MetroPlusHealth

BOARD OF DIRECTORS' MEETING
Thursday, September 17th @ 1:00PM
50 Water Street, 7th Floor Conference Room
New York, N.Y. 10004
AGENDA

Call To Order	Sally Hernandez- Piñero
Old Business	
Adoption of Minutes | June 10th, 2026	Sally Hernandez- Piñero
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.***	Frederick Covino
b. *Authorizing the submission of a resolution to the Board of Directors of MetroPlus Health Plan, Inc. ("MetroPlus" or the "Plan"), to authorize the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlusHealth" or "the Plan") to execute a best interest renewal with* ***CheckedUp, Inc. d/b/a Hospital Media Network (HMN)*** *for producing and displaying MetroPlus posters and digital materials in New York City Health + Hospitals ("NYC Health + Hospitals") facilities. MetroPlus is requesting a term of 3 years, for total amount not to exceed $2,254,500.*	Sally Hernandez- Piñero
c. *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.*	Frederick Covino
d. *Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or the "Plan****") to execute a best interest contract with City Harvest Inc. ("City Harvest") for an amount not to exceed, $2,000,000*** *for a 9-month term.*	Sally Hernandez- Piñero
Executive Session	

New Business	
2024 Quality Incentive (QIA Results) | Medicaid	Keith McMaster
Regulatory Headwinds & Strategic Initiatives	Lila Benayoun
Regulatory Updates | H.R. 1 Changes to Coverage	Raven Ryan Solon
Enhancement Innovation | Part 1	
Salesforce Enhancements	Tomaz Kawka
Enhancement Innovation | Part 2	
CSI AI Automation & MarTech Update (SFMC)	Laura Santella Saccone Lila Benayoun
Gold Signature Experience Go-Live Update	Sudha Chatterji
Q2 Financials	Lauren Leverich Castaldo
Membership	Roger Milliner Lila Benayoun Lauren Leverich Castaldo
Appendix | General NYSOH Changes	
Meeting Minutes	
Audit & Compliance Committee | June 10th, 2026	Kathleen Shure
Customer Experience & Marketing Committee | June 9th, 2026	Vallencia Lloyd
Finance Committee | June 9th, 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
June 10th, 2026
MetroPlusHealth
Board of Directors Meeting

MetroPlus Health Plan, Inc.
Board of Directors Meeting
Wednesday, June 10th, 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 10th day of June 2026 at 2:30 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
Mark Power
Hillary Jalon
Kathleen Shure
Frederick Covino
Karla Silverman

Due to extraordinary circumstances, **Vallencia Lloyd** and **Juliana Ekong** attended via Videoconference. Due to extraordinary circumstances, Sally Hernandez-Pinero joined via videoconference at 3:30 P.M.

Frederick Covino, Vice Chair of the Board of Directors, called the meeting to order at 2:30 P.M.

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

ADOPTION OF THE MINUTES

The minutes of the Board of Directors meeting held on March 26th, 2026, were presented to the Board. On a motion by Frederick Covino and duly seconded, the Board adopted the minutes.

ACTION ITEMS

Frederick Covino advised that we begin with the Action Items. A **first** resolution was presented by Tali Leger, Senior Director for Procurement for Board approval.

> *Authorizing the submission of a resolution to the Board of Directors of the New York City Health and Hospitals ("NYC Health + Hospitals"),* ***to authorize the Executive Director of MetroPlus Health Plan, Inc. ("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 the spend calculations; Tali Leger responded and Dr. Talya Schwartz, President & CEO further explained.

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 **second** resolution was presented by Tali Leger, Senior Director for Procurement for Board approval.

> *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.*

Tali Leger provided an overview of the Board Authority Request, Best Interest Justification, Scope of Services and Board Approval Requests.

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

INFORMATIONAL ITEM

Lauren Leverich Castaldo, Chief Financial Officer, discussed the Community Sponsor Initiative that MetroPlus will be sponsoring in 2026. $2 million is available for the initiative.

Board Members asked questions regarding how the sponsorship program would be structured and implemented; Lauren Leverich Castaldo responded. Steven Stein Cushman, Chief Counsel and Dr. Talya Schwartz further explained.

NEW BUSINESS

Regulatory Update

Frederick Covino asked to move on to New Business presentations. Raven Ryan Solon, Chief Compliance and Regulatory Officer went on to provide Regulatory Update, specifically discussing NY State 2026 Budget Actions.

Finance Committee Report

Lauren Leverich Castaldo began by presenting the Finance Committee Report. Lauren discussed Medicaid Revenue Updates and Risk Score Comparison YOY.

Board Members asked questions regarding year end 2025 and forecast projects; Lauren Leverich Castaldo responded; Dr. Schwartz further explained.

Lauren Leverich Castaldo went on to discuss Risk Score Markey Comparison YOY.

Board Members asked questions regarding the risk score, coding, records and work requirements; Lauren Leverich Castaldo and Dr. Talya Schwartz responded.

Board members made comments regarding observations from the market comparisons.

Lauren Leverich Castaldo continued her presentation on HARP Revenue Updates, SNP Revenue Updates and 2026 Quarter 1 Review.

Dr. Talya Schwartz commented on the Administrative Loss Ratio; Lauren Leverich Castaldo provided additional context.

Lauren Levercih Castaldo went on to discuss Membership Trend 2024-2026.

Board Members commented; Dr. Schwartz further discussed.

Retention

Frederick Covino asked that we move on to Retention. Dr. Talya Schwartz began by discussing Regulatory Headwinds Eroding Membership, Budget Impact and Disenrollment Performance.

Board Members asked questions regarding provider outreach, presence and disenrollment goals; Dr. Talya Schwartz responded and Lila Benquoun, Chief Operating Officer further explained.

Dr. Talya Schwartz went onto discuss "What We're Doing Internally to Turn the Tide." Lila Benayoun added to Dr. Schwartz's comments.

Project Edge

Tomasz Kawka, Vice President of Business Transformation presented, Our Journey – From Opportunity to Impact, Wave 2 Scaling Platform 100X is Complex, Our Roadmap – Project Edge and Wave 2 – Where We Are vs. Where We Should Be and Risks and Challenges.

Gold Enhancement

Sudha Chatterji, Senior Director of Customer Experience Strategy & Retention presented, Gold is Critical to Our Growth & Future, We Are Consistently Improving Gold, Gold Offers Our Members More.

Board Members commented on the rewards program; Sudha Chatterji responded. Dr. Schwartz further commented.

There being no further business, Frederick Covino adjourned the meeting at 4:00 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.

WHEREAS, on September 16th, 2026, the MetroPlus Finance Committee considered and approved the submission of the resolution to the Board of Directors; and

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 Board of Directors Meeting

September 17th, 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 MetroPlus free of charge. Following Availity's successful support during that period, MetroPlus 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.
- On Wednesday, September 16th, 2026, the MetroPlusHealth Finance Committee approved this resolution.

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 MetroPlus Health Plan, Inc. ("MetroPlus" or the "Plan"), to authorize the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlusHealth" or "the Plan") to execute a best interest renewal with ***CheckedUp, Inc. d/b/a Hospital Media Network (HMN)*** *for producing and displaying MetroPlus posters and digital materials in New York City Health + Hospitals ("NYC Health + Hospitals") facilities. MetroPlus is requesting a term of 3 years, for total amount not to exceed $2,254,500.*

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

WHEREAS, MetroPlus is seeking a best interest renewal of its contract with CheckedUp, Inc. dba Hospital Media Network (HMN); and

WHEREAS, HMN produces and displays MetroPlus' promotional posters and digital materials in New York City Health + Hospitals ("NYC Health + Hospitals") facilities and across the five boroughs; and

WHEREAS, these placements effectively reach consumers in environments closely aligned with MetroPlus' target populations, growth objectives, and enrollment priorities.

WHEREAS, HMN is the exclusive vendor for NYC H+H that manages framed advertising poster space in NYC Health + Hospitals facilities; and

WHEREAS, it is in the best interest of MetroPlus to contract with HMN.

WHEREAS, on September 16th, 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. be and hereby is authorized to execute a renewal contract with CheckedUp, Inc. d/b/a Hospital Media Network (HMN) for producing and displaying MetroPlus' framed posters and digital materials in New York City Health + Hospitals ("NYC Health + Hospitals") facilities for a term of 3 years, for total amount not to exceed $2,254,500.

EXECUTIVE SUMMARY

OVERVIEW: CheckedUp, Inc. dba Hospital Media Network (HMN is the exclusive vendor for NYC H+H facilities for posters and digital screen placements. Placement coordination and production management are provided by HMN.

NEED: HMN enables MetroPlus to secure and maintain visibility in high-value points of care that would otherwise be unavailable through alternative channels. These placements effectively reach consumers in environments closely aligned with MetroPlus' target populations, growth objectives, and enrollment priorities.

PROPOSAL: MetroPlus is requesting a three-year best interest renewal and an additional increase in spending authority in the amount of $2,254,500 to allow MetroPlus to continue its arrangement with HMN for media placement at NYC H+H locations.

Application for Contract Renewal - CheckedUp, Inc. Dba Hospital Media Network (HMN)

Laura Santella-Saccone

Chief Marketing and Brand Officer

MetroPlusHealth Board of Directors Meeting

Thursday, September 17th, 2026

BACKGROUND

- MetroPlusHealth is seeking a best interest renewal of its contract with CheckedUp, Inc. dba Hospital Media Network (HMN).
- HMN manages posters and digital screen placements throughout NYC Health + Hospitals.
- MetroPlusHealth has contracted with HMN since 2006.
- The most recent resolution was approved by the MetroPlusHealth Board of Directors in September 2022 for a four-year contract authority in the amount of $2,648,800.
- MetroPlusHealth is requesting a three-year best interest renewal and an additional increase in spending authority in the amount of $2,254,500 to allow MetroPlus to continue its arrangement with HMN for media placement at NYC H+H locations.
- On Wednesday, September 16th, 2026, the MetroPlusHealth Customer Experience & Marketing Committee approved this resolution.

