MetroPlusHealth

CUSTOMER EXPERIENCE & MARKETING COMMITTEE
Wednesday, December 10th @ 10:00 A.M.
50 Water Street, 7th Floor Board Room
New York, N.Y. 10004

AGENDA

Call To Order	**Vallencia Lloyd**
Old Business	
Adoption of Minutes | September 25th, 2025	**Vallencia Lloyd**
New Business	
Project Edge Go-Live	**Tomasz Kawka**
SS&C Contract	**Ganesh Ramratan**
Membership & Trends	**Roger Milliner**
Jet Rewards Update	**Roger Milliner**
Usher, Concierge & Salesforce Marketing Cloud Update	**Laura Santella Saccone** **Brinda Sridhar**
NPS Trends and Provider & Member Sentiment	**Laura Santella Saccone** **Brinda Sridhar**
Call Center	**Lila Benayoun**
Member & Provider Complaints and Inquiries	**Lila Benayoun**
Claims	**Lila Benayoun**
Customer Success Performance	**Lila Benayoun**
CompassHealth	**Lila Benayoun**
Adjournment	**Vallencia Lloyd**

Minutes
of
September 25th, 2025
Customer Experience & Marketing
Committee Meeting

MetroPlus Health Plan, Inc.
Customer Experience & Marketing Committee
Thursday, September 25th, 2025

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

The meeting of the Customer Experience & Marketing Committee of the MetroPlus Health Plan, Inc. (hereafter "MetroPlus or the Plan") was held in the 7th Floor Boardroom at 50 Water Street, New York, NY 10004, the 25th day of September 2025 at 2:30 P.M., pursuant to a notice which was sent to all the Committee Members and Board of Directors of the Corporation by the Secretary. The following Directors were present in-person:

Sally Hernandez Piñero
Dr. Talya Schwartz
Mark Power
Karla Silverman

Due to extraordinary circumstances consistent with the Procedures adopted by the Board, **Vallencia Lloyd** attended via Videoconference.

Vallencia Lloyd, Chair of the Customer Experience & Marketing Committee, called the meeting to order at 2:39 P.M.

Vallencia Lloyd chaired the meeting and Angela Minerva kept the minutes, thereof.

ADOPTION OF THE MINUTES

The minutes of the Customer Experience & Marketing Committee held on June 4th, 2025, were presented to the Committee. On a motion by Vallencia Lloyd and duly seconded, the Committee adopted the minutes.

NEW BUSINESS

GOLD UPDATE

Vallencia Lloyd asked that we begin with the Gold Update. Lauren Santella-Saccone, Chief Marketing & Brand Officer presented the Objectives, Targets & Tactics, Marketing Seasonality, Timing and Target Audience, Gold Media Plan, MMS Capture Attention and Marketing on the Phone, Family of Golf Sales Collateral, Benefits Manager Emails, GOLD Webinar Promotions, JET Rewards – DC37 Lead Capture, Digital, NYC Agency Outreach – Sales, Enhancing Gold Member Retention and Expanding our Provider Network.

Dr. Talya Schwartz, President & CEO spoke about Gold excitement; Roger Milliner, Chief Growth Officer discussed the importance of Access & Awareness

PROJECT EDGE

Vallencia Lloyd asked Tomasz Kawka, Vice President of Business Transformation to present Project Edge – Program Status, Key Risks and Issues and Draft Timeline for All Waves.

Dr. Talya Schwartz commented on the reorganization, adjustment of expectations and challenges ahead.

Tomasz Kawka then shared an update from the week of September 22nd; Ganesh Ramratan, Chief information Officer, further discussed progress made throughout the week. Lila Benayoun, Chief Operations Officer commented; Tomasz Kawka went on to further explain.

SALESFORCE EXPANSION

Tomasz Kawka, Vice President of Business Transformation went on to discuss Salesforce Expansion focusing on Improving Experience and Streamlining Operations.

Dr. Talya Schwartz commented on the efficiency of Salesforce in 2026.

CALL CENTER

Vallencia Lloyd asked that we move on to discuss the Call Center. Masud Mahdi, Deputy Chief Operating Officer presented Trends in the Member Call Center and Call Volume, Abandonment Rate for Member Calls, Trends in the Provider Call Center and Call Volume, Abandonment Rate for Provider Calls and Net Promoter Score (NPS).

Committee Members asked a question regarding how NPS compares to the Call Center; Masud Mahdi responded.

NPS TRENDS

Vallencia Lloyd asked that we move on to discuss the NPS Trends. Brindha Sridhar, Vice President of Customer Experience Strategy presented the 2025 Customer Experience Dashboard and the 2025 Customer Experience Dashboard Survey Data by LOB (January-July).

Committee Members asked questions regarding unresolved reasons identified; Brindha Sridhar and Laura Santella Saccone responded.

CREDENTIALING IMPROVEMENTS

Vallencia Lloyd asked that we move on to discuss the Credentialing Improvements. Alicia Lenhart, Vice President of Network Operation presented Move Towards Automation of Provider Demographic Changes, Continued Improvements of Provider Directory Accuracy.

CLAIMS ADJUDICATION PERFORMANCE

Vallencia Lloyd asked that we move on to discuss the Claims Adjudication Performance. Lila Benayoun, Chief Operating Officer presented August 2024-July 2025 Claims Inventory and Claims Processing Timeliness.

Dr. Talya Schwartz commented on the overall improvement of the Claims Adjudication process.

MEMBERSHIP

Vallencia Lloyd asked that we move on to discuss Membership. Roger Milliner, Chief Growth Officer presented the 12 Month Membership Performance by LOB and 12 Month Membership Influencers.

PAYMENT INTEGRITY RECOVERY

Vallencia Lloyd asked that we move on to discuss Payment Integrity Recovery. Lila Benayoun, Chief Operating Officer presented the Payment Integrity Savings and Drivers Towards Savings.

Committee Members asked questions regarding Claims payments; Lila Benayoun responded and Dr. Talya Schwartz further explained.

There being no further business, Vallencia Lloyd adjourned the meeting at 3:47 P.M.

New Business

MetroPlus**Health**

Customer Experience & Marketing Committee Meeting

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Wednesday, December 10th, 2025

Project Edge Wave 1 Go-Live

Tomasz Kawka
Vice President of Business Transformation

Wednesday, December 10th, 2025

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PROJECT EDGE WAVE 1 GO-LIVE |
A MILESTONE IN OUR TRANSFORMATION JOURNEY

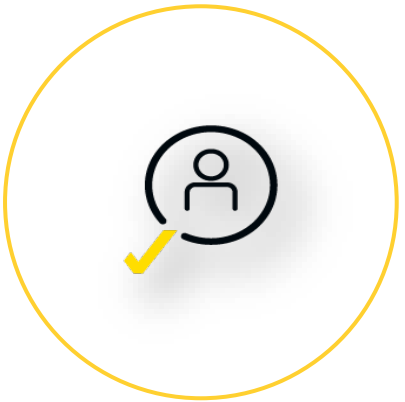
MPH is preparing for the Project Edge Wave 1 Go-Live. Beginning December 15th, 4,900+ HIV-SNP members we cover, and their providers will be served using our new, modern, and scalable platforms.

Scope

- 200,000 + hours invested
- 1,920 business requirements
- 140+ contributors
- 100+ design artifacts

Quality

- 8,000+ test cases executed
- 1,400+ defects identified & resolved
- 160+ dashboards and reports

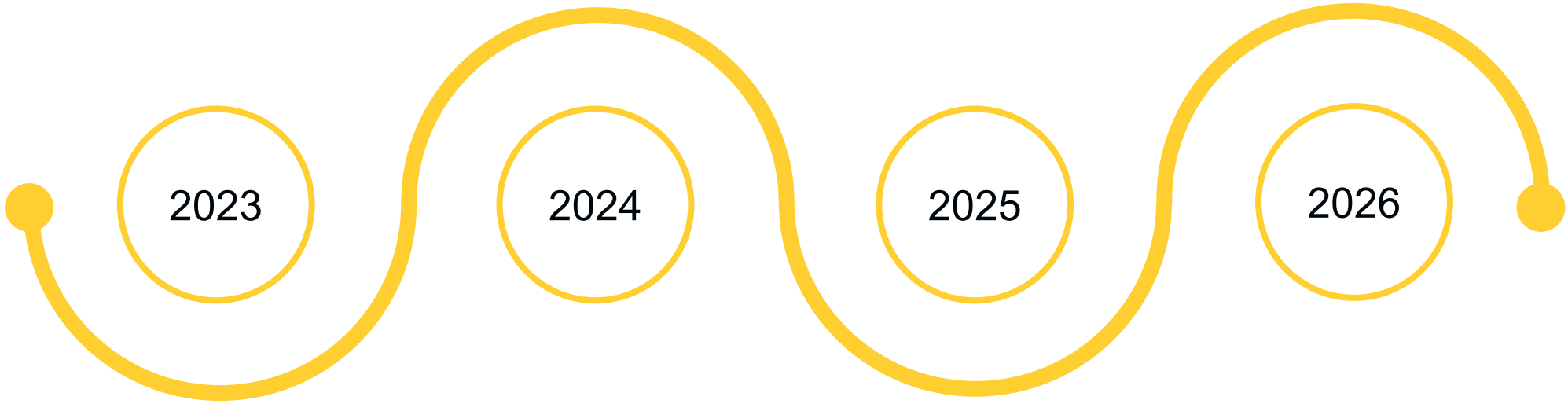


Readiness

- 340+ employees trained
- 190+ training artifacts
- 520+ P&Ps and DLPs

PROJECT EDGE WAVE 1 GO-LIVE | WHAT IT TOOK TO GET HERE

The Wave 1 go-live is possible because of the investment and commitment from leaders and contributors across the organization and our partners. Over 200,000 hours of effort was invested implementing Wave 1.



2023
- Transformation Decision
- RFP and Contracting

2024
- Discovery and Design

2025
- Requirements completed (April)
- Program Re-org (July)
- Build Complete (October)
- Training Began (October)
- Testing Complete (November)
- Go-Live (December 15th)

2026
- Wave 1 Stabilization
- Wave 2 Go-Live
- BPaaS Implementation
- Enhancements & Automation

PROJECT EDGE | LOOKING AHEAD

Extending our agreement with SS&C through CY 2027 allows us to continue implementing the platform across our remaining populations while advancing the pursuit of automation and streamlined processes.

Milestone	Populations	Timeline	What does it mean?
Stabilization	HIV-SNP	Early 2026	• Stabilize the platform and prepare for subsequent implementations.
Wave 2	Medicaid HARP	Mid 2026	• Scale the platform across our Medicaid LOBs (increase reach from ~4,900 to ~400k lives). • Implement process improvements and automation.
BPaaS & WiPro	MA QHP	Fall 2026 (OE)	• Partner with WiPro to configure our HealthEdge platforms and Member360 to process Medicare and QHP lines of business.
Wave 3	CHP EP Commercial	2027	• Extend platform capabilities to all remaining lines of business. • Leverage investment in HealthEdge platform to continue pursuit of automation and efficiencies.

SS&C Contract

Ganesh Ramratan
Chief Information Officer

Wednesday, December 10th, 2025

POWERSTEPP SOURCE CODE SOFTWARE

- PowerSTEPP is our legacy claims processing and core operating system that we contract with SS&C Technologies, for the licensing of the software and hosting services.
- MetroPlus is making a strategic investment to purchase the source code of the software.
- Owning the source code will ensure we maintain uninterrupted access to this system as we continue with our large-scale implementation of a new core operating system.
- While we remain confident in Project Edge, having ownership of the source code provides an operational insurance policy in the event there are any unforeseen circumstances and delays.
- Ownership of the source code ensures that we can continue processing claims, paying Providers and maintaining essential operations without interruption, in parallel to the multiple go-live events of Project Edge.

POWERSTEPP SOURCE CODE SOFTWARE

- In September 2024, the MetroPlus Board approved a best interest extension of our SS&C contracts. Subsequently, the H+H Board of Directors approved a resolution in October 2024, for a total spending authority of $212,100,000.
- This purchase falls within the approved contract spending authority and will not require additional funding requests. Additionally, the purchase is funded by a favorable administrative expense experience in 2025.
- The purchase also includes hosting, support and maintenance of PowerSTEPP for 2026 and 2027. In addition, SS&C will provide BPO services for Q1 of 2027 at no cost.

