

**BOARD OF DIRECTORS' MEETING**  
 Thursday, March 26<sup>th</sup> @ 1:00 PM  
 50 Water Street, 7<sup>th</sup> Floor Conference Room  
 New York, N.Y. 10004

**AGENDA**

<b>Call To Order</b>	<b>Sally Hernandez-Pinero Dr. Talya Schwartz</b>
<b>Introduction   Juliana Ekong, our new Board Member!</b>	
<b>Information Item</b>	
<b>KPMG   MetroPlusHealth 2025 Audit Report</b> <i>*10-minute presentation</i>	<b>Camille Fremont J. Eric Crosett</b>
<b>New Business</b>	
<b>2025 Year Close</b>	<b>Lauren Leverich Castaldo</b>
<b>Regulatory Updates</b>	<b>Raven Ryan Solon</b>
<b>Project Edge</b>	<b>Tomasz Kawka</b>
<b>Retention</b>	<b>Lila Benayoun</b>
<b>Call Center</b>	<b>Lila Benayoun</b>
<b>Member Rewards</b>	<b>Masud Mahdi</b>
<b>Old Business</b>	
<b>Adoption of Minutes   December 11<sup>th</sup>, 2025</b>	<b>Sally Hernandez-Pinero</b>
<b>Action Items</b>	
<i>a. Appointing Frederick Covino as the Vice-Chairperson of the Board of Directors</i>	<b>Sally Hernandez-Pinero</b>
<i>b. Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus or "the Plan") to execute contracts with four (4) law firms to provide legal services on an as-needed basis for MetroPlus. The firms are Greenberg Traurig LLP, Hinman Straub P.C., Sher Tremonte LLP and Tarter Krinsky &amp; Drogin LLP. The contracts shall be for a term of 3 years with two options to renew for a 1-year term each, solely exercisable by MetroPlus, for a cumulative amount not to exceed \$2,500,000 for a total 5-year contract period.</i>	<b>Frederick Covino/Steven Stein Cushman</b>
<i>c. Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus or "the Plan") to execute a contract with Health Management Systems, Inc. ("HMS") for third party health insurance identification and recovery services, for an amount not to exceed \$15,000,000, for the total 5-year contract period.</i>	<b>Frederick Covino</b>

<p>d. Authorizing the amendment to the best interest contract resolution approved by the MetroPlus Board of Directors on <b>September 26, 2025 with SourEdge Solutions, LLC (“SourEdge”) for data migration and conversion professional services, for an amount not to exceed \$2,300,000 including contingency, for an 18-month contract and authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus” or “the Plan”) to reallocate the approved spending authority and execute a best interest contract with SourEdge Solutions, LLC (“SourEdge”) for implementation of a solution for converted data testing, in the amount of \$2,300,000 for a one year term.</b></p>	<p><b>Frederick Covino</b></p>
<p>e. Authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus or “the Plan”) to increase the spending authority for the contract with SourEdge Solutions, LLC (“SourEdge”) <b>to implement, integrate and license an enterprise data hub solution, in the amount of \$720,000 for a new total not-to-exceed authority amount of \$2,957,000 for the remaining contract term.</b></p>	<p><b>Frederick Covino</b></p>
<p><b>Executive Session</b></p>	
<p><b>Meeting Minutes</b></p>	
<p><b>Audit &amp; Compliance Committee   December 10<sup>th</sup>, 2025</b></p>	<p><b>Kathleen Shure</b></p>
<p><b>Customer Experience &amp; Marketing Committee   December 10<sup>th</sup>, 2025</b></p>	<p><b>Vallencia Lloyd</b></p>
<p><b>Finance Committee   December 10<sup>th</sup>, 2025</b></p>	<p><b>Frederick Covino</b></p>
<p><b>Adjournment</b></p>	
<p><b>Sally Hernandez-Piñero</b></p>	

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

**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

## Board of Directors Meeting

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

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✓ MetroPlus**Health**

# Finance Committee Report

**2025 Year End Close**

**Lauren Leverich Castaldo**

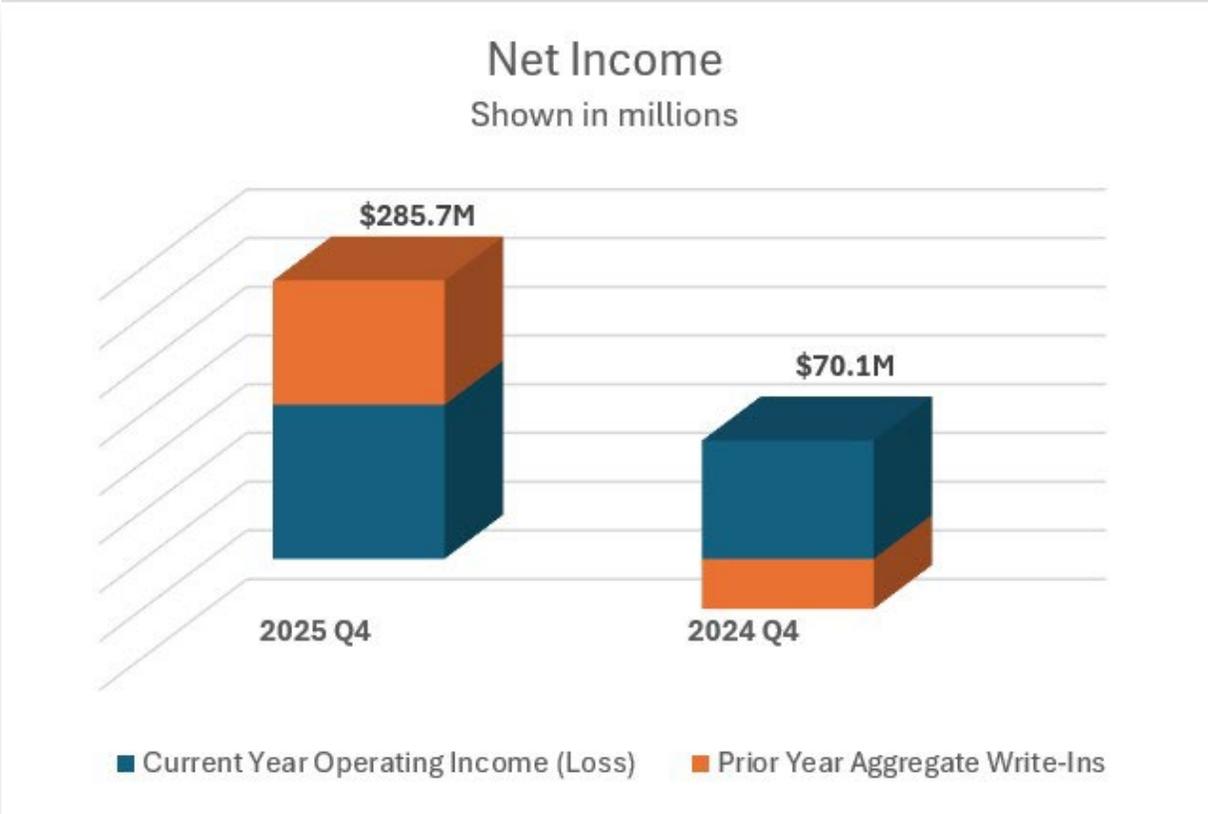
Chief Financial Officer

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

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# NET INCOME BY LINE OF BUSINESS



## Strong Performance Year-over-Year

2025 performance included positive current year results plus favorable prior year adjustments.

Top contributors – MetroPlus Gold, Medicaid, and Essential Plan lines of business.

Prior-year adjustments reflected improved claims experience and updated premium and encounter reconciliation outcomes.



# ALL LOB REVIEW

## All Lines of Business

All LOBs	2025 Year End	Forecast
Membership	690,008	695,797
Member Months	8,236,957	8,349,564
	<b>PMPM</b>	
Revenue	\$561.60	\$538.91
Expenses	\$457.36	\$456.72
Value Based Payment (VBP)	\$50.85	\$31.56
Administrative Expenses	\$45.05	\$47.41
Investment Income	\$8.66	\$8.14
State-Directed Payments/MCO Tax	\$2.21	\$1.49
Net Operating Income	\$19.20	\$12.85
Aggregate Write-Ins (PY)	\$15.48	
Net Income	\$34.69	

- Seeing an increase to Revenue due to unanticipated DOH rate change on Medicaid.
- No material deviation to expense from total forecast.
- Risk surplus increases driven by favorable H+H experience on Medicaid and Gold relative to forecast.



## ADMINISTRATIVE EXPENSE | BUDGET VS. ACTUAL

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- For the **12 months ending December 31, 2025**, the total administrative expenses of **\$369.5M** were **\$26.3M (6.6%) favorable** to budget, **\$14.2M** of which was driven by PS and **\$12.1M** of which was driven by OTPS.
- PS favorability was driven by a reduction in non-essential vacancies.
- OTPS favorability was driven by delayed timing on several H&H collaborations and favorable to forecast printing and postage charges.