RENEWAL JUSTIFICATION

- As the exclusive vendor for NYC Health + Hospitals facilities, HMN enables MetroPlusHealth to secure and maintain visibility in high-value points of care that would otherwise be unavailable through alternative channels.
- Through HMN's posters and digital screens, MetroPlusHealth displays promotional materials across NYC Health + Hospitals 11 facilities.
- MetroPlusHealth currently has 185 TV screen placements and 300 framed posters in NYC Health + Hospitals facilities.
- These placements effectively reach consumers in environments closely aligned with MetroPlusHealth’s target populations, growth objectives, and enrollment priorities.
- Placement coordination and production management is provided by HMN.
- Continuing the contract with HMN, avoids disruption to MetroPlusHealth’s presence and limits the opportunity for competitors to secure available placements.
- By signing a three-year renewal our pricing is locked in until 2029.
    - **Pricing**
        - TVs are $125 per month/per unit
        - Posters are $107 per month/per unit
        - Additional poster placements will be $100 per month/per unit

CONTRACT PERFORMANCE AND REACH

Strong reach, healthcare-context relevance, and exclusive NYC Health + Hospitals' visibility make HMN a highly effective and strategically valuable brand awareness channel.

- **Performance Highlights**
  - 4.8M annual patient and visitor encounters.
  - 26.5M annual impressions (# of times our ads our viewed) through posters and digital screens.
  - Exclusive MetroPlusHealth presence across all digital screen placements.
  - 61% share of all managed poster inventory within Health +Hospitals network.
  - $35.54 CPM comparable to premium marketplace video channels.

APPROVAL REQUEST

- Seeking a three-year contract renewal term.
- Effective October 2026.
- Total Authority Request - $2,254,500 which equates to a $751,500 annual cost and includes reduced poster pricing for up to 74 additional posters.

c. 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.

WHEREAS, on September 17th, 2026, the 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 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

Thursday, September 17th, 2026

MetroPlusHealth

BACKGROUND

- MetroPlusHealth is seeking authority to contract with OptumInsight, Inc. ("Optum") for risk adjustment services.
- MetroPlusHealth 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.
- MetroPlusHealth requires a new contract because the current contract is set to expire on 3/31/2027.
- MetroPlusHealth procured these services through an RFP.
- MetroPlusHealth 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.
- On Wednesday, September 16th, 2026, the MetroPlusHealth Finance Committee approved this resolution.

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 MetroPlusHealth 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

d. Resolution

RESOLUTION

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or the "Plan") ***to execute a best interest contract with City Harvest Inc. ("City Harvest") for an amount not to exceed, $2,000,000*** *for a 9-month term.*

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, MetroPlus will partner with City Harvest to help expand access to nutritious food in 10 high-priority neighborhoods across New York City; and

WHEREAS, MetroPlus' funding will support increased food deliveries, recruitment of new community food partners, and investments that strengthen agency capacity; and

WHEREAS, partnering with City Harvest is in the best interest to MetroPlus.

WHEREAS, on September 16th, 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, the Executive Director of MetroPlus is hereby authorized to execute a 9-month best interest contract to support food security services for an amount not to exceed, $2,000,000.

EXECUTIVE SUMMARY

AUTHORIZING METROPLUS HEALTH PLAN, INC. TO EXECUTE A BEST INTEREST CONTRACT WITH CITY HARVEST.

BACKGROUND: MetroPlus is seeking a best interest contract with City Harvest Inc. ("City Harvest") for a strategic partnership to support food security across New York City. MetroPlus' investment will enable City Harvest to expand and strengthen its emergency food response in 10 high-priority New York City neighborhoods where food insecurity significantly exceeds access to emergency food.

NEED: MetroPlus will partner with City Harvest to extend trusted food and health resources across priority communities. Through a coordinated outreach model NYC community members will be connected to nutritious food and community resources.

PROPOSAL: MetroPlus is seeking a 9-month best interest month contract for a total not-to-exceed contract amount of $2,000,000.

MetroPlusHealth

Application for Contract Authority - City Harvest

Roger Milliner

Chief Growth Officer

MetroPlusHealth Board of Directors Meeting

September 17, 2026

MetroPlusHealth

BACKGROUND

- MetroPlusHealth is seeking a best interest contract with City Harvest Inc. (“City Harvest”) for a strategic partnership to support food security across New York City.
- MetroPlusHealth’s investment will enable City Harvest to expand and strengthen its emergency food response in 10 high-priority New York City neighborhoods where food insecurity significantly exceeds access to emergency food.
- MetroPlusHealth is requesting authorization to execute a nine-month best interest contract with City Harvest for an amount, not to exceed $2,000,000.
- On Wednesday, September 16th, 2026, the MetroPlusHealth Customer Experience & Marketing Committee approved this resolution.

SCOPE OF WORK / PARTNERSHIP COMPONENTS

- Expand food access in high-need communities
- Strengthen community food partners
- Improve data-driven distribution
- Increase capacity while maintaining citywide services

PARTNERSHIP COMPONENTS

A COORDINATED PLATFORM FOR FOOD ACCESS, HEALTH EQUITY AND COMMUNITY ENGAGEMENT

Six integrated components convert the investment into visible, measurable impact across priority New York City communities.

01

FOOD ACCESS & DISTRIBUTION

Support nutritious-food transportation and distribution across priority communities.

02

MOBILE MARKET ACTIVATION

Create recurring community touchpoints for food access, resource education and outreach.

03

COMMUNITY NETWORK EXPANSION

Strengthen local capacity through new agency partners and trusted neighborhood channels.

04

NUTRITION & HEALTH CONNECTION

Pair food access with nutrition education, community resources and Food Is Medicine exploration.

05

EMPLOYEE ENGAGEMENT

Mobilize MetroPlusHealth teams through repacks, Mobile Markets and year-round food drives.

06

BRAND VISIBILITY & ACCOUNTABILITY

Deliver joint visibility, defined KPIs, quarterly reporting and corrective-action oversight.

BOARD TAKEAWAY: ONE PARTNERSHIP • SIX COMPONENTS • MEASURABLE COMMUNITY AND ENTERPRISE VALUE

PARTNER PROFILE

WHY CITY HARVEST IS A BEST-FIT NYC PARTNER

A city-built food-rescue platform with the scale, access and health-equity capabilities to execute immediately.

WHO IS CITY HARVEST?

New York City's first and largest food rescue organization, founded in 1982. City Harvest rescues nutritious surplus food and delivers it free of charge across all five boroughs.

1.4B+ pounds rescued since inception

Five-borough infrastructure. Nutritionally focused. Culturally responsive.

PROVEN SCALE	Nearly 90M pounds delivered in FY26, including 66M+ pounds of fresh produce.
CITYWIDE REACH	400+ community programs, 1,800+ food donors, 23 trucks, nine Mobile Markets and 18 partner distributions.
TARGETED FIT	Data-driven deployment aligns with MetroPlusHealth priority communities across all five boroughs.
HEALTH CONNECTION	Nutrition education, community-resource access and Food Is Medicine pilot development extend impact beyond food delivery.

BOARD TAKEAWAY: ESTABLISHED CAPACITY + TRUSTED ACCESS + METROPLUSHEALTH FOOTPRINT ALIGNMENT

MEMBER REACH

EXTEND TRUSTED FOOD AND HEALTH RESOURCES ACROSS PRIORITY COMMUNITIES

A coordinated outreach model connects residents to nutritious food, community resources and MetroPlusHealth support.

75,000+

UNDUPLICATED PEOPLE TARGETED

Reach residents through high-need communities and established neighborhood food-access channels.

10

PRIORITY COMMUNITIES

Targeted deployment across all five New York City boroughs.

26M

POUNDS TARGETED

Nutritious food directed to priority communities during the partnership term.

MONTHLY

COMMUNITY TOUCHPOINTS

Mobile Market tabling, resource education and outreach opportunities.

TRUSTED

LOCAL CHANNELS

Community programs and neighborhood partners help connect residents to support.

BOARD TAKEAWAY: SCALE + TARGETED GEOGRAPHY + TRUSTED ACCESS = MEASURABLE MEMBER AND COMMUNITY REACH

ACTIVATION PLAN

MAKE METROPLUSHEALTH VISIBLE, USEFUL AND MEASURABLE AT EVERY TOUCHPOINT

01	LAUNCH	Joint media moment + leadership repack
02	MONTHLY PRESENCE	Mobile Market tabling + resource education
03	EMPLOYEE ACTION	Up to 25 repack or 10 market volunteers
04	AMPLIFY	Truck, web, social, e-news and print visibility

PARTNERSHIP METRICS

MEASURE DELIVERY, REACH, ENGAGEMENT AND ACCOUNTABILITY

A focused scorecard translates the partnership commitment into clear, board-level indicators of progress.

26M

POUNDS TARGETED

Food delivered across priority communities

75,000+

PEOPLE TARGETED

Unduplicated residents reached

10

PRIORITY COMMUNITIES

Targeted deployment across all five boroughs

10–15

NEW AGENCY PARTNERS

Community-network expansion target

MONTHLY

ACTIVATION CADENCE

Mobile Markets, outreach or volunteer opportunities

QUARTERLY

PERFORMANCE REVIEW

KPI dashboard, oversight and corrective action

BOARD VIEW: TRACK OUTPUTS, REACH, NETWORK GROWTH AND ACTIVATION CADENCE THROUGH A QUARTERLY KPI DASHBOARD

APPROVAL REQUEST

- Seeking a 9-month best interest contract.
- Term: October 2026 – June 2027.
- Total Authority Request - $2,000,000.

New Business

MetroPlus**Health**

Board of Directors Meeting

Thursday, September 17th, 2026

2024 Quality Incentive (QIA Results) | Medicaid

Keith McMaster

Vice President of Quality Management

Thursday, September 17th, 2026

Metro Plus Health

MY 2024 QIA RESULTS | MEDICAID

MMC QUALITY INCENTIVE 2024

June 2026

Tier	Plan Name	Quality Score (100 points)	Weighted Quality Score (80%)	Satisfaction Score (20 Points)	Sum of Quality and Satisfaction Scores	Compliance Points (Up to -10 Points)	Total Score
TIER 1	Healthfirst PHSP, Inc.	72.98	58.38	9.99	68.37	-4.00	64.37
TIER 1	MetroPlus Health Plan	72.28	57.82	6.66	64.48	-4.00	60.48
TIER 2	Independent Health	61.86	49.48	16.65	66.13	-6.00	60.13
TIER 3	Highmark Western and Northeastern New York, Inc.	48.65	38.92	16.65	55.57	-4.00	51.57
TIER 3	CDPHP	49.35	39.48	16.65	56.13	-5.00	51.13
TIER 3	MVP Health Care	45.87	36.70	9.99	46.69	-4.00	42.69
TIER 3	Excellus BlueCross BlueShield	42.40	33.92	9.99	43.91	-3.00	40.91
TIER 3	HIP (EmblemHealth)	36.84	29.47	13.32	42.79	-6.00	36.79
TIER 3	Molina Healthcare	33.36	26.69	9.99	36.68	-4.00	32.68
TIER 4	Fidelis Care New York, Inc.	32.67	26.13	9.99	36.12	-4.00	32.12
TIER 5	Anthem BlueCross and BlueShield HP	31.97	25.58	6.66	32.24	-4.00	28.24
TIER 5	UnitedHealthcare Community Plan	27.80	22.24	6.66	28.90	-4.00	24.90

The **New York State Department of Health Quality Incentive Program (NYS DOH QIA)** is the state's primary assessment of Medicaid managed care quality performance and determines quality incentive funding awarded to health plans.

