

**AUDIT & COMPLIANCE COMMITTEE MEETING**  
 Thursday, March 26<sup>th</sup> @ 10:30 A.M.  
 50 Water Street, 12<sup>th</sup> Floor Conference Room  
 New York, N.Y. 10004

**AGENDA**

<b>Call To Order</b>	<b>Kathleen Shure</b>
<b>Old Business</b>	
<b>Adoption of Minutes</b>   December 10 <sup>th</sup> , 2025	<b>Kathleen Shure</b>
<b>New Business</b>	
<b>KPMG</b>   MetroPlus' 12/31/2025 Audit (15-minute presentation)	<b>Camille Fremont</b> <b>J. Eric Crosett</b>
Quarterly Cybersecurity Update	<b>Robert Micillo</b>
Internal Audit Executive Summary	<b>Joseph Sorbello</b>
Compliance Executive Summary	<b>Raven Ryan Solon</b>
<b>Executive Session</b>	
<b>Adjournment</b>	<b>Kathleen Shure</b>

**Minutes  
of  
December 10<sup>th</sup>, 2025  
Audit & Compliance Committee  
Meeting**



MetroPlus Health Plan, Inc.  
**Audit & Compliance Committee Meeting**  
Wednesday, December 10<sup>th</sup>, 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<sup>th</sup> Floor Boardroom at 50 Water Street, New York, NY 10004, the 10<sup>th</sup> day of December 2025 at 2:30 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 Hernandez Piñero**  
**Dr. Talya Schwartz**  
**Valencia Lloyd**

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

Kathleen Shure, Chair of the Audit & Compliance Committee, called the meeting to order at 2:45 P.M. and Angela Minerva kept the minutes thereof.

#### **ADOPTION OF THE MINUTES**

The minutes of the Audit & Compliance meeting held on September 25<sup>th</sup>, 2025, were presented to the Committee. On a motion by Kathleen Shure and duly seconded, the Committee adopted the minutes.

#### **KPMG | AUDIT STATUS UPDATE**

Kathleen Shure asked that KPMG provide an Audit Status Update. Camille Fremont, Partner, Jocelyn Denalsky, Partner and Eric Crossett, Senior Manager, presented. KPMG briefly went through the Audit Plan Updates and Other Required Communications, Audit Results Update, Testing as of September 30<sup>th</sup>, Required Inquiries, Services and Fees at Controlling Entities, AICPA Definition of Public Interest Entity, 2025 Board Agenda and Midyear Observations on the 2025 Board Agenda.

#### **NEW BUSINESS**

#### **QUARTERLY CYBERSECURITY UPDATE**

Kathleen Shure asked Robert Micillo, Chief Information officer, to present the Quarterly Cybersecurity Update. Robert discussed Training & Awareness, System Health, Security Investigations Update, Business Continuity & Disaster Recovery, Application Development

Lifecycle and Security, New NYS/DFS Cybersecurity Regulation & Timeline, Program Measurements and Security Posture for Local Competitors.

Committee Members asked a question regarding the Cybersecurity of Healthfirst, specifically, diving deeper into the risks they are facing in order to assess if we are facing the same risks as well.

### **INTERNAL AUDIT SUMMARY**

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

### **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 and 2025 Work Plan Status - Business Process Monitoring,

Raven Ryan Solon went on to discuss Compliance Highlights which included Activities – Regulatory Operations (Surveys) and Activities – Implementations Summary. Raven Ryan Solon then discussed Medicate Regulatory Highlights, State Regulatory Highlights and Commercial/EP/QHP Regulatory Highlights.

Committee Members asked a question regarding Compass integration; Raven Ryan Solon responded.

Committee Members asked a question regarding surveys; Raven Ryan Solon responded.

Lauren Leverich Castaldo explained the function of the SWAT Team; Dr. Talya Schwartz, President & CEO explained further.

### **EXECUTIVE SESSION**

Kathleen Shure called the meeting into Executive Session at 3:22 P.M. so the Committee Members could discuss confidential Audit & Compliance issues related to potential litigation; the Committee resumed the official meeting at 4:16 P.M.

### **NEW BUSINESS CONTINUED**

Committee Members approved the 2026 Audit Plan.

There being no further business, Kathleen Shure adjourned the meeting at 4:17 P.M.

**KPMG**  
**Presentation**



# MetroPlusHealth Plan, Inc. Discussion with those charged with governance

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Audit results and strategy for the year ending December 31, 2025.

March 26, 2026

# People X Platform

Be confident in KPMG, with our people and platform integrated into every aspect of your KPMG experience.

## Agile, industry-experienced team members

led by an empowered lead partner and backed by the strength of KPMG

## Modernized project management

with milestones focused on minimizing disruption and maximizing insights

## Tailored, data-driven approach

driving a risk-based strategy, with clarity and visibility from the very start

## Environment of trust and transparency

through open communication and meaningful conversations



Satya Nadella • Following  
Chairman and CEO at Microsoft

8h ...

Great to see how our partnership continues to empower your people and clients, [Bill Thomas](#). Clara is such a great example of AI amplifying human capability and trust at scale.

# Audit results: Overview

## Outstanding matters

Refer to page 5 for the listing of outstanding matters as of mailing, an oral update will be provided during the Audit and Compliance Committee.

## Auditors' report

The auditor's report will include an adverse opinion on U.S. GAAP, as describe in note 1(a) of the statutory financial statements.

Refer to pages 8 - 10 for a draft of the auditors' report

## Uncorrected Misstatements

No uncorrected misstatements identified.

## Corrected Misstatements

No corrected misstatements identified.



# Required communications to those charged with governance

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Prepared on: 03/18/2026

Presented on: 03/26/2026

# Open items

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Journal entry testing

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Tie-out of the financial statements and the footnotes

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Finalization of manager, partner and concurring partner review on audit areas and financial statements

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Finalization of down to date procedures (e.g. obtain management representation letter, obtain in-house and external legal letter update, etc.)

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Finalization of deliverables including Absence of Material Weakness Letter, Auditors' Opinion and Qualifications Letter.

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# Audit results required communications and other matters

Matters to communicate		Reference
Significant unusual transactions	X	
Uncorrected audit misstatements	X	
Corrected audit misstatements	X	
Financial statement presentation and disclosure omissions	X	
Non-STAT policies and practices	X	
Auditors' report	✓	Pages 8 - 10
Changes to our risk assessment and planned audit strategy	X	
Significant accounting policies and practice	✓	Page 11
Significant accounting estimates	✓	Page 12
Significant financial statement disclosures	✓	Page 13

Matters to communicate		Reference
Related parties	X	
Going concern	X	
Other information	X	
Subsequent events	X	
Noncompliance with laws and regulations	X	
Significant difficulties encountered during the audit	X	
Significant findings or issues discussed, or the subject of correspondence with management	X	
Management's consultation with other accountants	X	
Disagreements with management	X	
Other significant matters	X	

✓ = Matters to report

X = No matters to report

# Audit results required communications and other matters

## Matters to communicate

Consultations	There were no difficult or contentious matters for which the auditor consulted outside the engagement team that are relevant to those charged with governance's oversight of the financial reporting process.
Illegal acts or fraud	No actual or suspected fraud involving management, employees with significant roles in system of internal control, or where fraud results in a material misstatement in the financial statements were identified during the audit.
Written communications	Engagement letter, management representation letter, including summary of uncorrected misstatements, absence of material weakness letter and qualifications letter to be distributed under separate covers.
Independence	See page 13.
Required inquiries	See page 14.

