MetroPlusHealth

FINANCE COMMITTEE
Wednesday, December 10th @ 12:30PM
50 Water Street, 7th Floor Board Room
New York, N.Y. 10004

AGENDA

Call To Order	**Frederick Covino**
Old Business	
Adoption of Minutes | September 25th, 2025	**Frederick Covino**
Action Items	
a. *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 increase the contract authority for Change Healthcare Inc. ("Change") in the amount of $3,100,000, which includes a 15% contingency, for a total not-to-exceed authority amount of $23,285,000*** *for the remaining contract term.*	**Lauren Leverich Castaldo**
b. *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, $1,500,000 for a total not to exceed contract authority amount of $2,500,000****.*	**Ganesh Ramratan**
c. ***Adopting the Annual Operating Budget and Expense Authority of the MetroPlus Health Plan, Inc. (the "Plan"), for Calendar Year 2026.***	**Lauren Leverich Castaldo**
New Business	
2026 Budget	**Lauren Leverich Castaldo**
Finance Committee Report	**Lauren Leverich Castaldo**
Adjournment	**Frederick Covino**

Minutes
of
September 25th, 2025
Finance Committee Meeting

MetroPlus Health Plan, Inc.
Finance Committee Meeting
Thursday, September 25th, 2025

MetroPlus Health Plan, Inc. Finance Committee Minutes

The meeting of the Finance Committee of the MetroPlus Health Plan, Inc. (hereafter "MetroPlus or the Plan") was held in the 7th Floor Boardroom at 50 Water Street, New York, NY 10004 on the 25th day of September 2025 at 10:00 A.M. pursuant to a notice which was sent to all the Committee Members of the Corporation by the Secretary. The following Committee Members were present in-person:

Sally Hernandez-Pinero
Frederick Covino
Dr. Talya Schwartz
James Cassidy

Frederick Covino, Chair of the Finance 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 Finance Committee meeting held on June 4th, 2025, were presented to the Committee. On a motion by Frederick Covino and duly seconded, the Committee adopted the minutes.

ACTION ITEMS

Frederick Covino advised that we begin the meeting by covering the Action Items. A **first** resolution was presented by Ganesh Ramratan, Chief Information Officer for Board approval.

> *Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or "the Plan") to execute a best interest contract with SourcEdge Solutions, LLC ("SourcEdge")* ***for data migration and conversion professional services, for an amount not to exceed $2,300,000 including 17% contingency, for an 18-month contract****.*

Ganesh Ramratan, Chief Information Officer, provided a detailed overview of the Background, Best Interest Justification and the Board Approval Request.

Committee Members asked a question capacity and data loss; Ganesh Ramratan responded; Sally Hernandez-Pinero made a recommendation.

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

A **second** resolution was presented by Ganesh Ramratan, Chief Information Officer, for Committee Approval.

> *Authorizing the submission of a resolution to the Board of Directors of 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 Wipro Insurance Solutions ("Wipro")* ***a Business Process as a Service (BPaaS) solution for the Medicare and Exchange line of business, for an amount not to exceed $30,000,000 for a total 5-year contract period.***

Ganesh Ramratan, Chief Information Officer, provided a detailed overview of the Background, Scope of Services, Solicitation Criteria, Selection Process, Vendor Evaluation and the Board Approval Request,

Committee Members made comments asked questions regarding implementation cost; Ganesh Ramratan responded.

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

NEW BUSINESS

FINANCE COMMITTEE REPORT

Frederick Covino asked Lauren Leverich Castaldo, Chief Financial Officer, to discuss the Q2 Finance Committee Report.

Lauren Leverich Castaldo presented the Rate Updates, 2025 MMCOR P&L, Administrative Expenses Budget vs. Actual, Q2 2025 Regulatory Reporting to Forecast, Current Year Operating Income by Line of Business, Rate Updates, Other Anticipated Rate Changes, Financial Performance Assets and Financial Performance Investments.

BIDS

Alisa Cocozza, Vice President of Product, discussed the 2026 QHP Rate Request, Medicare 2026 Bid and MetroPlus GoldCare Rate Filing.

Committee Members are a question regarding QHP Rate Requests; Alissa Cocozza responded. Lauren Leverich Castaldo further explained.

MEMBERSHIP & RISK ADJUSTMENT

Lauren Leverich Castaldo, Chief Financial Officer discussed Membership Trends 2022-2025, Market Share and Recertifications.

Friedrich (Nick) Huober, Director of Risk Management then went on to discuss Risk Adjustment.

Committee Members asked questions regarding Medicaid Audits; Nick Huober responded. Dr. Talya Schwartz further explained.

FEDERAL & NYS UPDATE

Raven Ryan Solon, Chief Compliance & Regulatory Officer, discussed the Federal & NY State Updates which included HR.1 (OBBBA) Federal Reconciliation Budget Bill Overview, Timeline Legal Effective Dates and What's Next?

Lauren Leverich Castaldo provided her analysis on Essential Plan and New York State.

Committee Members asked when we should expect to receive notice from the state regarding the next benchmark; both Raven Ryan Solon and Dr. Schwartz responded.

There being no further business, Frederick Covino adjourned the meeting at 10:44 A.M.

