

BOARD OF DIRECTORS' MEETING
 Wednesday, June 10th @ 2:30PM
 50 Water Street, 7th Floor Conference Room
 New York, N.Y. 10004

AGENDA

Call To Order	Sally Hernandez-Pinero
Old Business	
Adoption of Minutes March 26th, 2026	Sally Hernandez-Pinero
Action Items	
a. <i>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. (“MetroPlusHealth” or “the Plan”) to execute best interest contract extensions with Prager Creative LLC and Bellweather LLC for outsourced strategic creative marketing, media buying, digital marketing, and social media marketing, in the amount of \$25,000,000, for a new total contract authority amount of \$60,000,000, inclusive of a 10% contingency.</i>	Frederick Covino
b. <i>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>	Vallencia Lloyd
Informational Item	
Executive Session	
New Business	
Regulatory Update	Raven Ryan Solon
Finance Update`	Lauren Leverich Castaldo
Retention	Dr. Talya Schwartz
Healthedge	Tomasz Kawka
Gold Enhancements	Sudha Chatterji
Meeting Minutes	
Audit & Compliance Committee March 26th, 2026	Kathleen Shure
Customer Experience & Marketing Committee March 25th, 2026	Vallencia Lloyd
Finance Committee March 25th, 2026	Frederick Covino
Adjournment	Sally Hernandez- Piñero

**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.*

**Minutes
of
March 26th, 2026
MetroPlusHealth
Board of Directors Meeting**



MetroPlus Health Plan, Inc.
Board of Directors Meeting
Thursday, March 26th, 2026

MetroPlusHealth 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 7th Floor Boardroom at 50 Water Street, New York, NY 10004, on the 26th day of March 2026 at 1:00 P.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:

Dr. Talya Schwartz
Vallencia Lloyd
Juliana Ekong
Mark Power
Hillary Jalon
Kathleen Shure
Sally Hernandez Piñero

Due to extraordinary circumstances, **Frederick Covino** attended via Videoconference.

Dr. Talya Schwartz, President & CEO, called the meeting to order at 1:10 P.M. The meeting began at 1:10 P.M. for New Business presentations but no official business until 1:54 PM when Hillary Jalon 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. In addition, Sally Hernandez Piñero arrived at 1:41PM and left the meeting at 1:57PM.

Angela Minerva, Board Liaison, kept the minutes, thereof.

Dr. Schwartz introduced MetroPlusHealth Board of Directors’ newest members, Juliana Ekong, then requested that KPMG present.

INFORMATION ITEM

KPMG Presentation | 2025 Calendar Year Audit Report

Camille Fremon, Partner, discussed the 2025 Calendar Year Audit Report. Camille advised that Financial Statements are due on March 31st and they are currently finalizing their test work to allow KPMG to deliver the Financial Statements to management. Camille began by discussing the Audit Results Overview, Open Items and Significant Accounting Estimates within the financial statements.

NEW BUSINESS

Finance Committee Report

Dr. Schwartz asked that we move on to New Business presentations, Lauren Leverich Castaldo began by presenting the Finance Committee Report. Lauren discussed Net Income by Line of Business, All LOB Review, Administrative Expense – Budget vs. Actual.

Regulatory Updates

Raven Ryan Solon, Chief Compliance & Regulatory Officer, presented Regulatory Updates specifically discussing the MCO Tax. Dr. Schwartz asked a question regarding how the MCO Tax is flowing; Raven responded.

Raven then went on to discuss CMS Interoperability & Prior Authorization Rule.

Vallencia Lloyd, Board Member, asked a question regarding the alignment of state and CMS times frames; Raven responded.

Kathleen, Shure, Board Member asked a question regarding Provider Contracts; Raven responded.

Juliana Ekong, Board Member, asked a question regarding penalties for not achieving the ask by April 1st; Raven responded. Kathleen Shure provided further clarification, and Raven went on to discuss further.

Vallencia asked a question regarding the States standard notices; Raven responded. Dr. Schwartz went on to discuss the purpose of the new rule.

Project Edge

Tomasz Kawka, Vice President of Business Transformation went on to share an update on Project Edge. Tomasz began by introducing The Project Edge Journey from Opportunity to Impact, Our Roadmap for Transformation, How Our Roadmap has Evolved, Program States Wave 2, Program Status BPAAS, Risk and Challenges.

Juliana asked a question regarding KPIS identified once Project Edge is complete vs. now; Tomasz explained.

Retention

Lila Benayoun, Chief Operating Officer, went on to discuss Retention, specifically covering Recertification Rates 2024 vs. 2025; Dr. Schwartz commented that retention is completed by Sales and Customer Success; she went on to share how Sales intervention helped drive up the retention rate. Lila went on to discuss Disenrollment Rate 2024 vs. 2025 and 2026 Retention Initiatives. Dr. Schwartz advised that we are exploring AI and companies that specialize in recertification as we have to double our effort around recertification. Lila further went on to explain what the teams are faced with handling recertification.

Call Center

Lila Benayoun, Chief Operating Officer, went on to discuss the Call Center. Specifically, the Trend in Call Center Call Volume by Members, Abandonment Rate on the Member side, Trend in Call Center Call Volume by Providers, Abandonment Rate on the Provider side, and NPS & Employee Engagement.

Member Rewards

Masud Madhi, Deputy Chief Operating Officer, went on to share a Member Rewards Overview, How It Works and Gold Member Rewards.

ADOPTION OF THE MINUTES

The minutes of the Board of Directors meeting held on December 11th, 2025, were presented to the Board. On a motion by Dr. Talya Schwartz and duly seconded, the Board adopted the minutes.

ACTION ITEMS

Dr. Talya Schwartz advised that we move on to the Action Items. A **first** resolution was presented by Dr. Talya Schwartz for Board approval.

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

There being no further questions or comments, on a motion by Dr. Talya Schwartz and duly seconded, the resolution was unanimously adopted by the Board.

Frederick Covino Chaired the meeting thereafter.

A **second** resolution was presented by Frederick Covino, Chair of the Finance Committee and Vice-Chair of the Board of Directors Committee for Board Approval.

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.

Steven Stein Cushman, Chief Counsel provided an overview of the Background, Scope of Work, Proposal Criteria, Overview of Procurement 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 Board.

A **third** resolution was presented by Frederick Covino, Chair of the Finance Committee and Vice-Chair of the Board of Directors Committee for Board Approval.

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.

Tali Lager, Senior Director of Procurement provided an overview of the Background, Cost Reductions and Board Approval Request.

Vallencia asked a question regarding contract total; Tali responded.

Vallencia commented on the OMIG Audit and HMS conflict; Steven Stein Cushman responded. Dr. Schwartz further clarified; Raven discussed as well. A discussion then ensued around Audits and NYS.



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

A **fourth** resolution was presented by Frederick Covino, Chair of the Finance Committee and Vice-Chair of the Board of Directors Committee for Board Approval.

*Authorizing the amendment to the best interest contract resolution approved by the MetroPlus Board of Directors on **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.***

Ganesh Ramratan, Chief Information Officer, provided a detailed overview of the Amendment Request, the New Scope of Service 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 Board.

A **fifth** resolution was presented by Frederick Covino, Chair of the Finance Committee and Vice-Chair of the Board of Directors Committee for Board Approval.

*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”) 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.***

Ganesh Ramratan, Chief Information Officer, provided a detailed overview of the Background, Authority Increase for Resource Extension, Spending Authority Request 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 Board.

