

CUSTOMER EXPERIENCE & MARKETING COMMITTEE

Tuesday, June 9th @ 10:00 A.M.
 50 Water Street, 7th Floor Board Room
 New York, N.Y. 10004

AGENDA

Call To Order	Vallencia Lloyd
Old Business	
Adoption of Minutes March 25th, 2026	Vallencia Lloyd
Action Items	
<i>a. Authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus or “the Plan”) to execute a best interest contract with Sutherland Healthcare Solutions (“Sutherland”) to support the Gold signature experience, for a total amount not to exceed \$4,500,000 which includes a 10% contingency, for a one-year contract term with two one-year renewal options.</i>	Tali Leger
New Business	
Project Edge	Tomasz Kawka
2025 Annual Provider Satisfaction Survey	Lila Benayoun
Membership	Lauren Leverich Castaldo
Retention, Performance & Enhancements	Dr. Talya Schwartz
Call Center Stats & New QHP/EP Requirements	Lila Benayoun
Gold Enhancements	Sudha Chatterji
Spring Campaign	Natasha Molamusa
Sales Restructured Organizational Chart	Roger Milliner
Adjournment	Vallencia Lloyd

**Minutes
of
March 25th, 2026
Customer Experience & Marketing
Committee Meeting**

MetroPlus Health Plan, Inc.
Customer Experience & Marketing Committee
Wednesday, March 25th, 2026

MetroPlus Health Plan, Inc. Customer Experience & Marketing Committee Minutes

The meeting of the Customer Experience & Marketing Committee of the MetroPlus Health Plan, Inc. (hereafter “MetroPlus or the Plan”) was held in the 7th Floor Boardroom at 50 Water Street, New York, NY 10004, the 25th day of March 2026 at 1:00 P.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
Mark Peter

Vallencia Lloyd, Chair of the Customer Experience & Marketing Committee, called the meeting to order at 1:03 P.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 December 10th, 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 Update. Tomasz Kawka, Vice President of Business Transformation presented Our Journey from Opportunity to Impact, Our Roadmap for Transformation, How Our Roadmap Evolved, Program Status – Wave 2, Program Status BPAAS and Risk & Challenges.

Committee Members asked questions regarding issues that arose; Tomasz Kawka discussed stabilizing waves.

Committee Members asked questions regarding Wave 2 Testing Stats in April; Tomasz Kawka responded and Dr. Talya Schwartz, President & CEO provided more context regarding wave development.

Committee Members asked questions regarding financial implications for delays to go-live; Dr. Talya Schwartz responded and provided context around what other plans have expired when implementation with Healthedge.

Member Rewards

Vallencia asked Masud Mahdi, Deputy Chief Operating Officer to present Member Rewards. Masud Mahdi provided an Overview of Member Rewards, How It Works and Gold Member Rewards.

Dr. Talya Schwartz discussed member reward redemption trends in Medicare and EP.

Committee Members asked a question regarding Breast Cancer screening; Masud explained how the rewards system works. Committee Members commented regarding GOLD & EP self-attestation; Masud explained the process.

Provider Complaints

Lila Benayoun, Chief Operating Officer, presented Provider Complaints specifically covering the Provider Inquiry Channel, Top 15 Categories of Inquiries – Provider Call Center, 1Q 2026 Top Provider Issues Surfacing during JOC Meetings, Provider Escalations – Salesforce Tracking 6.1.2025 – YTD 2026, CPI Tracking 6.1.2025 to YTD 2026, CPI Top Ten Submitted Inquiries, PNO Inquiry Tracking & Closure of Issues.

Committee Members asked questions about prior authorizations, provider notification of processing delays, access and availability. Tomasz Kawaka, Dr. Talya Schwartz and Lila Benayoun responded.

Telehealth

Vallencia Lloyd asked that we move on to discuss Telehealth. Lila Benayoun, Chief Operating Officer, presented 2025 Telehealth Utilization Overview (Virtual & ExpressCare), Utilization at a Glance, Racial & Ethnical Differences, Types of Visits, Utilization by Lines of Business and Optimization of Virtual Care to Focus on Increasing ExpressCare.

Dr. Talya Schwartz discussed the possibility of issuing ExpressCare cards with Committee Members.

Committee Members asked questions regarding utilization of ExpressCare by children and Telehealth vs. ExpressCare.

Dr. Talya Schwartz, Masud Mahdi and Lila Beayoun responded.

Retention

Lila Benayoun, Chief Operating Officer, presented on Retention specifically discussing Recertification Rates 2024 vs. 2025.

There was much discussion amongst the Executive Staff and Committee Members regarding the numbers presented, the upcoming change that will call for recertification twice a year, recert rates in comparison to other plans.

Lila Beayoun went on to discuss Disenrollment Rate 2024 vs. 2025 and 2026 Retention Initiatives.

Lila Benayoun, Lauren Leverich Castaldo, Chief Financial Officer discussed looking into how many members can auto renew in NYSOL; Dr. Schwartz provided context.

Call Center

Lila Benayoun, Chief Operating Officer, went on to present Call Center specifically covering Trends in Member Call Center Call Volume, Member Abandonment Rate, Trend in Provider Call Center Call Volume, Provider Abandonment Rate and NPS & Engagement Survey.

Claims

Vallencia Lloyd asked that we move on to discuss Claims. Lila Benayoun, Chief Operating Officer, presented Claims for Calendar Year 2025.

Membership & Trends

Roger Milliner, Chief Growth Officer, went on to present Membership & Trends specifically covering MetroPlusHealth 12-Month Membership by Line of Business and MetroPlusHealth Marketshare by Line of Business.

Committee Members asked questions regarding network and representation; Dr. Talya Schwartz responded.

Roger Milliner discussed Sales reorganization.

SALESFORCE MARKETING CLOUD

Vallencia asked Laura Santella Saccone, Chief Marketing & Brand Officer, to briefly cover Salesforce Marketing Cloud. Laura Santella Saccone discussed What is Salesforce Marketing Cloud?, Before We Had Salesforce Marketing Cloud (2024), A Better Way to Reach Out Consumers, 2025 Achievements, Scaling What Works in 2026 and Where we're Headed Next (Post 2026).

There being no further business, Vallencia Lloyd adjourned the meeting at 2:44 P.M.

Resolution

a. Resolution

RESOLUTION

Authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus or “the Plan”) to execute a best interest contract with Sutherland Healthcare Solutions (“Sutherland”) to support the Gold signature experience, for a total amount not to exceed \$4,500,000 which includes a 10% contingency, for a one-year contract term with two one-year renewal options.

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 Sutherland Healthcare Solutions (“Sutherland”) to support the Gold Signature Experience; and

WHEREAS, Sutherland will provide high-touch personalized member support to MetroPlus’ Gold and Goldcare lines of business, spanning benefits, claims, providers, and end-to-end healthcare navigation; and

WHEREAS, MetroPlus conducted a Request for Information (“RFI”) in late 2024 to identify opportunities to enhance the Gold member experience; and

WHEREAS, Based on RFI insights, MetroPlus launched a pilot with Sutherland to deliver enhanced, personalized support to a subset of new Gold members during their first 90 days of enrollment, and

WHEREAS, MetroPlus now seeks to scale this model across the full Gold and Goldcare lines of business; and

WHEREAS, contracting with Sutherland is in the best interest of MetroPlus; and

NOW THEREFORE, be it

RESOLVED, that the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus” or “the Plan”) is hereby authorized to execute a best interest contract with Sutherland Healthcare Solutions (“Sutherland”) to support the Gold signature experience, for a total amount not to exceed \$4,500,000 which includes a 10% contingency, for a one-year contract term with two one-year renewal options.

EXECUTIVE SUMMARY

AUTHORIZING METROPLUS HEALTH PLAN, INC. TO CONTRACT WITH SUTHERLAND HEALTHCARE SOLUTIONS

- OVERVIEW:** MetroPlus seeks a vendor to provide high-touch personalized member support to MetroPlus' Gold and Goldcare lines of business, spanning benefits, claims, providers, and end-to-end healthcare navigation. This partnership is designed to deliver a differentiated member experience that is responsive, accessible and easy to navigate.
- PROCUREMENT:** MetroPlus is seeking a best interest contract with Sutherland Healthcare Solutions ("Sutherland") to support the Gold Signature Experience. Sutherland will deliver a high-touch, personalized support experience that simplifies and enhances the Gold and Goldcare member journey. The vendor will provide personalized assistance across benefits, claims, provider access, and healthcare services. They will enable streamlined access to information, resources, and support through a seamless member experience. Additionally, they will coordinate member issue resolution across internal teams, vendors, and provider partners to ensure timely end-to-end resolution of member inquiries and service concerns. These services will provide consistent, high-quality experience that improves satisfaction, engagement, and retention.
- PROPOSAL:** MetroPlus is seeking authorization to execute a best-interest contract, with Sutherland in the amount of \$4,500,000, for a one-year contract term with two one-year renewal options.

Application for Contract Authority

Sutherland Healthcare Solutions

Laura Santella-Saccone, Chief Marketing and Brand Officer

Tali Leger, Senior Director of Procurement

MetroPlusHealth Customer Experience & Marketing Committee Meeting

Tuesday, June 9th, 2026

BOARD AUTHORITY REQUEST

- MetroPlus is seeking a best interest contract with Sutherland Healthcare Solutions (“Sutherland”) to support the Gold Signature Experience.
- Sutherland will provide high-touch personalized member support to MetroPlus’ Gold and Goldcare lines of business, which provides coverage to NYC employees.
- The personalized support will span across benefits, claims, providers, and end-to-end healthcare navigation.
- This partnership is designed to deliver a differentiated member experience that is responsive, accessible and easy to navigate.
- MetroPlus is seeking approval for a one-year contract, with two one-year renewal options, for a total contract authority of \$4,500,000 over the 3-year term. The authority includes a 10% annual contingency.

BEST INTEREST JUSTIFICATION

- MetroPlus conducted a Request for Information (“RFI”) in late 2024 to identify opportunities to enhance the Gold member experience.
- Based on RFI insights, MetroPlus launched a pilot with Sutherland to deliver enhanced, personalized support to a subset of new Gold members during their first 90 days of enrollment.
- The pilot delivered strong results demonstrating improved member engagement, satisfaction, and the value of high-touch support.
- MetroPlus now seeks to scale this model, establishing a consistent, differentiated signature member experience.
- Gold and Goldcare lines of business, are critical to the growth and future of MetroPlus.
- To maintain continuity of services, preserve institutional knowledge and training, and avoid costs associated with transitioning to a new vendor, MetroPlus does not anticipate issuing a new procurement; provided the vendor continues to demonstrate strong performance and deliver positive member outcomes.
- Annual renewals will allow for continued assessment of performance and competitiveness and will be exercised only if services continue to deliver measurable member benefits.

SCOPE OF SERVICES

- Deliver a high-touch, personalized support experience that simplifies and enhances the Gold and Goldcare member journey.
- Proactive member outreach and benefit education.
- Provide personalized assistance across benefits, claims, provider access, and healthcare services.
- Enable streamlined access to information, resources, and support through a seamless member experience.
- Coordinate member issue resolution across internal teams, vendors, and provider partners.
- Ensure timely end-to-end resolution of member inquiries and service concerns.
- Drive a consistent, high-quality experience that improves satisfaction, engagement, and retention.

BOARD APPROVAL REQUEST

- Seeking a 1-year contract, with two 1-year options to renew.
- Total Contract Authority Request: \$4,500,000 over the full three years.
 - *The authority includes a 10% annual contingency to address potential changes in member volumes and service needs.*



New Business

MetroPlusHealth

Customer Experience & Marketing Committee Meeting

Tuesday, June 9th, 2026

Project Edge

Tomasz Kawka

Vice President of Business Transformation

Tuesday, June 9th, 2026



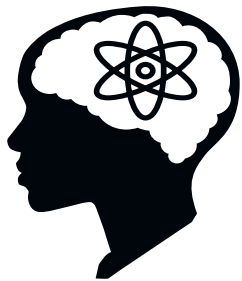
OUR JOURNEY | FROM OPPORTUNITY TO IMPACT

The WHY

Our core systems date back 30+ years and are at the end of their support life.

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 platforms.