# Auditors' report

## Matters affecting the form and content of the auditors' report

### **The auditors' report will include an adverse opinion on U.S. Generally Accepted Accounting Principles (U.S. GAAP)**

#### *Adverse Opinion on U.S. Generally Accepted Accounting Principles*

In our opinion, because of the significance of the matter discussed in the Basis for Adverse Opinion on U.S. Generally Accepted Accounting Principles section of our report, the statutory financial statements do not present fairly, in accordance with U.S. generally accepted accounting principles, the financial position of the Company as of December 31, 2025 and 2024, or the results of its operations or its cash flows for the years then ended.

#### *Basis for Adverse Opinion on U.S. Generally Accepted Accounting Principles*

As described in Note 1(a) to the statutory financial statements, the statutory financial statements are prepared by the Company using accounting practices prescribed or permitted by the New York State Department of Financial Services, which is a basis of accounting other than U.S. generally accepted accounting principles. Accordingly, the statutory financial statements are not intended to be presented in accordance with U.S. generally accepted accounting principles. The effects on the statutory financial statements of the variances between the statutory accounting practices described in Note 1(a) and U.S. generally accepted accounting principles, although not reasonably determinable, are presumed to be material and pervasive.

# Auditors' report continued

## Independent Auditors' Report

Audit and Compliance Committee  
MetroPlusHealth Plan, Inc.:

### *Opinion*

We have audited the statutory financial statements of MetroPlusHealth Plan, Inc. (the Company), which comprise the statutory statements of admitted assets, liabilities, and surplus as of December 31, 2025 and 2024, and the related statutory statements of operations and changes in surplus, and cash flow for the years then ended, and the related notes to the statutory financial statements.

### *Unmodified Opinion on Statutory Basis of Accounting*

In our opinion, the accompanying statutory financial statements present fairly, in all material respects, the admitted assets, liabilities, and surplus of the Company as of December 31, 2025 and 2024, and the results of its operations and its cash flow for the years then ended in accordance with accounting practices prescribed or permitted by the New York State Department of Financial Services described in Note 1(a).

### *Adverse Opinion on U.S. Generally Accepted Accounting Principles*

In our opinion, because of the significance of the matter discussed in the Basis for Adverse Opinion on U.S. Generally Accepted Accounting Principles section of our report, the statutory financial statements do not present fairly, in accordance with U.S. generally accepted accounting principles, the financial position of the Company as of December 31, 2025 and 2024, or the results of its operations or its cash flows for the years then ended.

### *Basis for Adverse Opinion on U.S. Generally Accepted Accounting Principles*

As described in Note 1(a) to the statutory financial statements, the statutory financial statements are prepared by the Company using accounting practices prescribed or permitted by the New York State Department of Financial Services, which is a basis of accounting other than U.S. generally accepted accounting principles. Accordingly, the statutory financial statements are not intended to be presented in accordance with U.S. generally accepted accounting principles. The effects on the statutory financial statements of the variances between the statutory accounting practices described in Note 1(a) and U.S. generally accepted accounting principles, although not reasonably determinable, are presumed to be material and pervasive.

### *Responsibilities of Management for the Financial Statements*

Management is responsible for the preparation and fair presentation of the statutory financial statements in accordance with accounting practices prescribed or permitted by the New York State Department of Financial Services. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of statutory financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the statutory financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern for one year after the date that the statutory financial statements are issued.

# Auditors' report continued

## *Auditors' Responsibilities for the Audit of the Financial Statements*

Our objectives are to obtain reasonable assurance about whether the statutory financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the statutory financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the statutory financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the statutory financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the statutory financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

**KPMG LLP**

New York, New York  
March 31, 2026

# Significant accounting policies and practices

## Description of significant accounting policies and practices

- The Company's significant accounting policies and practices are described in Note 1(a) of the statutory financial statements. There were no material new or revised significant accounting policies and practices.

## Audit findings

### Qualitative aspects

- The Company has not adopted any new significant accounting policies, made changes to a significant accounting policy or had a significant accounting policy where there is insufficient guidance or diversity in practice.
- **Management Bias** – No matters to report
- **Estimates** – No matters to report
- **Effects on the financial statements or disclosures** – No matters to report

# Significant accounting estimates

## Description of significant accounting estimates

- Valuation of claims payable for incurred but not recorded (IBNR) claims

## Audit findings

### Management's process used to develop the estimates

- Management utilizes a third-party actuary to calculate the liability based upon paid claims data and then to determine the reasonableness of the estimate

### Significant assumptions used that have a high degree of subjectivity

- Completion factor selection

### Indicators of possible management bias

- No indicators of management bias

### Qualitative aspects

- Management applied its policies consistently and have adequately disclosed all material applications of their accounting policies
- Management's methods for making the estimate are appropriate in the context of the applicable financial reporting framework

## Conclusions

- KPMG has determined the claims payable for incurred but not recorded (IBNR) claims was reasonable in relation to the statutory financial statements taken as a whole.

# Significant financial statement disclosures

Description of significant financial statement disclosures	Audit findings
<ul style="list-style-type: none"><li>• Significant financial statement disclosures include:<ul style="list-style-type: none"><li>- (2) Summary of Significant Accounting Policies - (e) Cost of health care provided, claims adjustment expenses and related reserves</li><li>- (6) Change in claims payable</li></ul></li></ul>	<p><b>Qualitative aspects</b></p> <ul style="list-style-type: none"><li>• Evaluation and conclusions about qualitative aspects of the Company's significant financial statement disclosures.<ul style="list-style-type: none"><li>- The significant accounting practices are acceptable under the applicable financial reporting framework; and</li><li>- The process used by management in formulating accounting estimates are reasonable.</li></ul></li></ul>

# Audit and other professional services and related fees

We have summarized the fees billed and those expected to be billed by our firm relating to the audit of the 2025 statutory financial statements and the fees billed for all other professional services in 2025, with comparison to the prior year.

Service	2025 fees	2024 fees
Audit	\$126,500	\$122,000
<b>Total</b>	<b>\$126,500</b>	<b>\$122,000</b>

## Consideration of fee-related threats

IESBA rules require that we communicate whether threats created by the level of the audit fee and the proportion of fees for other services (audit-related, tax and all other services) relative to the audit fee are at an acceptable level and any actions taken to eliminate or reduce such threats to an acceptable level, if applicable. We have considered the level of the audit fee, the proportion of fees for other services relative to the audit fee, and the firm's system of quality control, and determined that any threats created are at an acceptable level.