Executive Session

Frederick Covino called the meeting into Executive Session at 2:27 P.M. so the Board of Directors could receive legal advice from the Chief Counsel and hear presentations on two confidential matters. The Board approved resolutions for both confidential agreements based on motions by Frederick Covino, which were duly seconded, and unanimously adopted by the Board.

The Board of Directors resumed the official meeting at 2:58 P.M.

There being no further business, Frederick Covino adjourned the meeting at 2:58 P.M.

Resolution

a. Resolution

RESOLUTION

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. (“MetroPlusHealth” or “the Plan”) to execute best interest contract extensions with Prager Creative LLC and Bellweather LLC for outsourced strategic creative marketing, media buying, digital marketing, and social media marketing, in the amount of \$25,000,000, for a new total contract authority amount of \$60,000,000, inclusive of a 10% contingency.

WHEREAS, MetroPlusHealth, 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, MetroPlusHealth seeks best interest contract extensions with Prager Creative LLC and Bellweather LLC for strategic creative marketing, media buying, digital marketing, and social media marketing services; and

WHEREAS, MetroPlus has contracted with Prager Creative LLC and Bellweather LLC since 2021; and

WHEREAS, MetroPlus is requesting approval of a best interest extension to continue utilizing these vendors to ensure continuity of services, maintain strategic momentum, and avoid disruption to ongoing marketing and member engagement initiatives; and

WHEREAS, continuing with these vendors is in the best interest of MetroPlusHealth;

WHEREAS, on June 9th, 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 a resolution will be submitted to the New York City Health + Hospitals Board of Directors authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlusHealth” or “the Plan”) to execute best interest contract extensions with Prager Creative LLC and Bellweather LLC for outsourced strategic creative marketing, media buying, digital marketing, and social media marketing, in the amount of \$25,000,000, for a new total contract authority amount of \$60,000,000, inclusive of a 10% contingency.

EXECUTIVE SUMMARY

AUTHORIZING METROPLUS HEALTH PLAN, INC. TO EXECUTE BEST INTEREST CONTRACT EXTENSIONS AND INCREASED SPENDING AUTHORITY

- OVERVIEW:** MetroPlus outsources strategic creative marketing, media buying, digital marketing, and social media marketing services to support member growth, retention, and brand awareness initiatives. MetroPlus is requesting approval for best interest extensions to continue utilizing these vendors to ensure continuity of services, maintain strategic momentum, and avoid disruption to ongoing marketing and member engagement initiatives.
- NEED:** MetroPlus has utilized outsourced marketing and media services since 2007. Since 2021, these services have been provided through two vendors, Bellweather LLC (“Bellweather”) and Prager Creative LLC (“Prager”). With current campaigns underway and member retention efforts serving as a primary organizational focus, MetroPlus determined that it was best to maintain ongoing services with our current vendors. MetroPlus evaluated current vendor pricing against market benchmarks and determined that the rates provided by both vendors remain competitive, reasonable and aligned with prevailing market pricing. Both vendors have consistently delivered strong outcomes in driving increased brand consideration, strengthening acquisition performance, and producing measurable results.
- PROPOSAL:** MetroPlusHealth is requesting an increase in authority in the cumulative amount of \$25,000,000 to execute two-year best interest extensions.

Application for Best Interest Contract Extensions and Increased Spending Authority

Advertising & Marketing, Digital Content & Social Media and Public Relations Services

Prager Creative LLC and Bellweather LLC

Laura Santella-Saccone, Chief Marketing and Brand Officer

Tali Leger, Senior Director of Procurement

MetroPlusHealth Board of Directors Meeting

Wednesday, June 10th, 2026

BACKGROUND

- MetroPlus outsources strategic creative marketing, media buying, digital marketing, and social media marketing services to support member growth, retention, and brand awareness initiatives.
- MetroPlus has utilized outsourced marketing and media services since 2007. Since 2021, these services have been provided through two vendors, Bellweather LLC (“Bellweather”) and Prager Creative LLC (“Prager”).
- The original contracts with Bellweather and Prager, for these services were competitively procured through an RFP process in 2021. The current contracts expire August 2026.
- MetroPlus is requesting an increase in authority in the amount of \$25,000,000 to support a two-year best interest extension, inclusive of a 10% contingency.
- MetroPlus is requesting approval of best interest extensions to continue utilizing these vendors to ensure continuity of services, maintain strategic momentum, and avoid disruption to ongoing marketing and member engagement initiatives.
- On Tuesday, June 9th, 2026, the MetroPlusHealth Finance Committee approved this resolution.

BEST INTEREST JUSTIFICATION

- With current campaigns underway and member retention efforts serving as a primary organizational focus, MetroPlus determined that it was best to maintain ongoing services with our current vendors.
- Additionally, MetroPlus evaluated current vendor pricing against market benchmarks and determined that the rates provided by both vendors remain competitive, reasonable and aligned with prevailing market pricing.
- Both vendors have consistently delivered strong outcomes in driving increased brand consideration, strengthening acquisition performance, and producing measurable results.
 - This is evidenced by sustained growth in brand consideration over time, steady call volumes with significantly improving lead quality, and a robust digital ROI of approximately 3:1 across a channel that represents 60% of the overall marketing budget.

INCREASED SPENDING AUTHORITY REQUEST

Year	Authority	Term	Average Annual Spend
Original Authority 2021-2026	\$20.0M	5 years (2021-2026)	\$4.0M
Updated spending authority after 2023 Increase	\$35.0M	5 years (2021-2026) <i>Increase spend added to years 2024-2026</i>	\$7.0M-\$10.0M <i>Increased spend in 2025-2026 for expanded strategy for Gold, Medicare, and Ethnic marketing</i>
Proposed Extension and authority increase	\$25.0M	2 years (2026-2028)	\$12.5M Includes increased campaigns, CPI and 10% contingency

- Original Authority was established in 2021 based on projected marketing and media needs at the time.
- In 2023, additional authority was required due to increased campaign and media activity, membership growth initiatives, retention efforts and expanded digital marketing strategies.
- In 2025 and 2026, spending has progressively increased on base LOBs (i.e. EP) as well as an increased marketing strategy for Gold, Medicare, and Ethnic marketing.
- The additional \$25.0M supports a 2-year extension and captures anticipated business needs over the extension period with continued investment in strategic marketing and digital media buying, to support membership growth and retention efforts.

BOARD APPROVAL REQUEST

- Two-year Best Interest Contract Extension with Prager Creative and Bellweather.
- Increased Contract Authority – 25,000,000 inclusive of a 10% contingency.



b. 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

WHEREAS, on June 9th, 2026, the MetroPlus Customer Experience & Marketing 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 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 Board of Directors Meeting

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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.
- On Tuesday, June 9th, 2026, the MetroPlusHealth Customer Experience & Marketing Committee approved this resolution.

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.*



Informational Item

Informational Item

MetroPlusHealth Board of Directors Meeting
June 10th, 2026

COMMUNITY SPONSORSHIP INITIATIVE

- MetroPlus is exploring partnerships with nonprofit community-based organizations to support the purchase and distribution of essential goods for members and communities in need.
- MetroPlus will sponsor the purchase and distribution of essential goods, including food, diapers, and other necessities.
- This sponsorship initiative will provide significant positive brand exposure while improving access to essential resources needed by our members and local communities.
- MetroPlus will provide a total sponsorship of \$2,000,000 over the remainder of 2026.
- Funding for this initiative is secured through a series of anticipated 2026 budget savings. There is no net impact to the 2026 forecast.