Resolution

a. Resolution

RESOLUTION

Authorizing the submission of a resolution to the Board of Directors of the New York City Health and Hospitals ("NYC Health + Hospitals"), ***to authorize the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or "the Plan") to increase the contract authority for Change Healthcare Inc. ("Change") in the amount of $3,100,000, which includes a 15% contingency, for a total not-to-exceed authority amount of $23,285,000*** *for the remaining contract 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 required a vendor to enhance the ability to perform risk related activities to ensure a complete capture of chronic conditions, and

WHEREAS, an RFP for Risk Adjustment services was issued in July 2021, in compliance with MetroPlus' contracting policies and procedures; and

WHEREAS, Change was the vendor selected to provide Risk Adjustment services; and

WHEREAS, on December 14, 2021, the Board of Directors of MetroPlus recommended adoption of the resolution for approval by the Board of Directors of the NYC Health + Hospitals, for the proposed contract between MetroPlus and Change; and

WHEREAS, on December 16, 2021, the Board of Directors of the NYC Health + Hospitals approved a contract resolution between MetroPlus and Change; and

WHEREAS, MetroPlus seeks additional spending authority of $3,100,000 and;

WHEREAS, on December 10, 2025, the MetroPlus Finance Committee considered and approved the submission of the resolution for approval by the MetroPlusHealth Board of Directors, for the proposed increased contract authority with Change Healthcare, Inc.

NOW THEREFORE, be it

RESOLVED, that a resolution will be submitted to the Board of Directors of New York City Health + Hospitals ("NYC Health + Hospitals"), to authorize the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or "the Plan") to increase the contract authority with Change Healthcare Inc. ("Change") in the amount of $3,100,000, including a 15% contingency, for a total not-to-exceed authority amount of $23,285,000 for the remaining contract term.

EXECUTIVE SUMMARY

OVERVIEW: MetroPlus required a vendor to perform risk related activities to enhance its internal efforts to partner with providers and facilities on the importance of appropriate coding. These services allow the Plan to ensure complete information is conveyed to members and providers ultimately allowing MetroPlus to receive adequate premium to support the Plan's members medical needs.

NEED: MetroPlus' initial budget projected a 25% decrease in membership due to the Public Health Emergency unwind that has not materialized. In addition, Child Health Plus is now risk adjusted. This has resulted in increasing costs in the outer years of this contract.

PROCUREMENT: MetroPlus issued a Request for Proposals on July 2, 2021. Change Healthcare was selected as the vendor for risk adjustment
services.

PROPOSAL: MetroPlus is seeking to increase the contract authority for Change Healthcare in the amount of $3,100,000, for a total not to exceed authority amount of $23,285,000, for the remaining contract term.

Application to Increased Contract Authority
Risk Adjustment Services | Change Healthcare Solutions

Lauren Leverich Castaldo
Chief Financial Officer

MetroPlusHealth Finance Committee Meeting
Wednesday, December 10th, 2025

BACKGROUND

- MetroPlusHealth is seeking an increase to the approved contract authority for the risk adjustment services contract, with Change Healthcare Solutions (“Change”).
- Change is responsible for the intake and processing of data within their systems to identify a sub-population that looks to have chronic conditions that have not, and look to not, be captured without intervention.
- MetroPlus requires these services to ensure that premiums reflect member conditions and medical needs/expenses by confirming pertinent member diagnosis codes are captured and submitted to CMS or the NY State Department of Health.
- MetroPlus is requesting an increase of $3,100,000, which includes a 15% contingency, to the previously approved spending authority of $20,185,000, for a new total not-to-exceed authority amount of $23,285,000 for the remaining contract term.

AUTHORITY INCREASE JUSTIFICATION

- MetroPlus has successfully partnered with Change Healthcare to improve risk score reporting through risk adjustment analytics, chart retrieval and coding services.
- Through its partnership with Change, MetroPlus has been able to improve reporting, yielding more accurate risk-adjusted premiums, including
- Against an average annual spend of $4.6M, the return on investment on every dollar spent is at least 7 times.
- Our initial budget projected a 25% *decrease* in membership, due to the Public Health Emergency unwind, that has not materialized. In addition, CHP is now risk adjusted. This has resulted in increasing costs in the outer years of this contract.

PROCUREMENT AND CONTRACT DETAILS

- The contract with Change was procured through an RFP in 2021.
- In December 2021, both the Board of Directors of MetroPlus and the Board of Directors of NYC Health + Hospitals approved contract resolutions for Change.
- The full term of the contract is March 22, 2022 – March 21, 2027.

Original Contract Authority	**$20,185,000**
Increased Contract Authority Request	**$3,100,000 -** Includes 15% contingency
New Total Contract Authority	**$23,285,000**

BOARD APPROVAL REQUEST

- Seeking an increased contract authority for Change Healthcare for continued risk adjustment services.

- **Additional Contract Authority:** $3,100,000 which includes contingency.

- **New Total Contract Authority:** $23,285,000.

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b. 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, $1,500,000 for a total not to exceed contract authority amount of $2,500,000****.*

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, in September 2024, MetroPlus entered into a service agreement with Availity and is looking to increase and continue services with Availity; and

WHEREAS, MetroPlus is seeking an additional one-year contract extension and an increase in spending authority in the amount of $1,500,000, for a total not-to-exceed contract amount of $2,500,000 for the full term of the contract.

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, $1,500,000 for a total not to exceed contract authority amount of $2,500,000.

EXECUTIVE SUMMARY

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

BACKGROUND: 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.

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, once we go live. They have become our primary EDI gateway, with over 70% of our transactions leveraging Availity's gateway. 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 $1,500,000, for a total not-to-exceed contract amount of $2,500,000 for the full term of the contract.