# Required inquiries

- What are your views about fraud risks, including management override of controls, at the entity and whether you have taken any actions to respond to these risks?
  - Are you aware of, or have you identified, any instances of actual, suspected or alleged fraud, including misconduct or unethical behavior related to financial reporting or misappropriation of assets?  
If so, have the instances been appropriately addressed and how have they been addressed?
  - Are you aware of or have you received tips or complaints regarding the entity's financial reporting (including those received through the internal whistleblower program, if such program exists) and, if so, what was your response to such tips and complaints?
  - How do you exercise oversight over management's assessment of fraud risk and the establishment of controls to address/mitigate fraud risks?
  - Has the entity entered into any significant unusual transactions?
- Are you aware of any matters relevant to the audit, including, but not limited to, any instances of actual or possible violations of laws and regulations, including illegal acts (irrespective of materiality threshold)?
  - What is the audit committee's understanding of the entity's relationships and transactions with related parties that are significant to the entity?
  - Does any member of the audit committee have concerns regarding relationships or transactions with related parties and, if so, what are the substance of those concerns?
  - Have any subsequent events occurred that might affect the financial statements?

# Appendix – Thought Leadership



# On the 2025 board agenda

Issues for boards to keep in mind as they carry out their 2025 agendas

Maintain focus on how management is preparing to address risks and opportunities related to geopolitical and economic shifts and global disruption

Model and assess what the new administration's policy initiatives might mean for the company's strategy in 2025 and beyond

Understand the company's generative AI (GenAI) strategy and related risks, and closely monitor the governance structure around the company's deployment and use of technology

Probe whether the company's data governance and cybersecurity governance frameworks and processes are keeping pace with the growth and sophistication of data-related risks

Keep environmental and social issues, including climate risk, embedded in risk and strategy discussions, and monitor management's preparations for new US, state, and global sustainability reporting requirements

Maintain focus on CEO succession and talent development

Help set the tone, monitor the culture, and keep abreast of management's efforts to build stakeholder trust and protect the company's reputation

Revisit board and committee risk oversight responsibilities and the allocation of issues among committees, including whether the existing committee structure is still fit for purpose

Think strategically about the company's future needs and reconsider whether and how the board's composition and succession planning process address them

[KPMG Board Leadership Center: On the 2025 board agenda](#)

# Midyear observations on the 2025 board agenda

1

**Tariffs and policy uncertainty:** Boards must respond to economic volatility and shifting tariff policies with agile decision making, robust scenario Companying, and proactive stakeholder engagement.

2

**Geopolitical landscape:** Global fragmentation and renewed great-power competition are reshaping foreign policy and alliances, requiring boards to reassess geopolitical risks.

3

**Navigating the US policy agenda:** Rapid and unpredictable shifts in US policy, regulation, and climate disclosure mandates are creating uncertainty that boards must navigate with strategic foresight.

4

**Scenario Planning:** Boards are urged to prioritize iterative, data-informed scenario planning and forecasting to prepare for low-probability, high-impact disruptions.

5

**AI: Looking for ROI, moving toward agency:** Companies are shifting focus from AI experimentation to operational ROI and strategic adoption of agentic AI, emphasizing human oversight and workforce augmentation.

6

**Access and security:** GenAI-driven cyber threats are intensifying, prompting boards to reassess cybersecurity governance, risk management, and executive reporting structures.

7

**D&A and CEO performance:** Boards are increasingly using data and AI to evaluate CEO performance and succession planning, while balancing quantitative insights with human judgment.

8

**Macro matters:** Directors must keep long-term macro trends—like climate change, AI evolution, and biotech breakthroughs—central to strategic boardroom discussions.

See the full report at <https://kpmg.com/us/en/board-leadership.html>

# US Audit Quality and Transparency Reports

- Interactive dashboard highlights key quality metrics
- Details KPMG's investment in our audit approach, people, technology, quality management system and the future of audit

## Audit Quality Report

- Provides more granular detail on our commitment to continually enhance audit quality
- Outlines KPMG LLP's System of Quality Control
- Discusses how the firm aligns with the requirements and intent of applicable professional standards, including our System of Quality Control Statement of Effectiveness

## Transparency Report

Reports and supplements available at: <https://kpmg.com/us/en/articles/audit-quality-report.html>

Beginning with the fiscal year 2024, a separate NYSE supplement is not provided as the relevant information has been incorporated into the transparency report.

# AICPA Definition of Public Interest Entity

## What is new?

AICPA Professional Ethics Executive Committee (PEEC) changed the definition of Public Interest Entity (PIE) to converge with IESBA's expanded definition of PIE.

## When is this effective?

Effective for audits of financial statements for periods beginning on or after December 15, 2024.

## What is the impact?

**Certain insurance companies subject to the NAIC Model Audit Rule will be PIEs.** Upon the effective date of the revised definition, audits of insurers that are PIEs will be subject to IESBA PIE requirements, including incremental requirements related to 1) Auditor communication to the audit committee about fees paid to the auditor, 2) concurrence from those charged with governance prior to providing services to the entity or its controlling and controlled entities (regardless of consolidation), and 3) additional rotation and cooling off requirements for certain engagement partners.

## What are the changes to the audit?

AICPA PEEC revised the definition of PIE to include the following entities.

- A publicly traded entity whose auditor is subject to provisions of Reg S-X, SEC Rule 2-01, "Qualifications of Accountants" that are applicable to auditors of issuers.
- An entity one of whose main functions is to take deposits from the public:
  - that meets the annual audit requirement imposed by Part 363 of the FDIC's regulations; and
  - that has consolidated total assets of \$1 billion or more as of the beginning of the fiscal year.
- An entity one of whose main functions is to provide insurance to the public:
  - that is subject to the National Association of Insurance Commissioners (NAIC) Annual Financial Reporting Model Regulation (Model Audit Rule); and
  - that has \$500 million or more in annual direct written and assumed premiums.
- An investment company, other than an insurance company product, that is registered with the SEC pursuant to the Investment Company Act of 1940 and the Securities Act of 1933.



# Questions?

For additional information and audit committee resources, including National Audit Committee Peer Exchange series, a Quarterly webcast, and suggested publications, visit the KPMG Audit Committee Institute (ACI) at [www.kpmg.com/ACI](http://www.kpmg.com/ACI)

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# **New Business**

# MetroPlusHealth

## Audit & Compliance Committee Meeting

Thursday, March 26<sup>th</sup>, 2026

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# Quarterly Cyber Security Update

**Robert Micillo**

Chief Information Officer

Thursday, March 26<sup>th</sup>, 2026

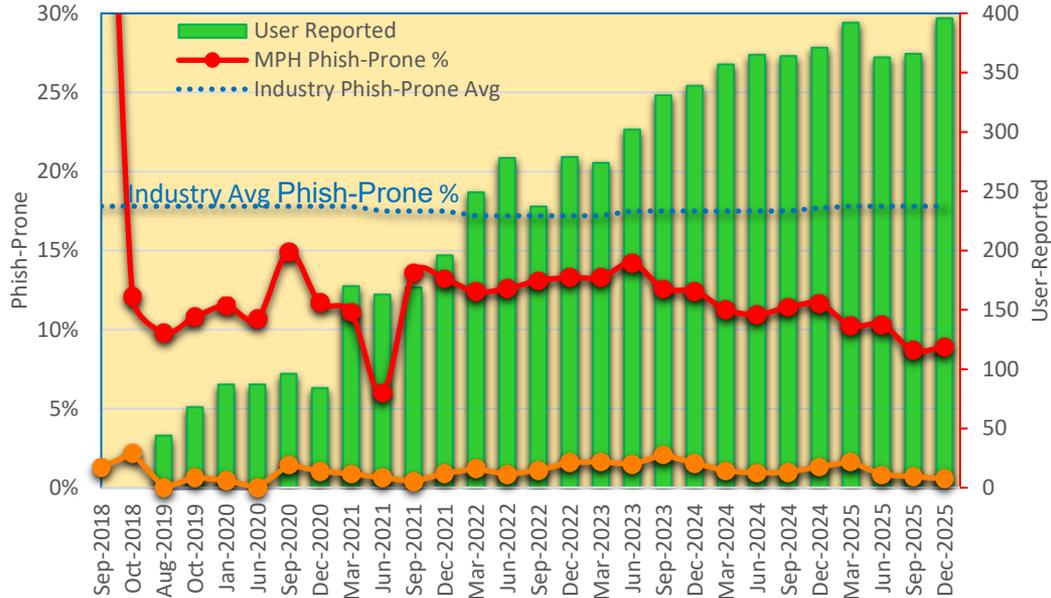
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# TRAINING & AWARENESS