New Business

MetroPlusHealth

Board of Directors Meeting

Wednesday, June 10th, 2026

✓ MetroPlusHealth

Regulatory Updates

Raven Ryan Solon

Chief Compliance & Regulatory Officer

Wednesday, June 10th, 2026



NY STATE | 2026 BUDGET ACTIONS

In late May 2026, the NYS Legislature approved the annual budget for the coming fiscal year. The budget included several provisions that are significantly impactful for MetroPlusHealth.

Independent Dispute Resolution (IDR)

- The IDR process serves to resolve payment disputes between providers and the health plan in instances where a member received services from an out of network provider at an in-network facility.
- State rules previously allowed providers to submit IDRs for Medicaid managed care claims.
- IDRs represent a large volume of our overall state complaints and result in millions of dollars in additional payments to providers, Medicaid payments for CY's 2024-2025 totaled \$5M.
- Following two years of engagement with state officials and engagement from advocacy partners, the state budget carved out Medicaid from the IDR process.
- Similar reforms for the commercial lines of business were entertained by the Legislature, but no action was taken.
- MetroPlus Health will continue to advocate for continued reforms for the Essential Plan in hopes of limiting reimbursement to providers.

NY STATE | 2026 STATE BUDGET ACTIONS

- **MCO Tax**

- The MCO Tax is a state levied tax on insurance plans used to draw down additional Federal matching funds to support the state Medicaid program, states are required to secure periodic approval from CMS to impose and extend the tax.
- The Legislature has authorized DOH to seek approval from CMS to extend the MCO tax for 2027, requiring the state to comply with Federal rules that will tax all plans and lines of business at the same rate (0.35% of premium – excluding Medicare and Medicare-funded product premiums).

- **Medicaid Managed Care – Undocumented Members Over 65**

- On January 1, 2024, undocumented individuals over the age of 65 were carved into Medicaid managed care.
- As a result of changes at the Federal level (H.R. 1), this population will retain their Medicaid eligibility but will be returned to Medicaid Fee For Service on January 1, 2027.

- **School Based Health Centers**

- School based health centers operate as licensed primacy care clinics located on or near a school campus.
- Services provided at these clinics were scheduled to be carved into managed care, however, the Legislature decided school-based clinic services will remain carved out of managed care permanently.

Finance Committee Report

Lauren Leverich Castaldo

Chief Financial Officer

Wednesday, June 10th, 2026





Finance Quarter 1 2026

REVENUE UPDATES

Medicaid

- Rate is +0.5% vs. prior, but -3.1% vs. forecast.
- Risk scores declined despite assumption of flat acuity.
- Base/trend increase of 2.4% is well below the 6% forecast.
- Actuarial rate range increased from low to mid-point.
- Enrollment -2.4% vs. forecast due to lower recertifications, higher involuntary disenrollments, and less new enrollments.
- **Revenue Impact: -\$103.8M**

REVENUE UPDATES

HARP

- Rates: -0.8% vs. prior, -1.4% vs. forecast.
- Risk scores declined; flat acuity assumption did not hold.
- Base/trend increase of 2.8%, above the 2% forecast.
- Enrollment -1.7% vs. forecast, driven by higher voluntary disenrollments.
- **Revenue Impact: -\$9.2M**

RISK SCORE MARKET COMPARISON YOY

	Medicaid		HARP	
	Relative Score	25->26 Change	Relative Score	25->26 Change
Fidelis	1.0130	0.5%	0.9990	-2.6%
Healthfirst	1.0381	-1.6%	1.0482	2.7%
Healthplus	1.0122	-0.2%	0.9281	-1.6%
HIP	1.0207	1.7%	0.8632	-1.0%
MetroPlus	0.9063	-1.9%	0.9975	-3.4%
Molina Healthcare of NY	0.9492	5.0%	0.9887	4.4%
United Healthcare of NY	0.9533	10.5%	0.9058	0.5%

- **Medicaid:** -1.9% risk score decrease.
 - Behavioral Health HCBS children add-on factor (new).
 - Updates from United and Molina materially shifted risk scores; Notably, United had 25% increase in both TANF Child and SSI.
- **HARP:** -3.4% risk score decrease.

REVENUE UPDATES

SNP

- Rates: +1.3% vs. prior, but -5.5% vs. forecast.
- Forecast assumed overall +2.5%.
- Unanticipated March 2026 membership decline (unwind of 300 dual eligibles).
- Continued shift towards homeless member-mix, which reimburses below HIV+ recipients.
- **Revenue Impact: -\$18.8M**

2026 QUARTER 1

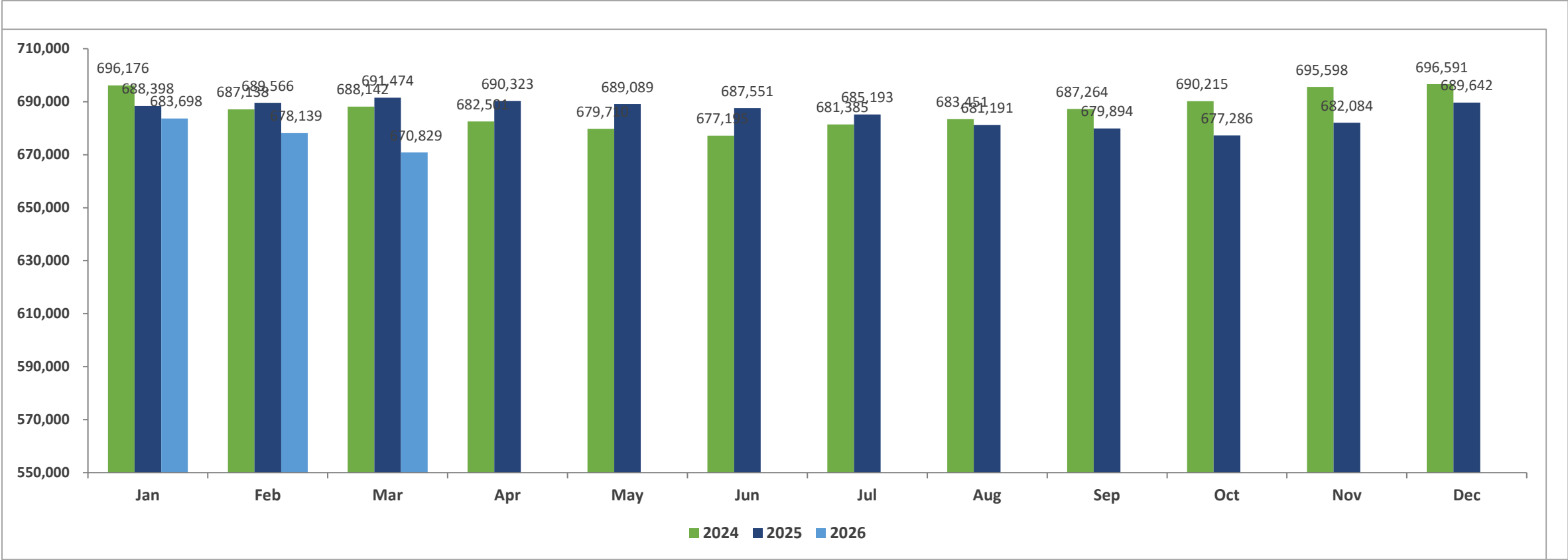
- **Medical Loss Ratio:** 91.9%
- **Administrative Loss Ratio:** 6.4%
- **Operating Margin:** 2.8%
- **Operating Income:** \$40.5 million
- SFY26 Q4 Rates
- Medical Trends lower in Q1, on average 2% less
- EP Membership growth Q1
- HARP challenges, membership, and revenue reductions