Membership & Trends

Roger Milliner
Chief Growth Officer

Wednesday, December 10th, 2025

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2025 MEMBERSHIP GROWTH AND MARKET SHARE

LOB	Membership	Growth YTD
MEDICAID	385,330	-2.9%
ESSENTIAL PLAN	175,210	2.2%
CHILD HEALTH PLUS	44,983	-11.5%
METROPLUS GOLD	34,163	10.7%
METROPLUS ENHANCED	10,854	-11.1%
MEDICARE	12,132	10.8%
Marketplace Health (QHP)	5,021	-15.1%
PARTNERSHIP IN CARE	4,942	10.0%
MANAGED LONG TERM CARE	2,672	-2.9%
GOLDCARE I	2,096	-5.5%
ULTRA CARE	411	75.6%
Grand Total	**677,814**	**-1.6%**

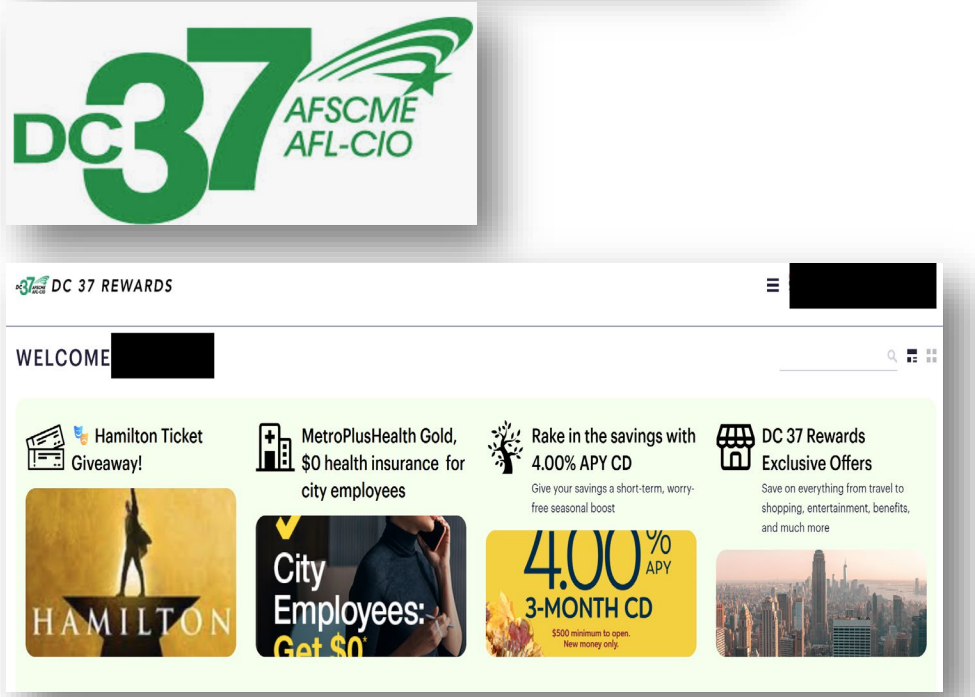
- For EP and Medicaid, we are maintaining 16% of the NYC market share.
- CHP market share went down from 20% to 19%.
- HARP market share went down from 17% to 16%.
- PIC market share is trending upward in Q3 2025 at 27%.
- Medicare market share have also grown slightly from 1.4% to 1.5%.

Update | Jet Rewards

Roger Milliner
Chief Growth Officer

Wednesday, December 10th, 2025

REFRESH PARTNERSHIP



Executive Summary – MetroPlusHealth Partnership with Jet Rewards & DC37 "Refresh"
Contract Period: June 3, 2025-June 2, 2026
Go-Live: July 7, 2025

Key Objectives: Drive Gold Membership growth through engagement and lead generation with Union.

Engagement Highlights (as of November 24, 2025)

- Bi-monthly email blasts to Union Members: 150,000 members (2 completed)
- Weekly Wellness Challenges: 18 completed
- Monthly Premium Giveaways: 6 completed
- In-Person Event: 1 completed (NY Mets Tickets)

Performance Metrics
July 2025 – January 1, 2026; Goals vs. Actual:

Lead Generation Goal: 2,275 Gold Leads
Actual Lead Generation: 2,252
Net Enrollment Goal: 910; 42

Actual: Enrollment will be re-assessed after the completion of Fal Transfer Period to decide viability going forward.

Update | Ushur Pilot, Concierge Pilot, Salesforce Marketing Cloud

Laura Santella-Saccone, Chief Marketing & Brand Officer
Brindha Sridhar, Vice President of Customer Experience Strategy

Wednesday, December 10th, 2025

USHUR | BACKGROUND

Objective

- Improve **new member engagement, education and experience** to **grow member loyalty.**
- **Target: GOLD and Essential Plan new members.**
- **Pilot Launch Date: August 18th, 2025.**

What is Ushur?

A seamless, self-guided app that empowers members to independently complete their onboarding education and essential tasks right from the very beginning of their journey with MPH

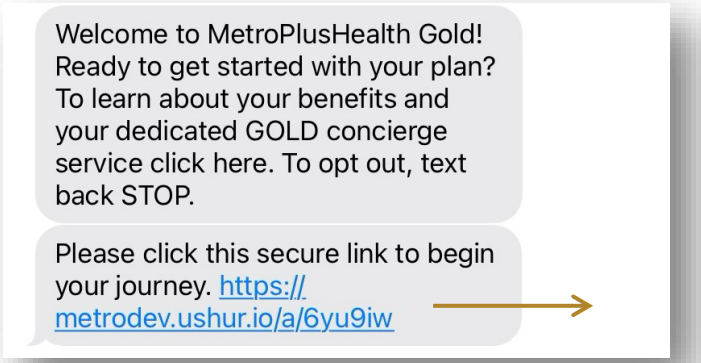
Members are guided through key steps such as:

1. *Benefits education*
2. *Member portal registration*
3. *PCP selection*
4. *Making a new member appointment*

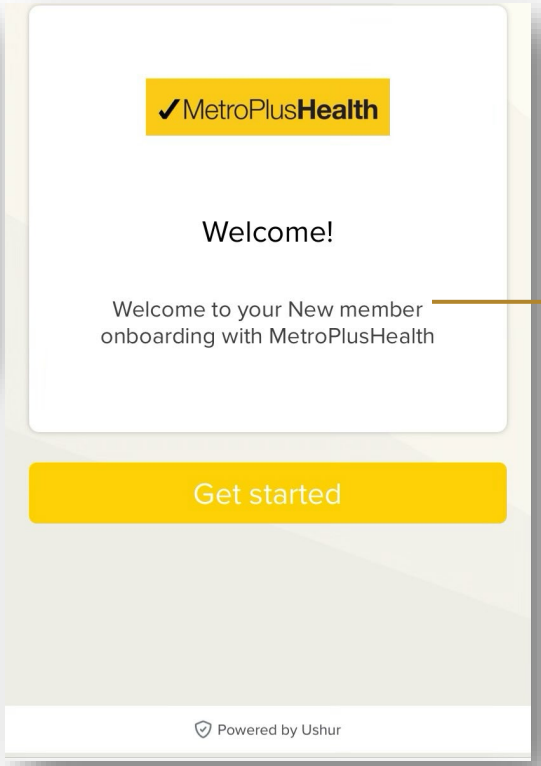
Additionally, they are encouraged to use **Virtual Visit through ExpressCare** whenever they need.

THE USHUR EXPERIENCE

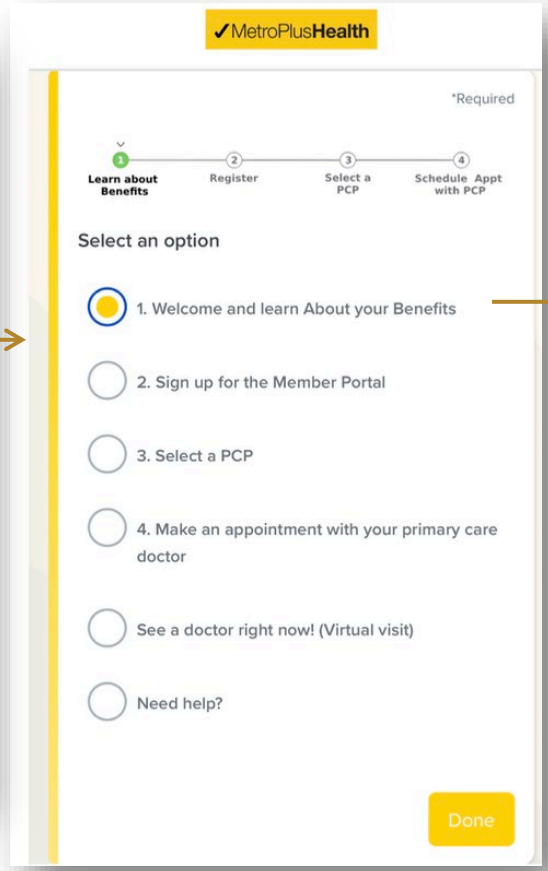
Text

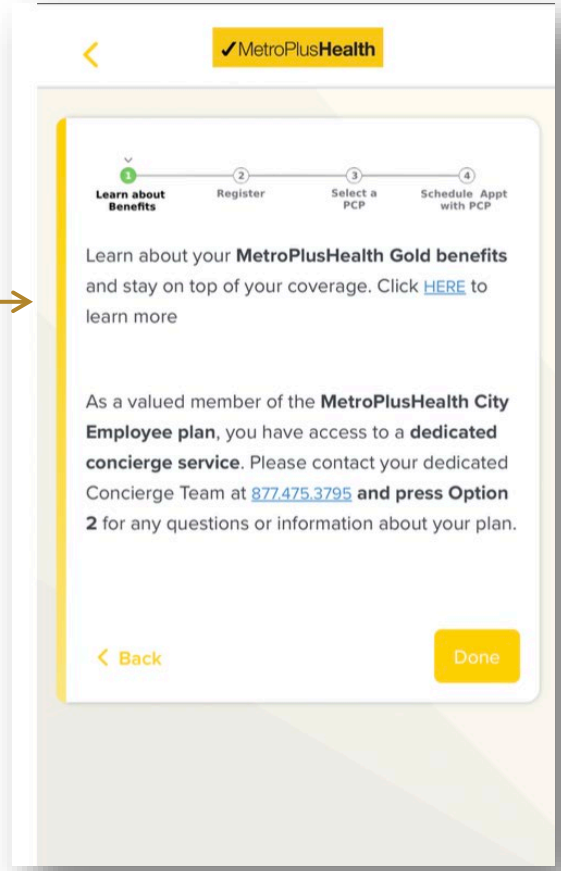


Welcome Message



Menu of Options





TO EXPERIENCE USHUR,
TEXT #GOLDDEMO to 516-206-6670 and follow the link.

USHUR | PROJECT UPDATE

Data Refresh: 11/5 (Next update 12.5)
*August, September, October Cohorts
*Database not fully up to date.

- New member engagement is high – 1 in 3 (33%) of members have engaged with the App.
- Members are completing their onboarding activities – selecting their PCP & registering for the member portal.
- Retention has improved!

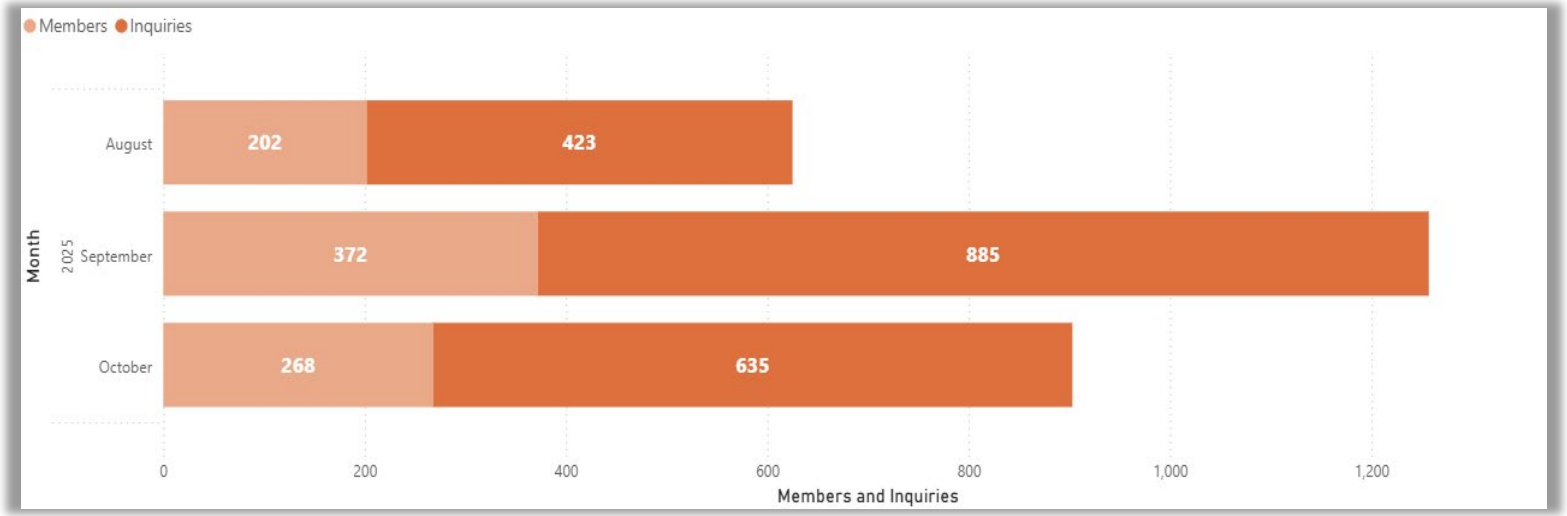
LOB	Delivered	Month 1 Retention	Month 2 Retention	Month 3 Retention
EP	**6,360**	**95.0%**	**91.8%**	**90.3%**
Baseline KPI (August 2024)		93.6%	86.3%	81.8%
Gold	**317**	**99.4%**	**99.1%**	**98.4%**
Baseline KPI (August 2024)		98.8%	96.9%	95.4%

✓MetroPlusHealth

Need more time to evaluate PCP selection & member portal registration rates.

