



MetroPlus Health Plan, Inc.
Board of Directors Meeting
June 1st, 2021

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 Board Room at 50 Water Street, New York, NY 10004, on the 1st day of June 2021 at 12:00 P.M., pursuant to a notice which was sent to all the Board of Directors of the Corporation and which was provided to the public by the Secretary. The following Directors were present via video conference/ via teleconference:

Ms. Sally Hernandez- Piñero
Dr. Talya Schwartz
Mr. Matt Siegler
Dr. Eric Wei
Mr. Christopher Roker
Mr. Sherif Sakr
Ms. Vallencia Lloyd

Ms. Sally Hernandez-Piñero, Chair of the Board, called the meeting to order at 12:03 P.M.

Ms. Hernandez-Piñero chaired the meeting and Ms. Jessica Bauer, Secretary to the Board, kept the minutes, thereof.

ADOPTION OF THE MINUTES

The minutes of the meeting of the Board of Directors held **March 30th, 2021** were presented to the Board. On a motion by Ms. Hernandez-Piñero and duly seconded, the Board adopted the minutes.

ACTION ITEMS

The **first** resolution was introduced by Ms. Hernandez-Piñero.

Approving a resolution to be presented to the New York City Health + Hospitals (“NYC Health + Hospitals”) Board of Directors to approve the replacement of Nella Lewis with the appointment of Mark Power as a member of the Board of Directors of MetroPlus Health Plan, Inc. (“MetroPlus”), a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York, to serve in such capacity until his successor has been duly elected and qualified, or as otherwise provided in the Bylaws of MetroPlus.

Ms. Hernandez-Piñero mentioned that Mr. Mark Power has already met with Dr. Jose Pagan, Chair of the NYC Health + Hospitals Board of Directors.

There being no further questions or comments. On motion by the Chairman of the Board, the Board approved the resolution.

The **second** resolution was introduced by Dr. Talya Schwartz, President & Chief Executive Officer of MetroPlus.

Authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus”) to seek approval from the New York Department of Financial Services (“DFS”) and the New York Department of Health (“DOH”) to cease participation in the Small Business Health Insurance Options Program (“SHOP”) through the New York’s health benefit exchange, the New York State of Health (“NYSOH”), and withdraw from New York’s small group commercial market, and discontinue its small group comprehensive products at the earliest possible date.

Dr. Schwartz explained that the Plan has been in this line of business (LOB) for a few years, and it has not experienced the intended growth for the Plan. Dr. Schwartz reviewed the Plan’s current membership and how it compares to the Plan’s competition in the SHOP line of business.

Dr. Schwartz provided the details of the recommendation for withdrawal from the SHOP line of business, the plan for ensuring members are safely transitioned, needed changes if the Plan decided to keep the SHOP LOB, and other considerations.

Board Members stated that the Plan considered bringing this resolution to withdrawal from the SHOP LOB last year, but due to concerns with the membership and the pandemic, this year provided a better opportunity for withdrawal.

Board Members discussed the proposal, including requirements to maintain the SHOP program, and the options available to members if the benefit plan was discontinued.

Ms. Raven Ryan-Solon, Chief Compliance & Regulatory Officer, explained the requirements for discontinuing the SHOP LOB and MetroPlus’ obligation to offer alternative plans, including in different lines of business. Dr. Schwartz, Ms. Ryan-Solon and Board members discussed the regulatory requirements around discontinuing the SHOP LOB, including options for employers to continue fund their employees’ plans.

There being no further questions or comments. On motion by the Chairman of the Board, the Board approved the resolution.

Ms. Hernandez-Piñero turned the meeting over to Dr. Schwartz.

CHIEF EXECUTIVE OFFICER'S REPORT

Dr. Schwartz provided a few company updates including the Qualified Health Plan (QHP) bid submission to the Department of Financial Services (DFS) for approval, the Plan's remote versus office working environment, and that a new business venture will be further presented in the Information Item section of the agenda.