Application for Increased Spending Authority

Electronic Transaction Services
Availity

Ganesh Ramratan
Chief Information Officer

MetroPlusHealth Finance Committee Meeting
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BACKGROUND

- MetroPlus is seeking a best interest extension and an increase in spending authority, for the contract for electronic transaction services/ electronic data interchange with Availity LLC (“Availity”),
- In February of 2024, when the Change Healthcare cyberattack occurred, Availity came on board and provided basic transactional processing to MetroPlus free of charge. As things got back on track, MetroPlus, continued working with Availity.
- In December 2024, the MetroPlus Board of Directors approved a resolution for a $1,000,000 spending authority for a 1-year contract term.
- MetroPlus is seeking an additional 1-year contract extension and an increased contract authority of $1,500,000, for a total not to exceed authority amount of $2,500,000, to continue working with Availity, until a new RFP is awarded.
- The requested increase in contract authority will allow MetroPlus to continue working with Availity on transmitting transactions submitted to MetroPlus, using a provider engagement portal as a direct entry for x12, 837, 835, 270, 276 transactions.

INCREASED AUTHORITY JUSTIFICATION

- MetroPlus intends to release an RFP in 2026 for EDI transaction services. We originally planned to do so in 2025, but with Project Edge as a main priority, we decided to focus on the implementation efforts and postpone the procurement to 2026.
- Availity is essential to maintaining service continuity, across both our legacy core operating system, as well as the HealthEdge platform, once we go live.
- They have become our primary EDI gateway, with over 70% of our transactions leveraging Availity's gateway.
- Availity offers a more cost-advantageous solution compared to our previous vendor.
- Additionally, Availity provides a bundled rate for transactions and includes x12, 837, 835, 270, 276 transactions.

BOARD APPROVAL REQUEST

- MetroPlus is seeking an additional one-year contract extension and an increase in spending authority in the amount of $1,500,000, for a total not-to-exceed contract amount of $2,500,000 for the full term of the contract.

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c. Resolution

RESOLUTION

Adopting the Annual Operating Budget and Expense Authority of the MetroPlus Health Plan, Inc. (the "Plan"), for Calendar Year 2026.

WHEREAS, MetroPlus Health Plan is a wholly-owned subsidiary corporation of the New York City Health and Hospitals Corporation (NYC Health + Hospitals); and

WHEREAS, the Plan has established January 1 to December 31 as its fiscal year; and

WHEREAS, the Plan has prepared and provided a budget plan, with total expense authority of $444.8 million, for the 2026 fiscal year, reflecting projected revenues and allocations for that period; and

WHEREAS, the Plan's budget outlines projected administrative expenditures as well as projected expenditures for the medical care of MetroPlus members; and

WHEREAS, the Finance Committee of the Plan has reviewed and discussed this budget plan and finds it reasonable.

NOW, THEREFORE, be it

RESOLVED, that the annual operating budget and expense authority of MetroPlus Health Plan, Inc. for the Calendar Year 2026 hereby is adopted.

New Business

MetroPlus**Health**

Finance Committee Meeting

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Wednesday December 10th, 2025