GOLD CONCIERGE | ACTIVITY

Since the program launch in August, Sutherland has handled **755 calls; 246 voluntary inbound calls and 509 successful new member orientation calls** (outbound and inbound).



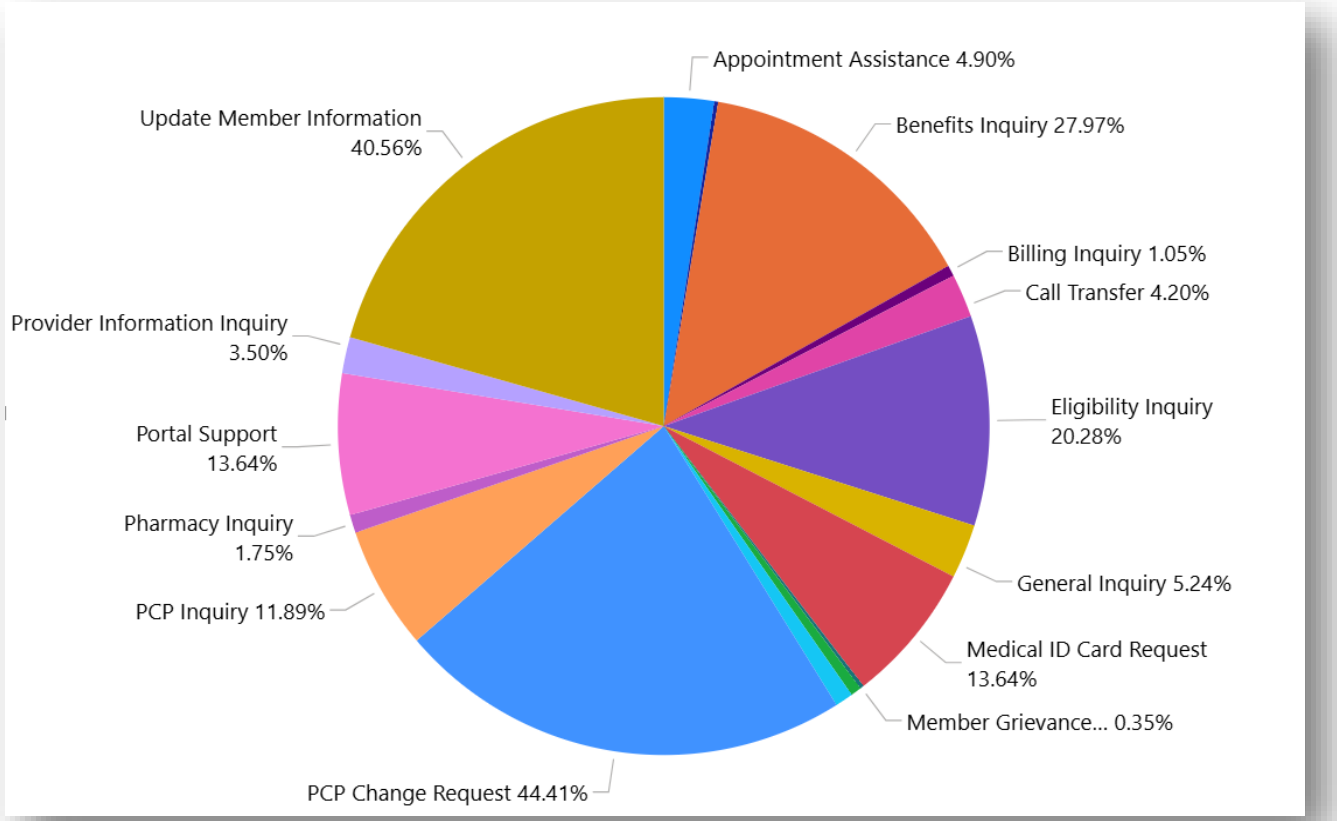
Health & Hospitals account for 60% of total call volume.

Data: August – October Calls

✓MetroPlus**Health**

Data refresh: 11/19 6pm

GOLD CONCIERGE | KPI TRACKING



To date, 755 members have interacted with Gold concierge (2.57 cases per member on average).

1. Top reasons for calling include:

- PCP Change Request
- Updating member demographic info
- Benefits inquiry

2. Average Handle Time 9:12sec in November.

3. Concierge has handled 24 appointment assistance calls:

- 21 PCP
- 2 Zocdoc
- 1 Specialist

4. Overall, members appreciate having a single representative resolving issues.

5. Outbound New Member orientation calls are yielding more inbound calls, and each call leads to more issues resolved as compared to voluntary inbound calls.

GOLD CONCIERGE | AFTER-CALL SENTIMENT

Survey completed within 6 months of enrollment	Gold Concierge 2025 August – September (N: 25)
NPS	60
Customer Satisfaction	4.92
Employee Rating	4.92

Overall, we have very low number of surveys to accurately get a baseline of the experience

1. Gold Concierge CSAT & Employee rating is promising.
2. So far, 83% of the calls are resolved in one-touch by a single representative. Remaining 17% (small # of members) need additional support – i.e., ID cards.
3. Fast-tracking full Salesforce access for every Concierge Service representative to reach 100% issue resolution.

Baseline data looks at new members who called Call Center within their first 6 months of enrollment in August and September of 2024.
*We don't have enough survey results for October due to a survey issue.

Data Source

SALESFORCE MARKETING CLOUD | ELEVATING ENGAGEMENT IN 2025!

- Successful on-time transition of text/email campaigns from mPulse platform to SFMC - yielding over $800k in savings/year, reaching 94% of members YTD.

- As of Dec 2025, all New Member Onboarding and Recertification campaigns fully deployed supporting all LOBs – with exception of MLTC (Jan 2026 go live).

- Launched NEW Gold Fall Transfer acquisition campaign in November (H+H, DC37, NYC agencies), while continuing successful H+H New Hire Gold campaign on a weekly basis.

- NEW Lead Nurture Journey targeted for Q1 2026 – increasing engagement with new prospects across all LOBs.

Salesforce Marketing Cloud | Optimized Onboarding Journey Results vs. Pilot Control

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ONBOARDING CAMPAIGN | EXECUTIVE SUMMARY

Goal: Enhance new member retention in first 90 days of enrollment through proactive and timely communication.

Methodology

1) Pilot (Dec 2024 – Mar 2025)

1,711 Medicaid members
14-touch onboarding journey over 90 days

2) Full Scale Rollout with Optimized Campaign (Aug – Oct 2025)

21,016 members across Medicaid, SNP, Medicare, HARP and CHP.
10-touch onboarding journey over 90 days.*

KPIs

- Retention Rate
- Member Calls
- PCP Visits
- Portal Registrations
- Member Satisfaction

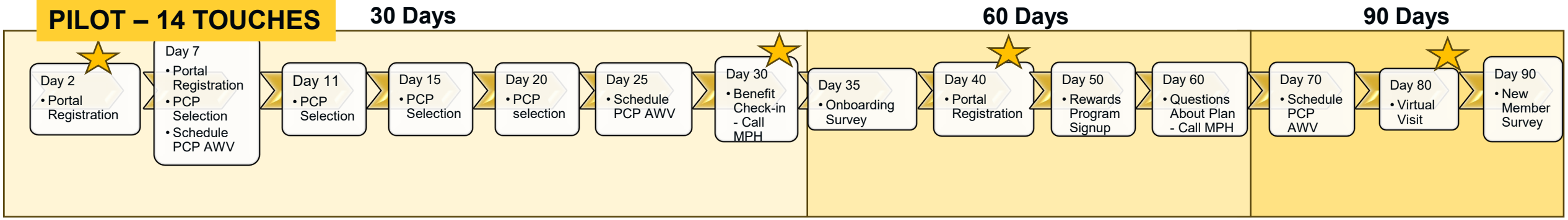
Key Findings

- Full scale campaign outperforms the pilot, indicating higher member engagement and improved completion of onboarding activities.

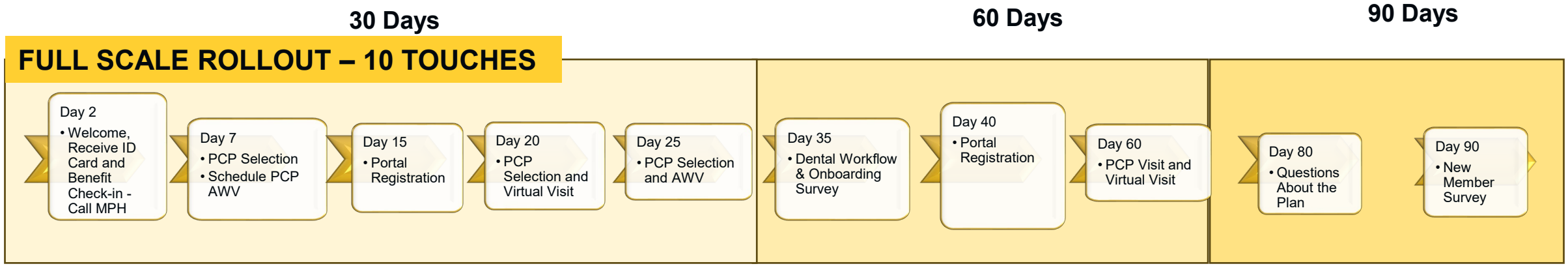
***Note:** KPIs analyzed by line of business and Medicaid-specific segments. Significance testing for SMS applied to Medicaid members only.*

ONBOARDING JOURNEY EVOLUTION

PILOT – 14 TOUCHES

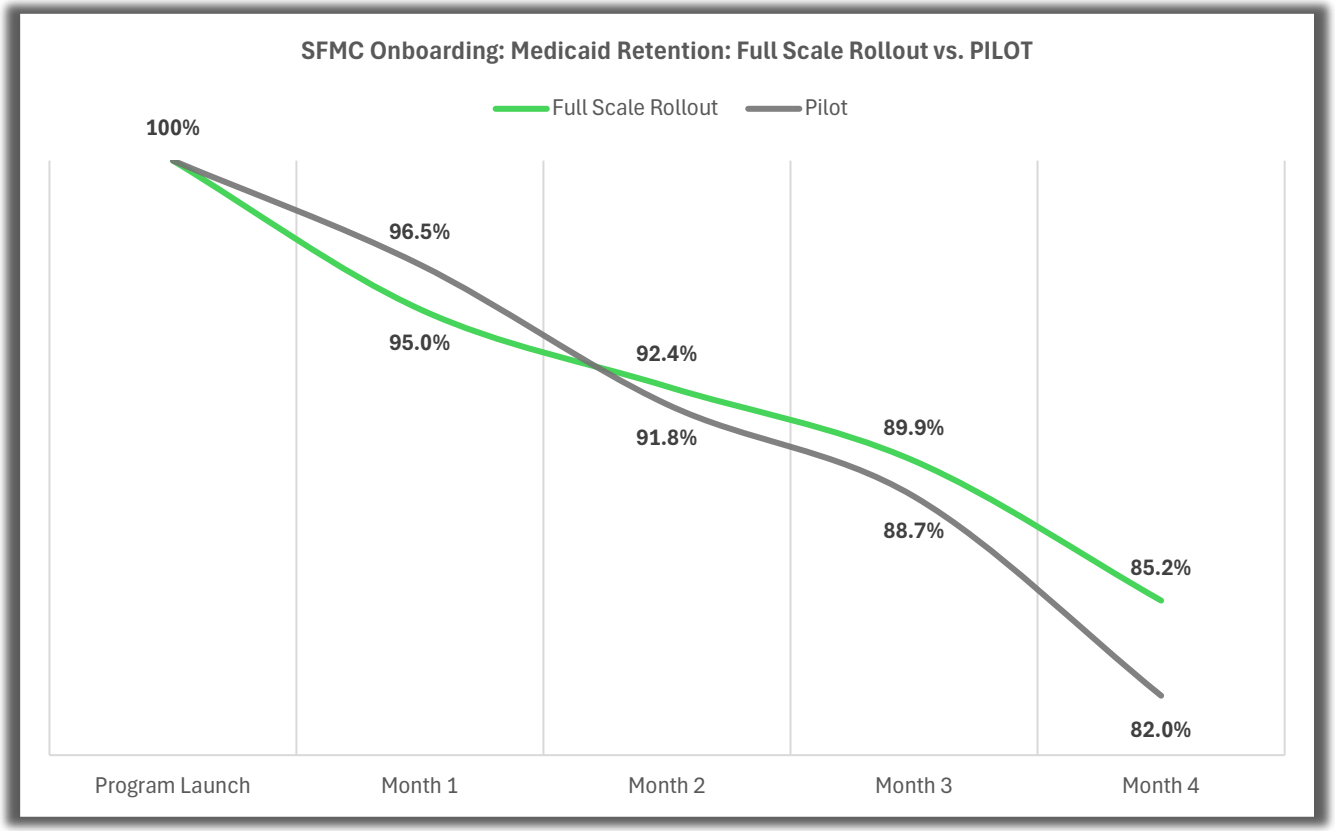


FULL SCALE ROLLOUT – 10 TOUCHES



New Journey: Shorter (10 touches) and Focused: i.e. Virtual Visit & Dental.