02

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

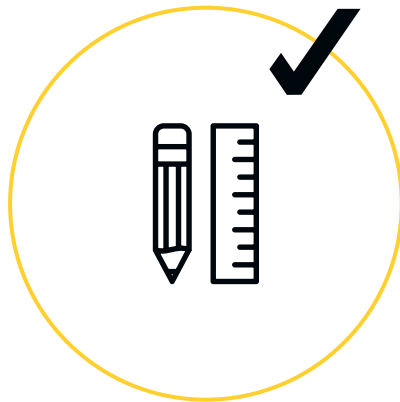
03

We're well on our way to deploying the platform across remaining LOBs.



WAVE 2 | SCALING THE PLATFORM 100X IS COMPLEX

We decided to proactively delay the Wave 2 release to give ourselves time to complete additional testing, integrate and validate new features, and ensure we are operationally ready to serve our members.



Scope

- 1,500+ unique requirements added
- 200+ design artifacts
- 200+ contributors



Quality

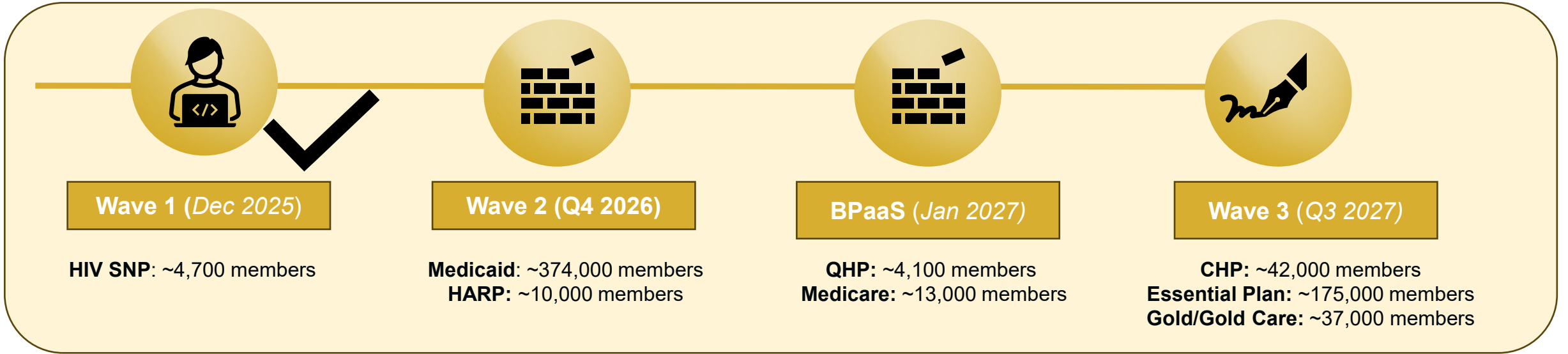
- 10,000+ test cases executed
- 10,000 person hours involved



Readiness




- 800+ employees will be trained
- 120+ training artifacts developed
- 800+ P&Ps and DLPs created




OUR ROADMAP | PROJECT EDGE TRANSFORMATION



Wave 2 (Medicaid and HARP)

BPaaS (MA and QHP)

-  Testing is underway and progressing
-  We deferred our go-live to Q4
-  400k Members will transition to the new system

-  Engaged partner to implement and manage operations
-  Builds on investment we made in Transformation
-  Functions performed by SS&C move to a new partner

WE ARE STABLE AND CONTINUING TO PROGRESS

- 4900+ HIV-SNP Members and their Providers are supported by our new platforms since December.
- CM and UM teams now operate within a single integrated system, streamlining coordination.
- The program team continues to progress with features, enhancements, and bug fixes designed to automate and streamline operations (enabling us to serve the Medicaid/HARP population at scale).
- The go-live date for Wave 2 was proactively delayed to provide more time for end-to-end testing, allow sufficient time for new capabilities arriving in July, and the additional rigor in performance, reliability, and operational readiness required to scale the platform 100x.

WAVE 2 | WHERE WE ARE VS. WHERE WE SHOULD BE

	Where we planned to be	Where we are
Scope and Change	Requirements finalized in March and stable. Requirements churn within acceptable range (< 5%).	Requirements have been stable (churn < 5%); however, features were added to Day 1 scope after requirements were complete including EOBs, HMS integration, and SF enhancements.
Build Completion	Anticipated all functionality to be delivered and complete by 5/22.	The program is anticipating completion of new features in July. Key items include reverse conversion and integrations.
Testing Progress	We expected to have been through the bulk of E2E testing (> 3,000 test cases executed) and working defects issues in new features.	Testing had a slow start because of stability and build quality issues. The team is beginning to catch up with over 2,000 test cases executed and is 4–6 weeks behind.
Build Quality	The defect rate is 14% and exceeds what we anticipated for early testing because of commonality between Wave 1 and Wave 2.	While the defect rate has been high through the initial shakeout critical business use cases are now unblocked being tested at volume.



PROGRAM STATUS | WAVE 2

Key Accomplishments

Wave 2 (Medicaid and HARP)

- Completed requirement gathering and finalized both configurable and development scope for Wave 2.
- Completed baseline configuration and build of core components for Wave 2 and instituted change control processes.
- Executed three iterations of data conversion testing with Wave 2 data and created a cutover plan inclusive of moving full three years of data into new systems.
- Began E2E testing of the Wave 2 solution.

Awareness

Wave 2 (Medicaid and HARP)

- Delivery of significant functionality (enhancements, automation, and bug fixes) is not expected until July 2026 limiting the test window for these features.
- Testing progress is 4-6 weeks behind schedule because of initial environment stability and build quality issues.
- Defect rates from early E2E testing are higher than anticipated (~14% of test cases result in defects) indicating risk to challenges in build quality.



PROGRAM STATUS | BPAAS

Key Accomplishments:

BPaaS (MA and QHP)

- Executed a change to the partner performing provider contract configuration.
- Provisioned and delivered environments for our BPaaS partner to carry out the implementation.
- Completed requirements gathering and working through the review and sign-off of requirement traceability matrixes across MA/QHP products.
- Performed initial configuration activities (e.g. account structure setup) enabling downstream system configuration.

Awareness:

BPaaS (MA and QHP)

- Program is working to address the timeline and testing implications of the change in ownership for provider contract configuration.

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.
- Changing vendors and approach on program testing while activities are in flight will adversely impact the program schedule.
- The extension to the overall program timeline will result in costs exceeding the currently allocated contingency.

Challenges:

- 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.
- Program negotiating testing timelines for the MA/QHP implementation after the shift in partner for provider contract configuration.

2025 Annual Provider Satisfaction Survey

Lila Benayoun

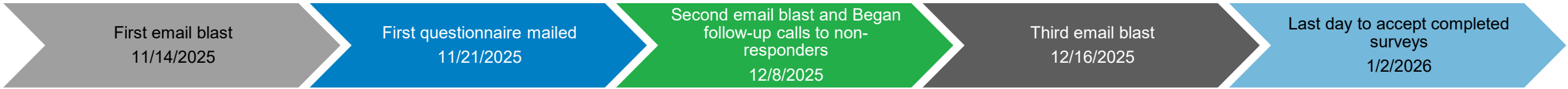
Chief Operating Officer

Tuesday, June 9th, 2026



METHODOLOGY

The Provider Satisfaction survey was administered via mail, telephone and internet. Qualified respondents were providers contracted with the plan. A synopsis of the data collection methodology is outlined below:



2025 RESPONSE RATES

Provider type	Sample size	Completed surveys				2025 Response rates	2024 Response rates	2024 NY Market Response rates	2024 PG Medicaid Bob Response rates	2024 PG Overall Bob Response rates
		Mail	Phone	Internet	Total					
PCP	1,320	57	187	68	311	23.6%	13.2%	11.3%		
Specialist	660	11	51	32	94	14.2%	11.5%	7.5%		
Behavioral Health	440	13	25	16	54	12.3%	8.5%	6.7%		
Total	2,420	81	263	115	459	19.0%	11.9%	9.2%	13.3%	10.7%

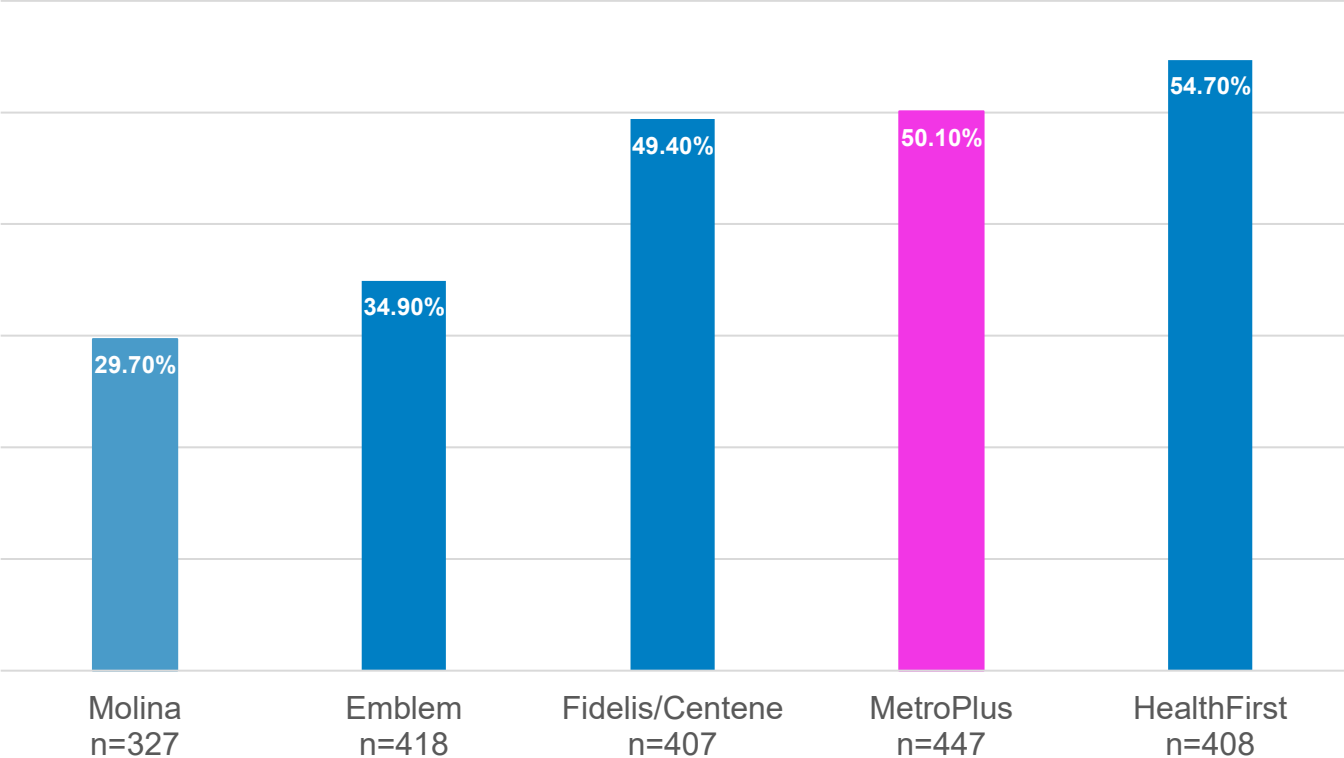
$$\text{Response Rate} = \frac{\text{Completed surveys}}{\text{Sample size}}$$

Statistical references and notes:

- All statistical testing is performed at the 95% confidence level.
- Percentages less than 10.0% are not shown in graphs where space does not permit.
- Composite benchmarks are not shown for areas in which the plan does not subscribe to the standard measures.
- Totals reported in graphs and tables may not be equal to the sum of the individual components due to the rounding of all figures.
- A caret (^) indicates a base size smaller than 20. Interpret with caution.

EXECUTIVE SUMMARY

Overall Satisfaction Summary Rate Score



- **Data**
 - Compared to other plans in the region, MetroPlusHealth performance exceeds competitors for **Health Plan Call Center domain**.
- **What's next**
 - Most measures are trending down.
 - Based on NY/NJ/DE market, all measures except Overall Satisfaction are trending down.
 - Opportunity for improvement exists in **Pharmacy and Finance issues to address Overall Satisfaction decline**.