# Regulatory Updates

**Raven Ryan Solon**

Chief Compliance & Regulatory Officer

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

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# MCO TAX

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## Refresher

- Name sounded bad, impact was actually good.
- \$\$\$ flowing to managed care plans in NY.

## Current State

 ***The Bad News*** – Federal Gov't rescinded NY's authority to use a tax in this way.

 ***The Good News*** – Allowed to continue using this tax framework through end of 2026.

- Still get more than a full year's worth of associated dollars.

## **CMS INTEROPERABILITY & PRIOR AUTHORIZATION RULE**

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### **CMS Rule Issuance – rules on Medicare, Medicaid, CHP, ACA Marketplace, and HIPAA.**

- Medicare & HIPAA rules → Managed Care Plans
- Medicaid/CHP/ACA rules → States → Managed Care Plans

### **NYS finally issued its guidance on a final rule effective in 2026 for:**

- MMC
- HARP
- HIVSNP
- MLTC
- MAP

# INTEROPERABILITY & PRIOR AUTH RULE (CONTINUED)

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## Updates Prior Authorization Timeframes

### Standard Prior

- 3 business days after all necessary information.
- No later than 7 calendar days from receipt.
- Possible extension: up to 14 additional days.

### Standard Concurrent

- 1 business day after necessary information.
- No later than 7 calendar days.
- Possible extension: up to 14 additional days.

### Inpatient Rehab Post Inpatient Hospital

- 1 business day after necessary information.
- No later than 7 calendar days.
- Possible extension: up to 14 additional days.

## Plans Must

- Add prior authorization request and decision information—excluding drug requests—to their existing Patient Access API.
  - Specific data elements and timelines for posting.
- Develop and publicly post clear, simple-language educational materials describing specific enrollee privacy & security resources.

# Project Edge

**Tomasz Kawka**

Vice President of Business Transformation

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

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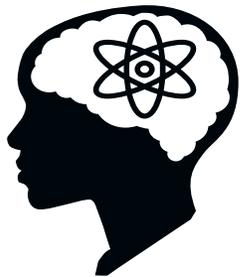
# OUR JOURNEY | FROM OPPORTUNITY TO IMPACT

## 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

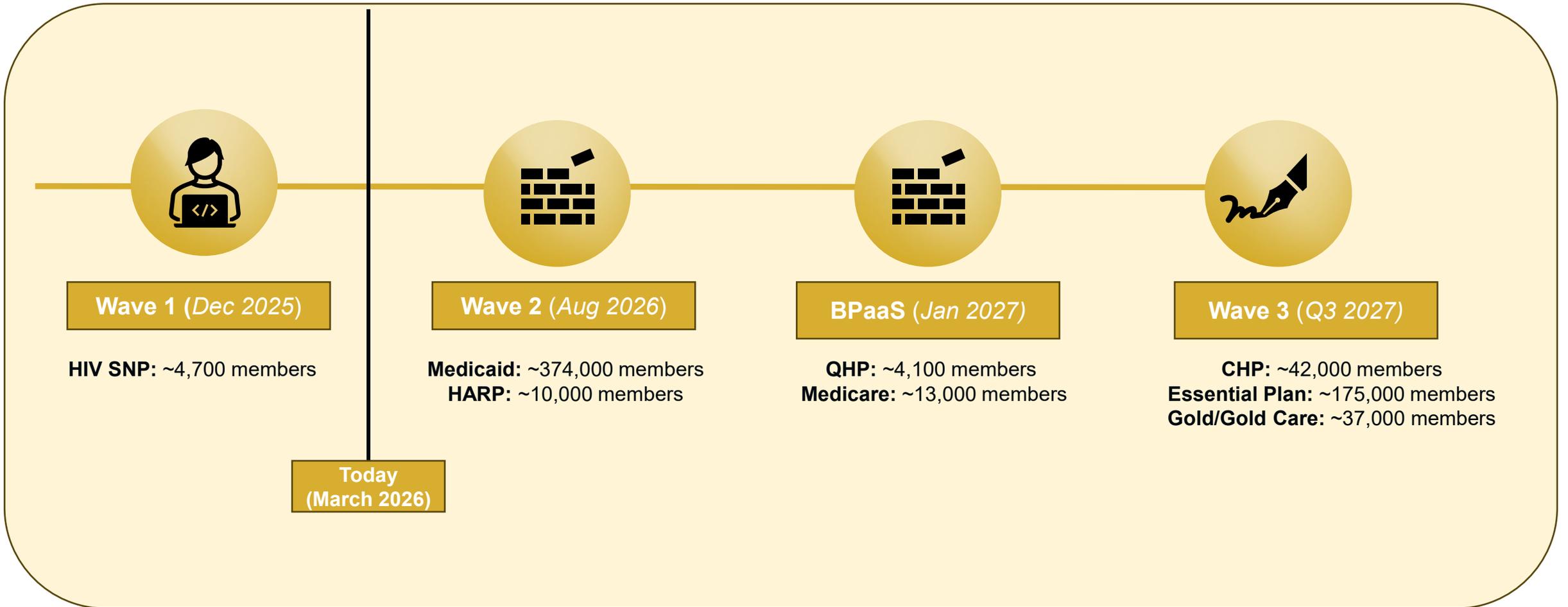
CM and UM teams operate within a single integrated system streamlining coordination.

03

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

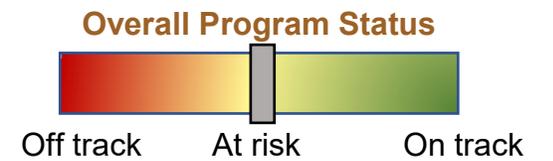


# OUR ROADMAP FOR TRANSFORMATION



# HOW OUR ROADMAP EVOLVED

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



# PROGRAM STATUS | WAVE 2

## Key Accomplishments

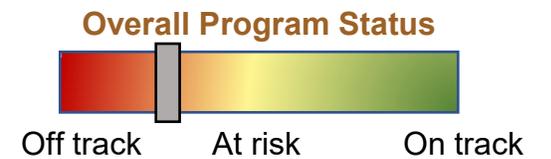
### Wave 2 (Medicaid and HARP)

- 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.

# Retention

**Lila Benayoun**

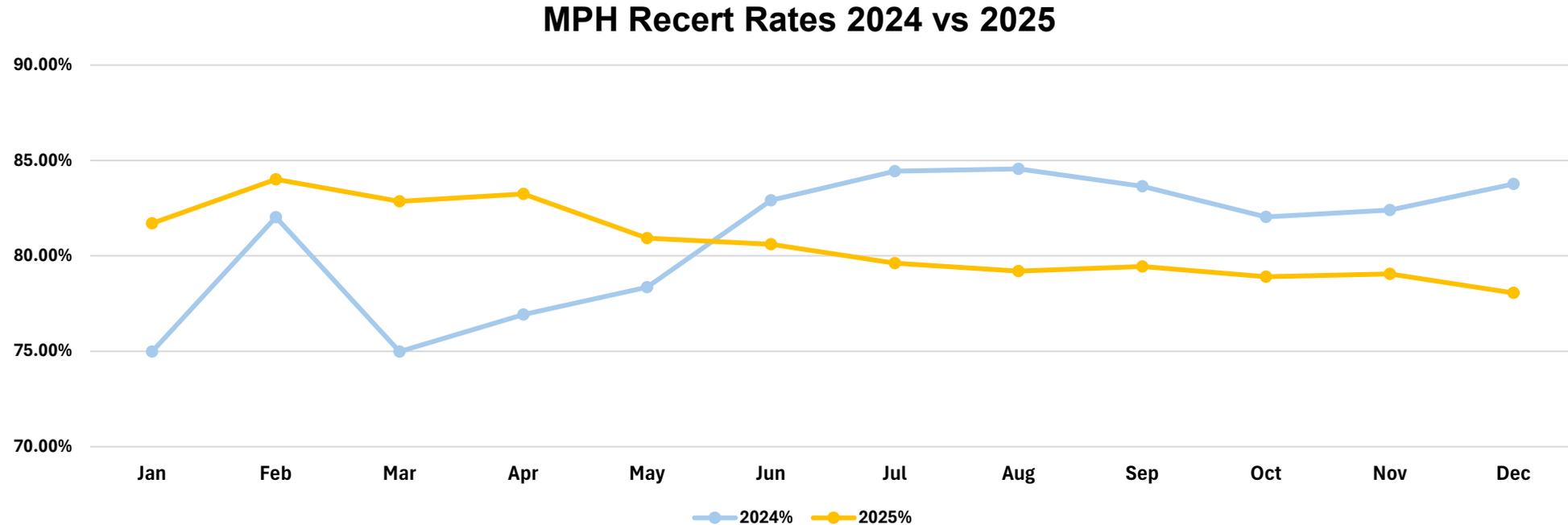
Chief Operating Officer

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

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# RECERTIFICATION RATES 2024 VS. 2025

