MetroPlusHealth

FINANCE COMMITTEE
Wednesday, September 16th @ 2:00 P.M.
50 Water Street, 7th Floor Board Room
New York, N.Y. 10004

AGENDA

Call To Order	**Frederick Covino**
Old Business	
Adoption of Minutes | June 9th, 2026	**Frederick Covino**
Action Items	
a. *Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or the "Plan")* ***to execute a one-year best interest contract extension and increase the spending authority, with Availity LLC ("Availity") for an amount not to exceed, $2,000,000*** *for a new total not to exceed contract authority amount of $4,500,000.*	**Ganesh Ramratan**
b. *Authorizing the submission of a resolution to the Board of Directors of the New York City Health and Hospitals ("NYC Health + Hospitals"),* ***to authorize the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or "the Plan") to execute a contract with OptumInsight, Inc. ("Optum")*** *to provide Risk Adjustment services for a term of three years with two 1-year options to renew, solely exercisable by MetroPlus, for an amount not to exceed $30,000,000, which includes a 20% contingency, for the total 5-year term.*	**Lauren Leverich Castaldo**
New Business	
Finance Committee Report	**Lauren Leverich Castaldo**
Executive Session	
Adjournment	**Frederick Covino**

Minutes
of
June 9th, 2026
Finance Committee Meeting

MetroPlus Health Plan, Inc.
Finance Committee Meeting
Tuesday, June 9th, 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 9th day of June 2026 at 2:00 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
Frederick Covino

Frederick Covino, Chair of the Finance Committee, called the meeting to order at 2:01 P.M. and Angela Minerva kept the minutes thereof.

ADOPTION OF THE MINUTES

The minutes of the Finance Committee meeting held on Wednesday, March 25th, 2026 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 Tali Leger, Senior Director of Procurement for Committee approval.

> *Authorizing the submission of a resolution to the Board of Directors of the New York City Health and Hospitals ("NYC Health + Hospitals"),* ***to authorize the Executive Director of MetroPlus Health Plan, Inc. ("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.*

Tali Leger provided an overview of the Background, Best Interest Justification, Increased Spending Authority Request and Board Approval Request.

Board members asked questions regarding yearly spending; Tali Leger responded and went through the spend breakdown.

Frederick Covino shared supporting statements.

Dr. Talya Schwartz, President & CEO shared comments; Board Members commented on how we should communicate to members regarding upcoming changes due to HR1.

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 2026 Q1 Utilization Summary, Revenue Updates – Medicaid, Revenue Updates – HARP, Revenue Updates – SNP, Risk Score Market Comparison YOY, Other Anticipated Rate Changes, Revenue – Original vs. Restate Forecast, Net Income by Line of Business, All LOB Review, Administrative Expense – Budget vs. Actual, MetroPlusHealth VBP – Q1 2026 vs. Q1 2025, Membership Trend 2024 to 2026, Market share, Procurement - Solicitation in Pipeline and Provider Contracting Strategy.

Board members asked questions regarding Health home expense PMPM increase, Medicaid rates, premium differences in SNP and state work requirements.

Lauren Leverich Castaldo responded to all questions; Dr. Schwartz commented and responded as well.

There being no further business, Frederick Covino adjourned the meeting at 2:36 P.M.

Resolution

a. Resolution

RESOLUTION

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or the "Plan") ***to execute a one-year best interest contract extension and increase the spending authority, with Availity LLC ("Availity") for an amount not to exceed, $2,000,000*** *for a new total not to exceed contract authority amount of $4,500,000.*

WHEREAS, MetroPlus is certified under Section 4403(a) of the Public Health Law of the State of New York as a Health Maintenance Organization and has organized a plan for the provision of Prepaid Health Services to its members; and

WHEREAS, Availity provides electronic transaction services to MetroPlus; and

WHEREAS, Availity transmits transactions submitted to MetroPlus, using a provider engagement portal as a direct entry for x12, 837, 835, 270, 276 transactions; and

WHEREAS, MetroPlus is seeking an additional one-year contract extension and an increase in spending authority in the amount of $2,000,000, for a total not-to-exceed contract amount of $4,500,000 for a three-year term.

NOW THEREFORE BE IT

RESOLVED, the Executive Director of MetroPlus is hereby authorized to execute a one year best interest extension and increase the spending authority for the contract for Electronic Transaction Services, with Availity LLC ("Availity") for an amount not to exceed, $2,000,000 for a total not to exceed contract authority amount of $4,500,000 over a three-year contract term.

EXECUTIVE SUMMARY

AUTHORIZING METROPLUS HEALTH PLAN, INC. TO INCREASE ITS CURRENT SPENDING AUTHORITY WITH AVAILITY LLC.

BACKGROUND: Availity serves as MetroPlus' current primary EDI clearinghouse, supporting more than 70% of all EDI transaction volume, making it a critical component of current operations and provider connectivity. Availity processes X12, 837, 835, 270, and 276 transactions.