MetroPlusHealth 2024 Results (released 9/14/2026)

- **Achieved Tier 1 status, the highest performance tier in the state's quality framework, improving from Tier 3 in the prior year.**
- Earned credit on **32 of 36 quality measures.**
- **11 Pay-for-Performance (P4P) measures achieved ≥90th percentile performance.**

High Performance on Measures That Matter

- Unlike Pay-for-Reporting measures, **P4P measures reward actual quality outcomes and member care performance**, reflecting excellence in clinical care delivery and outcomes.

- **Areas of distinction included:**
  - Breast Cancer Screening; Chlamydia Screening; Diabetes Screening for People Using Antipsychotic Medications; Initiation and Engagement of Substance Use Disorder Treatment; Kidney Health Evaluation; Immunizations for Adolescents; Adherence to Antipsychotic Medications; Follow-up Care for Children Prescribed ADHD Medications; Metabolic Monitoring for Children and Adolescents on Antipsychotics; Postpartum Care; Prenatal Immunization Status.

This achievement reflects the strong collaboration of MetroPlusHealth teams and provider partners in advancing quality outcomes for our members and demonstrates the organization's sustained focus on delivering high-quality care.

Regulatory Headwinds & Strategic Initiatives

Lila Benayoun

Chief Operating Officer

Thursday, September 17th, 2026

Metro Plus Health

REGULATORY HEADWINDS IMPACTING MEMBERSHIP & RETENTION

Work/Volunteer Requirements begin for SNAP (March 2026)

- Able-Bodied Adults Ages 18-64 Without Dependents are required to meet work or volunteer hours to continue receiving benefits.

End of 12-month Continuous Coverage Provision (July 2026)

- Adults with Medicaid will no longer receive 12 months of continuous coverage.

Termination of EP 200 – 250 (July 2026)

- NYS Essential Plan Eligibility will be Reduced from 250% Federal Poverty Level (FPL) to 200% FPL.

End of Continuous Coverage for Children Age 0 – 6 (July 2026)

- Medicaid and CHP children will no longer be auto-renewed until their 6th birthday.

ADDITIONAL REGULATORY HEADWINDS ON THE WAY

Changes to Immigrant Eligibility for Federal Medicaid (October 2026)

- Restrictions on immigrant eligibility for federally subsidized Medicaid take effect (Refugees, Asylees & TPS).

Bi-Annual Redeterminations (January/March 2027)

- Starting in January, newly enrolled members will be required to validate eligibility every 6 months.
- For existing members, 6-month renewals begin with the March 2027 cohort.

Work, School, or "Community Engagement" Requirements Start for Some Medicaid Recipients (January 2027)

- Non-pregnant adults between the ages of 19 and 64 who are not exempt must complete at least 80 hours of monthly qualifying activities.

Changes to Immigrant Eligibility for Medicare (January 2027)

- Formerly eligible immigrants will lose Medicare coverage, including Refugees, Asylees, TPS, etc.

STRATEGIC INITIATIVES TO PREPARE FOR INCREASED RENEWAL FREQUENCY

Partner with DSS and HRA on current recertification struggles and suggested improvements

- Align Plan notification timeline with member timeline of 3-4 months in advance.
- Request for dedicated HRA-Plan Liaison allowing real-time insight into structural bottlenecks, application processing backlogs, and systemic delays before they result in coverage termination.
- Focus on unhoused members - establish a localized data-sharing protocol with the Department of Homeless Services (DHS) or dedicated shelter case managers, providing them with a secure, monthly roster of residents due for HRA recertification.

Amplify Member and Provider awareness of upcoming changes

- Host Townhalls, Multi-channel communication push, partner with providers in developing strategies to retain.

Partner with Key Vendors to improve prioritization and retention

- Identify at-risk members earlier who will fail to recertify and focus outreach.
- Piloting cohort of members due to recertify with vendor to elevate retention rate from current baseline.

Continue to strengthen data, reporting and efficiencies, systemic changes

- Enhanced reporting tools, Restructure Staffing needs to better support increased renewal frequency, System adjustments, leverage AI to support retention efforts.

Regulatory Update | H.R.1 Changes to Coverage

Raven Ryan Solon

Chief Regulatory & Compliance Officer

Metro Plus Health

Thursday, September 17th, 2026

H.R.1. Changes to Coverage

MetroPlusHealth

CONTENT

Medicaid Community Engagement

MetroPlusHealth

COMMUNITY ENGAGEMENT (CE)

Starting in 2027, individuals in the Medicaid expansion population (healthy individuals ages 19-64) will have to start demonstrating that they met certain work or volunteer requirements or that they are exempt from such requirements in order to qualify for Medicaid.

- *This is in addition to all other existing eligibility requirements; it does not replace them.*

COMMUNITY ENGAGEMENT (CE) REQUIREMENTS

- Must demonstrate earned income of $580 or show 80 hours of engagement or a combination.
- Income/work requirements are at household levels **BUT** can't be aggregated across household members; one person has to meet entirely.
- NY is only documenting at 6-month renewal
  - 6-month starts after first renewal in 2027
    - **New applicants** = 1/1/27
      - One month of CE at application - immediate month prior to application.
    - **Existing enrollees** = 3/1/27
      - One month of CE at application - any month since their last redetermination.

CATEGORIES FOR EXEMPTIONS AND EXCLUSIONS

- Individuals deemed medically frail.
- Parents, guardians, caretaker relatives, family caregivers of a dependent child under 14 or a disabled individual.
- Pregnant or postpartum individuals.
- Individuals actively participating in a drug or alcohol treatment program or with < 5 years of recovery.
- Former foster care youth (FFCY) under 26.
- Veterans with a total disability designation as deemed by the Veteran's Administration.
- Incarcerated individuals (including individuals within 90 days of release).
- Short term exclusions also apply.
- American Indians/Alaska Natives - once verified as exempt, will not be required to be reverified, exclusion will remain for duration of eligibility.

MEDICAL FRAILTY

Applies to an individual

- Who is blind or disabled
- Has a substance abuse disorder (in active treatment or < 5 years in recovery)
- Disabling mental disorder
- Physical, intellectual or developmental disorder that significantly impairs the ability to perform one ADL
- A serious or complex medical condition

CMS rules released on June 1st, change how the medical frailty category will be evaluated

- The list of medical conditions did not change but CMS added the requirement that the condition must prevent an individual from meeting the CE requirements. Not enough just to have the diagnosis.

HOW IS THE MEDICAL FRAILTY EXCLUSION REVIEWED?

- States must utilize FFS and Managed Care encounter data (paid claims) to validate the conditions above with a minimum of a 12 month look back.
- NY State will develop an approach to identify medically frail individuals by reviewing:
  - Diagnosis codes
  - Utilization/encounter data (paid claims)
  - And other factors such as severity of conditions to determine medical frailty
- If NY State cannot confirm the individual as medically frail based on available information, the individual can provide a one-time attestation to confirm they are medically frail, moving forward proof will be required.

COMMUNITY ENGAGEMENT

Populations where we are going to receive more guidance

- Inability to work exemptions – NY's plan for evaluation criteria and process
- TANF population, work requirements
- Parents of children, 6-month renewal

Semi-Annual Recertification

MetroPlusHealth

SEMI-ANNUAL RECERTIFICATION

What's changing

Beginning January 1, 2027, Medicaid enrollees in the expansion population (healthy individuals age 19-64) will be required to complete eligibility recertification twice per year (every 6 months) instead of the current 12 month/annual renewal.

Some populations will be exempt, including

- Pregnant/postpartum women → coverage until end of post-partum period.
- American Indian and Alaskan Native members → 12-month renewal cycle.
- Traditional Medicaid enrollees (Disabled, Aged, or Blind) → 12-month renewal cycle.

SEMI-ANNUAL RECERTIFICATION

Renewal Cadence:

- **New Applicants** – 1/1/27.

- **Existing Enrollees** – 3/1/27; NYS will transition individuals to a six-month renewal cadence at their next scheduled renewal in 2027.

Examples:

- Existing enrollee has scheduled renewal April 2027; they will renew again in October 2027.

- Existing enrollee renews in December 2026 their 6-month renewal cadence will not begin until December 2027. They will then renew again in May 2028.

- Existing enrollee renews in February 2027 their 6-month renewal cadence will not begin until February 2028. They will then renew again in August 2028.

Elimination of Continuous Eligibility (Children 0-6 & Adults)

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CONTINUOUS ELIGIBILITY

Prior to July 1st, 2026

- NYS authorized children aged 0-6 in both Medicaid and CHPlus for a one time only enrollment certification that would last until the child turned 6.
  - Children were not required to engage in annual recertification.
- NYS authorized 12 months of guaranteed eligibility for adults. Even if a person's status changed, they could still keep their Medicaid for the full 12 months.

ELIMINATION OF CONTINUOUS ELIGIBILITY | MEDICAID CHILDREN 0-6

What's changing?

NYS is eliminating continuous Medicaid eligibility for children ages 0-6, meaning that coverage is no longer guaranteed during ages 0-6, annual redetermination will now apply effective July 1, 2026.

How Medicaid children are affected

- Families will have to recertify their children on an annual basis.
- Children 0-6 may experience changes in eligibility if:
  - Family income increases
  - Household composition changes

CHPlus Transition

If the child is re-determined eligible for CHPlus, they may be auto enrolled into CHP with their current managed care plan. A new plan would need to be chosen for those children whose Medicaid plan does not offer CHP.