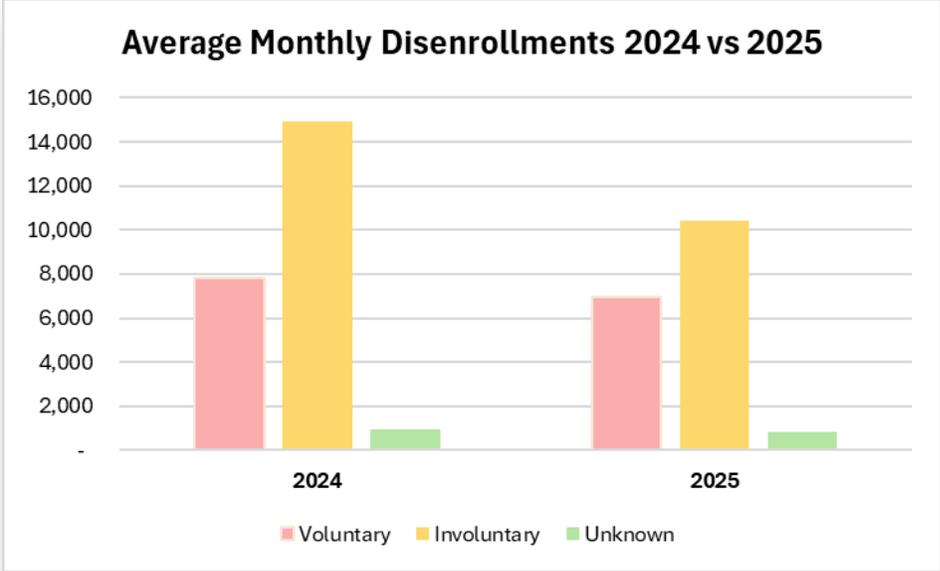


## A number of headwinds have affected performance in achieving $\geq 80\%$ recertification rates in 2025

- 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	<b>3.27%</b>	<b>2.67%</b>	<b>-0.60%</b>
Voluntary	<b>1.11%</b>	<b>1.01%</b>	<b>-0.10%</b>
Involuntary	<b>2.03%</b>	<b>1.53%</b>	<b>-0.50%</b>
Unknown	<b>0.14%</b>	<b>0.14%</b>	<b>0.00%</b>



- 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

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## 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)

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**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**

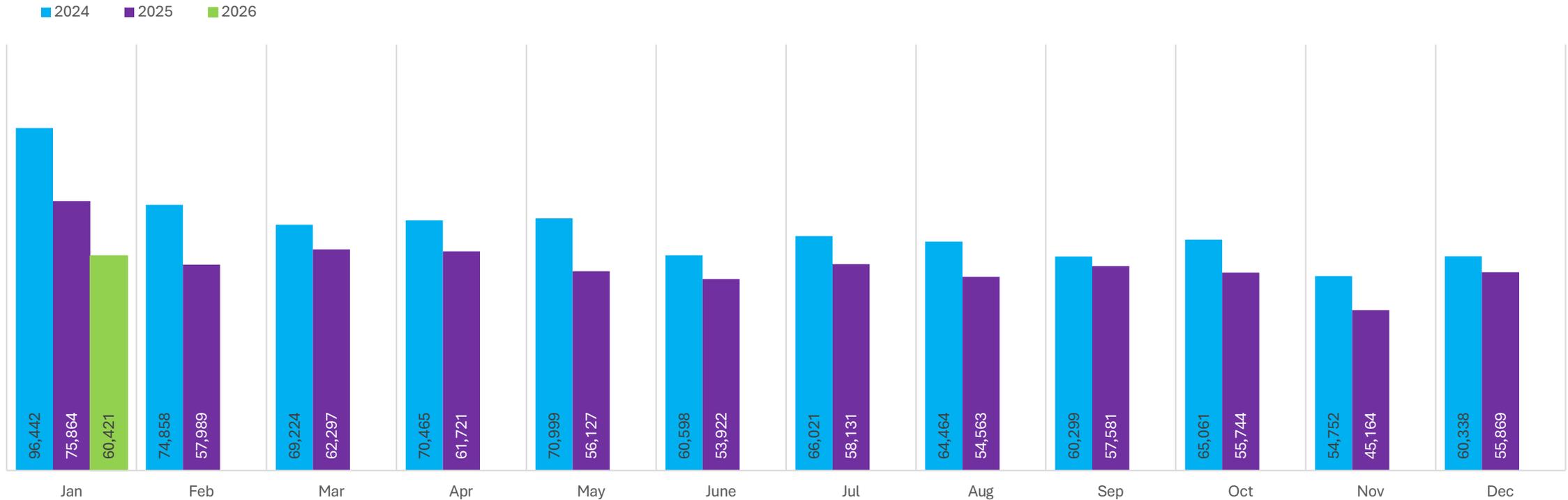
Chief Operating Officer

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

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# TREND IN CALL CENTER CALL VOLUME | MEMBERS

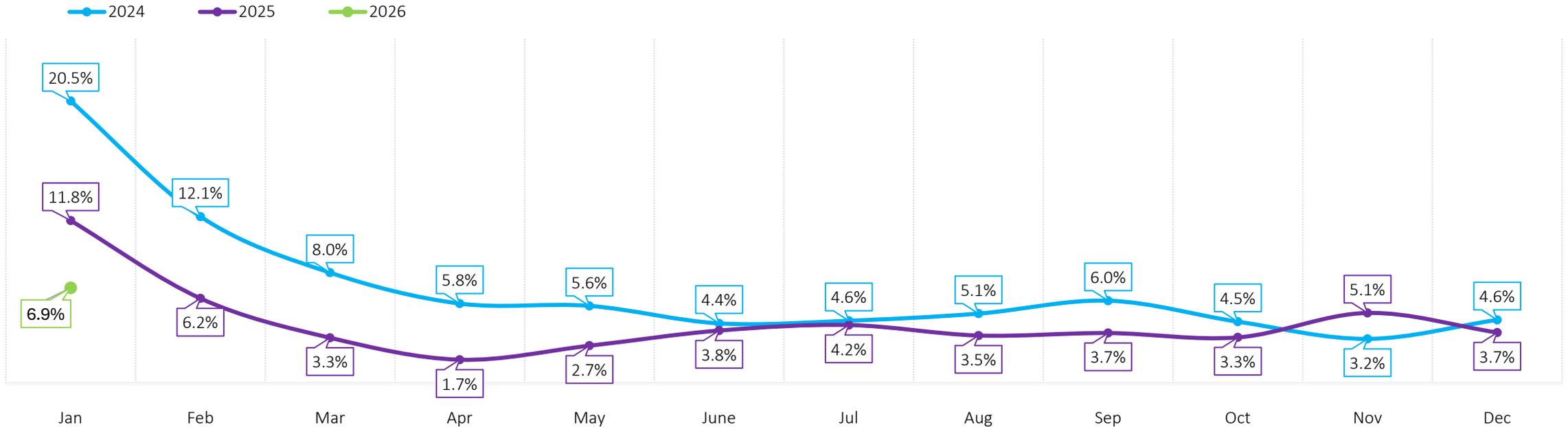


- Overall call volume continues to trend down as a result to operational improvements coupled with declining membership.
- Top 5 Call Drivers: General Inquiry, Medical ID Card Request, PCP Change Request.



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# ABANDONMENT RATE | MEMBERS

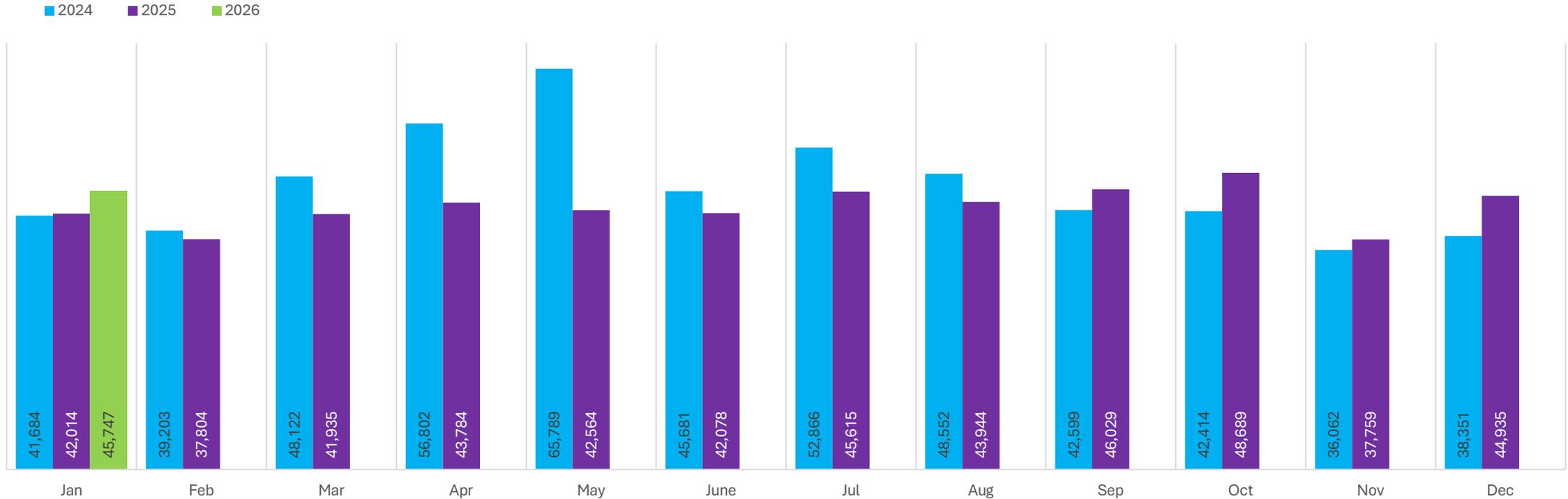


- Member abandonment rate remained steady throughout 2025.
- January 2026 abandonment rate improved compared to the prior two years.
- In addition to normal new year benefit inquiries, issues with Member flex card contributed to unanticipated uptick in calls.