SUMMARY RATE SCORES

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	2023		2024		2025		2024 PG Medicaid BoB	
	Valid n	SRS	Valid n	SRS	Valid n	SRS	%tile	SRS
Overall Satisfaction (% Completely or Somewhat satisfied)								
40. Would you recommend MetroPlusHealth to other physicians' practices (% Yes)	254	87.8%	250	94.4% ↑	443	91.4%	73 rd	86.6% ▲
41a. Overall satisfaction with MetroPlusHealth	247	68.8%	257	77.8% ↑	447	50.1% ↓‡	<5 th	72.3% ▼
41b. Overall satisfaction with Fidelis/Centene	225	73.3%	233	72.5%	407	49.4% ↓‡	NA	NA
41c. Overall satisfaction with HealthFirst	226	73.9%	232	72.8%	408	54.7% ↓‡	NA	NA
41d. Overall satisfaction with Emblem	231	53.7%	243	54.3%	418	34.9% ↓‡	NA	NA
41e. Overall satisfaction with Molina	177	54.2%	183	51.4%	327	29.7% ↓‡	NA	NA

Note: The Valid n numbers shown for composite scores represent the number of respondents who answered at least one item in the composite. This is different from the Valid n for each question, which represents the total number of responses to the question.

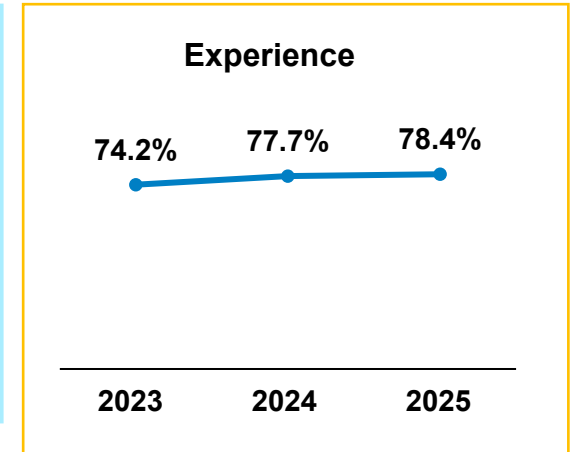
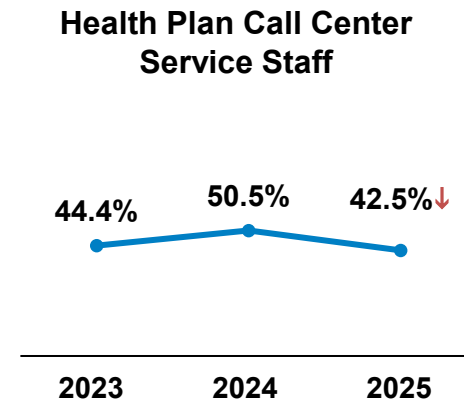
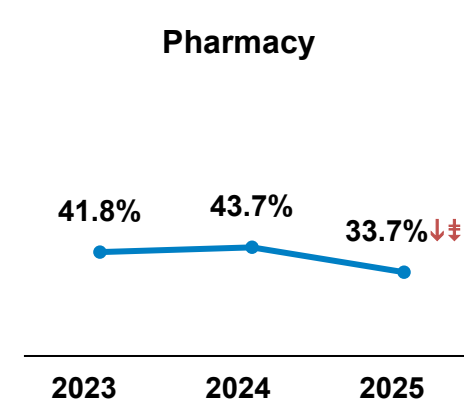
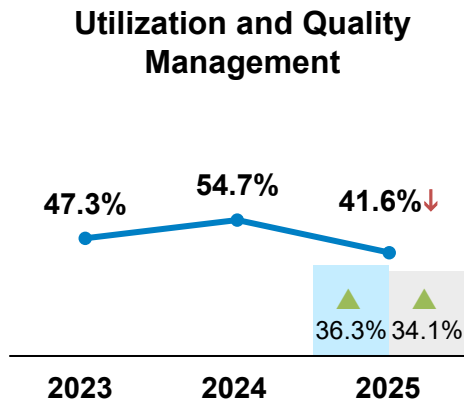
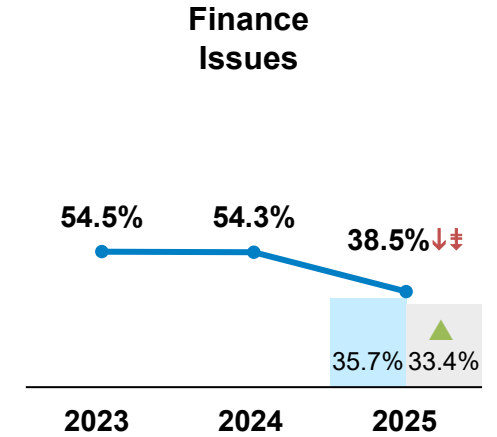
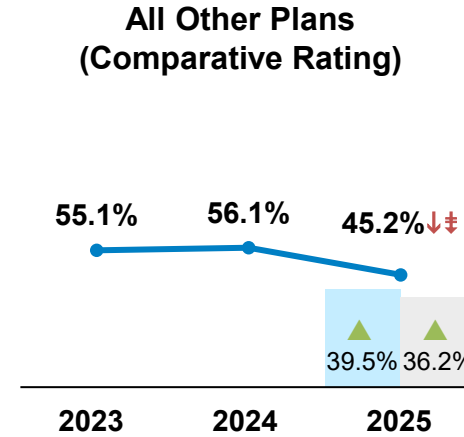
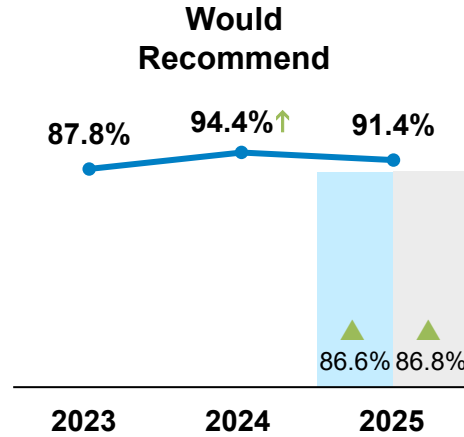
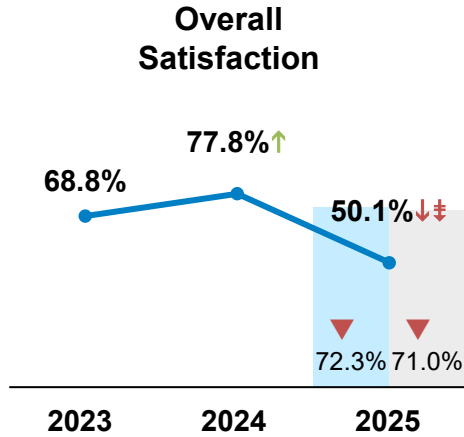
The summary rate score for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. *Indicates that the measure is not included in the composite score.

Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2025 score is significantly higher or lower than the respective benchmark score.
‡ 2025 score is significantly higher or lower than the 2023 score.

COMPOSITE SUMMARY RATE SCORES

● Your plan ■ 2024 PG Medicaid BoB ■ 2024 PG Aggregate BoB



Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2025 score is significantly higher or lower than the respective benchmark score.
 ‡ 2025 score is significantly higher or lower than the 2023 score.

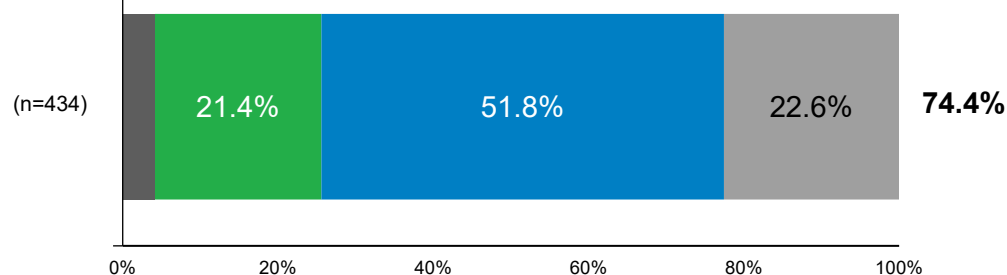
HEALTH PLAN CALL CENTER SERVICE STAFF

2025 Attribute Response Distributions

Never Sometimes Always



Dissatisfied Somewhat satisfied Satisfied Very satisfied



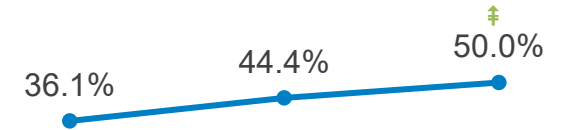
Attributes

Summary Rate : % Always

31. How often are your issues resolved on the first call*

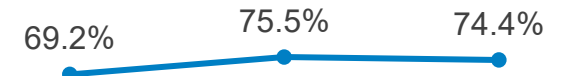
SRS Trending Performance

2023 2024 2025



Summary Rate: % Very satisfied or Satisfied

32. Overall satisfaction with health plan's call center service*



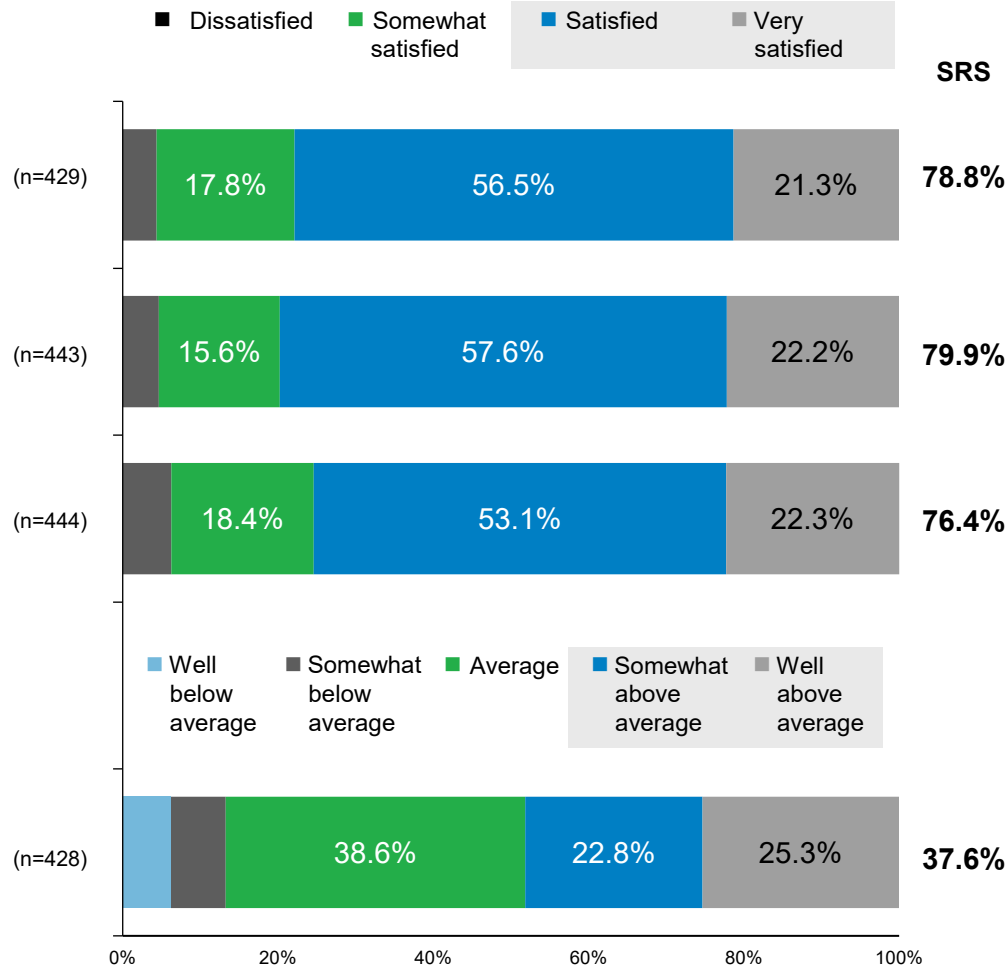
*Measure not included in composite calculation.

Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score. ‡ 2025 score is significantly higher or lower than the 2023 score.