NEED: MetroPlus is seeking an increase in spending authority, and a one-year best interest contract extension, for electronic transaction services/ electronic data interchange services from Availity. MetroPlus intends to release an RFP in 2026 for EDI transaction services. Availity is essential to maintaining service continuity, across both our legacy core operating system, as well as the HealthEdge platform. Availity offers a more cost-advantageous solution compared to our previous vendor.

PROPOSAL: MetroPlus is seeking an additional one-year contract extension and an increase in spending authority in the amount of $2,000,000, for a total not-to-exceed contract amount of $4,500,000 over a three- year term.

Application for Best Interest Contract Extension and Increased Spending Authority

Electronic Transaction Services | Availity

Ganesh Ramratan

Chief Information Officer

MetroPlusHealth Finance Committee Meeting

Wednesday, September 16th, 2026

MetroPlusHealth

BACKGROUND

- MetroPlusHealth is seeking approval for a one-year best interest extension and an increase in spending authority of $2 million, for its contract with Availity LLC (“Availity”), which provides electronic transaction and EDI services, including X12, 837, 835, 270, and 276 transactions.
- MetroPlusHealth has been working with Availity since the Change Healthcare cyberattack occurred back in 2024. Availity came on board and provided basic transactional processing to MetroPlusHealth free of charge. Following Availity's successful support during that period, MetroPlusHealth transitioned much of its EDI processing to Availity and has continued to leverage the platform.
- The MetroPlusHealth Board of Directors approved an initial spending authority of $1,000,000 in December 2024 for a one-year term and subsequently approved an additional one-year extension and a $1,500,000 million increase in authority in December 2025, bringing the total contract authority amount to $2,500,000 for a two-year contract term.
- MetroPlusHealth is requesting approval for an additional one-year contract extension and an increase in contract authority in the amount of $2,000,000 to allow MetroPlus to continue leveraging Availity's EDI services, while completing the planned procurement.

BEST INTEREST JUSTIFICATION

- MetroPlusHealth plans to issue a competitive RFP for EDI transaction services in Fall 2026. The procurement was intentionally deferred from 2025 to allow organizational resources to remain focused on the successful implementation of Project Edge.
- Continuing with Availity is essential to maintaining operational continuity during the transition to HealthEdge and ongoing support of the legacy core platform, minimizing implementation risk and disruption to provider transaction processing.
- Availity serves as MetroPlusHealth's current primary EDI clearinghouse, supporting more than 70% of all EDI transaction volume, making it a critical component of current operations and provider connectivity.
- Availity provides a cost-effective solution relative to previous vendors, delivering competitive pricing while supporting MetroPlusHealth's operational and financial objectives.
- The vendor's bundled pricing model includes key EDI transaction types (X12, 837, 835, 270, and 276), providing greater value compared to individually priced transaction models.
- The future-state strategy includes awarding multiple clearinghouse vendors to enhance redundancy, flexibility, and business continuity.
- Continuing with Availity for an additional year, ensures uninterrupted operations, cost efficiency, and allows us the time to complete an RFP and transition to a multi-clearinghouse strategy.

INCREASED SPENDING AUTHORITY REQUEST

- Original Contract Authority **$1,000,000.**
- 2025 Increased Contract Authority Request **$1,500,000.**
- 2026 Increased Contract Authority Request **$2,000,000.**
- **New Total Authority – 4,500,000 for a three-year term.**

BOARD APPROVAL REQUEST

MetroPlusHealth is seeking an additional one-year contract extension and an increase in spending authority in the amount of $2,000,000, for a total not-to-exceed contract amount of $4,500,000.

b. 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. ("MetroPlus" or "the Plan") to execute a contract with OptumInsight, Inc.** ("Optum") to provide Risk Adjustment services for a term of three years with two 1-year options to renew, solely exercisable by MetroPlus, for an amount not to exceed $30,000,000, which includes a 20% contingency, for the total 5-year term.*

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, MetroPlus requires a vendor to enhance the ability to perform risk related activities to ensure a complete capture of chronic conditions, and

WHEREAS, MetroPlus requires these services to ensure that premiums reflect member conditions and medical needs/expenses by confirming pertinent member diagnosis codes are captured and submitted to CMS or the NY State Department of Health; and

WHEREAS, an RFP for Risk Adjustment services was issued in April 2026 in compliance with MetroPlus' contracting policies and procedures; and

WHEREAS, Optum was the vendor selected to provide these services.

NOW THEREFORE, be it

RESOLVED, that a resolution will be submitted to the Board of Directors of New York), to authorize the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or "the Plan") to execute a contract with OptumInsight, Inc. ("Optum") to provide Risk Adjustment services for a term of three years with two 1-year options to renew, solely exercisable by MetroPlus, for an amount not to exceed $30,000,000 for the total 5-year term.