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# TREND IN CALL CENTER CALL VOLUME | PROVIDERS

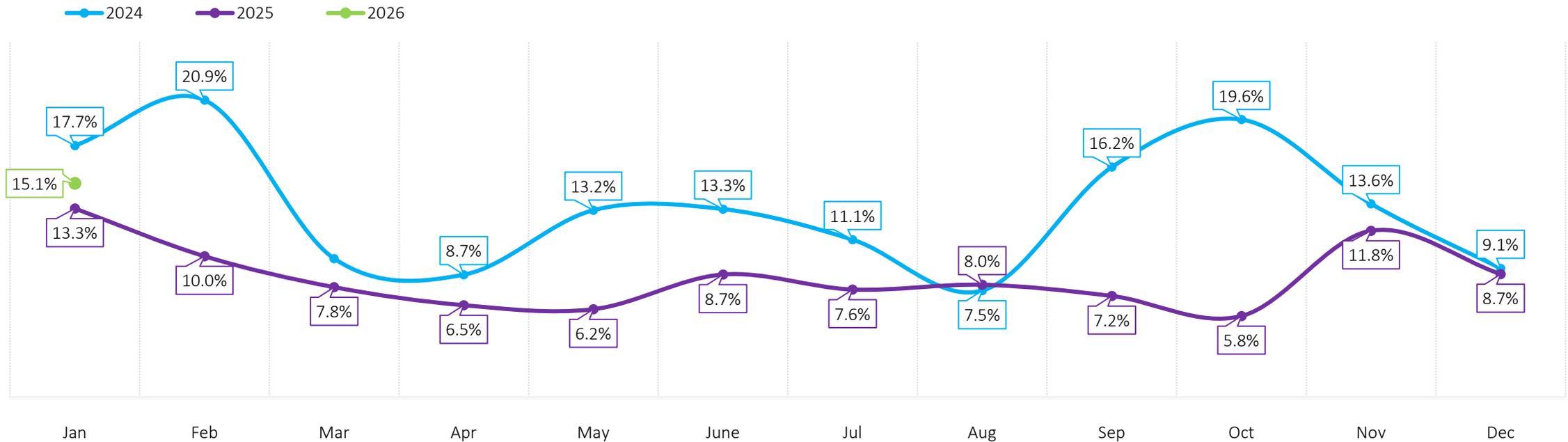


- Provider call volume increased in January 2026 compared to the previous two years.
- A couple of contributing factors were related to EDI file delays, PCP assignment issue impacting provider portal as well as system configuration issue resulting in inappropriate denials.



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# ABANDONMENT RATE | PROVIDERS



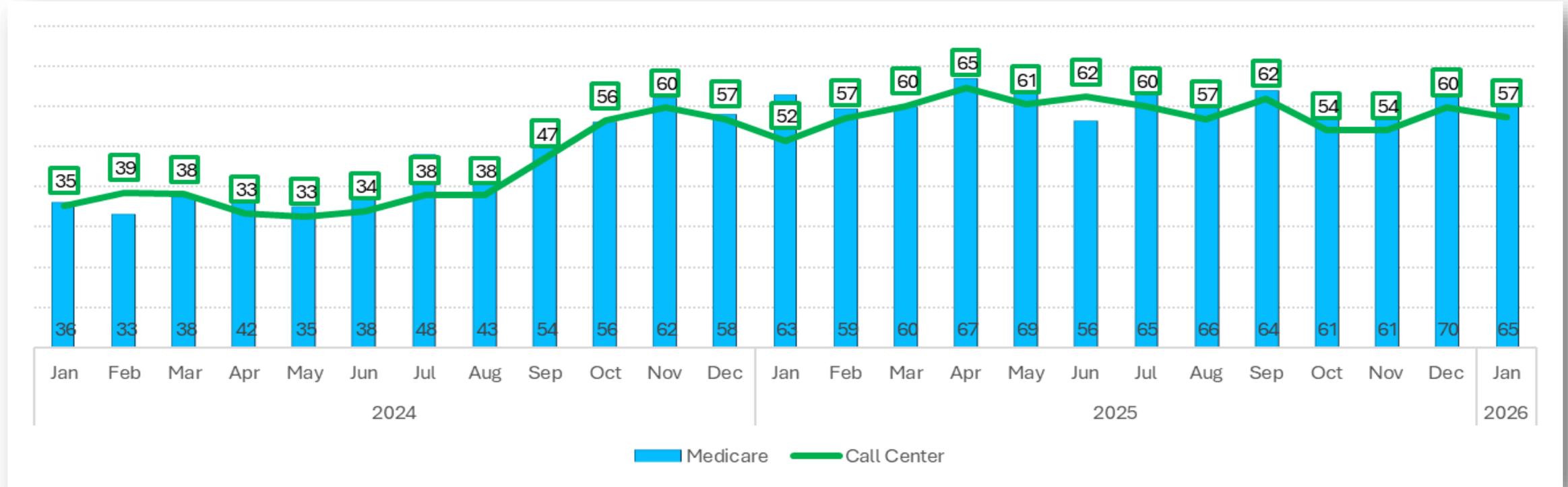
- Provider abandonment rate increased at the opening of 2026 due to increased call volume as it related to system issues.
- Top 5 Provider Call for 2026: Claims Status, Inquiry Authorization, Provider Benefits, Provider Eligibility and PCP Inquiry.



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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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# Member Rewards

**Masud Mahdi**

Deputy Chief Operating Officer

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

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## 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

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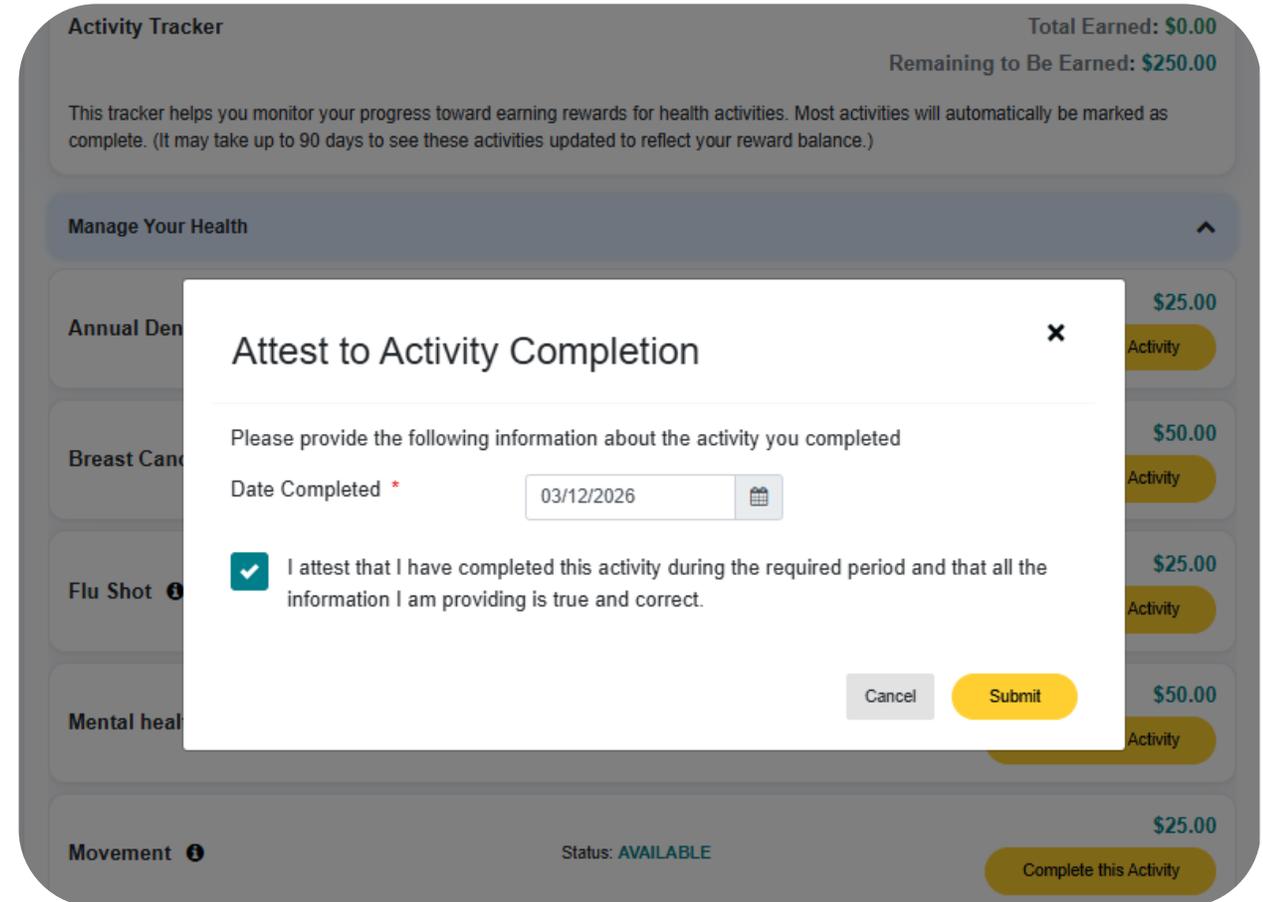
- Most MetroPlusHealth members are eligible for rewards.
- Members are informed of the rewards program in many ways, including enrollment materials, onboarding journey text messages, call center IVR message, website/portal placement, etc.
- Once registered, members receive a card in the mail after completing 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