FULL SCALE ROLLOUT | ONBOARDING RESULTS



KEY Performance Highlights

Member Retention: 3.2% higher than Pilot!

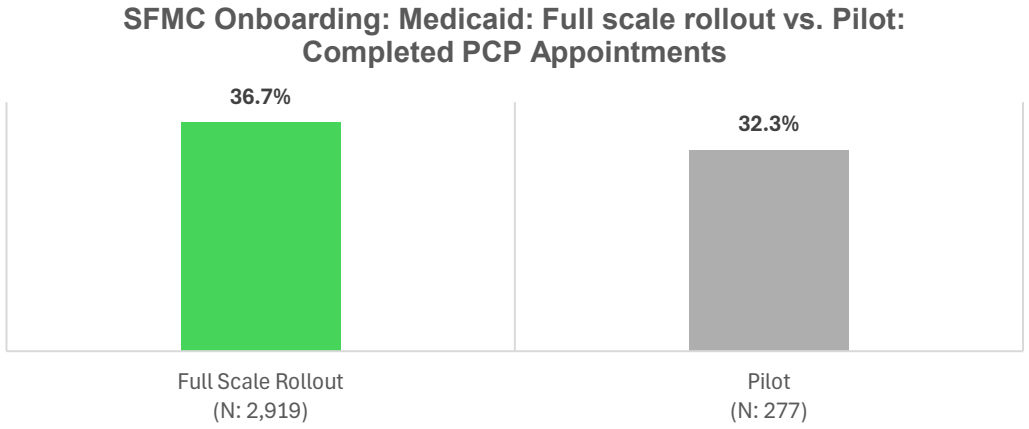
- Medicaid: after 4 months of enrollment, retention is 85.2% (up from 82.0% in Pilot) - significantly higher.

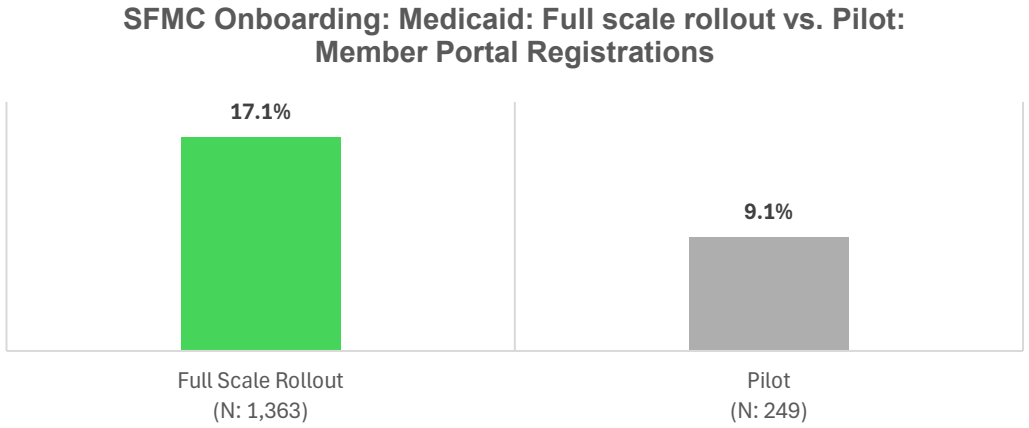
MEMBERSHIP IMPACT

- 3.2% lift in month 4 retention = potentially ~3,054 Medicaid members saved annually.

Retention: Percent of Medicaid members retained after 4 months of enrollment.

ONBOARDING RESULTS | PCP VISITS & PORTAL REGISTRATIONS





Full Scale Rollout campaign has significantly higher engagement compared to the Pilot.

1. **Completed PCP Appointment:**
   - **Full scale rollout:** 36.7% vs. 32.3% in the Pilot
2. **Portal Registrations:**
   - **Full scale rollout:** 17.1% vs. 9.1% in the Pilot

Completed PCP Appointments: Percent of Medicaid members who visited a PCP after 4 months of enrollment.
Member Portal Registrations: Percent of Medicaid members who registered for the portal after 4 months of enrollment.

RECERTIFICATION JOURNEY | INITIAL UPDATE

Goal

Enhance member recertification rates via early communication priming members to take action during the recertification window.

Methodology

Pilot (Dec 2024 – May 2025)

3,174 members (EP & Medicaid)

14-touch journey over 5 months via SFMC

Optimized (Oct 2025 – Jan 2026)

Medicaid, EP, SNP, HARP, CHP –

10-touch journey over 4 months via SFMC

KPIs

- Recertification Rate
- Portal Registrations
- Member Satisfaction

Note: *Recertification campaigned launched October 2. Members are not yet due to recertify.*

Findings: Need more time to measure KPIs – estimated journey completion is January/February 2026.

RECERTIFICATION CAMPAIGN | EXECUTIVE OVERVIEW

Goal: Enhance member recertification rates via early communication priming members to take action during the recertification window.

Methodology

Pilot (Dec 2024 – May 2025)

3,174 members (EP & Medicaid)
14-touch journey over 5 months

Full Scale Rollout with Optimized Campaign (Oct 2025 – Jan 2026)

Medicaid, EP, SNP, HARP, CHP –
10-touch journey over 4 months

Findings

- Recertification campaigned launched October 2. Members are not yet due to recertify.
- Need more time to measure KPIs – estimated journey completion is January/February 2026.

Company NPS, Provider & Member Sentiment

Laura Santella-Saccone, Chief Marketing & Brand Officer
Brindha Sridhar, Vice President of Customer Experience Strategy

Wednesday, December 10th, 2025

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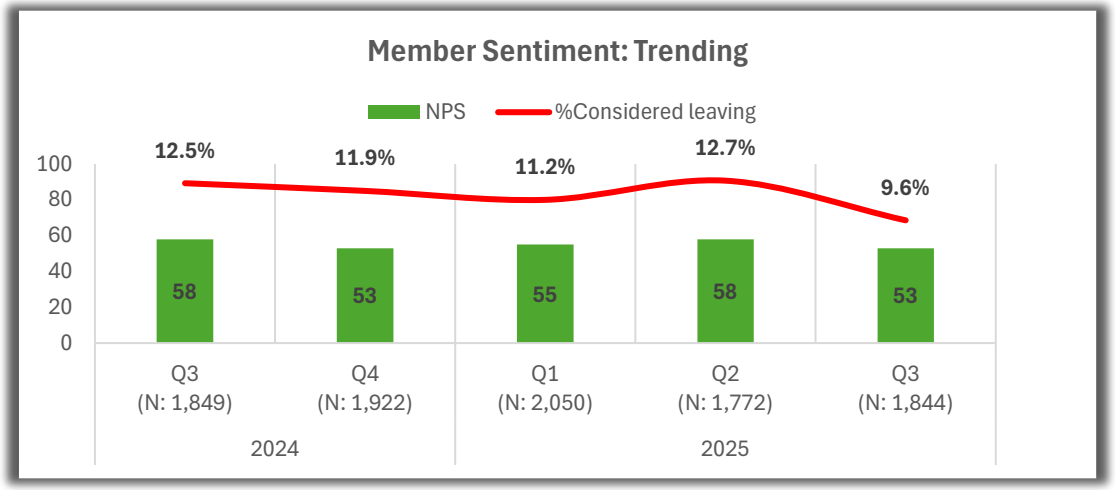
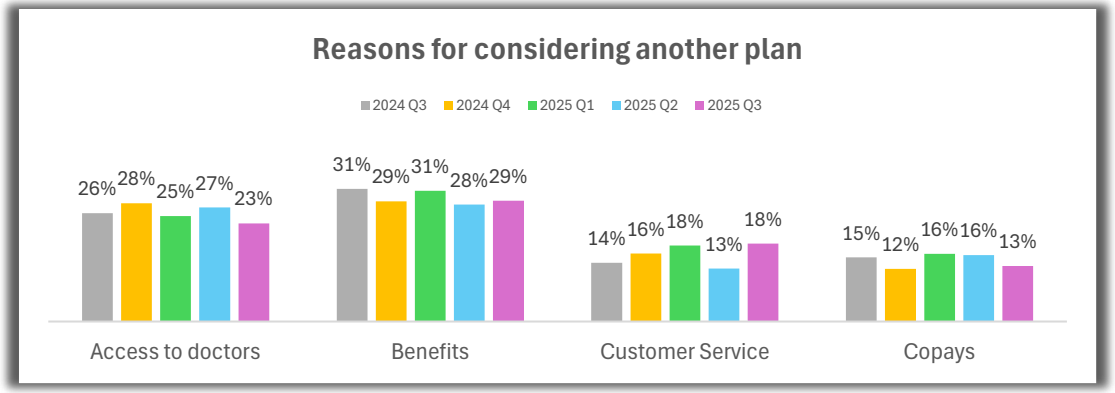
MEMBER SENTIMENT | *WHILE NPS DROPPED, LOWEST EVER LIKELIHOOD OF MEMBERS CONSIDERING LEAVING!*