ELIMINATION OF CONTINUOUS ELIGIBILITY CHP CHILDREN 0-6

What's changing?

NYS is eliminating continuous eligibility (CE) Child Health Plus for children ages 0-6, meaning that coverage is no longer guaranteed to remain active for during ages 0-6, annual renewal will apply effective July 1st, 2026.

If a member is still eligible for subsidized CHP (lowered or removed monthly premium), the child will remain enrolled until the end of their current 12-month CE period.

After the 12-month CE period:

- Regular renewal rules will apply.
- NYSOH will try and administratively renew based on available data.
- If a child cannot be administratively renewed, a letter will be sent for manual renewal.
- If a child is not eligible at that point or doesn't respond, coverage will be terminated at the end of the 12-month CE period.

ELIMINATION OF CONTINUOUS ELIGIBILITY | MEDICAID ADULTS

What's changing?

As of July 1st, 2026, people will be required to report changes. If an existing Medicaid member reports changes that make them ineligible for Medicaid, they will lose their Medicaid coverage at the time of reporting. Such changes could include:

- Household income increased to above the Medicaid limits.
- Increasing work hours from part-time to full-time.
- A tax filing change that changes household size.
- Becoming eligible for another coverage category that makes Medicaid no longer appropriate.
- Moving out of NYS.

Does NOT apply to:

Members who are pregnant or are within their post-partum period. They will maintain Medicaid eligibility through the end of their 12-month post-partum period.

Changes to Medicaid Coverage for Undocumented Individuals

MetroPlusHealth

CHANGES TO MEDICAID COVERAGE FOR IMMIGRANTS

Beginning in October 2026, H.R. 1 changes the definition of "*eligible alien*," restricting eligibility for Medicaid and CHP to:

- Lawful permanent residents (LPRs)
- Certain Cuban and Haitian immigrants
- COFA* migrants lawfully residing in the U.S.
- Lawfully residing immigrant children and pregnant adults in states that waive the five-year waiting period (NYS will waive the waiting period).

This will end Medicaid eligibility for many groups of lawfully present immigrants, including asylees, refugees, and survivors of domestic violence and trafficking, and will result in loss of coverage for many.

*COFA stands for the Compact of Free Association, a series of international agreements between the U.S. the Federated States of Micronesia (FSM), the Republic of the Marshall Islands (RMI), and the Republic of Palau.

TIMELINE

Beginning October 1, 2026

H.R. 1 changes the definition of “eligible alien,” restricting eligibility for Medicaid and CHP.

Beginning January 1, 2027

APTCs are no longer be available to non-citizens with incomes under 100% of the FPL who are ineligible for Medicaid due to their immigration status.

Beginning January 1, 2027

APTCs will only be available to the following non-citizens with incomes at or above 100% of the FPL for LPRs; Cuban-Haitian entrants; and COFA migrants.

Beginning January 1, 2027

Only LPRs, Cuban/Haitian entrants, and COFA migrants will be eligible for subsidized Marketplace coverage.

IMPACTS TO UNDOCUMENTED PEOPLE OVER 65

- With this change, individuals 65 and older are not permitted to enroll in Medicare, ACA plans, or Medicaid.
- NYS had previously allowed undocumented individual over the age of 65 to enroll in Medicaid Managed Care.
- NYS will move coverage for this population to State-only Medicaid starting 1/1/2027.

EMERGENCY MEDICAID

- Undocumented non-citizens and temporary non-immigrants are eligible for emergency Medicaid.
- Pre-qualification for Emergency Medicaid is still allowed but any applicant who does not use their benefits within six-months will have their eligibility terminated.

Presumptive Eligibility

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PRESUMPTIVE ELIGIBLES

Presumptive Eligibility (PE)
Provides temporary Medicaid coverage based on a preliminary screening. Once income and eligibility are fully verified, coverage may continue or end depending on whether Medicaid rules are met. Final Medicaid eligibility and income verification are done by NYSOH or the LDSS. PE coverage is valid for **60 days** from the date of initial screening and application, or until the state completes the final determination.

NYSOH Changes
NYSOH has implemented new language within their portal and in their notices to reflect that Medicaid coverage is temporarily granted based on a preliminary screening.

Enhancement Innovations | Part 1

Thursday, September 17th, 2026

MetroPlusHealth

Salesforce Enhancements

Tomasz Kawka

Vice President of Business Transformation

Thursday, September 17th, 2026

Metro Plus Health

PRIORITIES

Growth

- **Convert more prospects:** Turn qualified leads into enrolled members faster.
- **Strengthen retention:** Keep members engaged through better service and digital access.
- **Grow commercial lines:** Expand Gold and employer-based membership.
- **Expand reach:** Capture leads wherever members engage us.

Member Experience

- **Digital self-service:** Members handle recertification, forms and inquiries online.
- **Faster resolution:** Answer member inquiries completely and correctly on first contact.
- **One member view:** Give service teams complete, accurate information.

Provider Experience

- **Enable portal self-service:** Authorizations, claims and disputes handled without a call.
- **Accelerate credentialing:** Speed credentialing to network readiness.
- **Reduce administrative effort:** Reduce repetitive submissions and administrative rework.

KEY ENHANCEMENTS DELIVERED TO DATE IN 2026

Growth

- **QR lead generation and engagement journeys:** Connect prospects directly with sales team for better engagement.
- **Hard-to-reach member retention processes:** Implemented prioritization algorithm to maximize retention outcomes.

Member Experience

- **Call center AI knowledge repository chat & search:** Better service through enterprise knowledge at agents' fingertips.
- **Member portal donate life:** Convenient organ donor registration and regulatory compliance.

Provider Experience

- **Self-service pre-authorization requirement verification:** Provider self-service that reduces avoidable calls.
- **Bulk claims handling and multi-claim inquiry improvements:** Less repetitive claim entry and streamlined review efforts.
- **Backoffice automation:** Automated validation of provider data across state and compliance systems, and the load of data into provider credentialing solution.

FEATURES PLANNED FOR UPCOMING DELIVERY

Growth

- **Gold led nurturing and engagement:** Routing and connectivity to QR leads to improve engagement with and experience for commercial prospects.

Member Experience

- **Re-certification document collection:** Secure digital collection of recertification documents aligned with State requirements.

Provider Experience

- **Credentialing improvements:** Streamlined provider onboarding and maintenance.

Enhancement Innovations | Part 2

Thursday, September 17th, 2026

MetroPlusHealth

CS AI Automation & MarTech Update (SFMC Update)

Laura Santella Saccone, Chief Marketing & Brand Officer

Lila Benayoun, Chief Operating Officer

Metro Plus Health

Thursday, September 17th, 2026

CS AI Automation

MetroPlusHealth

AI-ENABLED SERVICE TOOLS TARGET THREE HIGH-FRICTION CS WORKFLOW

The goal is faster, more consistent access to information for representatives serving members and providers.

01 Quick Knowledge search

Chatbox to find relevant guidance using logic rather than keyword-only retrieval.

Improve access to updated information across a large content library. Improves CS reps confidence in responding to members/providers quickly and accurately.

ETA Launch: September 2026

02 Conversation intelligence

Search call transcripts across applicable teams.

Summarize long calls to identify patterns, coaching opportunities and system gaps.

Launched: July 2026

03 Authorization guidance

Provider Authorization Look Up Tool
Replace reliance on manually searched Excel documents.

Support more current CPT authorization information and reduce outdated-form risk.

Launched: September 2026

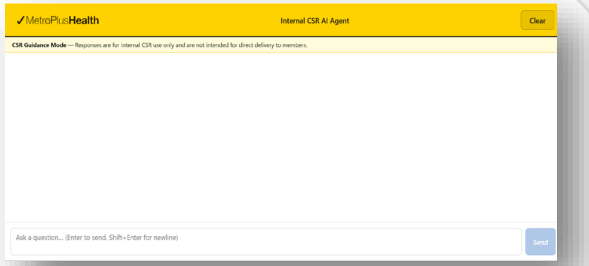
EXECUTIVE TAKEAWAY

Focus AI on practical workflow improvements that strengthen representative accuracy, speed and insight.

THREE USE CASES, ONE SHARED VALUE PROPOSITION

Move from manual, fragmented searching to guided access, broader analysis and more current information.

WIKI SEARCH



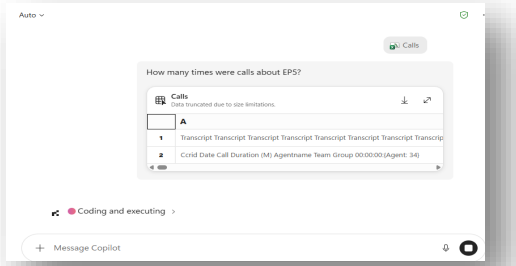
CURRENT

Keyword-driven retrieval across thousands of articles and documents.

AI-ENABLED FUTURE

AI logic surfaces the best response from the available knowledge.

TRANSCRIPT SEARCH



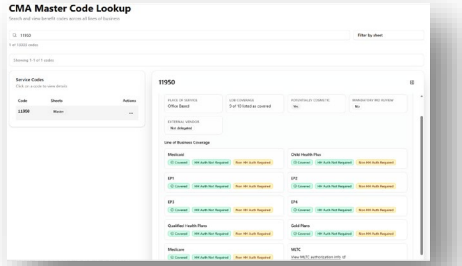
CURRENT

Calls are reviewed individually, and long-call analysis takes significant time.

AI-ENABLED FUTURE

AI identifies trends and summarizes opportunities for coaching and system enhancements.

AUTH SEARCH



CURRENT

Representatives search Excel documents that can become outdated.