**Minutes  
of  
December 11<sup>th</sup>, 2025  
MetroPlusHealth  
Board of Directors Meeting**



MetroPlus Health Plan, Inc.  
**Board of Directors Meeting**  
Thursday, December 11<sup>th</sup>

### **MetroPlus Health Plan, Inc. Board of Directors Minutes**

The meeting of the Board of Directors of the MetroPlus Health Plan, Inc. (hereafter “MetroPlus or the Plan”) was held in the 7<sup>th</sup> Floor Boardroom at 50 Water Street, New York, NY 10004, the 11<sup>th</sup> day of December 2025 at 10:30 A.M., pursuant to a notice which was sent to all the Board of Directors of the Corporation by the Secretary. The following Directors were present in-person:

**Sally Hernandez-Piñero**  
**Dr. Talya Schwartz**  
**Karla Silverman**  
**Mark Power**  
**Vallencia Lloyd**

Due to extraordinary circumstances, Frederick Covino and Kathleen Shure attended via Videoconference. The meeting began at 10:42AM for New Business presentations but no official business until 11:20 AM when Mark Power physically reached the office. At that time the Board met the quorum requirements for official business and proceeded to address and vote on meeting minutes and resolutions.

Sally Hernandez Piñero, Chair of the Board, called the meeting to order at 10:42 A.M. and Angela Minerva, kept the minutes, thereof.

### **NEW BUSINESS**

#### **STRATEGIC PILLARS**

Sally Hernandez-Piñero asked that we begin with the Strategic Pillars. Dr. Talya Schwartz, President & CEO began by sharing a brief overview of the Enhanced Strategic Pillars for 2026. Dr. Schwartz then went on to discuss each slide which included Enhanced 2026 Pillars, 2025 Pillars, 2026 Pillar 1: Transform Plan Operations for Scalable Efficiency, 2026 Pillar 2: Grow and Retain Our Membership, 2026 Pillar 3: Expand and Optimize Our Footprint for Future Growth and 2026 Pillar 4: People Culture and MetroPlusHealth Behaviors.

Sally Hernandez-Piñero, Board Chair shared kind words regarding our Strategic Pillars outline and 2025 accomplishments.

#### **HR 2025 REVIEW**

Sally Hernandez-Piñero asked that we move on to the HR 2025 Review. Michael Kushner, Chief People Officer began by discussing the Defined and Embedded Core Set of Expected Behaviors, Developed a System of Accountability & Ownership and Employee Development.

## MEMBERSHIP AND TRENDS

Sally Hernandez-Piñero asked that we move on to Membership & Trends. Roger Milliner, Chief Growth Officer, presented the 2025 Membership Growth and Marketshare.

## PROJECT EDGE

Sally Hernandez-Piñero asked that we move on to Project Edge Wave 1 Go-Live. Tomasz Kawka, Vice President of Business Transformation presented, A Milestone in Our Transformation Journey, What It Took to Get There and Looking Ahead.

## ADOPTION OF THE MINUTES

The minutes from the Board of Directors meeting held on Friday, September 26<sup>th</sup> at 11:00AM were presented to the Board. On a motion by Sally Hernandez-Piñero and duly seconded, the Board adopted the minutes.

## ACTION ITEM

Sally Hernandez-Piñero advised that since we have quorum, we can move on to covering the Action Items. The **first** resolution was presented by Steven Stein Cushman, Chief Counsel, to approve the appointment of Board Member Karla Silverman to the Audit & Compliance Committee.

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

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

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

*Authorizing the submission of a resolution to the Board of Directors of the New York City Health and Hospitals (“NYC Health + Hospitals”), to authorize the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus” or “the Plan”) to increase the contract authority for Change Healthcare Inc. (“Change”) in the amount of \$3,100,000, which includes a 15% contingency, for a total not-to-exceed authority amount of \$23,285,000 for the remaining contract term.*

Lauren Leverich Castaldo, Chief Financial Officer, presented an overview of the Background, Authority Increase Justification, Procurement and Contract Details and Board Approval.

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

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

*Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or the "Plan") to execute a one-year best interest contract extension and increase the spending authority, with Availity LLC ("Availity") for an amount not to exceed, \$1,500,000 for a total not to exceed contract authority amount of \$2,500,000.*

Ganesh Ramratan, Chief Information Officer, presented an overview of the Background, Increase Authority Justification and Board Approval Request.

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

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

*Authorizing an increase of the threshold for obtaining authorization from the MetroPlus Health Plan, Inc. Board of Directors ("Board") for MetroPlus Health Plan Inc. ("MetroPlus") to execute certain contracts and leases/licenses of real property from the current threshold of in excess of \$250,000 annually, to a new threshold of in excess of \$600,000 annually.*

Steven Stein Cushman presented the Requested Action, Justification for Increased Threshold and Board Approval Request.

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

A **fifth** resolution was presented by Robert Micillo, Chief Information Security Officer for Board Approval.

*MetroPlus Health Plan Inc. ("MetroPlus") seeks the Executive Committee's approval for continuation of the Plan's Cybersecurity Program.*

Robert Micillo presented an overview of the Cybersecurity Annual Report which included The Program, What We Protect, New NYS/DFS Cybersecurity Regulations & Timeline, Risks and Reportable Security Events, Annual Security & Privacy Risk Assessment, Disaster Recovery & Business Continuity, Program Measures – Training & Awareness, Program Measurements – Indoor Email Defense, Program Measurements – Delegated Vendor Security Tracking and Program Measurements – Security Posture for Local Competition.

Sally Hernandez-Piñero asked a question regarding the separation of networks; Robert Micillo responded; Ganesh Ramratan further explained.

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

A **sixth** resolution was presented by Lauren Leverich Castaldo, Chief Financial Officer for Board Approval.

*Adopting the Annual Operating Budget and Expense Authority of the MetroPlus Health Plan, Inc. (the “Plan”), for Calendar Year 2026.*

Lauren Leverich Castaldo presented an overview of the 2026 MetroPlusHealth Budget which included FY2026 Budget Overview, FR2026 vs. FY2025 Personnel Services Budget Bridge, FY2026 Capital Expense Proposal, 2026 Membership Projection, FY2025 vs. FY2026 Budgeted Income Statement Comparisons and Year-Over-Year Forecast Comparison.

Sally Hernandez-Piñero asked a question regarding Essential Plan (EP) lives; Lauren Leverich Castaldo responded.

Vallencia Lloyd, Board Member, asked a follow-up question; Lauren Leverich Castaldo responded.

Karla Silverman, Board Member asked a question regarding Essential Plan 5; Lauren responded, Raven then responded with a complete explanation on what is happening with the State of NY as it pertains to EP5; Dr. Schwartz weighed in on EP 5 and the state.

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

## **NEW BUSINESS**

### **SS&C CONTRACT**

Sally Hernandez-Piñero asked that we then discuss the last new business item; SS&C Contract. Ganesh Ramartan, Chief Financial Officer presented on the PowerSTEPP Source Code Software. This was a discussion only; no authorizing resolution was sought.

Following the last presentation, Dr. Talya Schwartz highlighted for the Board key accomplishments from the “25 Accomplishments for 2025” which will be circulated in our December 2025 Digest.

There being no further business, Sally Hernandez Piñero adjourned the meeting at 12:21 P.M.



At 12:31, Sally Hernandez Piñero called to order the Annual Public Meeting, the quorum of Board members still present and in attendance. The public is referred to the recording of the day's public meeting for a full report on MetroPlus, and the Annual Meeting concluded at 12:33. No members of the public were present either in person or online.