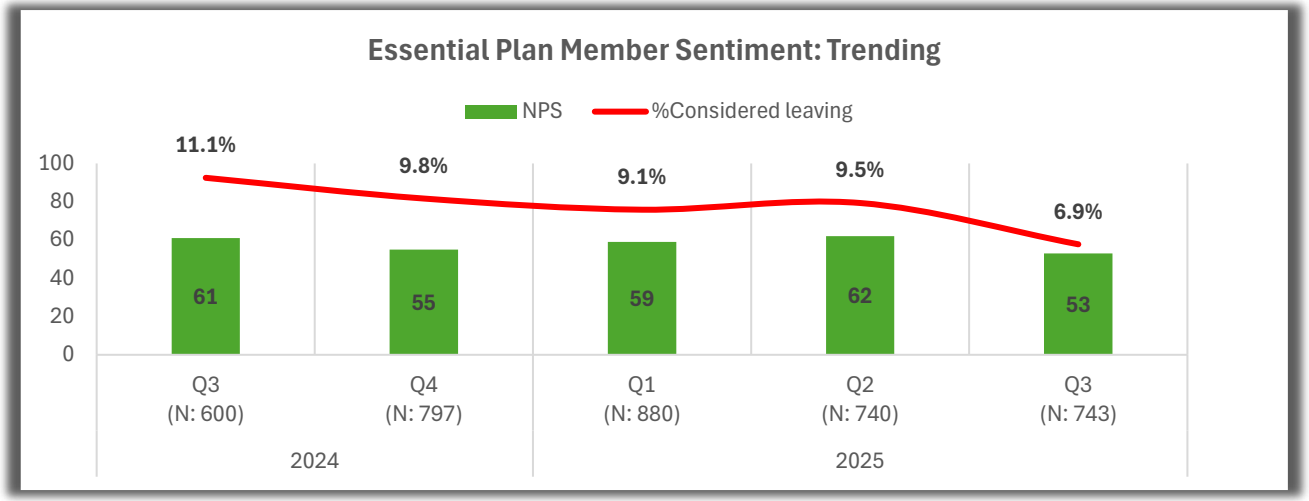


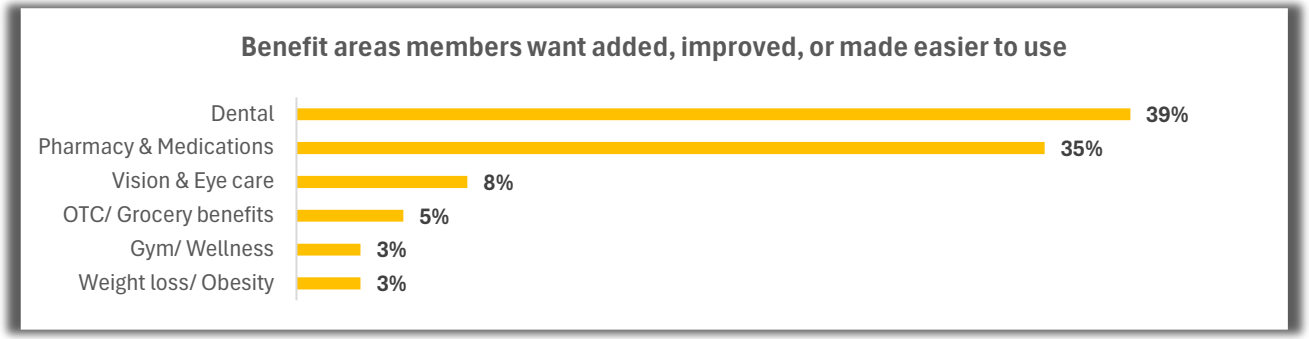
- Member Sentiment remained mostly stable with NPS dipping to 53 (Q4 2024 levels).
- Positive trend in % of Members Considering Leaving Plan – lowest in past 12 months
- Member Dissatisfaction continues to be related to **Benefits and Access to Doctors.**

**Weighted survey responses.*

MEMBER SENTIMENT | ESSENTIAL PLAN

LOWEST EVER LIKELIHOOD OF MEMBERS CONSIDERING LEAVING THE PLAN!





Volume: 366 free-text entries analyzed; 110 contained at least one identifiable benefit/service theme.

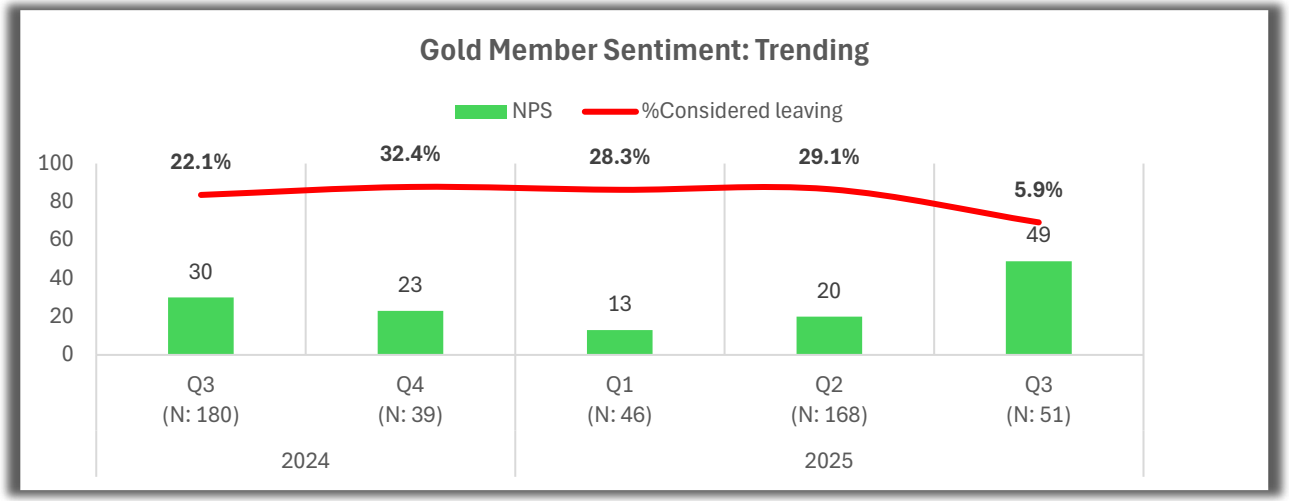
While member sentiment declined in Q3, the likelihood of members considering leaving is the LOWEST ever!!

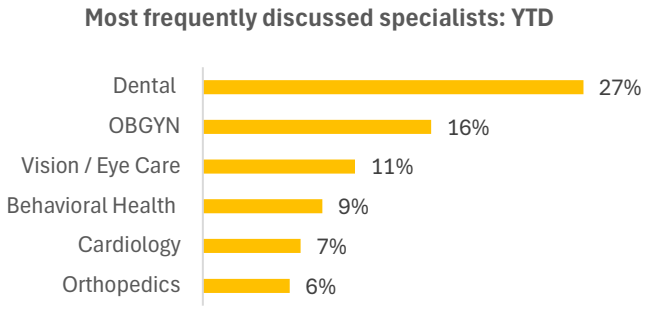
- Member sentiment declined in Q3 2025, with NPS dropping to 53 and dissatisfaction increasingly tied to benefits.
- The top 3 reasons for members considering another plan include:
  1. Benefits: 31%
  2. Access to Doctors: 28%
  3. Copays: 26%
- Compared to the same time last year
  1. **Customer Service ratings have improved!!!**
  2. However, members are expressing greater difficulty accessing a PCP and specialist.

** Weighted survey responses.*

MEMBER SENTIMENT | GOLD PLAN

MEMBER SENTIMENT HAS DOUBLED SINCE Q4 LAST YEAR AND TRIPLED SINCE Q1 2025!



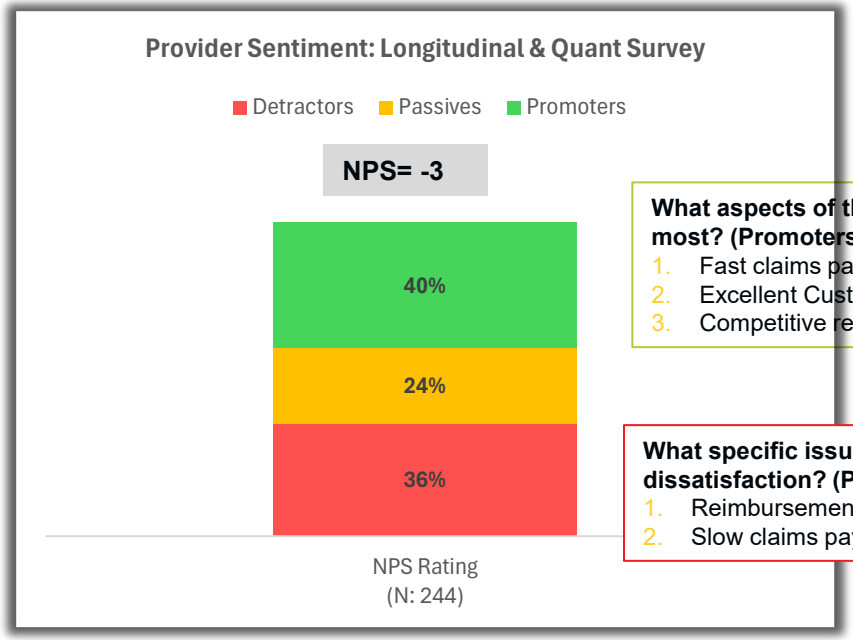


Mentions related to benefits include wider acceptance of private hospitals, out of state coverage, as well as OTC.

Gold Member Sentiment improved in Q3, 2025

- NPS increased significantly to 49 while % Considered Leaving improved by 23 percentage points!
- Compared to the same time last year, **Customer Service and Ease of Accessing a PCP and Specialist have both improved:**
  - Benefits communication
  - Enhanced Call Center training
  - Concierge pilot
  - Ushur new member onboarding experience are delivering results

PROVIDER SENTIMENT | INAUGUARAL LONGITUDINAL & QUANT SURVEY



What aspects of the health plan do you value the most? (Promoters)

1. Fast claims payments (27%)
2. Excellent Customer Service (26%)
3. Competitive reimbursement rates (20%)

What specific issues have caused dissatisfaction? (Passives & Detractors)

1. Reimbursement rate is not competitive (23%)
2. Slow claims payments (19%)

13% of respondents have considered leaving the network (36% of detractors) – **this vocal and at-risk minority reports deep dissatisfaction driven by reimbursement rates and claims processing issues.**

YTD 2025 provider after-call survey NPS rating: -2 (sentiment in line with the longitudinal & quant survey).

- **Provider Sentiment split aligns with historical post call survey results.**
- **Passives have same pain points as Detractors.**
- **Recommended Priority Pain Points:**
  1. **Customer Service:** access and first-call resolution.
  2. **Claims:** dedicated claims support person & clearer denial reasons.
  3. **Provider Portal** usability & troubleshooting: i.e. Prior authorization requests and eligibility verification.

IMPROVEMENTS IN 2025

MEMBER

- **Monitoring, training, and partnership with** Customer Service/Customer Experience shown marked improvements in NPS and after-call scores.
- Dental research identified rate issue: Led to immediate increases in EP rates in Q2.
- Improvements in GOLD and Essential Plan awareness and experience:
  - NEW Gold Concierge service – now including Gold Care and evaluating EP!
  - EP and Gold USHUR experience in place - evaluating broader rollout in 2026

PROVIDER

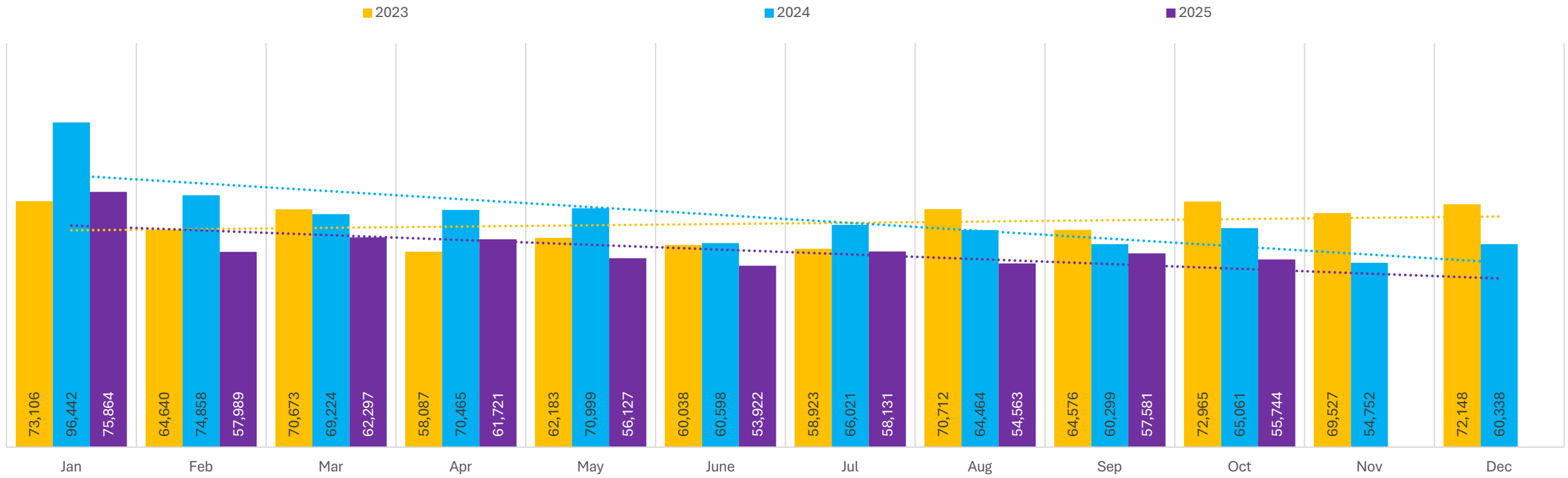
- Increased DentaQuest Essential Plan reimbursement rates.
- Report an Error" function added to our Provider Directory in November 2025.
- Enhanced provider after-call survey rollout to start late December.