## Orchestrated Phishing Simulations and Testing

## Healthcare and Pharmaceuticals Space



<b>Last Campaign Phish-Prone %</b>	<b>8.9%</b>
<b>Industry Avg Phish-Prone %</b>	<b>17.8%</b>
<b>Repeat Clickers %</b>	<b>0.58%</b>

- ✓ **Phish Reported:** 366 Q3 => 396 Q4
- ✓ **Phish-Prone %:** 8.7% Q3 => 8.9% Q4
- ✓ **Repeat Clickers:** 0.70% Q3 => 0.58% Q4

# SYSTEM HEALTH

## Operating System End of Life Project Updates

Asset Class	End of Life Prod Support	Project Progress
2016SQL Server	July 2026	39% Upgraded
2016 Win Server	January 2027	14% Upgraded

**Mail Defense**  
4q25 Email Delivery: 41%  
3q25 Email Delivery: 45%



**Antivirus Update**  
4q25 AV Sigs: 99%  
3q25 AV Sigs: 99%



**Security Patching  
Cadence**  
4q25 Patching: 97%  
3q25 Patching: 95%



**Security Operations (Q3)**  
**Security Incident Management SLAs**  
Mean Time to Detect (SLA=30mins): 15  
Mean Time to Triage (SLA 60 mins): 32  
Mean Time to Notify (SLA=90 mins): 32

# SECURITY INVESTIGATION UPDATES

 <b>Behavioral Analytics</b>	<ul style="list-style-type: none"><li>• <b>User Behavior:</b> 103 ↓ from 506 – Examples: Emails sent to personal domains, first time application or version(s) like New TEAMS, HRP, GC, etc.</li><li>• <b>Assets:</b> 31 ↓ down from 97 – First time discovery of new asset on the network. (New Infrastructure being introduced in preparation for Network Segmentation).</li></ul>
 <b>Unreturned Equipment</b> <i>(Tracking devices from separated staff)</i>	<ul style="list-style-type: none"><li>• <b>Laptops not returned:</b> 6</li><li>• <b>Cellphone not returned:</b> 1</li><li>• <b>iPad not returned:</b> 0</li></ul>
 <b>Lost/Stolen Equipment</b>	<ul style="list-style-type: none"><li>• <b>Laptops:</b> 0 Lost, 0 Stolen</li><li>• <b>iPads:</b> 0 lost, 0 Stolen</li><li>• <b>Smartphones:</b> 3 Lost, 0 Stolen</li></ul>
 <b>Staff Investigations</b>	<ul style="list-style-type: none"><li>• <b>HR Investigation Requests</b><ul style="list-style-type: none"><li>▪ Across 25 Custodian accounts</li><li>▪ 147 total file extracts (141 ActivTrak, 5 cell phone call logs &amp; 1 Azure log)</li></ul></li><li>• <b>Search Repositories</b><ul style="list-style-type: none"><li>• ActivTrak – Workstation Raw Activity data based on date</li><li>• Azure log</li><li>• Office365 Location verification</li><li>• Call Center, Screen Recording Activity &amp; Cellular Data</li></ul></li></ul>

# BUSINESS CONTINUITY AND DISASTER RECOVERY

## Closed out Annual Business Continuity review for 2025

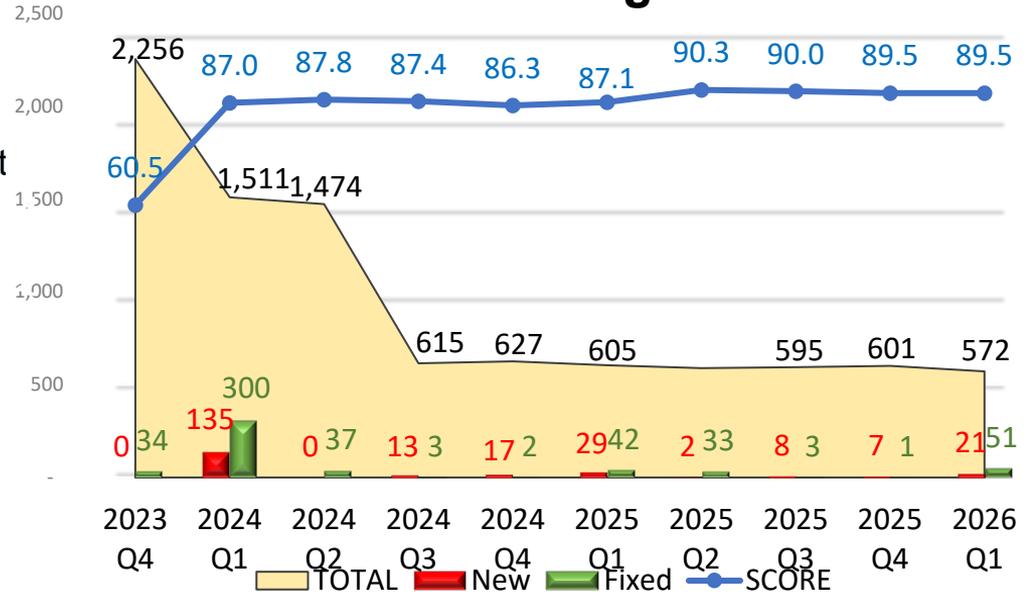
	<p><b>Processes</b></p> <ol style="list-style-type: none"><li>1. Reviewed a total of 222 critical processes across all Departments.</li><li>2. Captured mitigation strategies, contingency plans, and dependencies.</li></ol>
	<p><b>Applications</b></p> <ol style="list-style-type: none"><li>1. Documented 149 unique applications being used by processes.</li><li>2. Verified acceptable RTO and RPO for applications by the Department.</li><li>3. Recorded mitigation strategies.</li></ol>
	<p><b>Vendors</b></p> <ol style="list-style-type: none"><li>1. Documented 118 unique vendors used to conduct processes.</li><li>2. Verified contact information and BCPs.</li></ol>

# APPLICATION DEVELOPMENT LIFECYCLE AND SECURITY

## Quarterly Progress

- 21 new flaws identified, 51 fixed, 140 mitigated.
- While this quarter saw a small increase in the number of flaws, it builds on the previous quarter's strong performance, demonstrating our continued ability to effectively identify and remediate vulnerabilities.
- Overall **Security Scan Score** remains high at 89.5.