MetroPlusHealth

2026 Budget

Lauren Leverich Castaldo

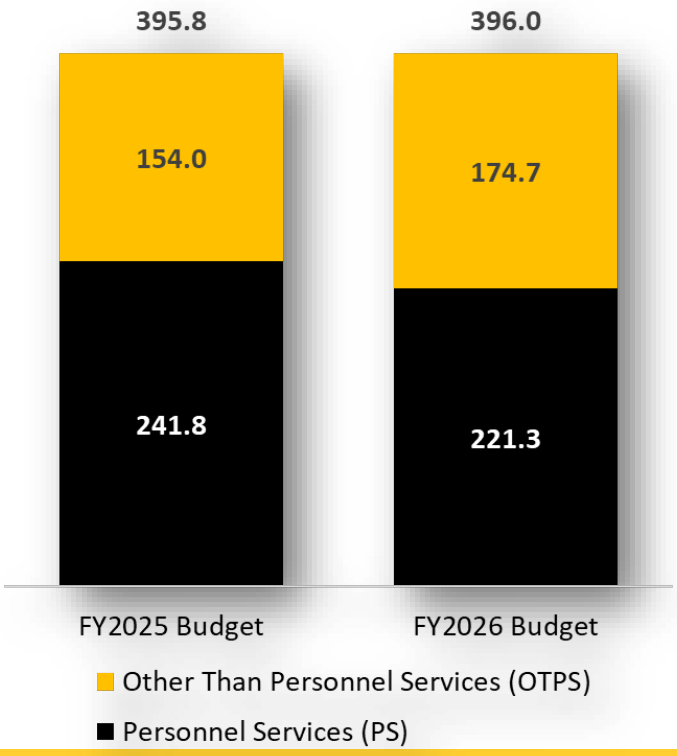
Chief Financial Officer

Finance Committee Meeting

Wednesday, December 10th, 2025

MetroPlusHealth

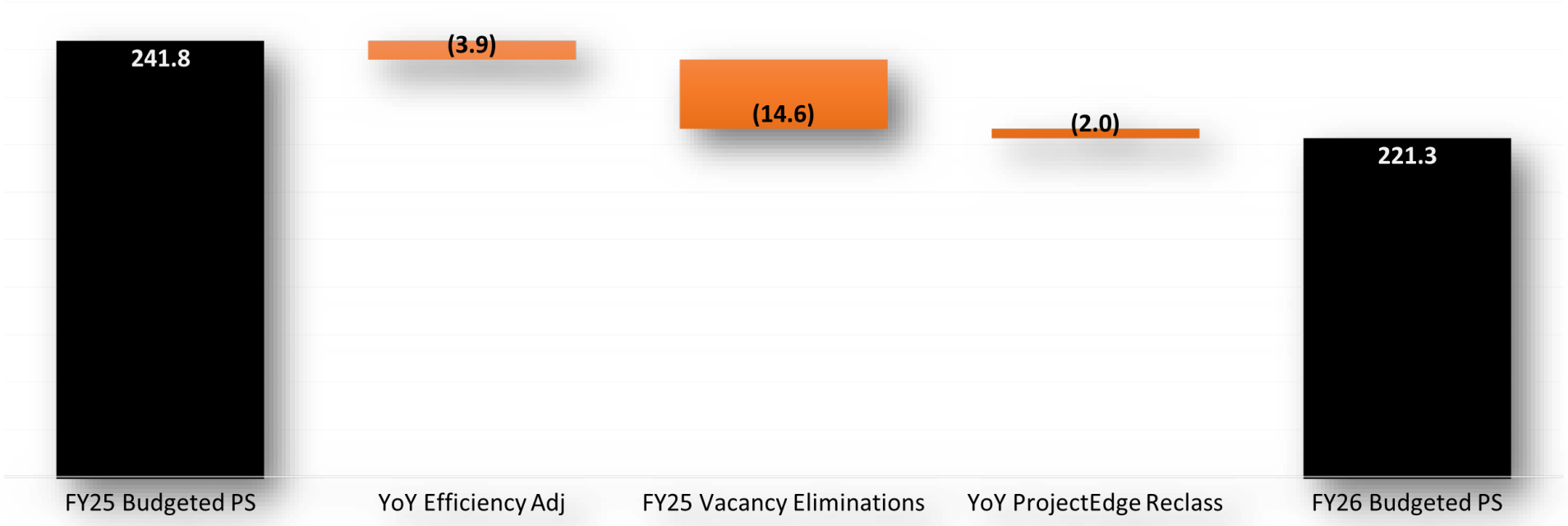
FY2026 BUDGET | OVERVIEW



Total FY2026 administrative expense request of $396M (flat year-over-year, with some shifting between PS and OTPS):

- **Personnel Services**
  - Decrease of $20.5M (8.5%)
- **Other Than Personnel Services**
  - Increase of $20.7M (13.4%)

FY2026 VS. FY2025 | PERSONNEL SERVICES BUDGET BRIDGE



FY2026 CAPITAL EXPENSE PROPOSAL

Implementation (PE)	47,513,279
Hardware	810,000
DDOS Segmentation	200,000
Furniture Buildouts	200,000
DMZ Replacement Hardware	100,000
Data Center Misc Equipment	5,000
Total Capital Expense	**48,828,279**

- The majority of capital expense request pertains to Project Edge.
- Capex outside of Project Edge includes $1.1M in other IT items, primarily general hardware needs.
- Non-IT capex needs total $200,000 for furniture to outfit our new community offices.