# **Resolution**

## **a. Resolution**

## RESOLUTION

*Appointing Frederick Covino as the Vice-Chairperson of the Board of Directors.*

**WHEREAS**, the bylaws of MetroPlusHealth Plan, Inc. (“MetroPlusHealth”) provide for the MetroPlusHealth Board of Directors to appoint a member of the Board of Directors to serve as the Vice-Chairperson of the Board of Directors; and

**WHEREAS**, the bylaws of MetroPlusHealth further provide that the Vice-Chairperson of the Board of Directors shall, if the Chairperson of the Board of Directors shall be absent or shall be unable to act, preside at all meetings of the Board of Directors, and that the Vice-Chairperson of the Board of Directors shall perform such duties as from time to time may be assigned by the Board of Directors; and

**WHEREAS**, desiring to appoint Frederick Covino to serve as the Vice-Chairperson of the Board of Directors;

**NOW, THEREFORE, be it**

**RESOLVED**, that Frederick Covino is appointed as the Vice-Chairperson of the board of Directors.

## **b. Resolution**

## RESOLUTION

*Authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus or “the Plan”) to execute contracts with four (4) law firms to provide legal services on an as-needed basis for MetroPlus. The firms are Greenberg Traurig LLP, Hinman Straub P.C., Sher Tremonte LLP and Tarter Krinsky & Drogin LLP. The contracts shall be for a term of 3 years with two options to renew for a 1-year term each, solely exercisable by MetroPlus, for a cumulative amount not to exceed \$2,500,000 for a total 5-year contract period.*

**WHEREAS**, MetroPlus Health Plan, Inc. (“MetroPlus” or the “Plan”), a subsidiary corporation of the New York City Health and Hospitals (“NYC Health + Hospitals”), seeks specialized legal counsel experienced in serving health plans to supplement the assistance provided by the NYC Health + Hospitals Office of Legal Affairs; and

**WHEREAS**, MetroPlus requires a broad spectrum of legal services to cover the various legal issues and needs that arise from its wide array of products and legal needs; and

**WHEREAS**, an RFP for legal services was issued on September 25, 2025, in compliance with MetroPlus’ procurement policies and procedures; and

**WHEREAS**, the Evaluation Committee selected the four highest rated proposers, *Greenberg Traurig LLP, Hinman Straub P.C., Sher Tremonte LLP and Tarter Krinsky & Drogin LLP*, to provide these services; and

**WHEREAS**, the certificate of incorporation of MetroPlus Health reserves to the NYC Health + Hospitals Board of Directors the power to approve selection of outside legal counsel for the Plan.

**WHEREAS**, on March 25, 2026, the MetroPlus Finance Committee considered and approved the submission of the resolution to the Board of Directors; and

**NOW THEREFORE**, be it

**RESOLVED**, that the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus” or “the Plan”) is hereby authorized to execute contracts with four (4) law firms to provide legal services on an as-needed basis for MetroPlus. The firms are Greenberg Traurig LLP, Hinman Straub P.C., Sher Tremonte LLP and Tarter Krinsky & Drogin LLP. The contracts shall be for a term of 3 years with two options to renew for a 1-year term each, solely exercisable by MetroPlus, for a cumulative amount not to exceed \$2,500,000 for a total 5-year contract period.

**EXECUTIVE SUMMARY  
LEGAL SERVICES**

- 1** Greenberg Traurig LLP
- 2** Hinman Straub P.C.
- 3** Sher Tremonte LLP
- 4** Tarter Krinsky & Drogin LLP

**OVERVIEW:** The selected firms will provide specialized legal services for legal matters arising from regulatory and compliance oversight and implementation activities, agreements with providers and vendors and disputes arising out of such agreements, including, but not limited to, the following:

- Counseling for managed care statutory and regulatory requirements; provider and vendor contracting, negotiations, and litigation; and design of new reimbursement and risk-sharing models.
- Advisory and litigation work related to the False Claims Act, Anti-Kickback, Stark Law and other state and federal fraud and abuse laws.
- Health information privacy and security, including HIPAA, TCPA and state law privacy and security rules, cyber security, and data use agreements.

**PROCUREMENT:** MetroPlus issued an RFP for Legal services on September 25, 2025. 5 proposals were received, all 5 were deemed responsive and they were evaluated, and scored by an Evaluation Committee based on experience and managerial practices and cost and billing practices. The Evaluation Committee selected the 4 highest ranked vendors based on these criteria.

**TERM:** The term of the proposed contracts will be 3 years with 2 one-year options to renew.

**MWBE:** Due to the nature of the services, MWBE subcontracting was exempt for this procurement.

# Application to Enter Into Contract | Legal Services

**Steven Stein Cushman**

Chief Counsel

**MetroPlusHealth Board of Directors Meeting**

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

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## BACKGROUND

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- MetroPlus is seeking legal firms to provide outside counsel services.
- MetroPlus requires new vendors because the current contracts expire on 3/31/2026.
- MetroPlus procured these new vendors through an RFP that was issued on September 25, 2026. Four law firms were selected:
  - Greenberg Traurig LLP (incumbent vendor)
  - Hinman Straub P.C.
  - Sher Tremonte LLP
  - Tarter, Krinsky & Drogin LLP
- MetroPlus is seeking authority in the amount not to exceed \$2,500,0000 for a total of 5 years across all four contracts.
- In 2021, the MetroPlus Board of Directors and the H+H Board of Directors, authorization for the legal services contracts was \$2 million and the total spend under those contracts is approximately \$1.65 million. The increase in authorization and expected spend is due to increases in the hourly rates which reflect 2026 rates rather than 2021 rates.
- On Wednesday, March 25<sup>th</sup> the MetroPlusHealth Finance Committee approved this resolution.

## SCOPE OF WORK

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- The selected firms will provide specialized legal services for legal matters arising from regulatory and compliance oversight and implementation activities, agreements with providers and vendors and disputes arising out of such agreements, including, but not limited to, the following:
  - Counseling for managed care statutory and regulatory requirements; provider and vendor contracting, negotiations, and litigation; and design of new reimbursement and risk-sharing models.
  - Advisory and litigation work related to the False Claims Act, Anti-Kickback, Stark Law and other state and federal fraud and abuse laws.
  - Health information privacy and security, including HIPAA, TCPA and state law privacy and security rules, cyber security, and data use agreements.
- MetroPlus will work with each firm according to their specific areas of specialization. Greenberg Traurig will serve as primary; day-to-day counsel and the other firms will be utilized depending on the nature and/or complexity of the legal matter. We do not intend to engage each firm at the same volume or scope.

# PROPOSAL CRITERIA

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## Minimum Criteria

Legal firm must attest that any legal personnel assigned to perform work under the contract must be members in good standing with the New York State Bar, with the exception that lawyers with specialized expertise in relevant areas who are not members of the NYS Bar may perform work in those specialized areas with approval by MetroPlus.

The firm must employ at least 25 attorneys.

The firm must have at least 5 years' experience with a NY Managed Care Organization.

## Evaluation Criteria

Experience & Managerial Practices	65%
Cost and Billing Practices	35%

## OVERVIEW OF PROCUREMENT

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- **9/25/25** | Request for Proposal sent to 9 firms and advertised on City Record.
- **10/24/25** | Proposals due. 5 proposals received; 5 firms met the minimum qualifications to proceed.
- **1/9/26 -1/14/2026** | Interviews with legal firms conducted.
- **1/30/26** | Final scoring concluded. Four vendors were selected by the evaluation committee which consisted of both MetroPlus and NYC Health + Hospitals Legal Departments.

## **BOARD APPROVAL REQUEST**

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- Seeking a 3-year contract with 2 one-year options to renew with all four vendors.
- Anticipated contract start date: 4/1/2026.
- Total Contract Authority Request - \$2,500,000.
- Due to the nature of the services, MWBE subcontracting was exempt for this procurement. MetroPlus is committed to building a supplier pool that reflects the diversity of the communities we serve and participation from certified MWBE vendors was still encouraged.



Metro

Plus

**Health**

metroplus.org

## **c. Resolution**

## RESOLUTION

*Authorizing the Executive Director of **MetroPlus Health Plan, Inc.** ("**MetroPlus** or "**the Plan**") to execute a contract with **Health Management Systems, Inc. ("HMS")** for third party health insurance identification and recovery services, for an amount not to exceed \$15,000,000, for the total 5-year contract period.*

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

**WHEREAS**, is seeking a best interest contract with Health Management Systems ("HMS") for third party health insurance identification and recovery services; and

**WHEREAS**, HMS has been a contracted partner of MetroPlus since 2011; and

**WHEREAS**, MetroPlus requires these services to maximize cost savings through cost avoidance with proactive identification of undisclosed coverage prior to claims payment; and

**WHEREAS**, MetroPlus is currently undergoing a core system implementation and significant programming and configurations of the vendors files has already been completed, and

**WHEREAS**, continuing with the vendor is in the best interest of MetroPlus; and

**WHEREAS**, on March 25, 2026, the MetroPlus Finance Committee considered and approved the submission of the resolution to the Board of Directors; and

**NOW THEREFORE**, be it

**RESOLVED**, that the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or "the Plan") is hereby authorized to execute a contract with Health Management Systems, Inc. ("HMS") for third party health insurance identification and recovery services, for an amount not to exceed \$15,000,000, for the total 5-year contract period.