EXECUTIVE SUMMARY

OVERVIEW:	MetroPlus seeks a vendor solution to perform risk-related activities to enhance its internal efforts to partner with providers and facilities on the importance of appropriate coding. The vendor will provide: (1) Risk Adjustment Analytics for Medicaid, HARP, Essential Plan, CHP, Medicare (incl. MAP) and QHP populations. This includes calculating member and plan-level risk scores, identifying members with risk condition gaps, financial impact reports and generating provider "chase lists" for targeted members. (2) Chart Retrieval and Coding Services. This includes retrieving medical records from our provider network, digitizing and indexing records, coding the records and delivering finished coding extracts and PDF chart images to MetroPlus.
PROCUREMENT:	MetroPlus issued a Request for Proposals on April 10, 2026. 13 proposals were received, evaluated, and scored by an Evaluation Committee on relevance and quality of experience, reporting and integration capabilities, ability to adhere to the scope of work, cost and MWBE utilization plan or MWBE status. 5 vendors were moved to presentations. On July 15, 2026, final scoring was concluded and OptumInsight was selected on these criteria.
TERM:	The term of the proposed agreement is three years with two one-year options to renew solely exercisable by MetroPlus.
MWBE:	A full MWBE waiver has been submitted

Application to Enter into Contract

Risk Adjustment Services
OptumInsight,Inc.

Lauren Leverich Castaldo, Chief Financial Officer

MetroPlusHealth Board of Directors Meeting

September 17, 2026

BACKGROUND

- MetroPlus is seeking authority to contract with OptumInsight, Inc. ("Optum") for risk adjustment services.
- MetroPlus requires these services to ensure that premiums reflect member conditions and medical needs/expenses by confirming pertinent member diagnosis codes are captured and submitted to CMS or the NY State Department of Health.
- MetroPlus requires a new contract because the current contract is set to expire on 3/31/2027.
- MetroPlus procured these services through an RFP.
- MetroPlus is seeking authority in the amount not to exceed, $30,000,000, including a 20% contingency, for a total of 5 years, inclusive of renewal terms.

SCOPE OF WORK

- Risk Adjustment Analytics for Medicaid, HARP, Essential Plan, CHP, Medicare (incl. MAP) and QHP populations.
    - This includes calculating member- and plan-level risk scores, identifying members with risk condition gaps, financial impact reports and generating provider “chase lists” for targeted members.

- Chart Retrieval and Coding Services
    - This includes retrieving medical records from our provider network, digitizing and indexing records, coding the records and delivering finished coding extracts and PDF chart images to MetroPlus.

SERVICE NEEDS

The Optum Risk Adjustment Services have been a critical component to the MetroPlus Risk Adjustment strategy, allowing us to properly document the health status of our population. This has led to improved risk adjustment premium revenue:

LOB	Avg. Annual Spend	Avg. Premium Increase	ROI
QHP	$500,000	$3,500,000	7X
Medicare	$705,000	$7,500,000	11X
Medicaid	$1,600,000	$12,750,000	8X
HARP	$600,000	$11,000,000	18X
Essential Plan	$1,000,000	$13,500,000	14X
Total	**$4,405,000**	**$48,250,000**	**11X**

OVERVIEW OF PROCUREMENT

- 4/10/26 | Request for Proposal sent to 13 vendors and advertised in City Record.
- 5/8/26 | Proposals due. 13 proposals were received and 12 of the vendors met the minimum qualifications to proceed.
- 6/3/26 | Initial scoring concluded. Five vendors were selected to move to presentations.
- 6/18/26 – 6/30/26 | Vendor presentations were conducted.
- 7/15/26 | Final scoring concluded. Optum was selected by the evaluation committee
- 7/28/26 – 8/4/26 | References check conducted.

VENDOR SELECTION

Analytics

- Optum was the only finalist capable of delivering analytics across all required lines of business (LOBs) while also bringing direct CRG model experience across Medicaid, HARP, EP, and CHP.
- Optum demonstrated a sophisticated analytics platform capable of identifying and stratifying risk at the member, provider, and health plan levels. Additionally, they can deliver financial forecasting and projection capabilities for the Medicare line of business, supporting more informed strategic and operational decision-making.

Chart Retrieval and Coding

- Optum demonstrated its ability to retrieve medical records from both hard-to-reach community providers and large health systems, a critical capability for maximizing chart retrieval performance.
- Our longstanding relationship with Optum has resulted in sustained gains in chart retrieval and coding accuracy, with current performance exceeding industry averages and supporting stronger risk adjustment outcomes.

COSTS

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Chart Retrieval/Coding	3,245,948	3,376,658	3,616,604	3,912,378	4,230,721	18,382,310
Ancillary Retrieval/Coding Costs	324,595	337,666	361,660	391,238	423,072	1,838,231
Analytics	850,876	876,402	938,802	1,015,315	1,098,063	4,779,459
Contingency (20%)	884,284	918,145	983,413	1,063,786	1,150,371	5,000,000
Total	5,305,703	5,508,872	5,900,480	6,382,717	6,902,228	30,000,000

The new contract results in a savings of $1.5M over five years compared to our current pricing.

Pricing Structure
Analytics Services: PMPM pricing across participating LOBs (Medicaid, HARP, EP, CHP, QHP, MA, and MAP).
Pricing is $0.15 PMPM for Years 1-2, increasing by $0.01 PMPM beginning in Year 3.
Chart Retrieval: Hybrid retrieval model leveraging both digital and traditional methods.