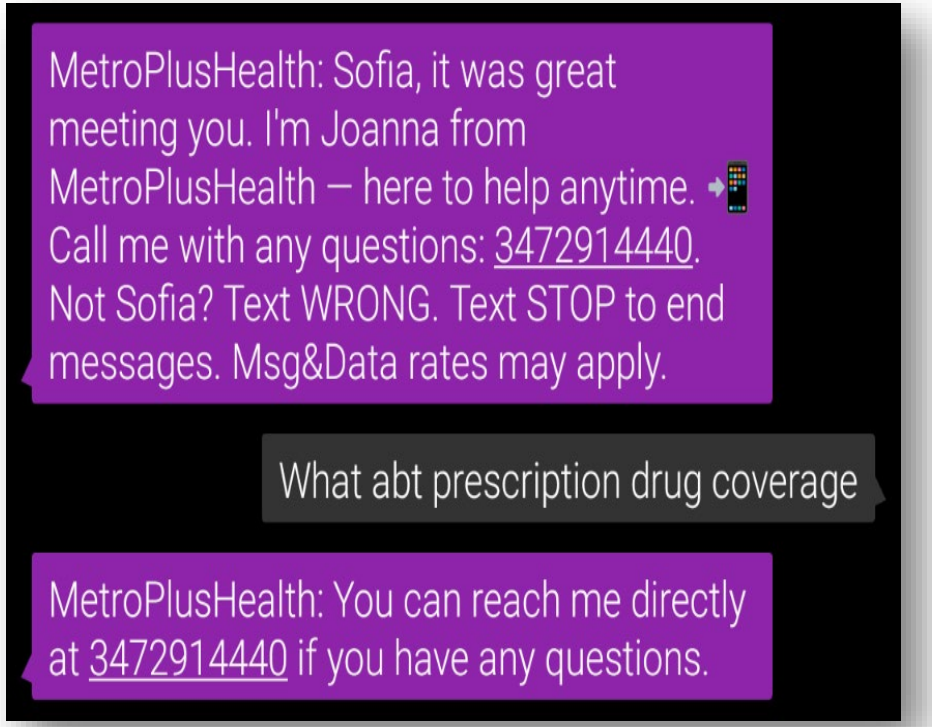
AI-ENABLED FUTURE

A regularly updated tool supports more current authorization guidance.

MarTech Update (SFMC Update)

Metro Plus Health

NEW | CONNECTING SALES LEADS TO ENROLLMENT!

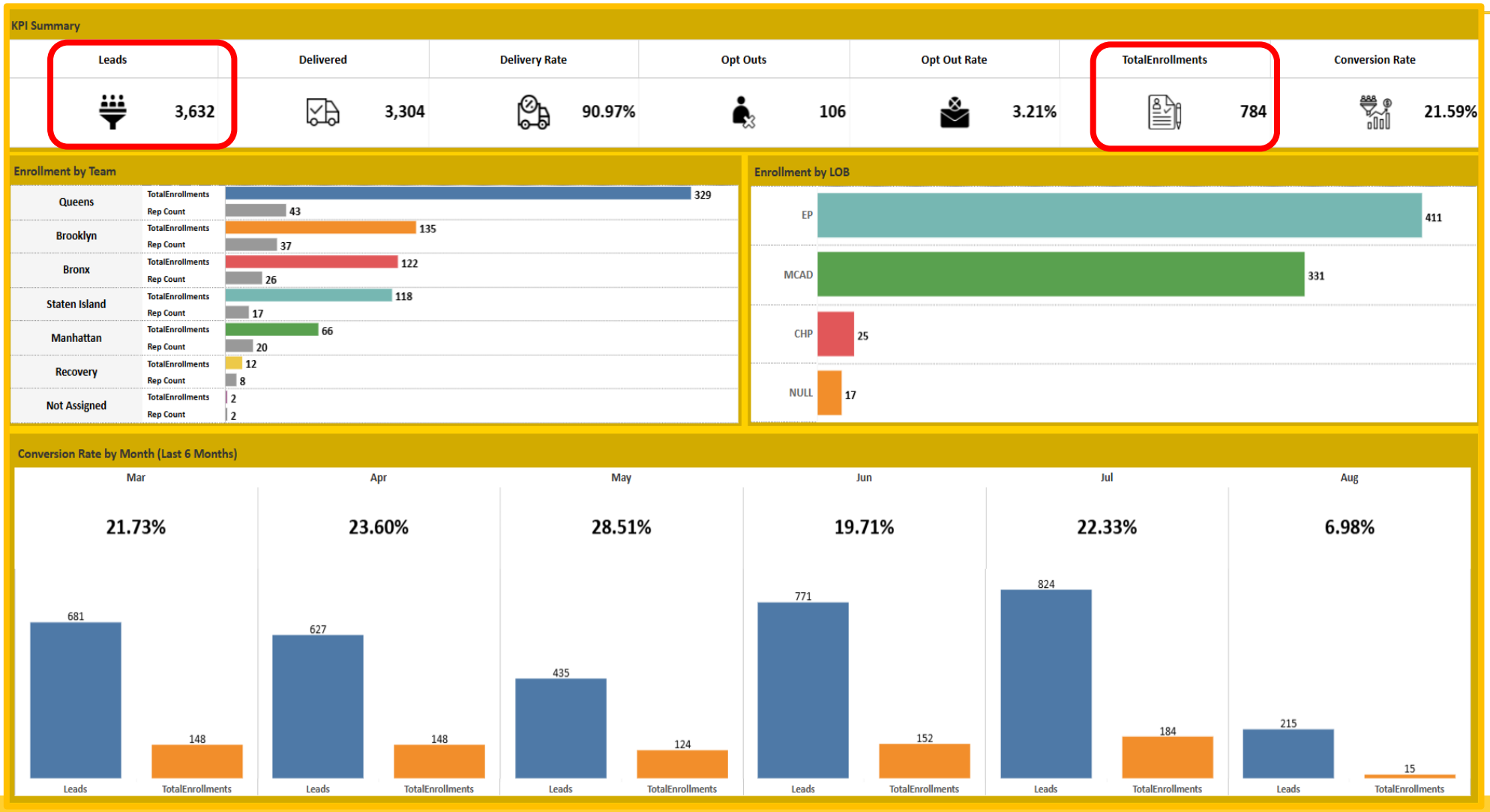


SMS 1, Android phone message

SMS 5, Android phone message

- Built a NEW connected lead-to-enrollment journey.
- Automated outreach to member prospects: 5 SMS messages sent over 10 days.
- **Since launch, +21% conversion rate** from lead to enrollment!

NEW | ENROLLMENT BASED PERFORMANCE DASHBOARD



- **First enterprise-wide view of acquisition performance** from lead generation to enrollment across regions and LOBs.
- **Faster, data-driven decision-making** through automated reporting.

✓MetroPlusHealth

Gold Signature Experience Go-Live Update

Sudha Chatterji

Senior Director of Customer Experience

Metro Plus Health

Thursday, September 17th, 2026

GOLD SIGNATURE EXPERIENCE

LIVE • August 31, 2026

EXPANSION SCOPE

Expanding from pilot (new members) to full concierge service for all new and existing Gold and Gold Care members — a one-stop, on-demand experience focused on education, experience, and retention.

FINAL LAUNCH MILESTONES

Soft launch • 29 Aug → **Full go-live • 31 Aug**

Launch monitoring begins at go-live

SERVICE PILLARS

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 requests and troubleshooting

Provider & Care Navigation

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

CX Insights | YTD Overview

✓MetroPlus**Health**

EXPERIENCE MATTERS

In a competitive marketplace, EXPERIENCE is a key differentiator.

Currently, CX Team monitors the pulse of our members with a Longitudinal Survey, After-call Survey, Disenrollment Survey and ad hoc research.

80%
say experience matters as much as products and services

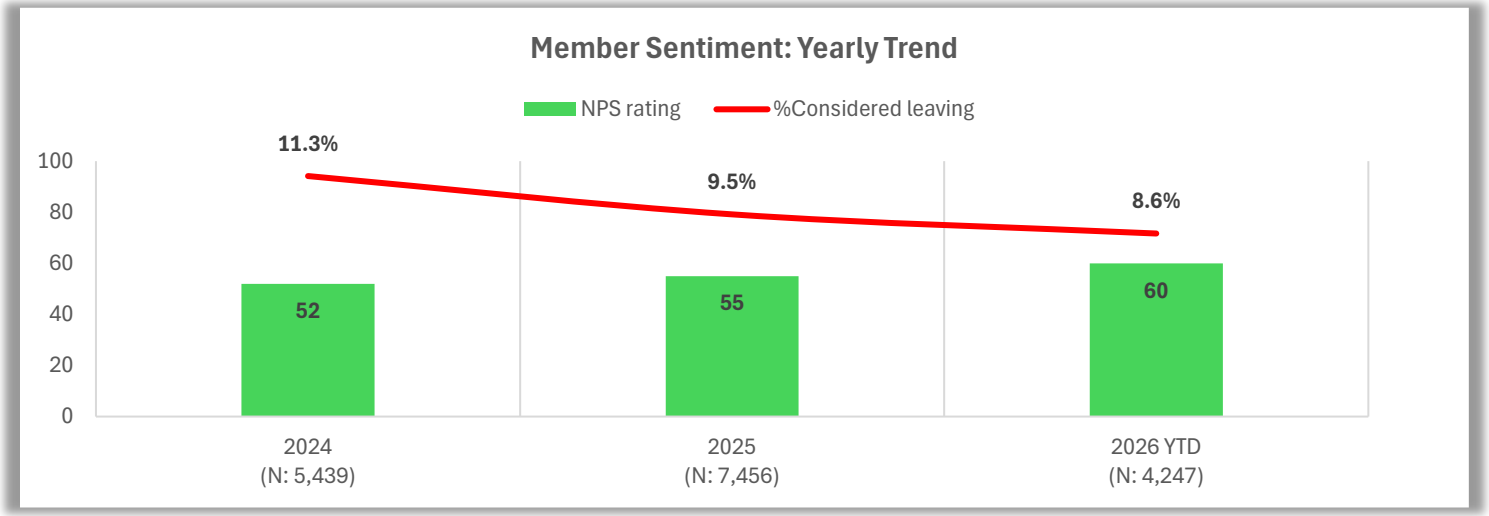
85%
expect consistent interactions across departments

29%
stopped using a brand because of poor customer experience

Sources: Salesforce, State of the Connected Customer; PwC, Customer Experience Survey; MetroPlusHealth GOLD Retention Strategy & Insights and Gold Member Disenrollment Survey, 2026.

LONGITUDINAL SURVEY | MEMBER SENTIMENT

ADVOCACY AND RETENTION SENTIMENT



Core experience measure	2024	2025	2026 YTD	Change vs. 2024
Customer service is easy to reach	83.2%	85.9%	**86.9%**	**+3.7**
Representatives are helpful	85.8%	88.1%	**89.0%**	**+3.2**
Easy to find a primary care doctor	78.4%	79.6%	**81.2%**	**+2.8**
Easy to find a specialist	71.3%	73.0%	**75.3%**	**+4.0**

Longitudinal member survey. Bases: 5,439 / 7,456 / 4,247. Top-two-box.

