SNP (551 Members).

Salesforce Marketing Cloud

Laura Santella Saccone

Chief Marketing & Brand Officer

Wednesday, March 25th, 2026

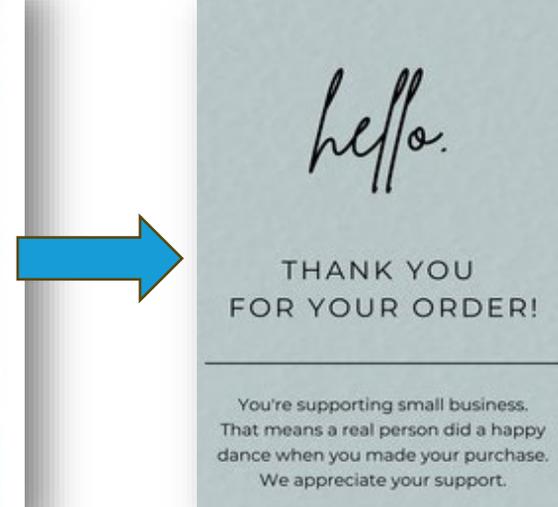


WHAT IS SALESFORCE MARKETING CLOUD?

Software that helps brands — including MPH — communicate with consumers in a more personal, meaningful way.

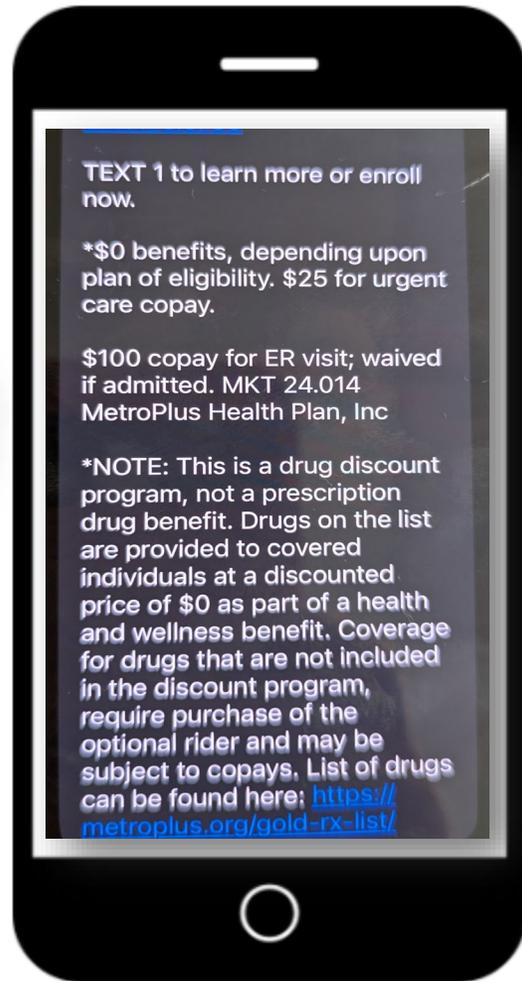
- It remembers what you purchased
- What you are interested in
- Sends messages that are relevant to you

Real-Life Example:



BEFORE WE HAD SALESFORCE MARKETING CLOUD (2024)

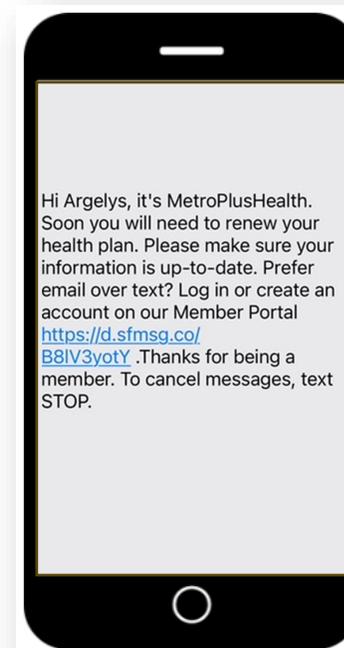
mPulse
mobile



- ❑ **Expensive:** \$1.3M per year to send messages.
- ❑ **Slow:** 4 weeks to write, code, and send 1 message.
- ❑ **Basic:** Simple text messages, same message for everyone.
- ❑ **Limited:** Minimal reporting + scattered data – hard to see what's working.
- ❑ **Risk:** No single person keeping an eye on everything - causing growing compliance concerns.