- Digital Retrieval: $7.50 per record (approximately 40% of records)
- Traditional Retrieval: $15.20 per record (approximately 60% of records)
- Annual retrieval volume is estimated at 18% of total membership.

Coding Services: Pricing varies based on the line of business complexity.
MA and QHP: $17.40 per chart
Medicaid, HARP, EP, CHP, and MAP: $27.90 per chart

BOARD APPROVAL REQUEST

- Seeking a 3-year contract with 2 one-year options to renew.
- Anticipated contract start date: 4/1/2027
- Total Contract Authority Request - $30,000,000 for the full contract term.
- MWBE – Optum has submitted a request for a full waiver. Optum has advised that all solutions proposed to fulfill this scope will be self-performed by Optum. They have stated that if a sourcing opportunity becomes available in the future, Optum will work with diverse suppliers where possible. Due to the specialized nature of the services there are limited subcontracting opportunities. The work is generally performed in-house, and waiver requests were submitted by nearly all proposers.

Metro
Plus
Health

metroplus.org

New Business

MetroPlus**Health**

Finance Committee Meeting

Wednesday, September 16th, 2026

Finance Committee Report

Lauren Leverich Castaldo

Chief Financial Officer

Wednesday, September 16th, 2026

Metro Plus Health

Finance Quarter 2 2026

MetroPlusHealth

2026 Q1 UTILIZATION SUMMARY

- Overall, inpatient medical admission tracked closely with the previous year, with expenses down in MCAD, CHP, PIC-SNP and trending up in QHP and MA.

- IP BH expense rose in MCAD, HARP, EP and MA. MH overall remained stable or dropped, while the increase was driven by SUD and Residential Services (RTC).

- OP BH expense and utilization continue to stay strong across MMC, CHP, MetroPlus Gold and EP members. Part of this is contributed by utilization, more utilizers, and rate increase (COLA adjustment) for each fiscal year.

- Pharmacy expenses increased across EP, MMC, MA, and Gold. Major cost-driving categories include PD1/PDL1s,other antineoplastic injectables and immune/blood disorder injectables.

- Vision saw a broad increase throughout the plan, with more utilizers receiving largely routine examinations and imaging. The expense PMPM remained in the range of $2 - $5 PMPM across LOB.

REVENUE UPDATES

MetroPlus Gold

- July 2026 rates increased 4.4% over the prior rate to align with the HIP base rate, close to the 5% increase forecast.
- To hold our position as the market's lowest-cost plan, standard pharmacy rider rates decreased 12%; grandfathered rates were unchanged.
- Enrollment is 3% above forecast, tracking toward the 40K member goal by year-end.
- **Revenue Impact:** $7.3M

REVENUE UPDATES

Child Health Plus

- January 2026 rates were adjusted upward following a correction to a risk score miscalculation.
- Risk scores rose by 5 points as a result of the correction.
- Enrollment is almost 6% below forecast, driven by fewer recertifications and fewer new enrollments.
- **Revenue impact:** $6M increase from the original rate.