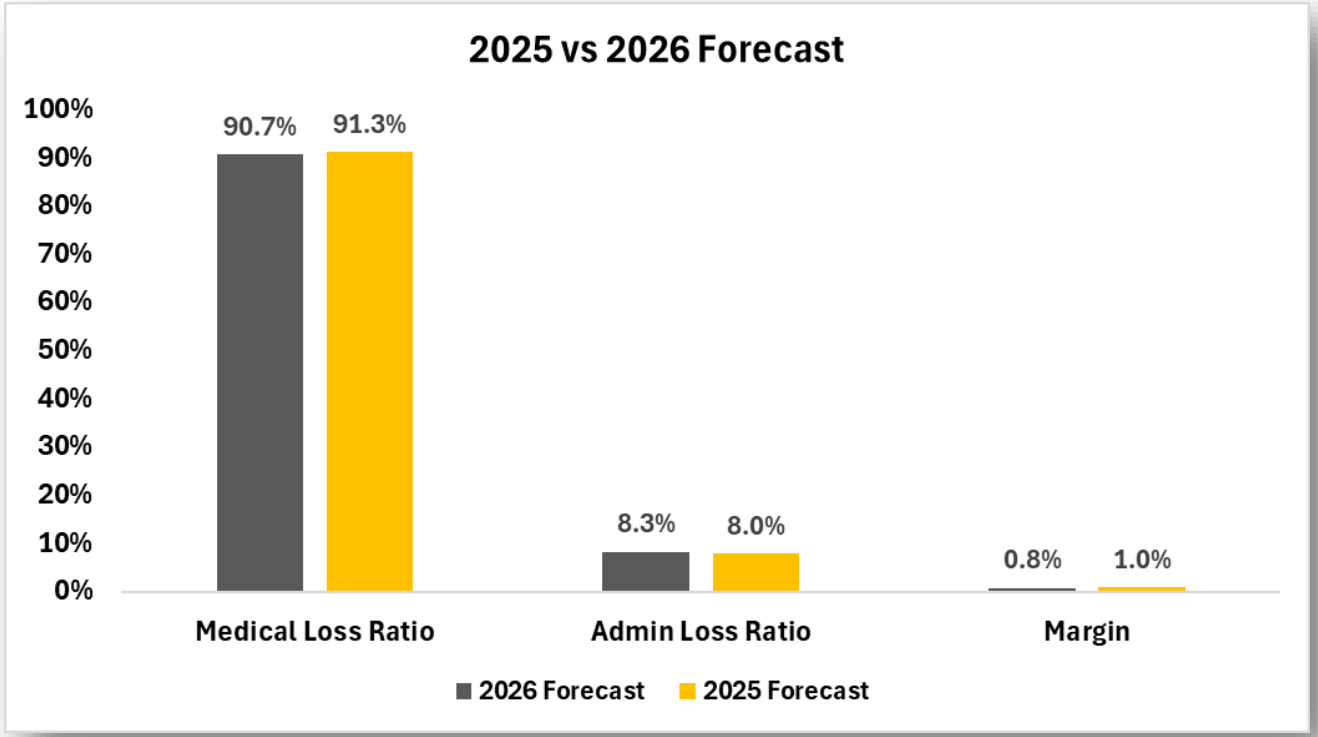
2026 MEMBERSHIP PROJECTION

LOB	Membership Ending 2026
Child Health Plus (CHP)	40,205
Enhanced Plan (HARP)	9,655
Essential Plans (EP	135,995
Managed Long-Term Care (MLTC)	2,270
Managed Medicaid	375,776
Managed Medicare	13,723
Marketplace Health Plans (QHP)	3,000
UltraCare Plan (MAP)	743
MetroPlus Gold	40,000
MetroPlus GoldCare	2,710
Partnership in Care (SNP)	5,602
Grand Total	**629,679**

FY2026 VS. FY2025 | BUDGETED INCOME STATEMENT COMPARISONS

	FY2026 Budget		FY2025 Budget		FY26B v FY25B	% Change
		pmpm		*pmpm*		
Total Premium Income	**$4,773.7**	**$605.69**	**$4,921.0**	**$589.35**	**($147.3)**	**-3.0%**
Total Medical & Hospital Expenses	**$4,328.6**	**$549.21**	**$4,488.6**	**$537.57**	**($160.0)**	**-3.6%**
Personnel Services (Including Fringe Benefits)	$221.3	$28.08	$241.8	$28.96	($20.5)	-8.5%
OTPS	$174.7	$22.16	$154.0	$18.45	$20.6	13.4%
Total Administrative Expenses	**$396.0**	**$50.24**	**$395.8**	**$47.41**	**$0.2**	**0.0%**
Income From Underwriting Activities	$49.1	$6.23	$36.5	$4.38	$12.6	-34.5%
-Investments, Grants	$45.0	$5.71	$68.0	$8.14	($23.0)	-33.8%
Net Income	**$94.1**	**$11.94**	**$104.5**	**$12.52**	**($10.4)**	**-10.0%**
Total Admin Expenses, Above	$396.0	$50.24	$395.8	$47.41	$0.2	0.0%
Capital Expense Proposal	$48.8	$6.20	$73.1	$8.75	($24.3)	-33.2%
Total Expense Authority Request	**$444.8**	**$56.44**	**$468.9**	**$56.16**	**($24.1)**	**-5.1%**
Medical Loss Ratio %	90.8%		91.3%			
Admin Loss Ratio %	8.3%		8.0%			

YEAR-OVER-YEAR FORECAST COMPARISON



Finance Committee Report

Lauren Leverich Castaldo

Chief Financial Officer

Finance Committee Meeting
Wednesday December 10, 2025

Finance Q3 2025

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2025 Q3 MMCOR P&L | FINANCIAL SNAPSHOT

- **Medical Loss Ratio: 91.1%**
- **Administrative Loss Ratio: 7.5%**
- **Margin: 6%**

- Managed Care Organization (MCO) Tax in effect starting Q1 2025.
- QHP pricing strategy showing continued stable performance.
- Medicare flex card is leading to a break-even Operating Income.
- Medicaid and HARP starting to show deterioration in Value Based Payment at the end of Q3 2025.
- EIS to Cost Report Reconciliation contributing a favorable $32m to Medicaid's Net Income.

RATE UPDATES

January 2026

Essential Plan

- Increase of 8%, despite the State lowering the actuarial rate range from high to middle.
- **Primary Driver:** Nearly 20% increase in our risk adjustment scores across all EP plans.

Child Health Plus

- Decrease of 14%.
- **Primary Driver:** First year that rates are risk-adjusted under DOH rating. Our risk score is below the average, but our new rate is still above where we were under DFS rating for CY2023.
- Risk Scores are based on 2023 DOS, before we integrated CHP into all of our Risk Adjustment activities (i.e. chart reviews, provider coding initiatives, etc).

RATE UPDATES

April 2024 Revisions

MCAD and HARP

- Increase of 0.4% and decrease of 0.6%, respectively.
  - TANF updates outweigh changes in other rate cells.
- **Primary Driver:** Updates to medical/trend and dual populations assumptions.

MLTC and MAP

- Increase of 0.02% and 0.1%, respectively.
- **Primary Driver:** Updates to nursing home FFS benchmark, PHE unwind, and updates to behavioral health benchmark rates (MAP only).