Membership

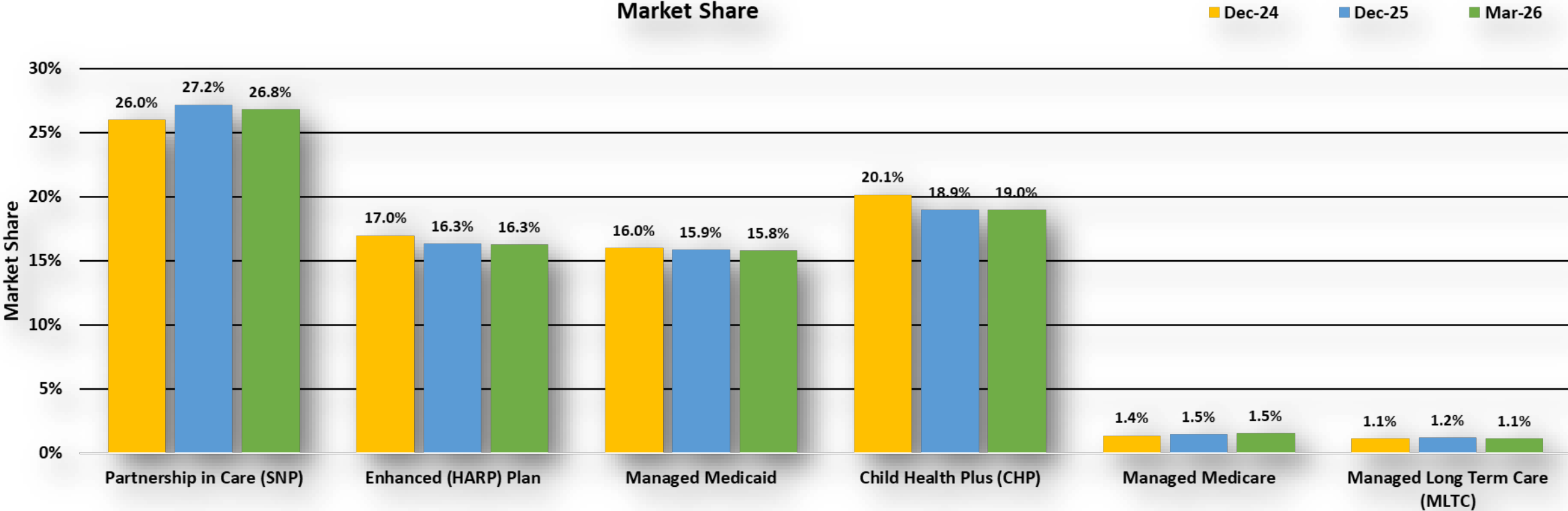
MEMBERSHIP TREND 2024 TO 2026

Total membership is at 670,000 as of March 2026.



MARKET SHARE

- SNP, Medicare and MLTC market has seen slight growth in Q4 2025.
- Medicaid, CHP and HARP has seen slight declines in Q4 2025.



Retention

Dr. Talya Schwartz

President & CEO

Wednesday, June 10th, 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

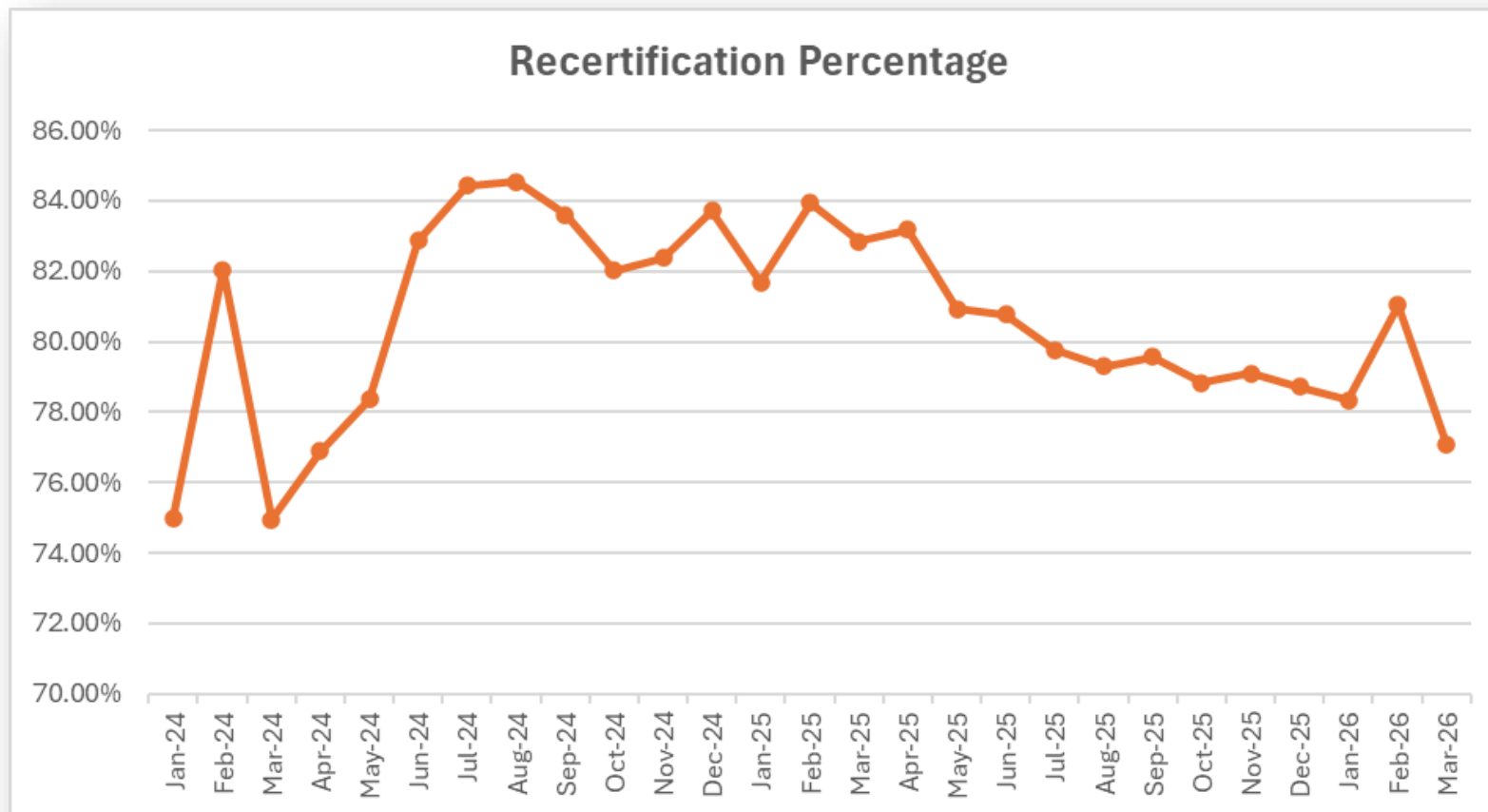
677,214	663,430	-13,874 (-2.04%)
Year-To-Date Forecast	Year-To-Date Actuals	Year-To-Date Gap