Essential Plan

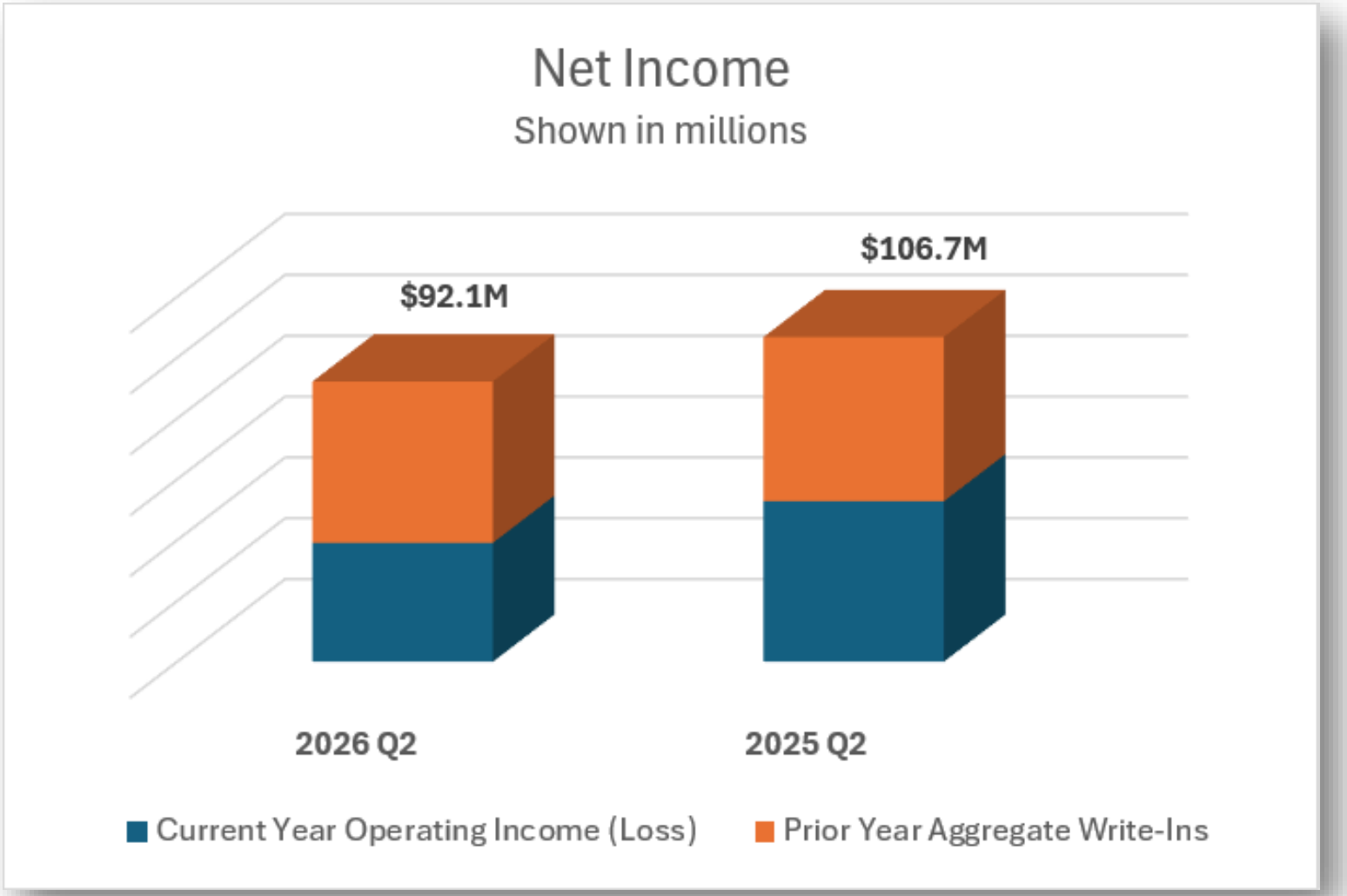
- Rates remain unchanged, apart from the elimination of EP5 effective June 30th, 2026.

OTHER ANTICIPATED RATE CHANGES

Pending revisions to the April 2025 and April 2026 rate packages

- New York State enacted its FY27 budget in May.
- Remaining budget proposals still to be implemented, along with managed care benefit and fee schedule updates.
- Updates under HR1, including new Medicaid work requirements.

NET INCOME BY LINE OF BUSINESS



ALL LOB REVIEW

All Lines of Business

	Q2 2026	Original Forecast	CY 2026 (Q2 Update)
Membership	660,704	679,584	645,180
Member Months	4,027,101	4,077,506	7,742,154
	PMPM		
Revenue	$579.80	$587.22	$587.67
Expenses	$470.84	$488.57	$482.59
Value Based Payment (VBP)	$56.33	$44.47	$49.86
Administrative Expenses	$46.69	$50.44	$51.15
Investment Income	$8.99	$5.71	$5.81
State-Directed Payments/MCO Tax	$2.11	$0.54	$1.29
Net Operating Adjusted Income	$17.04	$9.99	$11.18
Aggregate Write-Ins (PY)	$5.84		
Net Income	$22.88		

- Revenue growth was partially offset by lower-than-expected risk adjustment contributions.
- Benefit expense continues to trend favorably.
- Investment income remains a significant contributor to operating income.

REVENUE | ORIGINAL VS. RESTATE FORECAST

Enrollment and April 2026 rates are both unfavorable to original projection.

- **Enrollment:** -1.8% vs. forecast, driven by larger-than-expected declines in Medicaid and CHP.
- **Rates:** -1.1% vs. forecast due to unfavorable risk score updates and lower base/trend increases.
- **Overall revenue impact: -$100M**

ADMINISTRATIVE EXPENSE | BUDGET VS. ACTUAL

For the **6 months ending June 30, 2026**, the total administrative expenses of **$187.2M** were **$2.2M (1.2%) favorable** to budget. PS was unfavorable by **$2.4M,** which was completely offset by OTPS favorability of **$4.6M**.

Payment Integrity

MetroPlusHealth

PAYMENT INTEGRITY RECOVERY ACTIVITY | JANUARY TO JUNE 2026

Internal MetroPlus programs

- Savings of approximately $9.1 million, ($14.5 million through same period in 2025).

High dollar claims, itemized bill review and data mining (Vendor)

- Savings of approximately $3.9 million ($8.2 million through same period in 2025).