Bottom line

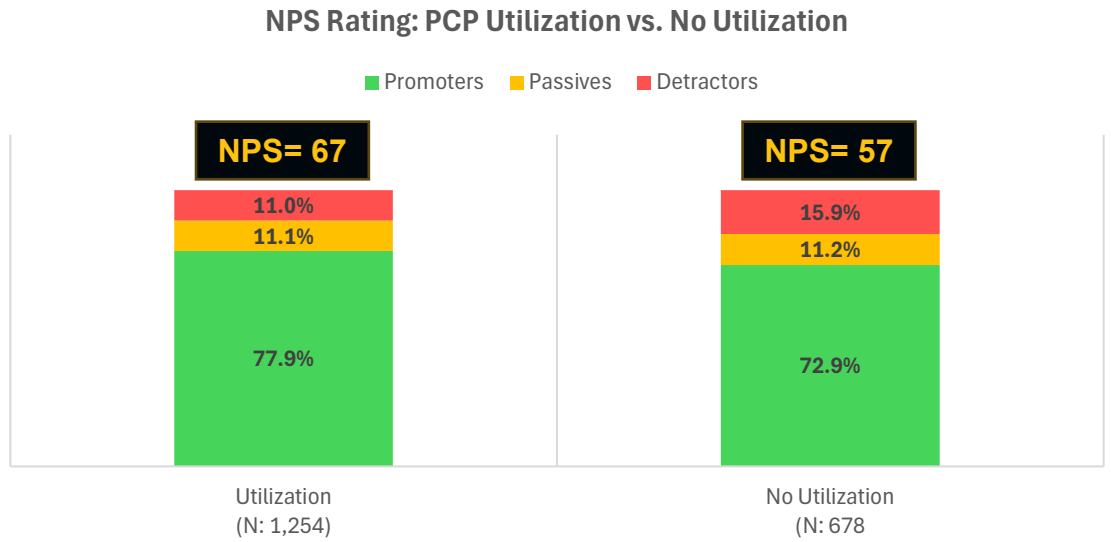
Timely access to PCPs and Specialists drive retention.

WHAT STANDS OUT

▲ NPS 60, up 4 points vs 2025

- Up 8 points since 2024, rising in every wave.
- 8.6% considering another plan (down from 11.3% in 2024).
- Specialist access is the weak point at 75.3%, despite the largest gain.

PCP UTILIZATION *SURVEY ENHANCED MAY 2026 TO TRACK POPULATION VARIANCES*



+10 pts
NPS 67 vs. 57

–3.5 pts
Considered leaving

Why this matters

The clearest loyalty signal in the data — members with a PCP visit score higher on every measure.

The impact of helping members use their PCP

- A first visit likely turns coverage into a care relationship.
- Access, service and referrals all score 5–9 points higher.
- Connected members are a third less likely to consider leaving.

Core experience measures: PCP utilizers vs. non-utilizers

Core experience measure	PCP visit	No PCP visit	Difference
Considered leaving the plan	**7.6%**	11.1%	▼ **3.5 pts lower**
Customer service is easy to reach	**89.7%**	81.5%	▲ **8.2 pts higher**
Representatives are helpful	**90.5%**	85.5%	▲ **5.0 pts higher**
Easy to find a primary care doctor	**84.6%**	76.0%	▲ **8.6 pts higher**
Easy to find a specialist	**77.5%**	71.4%	▲ **6.1 pts higher**

Note: May–July responses only, when the PCP utilization flag went live. All LOBs.

EVOLVING OUR EXPERIENCE MEASUREMENT STRATEGY

Strategic shift "Was the member satisfied?" to "How strong is the relationship, and what does it predict?"

CURRENT STATE

Survey-led

- NPS, CSAT and service experience
- Broad pain points
- Reported by survey or touchpoint

4 ONGOING

- Longitudinal survey
- After-call survey
- Disenrollment survey
- Dental experience survey
- + other ad hoc

LIMITATIONS

Insight gaps limit action

- Satisfaction does not explain trust, loyalty or retention.
- Limited root-cause and cross-journey insight.
- Weak link to behavioral and business outcomes.

EVOLVING STRATEGY

Relationship and outcome focused

- Add trust, loyalty and switching intent
- Connect feedback across journeys by member ID
- Test which experiences drive retention

4 UPCOMING

- Provider access audits
- GOLD call analysis
- Competitive health plan survey
- Journey measurement strategy

Bottom line
Predictive analytics and the competitor benchmark turn measurement from a scorecard into an early-warning system.

Q2 Financials

Lauren Leverich Castaldo

Chief Financial Officer

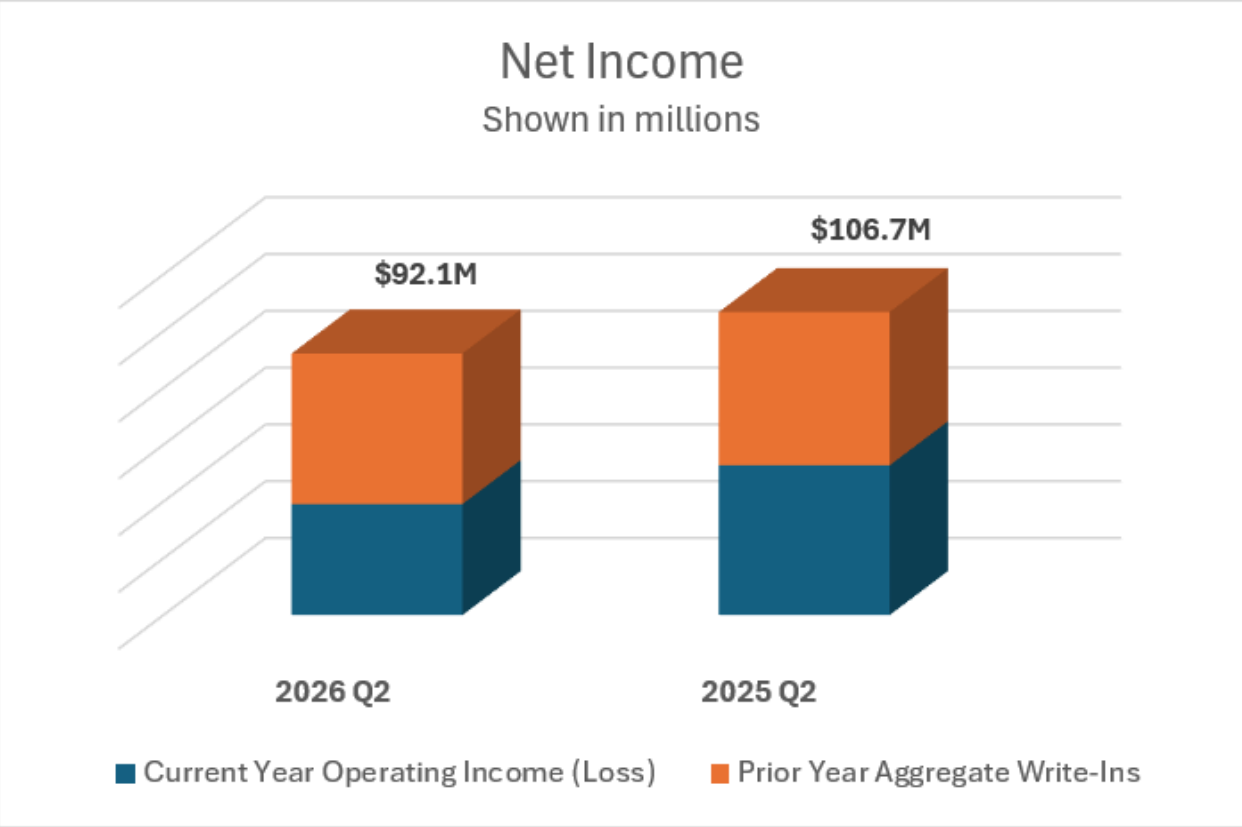
Thursday, September 17th, 2026

Metro Plus Health

Finance Quarter 2 2026

MetroPlusHealth

NET INCOME BY LINE OF BUSINESS



ALL LOB REVIEW

All Lines of Business

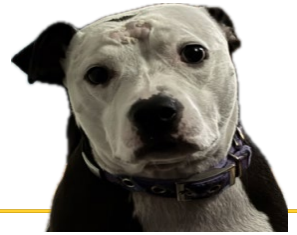
	Q2 2026	Original Forecast	CY 2026 (Q2 Update)
Membership	660,704	679,584	645,180
Member Months	4,027,101	4,077,506	7,742,154
	PMPM		
Revenue	$579.80	$587.22	$587.67
Expenses	$470.84	$488.57	$482.59
Value Based Payment (VBP)	$56.33	$44.47	$49.86
Administrative Expenses	$46.69	$50.44	$51.15
Investment 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.

Finalized Rate Filings 2027

MetroPlusHealth

MEDICARE 2027

- Benefit enhancements position plans 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.
- Changes reinforce value proposition across all Medicare product offerings.