EXPERIENCE

2025 Attribute Response Distributions



Attributes

Summary Rate: % Very satisfied or Satisfied

33. Satisfaction of provider orientation process

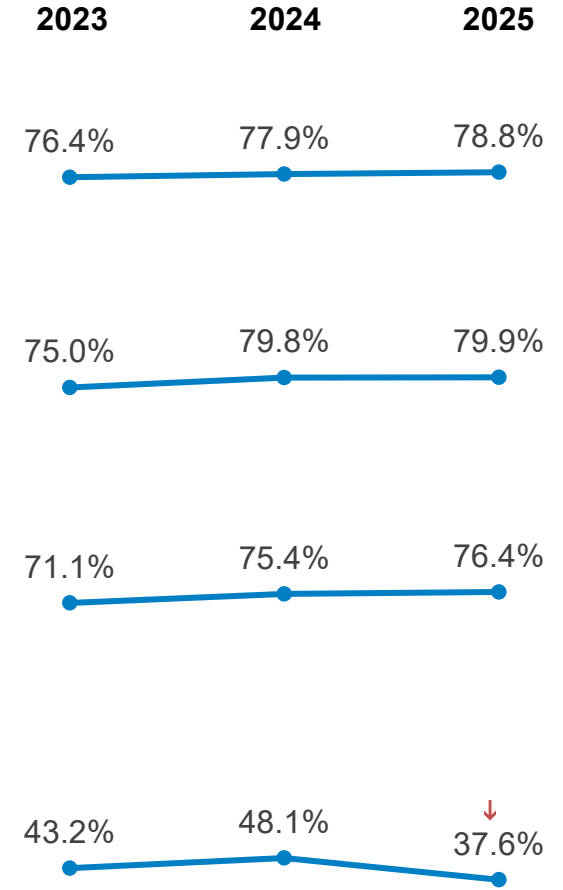
34. Quality of written communications, policy bulletins, and manuals

35. Ease of finding information on the MetroPlusHealth Provider website

Summary Rate: % Well or Somewhat above average

37. Ease of experience with the MetroPlusHealth Provider Portal

SRS Trending Performance



Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score. ⚡ Score is significantly higher or lower than the 2023 score.

DEMOGRAPHIC SEGMENTS

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Portion of Managed Care volume			Survey respondent		
	0% to 10% (O)	11% to 20% (P)	21% to 100% (Q)	Provider (R)	Office Manager (S)	Nurse/ Other staff (T)
	Total Respondents	155	147	136	122	219
Overall Satisfaction (% Completely or Somewhat satisfied)						
40. Would you recommend MetroPlusHealth to other physicians' practices (% Yes)	87.8%	92.4%	93.9%	88.1%	91.6%	94.6%
41a. Overall satisfaction with MetroPlusHealth	39.6%	49.3%	62.4% ^{OP}	58.5% ^S	44.7%	50.9%
41b. Overall satisfaction with Fidelis/Centene	48.1%	47.4%	52.0%	55.2%	49.0%	42.9%
41c. Overall satisfaction with HealthFirst	51.5%	53.4%	60.5%	54.8%	55.0%	53.0%
41d. Overall satisfaction with Emblem	37.1% ^P	25.8%	40.5% ^P	43.9% ^S	28.1%	38.7%
41e. Overall satisfaction with Molina	25.7%	20.2%	40.4% ^{OP}	35.4%	25.0%	32.5%

Summary rate scores for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. A capital letter (ABC) indicates a significantly higher figure than the corresponding column.

*Indicates that the measure is not included in the composite score.

Membership

Lauren Leverich Castaldo

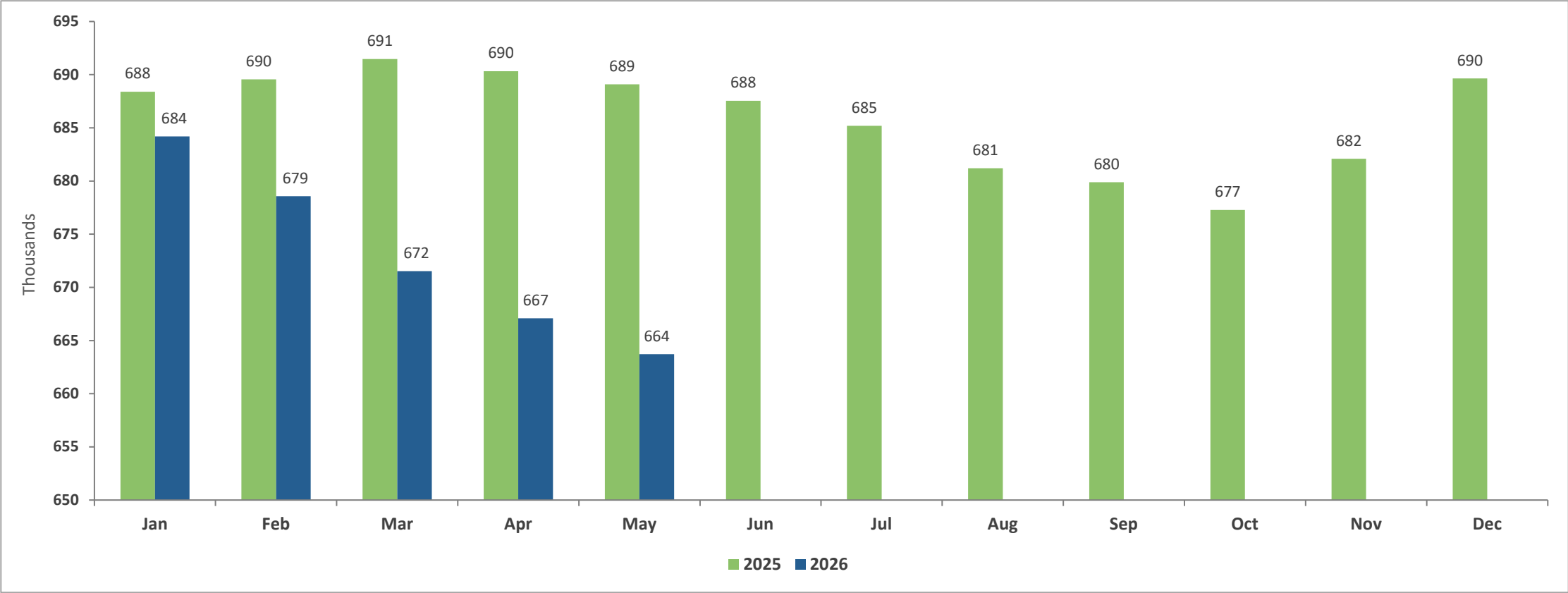
Chief Financial Officer

Tuesday, June 9th, 2026



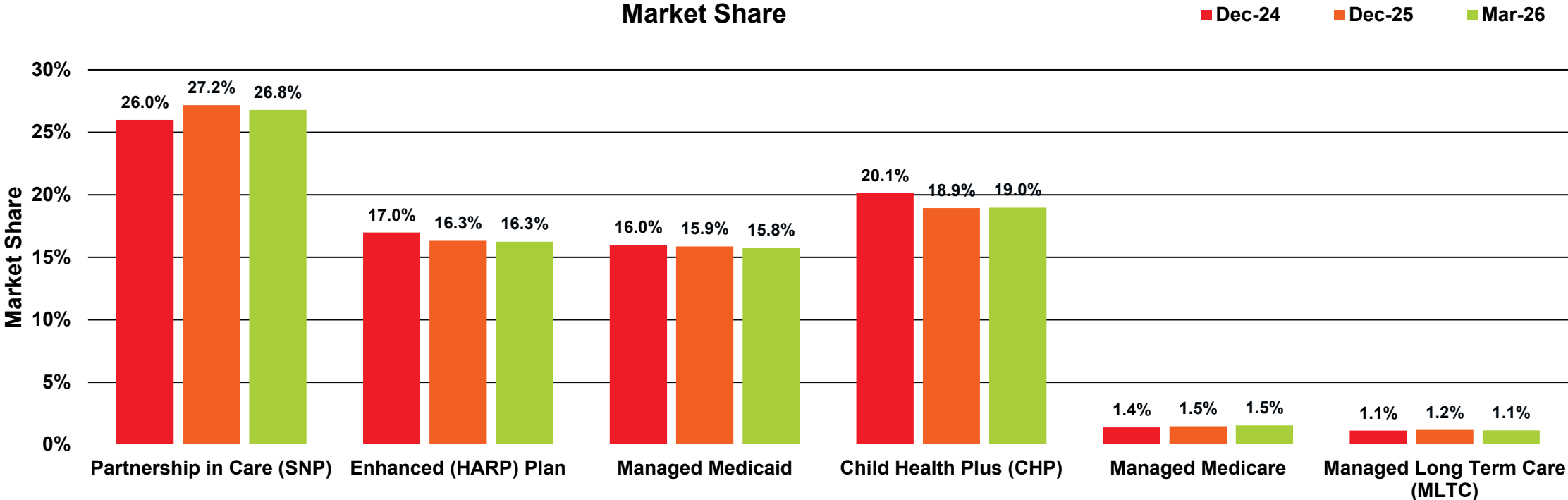
MEMBERSHIP TREND 2025 TO 2026

Total membership is at 664k as of May 2026; the rate of decline has slowed down in Q2 2026.



MARKET SHARE

- CHP and Medicare market has seen slight growth in Q1 2026.
- SNP, Medicaid, MLTC and HARP has seen slight declines in Q1 2026.



Retention, Performance & Enhancements

Talya Schwartz

Tuesday, June 9th, 2026



REGULATORY HEADWINDS ARE ERODING MEMBERSHIP

The external environment has shifted. Regulatory changes are making it harder to keep members enrolled and require urgent action.

Eligibility Redetermination

Federal rules have triggered eligibility checks across the board.

Harder to Prove Eligibility

Members need more documentation to stay enrolled.

Increased Proof Frequency

Members must re-verify more often.
Continuous enrollment of children 0-6 years old will discontinue next month.

Product Eliminations

Some products are being removed entirely (31k EP5 members will be losing coverage).

THE BUDGET IMPACT | A GAP WE CANNOT IGNORE

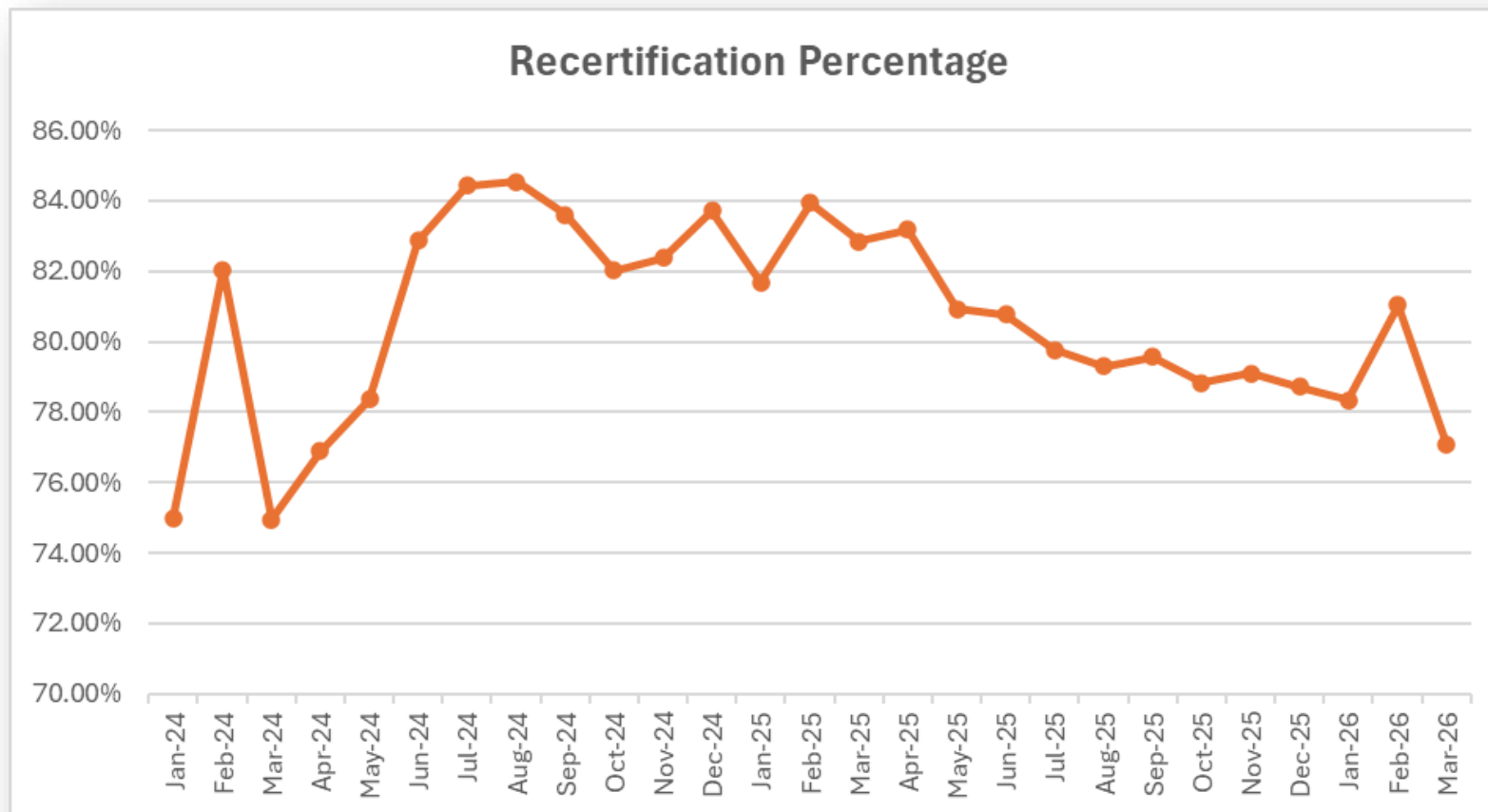
677,214	663,430	-13,874 (-2.04%)
Year-To-Date Forecast	Year-To-Date Actuals	Year-To-Date Gap

Why This Gap Matters

- New Yorkers are losing access to the healthcare they deserve.
- Less membership means less revenue for MetroPlus.
- Smaller risk pool increases financial exposure.
- Closing this gap is critical to meeting our 2026 financial plan.