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

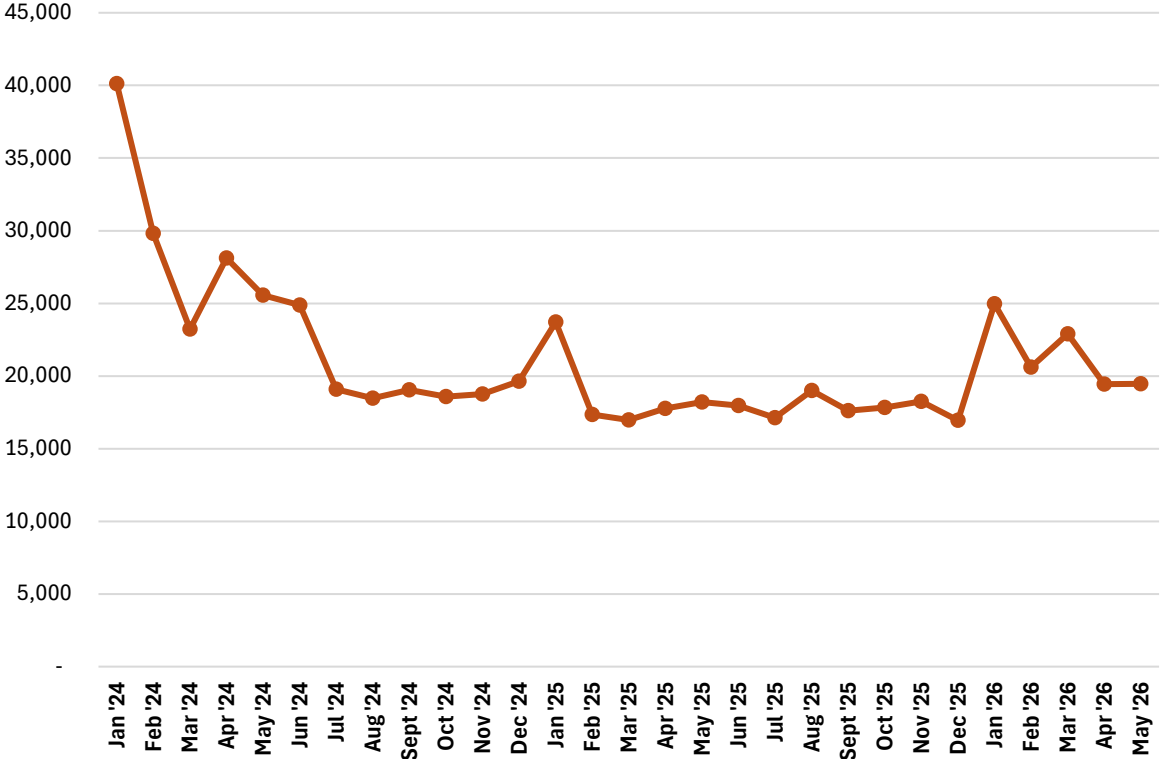
- MPH's member recertification rates are showing a downward trend over the last 6-12 months (from low/mid 80% range to upper 70% range).
- Regulatory and environmental factors are a contributor.
- The trend also indicates that internal factors may play a role in this trend.



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.

Disenrollments



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

Project Edge

Tomasz Kawka

Vice President of Business Transformation

Wednesday, June 10th, 2026



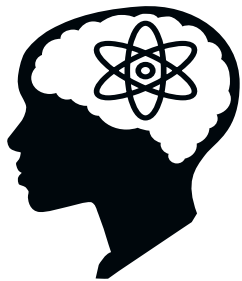
OUR JOURNEY | FROM OPPORTUNITY TO IMPACT

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.

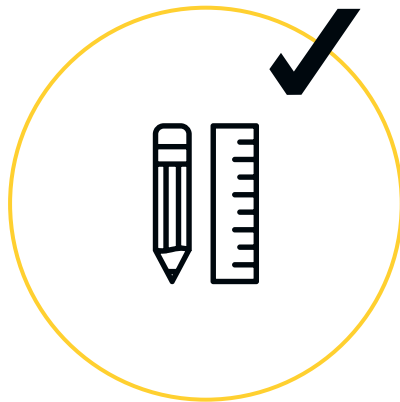
03

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

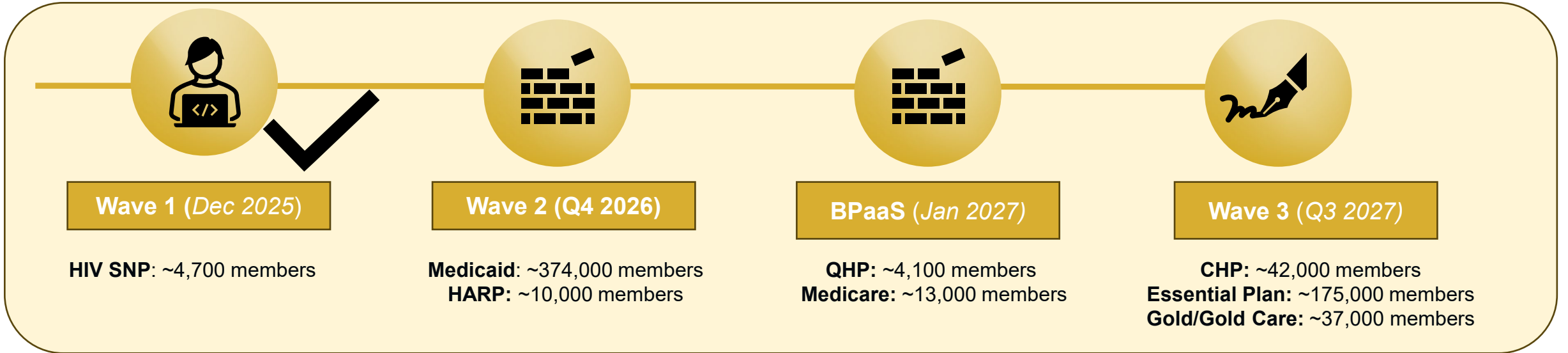
- 10,000+ test cases executed
- 10,000 person hours involved



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

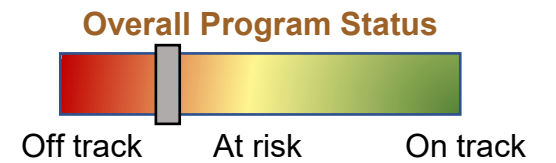
-  Engaged partner to implement and manage operations
-  Builds on investment we made in Transformation
-  Functions performed by SS&C move to a new partner

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

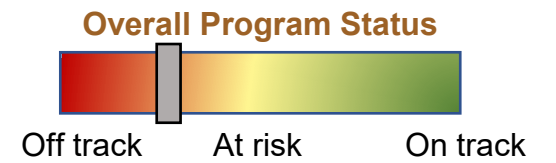
Wave 2 (Medicaid and HARP)

- 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.

Gold Enhancements

Sudha Chatterji

Sr. Director of Customer Experience Strategy & Retention

Wednesday, June 10th, 2026





MPH Gold Plan

Elevating Member Engagement

GOLD IS CRITICAL TO OUR GROWTH AND FUTURE!

Market Position

- **Competitively anchors MPH** through unique benefits, rewards, and concierge customer support.
- **Designed for working New Yorkers**, meeting their real financial and everyday healthcare needs.

Growth & Stability


- Provides **predictable revenue and retention**, helping navigate market shifts and build trust.
- **Strong financial foundation** to support reinvestment and innovation.



WE ARE CONSISTENTLY IMPROVING **GOLD**

- **Lower Costs:** \$0 urgent care copays, lower pharmacy rider fees for individuals and families.
- **Improved Access:** Eliminated referrals all together for in-network specialists to simplify care.
- **More Affordable Medications:** Expanded low-cost drug access.
- **Stronger Maternal Support:** Up to 8 doula visits.
- **Enhanced Coverage:** Expanded podiatry visits (up to 8 annually).
- **Whole Person Care:** Greater focus on preventative and supportive services.

Focused on Cost, Access & Support!



✓ MetroPlusHealthGold
Top-rated health insurance plan made for
NYC HEALTH + HOSPITALS employees.