Call Center

Lila Benayoun
Chief Operating Officer

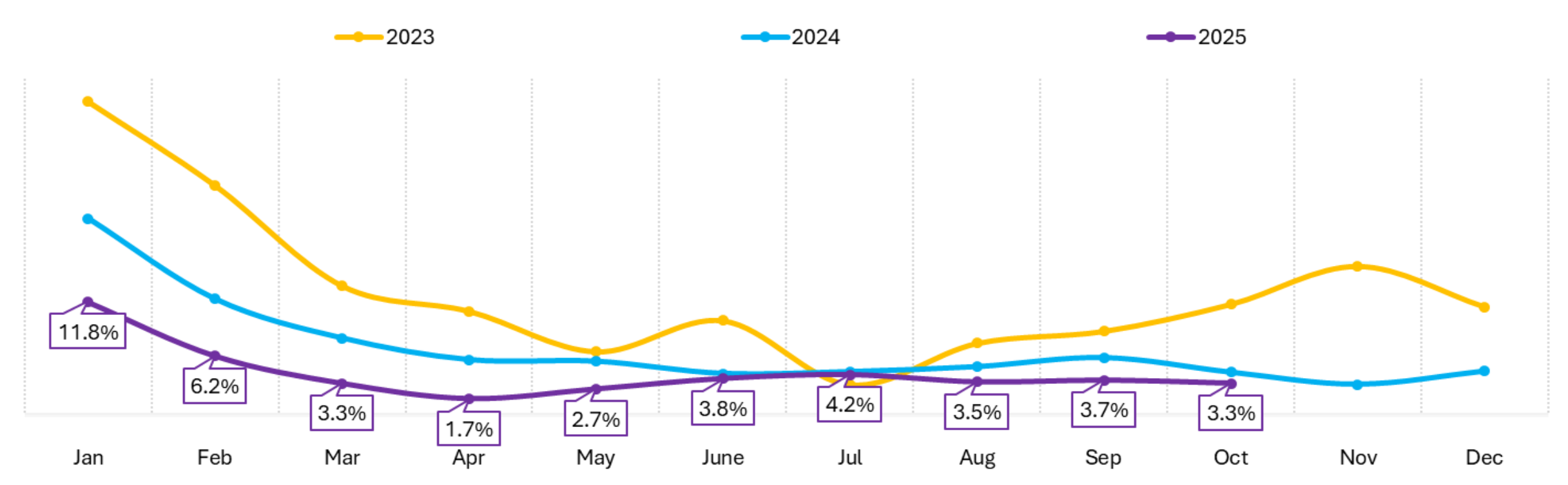
Wednesday, December 10th, 2025

TREND IN CALL CENTER CALL VOLUME | MEMBERS



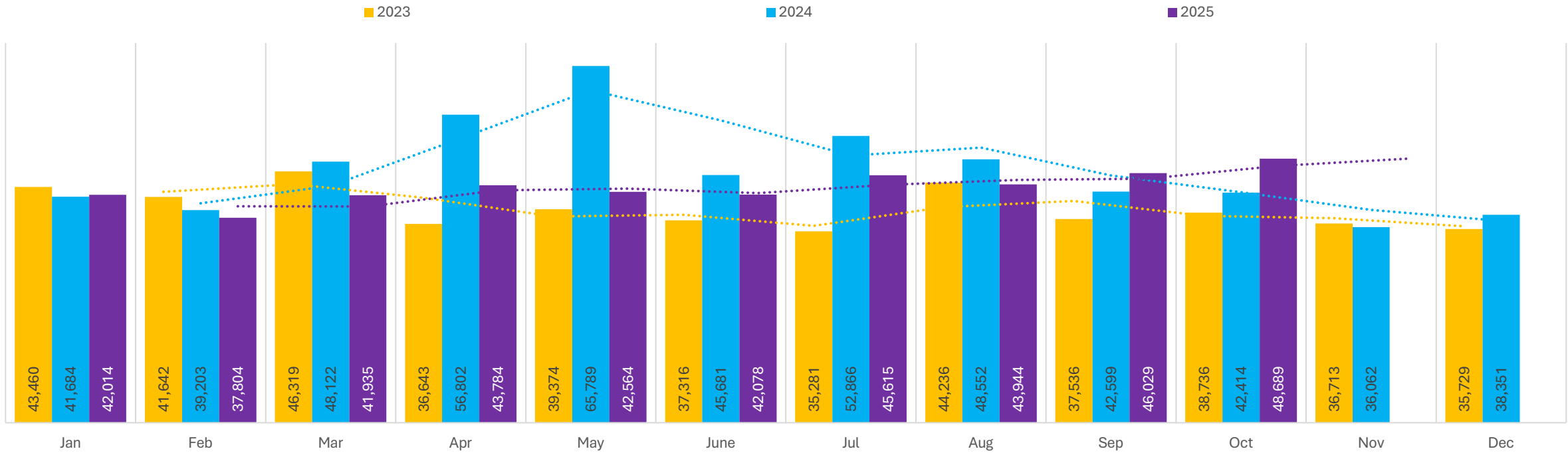
- 2025 volume continues to decrease year over year. Improvements continue with first call resolution, self service tools and ongoing efficiencies.
- **Top 5 Member Case Types**: Update Member Information, Eligibility Inquiry, PCP Inquiry, Medical ID Card Request and PCP Changes Requests.

ABANDONMENT RATE | MEMBERS



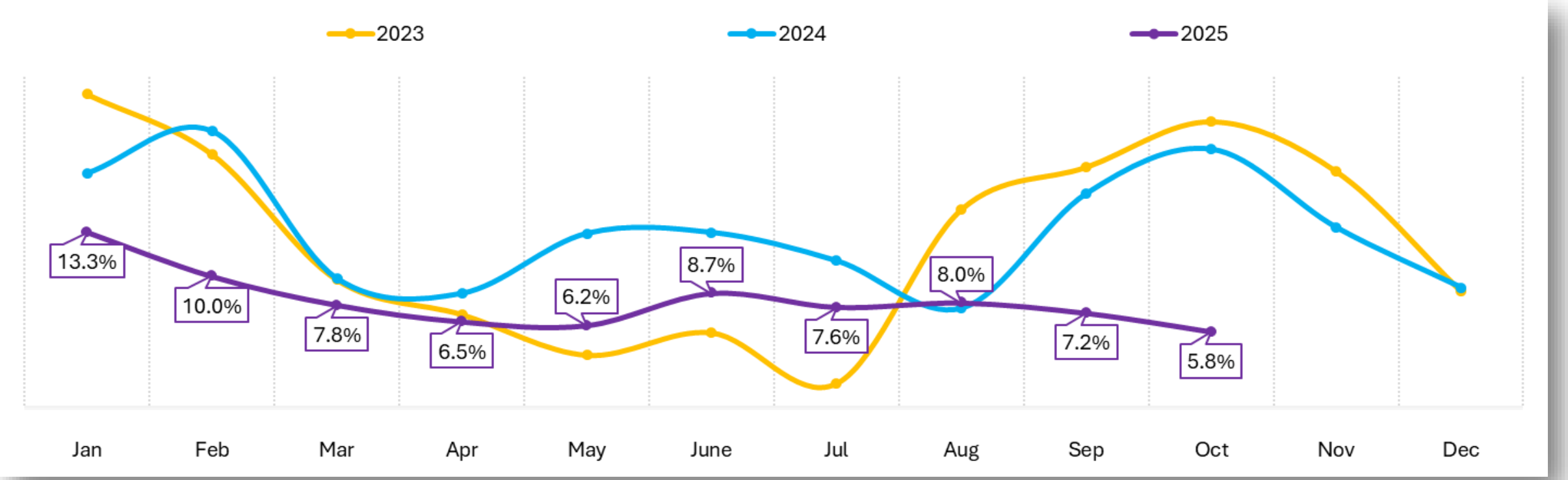
- Overall abandonment for members continues to trend below the 5% goal.
- Staffing has been adjusted to be commensurate with membership.

TREND IN CALL CENTER CALL VOLUME | PROVIDERS



- The Provider queue experienced a call volume spiked in September and October, primarily driven by slight increase in claim status and inquiry authorization calls.
- **Top 5 call reasons:** Claims Status, Inquiry Authorization, Provider Benefits, Provider Eligibility and General Inquiry.
- A new provider escalation workflow tool has been implemented within the call center, helping representatives' triage and resolve escalations more efficiently.

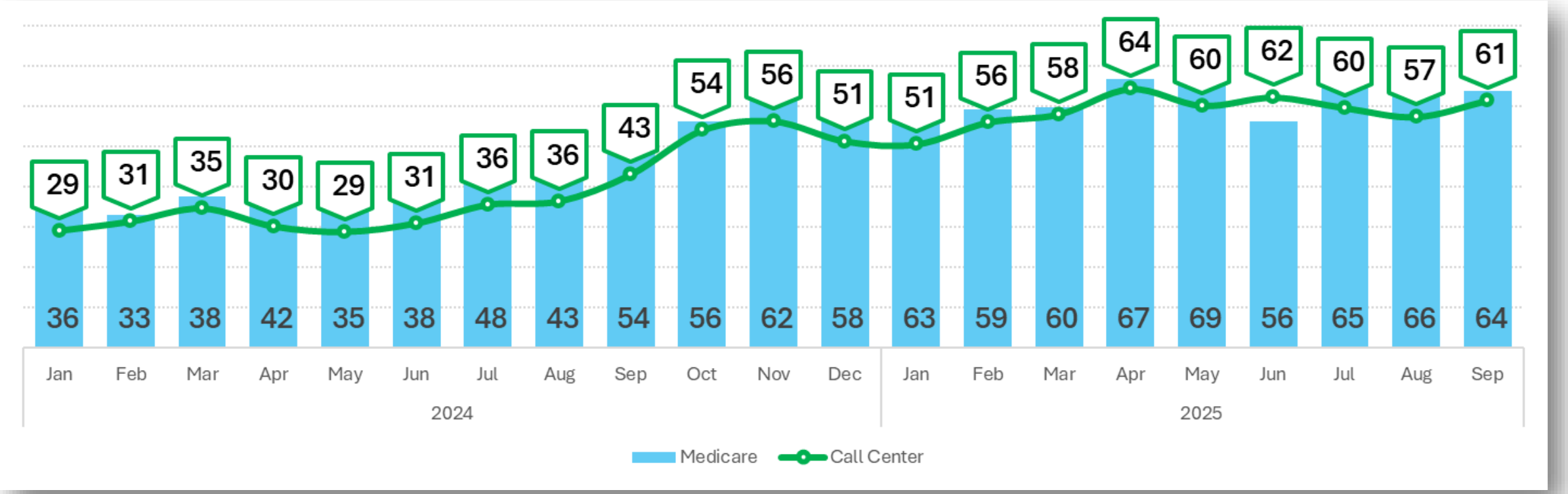
ABANDONMENT RATE | PROVIDERS



- Overall provider abandonment volume has mostly stayed below the 10% goal threshold YTD. Sep and Oct have seen significant improvements over 2023 and 2024.
- October saw a decreased abandonment rate compared to prior month, specifically due to improved Average handled time (AHT).

NPS

NPS



- NPS scores continue to stay very high in Q3. This is a very good trend as we start Medicaid CAHPS season.

Note: *October scores are not available due to a technical issue, which has since been resolved and won't impact future months.*

Member & Provider Complaints and Inquiries

Lila Benayoun
Chief Operating Officer

Wednesday, December 10th, 2025

COMPLAINTS | CATEGORY BY QUARTER

Complaint Category	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025
Balance Billing	470	416	518	401	457
Emergency Services & Emergency Related billing	114	77	93	68	98
Benefit Package	57	73	143	67	51
Against MCO/Vendor Related Complaints	194	97	124	92	147
Access and Availability (includes Transportation)	37	48	72	41	29
Complaint against Specialist and Hospitals	19	38	46	51	42
Quality of Care & Quality of Care Complaints	16	8	5	19	26
Reimbursement/Billing Disputes	21	7	16	4	15
Pharmacy	22	25	23	21	13
Dissatisfaction with Provider Services Non-Medical	10	6	14	13	11
Difficulty with Obtaining Referral or Covered Services for Eye Care (Vision)	21	11	20	24	20
Other Categories	34	35	34	39	37
Total	**1015**	**841**	**1108**	**840**	**945**

- ***11% overall complaint volume increase from 25Q2 to 25Q3. However, 25Q3 remains lower than 24Q3.***
  - *Balance Billing Complaints- Top 5 Providers directly account for increase from 25Q2 to 25Q3.*
  - *MCO/Vendor Complaints – Main driver related to ID Card Complaints; Vendor Management and Core partnered to correct the workflow, and we should see a decrease in next quarter data.*
- ***In 3Q25, there were 170K+ received calls; .6% of calls led to a complaint.***

BALANCE BILLING DRIVERS

The balance billing uptick realized in 2Q25 were related to the below top five providers:

Provider	Q2 2025	Q3 2025	Notes
Provider !	17	48	Increase in members billed above cost-share; provider corrected; root cause being investigated.
Provider 2	11	23	Preventive visits billed incorrectly; corrected after outreach.
Provider 3	9	19	Delayed claims posting caused member invoices; rebilled.
Provider 4	6	14	Coordination of benefits issue; fix in progress.
Provider 5	8	15	Bill sent prior to COB validation; provider retrained to check member eligibility on Provider Portal.
Total	51	119	

Q3 COMPLAINTS | SUBSTANTIATED VS. UNSUBSTANTIATED

Complaint Category	Substantiated	Unsubstantiated	Total	Substantiated %	Unsub %
Access & Availability	16	10	26	62%	38%
Against MCO Employee or Vendor	105	33	138	76%	24%
Balance Billing	389	48	437	89%	11%
Benefit Package	27	18	45	60%	40%
Complaint against Specialist and Hospitals	21	17	38	55%	45%
Cost Sharing	5	2	7	71%	29%
Denial of Clinical Treatment (Does not include lack of medical necessity)	0	2	2	0%	100%
Difficulty with Obtaining Referral or Covered Services for Eye Care	6	6	12	50%	50%
Dissatisfaction with Provider Services Non-Medical	5	5	10	50%	50%
Emergency Services & Emergency related billing	71	10	81	88%	12%
Home Health Care Services	0	2	2	0%	100%
HPMS Grievances	0	0	0	0%	0%
Marketing Misrepresentation	0	0	0	0%	0%
Pharmacy/Formulary	0	7	7	0%	100%
Regulatory/Compliance	5	43	48	10%	90%
Reimbursement/Billings Disputes	0	1	1	0%	100%
Grand Total	**639**	**193**	**832**	**77%**	**23%**

Note: This number differs slightly from the total on the prior slide as some cases came in at the end of the quarter and have not been closed yet.