DRG review and clinical validation (Vendor)

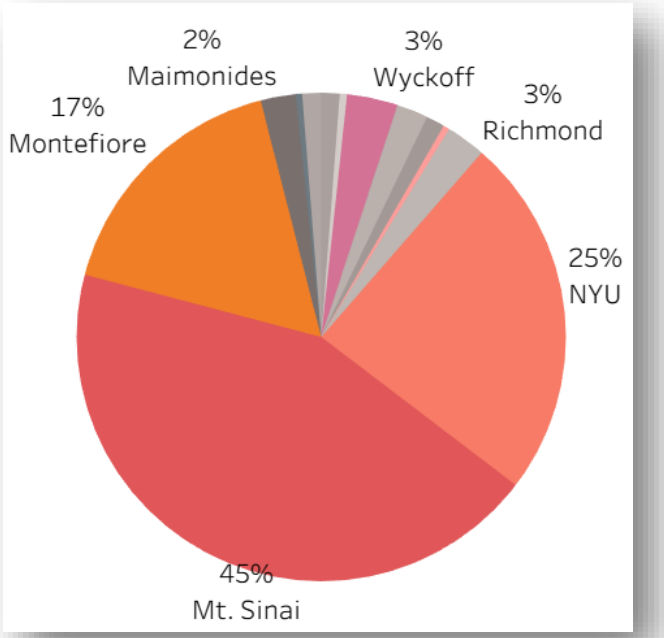
- Savings of approximately $2.5 million ($6.3 million through same period in 2025)
- In Q2, VARIS reviewed 320 appeals from 18 health systems of which 316 were upheld (98.8%).

VBP Performance

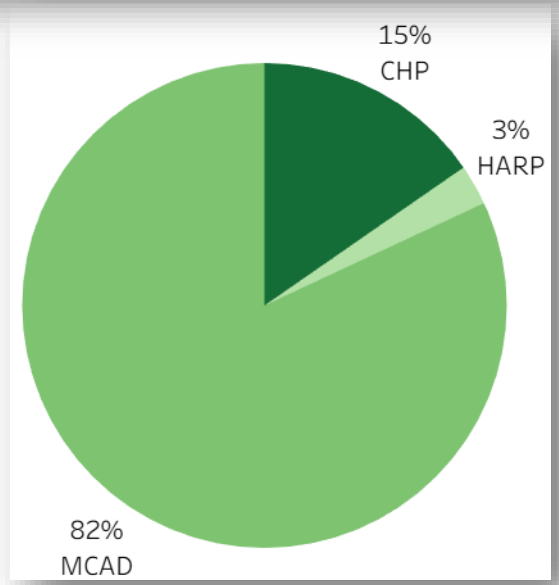
MetroPlusHealth

METROPLUS VBP | Q2 2026 VS Q2 2025

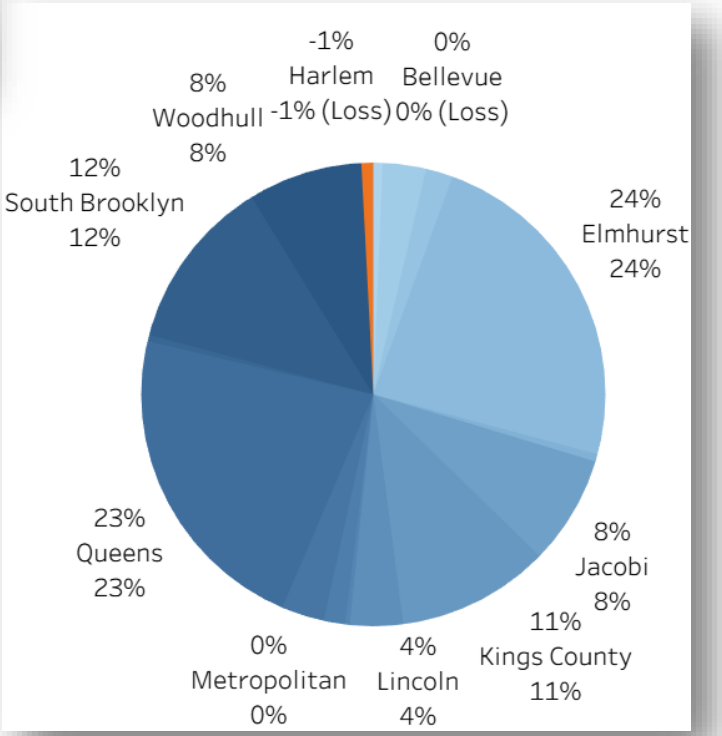
Risk Network	Timeframe Q2 2026	Q2 2025
H+H	$67.08	$46.26
MetroPlus	$-35.27	$-80.66
SOMOS	$37.29	$15.03
Total	$53.58	$31.68



Retained Risk Loss Attribution



SOMOS

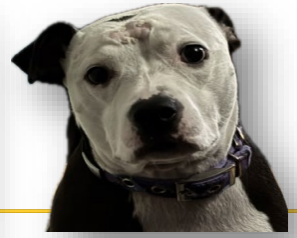


H+H Attribution

Finalized Rate Filings 2027

MetroPlusHealth

MEDICARE 2027

- Most generous supplemental benefit package over our competitors!!!
- Benefit enhancements position plan for improved member satisfaction, retention, and competitive differentiation.
- Advantage and UltraCare plans expand core supplemental benefits, including hearing, vision, transportation, and wellness services.
- Platinum plan adds OTC and comprehensive dental coverage while eliminating member premiums.