## Historical Progression



**Note:** Starting 2024-Q3 we scaled down to 8 Applications.

# PROGRAM MEASUREMENTS | DELEGATED VENDOR

Median Security Rating  
750 (-10)

Security Rating Range  
700 – 790  
Network Footprint



## Notes:

- Argo was removed.
- Evaluating new & potential Delegated vendors
  - **WiPro** = 790 Health Plan Services (awaiting final contract)
  - **EviCore** = 740 (assessing for Oncology UM)
  - **Evolent** = 780 (assessing for Oncology UM)

## HealthEdge Monitoring

Organization = Intermediate  
Software = Advanced

	HealthEdge Software Group	+10	
	HealthEdge Software, Inc.		

Security Rating Legend:		Advanced (900-740)	Intermediate (730-640)	Basic (630-250)
Company			Security Rating	Trend
	Benefits Concierge Group			
	Caremark, LLC	-10		
	Clarity Software Solutions, Inc.			
	ComplianceLine, LLC			
	Cotiviti Group	-10		
	DentaQuest Ventures, Inc			
	Integra Partners Holdings, LLC			
	ModivCare Inc.			
	NationsBenefits, LLC			
	Ritter Insurance Marketing			
	SS&C Health			
	Vibrant Emotional Health	-10		



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# Internal Audit Summary

**Joseph T. Sorbello**

Director of Internal Audits

Thursday, March 26<sup>th</sup>, 2026

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# 2026 Audit Plan Status

# 2026 AUDIT PLAN

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Name of Audit	Scheduled	Status
Model Audit Rule 2025	Q1	Complete
Member Applications	Q4 -25	In Progress
ESRD - Population Management	Q1	In Progress
Direct Provider Payments	Q2	Not Started
Vendor Management	Q3	Not Started
Provider Directory	Q4	Not Started

# Internal Audit Follow-Up

# INTERNAL AUDIT FOLLOW-UP

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Internal audit currently has five open items across two audits.



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# Compliance Executive Summary

Q4 2025 Report

**Raven Ryan Solon**

Chief Regulatory & Compliance Officer

Thursday, March 26<sup>th</sup>, 2026

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# AGENDA

01 2025 Work Plan

02 Compliance Highlights

03 Regulatory Updates

# 2025 Compliance Work Plan

# 2025 WORK PLAN STATUS | CORPORATE COMPLIANCE

Category	Work Plan Item	Initiated	Percentage Complete
Ongoing Monitoring	Exclusion Screenings	January 2025	100%
Annual Activity	MAP Quarterly Report	January 2025	100%
Annual Activity	MLTC Quarterly Report	January 2025	100%
Implementation Oversight	Encounter Data Audit Corrective Actions	January 2024 [Carry-over]	80%
Annual Activity	Compliance Program Integrity Review	January 2025	100%
Annual Activity	MHPAEA: Compliance Program Annual Attestation	December 2025	100%
Annual Activity	Service Verifications	March 2025	100%

## 2025 WORK PLAN STATUS | PRIVACY

Category	Work Plan Item	Initiated	Percentage Complete
Annual Activity	Privacy Walk-throughs	January 2025	100%
Annual Activity	HIPAA Security, Privacy and Breach Compliance Assessment	March 2025	100%
Audit	Confidentiality of Minor Information	May 2025	100%

## 2025 WORK PLAN STATUS | VENDOR COMPLIANCE

Category	Work Plan Item	Initiated	Percentage Complete
Ongoing Monitoring	Vendor Exclusion Screening	January 2025	100%
Annual Activity	Vendor Delegation Oversight Program Assessment	April 2025	100%
Annual Activity	Annual TPMO Compliance Attestation	December 2025	100%
Audit	2025 Clarity Operational Audit	May 2025	100%
Audit	2025 Cotiviti Operational Audit	June 2025	100%
Audit	2025 SS&C Operational Audit	August 2025	80%
Audit	2025 DentaQuest Operational Audit	December 2025	50%

# 2025 WORK PLAN STATUS | SPECIAL INVESTIGATIONS UNIT

Category	Work Plan Item	Initiated	Percentage Complete
Training	Specialized FWA training	Q1	100%
Ongoing Monitoring	Underutilization review	Q1	100%
Ongoing Monitoring	Outlier notification letter	Q1	60%
Audit	E&M Codes - reviewed reimbursement for high-level E&M services	Q1	100%
Audit	Opioid Prescribers	Q1	75%
Audit	Labs – Genetic Testing	Q1	75%
Audit	Durable Medical Equipment	Q1	100%
Audit	PCS services	Q1	100%
Audit	BH – Psychotherapy Services	Q1	100%

## 2025 WORK PLAN STATUS | PRODUCT COMPLIANCE

Category	Work Plan Item	Initiated	Percentage Complete
Implementation Oversight	RRP Enhancements	October 2023	100%
Implementation Oversight	CHP Audit Corrective Actions	October 2023	50%
Audit	Article 44 Readiness	February 2025	20%
Audit	Compliance Program Effectiveness (CPE) Review	October 2025	100%

# 2025 WORK PLAN STATUS | BUSINESS PROCESS MONITORING

Category	Work Plan Item	Initiated	Percentage Complete
Ongoing Monitoring	Complaints and Grievances	January 2025	100%
Ongoing Monitoring	BH Utilization Review	January 2025	100%
Ongoing Monitoring	MLTC Utilization Review	January 2025	100%
Ongoing Monitoring	Integra Utilization Review	January 2025	100%
Ongoing Monitoring	DentaQuest Complaints and Grievances	January 2025	100%
Ongoing Monitoring	DentaQuest Utilization Review	January 2025	100%
Ongoing Monitoring	CVS Utilization Review	January 2025	100%

# 2025 WORK PLAN STATUS | BUSINESS PROCESS MONITORING

LOB: Medicare

Category	Work Plan Item	Initiated	Percentage Complete
Ongoing Monitoring	Medicare Utilization Review	January 2025	100%
Ongoing Monitoring	MAP Utilization Review	January 2025	100%
Ongoing Monitoring	Complaints and Grievances	January 2025	100%
Ongoing Monitoring	DentaQuest Complaints and Grievances	January 2025	100%
Ongoing Monitoring	DentaQuest Utilization Review	January 2025	100%
Ongoing Monitoring	Integra Utilization Review	January 2025	100%
Ongoing Monitoring	CVS Utilization Review	January 2025	100%

## 2025 WORK PLAN STATUS | BUSINESS PROCESS MONITORING

Category	Work Plan Item	Initiated	Percentage Complete
Ongoing Monitoring	BH Claims Monitoring-Denials	January 2025	100%
Ongoing Monitoring	BH Claims Rate Monitoring – Diversionary and IB Duals	January 2025	100%
Ongoing Monitoring	Sexual Dysfunction/Erectile Dysfunction	June 2025	100%
Ongoing Monitoring	RRP Claims Monitoring	Sept 2025	100%