TOP 10 CATEGORIES OF INQUIRIES | PROVIDER CALL CENTER

Inquiries	1Q25	2Q25	3Q25	Grand Total
Claim Status	82,647	90,826	77,099	250,572
Inquiry Authorization	38,113	41,912	46,053	126,078
Provider Benefits Inquiry	24,856	25,334	27,056	77,246
Claim Dispute	18,941	16,199	14,399	49,539
Provider Eligibility Inquiry	15,200	16,093	16,507	47,800
General Inquiry	6,811	8,532	8,991	24,334
Eligibility Inquiry	6,738	7,145	6,705	20,588
Prior Auth	4,634	4,627	4,888	14,149
Non-Member Inquiry	3,993	4,534	5,751	14,278
Claim Inquiry	3,914	3,574	3,197	10,685
All Other	22,585	26,114	26,624	75,323
Grand Total	**228,432**	**244,890**	**237,270**	**710,592**

Top 10 categories drive 95% of all inquiries received through **Provider Call Center.**

TOP PROVIDER ABRASION RAISED AT JOINT OPERATING COMMITTEES (JOC)

Claim Denials and Underpayments

- Caused by contract configuration errors or delays – Peer to Peer Review has been instituted to minimize.

Limited # of Electronic Remittance Advice (ERA) Code descriptions were missing causing reconciliation difficulties

- Prevented providers from using 835 transaction files to review claim outcome. Most have since been resolved.

UM Letters often do not reach correct department

- Current system limits address designation; Future state Guiding Care will fax UM letters to facilities.

UM Reconsideration payment delays

- As cases are overturned, strengthened UM workflow in notifying claims to reprocess overturned claims in 3Q2025.

Provider Authorization Tool Needs CPT Codes

- No CPT code level “look-up tool” for providers to determine the need for prior authorization; evaluating for enhancement.

Delays in Regulatory Rate Updates (mostly BH)

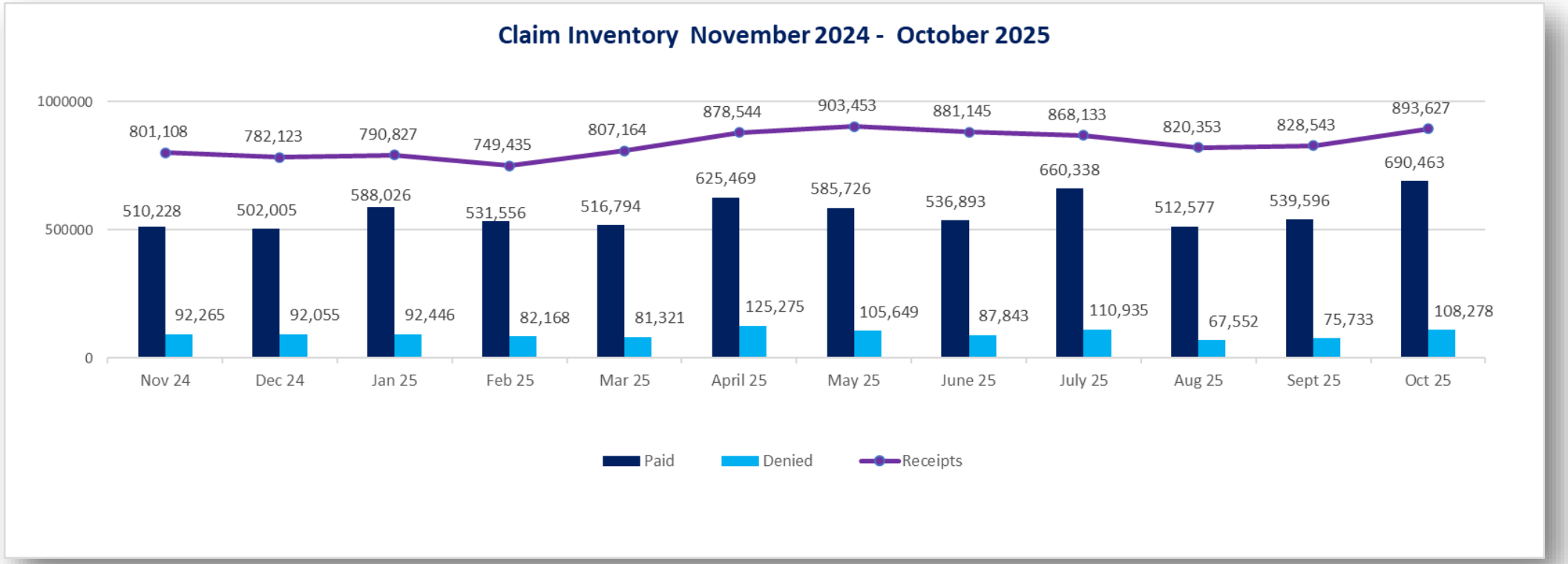
- Upon receipt of State rate adjustment notification; improve internal timeline to load updated rates received and reprocess impacted claims within 90 days.

Claims

Lila Benayoun
Chief Operating Officer

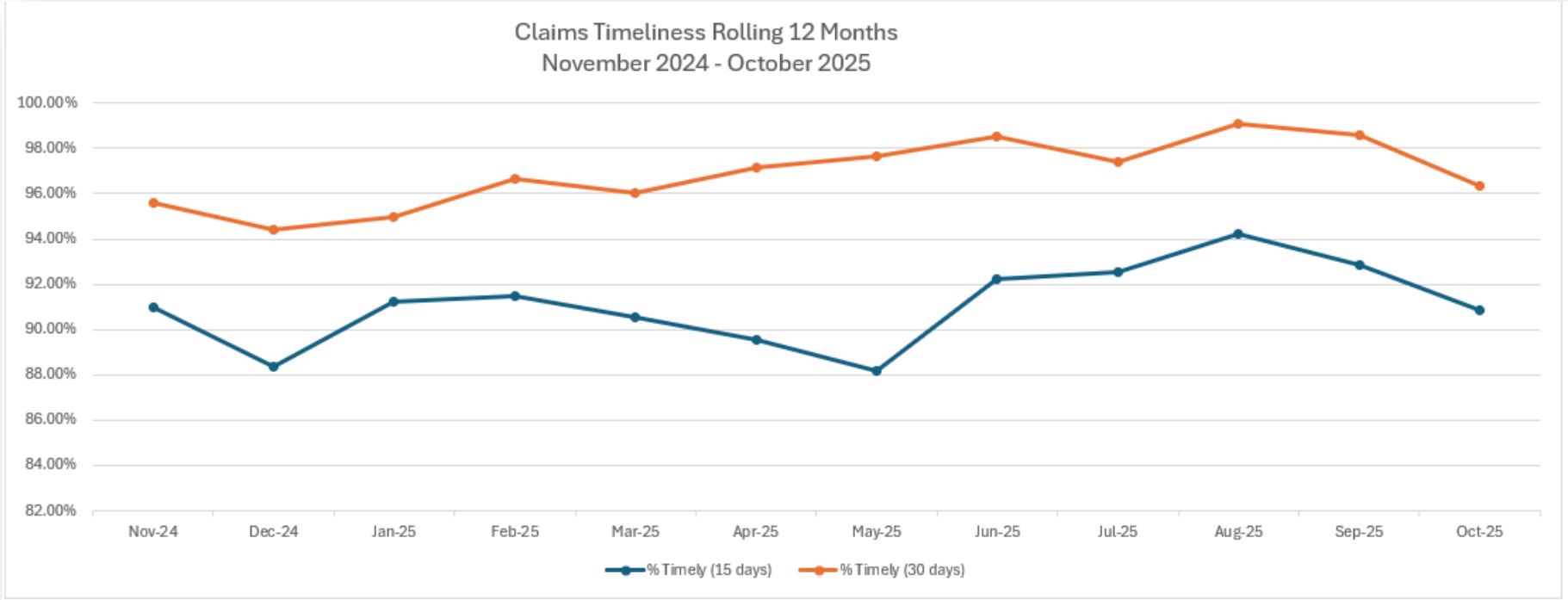
Wednesday, December 10th, 2025

CLAIMS NOVEMBER 2024 – OCTOBER 2025



- 11.1% increase in receipts compared to the same 10 month period in 2024 (January – October).
- 8,333,541 Claims Processed.
- ~10 average denial percentage.

CLAIMS NOVEMBER 2024 – OCTOBER 2025



	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
% Timely (15 days)	90.95%	88.36%	91.21%	91.50%	90.57%	89.53%	88.15%	92.23%	92.51%	94.24%	92.87%	90.84%
% Timely (30 days)	95.58%	94.43%	94.96%	96.67%	96.04%	97.14%	97.64%	98.53%	97.39%	99.05%	98.58%	96.33%

2025 Results January – October

- Average percent of claims processed within 30 days = 97.17%.
- Average percent of claims processed within 15 days = 91.21%.