2027 Flex Card Offerings Advantage and UltraCare:

- Groceries
- OTC
- Utilities
- Pet Supplies
- Chiropractor visits
- Bathroom Safety Devices
- PERS
- **Rent Assistance- New**

MEDICARE 2027 SUPPLEMENTAL BENEFITS

	ADVANTAGE 2026	ADVANTAGE 2027	ULTRACARE 2026	ULTRACARE 2027	PLATINUM 2026	PLATINUM 2027
FLEX Quarterly	$500	**$780**	$500	**$780**	$0	**$60 *OTC only**
Vision	$450	**$500**	$500	**$500**	$500	**$500**
Podiatry	8 Visits	**12 Visits**	8 Visits	**12 Visits**	N/A	**N/A**
Medical Transportation	48	**50**	Unlimited	**80**	N/A	**N/A**
Hearing Aids	$500	**$2,000**	$500	**$2,000**	$500	**$2,000**
Hearing Exam and Fitting	N/A	**Included**	N/A	**Included**	Included	**Included**
Dietary Benefit	6 Visits	**Unlimited**	6 Visits	**Unlimited**	N/A	**N/A**
Acupuncture	20 Visits	**Unlimited**	20 Visits	**Unlimited**	N/A	**N/A**
Preventative Dental	Included	**Included**	Included	**Included**	N/A	**Included**
Comprehensive Dental	Included	**Included**	Included	**Included**	N/A	**Included**

QHP 2027

QHP

- 17% Requested Rate Increase due to trend and high claims experience with membership shift to Gold and Platinum.
- Request lowered to15% based on positive Risk Adjustment results.
- **Final Rate decision 0%**
- Market standing maintained for 2027.

QHP 2027 COMPETITIVE LANDSCAPE

Company Name	Requested Rate	Approved Rate	Reduction
Anthem HP, LLC (Formerly Empire HealthPlus)*	11.3%	-3.1%	-127.4%
CDPHP*	1.4%	0.0%	-100.0%
Emblem (HIP)*	26.8%	0.0%	-100.0%
Excellus*	17.2%	12.2%	-29.1%
Fidelis (NY Quality Healthcare Corp)*	28.4%	8.0%	-71.8%
Healthfirst PHSP, Inc.*	14.9%	5.1%	-65.8%
Highmark (Formerly HealthNow)*	23.8%	12.2%	-48.7%
IHBC*	14.2%	0.0%	-100.0%
MetroPlus*	17.0%	0.0%	-100.0%
MVP Health Plan*	10.7%	10.7%	0.0%
Oscar*	23.8%	3.9%	-83.3%
UnitedHealthcare of NY Inc.*	52.1%	8.1%	-84.5%
Summary	**20.7%**	**6.0%**	**-70.9%**

Highlighted plans are in our service area.

- Significant reduction or 0% rate action across the competitive market for 2027.
- MetroPlusHealth maintains current market standing.
- **Bronze:** Lowest cost is Fidelis by $62 with MetroPlus being 3rd lowest.
- **Silver:** Lowest cost is Fidelis by $150 with MetroPlus being 3rd lowest.

GOLD AND GOLDCARE 2027

Gold: Effective 1/1/2027

- 8 Doula visits for $0 cost sharing
- 8 Podiatry visits for $0 cost sharing
- Urgent Care cost sharing **lowering** from $25 to **$0!**
- Adding Dependents for Rewards!
- Adding RX Concierge: Align plan members with manufacturer copay assistance via outreach from the CVS Health member advocacy team and reduce member spend on non-specialty brands.