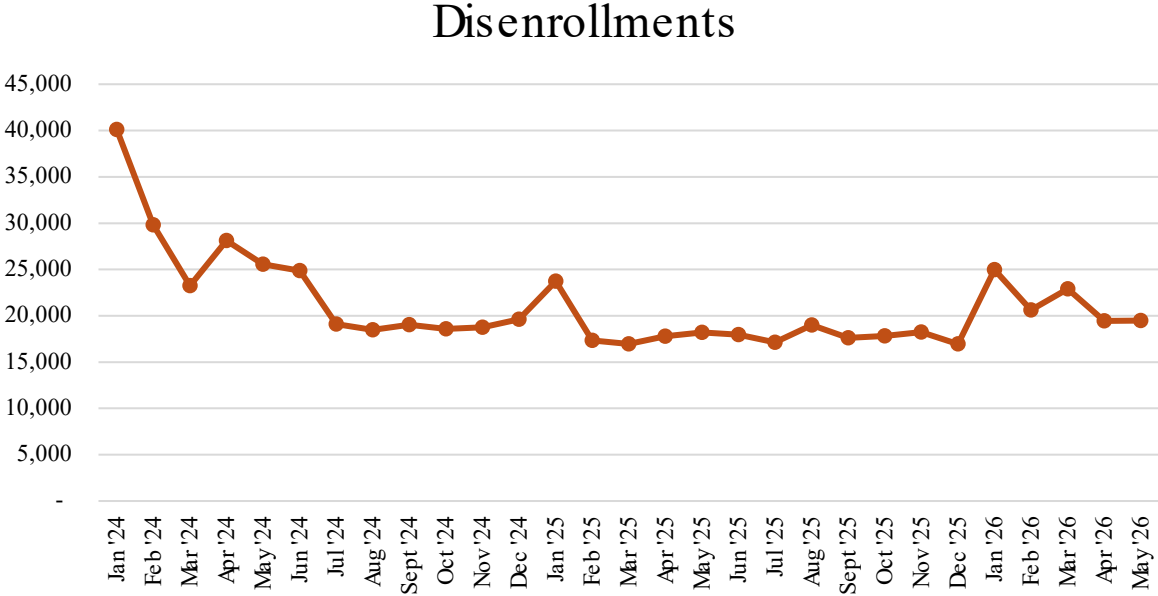
RECERTIFICATION PERFORMANCE

- MPH's member recertification rates are showing a downward trend over the last 6-12 months (from low/mid 80% range to upper 70% range).
- Regulatory and environmental factors are a contributor.
- The trend also indicates that internal factors may play a role in this trend.



DISENROLLMENT PERFORMANCE

- 1Q26 saw an uptick in volume of plan disenrollments.
- Stabilization in Apr – May.
- Placing disciplined focus on decreasing overall disenrollment volume for 2nd half of 2026 and beyond.



RETENTION IS A MULTI-CHANNEL ENGAGEMENT



Outreach Calls

We make over a million calls a year, proactively helping members navigate eligibility, recertification, and renewal before they lapse.



Member Support

Our customer service team responds to member questions, resolves issues quickly, and ensures members feel supported at every step of their enrollment.



Text & Digital Messaging

Targeted SMS and digital reminders are timed to critical deadlines to prompt action before members fall through the cracks.



Member Journey Engagement

From day one, we engage members throughout their membership with touchpoints designed to build trust and reduce disenrollment risk.

WHAT WE'RE DOING INTERNALLY TO TURN THE TIDE

We reviewed recertification and disenrollment to find where we can improve. These internal changes are already underway and are our best lever for better retention.

Improving Targeting & Prioritization

Identifying at-risk members earlier and focusing outreach where it matters most - vendor

Member Insights & Feedback Loop

Learn why members disenroll or miss recertification, then fix the root causes.

Leveraging other departments

Direct referral lines from care managers and sales

Hiring Temps to Make More Calls

Adding temporary staff to increase call capacity and reach more members.

Expanding Outreach Channels

Reaching members through community, virtual, and field channels – vans and home visits. Specialized Pods (HARP, PIC).

Strengthening Data, Reporting & Efficiency

Better management reporting tools
Departmental restructuring
Effective workforce management
Data alignment

Call Center Stats & New QHP/EP Requirements

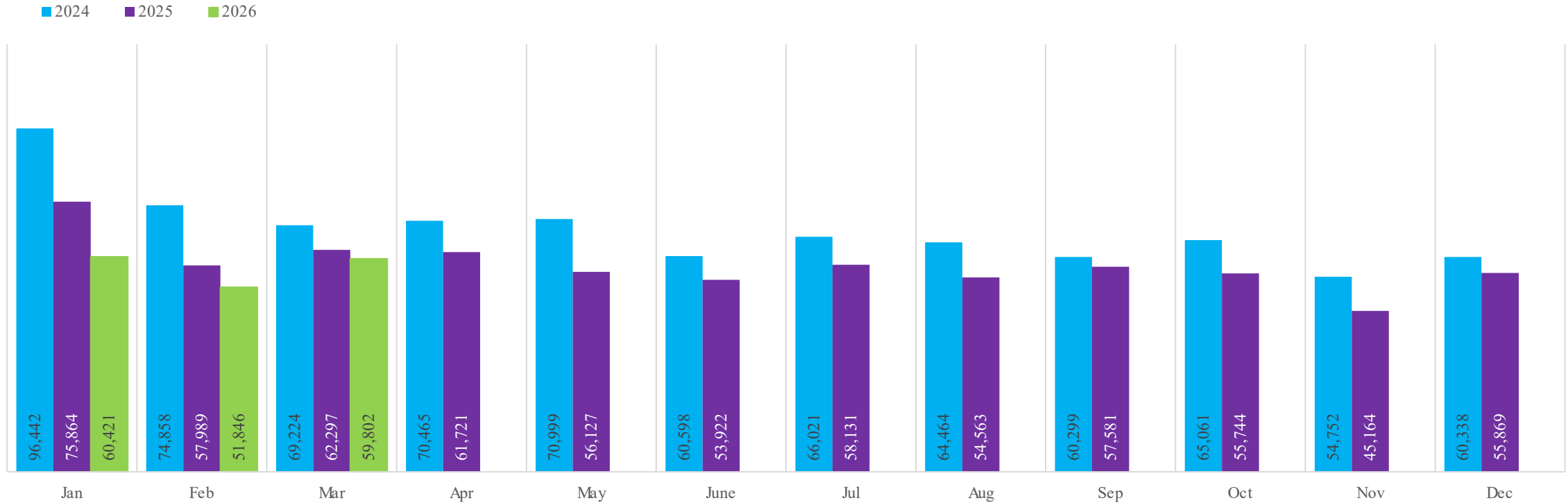
Lila Benayoun

Chief Operating Officer

Tuesday, June 9th, 2026

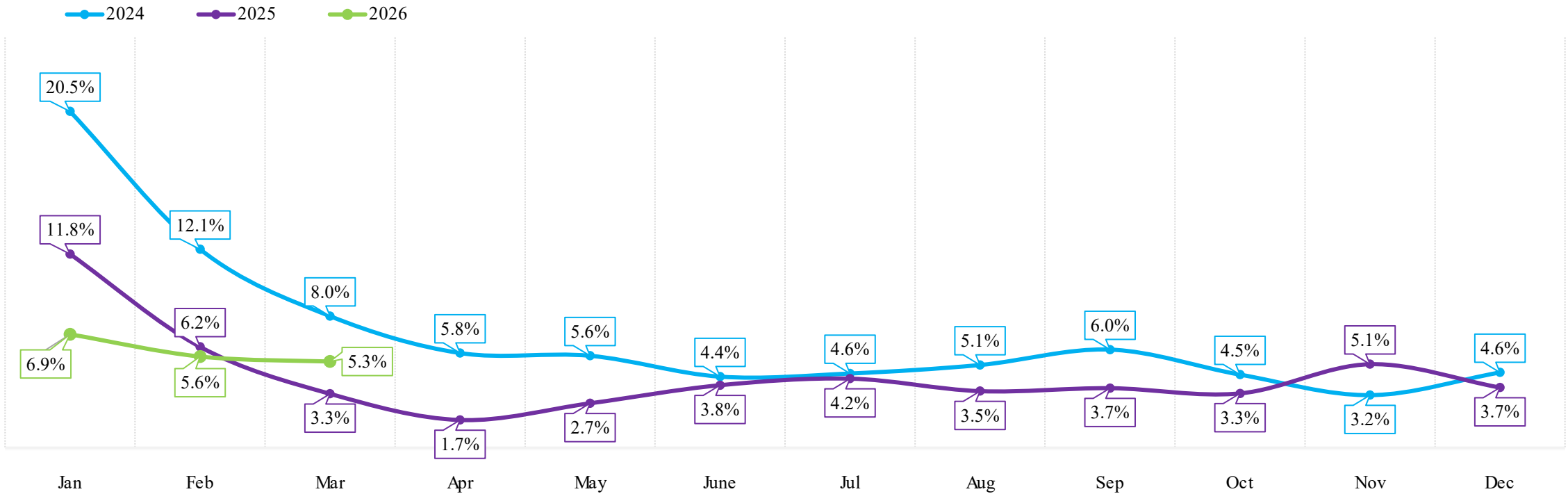


TREND IN CALL CENTER CALL VOLUME | MEMBERS



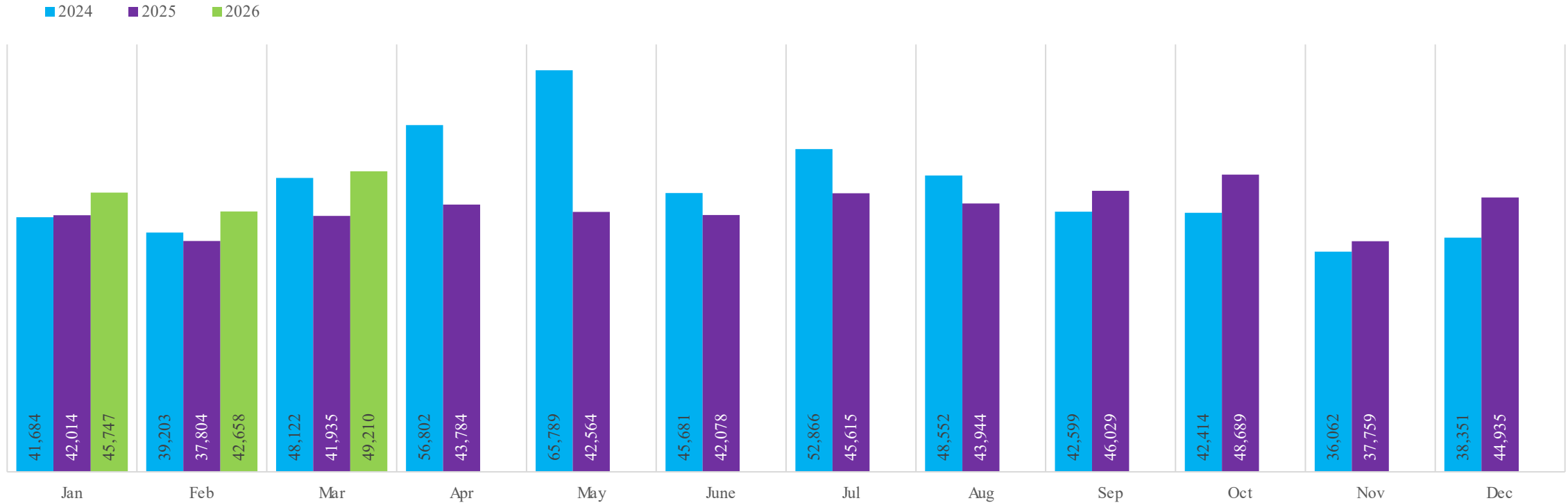
- Member call volume continues to decrease year over year, reflecting improved self-service, reduced issue volume and lower membership.
- Continued opportunity to optimize staffing model as demand stabilizes.