## EXECUTIVE SUMMARY

### AUTHORIZING METROPLUS HEALTH PLAN, INC. TO CONTRACT WITH HEALTH MANAGEMENT SYSTEMS, INC. FOR THIRD PARTY HEALTH INSURANCE IDENTIFICATION AND RECOVERY SERVICES

**OVERVIEW:** MetroPlus seeks a vendor to provide third party health insurance identification (“TPHI”) and recovery services to maximize cost savings through cost avoidance with proactive identification of undisclosed coverage prior to claims payment.

**PROCUREMENT:** MetroPlus is seeking a best-interest contract with Health Management Systems, Inc. (“HMS”) to provide third party health insurance identification (“TPHI”) and recovery services. In addition to maximizing cost savings through cost avoidance, HMS will enhance the Plan’s identification of TPHI information, engage in recovery efforts with the primary insurance carrier, workers compensation, or the provider and use national eligibility database in other projects as applicable.

**PROPOSAL:** MetroPlus is seeking authorization to execute a best interest contract, with HMS in the amount of \$15,000,000, for the 5-year contract period.

# Application to Enter Into Contract | Third Party Identification & Recovery Services

**Lauren Leverich Castaldo**

Chief Financial Officer

**MetroPlusHealth Board of Directors Meeting**

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

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## BACKGROUND

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- MetroPlus is seeking a best interest contract with Health Management Systems (“HMS”) for third party health insurance identification and recovery services.
- MetroPlus requires these services to maximize cost savings through cost avoidance with proactive identification of undisclosed coverage prior to claims payment.
- The services are currently provided across nearly all our lines of business. As part of this best interest contract, we plan to extend the services to our Essential Plan LOB.
- MetroPlus is seeking authorization to execute a best interest contract, with HMS in the amount of \$15,000,000 for a 5-year contract period.
- On Wednesday, March 25<sup>th</sup>, the MetroPlusHealth Finance Committee approved this resolution.

# BACKGROUND

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- MetroPlus has successfully partnered with HMS since 2011.
- MetroPlus procured for TPI services in 2010, 2015 and 2020; HMS was selected each time.
- HMS is a national vendor for these services and provides TPI services to NYS Department of Health.
- HMS has provided solid outcomes in third-party recovery and cost avoidance.
- MetroPlus is electing to continue with the incumbent vendor and did not initiate a formal RFP process due to two primary considerations:
  - As part of the renewal discussions, the vendor has provided pricing reductions, and we are able to secure pricing for future years by executing this multi year agreement. Additionally, throughout the duration of our relationship, the vendor has not implemented price increases, demonstrating long-term pricing stability and continued value.
  - We are currently undergoing the Project Edge core system implementation and testing and configuration of HMS files into HRP has been completed for Wave 1, with additional implementation waves underway.

# COST REDUCTIONS

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## Overall Savings

- 10% reduction compared to 2025 rates across all LOBs.

## Fee Structure Improvements

- 1.5% reduction in vendor recovery fee structure.

## Transaction Fee Reductions

- **Record Adds:** Reduced by \$2.50 per record.
- **Term Records:** Reduced by \$15 per record.

# BOARD APPROVAL REQUEST

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- Seeking a 5-year contract, with annual options to renew.
- **Anticipated contract start date: 5/1/2026.**
- **Total Contract Authority Request is \$15,000,000.**



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## **d. Resolution**

## RESOLUTION

*Authorizing the amendment to the best interest contract resolution approved by the MetroPlus Board of Directors on **September 26, 2025 with SourcEdge Solutions, LLC (“SourcEdge”) for data migration and conversion professional services, for an amount not to exceed \$2,300,000 including contingency, for an 18-month contract and authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus” or “the Plan”) to reallocate the approved spending authority and execute a best interest contract with SourcEdge Solutions, LLC (“SourcEdge”) for implementation of a solution for converted data testing, in the amount of \$2,300,000 for a one year term.***

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

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

**WHEREAS**, through internal resource alignment, MetroPlus was able to complete the originally contemplated work in-house, eliminating the need to engage the vendor for this scope; and

**WHEREAS**, MetroPlus is requesting approval to reallocate the previously approved authority toward a revised scope of services with the same vendor; and

**WHEREAS**, the revised scope will provide a testing tool suite that can be reused for ongoing regression testing of data, and professional services to implement automated regression testing capabilities for converted data; and

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

**WHEREAS**, on March 25, 2026, the MetroPlus Finance Committee considered and approved the submission of the resolution to the Board of Directors; and

**NOW THEREFORE**, be it

**RESOLVED**, that the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus” or “the Plan”) is hereby authorized to reallocate the approved spending authority and execute a best interest contract with SourcEdge Solutions, LLC (“SourcEdge”) for implementation of a solution for converted data testing, in the amount of \$2,300,000 for a one-year term.

## EXECUTIVE SUMMARY

- OVERVIEW:** MetroPlusHealth is seeking authorization to amend the previously approved contract authority, with SourcEdge toward a revised scope that will create a test suite for automated regression testing that will enable MetroPlus to perform testing functions on converted data in the future.
- NEED:** SourcEdge is a trusted partner of MetroPlusHealth and has been integral in providing data configuration services for Project Edge, our large-scale implementation project currently underway. With this new scope, SourcEdge will run queries and audit data coming from PowerStepp and HRP to verify and test that data such as claims amounts, prior authorization and membership was loaded correctly to HRP and the Data Warehouse. While performing these services, SourcEdge will create a “test suite” for automated regression testing that will enable MetroPlus to perform testing functions on converted data in the future. This new scope will provide a reusable automated testing capability to support ongoing regression testing for HRP and the Data Warehouse. This approach enables MetroPlus to build a repeatable testing capability while maximizing the value of the previously approved funding.
- TERM:** The term of the proposed contract is 12 months.
- MWBE:** Exempt – Best Interest contract.

# Amendment to Contract Resolution | SourceEdge Solutions LLC.

**Ganesh Ramratan**

Chief Information Officer

**MetroPlusHealth Board of Directors Meeting**

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

# AMENDMENT REQUEST

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- MetroPlusHealth is seeking an amendment to the best interest contract authority approved by the MetroPlus Board of Directors on September 26, 2025, with SourcEdge Solutions LLC (“SourcEdge”) for the creation of a repository database that will house claims and care management data from our legacy system.
- Originally, we planned for SourcEdge to develop a database with a user interface that will allow MetroPlus to access archived data from our legacy systems – PowerStepp and CareConnect.
- Through internal resource alignment, MetroPlus was able to complete the originally contemplated work in-house, eliminating the need to engage the vendor for this scope.
- MetroPlus is requesting approval to reallocate the previously approved authority toward a revised scope of services with the same vendor.
- The revised scope will provide a testing tool suite that can be reused for ongoing regression testing of data, and professional services to implement automated regression testing capabilities for converted data within HRP and the Data Warehouse.
- MetroPlusHealth is seeking authorization to amend the previously approved contract authority, with SourcEdge in the amount of \$2,300,000.
- On Wednesday, March 25<sup>th</sup>, the MetroPlusHealth Finance Committee approved this resolution.

# NEW SCOPE OF SERVICES

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- SourcEdge is a trusted partner of MetroPlusHealth and has been integral in providing data configuration services for Project Edge, our large-scale implementation project currently underway.
- With this new scope, SourcEdge will run queries and audit data coming from PowerSTEPP and HRP to verify and test that data such as claims amounts, prior authorization and membership was loaded correctly to HRP and the Data Warehouse.
- While performing these services, SourcEdge will create a “test suite” for automated regression testing that will enable MetroPlus to perform testing functions on converted data in the future.
- This new scope will provide a reusable automated testing capability to support ongoing regression testing for HRP and the Data Warehouse.
- This approach enables MetroPlus to build a repeatable testing capability while maximizing the value of the previously approved funding.

# BOARD APPROVAL REQUEST

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- MetroPlusHealth is seeking to amend the previously approved authority and execute a one-year agreement, with SourcEdge in the amount of \$2,300,000, for data testing services.
- **Contract Term:** 4/1/2026 - 3/31/2027.