# Compliance Highlights

# ACTIVITIES | CORPORATE COMPLIANCE

## Exclusion Screenings

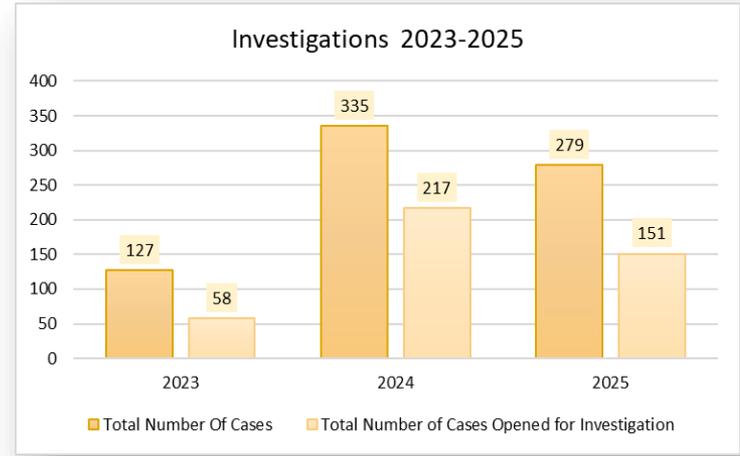
Monthly, Compliance reviews the results of exclusion screenings performed by Human Resource, Non-Provider Contracting, Provider Maintenance, and Credentialing. Any positive matches are investigated by Compliance to ensure proper termination of relationship.

- **Q1:** Completed
- **Q2:** Completed
- **Q3:** Completed
- **Q4:** Completed

## Case Investigations Overview

Reports submitted through all reporting mechanisms, including the Compliance Hotline.

- **Total Reports Received:** 279
  - **Triaged:** 128
  - **Total Compliance Investigations Opened:** 151
- **Total Investigations Closed:** 83



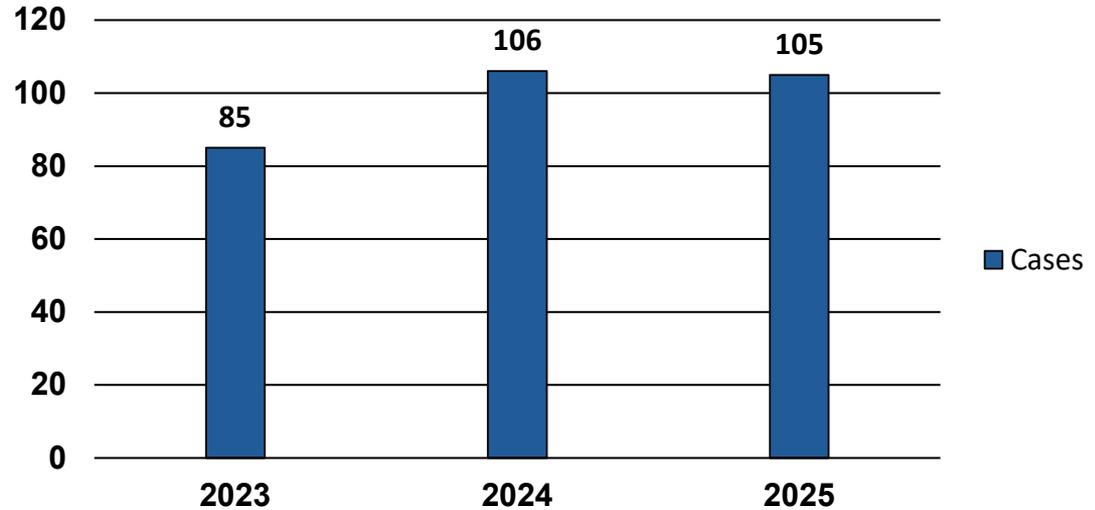
# ACTIVITIES | PRIVACY

## Case Investigations Overview

Reports submitted through all reporting mechanisms, including the Compliance Hotline.

- **Total Reports Received:**
  - **Triaged: 0**
  - **Total Privacy Investigations Opened in Q4: 25**
- **Total Investigations Closed: 16**
  - **Q4 2025: 16**
- **Total Investigations Opened in 2025: 105**

## Privacy Cases by Year

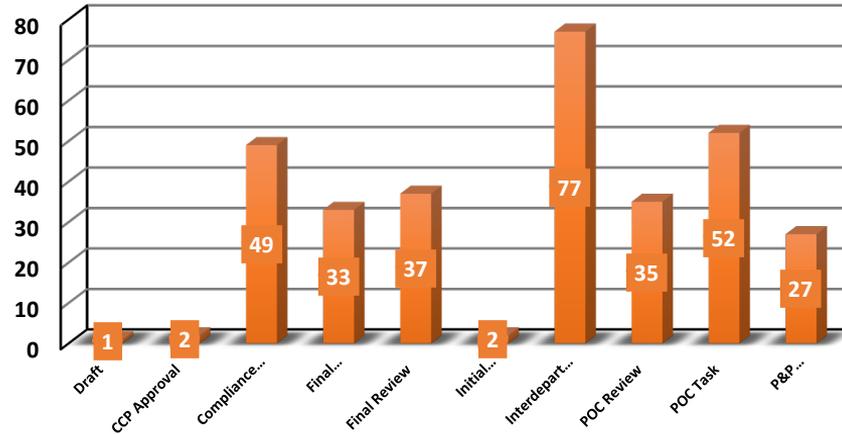


# ACTIVITIES | COMPLIANCE OPERATIONS | POLICES & PROCEDURES

There are **315 P&Ps** currently open.

- **P&Ps Initiated for Annual and Regulatory Review in Q4: 16**
- **Total P&Ps finalized and published in Q4: 22**

## Policy and Procedures (P&Ps) Open By Stage

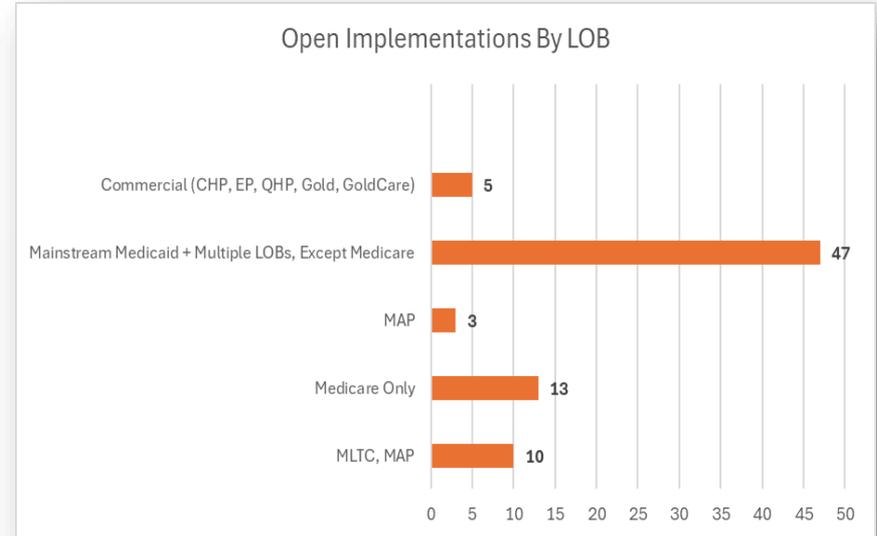
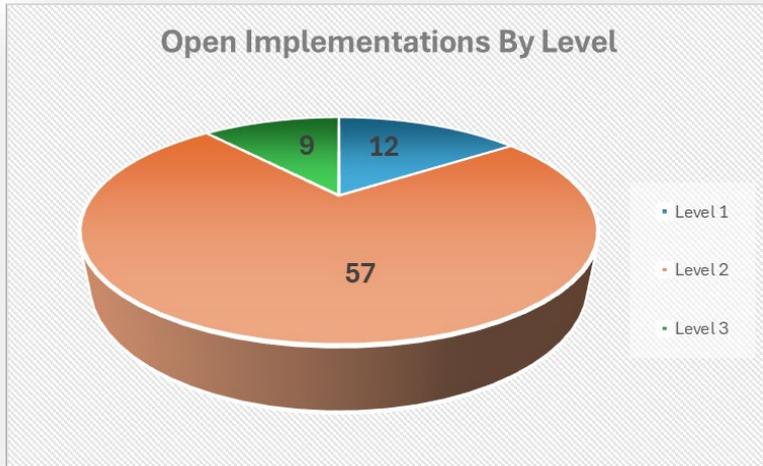