GoldCare

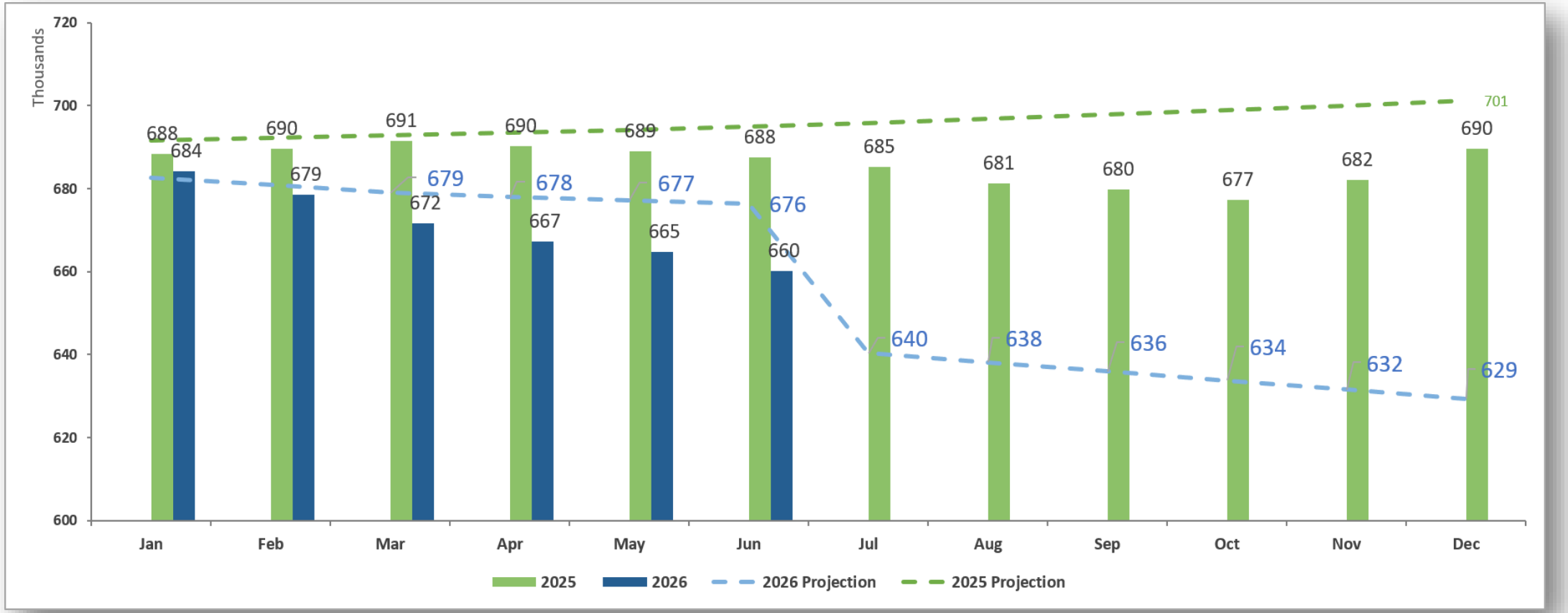
- Approved 2.8% rate increase as filed!
- No Benefit changes

Membership

MetroPlusHealth

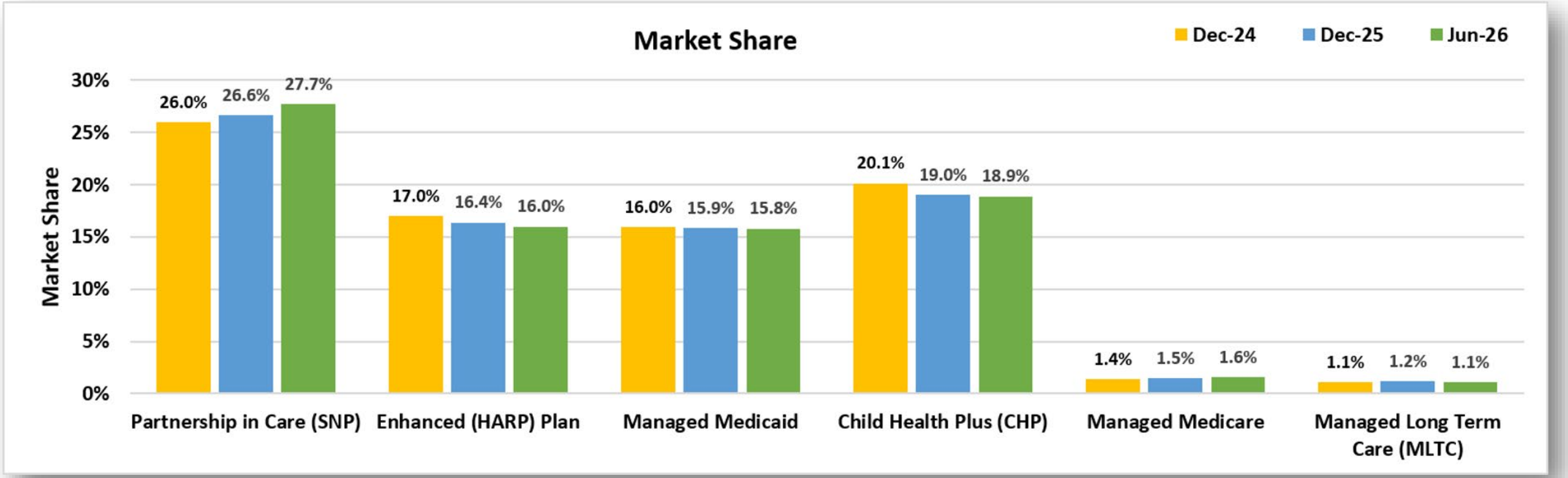
MEMBERSHIP TREND 2025 TO 2026

Total membership is at 660k as of June 2026.



MARKET SHARE

- MPH is holding the market share in MCAD, HARP and CHP.
- PIC SNP market share is slightly up driven by homeless enrollment.



Procurement

MetroPlusHealth

PROCUREMENT | SOLICITATIONS IN PIPELINE

Procurement Name Services	RFP Release Date	Anticipated Contract Start Date
EDI **Clearinghouse for transactions**	Q3 2026	1/1/2027
PDM **Provider Data Maintenance system that serves as the system of record for healthcare provider information.**	Q3/Q4 2026	7/1/2027
OCR **Scanning services for paper claims and correspondences**	Q3	1/1/2028
SIU Services **Fraud Waste and Abuse**	Q1 2027	2/1/2028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