ABANDONMENT RATE | MEMBERS



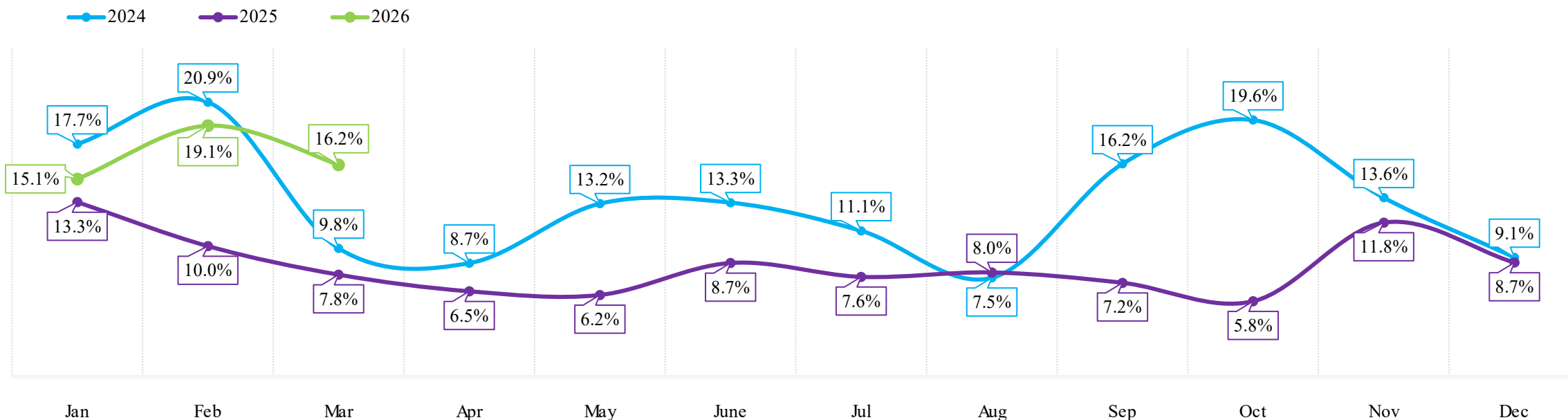
- Member abandonment rate continue to improve month over month.
- Temporary spike in January driven by Flex card and provider queue support shift.
- Workforce reallocation impacted service level during peak demand on the Provider queue.
- Top 5 call Drivers: General Inquiry, Medical ID Card, Request for PCP Changes Request.

TREND IN CALL CENTER CALL VOLUME | PROVIDERS



- Provider 2026 volume continues to increase month over month compared to previous years.
 - Several factors drove to the uptick in providers calls, delayed EDI loads, configuration issues, system issues.
- Artificial calls and duplicate call drivers contributed to increase volume.
- Volume beginning to stabilize as issues are being addressed.

ABANDONMENT RATE | PROVIDERS

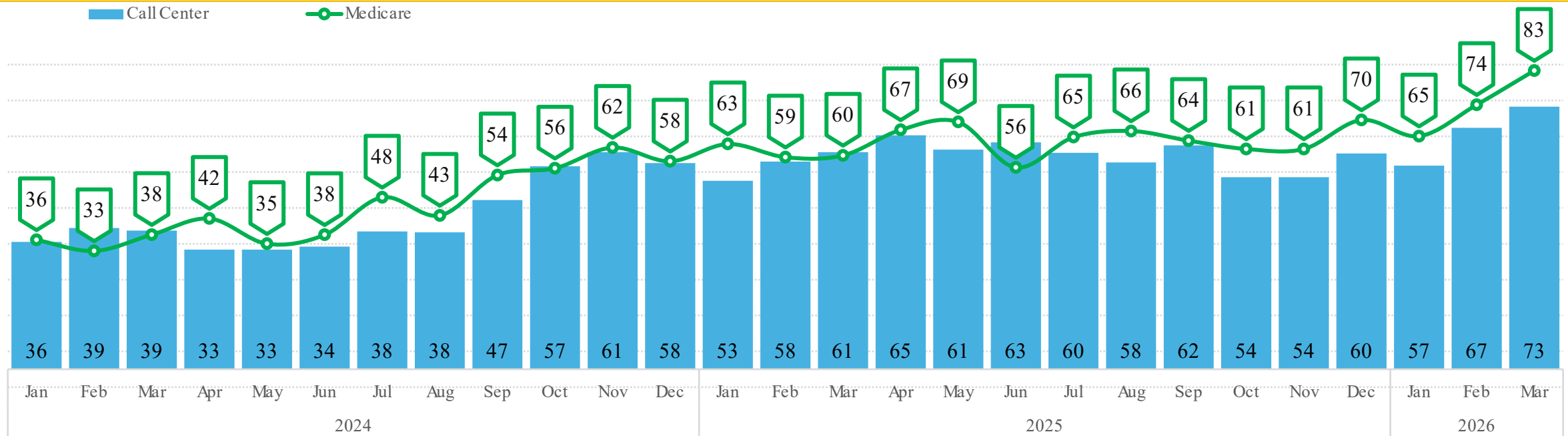


- Provider abandonment rate continued to exceed goal of 10% throughout Q1.
 - Surge of Provider calls related to system config issues/delays, EDI load delays, increase AI Bot calls.
- Top 5 Provider Drivers for Q1: Claims Status, Inquiry Authorization, Provider Benefits, Provider Eligibility and PCP Inquiry.



Quality

NPS



- NPS continues to improve month over month, with Medicare having the highest NPS scores since the start of the measurement in March 2026.
- Employee rating scores also continue to improve for the center.
 - January 4.79 out of 5
 - February 4.84 out of 5
 - March 4.75 out of 5

DOH REQUIRING EP/QHP CALL CENTER REPORTING

Overview: Starting in 2026 DOH is requiring plans to provide Call Center Performance reports on a quarterly basis for EP and QHP.

Requirements:

- Plan must meet minimum of 30 seconds Average Speed of Answer.
- Less than 5% Abandonment rate for incoming calls.
- Delivered April 10th, July 10th, October 10th of 2026 and January 10th, 2027.

Performance measurements:

- Calls Offered
- Calls Answered
- Average Handle Time

DOH REQUIRED CALL CENTER REPORTING (EP/QHP)

Plans can earn up to 2.5 bonus points in EP Quality Incentive program by completing and submitting the 2026 EP final Call Center Performance Report.

If the plan fails to achieve the call requirements, an explanation detailing the root cause of the issue and corrective actions plan is required.

Gold Enhancements

Sudha Chatterji

Sr. Director of Customer Experience Strategy & Retention

Tuesday, June 9th, 2026



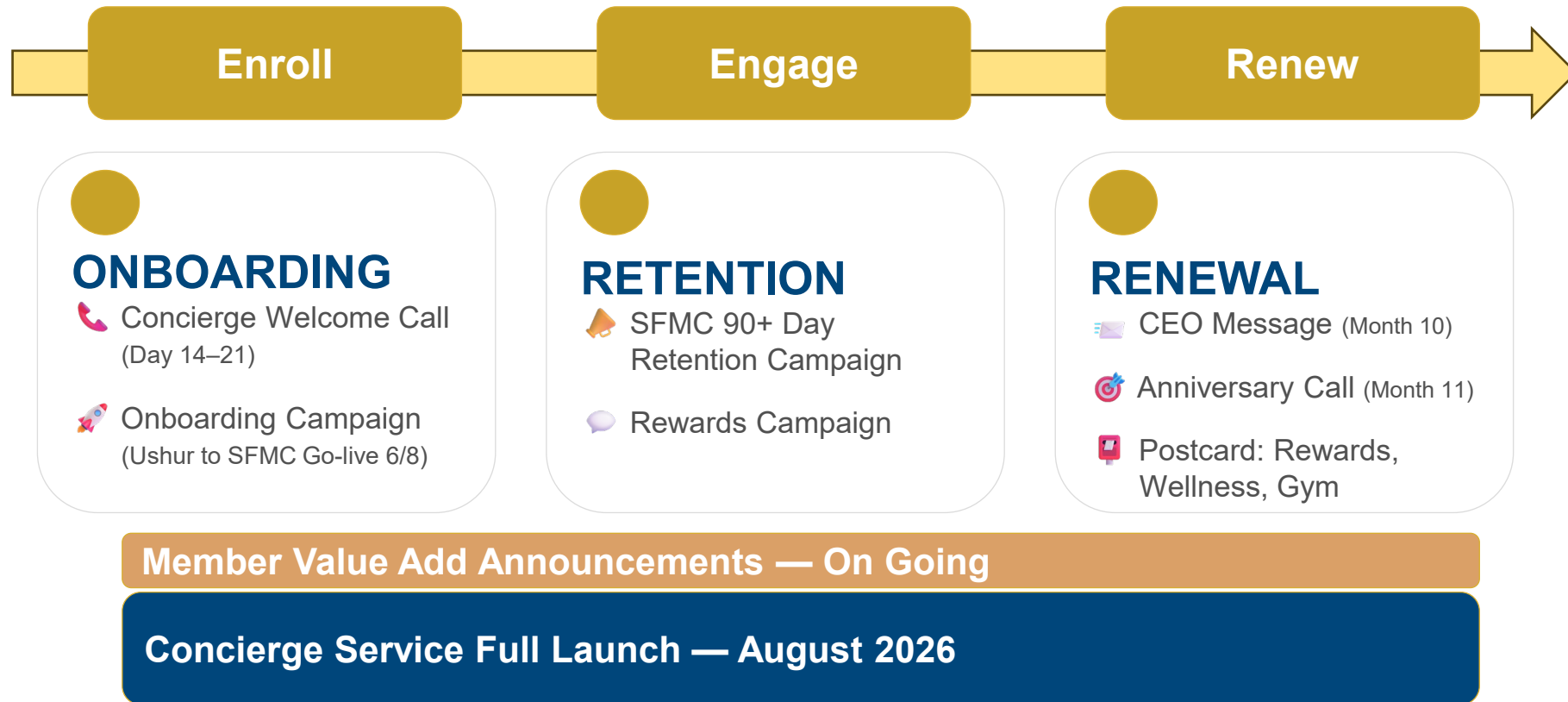


MPH Gold Plan

Elevating Member Engagement

ELEVATING THE GOLD EXPERIENCE

GOLD MEMBER JOURNEY



GOLD CONCIERGE SERVICE EXPANSION | LIVE AUG '26

Expanding from pilot to full concierge service for all New and Existing Gold members.

Gold Concierge Service: A one-stop, on-demand concierge experience supporting our members – focused on education, experience and retention.



Comprehensive Case Management Approach

- End-to-end support for new members
- Clear introduction and explanation of covered benefits
- ID Card request
- Eligibility inquiries



Access & Digital Support

- Assistance with member portal access: sign-on and password resets
- Member Rewards assistance
- Support for access request and troubleshooting



Provider & Care Navigation

- Provider Participation & Network inquiries
- PCP selection and change support
- Appointment scheduling assistance

PROMOTING UPCOMING EXPANDED **GOLD** BENEFITS & SERVICES

Lowering Cost. Simplifying Access. Expanding Support.



LOWER COST

- Individual /Family rider reduction (July 2026)
- \$0 Urgent Care Copay (Jan 2027)



SIMPLIFY ACCESS

- No referrals for INN Specialists (June 2026)
- Expanded low-cost drug access (July 2026)



EXPAND SUPPORT

- Expanded Maternal Support (Jan 2027) – 8 doula visits + labor support
- Enhanced Podiatry Coverage (Jan 2027) – Up to 8 visits annually



KEY GOLD INITIATIVES

GOLD CEO OUTREACH | "CHECKING IN..."