Ms. Ryan-Solon provided critical regulatory updates including no recertification for Medicaid, Child Health Plus (CHP) and Essential Plan (EP) through at least December 2021 and effective April 1st, 2021, Plans must pay the full Medicaid fee-for-service (FFS) rate of \$40 for COVID-19 vaccination administration.

Ms. Ryan-Solon reported regulatory updates on the Plan's benefit structure including Medicaid's pharmacy carve-out postponement to April 2023, Medicaid's coverage of substance use disorder (SUD) peers providing services via telehealth, Essential Plan 1 & 2 will include dental and vision at no cost to members, and coverage for Medicaid post-partum women will be provided through QHP for 12 months with no premium.

Ms. Ryan-Solon reported regulatory updates relating to Plan funding including that Medicaid and Managed Long-Term Care (MLTC) quality incentive pools will be maintained at 2020 levels, the new quality-based premium withhold for the Health and Recovery Plan (HARP), the new quality incentive pool for EP, increased payment to EP providers through the Plan, and Medicaid rates will be issued at the end of July 2021.

Dr. Schwartz added that the COVID-19 rate adjustment that was in affect for the previous State fiscal year, will continue until the State issues the new rates.

Board Members commented on the Essential Plan updates.

Board Members asked about the income levels for EP.

Ms. Ryan-Solon responded that information would be sent to the Board Members providing the income range by each tier of the federal poverty levels (FPL).

Ms. Leverich-Castaldo provided the State regulatory reporting for the first quarter of 2021 and the updated forecast summary for 2021 by LOB.

Board Members asked if the 2021 forecast summary included the Upper Payment Limit (UPL) conversion.

Ms. Leverich-Castaldo responded that the UPL conversion is included on the balance sheet and is not included on the income statement.

Dr. Sanjiv Shah, Chief Medical Officer, provided the Behavioral Health transition update including network development, provider credentialing progress, claims configuration and testing, Utilization

Management, Case Management, staff training, staff recruitment and hiring, and preparation for State on-site readiness review.

Board Members asked if the Plan remains on track with the budget for the remaining behavioral health vendor cost.

Dr. Schwartz confirmed that the Plan remains on target with the budget and go-live date for in-house behavioral health implementation on October 1st, 2021.

Dr. Schwartz presented the Plan's Gold strategic plan, including operational effectiveness goals, product design improvement opportunities, brand and marketing strategic efforts.

Board Members discussed use of brokers for various LOB, asked about the use of concierge services, whether pharmacy was a core benefit of various plans and asked about the City's auto enrollment system for newly hired employees.

Dr. Schwartz presented the Qualified Health Plan (QHP) strategy for market expansion due to the American Rescue plan (ARP), including competitive positioning, network gap analysis, risk adjustment, and referral incentive.

Board Members and Dr. Schwartz engaged in a conversation about the importance of the Plan's diverse product portfolio.

Board Members requested additional information at the next Board meeting about the increased subsidy for QHP.

Dr. Schwartz presented the Essential Plan (EP) strategy, including new budget actions that present opportunities for growth, member retention, and quality incentive program.

There being no further questions or comments, Dr. Schwartz moved on to the next item on the agenda.

INFORMATIONAL ITEM

Dr. Schwartz provided an introduction on considerations for launching a self-insured line of business.

Ms. Robin Fisk, Deputy Executive Director of Legal, presented the self-insured product concept, insured versus self-insured health plan, pros and cons of launching a self-insured benefit plan, requirements to launch a self-insured LOB, and further exploration that needs to take place before an official resolution is presented to the Board for approval.

Board Members and Dr. Schwartz engaged in conversation about risks, concerns, and comments with launching a self-insured line of business.

Ms. Hernandez-Pinero advised the Board that an Executive Committee will be scheduled to review and approve a resolution for Media Buying & Advertising Services so that it can be presented for approval at the July NYC Health + Hospitals Board meeting.

There being no further business, Ms. Hernandez-Piñero adjourned the meeting at 1:41 PM.