# ACTIVITIES | COMPLIANCE OPERATIONS | SURVEYS

Q2 - 2025		Q3 - 2025		Q4 - 2025	
April	19	July	43	October	17
May	17	August	29	November	17
June	19	September	25	December	36
<b>Total: 55</b>		<b>Total: 97</b>		<b>Total: 70</b>	
<b>YTD: 103</b>		<b>YTD: 200</b>		<b>YTD: 270</b>	
<b>During Q2, the Plan received:</b> - 41 requests from the State (NYSOH, OMH, DFS, etc). - 14 requests from CMS.		<b>During Q3, the Plan received:</b> -60 requests from the State (NYSOH, OMH, DFS, etc). -13 requests from CMS		<b>During Q4, the Plan received:</b> - 32 requests from the State (NYSOH, OMH, DFS, etc). - 6 requests from CMS.	

# ACTIVITIES | IMPLEMENTATIONS SUMMARY

Category	# of IMPs
Total In-Progress Implementations	78
Opened within Q4 2025	41
Closed within Q4 2025	12
<b>Total # of Implementations Opened in CY2025</b>	<b>145</b>
<b>YTD # of Implementations Opened in CY2026</b>	<b>29</b>



# Regulatory Updates

# REGULATORY HIGHLIGHTS | MEDICARE

Memo Title	Effective Date	Summary
<b>Reminder:</b> Interoperability and Prior Authorization Reporting Requirements	1/1/2026	This is a reminder that reporting requirements established under the CMS Interoperability and Prior Authorization Final Rule (89 FR 8758, February 8, 2024) will take effect beginning with Calendar Year 2026. Starting January 1, 2026, Medicare plans like MetroPlus must submit Patient Access API usage metrics through HPMS in the new “Interoperability Reporting” section of the Plan Reporting Module. The first submission, covering CY 2025 data, must be reported between January 1, 2026, and March 31, 2026. MetroPlus is also required to report certain Prior Authorization statistics annually to help potential members weigh their choices when seeking coverage.
<b>Draft Technical Implementation Guide for Supplying Medicare Advantage (MA) Provider Directory Data for Use in Medicare Plan Finder (MPF)</b>	1/1/2026	CMS released a Final Rule (CMS-4208-F2) on September 18, 2025 (this was sent to MetroPlus business units on 9/30/2025), outlining new requirements for Medicare Advantage plans to submit updated provider directory information to CMS for inclusion on the Medicare Plan Finder (MPF). As promised in the Final Rule, CMS provided a draft “Technical Implementation Guide” for this submission for comment. A final version is still pending.
<b>2026 Medicare CAHPS® Survey, Healthcare Effectiveness Data and Information Set (HEDIS®) Measurement Year (MY) 2025</b>	N/A	CMS reminds Medicare organizations about: 2026 Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey, Procedures for requesting additional sample (referred to as oversampling), and Rules regarding the number of supplemental items. A later memo also describes the process for submitting the HEDIS Measurement Year (MY) 2025 data.
<b>Submission of Supplemental Benefits Data on Medicare Advantage Encounter Data Records – Reminders and Other Supplemental Service Updates</b>	1/1/2026	This memo is to remind Medicare plans of the requirements to submit supplemental benefits through the Medicare Advantage (MA) Encounter Data System (EDS) and to provide updates and clarifications on related reporting requirements. On 2/21/2024 and sent to MetroPlus business units in an earlier email, CMS issued a memo regarding Medicare plan obligations to submit encounter data for supplemental benefits as well as Parts A and B covered items and services. CMS has communicated with Medicare plans to identify best practices for success.
<b>Results of the 2025 Part C and D Reporting Requirements Data Validation</b>	N/A	CMS requires Medicare plans submit certain data to CMS. This data is subject to validation through an independent yearly review to ensure it is reliable, valid, complete, comparable, and timely. Data validation reviews of 2024 Part C and D data were conducted between April 1, 2025, and June 15, 2025, and this memo outlined the findings of those reviews.

# REGULATORY HIGHLIGHTS | MEDICARE

Memo Title	Effective Date	Summary
<b>Contract Year (CY) 2026 Readiness Checklist for Medicare Advantage Organizations</b>	1/1/2026	The Contract Year (CY) 2026 Readiness Checklist is a tool to use in preparation for Medicare program requirements for the upcoming year. CMS has added Network Adequacy and Access, Selected Drug Subsidy Program, and various Part D related requirements, removed Health Equity, and suspended enforcement of some Utilization Management Committee requirements. CMS recommends that organizations conduct an internal checklist review and take the necessary steps to fulfill requirements for CY 2026.
<b>2026 Program Audit Updates</b>	N/A	CMS will continue using the Final Audit Protocols to conduct 2026 program audits with modifications described in this memo. This was distributed to interested MetroPlus business units to better prepare for potential audit selection in 2026. This memo gives plans an idea of what to expect and announced a few changes.
<b>Important Updates to the Contract Year (CY) 2025 Part C Reporting Requirements Record Layouts and Data Entry Rules</b>	1/1/2026	CMS announced important updates to the CY 2025 Part C Reporting Requirements technical documents for the D-SNP Enrollee Advisory Committee, D-SNP Transmission of Admission Notifications, Supplemental Benefits Utilization and Costs, Organization Determinations and Reconsiderations, and Payment to Providers sections.
<b>Instructions for 2026 Medicare Part C Utilization Management Annual Data Submission</b>	N/A	CMS announces the launch of the HPMS UM Module (UMM) where Medicare Advantage Organizations must submit their 2026 UM annual data.
<b>Release of Contract Year (CY) 2026 Part C and Part D Reporting Requirements and Technical Specifications</b>	N/A	CMS has released the CY 2026 Part C and Part D Reporting Requirements and Technical Specifications.
<b>Contract Year 2027 Medicare Advantage Network Adequacy Updates</b>	1/1/2027	CMS releases updated Medicare Advantage (MA) network adequacy guidance for Contract Year (CY) 2027 applications. This is applicable for organizations submitting applications for new Medicare Advantage plans, including existing Medicare plans seeking Service Area Expansions (SAE). If MetroPlus is interested in expanding any plan service areas, it must follow CMS instructions.