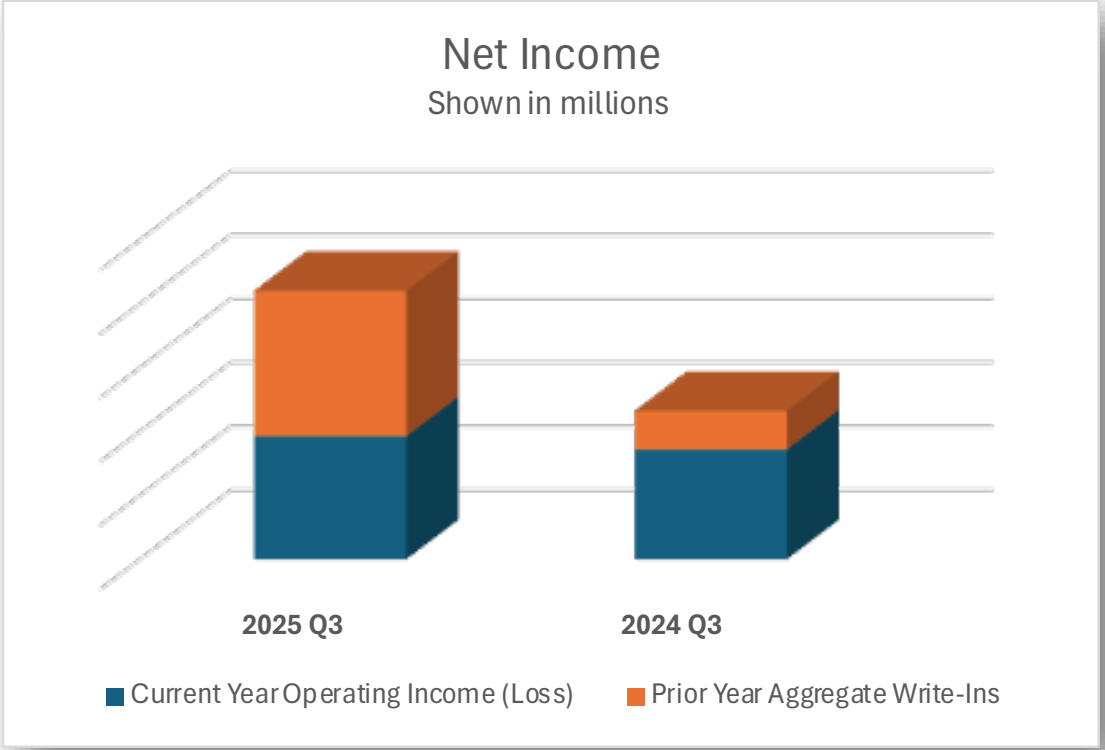
ADMINISTRATIVE EXPENSES | BUDGET VS. ACTUALS

For the **9 months ending September 30, 2025**, the total administrative expenses of **$272.9M** were **$23M (7.8%) favorable** to budget, **$14.6M** of which was driven by personnel spend and **$8.4M** of which was driven by vendor spend (OTPS).

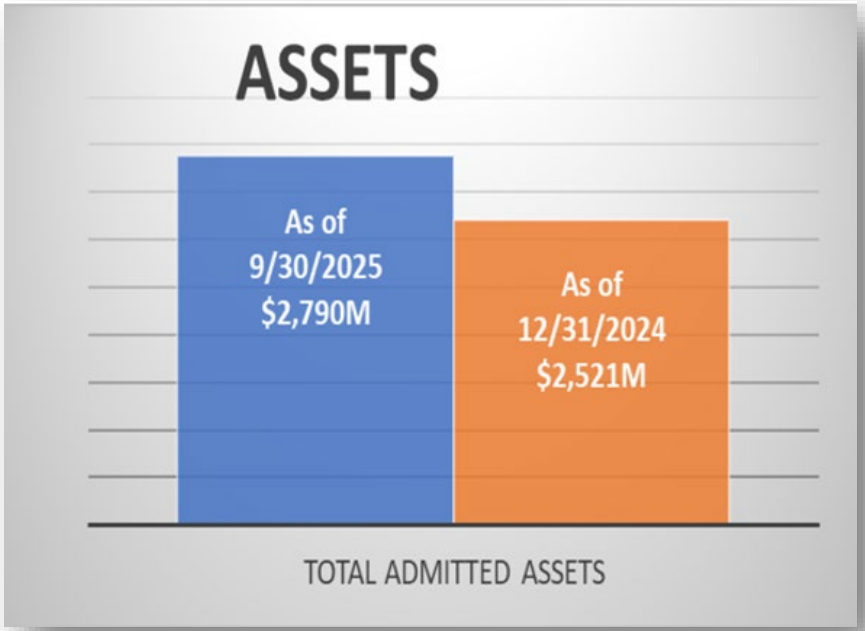
Q3 2025 REGULATORY REPORTING TO FORECAST