Gold gives you **over \$5,000** in extras—
like gym memberships, wellness apps,
dietitians, and acupuncture.

More than you expected.
Exactly what you need.

Explore your benefits:
metroplus.org/hh

✓ Metro Plus Health + NYC HEALTH + HOSPITALS

GOLD OFFERS OUR MEMBERS MORE

Rewards Program

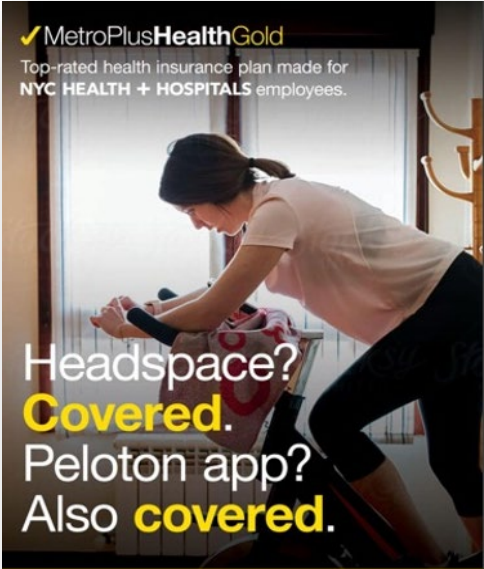
Gold is the **only plan in NYC** that rewards members for healthy behaviors and engagement.

Wellness Support

Gold is a **leader in wellness** offering gym reimbursement and app tools supporting everyday health.

Consistent Experience

Gold builds differentiation through reliable benefits and a seamless member experience.




✓ MetroPlusHealthGold
Top-rated health insurance plan made for
NYC HEALTH + HOSPITALS employees.

Headspace?
Covered.
Peloton app?
Also **covered.**

More than you expected.
Exactly what you need.

Explore your benefits:
metroplus.org/hh

✓ Metro Plus Health + NYC HEALTH+ HOSPITALS



✓ MetroPlusHealthGold
Top-rated health insurance plan made for
NYC HEALTH + HOSPITALS employees.

Gold covers
acupuncture—a
\$1,000 value at
no extra cost.

More than you expected.
Exactly what you need.

Explore your benefits:
metroplus.org/hh

✓ Metro Plus Health + NYC HEALTH+ HOSPITALS

Benefits that matter to our members!

WHY MARKETING + CX MATTERS FOR GOLD

Drive Awareness - Ensure members know about their benefits.

Drive Understanding - Clearly communicate the value of each benefit.

Drive Utilization – Use plain language and real-life examples to explain how and when to use benefits.



✓ MetroPlusHealthGold
Top-rated health insurance plan made for
NYC HEALTH + HOSPITALS employees.

Get everyday medications for
\$0 with no prescription plan.

More than you expected.
Exactly what you need.

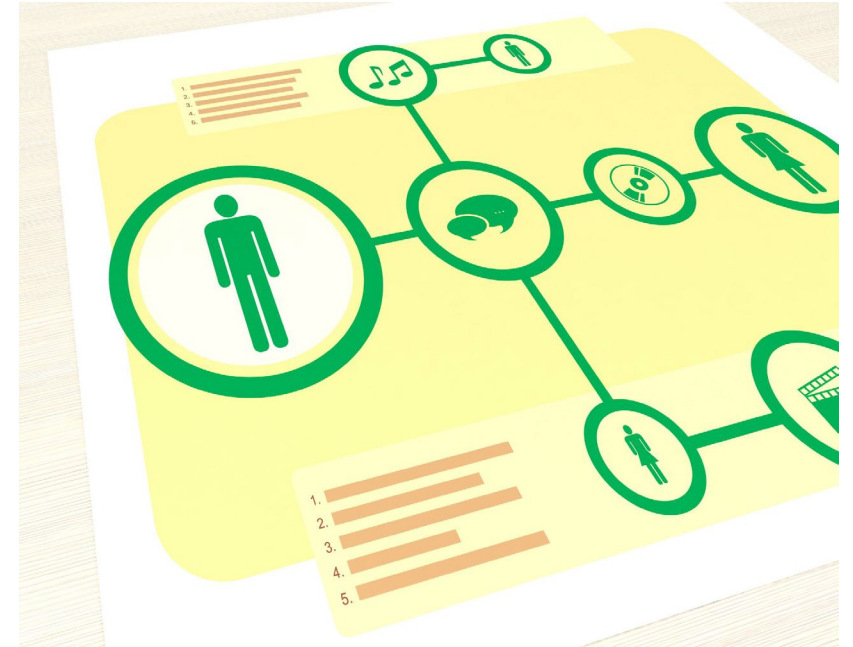
Explore your benefits:
metroplus.org/hh

✓ Metro Plus Health + NYC HEALTH+ HOSPITALS

Make every experience simpler, more helpful, more valuable!

#1 | ENHANCING HOW WE COMMUNICATE GOLD

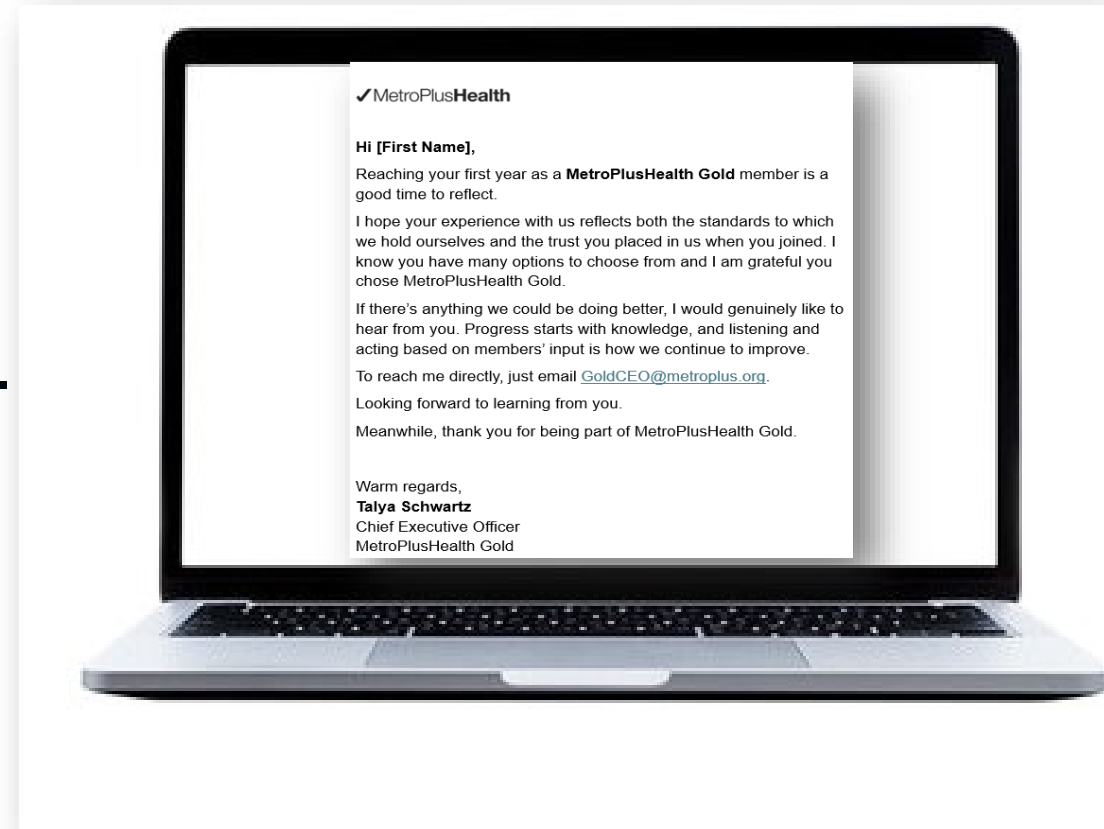
- ❑ **Personalized 90-day onboarding** that welcomes and orients members from day one.
- ❑ **Ongoing engagement and rewards** to sustain connection and reinforce value.
- ❑ **Year-round outreach** featuring tailored messages that strengthens partnership, loyalty and drive retention.