# REGULATORY HIGHLIGHTS | STATE

Memo Title	Effective Date/Due Date	Summary
<b>NYRx to Managed Care Transition - Filters Used with Positive Airway Pressure Device</b>	4/1/25	Coverage for a disposable filter and a non-disposable filters used with a positive airway pressure device will be transitioned to mainstream Medicaid Managed Care Plans and no longer covered under NYRx for Managed Care members.
<b>Reimbursement for Child Abuse Pediatricians</b>	12/1/25	Medicaid Managed Care will reimburse physicians certified by the American Board of Pediatrics (ABP) in Child Abuse Pediatrics a once per NYS Medicaid member lifetime fee.
<b>Medicaid Coverage of Point of Care Syphilis Testing</b>	9/30/25	Medicaid Managed Care will cover Point of Care (POC) syphilis testing performed in a private office setting, by a Physician, Nurse Practitioner or Licensed Midwife.
<b>ABA Service Updates for Supervision of Unlicensed Individuals and Technicians</b>	10/1/25	Medicaid has instituted a Minimum Supervision Standard for Medicaid Managed Care. At least 5% of the total hours unlicensed individuals/technicians can provide ABA services each calendar month must be supervised by an LBA (Licensed Behavior Analysts).
<b>Updates to the ICD-10-CM Codes</b>	10/1/25	ICD-10-CM codes are available for use. DOH updated the Uniform Assessment Program (UAS-NY) software to align with the updates published by the Centers for Medicare & Medicaid Services (CMS) for FY 2026 (10/1/25 through 9/30/26).
<b>Medicaid Payment Prohibition to Planned Parenthood</b>	10/14/25	On July 4, 2025, H.R. 1 was signed into law which included a one-year prohibition on Medicaid payments to entities that met certain criteria relating to the provision of reproductive and abortion services.
<b>Utilization Management Guidelines and Outlier Management for Children and Family Treatment and Support Services</b>	10/30/25	OMH released a memorandum clarifying the existing State UM guidance for CFTSS in addition to ensuring adequate provision of CFTSS in the frequency, scope, and duration is determined to be medically necessary by a Licensed Practitioner of the Healing Arts (LPHA).

# REGULATORY HIGHLIGHTS | STATE

Memo Title	Effective Date/Due Date	Summary
<b>Medicaid Coverage of MRI Guided High Intensity Focused Ultrasound for Essential Tremor</b>	1/1/26	Medicaid will cover Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) under Current Procedural Terminology "61715".
<b>Medicaid Coverage of Tumor Treatment Field Therapy</b>	12/1/25	Medicaid will cover Tumor Treatment Field Therapy (TTFT) under HCPCS code "E0766" for treatment of Glioblastoma Multiforme.
<b>Home Care Wage Increase</b>	1/1/26	Home care minimum wage increase of <b>\$0.55 per hour</b> goes into effect on <b>1/1/26</b> . This increase is assumed in the monthly capitated payment.
<b>Coverage of Clotting Factor Products Administered or Furnished by Hemophilia Treatment Centers</b>	7/1/12	DOH released a clarification memo regarding the "Coverage of Clotting Factor Products Administered or Furnished by Hemophilia Treatment Centers (HTC)".
<b>Preventative Maintenance for Power Wheelchairs &amp; Backup Power Wheelchair Repairs</b>	1/1/26	In limited situations, groups 2-6 PWC with or without power options will be eligible for use as a backup when the user is provided with a new, primary PWC
<b>Notification of Changes to Care Management Services for the Children's Waiver [VALERC]</b>	1/1/26	All Children's Waiver HCBS members will now receive care management from a Health Home.
<b>Revised IB Duals Model Member Handbook Addendum</b>	3/31/26	DOH has issued a revised IB-Dual Program Model Member Handbook Addendum for Medicaid & HARP.. This revision includes critical updates on enrollment, disenrollment, service authorization, appeals, complaints, benefits, and services for IB-Dual enrollees.

# REGULATORY HIGHLIGHTS | STATE

Memo Title	Effective Date/Due Date	Summary
<b>Notification of Interoperability and Prior Authorization Final Rule Requirements</b>	1/1/26	Notification was sent on Interoperability and Prior Authorization Final Rule Requirements. The Final Rule is to improve the electronic exchange of health care data and streamline prior authorization processes.
<b>Reimbursement for Long-Acting Injectables</b>	12/15/25	OMH released a memo clarifying the responsibility to reimburse Long-Acting Injectables (LAIs) administered by a physician in OMH-licensed outpatient programs.
<b>APG Weight Adjustment for Phosphate Binders</b>	1/1/26	Phosphate binder prescription drugs for dialysis patients will no longer be covered as a pharmacy benefit and must be provided by the dialysis clinic.
<b>Actionable: Coverage of Continuous Glucose Monitors</b>		DOH issued a reminder for MLTC plans that they are responsible for reimbursement of Continuous Glucose Monitors (CGMs) and supplies..
<b>Fee Updates for Independent Practitioner Services for Individuals with Developmental Disabilities</b>	4/1/25	DOH and the NYS OPWDD implemented a retroactive fee update for Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD), as a result of the approved Targeted Inflationary Increase (previously known as a Cost-of-Living Adjustment (COLA)).
<b>Discontinuation of Children's Home and Community Based Services (HCBS) Day Habilitation Service E</b>	1/1/26	Children's HCBS Day Habilitation will no longer be a covered service under the Children's Waiver. The NYS DOH submitted a waiver amendment to CMS removing Day Habilitation as a covered service.

# REGULATORY HIGHLIGHTS | COMMERCIAL/EP/QHP

Memo Title	Effective Date/Due Date	Summary
<b>Commercial Billing Resources for Certified Community Behavioral Health Clinics</b>	1/1/25	OMH and OASAS released a "Commercial Billing Resources for Certified Community Behavioral Health Clinics (CCBHC's)" addressing questions they received regarding the January 1st, 2025 Commercial Rate Mandate.
<b>Important Information about Essential Plan Coverage</b>	7/1/26	Due to federal policy changes, NYS will transition away from the 1332 Waiver, which expanded EP eligibility to people with incomes at 200 – 250% FPL, also known as EP5. This transition will end coverage for consumers enrolled in this EP tier, effective 7/1/26.
<b>Coverage for transvaginal ultrasounds during pregnancy</b>	1/1/27	Bills (A3280A/S3323A) that mandates coverage for transvaginal ultrasounds during pregnancy. This applies to all policies and contracts issued, renewed, modified altered or amended thereafter 1/1/27.
<b>2026 Child Health Plus Premium Rates - Schedule Bs and Schedule Cs</b>	1/1/26	DOH has released the Calendar Year (CY) 2026 Child Health Plus (CHPlus) premium rates, effective January 1, 2026. Updated rates have been applied in NY State of Health and the Knowledge, Information and Data System (KIDS), and will be reflected in January vouchers for subsidized members.
<b>DFS Rider Submission for Chapter 502: Epinephrine Devices</b>	1/1/26	Bills A5392-B Rosenthal/S7807-A Gounardes), eliminates the term "auto-injector" from the definition of Epinephrine Devices for the purposes of limiting cost-sharing to \$100 per plan year.
<b>2026 PY QHP Open Enrollment and Renewals</b>	9/24/25	NYSOH shared a slide deck with guidance and resources from the 9/24/25 webinar for Open Enrollment for Qualified Health Plans for Plan Year 2026.



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