Customer Success Performance

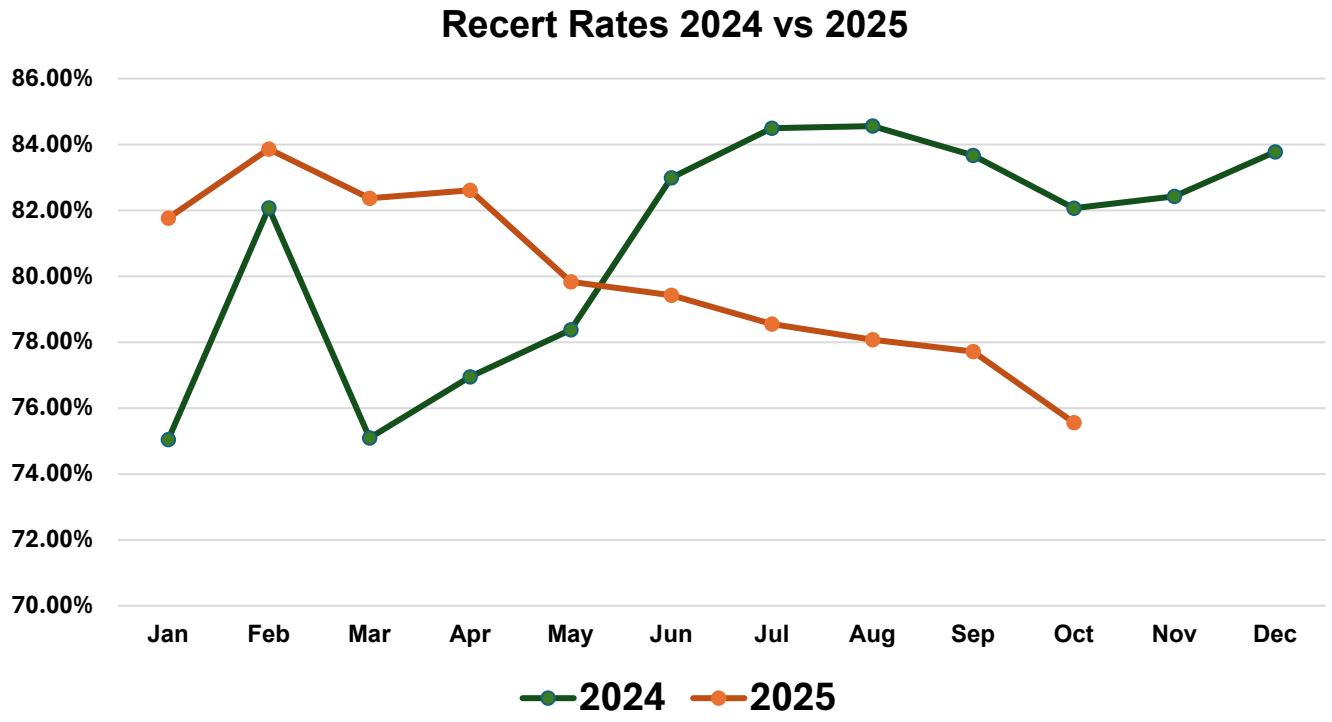
Lila Benayoun
Chief Operating Officer

Wednesday, December 10th, 2025

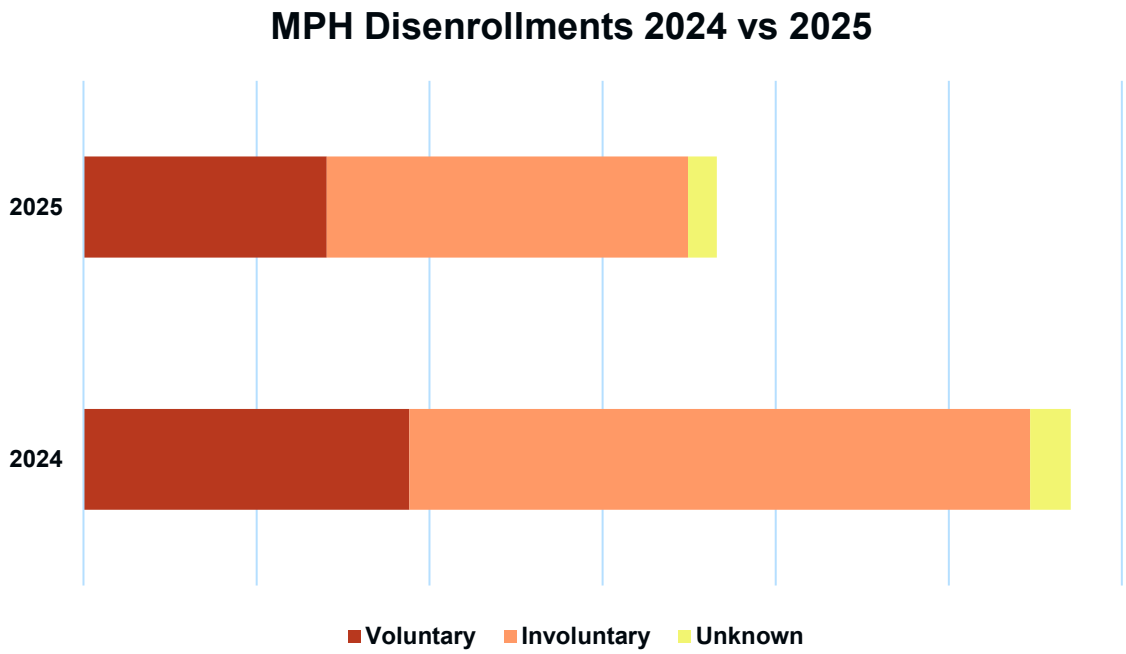
For People. Not Profit.
Since 1985.

RECERT TRENDS 2024 VS. 2025

- Starting May 2025, MPH experienced headwinds that disrupted this progress.
  - *Termination of HRA auto-extension policy.*
  - *Requirement that SSI population recertify, despite having previously been auto-renewed.*
  - *Apprehension of the immigrant population to take action on renewal.*



CSX DISENROLLMENT MITIGATION 2024 VS 2025



PDE	2025	2024
Current Disenrollments	183,055	285,198
Disenrollment Saves	20,881	13,908
Total	203,936	299,105
Overall Save %	**10.24%**	**4.65%**

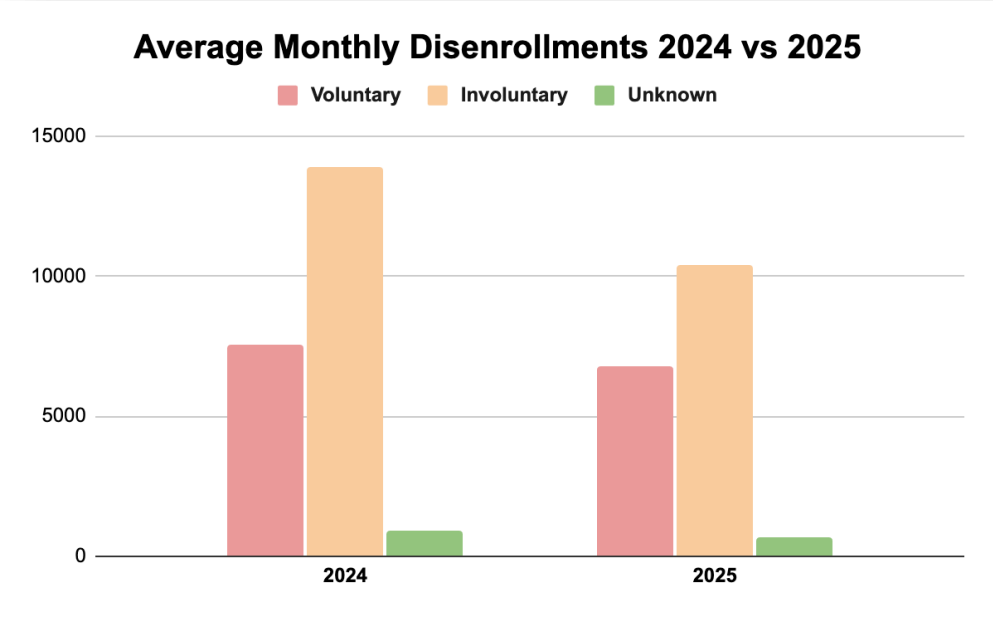
**Disenrollment save defined as a member that remained with the plan at least 90 days post expected term date.*

- In 2025, **20,881** members who were potentially disenrolling and received a contact from a CSX rep remained with the plan.
- The overall save percentage in 2025 stands at 10.24% -- an increase of 5.59% from 2024.
- The team averaged 5,811 outreaches per month in 2025, with an average success rate of 36%.

**2025 data includes January through October.*

CSX DISENROLLMENT 2024 VS. 2025

Avg Dis Rate	2024	2025	Delta
Overall	3.27%	2.60%	**-0.67%**
Voluntary	1.10%	0.99%	**-0.11%**
Involuntary	2.03%	1.51%	**-0.52%**
Unknown	0.14%	0.10%	**-0.04%**



- Early in 2024, MPH was still experiencing the effects of the state removing consumers who did not qualify due to immigration.
  - Spike in disenrollments for missing documentation and failure to renew.
- CSX increased staffing levels in mid 2024, which ensured each member received at minimum 2 outreach calls.
- Creation of the disenrollment team led to more cases being handled, resulting in approximately 14K members saved in 2024 and about 21K so far in 2025.
- The disenrollment survey started in August 2024 provided another touchpoint and avenue to mitigate members leaving MPH.

**2025 data includes January through October*

CompassHealth

Lila Benayoun
Chief Operating Officer

Wednesday, December 10th, 2025

PROJECT BACKGROUND | OPERATIONAL ASSET DEVELOPMENT

Compass Health Advisors engagement kicked off late February 2025 for Wave 1 Operational Asset Development support.

Operational Asset Types

Policies and Procedures

- Policies and Procedures outline official rules and processes ("what", "why", "how")

Desk-Level Procedures (DLPs)

- Task-related instructions for day-to-day activities
- Detailed procedures distilled into sequential steps

Feb - Mar

- Onboarding and Current State Inventory

Apr - Jun

- 158 Project Edge P&Ps identified (475 P&Ps reviewed)
- Approx. 400 DLPs identified for development

Jul - Sep

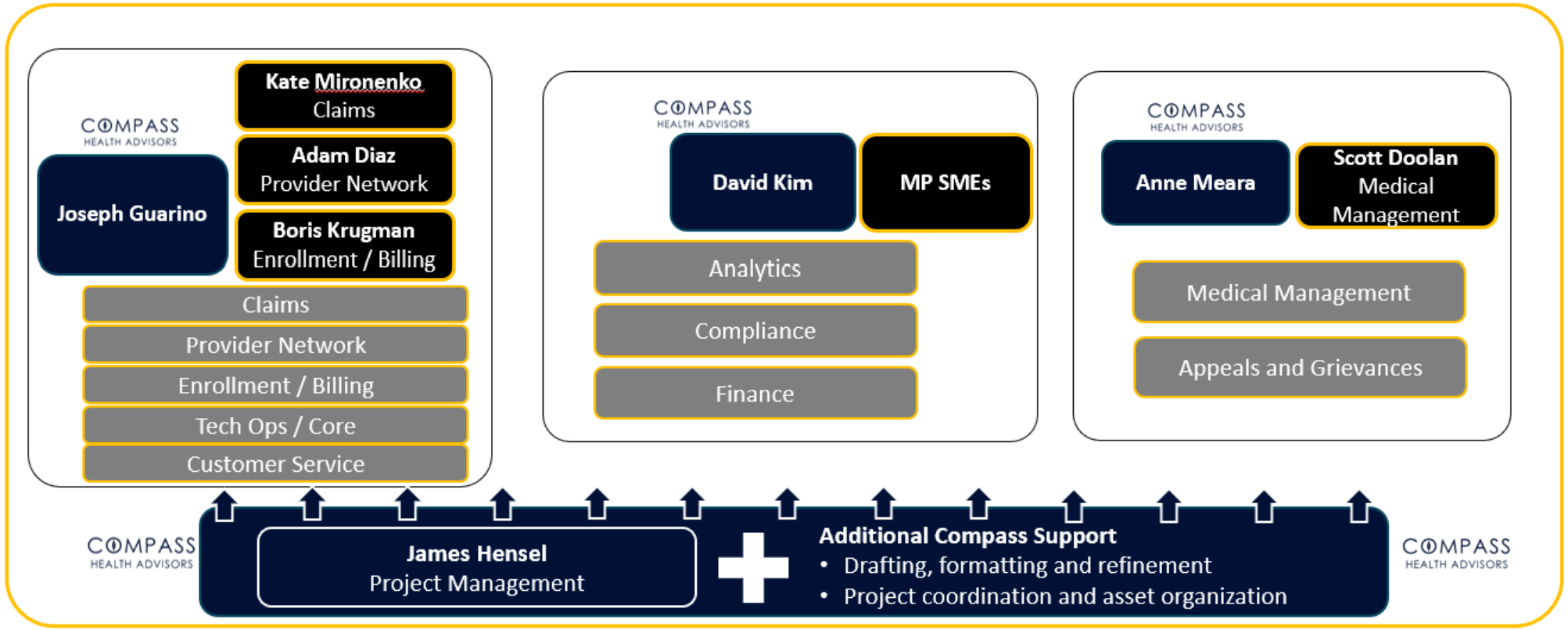
- Operational Asset Development, Review, Refinement, Approvals

Oct - Dec

- Knowledge Transfer and Transition

PROJECT TEAM ORGANIZATION

Project work has been supported by multiple Compass team members in close collaboration with numerous MetroPlus departmental SMEs and stakeholders.



OPERATIONAL ASSET SUMMARY

Wave 1 Operational Assets developed or revised will result in 533 P&Ps and DLPs total.

Policies and Procedures (P&Ps)	Clinical DLPs	Operational DLPs
158	152	223

533

Total Operational Assets

Department	Totals
Compliance and Regulatory	12
Finance	19
Growth	5
Information Technology	9
Medical Management	77
Operations	35
Housing	1

Department	Totals
Appeals and Grievances	17
Care Mgmt - BH	11
Care Mgmt - Medical	51
UM	35
UM_BH	19
UM_Medical	19

Department	Totals
Claims	142
Core/Tech OPS	27
Enrollment	27
Other Ops	6
Provider Maintenance	18
Finance – Premium Billing	2
Provider Contracting	1

DESKTOP-LEVEL PROCEDURES (DLPS) AUTHORING TOOL AND REPOSITORY

- Compass Health Advisors has developed majority of DLPs using Scribe authoring technology.
- Scribe also offers DLP storage and retrieval repository.
- Further DLP development and updates likely to continue through 2026 with subsequent Waves.

Scribe