Every touchpoint, grounded in member insights reinforces Gold's value.

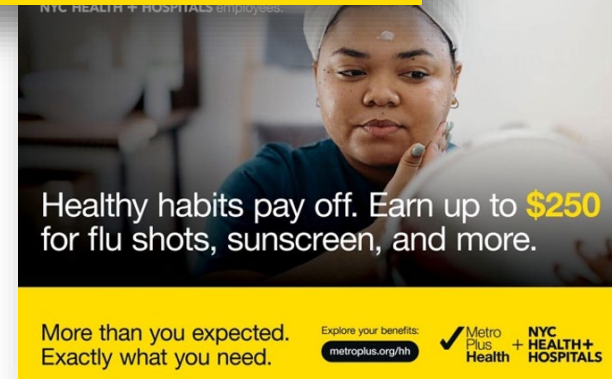
#2 | GOLD CEO OUTREACH THAT BUILDS TRUST

- ❑ **CEO and Customer Service outreach** at every member's one-year anniversary.
- ❑ **Invites feedback** on members overall Gold experience.
- ❑ **Creates a meaningful, high-touch connection.**



#3 | UNLOCKING THE POWER OF GOLD REWARDS

- Launched on 8/1/25 for subscribers
- Expanding to include dependents 8/1/26
 - Out of 38,674 members, 21,056 are registered to earn rewards (54%)
 - Of folks registered:



Use rewards... don't miss the opportunity to get reimbursed.

#4 | THE GOLD SIGNATURE EXPERIENCE



A dedicated support experience designed around our members.

- ❑ Easy access to help and guidance
- ❑ Clear education that reduces confusion
- ❑ A better experience that builds loyalty



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

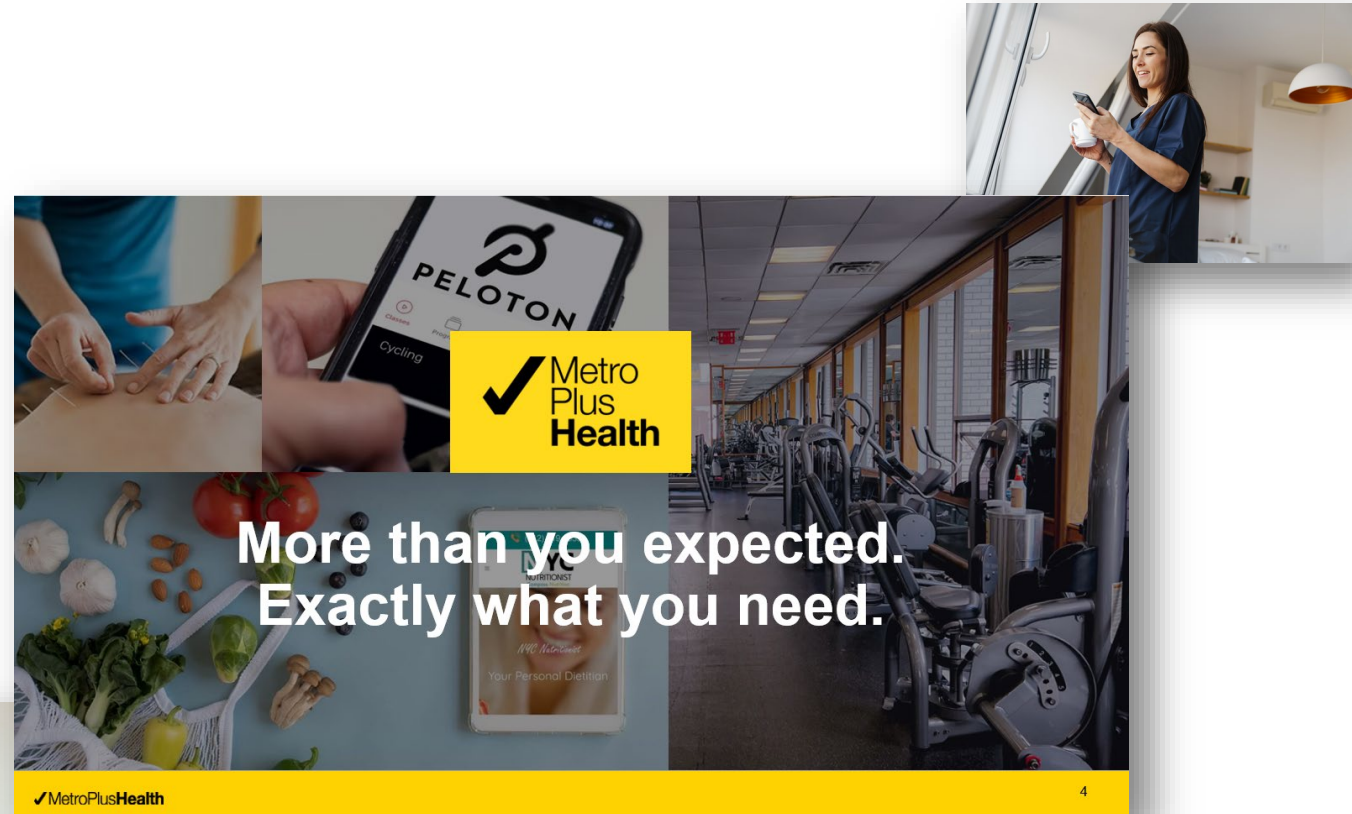


Provider & Care Navigation

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

LEADING WITH VALUE – DELIVERING ON EXPERIENCE

- ✓ A stronger product
- ✓ Greater awareness
- ✓ A more connected experience
- ✓ Deeper engagement
- ✓ Stronger retention
- ✓ Continued growth for Gold





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.

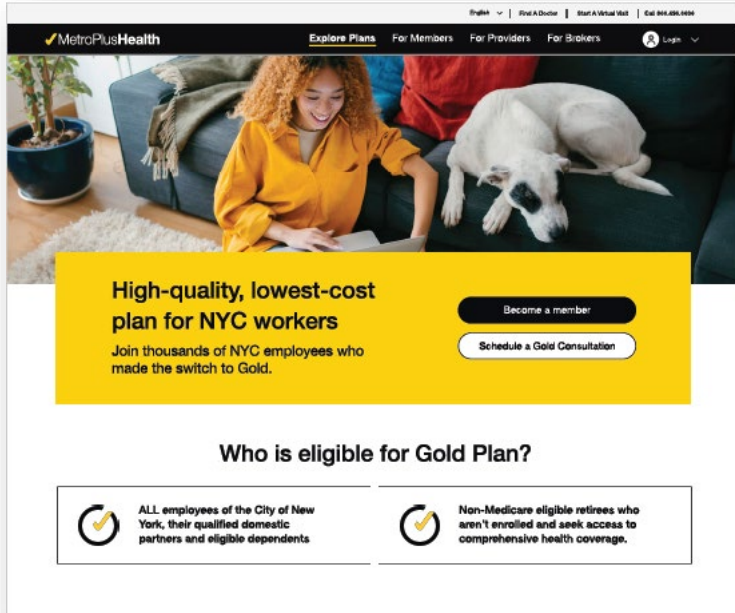
To reach me directly, just email GoldCEO@metroplus.org

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

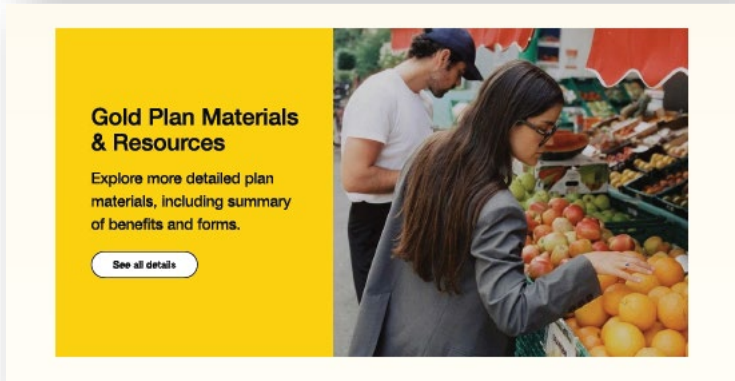
Join thousands of NYC employees who made the switch to Gold.