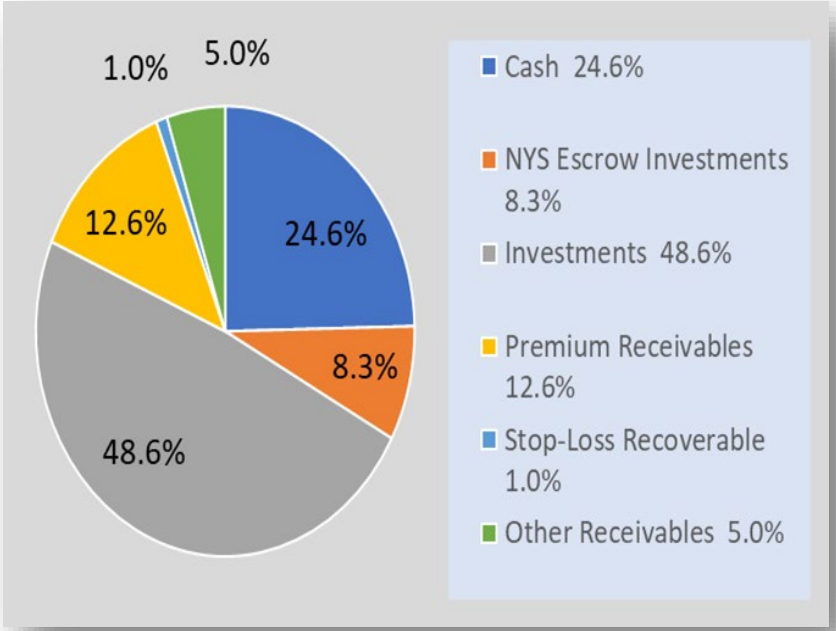
- Revenue net of pass-throughs (e.g., MCO Tax, NYHER and UPL) was +4.4% higher than forecast.
- Overall expenses are -0.5% lower than expected.
- In Q3 2025 we realized a current year margin of 3%. Inclusive of the Aggregate Write-ins (PY) at Q3 2025 MetroPlus generated a 6% margin.