MetroPlusHealth: Hi
%%=ProperCase(firstName)=
%% – Your first year as a
MetroPlusHealth Gold
member means a lot to me.
Thank you for placing your
trust in us. If there's anything
we can do better, I genuinely
want to hear from you. – Dr.
Talya Schwartz, CEO
GoldCEO@metroplus.org

✓ MetroPlusHealth

Hi Sudha,

Reaching your first year as a MetroPlusHealth Gold member is a good time to reflect.

I hope your experience with us reflects both the standards to which we hold ourselves and the trust you placed in us when you joined. I know you have many options to choose from and I am grateful you chose MetroPlusHealth Gold.

If there's anything we could be doing better, I would genuinely like to hear from you. Progress starts with knowledge, and listening and acting based on members' input is how we continue to improve.

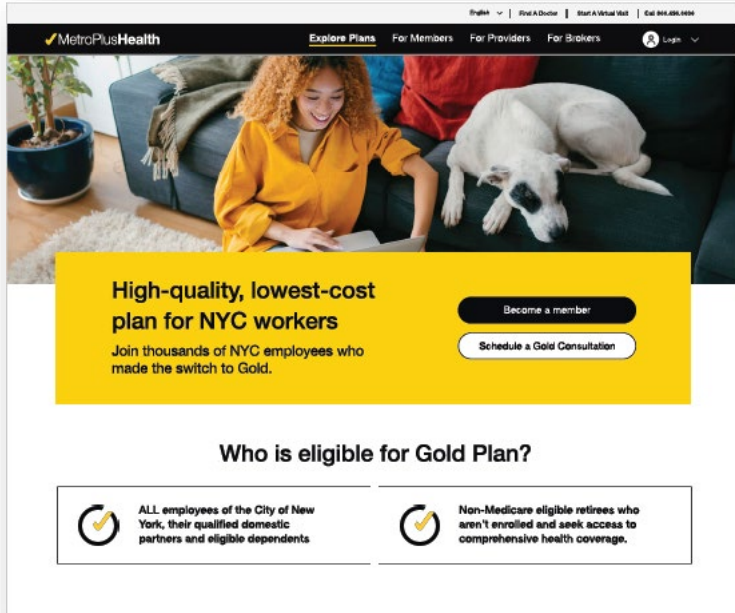
To reach me directly, just email GoldCEO@metroplus.org

Looking forward to learning from you.

Meanwhile, thank you for being part of MetroPlusHealth Gold.

Warm regards,
Talya Schwartz
Chief Executive Officer
MetroPlusHealth Gold

GOLD LANDING PAGE UPDATES



High-quality, lowest-cost plan for NYC workers

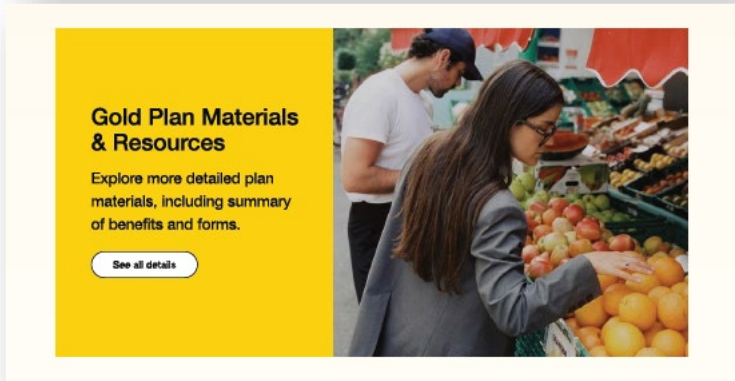
Join thousands of NYC employees who made the switch to Gold.

[Become a member](#)

[Schedule a Gold Consultation](#)

Who is eligible for Gold Plan?

- ✓ ALL employees of the City of New York, their qualified domestic partners and eligible dependents
- ✓ Non-Medicare eligible retirees who aren't enrolled and seek access to comprehensive health coverage.



Gold Plan Materials & Resources

Explore more detailed plan materials, including summary of benefits and forms.

[See all details](#)

Gold Plan Benefits Overview

\$0

Deductibles
Co-Insurance
Employee Premiums
24/7 Virtual Visits
Select Prescription Drugs†
Dietician Visits

34,000+
Doctors & hospitals across NYC

\$1,400
per year in fitness reimbursements

- Expanded urgent care
- Transportation reimbursement
- Meds pre-packaged and delivered
- Rewards program

† Select drugs only. Optional low-cost drug rider available separately. Coverage for drugs not on our formulary or in discount amount requires utilization management. May not exceed 56 tablets.

Up to \$5,000 in value to keep you healthy

Explore how Gold's benefits add up to high-quality healthcare and more money in your wallet.

- ✓ **Wellness App**
Up to \$300 per year to help you pay for your wellness and fitness apps, including Calm, Noom, One Peloton, WW, ClassPass and more.
- ✓ **Gym Reimbursement**
Up to \$1,400 per year to help you pay for your fitness membership.
- ✓ **Transportation**
Up to \$60 per year for transportation to see a doctor. All varieties of taxis, car service, rideshare apps such as Uber or Lyft, qualify.
- ✓ **Acupuncture & Nutritionist**
Up to 10 acupuncture visits per year (\$1,000 value) and up to 28 dietician visits per year at no cost (\$2,600 value).
- ✓ **Member Rewards**
Up to \$250 in rewards for taking steps to stay healthy like annual PCP and dental visits, flu shot, sunscreen use and more.



- **Design in progress** – one more refinement round.
- **Aligned with Spring campaign** – updated photography.
- **Clean, modern look and feel.**
- **Conversion-focused** – stronger CTAs; highlights benefits, network, rewards, wellness.
- **Scalable template** – will extend across all LOBs once finalized.

GOLD PROMO POSTCARD | MAILDROP JUN '26

Gold Plan

Great Gold benefits

Yes. And More to Come in 2026.



✓ MetroPlusHealth

MetroPlusHealth Gold is here to support NYC employees and their families with valuable benefits at no extra cost that help make healthy choices easier.

With Gold, you get **\$0 copay** health care, plus:

-  **Up to \$1,400 per year** to help pay for your fitness membership
-  **Up to \$300 per year** back for eligible wellness apps
-  **Up to \$250 per year** in member rewards

Don't miss out on your **Member Rewards Program!** Earn up to **\$250** in rewards for completing healthy activities. Redeem your rewards to spend on groceries and other essentials.



Get Started

Questions?

We're here to help.

Want to learn more about MetroPlusHealth Gold benefits for 2026?

-  Call 877.475.3795 (TTY: 711)
-  Visit metroplus.org/gold-plan

Monday – Friday, 8am – 6pm
Saturday, 9am – 5pm



Scan to learn more about MetroPlusHealth Gold.

<Name>
<Address Line 1>
<Address Line 2>
<Address Line 3>

✓ MetroPlusHealth

ACTIVATING AWARENESS FOR GOLD REWARDS | LIVE JUN '26

BUCKET ONE: SIGN UP/EARN/REDEEM

Goal: Drive registration in the Rewards Program

SMS

Option 1 (Primary):

MetroPlusHealth Gold: Hey, <Member name>! As our Gold member, you can earn \$\$\$ for healthy activities— to spend on groceries and more. It's easy to sign up and start earning \$\$\$.Join today: <URL>

Option 2 (Reminder/Follow-up):

MetroPlusHealth Gold: You're missing out on rewards made for you. Our Gold members can earn \$\$\$ for healthy actions and spend them on everyday essentials. Sign up now: <URL>

Email

Subject Line Options:

- Earn Rewards Just for Being a Gold Plan Member
- Turn Healthy Habits into Groceries and More
- Don't Miss Out on Your Gold Plan Rewards

Body Copy:

Hi <Member name>,

As a MetroPlusHealth Gold member, you have access to our **Member Rewards Program**.

When you sign up, you can earn \$\$\$ for completing healthy activities and use them on groceries and other helpful items for you and your family.

- ✓ Easy to join
- ✓ No cost
- ✓ Rewards that support your health

Sign up today and start earning. 🙌 **Join the Rewards Program:** <URL>

“GO FOR GOLD” | OEP AWARENESS PUSH

Activate 360° marketing strategy to drive growth - maximizing visibility, targeting high-value segments, and aligning channel investments to accelerate acquisition and retention.

Paid Media

Scale the strongest content with precision, ensuring it reaches the right audiences across NYC with impact and consistency.

- SEO and GEO – optimizing search for AI
- Display Ads \ across websites, apps, and digital platforms
- Paid Social – Facebook, Instagram, LinkedIn
- Strategic and select paid engagements with union publications to reach new employees to City government.

Social and Internal Comms

- Posts on all social channels explaining updated benefits.
- MetroUpdates and dedicated internal comms.
- Video on MPH and H&H TVs.
- Coverage in Insider and H&H newsletters.

Earned Media

Press Releases

- Updated Benefits
- City & State Partnership

Timely and Creative Pitch and OpEd Ideas focused on

- Affordability
- Gold Plan Supports Working New Yorkers
- The True Cost of Delaying Care
- Avoided care vs. Proactive care
- Gold member testimonials

Possible Partnership with City Hall to promote Gold.

Partnership with City & State to launch Gold Standard awards that celebrates everyday heroes.



Spring Campaign

Natasha Molamusa

Director of Content Marketing & Corporate Communication

Tuesday, June 9th, 2026



MetroPlusHealth 2026 Brand Campaign






Spring Brand Campaign

'Life Made Easier'

SPRING CAMPAIGN STRATEGY | 'LIFE MADE EASIER'

Messaging Approach

Shift from function  emotional value to connect across audiences and drive relevance.

- **Bring home groceries:** clear, tangible outcome (immediate value).
- **Get everyday items:** broader value, expands perceived utility.
- **Stretch your wallet:** emotional payoff (financial relief / smart spending / peace of mind).

'LIFE MADE EASIER' | CREATIVE – BRAND TRAIN, BUS SHELTERS, CONVENIENCE STORES, BEAUTY SALONS, LAUNDROMATS

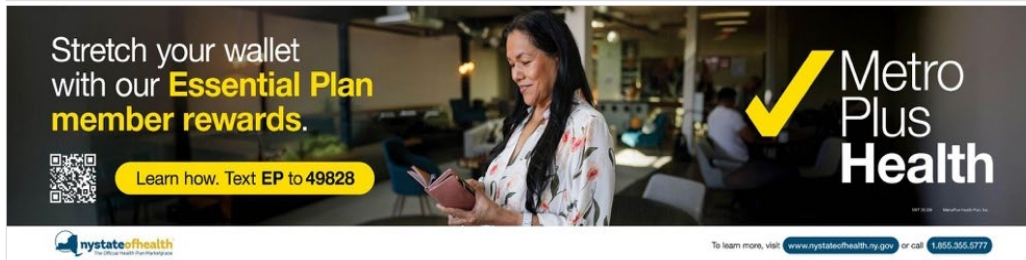


Bring home groceries with our **Essential Plan member rewards**.

Learn how. Text EP to 49828

Metro Plus Health

nystateofhealth
To learn more, visit www.nystateofhealth.ny.gov or call 1.855.355.5777



Stretch your wallet with our **Essential Plan member rewards**.

Learn how. Text EP to 49828

Metro Plus Health

nystateofhealth
To learn more, visit www.nystateofhealth.ny.gov or call 1.855.355.5777



Bring home groceries with our **Essential Plan member rewards**.

Learn how. Text EP to 49828

Metro Plus Health

nystateofhealth
To learn more, visit www.nystateofhealth.ny.gov or call 1.855.355.5777



Bring home groceries with our **Essential Plan member rewards**.

Learn how. Text EP to 49828

Metro Plus Health

nystateofhealth
To learn more, visit www.nystateofhealth.ny.gov or call 1.855.355.5777



Get everyday items with our **Essential Plan member rewards**.

Learn how. Text EP to 49828

Metro Plus Health

nystateofhealth
To learn more, visit www.nystateofhealth.ny.gov or call 1.855.355.5777



Get everyday items with our **Essential Plan member rewards**.

Learn how. Text EP to 49828

Metro Plus Health

nystateofhealth
To learn more, visit www.nystateofhealth.ny.gov or call 1.855.355.5777

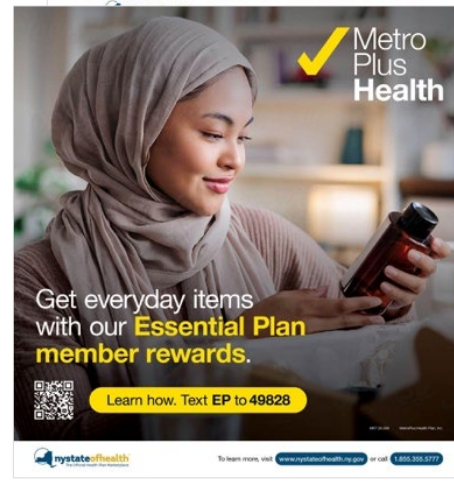


Bring home groceries with our **Essential Plan member rewards**.