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## **e. Resolution**

## RESOLUTION

*Authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus or “the Plan”) to increase the spending authority for the contract with SourcEdge Solutions, LLC (“SourcEdge”) to **implement, integrate and license an enterprise data hub solution, in the amount of \$720,000 for a new total not-to-exceed authority amount of \$2,957,000 for the remaining contract term.***

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

**WHEREAS**, SourcEdge has developed a proprietary software solution which provides real time replication, transformation, and enterprise data hub; and

**WHEREAS**, the reverse conversion process which brings data into the MetroPlus Data Warehouse from the HealthEdge system, has required more time than originally projected due to the complexity of the underlying data structures; and

**WHEREAS**, additional effort has been required to address data integrity checks, data reconciliation, and to resolve issues tied to the complexity of the converted data; and

**WHEREAS**, MetroPlus is requesting additional spending authority to complete the work.

**WHEREAS**, on March 25, 2026, the MetroPlus Finance Committee considered and approved the submission of the resolution to the Board of Directors; and

**NOW THEREFORE**, be it

**RESOLVED**, that the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus or “the Plan”) is hereby authorized to increase the spending authority for the contract with SourcEdge Solutions, LLC (“SourcEdge”) in the amount of \$720,000 for a new total not-to-exceed authority amount of \$2,957,000 for the remaining contract term.

## EXECUTIVE SUMMARY

**OVERVIEW:** MetroPlus is seeking additional authority for the Sole Source contract with SourcEdge Solutions LLC (“SourcEdge”) to implement and license their proprietary software solution which provides a real time replication, transformation, and enterprise data hub solution.

**NEED:** SourcEdge was selected in the best interest of MetroPlus. SourcEdge is a current vendor of MetroPlus and is providing data configuration services for Project Edge. This solution was introduced to help with our Data Warehouse. The DataChrome solution provides real-time replication transformation and an enterprise data hub for MetroPlus. It will supply real time operational data to MetroPlus systems, including customer service, portals, claim status, enrollment and the Enterprise Data Warehouse (“EDW”) from the new HealthEdge platform. SourcEdge will implement and integrate the DataChrome solution with MetroPlus’ current environments and the new HealthEdge environments. The reverse conversion process from HRP to the enterprise data warehouse has required more time than originally projected due to the complexity of the underlying data structures. Additional effort is required to address data integrity checks, data reconciliation, and to resolve issues tied to the complexity of the converted data.

**PROPOSAL:** MetroPlus is requesting additional authority in the amount of \$720,000, for a new total not-to-exceed authority amount of \$2,957,000 for the remaining contract term. The additional authority will allow SourcEdge additional time to complete the reverse conversion work and stabilization activities required to implement and integrate the DataChrome solution to MetroPlus’ current environment and the new HealthEdge environments.

# Application for Increased Spending Authority | SourcEdge Solutions

**Ganesh Ramratan**

Chief Information Officer

**MetroPlusHealth Board of Directors Meeting**

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

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## BACKGROUND

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- MetroPlus is seeking additional authority for the Sole Source contract with SourcEdge Solutions LLC (“SourcEdge”) to implement and license their proprietary software solution which provides a real time replication, transformation, and enterprise data hub solution.
- The MetroPlus Board of Directors originally approved this resolution on December 12, 2024, for an amount not to exceed \$2,237,000.
- MetroPlus is requesting additional authority in the amount of \$720,000, for a new total not-to-exceed authority amount of \$2,957,000 for the remaining contract term.
- The additional authority will allow SourcEdge additional time to complete the reverse conversion work and stabilization activities required to implement and integrate the DataChrome solution to MetroPlus’ current environment and the new HealthEdge environments.
- On Wednesday, March 25<sup>th</sup>, the MetroPlusHealth Finance Committee approved this resolution.

## AUTHORITY INCREASE FOR RESOURCE EXTENSION

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- DataChrome was developed by SourcEdge. It has created a solution for real time replication and reverse conversion solution that brings data into the MetroPlus Data Warehouse from HRP.
- The reverse conversion process from HRP to the enterprise data warehouse has required more time than originally projected due to the complexity of the underlying data structures.
- As the work progressed, additional data tables were identified that required mapping, transformation, and validation. This expanded scope has increased the level of effort.
- MetroPlus' data tables and the HRP environment contain highly complex and interdependent data tables, which has required more detailed analysis and testing to ensure accurate and reliable data conversion.
- Following the Wave 1 go-live, stabilization activities have taken longer than anticipated. Additional effort has been required to address data integrity checks, data reconciliation, and to resolve issues tied to the complexity of the converted data.

## SPENDING AUTHORITY REQUEST

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<b>Original Contract Authority</b>	<b>\$2,237,000</b>
Increased Contract Authority Request	\$720,000
<b>New Total Contract Authority</b>	<b>\$2,957,000</b>

## **BOARD APPROVAL REQUEST**

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- **Increased Authority Request** – \$720,000.
- **New Total Contract Authority** – 2,957,000.
- **Contract Term** – January 1<sup>st</sup>, 2025- December 31<sup>st</sup>, 2026.



**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.

**Minutes  
of  
December 10<sup>th</sup>, 2025  
Customer Experience & Marketing  
Committee Meeting**

MetroPlus Health Plan, Inc.  
**Customer Experience & Marketing Committee**  
Wednesday, December 10<sup>th</sup>, 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 7<sup>th</sup> Floor Boardroom at 50 Water Street, New York, NY 10004, the 10<sup>th</sup> 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 25<sup>th</sup>, 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.

**Minutes  
of  
December 10<sup>th</sup>, 2025  
Finance Committee Meeting**

MetroPlus Health Plan, Inc.

**Finance Committee Meeting**

Wednesday, December 10<sup>th</sup>, 2025

**MetroPlus Health Plan, Inc. Finance Committee Minutes**

The meeting of the Finance Committee of the MetroPlus Health Plan, Inc. (hereafter “MetroPlus or the Plan”) was held in the 7<sup>th</sup> Floor Boardroom at 50 Water Street, New York, NY 10004 on the 10<sup>th</sup> day of December 2025 at 12:30 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-Pinero**

**Frederick Covino**

**Dr. Talya Schwartz**

**James Cassidy**

Frederick Covino, Chair of the Finance Committee, called the meeting to order at 12:30 P.M. and Angela Minerva kept the minutes thereof.

**ADOPTION OF THE MINUTES**

The minutes of the Finance Committee meeting held on September 25<sup>th</sup>, 2025, were presented to the Committee. On a motion by Frederick Covino and duly seconded, the Committee adopted the minutes.

**ACTION ITEMS**

Frederick Covino advised that we begin the meeting by covering the Action Items. A **first** resolution was presented by Lauren Leverich Castalto, Chief Financial Officer and Friedrich (Nick) Huober, Senior Director of Risk Adjustment.

*Authorizing the submission of a resolution to the Board of Directors of the New York City Health and Hospitals (“NYC Health + Hospitals”), to authorize the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus” or “the Plan”) to increase the contract authority for Change Healthcare Inc. (“Change”) in the amount of \$3,100,000, which includes a 15% contingency, for a total not-to-exceed authority amount of \$23,285,000 for the remaining contract term.*

Nick Huober provided a detailed overview of the Background, Authority Increase Justification, Procurement and Contract Details and Board Approval Request.

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

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

***(“MetroPlus” or the “Plan”) to execute a one-year best interest contract extension and increase the spending authority, with Availity LLC (“Availity”) for an amount not to exceed, \$1,500,000 for a total not to exceed contract authority amount of \$2,500,000.***

Ganesh Ramratan provided a detailed overview of the Background, Increased Authority Justification and Board Approval Justification.

Committee Members commented on how pleased they are that Availity will be stepping.

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

### **Executive Session**

Frederick Covino called the meeting into Executive Session at 12:37 A.M. so the Finance Committee could receive legal advice from the Chief Counsel; the Finance Committee resumed the official meeting at 1:04 P.M.

A **third** resolution was presented by Lauren Leverich Castalto, Chief Financial Officer for Board approval.

***Authority of the MetroPlus Health Plan, Inc. (the “Plan”), for Calendar Year 2026.***

Lauren Leverich provided a detailed overview of the FY2026 Budget, FY 2025 vs. FY 2026 Personnel Services Budget Bridge, FY 2026 Capital Expense Proposal, 2026 Membership Projection, FY2026 vs. FY2025 Budgeted Income Statement Comparison, Year-Over-Year and Forecast Comparison.

Committee Members asked a question regarding the additional personnel spend; Lauren Leverich Castaldo responded.

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

### **NEW BUSINESS**

#### **FINANCE COMMITTEE REPORT**

Frederick Covino asked Lauren Leverich Castaldo, Chief Financial Officer, to discuss the Q3 Finance Committee Report.

Lauren Leverich Castaldo presented the 2025 Q3 MMCOR P&L Financial Snapshot, Rate Updates, Administrative Expenses Budget vs. Actual, Q3 2025 Regulatory Reporting to

Forecast, Current Year Operating Income by Line of Business, Financial Performance – Assets, MetroPlusHealth Investments, Membership Trends 2022-2025, Marketshare, Recertifications and Risk Adjustment.

Committee Members asked a question regarding state accrual range; Lauren Leverich Castaldo responded.

There being no further business, Frederick Covino adjourned the meeting at 1:34 P.M.