[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 dietitian 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

“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.



**Minutes
of
March 26th, 2026
Audit & Compliance Committee
Meeting**

MetroPlus Health Plan, Inc.
Audit & Compliance Committee Meeting
Thursday, March 26th, 2026

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 7th Floor Boardroom at 50 Water Street, New York, NY 10004, the 26th day of March 2026 at 10:30 A.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
Vallencia Lloyd
Kathleen Shure

Kathleen Shure, Chair of the Audit & Compliance Committee, called the meeting to order at 10:33 A.M. and Angela Minerva kept the minutes thereof.

ADOPTION OF THE MINUTES

The minutes of the Audit & Compliance meeting held on December 10th, 2025, were presented to the Committee. On a motion by Kathleen Shure and duly seconded, the Committee adopted the minutes.

INFORMATIONAL UPDATE

KPMG | MetroPlusHealth 2025 Audit Report

Kathleen Shure asked KPMG to provide an overview of the 2025 Audit Report. Camille Fremont, Lead Audit Partner and Eric Crossett, Senior Manager, presented. Camille briefly went through the People X Platform and Audit Results Overview. Eric Crossett discussed the Required Communication and Other Open Items, Audit Report, Significant Accounting Policies and Practices, Significant Accounting Estimates and Significant Financial Statement Disclosure. Camille went on to discuss Audit and Other Professional Services & Related Fees and Required Inquiries.

Sally Hernandez-Pinero, MetroPlusHealth Board Chair asked a question regarding the finding discussed at the H+H Committee Meeting regarding Claims paid; Camille advised they resampled all of the Claims and they didn’t have similar issues.

Vallencia Lloyd, Committee Member asked for Camille to further discuss the Claim issue that came up during the H+H Committee Meeting; Camille responded.

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 and Program Measurements and Security Posture for Local Competitors.

Dr. Talya Schwartz, President & CEO, asked Robert Micillo if he had additional concerns in his area based on what's happening in the world; Robert responded that he does have concerns and further went on to discuss his concerns.

Dr. Talya Schwartz advised that MetroPlusHealth is fully separated from H+H; Robert Micillo went on to explain.

Vallencia Lloyd asked Robert if he has concerns regarding the drop of Caremark & Cotiviti; Robert Micillo responded.

INTERNAL AUDIT SUMMARY

Kathleen Shure asked Joseph Sorbello, Director of Internal Audits, to present the Internal Audit Summary. Joseph Sorbello discussed the 2026 Audit Plan and Internal Audit Follow-Up.

COMPLIANCE EXECUTIVE SUMMARY

Kathleen Shure asked that we move on to 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,

Various Board members asked questions regarding audits, if there were any outstanding issues and Business Monitoring; Raven Ryan Solon responded.

Raven Ryan Solon went on to discuss Compliance Highlights which included Activities – Corporate Compliance, Privacy, Compliance Ops Policy & Procedure and Implementations Summary. Raven Ryan Solon then discussed Medicare Regulatory Highlights, State Regulatory Highlights and Commercial/EP/QHP Regulatory Highlights.

Raven Ryan Solon advised that currently there is no guidance from the state regarding HR1 implementation and therefore, we are exploring how to be compliant and support the effort.

EXECUTIVE SESSION

Kathleen Shure called the meeting into Executive Session at 11:28 A.M. so the Committee Members could discuss confidential Audit & Compliance issues related to potential litigation. The Committee approved both the 2026 Compliance Work Plan and the SIU work plan during Executive Session.

The Committee resumed the official meeting at 12:15 P.M.

There being no further business, Kathleen Shure adjourned the meeting at 12:15 P.M.

**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.

**Minutes
of
March 25th, 2026
Finance Committee Meeting**

MetroPlus Health Plan, Inc.
Finance Committee Meeting
Wednesday, March 25th, 2026

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 7th Floor Boardroom at 50 Water Street, New York, NY 10004 on the 25th day of March 2026 at 3:30 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
Dr. Talya Schwartz
James Cassidy

Due to extraordinary circumstances, **Frederick Covino** attended via Videoconference.

Frederick Covino, Chair of the Finance Committee, called the meeting to order at 3:36 P.M. and Angela Minerva kept the minutes thereof.

ADOPTION OF THE MINUTES

The minutes of the Finance Committee meeting held on December 10th, 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 Steven Stein Cushman, Chief Counsel for Committee approval.

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.

Steven Stein Cushman, Chief Counsel provided an overview of the Background, Scope of Work, Proposal Criteria, Overview of Procurement 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 Lauren Leverich Castaldo, Chief Financial Officer for Committee approval.

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.

Lauren Leverich Castaldo, Chief Financial Officer, provided an overview of the Background, Cost Reductions 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 **third** resolution was presented by Ganesh Ramratan, Chief Information Officer for Committee approval.

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.

Ganesh Ramratan, Chief Information Officer, provided a detailed overview of the Amendment Request, the New Scope of Service and Board Approval Request.

Frederick Covino asked a question regarding testing services; Ganesh Ramratan responded.

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

A **fourth** resolution was presented by Ganesh Ramratan, Chief Information Officer for Committee approval.

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.

Ganesh Ramratan, Chief Information Officer provided a detailed overview of the Background, Authority Increase for Resource Extension, Spending Request Authority and Board Approval Request.

Frederick Covino asked a question regarding when go live is scheduled; Ganesh advised it would go live during Wave 2 in August.

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

Lauren Leverich Castaldo, Chief Financial Officer went on to discuss the Finance Committee Report, specifically covering the 2025 Q4 Utilization Summary, Rate Updates, Risk Adjustment, Net Income by Line of Business, All LOB Review, Admin Expense – Budget vs. Actual, Metroplus VBP| Q4 2024 vs. Q4 2025, Membership, Marketshare, Procurement and Providers Added to the Network During Q4 2025.

Dr. Talay Schwartz, President & CEO asked Lauren Leverich Castaldo a question regarding rates; Lauren Leverich Castaldo responded.

Sally Hernandez Pinero, Board Chair asked a question regarding NYS Trust; Lauren Leverich Castatldo responded.

Executive Session

Frederick Covino called the meeting into Executive Session at 4:21 P.M. so the Committee members could receive legal advice from the Chief Counsel and hear presentations on two confidential matters. The Committee approved resolutions on both confidential agreements based on a motion by Frederick Covino, which were duly seconded and unanimously adopted by the Committee.

The Finance Committee resumed the official meeting at 4:58 P.M.

There being no further business, Frederick Covino adjourned the meeting at 4:58 P.M.