A BETTER WAY TO REACH OUR CONSUMERS!

- ❑ **Cost effective**
- ❑ **Faster Development:** Few hours, max 3 days to send 1 message
- ❑ **Engaging:** More personalized messages - pictures, multi-media
- ❑ **Customized:** The right message at the right time
- ❑ **Unified:** Consumer data in one place
Clear performance reporting
- ❑ **Low to No Risk:** Clear ownership
Shared standards



- Personal - Made for you!
- Simple!
- Fun + Engaging!

2025 ACHIEVEMENTS

Savings

\$800K

Salesforce Marketing Cloud
Transition

Reach

729K

Unique People Reached
Across a Community of 700k Members

70

Unique Messages Launched

Engagement (SMS)

9 out of 10 Texts

Successfully delivered
to members

1 out of 5 Members

Actively engaged

Only 0.3% Opt Outs

Messages are relevant
and well timed

NEW Onboarding + Recertification Messages

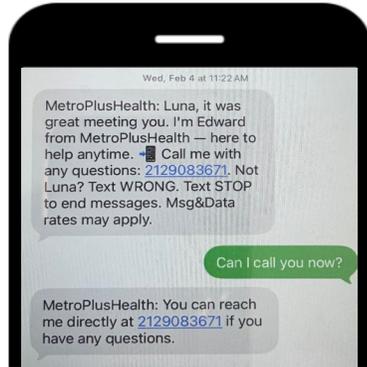
Better timed, more engaging,
right frequency

SCALING WHAT WORKS IN 2026

Objective: To attract, engage, and keep more members.

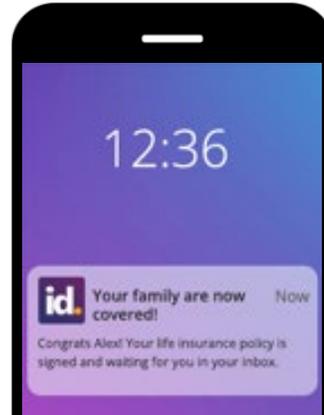
Q1 Data & Tracking

- **NEW** Generic Leads Acquisition Campaign – GO LIVE FEB.
- Complete Tableau integration.



Q2 More Personalization

- Launch EP Acquisition Campaign.
- Evaluate Omni-Channel Expansion(Mobile Push, What's App, IVR).



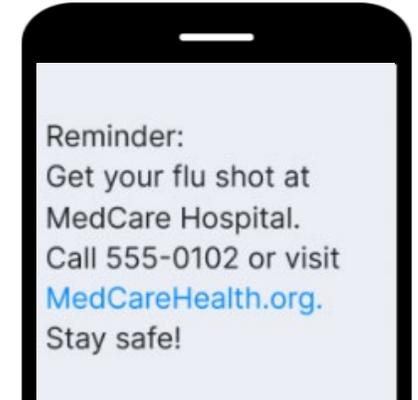
Q3 New Capacity & Optimization

- Partner with Analytics team to build basic predictive churn models.
- Personalized landing page for future campaigns.