CURRENT YEAR OPERATING INCOME BY LINES OF BUSINESS

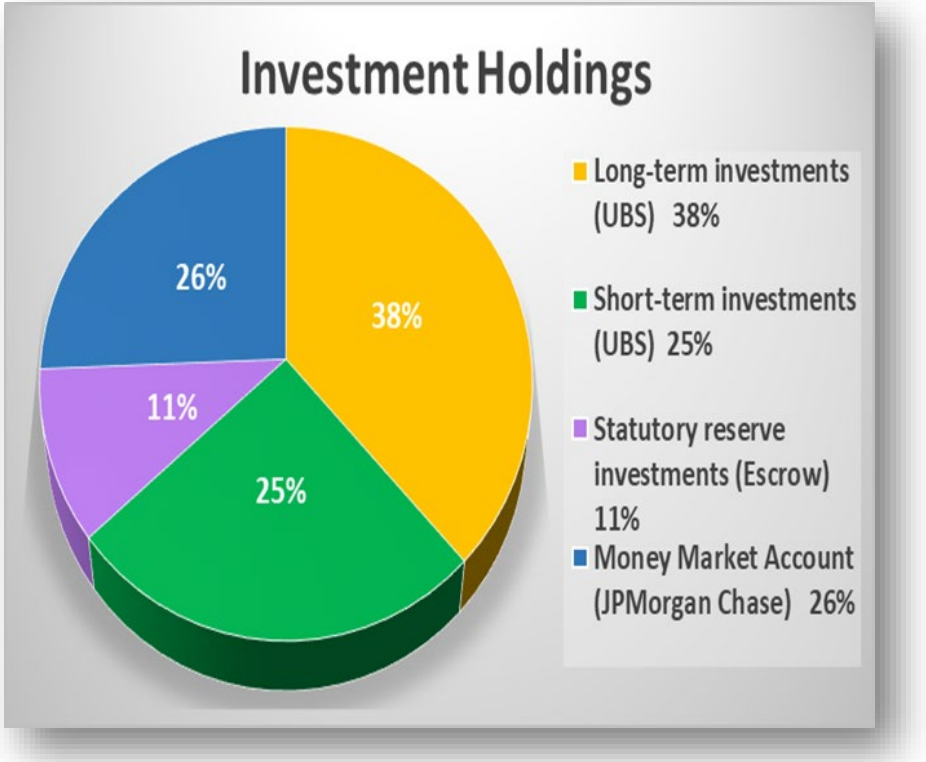


FINANCIAL PERFORMANCE | ASSETS





METROPLUSHEALTH | INVESTMENTS



Membership

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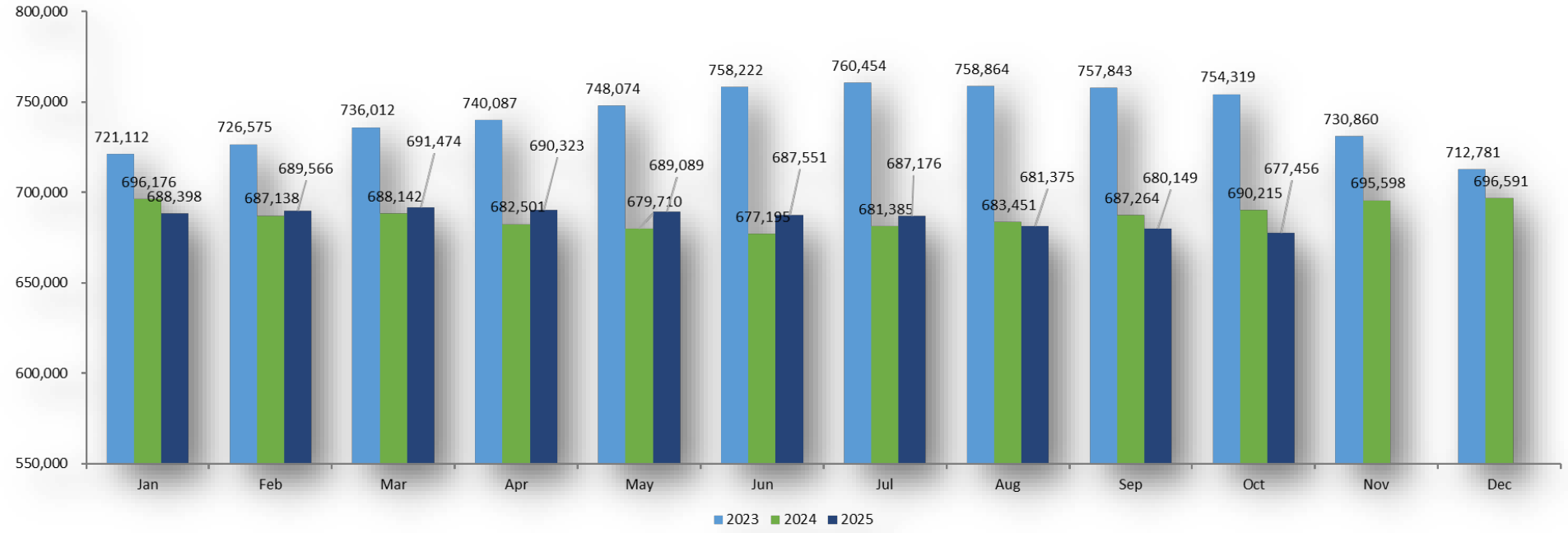
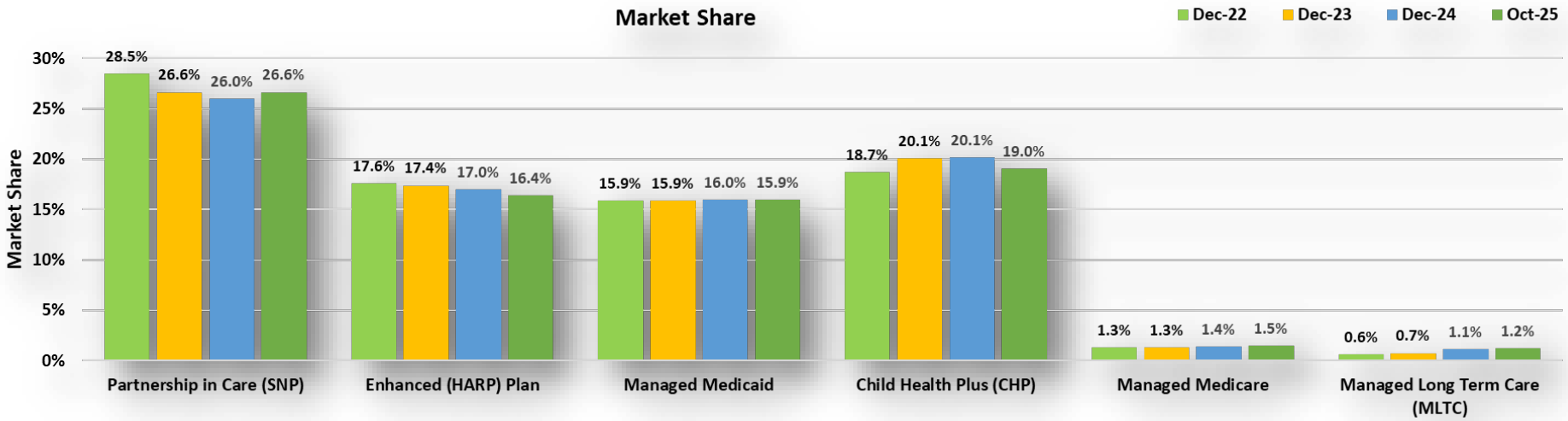
MEMBERSHIP TREND 2022-2025

Total membership is at 677K as of June 2025.



MARKET SHARE

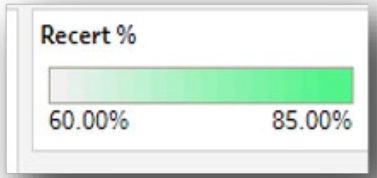
- SNP and Medicare market has seen slight growth in Q3 2025.
- Medicaid, CHP, HARP, and MLTC has seen slight declines in Q3 2025.



RECERTIFICATIONS

- MetroPlusHealth recertifications continue as a top priority.
- NYS Average recertification rate as of June 2025 is 80.5%.

Monthly Overall Recert Rate (%)	
January 2025	81.77%
February 2025	83.79%
March 2025	82.24%
April 2025	82.57%
May 2025	79.81%
June 2025	79.40%
July 2025	78.53%
August 2025	78.03%
September 2025	77.67%
October 2025	75.38%



Risk Adjustment

RISK ADJUSTMENT

Partnership with H+H yielding strong results:

- Historic increase in Essential Plan risk scores
- Increased QHP risk scores
- Continued success in Medicare LOB due to chart reviews and improved data sharing with H+H.

Partnership with H+H includes:

- Data sharing on members with risk gaps
- Provider notification in Epic
- Targeted member outreach and MyChart notifications

Coding Compliance Activity:

- Successfully completed our first MA RADV audit.
- QHP RADV audit ongoing; Submission deadline is January 8th, 2026.
- Successfully completed three Joint Quality Audits with our principal coding vendor, Optum. Audits are in acceptable range of 90-96% compliance.
    - Targeted education has been provided on identified deficiencies, including coding from Past Medical History instead of Active Problem list.
    - Will need to continue to actively monitor coding quality for this vendor in 2026.

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