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**

GOLDCARE AND QHP 2027

GoldCare

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

QHP

- 17% Requested Rate Increase due to trend and high claims experience with membership shift to Gold and Platinum.
- Request lowered to 15% 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%**

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

GOLD 2027

Effective 1/1/2027:

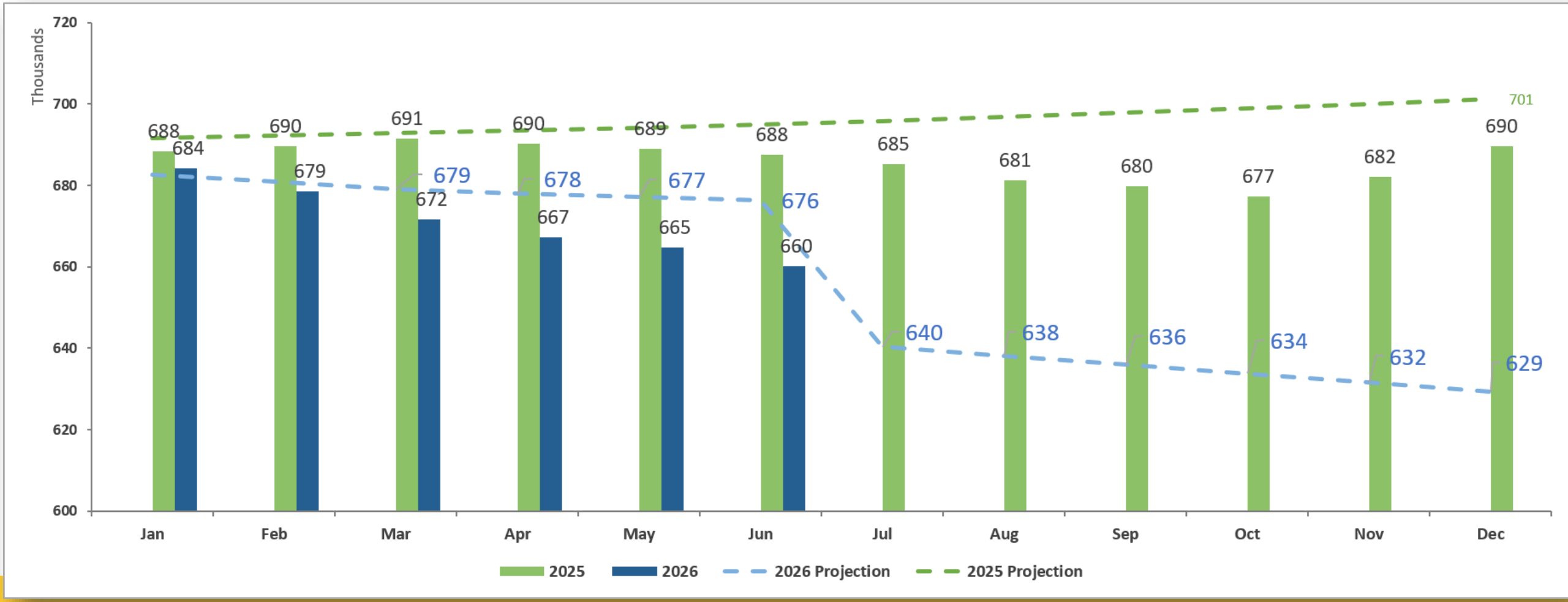
- 8 Doula visits for $0 cost sharing
- 8 Podiatry visits for $0 cost sharing
- Urgent Care cost sharing **lowering** from $25 to **$0!**
- Adding Dependents for Rewards
- **Adding RX Concierge:** Align plan members with manufacturer copay assistance via outreach from the CVS Health member advocacy team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

Membership

MetroPlusHealth

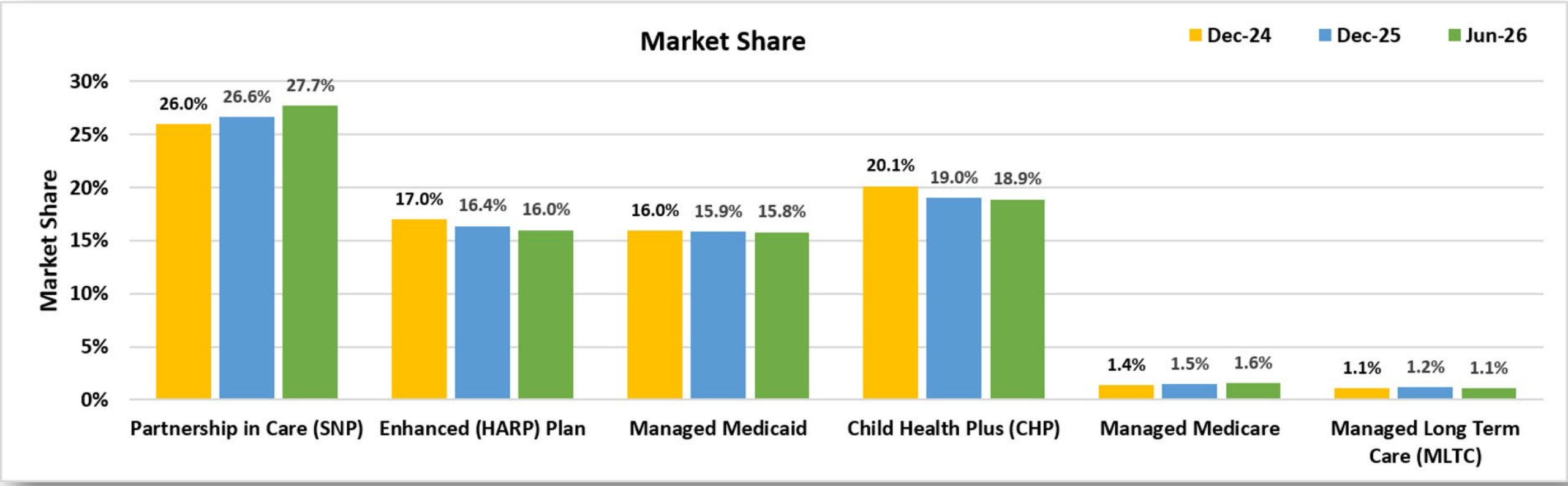
MEMBERSHIP TREND 2025 TO 2026

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.