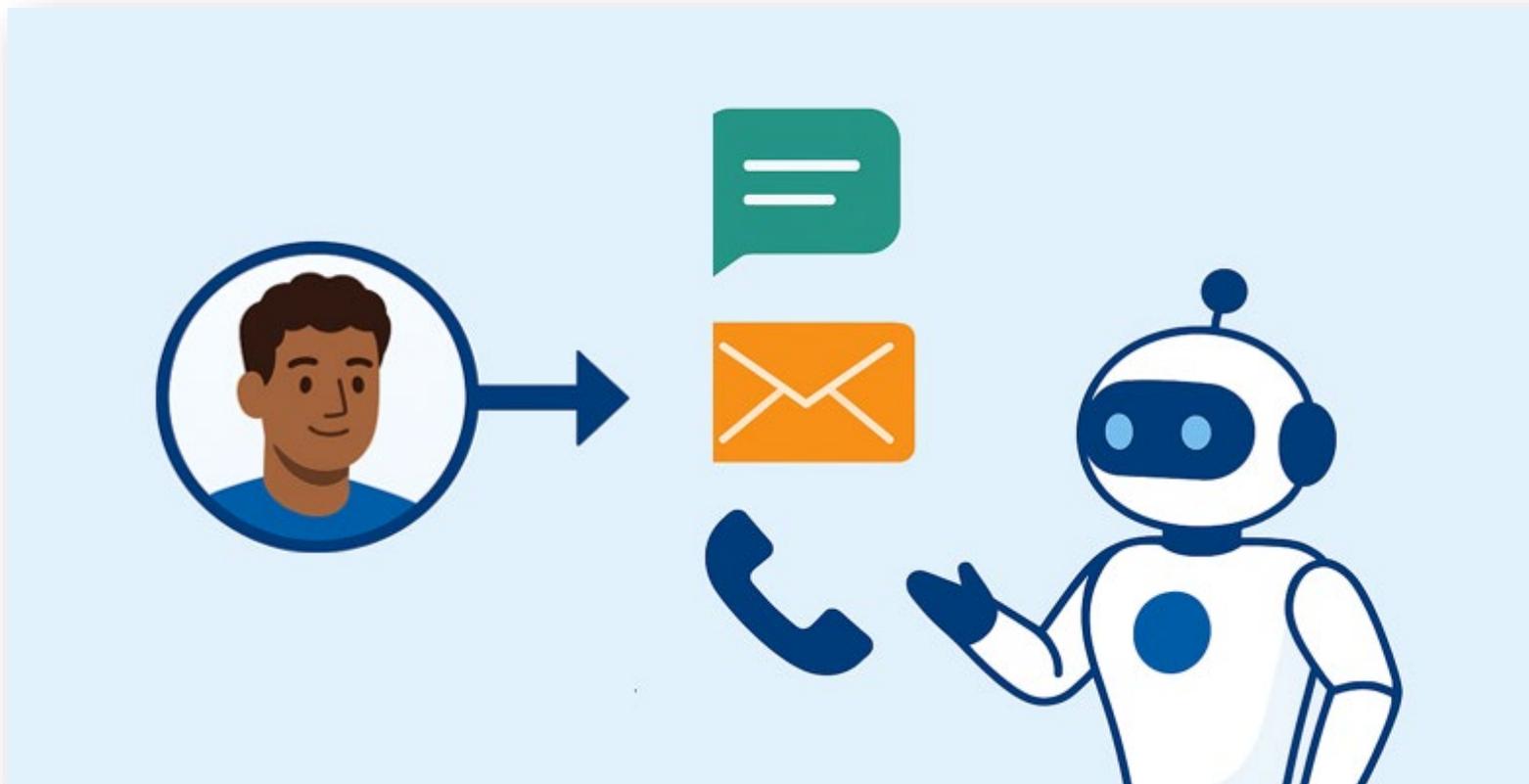


Q4 Strengthen Foundation

- Retention Campaigns for key member segments (ex: high utilizers, preventive care seekers, cost-conscious members, etc.).



WHERE WE'RE HEADED NEXT | POST 2026



Smarter, timely, communication for every member!

1. One Single, Connected and Up-to-Date Member Profile.
2. Relevant, real-time messages across text, email, and phone.
3. AI-assisted support to drive better outcomes and growth.

Thank you!