Learn how. Text EP to 49828

Metro Plus Health

nystateofhealth
To learn more, visit www.nystateofhealth.ny.gov or call 1.855.355.5777

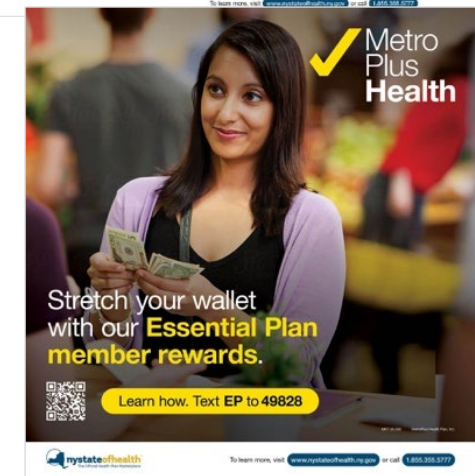


Get everyday items with our **Essential Plan member rewards**.

Learn how. Text EP to 49828

Metro Plus Health

nystateofhealth
To learn more, visit www.nystateofhealth.ny.gov or call 1.855.355.5777



Stretch your wallet with our **Essential Plan member rewards**.

Learn how. Text EP to 49828

Metro Plus Health

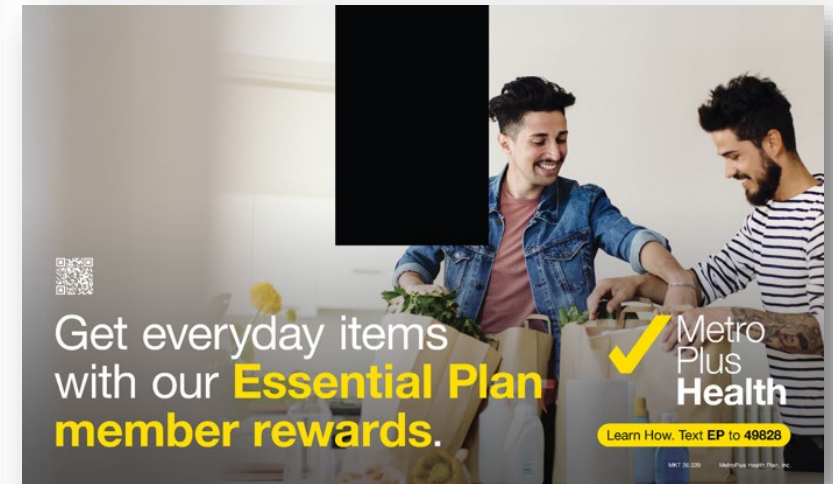
nystateofhealth
To learn more, visit www.nystateofhealth.ny.gov or call 1.855.355.5777

'LIFE MADE EASIER' | AMAZON LOCKERS



Headline: Get everyday items with our Essential Plan member rewards.

CTA: Learn how. Text EP to 49828



'LIFE MADE EASIER' | 30 SEC BRAND VIDEO - YOUTUBE

VERTICAL EXAMPLE



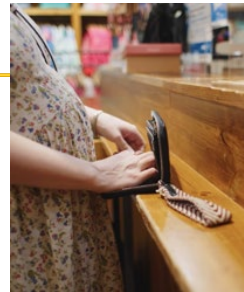
Need groceries and everyday items?

Text on screen: Need groceries and everyday items?



Our Essential Plan member rewards help you get more.

Text on screen: Our Essential Plan member rewards help you get more.



If you are

Text on screen: If you are



If you are curious what

Text on screen: curious what



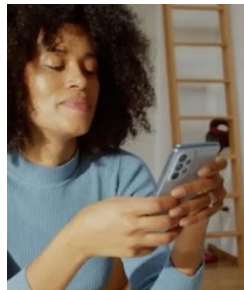
If you are curious what you qualify for

Text on screen: you qualify for,



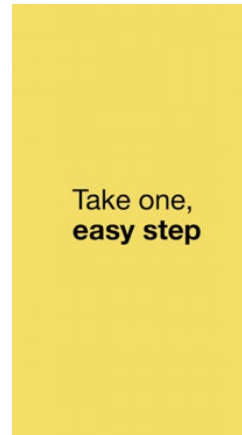
Learn more about MetroPlusHealth.

Text on screen: learn more about MetroPlusHealth

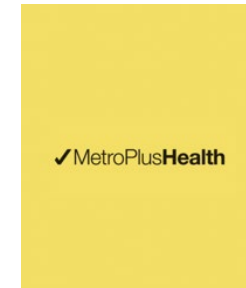


by texting EP to 49828

Text on screen: by texting EP to 49828



Text on screen: Take one, easy step.



Text on screen: Benefits vary by plan and eligibility. Other limits may apply [or whatever is required on slide]

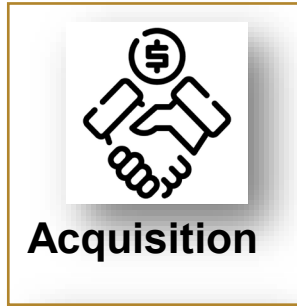


TV spot will air on NY1, Noticias, Telemundo, and Univision



Get More From Medicare

LIFT TOTAL MEMBERSHIP THRU 3-PRONGED APPROACH



NEW



- Spanish, English TV
- Online Display/Banner Ads
- Digital Ads
- Social Media
- You Tube
- Sales/FMO support
- E-Guide



- Direct Mail Campaign
- NEW** Birthday Cards
- NEW** SFMC Journey



- SFMC 90-Day Onboarding Journey
- 90- Day Onboarding Toolkit
- NEW** Medicare Communication Calendar (4-12 months)

MEDICARE CREATIVE | SOCIAL, DISPLAY

MetroPlusHealth
Sponsored

Get up to \$2,000 a year to spend on health needs. Enjoy 48 free rides to see doctors across NYC, plus many more benefits



Get more from Medicare


- Up to \$2,000 Flex Card every year
- 48 FREE rides to the doctor
- Tens of thousands of NYC doctors
- Free medicine delivery

Metro Plus Health

Get more from Medicare with one phone call [Call now](#)

MetroPlusHealth
Sponsored

Want Medicare that works harder for you? Get up to \$2,000 a year to spend on health needs and 48 free rides to appointments



Need help getting to the doctor?

Our Medicare Plan gives you:

- 48 FREE rides to the doctor
- Up to \$2,000 a year for health needs
- Access to CityMD + urgent care

Metro Plus Health

Make the switch today with one quick call [Call now](#)

MetroPlusHealth
Sponsored

Want Medicare that works harder for you? Get up to \$2,000 a year to spend on health needs and 48 free rides to appointments



Medicare that gives you more

- 48 FREE rides to the doctor
- Money back for health needs
- Doctors you know in NYC

Metro Plus Health

Talk to us about new Medicare options [Call now](#)

MetroPlusHealth
Sponsored

Get up to \$2,000 a year to spend on health needs. Enjoy 48 free rides to see doctors across NYC, plus many more benefits

Get more from Medicare

- Up to \$2,000 Flex Card every year
- 48 FREE rides to the doctor
- Tens of thousands of NYC doctors
- Free medicine delivery


Make the switch with one quick call

Metro Plus Health

Upgraded Medicare benefits with one call [Call now](#)

MetroPlusHealth
Sponsored

Upgrade your Medicare today. Get up to \$2,000 a year to spend on health needs and 48 free rides to appointments



Need help getting to the doctor?

Our Medicare Plan gives you:


- 48 FREE rides to the doctor
- Up to \$2,000 a year for health needs
- Access to CityMD + urgent care

Metro Plus Health

Make the switch today with one quick call [Call now](#)

MetroPlusHealth
Sponsored

Get up to \$2,000 a year to spend on health needs. Enjoy 48 free rides to see doctors across NYC, plus many more benefits



Medicare that gives you more

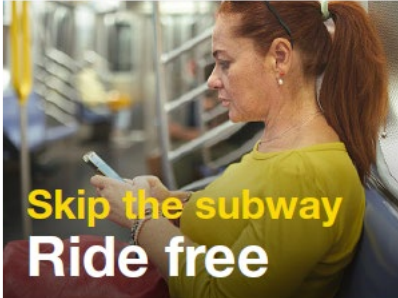
- 48 FREE rides to the doctor
- Money back for health needs
- Doctors you know in NYC

Metro Plus Health

Make the switch today with one quick call [Call now](#)

MetroPlusHealth
Sponsored

Get up to \$2,000 a year to spend on health needs. Enjoy 48 free rides to see doctors across NYC, plus many more benefits



Skip the subway Ride free

Our Medicare Plan gives you:

- 48 FREE rides to the doctor
- Tens of thousands of NYC doctors
- Up to \$2,000 for health needs

Metro Plus Health

Make the switch today with one quick call [Call now](#)

MetroPlusHealth
Sponsored

Want Medicare that works harder for you? Get up to \$2,000 a year to spend on health needs and 48 free rides to appointments



Medicare that saves you money

- 48 FREE rides to appointments
- Help paying for food & health items
- Urgent care like CityMD

Metro Plus Health

Talk to us about new Medicare options [Call now](#)

MetroPlusHealth
Sponsored

Want Medicare that works harder for you? Get up to \$2,000 a year to spend on health needs and 48 free rides to appointments



Get more from Medicare


- Up to \$2,000 Flex Card every year
- 48 FREE rides to the doctor
- Tens of thousands of NYC doctors
- Free medicine delivery

Metro Plus Health

Talk to us about new Medicare options [Call now](#)

MetroPlusHealth
Sponsored

Get up to \$2,000 a year to spend on health needs. Enjoy 48 free rides to see doctors across NYC, plus many more benefits



Medicare that saves you money

- 48 FREE rides to appointments
- Help paying for food & health items
- Urgent care like CityMD

Metro Plus Health

Make the switch today with one quick call [Call now](#)

MEDICARE CREATIVE | TV SPOT WITH AIR ON NY1, NOTICIAS, TELEMUNDO, AND UNIVISION

TV spot will air on NY1, Noticias, Telemundo, and Univision

Mejores Amigos



RESTAURANT OPTION
(would choose men or women)

ACTOR 1
“I can’t find a decent doctor, my copays are always going up... I even had a cancer screening claim get denied. When I signed up for Medicare, they promised me everything.”

ACTOR 2
“The last time I saw my doctor my copay was through the roof! That was it for me. I couldn’t believe how easy it was to upgrade to MetroPlusHealth Medicare. I switched in one phone call. I’m telling you, they are on top of their game.”



Mejores Amigos



PARK OPTION ALTERNATE
(would choose men or women)

ACTOR 1
“I can’t find a decent doctor, my copays are always going up... I even had a cancer screening claim get denied. When I signed up for Medicare, they promised me everything.”

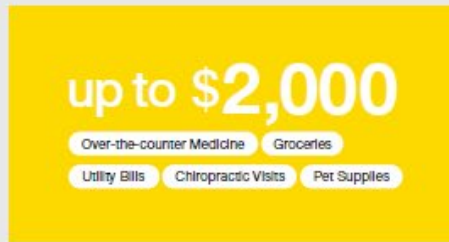
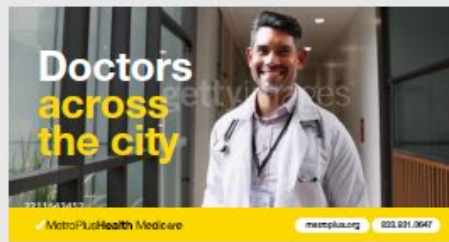
ACTOR 2
“The last time I saw my doctor my copay was through the roof! That was it for me. I couldn’t believe how easy it was to upgrade to MetroPlusHealth Medicare. I switched in one phone call. I’m telling you, they are on top of their game.”



MEDICARE CREATIVE | TV SPOT WITH AIR ON NY1, NOTICIAS, TELEMUNDO, AND UNIVISION

Benefit Frame Comps

Plays after two friends talking opening



Sales Restructured Organizational Chart

Roger Milliner,
Chief Growth Officer

Wednesday, March 25th, 2026



GROWTH DIVISION RESTRUCTURING