Membership |

Market Share, Acquisition & Retention

Lila Benayoun, Chief Operations Officer

Lauren Leverich Castaldo, Chief Operating Officer

Roger Milliner, Chief Growth Officer

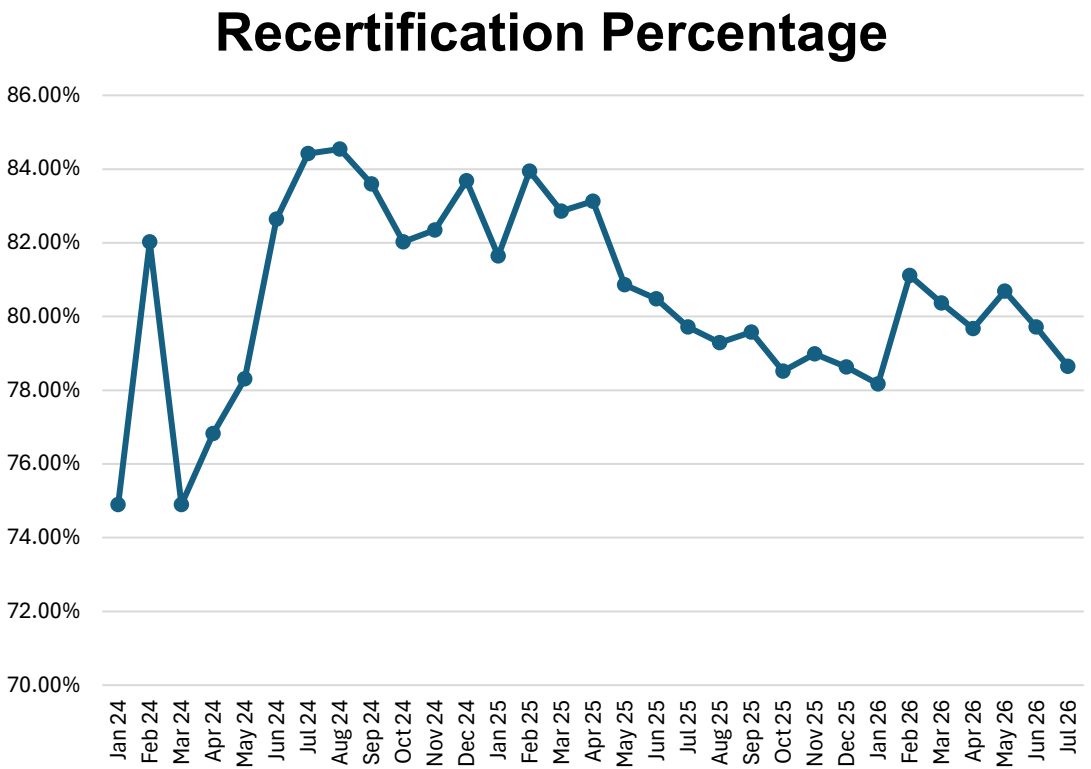
Metro Plus Health

Thursday, September 17th, 2026

Recertification

MetroPlusHealth

RECERTIFICATION PERFORMANCE

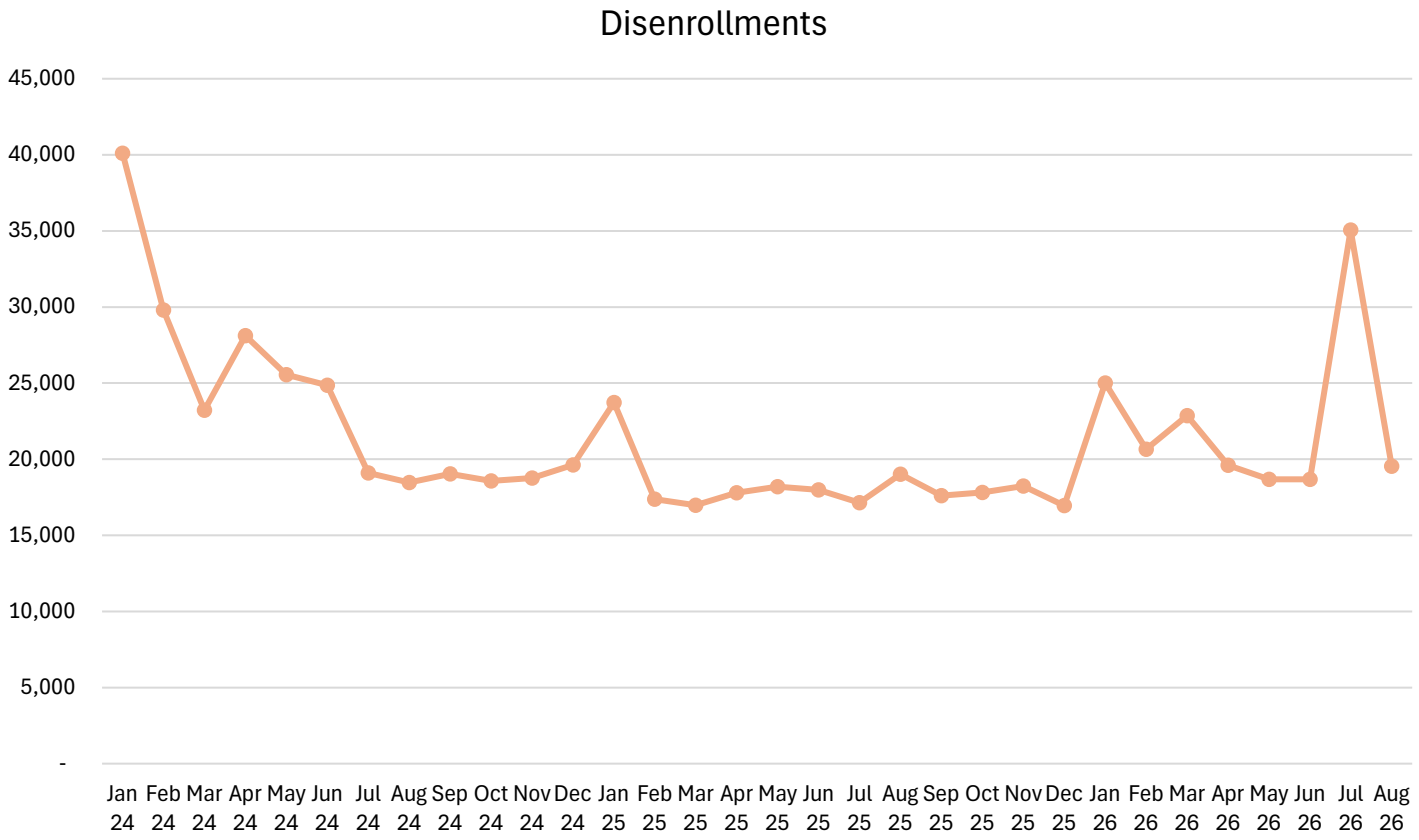


- Starting in April 2025, MPH began to experience a decline in monthly recert rates driven by regulatory changes.
- This trend began to reverse in 1Q2026, with rates reaching ≥ 80%.
- **Interventions include:**
  - Adding new State data source for recert dates
  - Enhanced staff productivity reports
  - Retention efforts in target areas in RVs – unsuccessful
  - Support from HRA – in progress
  - AI driven outreach prioritization – launched early September
  - Introducing AI driven outreach early 2027

Disenrollment

MetroPlusHealth

DISENROLLMENT PERFORMANCE



- After an uptick in 1Q26, disenrollments began to stabilize.
- Spike in July driven by sunset of EP5 (FPL 200 – 250) and the continuous coverage provision for children age 0–6.
- Additional resources towards disenrollment mitigation is being placed to maintain membership levels.
- Performing consumer profiling to identify members at risk to disenroll in order to prevent proactively.

Appendix | General NYSOH Changes

✓MetroPlus**Health**

GENERAL

All Medicaid will be transitioned from WMS to NYSOH

- With exception of some LTSS people that will stay with HRA.
  - NYS will provide clarity on this in the near future.

De-Linking Medicaid and Temporary Assistance

- No more auto enrollment into Medicaid when getting Cash or SNAP starting 1/1/27.
- Existing members will be transitioned from HRA.
  - NYC process will be unique and is undetermined at the moment.

ONLINE INCOME VERIFICATION TOOL

DOH will be launching an online verification tool. While Assistors do **not** make eligibility determinations; they will be responsible for helping consumers navigate through:

- Uploading information such as pay stubs and/or employer info.
- Entering information pertaining to household size, residency, identity and/or immigration status.
- Helping consumers respond to *renewal* or *verification pending* notices and ensuring missing information is submitted to avoid coverage disruption.

Minutes
of
June 10th, 2026
Audit & Compliance Committee
Meeting

MetroPlus Health Plan, Inc.
Audit & Compliance Committee Meeting
Wednesday, June 10th, 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 10th day of June 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:

Dr. Talya Schwartz
Vallencia Lloyd
Kathleen Shure
Karla Silverman

Kathleen Shure, Chair of the Audit & Compliance Committee, called the meeting to order at 10:32 A.M. and Angela Minerva kept the minutes thereof.

ADOPTION OF THE MINUTES

The minutes of the Audit & Compliance meeting held on June 10th, 2026, were presented to the Committee. On a motion by Kathleen Shure and duly seconded, the Committee adopted the minutes.

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 Lifecyle and Security and Program Measurements.

Dr. Talya Schwartz, President & CEO, asked a question regarding awareness of external emails; Robert Micillo responded.

Board members asked questions regarding phishing emails and staff education; Robert Micillo responded and Raven Ryan Solon, Chief Compliance & Regulatory Officer responded.

Board members asked questions regarding the DentaQuest breach; Rover 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 to 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 and 2025 Work Plan Status – Vendor Compliance.

Anthony Spaventa, Director of SIU discussed the 2025 Work Plan Status – Special Investigations Unit.

Raven Ryan Solon went on to discuss the 2025 Work Plan Status – Product Compliance.

Board members asked questions regarding scheduling; Raven Ryan Solon, Lauren Leverich Castaldo, Chief Financial Officer and Dr. Talya Schwartz responded.

Raven Ryan Solon discussed the 2025 Work Plan Status - Business Process Monitoring, Compliance Highlights which included Activities – Corporate Compliance, Privacy, Compliance Ops Policy & Procedure and Implementations Summary, NY State 2026 Budget Actions and Key Changes.

Board members asked questions regarding data information requests by the state and payments; Raven Ryan Solon responded.

Raven Ryan Solon then discussed Medicare Regulatory Highlights, State Regulatory Highlights and Commercial/EP/QHP Regulatory Highlights.

EXECUTIVE SESSION

Kathleen Shure called the meeting into Executive Session at 11:25 A.M. so the Committee Members could discuss confidential Audit & Compliance issues related to potential litigation.

The Committee resumed the official meeting at 12:14 P.M.

There being no further business, Kathleen Shure adjourned the meeting at 12:14 P.M.

Minutes
of
June 9th, 2026
Customer Experience & Marketing
Committee Meeting

MetroPlus Health Plan, Inc.
Customer Experience & Marketing Committee
Tuesday, June 9th, 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 9th day of June 2026 at 10:00 A.M., pursuant to a notice which was sent to all the Committee Members and Board of Directors of the Corporation by the Secretary. The following Directors were present in-person:

Sally Hernandez Piñero
Dr. Talya Schwartz
Vallencia Lloyd
Mark Peter
Karl Silverman

Due to extraordinary circumstances, **Vallencia Lloyd** attended via Videoconference.

Vallencia Lloyd, Chair of the Customer Experience & Marketing Committee, called the meeting to order at 10:03 A.M and Angela Minerva kept the minutes, thereof.

ADOPTION OF THE MINUTES

The minutes of the Customer Experience & Marketing Committee held on March 25th, 2026, were presented to the Committee. On a motion by Vallencia Lloyd and duly seconded, the Committee adopted the minutes.

ACTION ITEM

Vallencia Lloyd 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 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.*

Tali Leger provided an overview of the Background, Best Interest Justification, Scope of Service and Board Approval Request.

Board members asked questions regarding vendor cost and financial benefit assessment; Tali Leger responded and Dr. Talya Schwartz, President & CEO further responded on how the program will be expanding.

Board members asked questions regarding retention and ROI; Dr. Talya Schwartz and Sudha Chatterji, Senior Director, Customer Experience Strategy & Retention responded.

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

NEW BUSINESS

Project Edge

Vallencia Lloyd asked that we move on to a brief presentation on Project Edge. Tomasz Kawka, Vice President of Business Transformation presented Our Journey from Opportunity to Impact, Wave 2 – Scaling the Platform from 100X is Complex, Our Roadmap – Project Edge Transformation, Wave 2 – Where We Are vs. Where We Should Be and Risks & Challenges.

Board Members asked questions regarding cost savings and efficiency; Tomasz Kawka responded.

Board Members requested to see all vendors associated with Project Edge and Cost; including forecast vs. actual; a follow-up was shared.

Provider Satisfaction

Lila Benayoun, Chief Operating Officer, presented Provider Satisfaction. Lila Benayuon presented Methodology, Executive Summary, Summary Rate Scores, Composite Summary Rate Scores, Health Plan Call Center, Service Staff, Experience and Demographic Segments.

Membership

Lauren Leverich Castaldo, Chief Financial Officer, presented Membership specifically covering Membership Trends 2025-2026.

Dr. Talya Schwartz, President & CEO asked Mark Peter, Board Member regarding if he is hearing anything from the community about enrolling and coverage, etc.; Mark Peter responded.

Board Members asked questions regarding at risk members; Dr. Talya Schwartz responded.

Lauren Leverich Castaldo went on to discuss Market Share.

Retention, Performance & Enhancements

In the interest of time, we asked the Board Members to read vs. presenting Retention, Performance & Enhancements and come back with any questions, if needed. However, Dr. Talya Schwartz did discuss What We're Doing Internally to Turn the Tide.

Board Members asked questions regarding temps; Dr. Talya Schwartz responded.

Lila Benaquoun, Chief Operating Officer, further expanded on the discussion regarding CBO's, coverage and steps we are taking to plan for 2027.

Board members made comments regarding CBO value; Dr. Talya Schwartz responded.

Call Center Stats & New QHP/EP Requirements

Lila Benayoun, Chief Operating Officer, presented Call Center Stats & New QHP/EP Requirements; specifically covering Trend in Call Center Call Volume | Members, Abandonment Rate – Members, Trend in Call Center Call Volume – Providers, Net Promoter Score (NPS), and DOH Required EP/QHP

Call Center Reporting.

Gold Enhancements

Sudha Chatterji, Senior Director, Customer Experience Strategy & Retention went on to present Gold Enhancements specifically highlighting, Elevating the Gold Experience, Gold Concierge Service Expansion, Promoting Upcoming Expanded Gold Benefits & Services and Gold CEO Outreach,

Natasha Molamusa, Director of Content Marketing & Corporate Communications discussed the Gold Landing Page Update.

Tomasz Kawka asked a question regarding member experience accessing our website via cell phones.

Board members commented on messaging; Natasha Molamusa clarified.

Spring Campaign

Natasha Molamusa, Director of Content Marketing & Corporate Communications, presented the Spring Campaign. Natasha discussed the Theme, the Strategy, Creative Advertising Subways, etc., Amazon Locker Advertising, 3-Pronged Approach and Medicare TV Spots on NY1 and Spanish Speaking Networks.

Sales Restructured Organizational Chart

Roger Milliner, Chief Growth Officer, presented the Sales Restructured Organizational Chart, specifically discussing how the restructuring will support retention and acquisition of new members.

There being no further business, Vallencia Lloyd adjourned the meeting at 11:30 A.M.

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.