

NYC HEALTH + HOSPITALS

Dr. Mitchell Katz, President and CEO



WHAT WE DO

NYC Health + Hospitals (the System), the largest municipal health system in the country, includes 11 acute care locations, five post-acute care (skilled nursing) facilities, and over 30 patient care community health centers (Gotham Health). The System provides comprehensive health care services including preventive and primary care, behavioral health care, trauma care, high-risk neonatal and obstetric care, and burn care. The System's 11 acute care hospital sites serve as major teaching hospitals. In addition, the System includes: a managed health care insurance provider plan called MetroPlusHealth; an Accountable Care Organization that provides Medicare beneficiaries with care coordination and chronic disease management; a Certified Home Health Agency that provides community-based clinical services after a hospital stay; a Health Home that coordinates care for people with chronic conditions and serious mental health conditions; and Correctional Health Services (CHS), serving patients incarcerated on Rikers Island. Approximately 65 percent of NYC Health + Hospital's adult patients are on Medicaid or are uninsured, and the System collectively serves approximately one million New Yorkers across the five boroughs each year.

FOCUS ON EQUITY

NYC Health + Hospitals' mission is to deliver high quality health care services to all New Yorkers with compassion, dignity, and respect, regardless of income, gender identity, or insurance status. Inclusive of this mission is ensuring that care is accessible to diverse communities, including historically marginalized populations, without exception. More than 70 percent of patients identify as Black/African American, Hispanic/Latinx, or Asian American Pacific Islander, and an estimated 30 percent of patients have limited English proficient. The System serves marginalized groups who are more likely to experience poverty and face a disproportionate amount of harmful daily stressors and barriers, which contribute to and exacerbate chronic disease and health inequity.

Systemwide, nearly 70 percent of discharges are patients covered by Medicaid, a joint federal and New York State public health insurance program for people with low incomes, or the Essential Plan, the States' free or low-cost insurance plan for adults with low incomes who do not qualify for Medicaid. The System works to advance health equity by creating models of care that remove barriers for specific populations, including those experiencing homelessness or who are incarcerated. The System's Street Health Outreach + Wellness (SHOW) program addresses the needs of people experiencing homelessness, by deploying mobile health units across the City to reach these individuals. SHOW provides care without pre-scheduled appointments or costs, connecting thousands of New Yorkers to essential services like COVID-19 testing, vaccinations, primary care, mental health resources, and more. NYC Health + Hospitals also continues to expand MetroPlusHealth membership, offering low to no-cost health insurance options to eligible people living within the five boroughs of New York City. The System's Correctional Health Services (CHS) division provides a full spectrum of high quality health care to people incarcerated in New York City with dignity and respect. CHS' mission is to diagnose and treat individuals in custody and to provide support from the first to the last day of incarceration, which ultimately helps patients successfully reenter their communities.

Finally, the Equity and Access Council advisory group supports the System's Office of Diversity and Inclusion and develops efforts that promote equity in patient outcomes and within the System workforce. The Council's primary focus is to optimize the delivery of care and health outcomes by eliminating racial and social barriers for diverse patient populations, promoting institutional and structural equities, identifying and reducing health disparities, and continuously improving the health of vulnerable communities. NYC Health + Hospitals also acknowledges the importance of maintaining a diverse workforce and thus established the Medical Opportunities for Students and Aspiring Inclusive Clinicians (MOSAIC) program in Calendar 2021 to encourage under-represented groups to join the medical workforce. NYC Health + Hospitals continues to develop recruitment and retention programs to attract staff who reflect the communities it serves.

OUR SERVICES AND GOALS

SERVICE 1 Provide medical, mental health and substance use services to New York City residents regardless of their ability to pay.

Goal 1a Expand access to care.

Goal 1b Enhance the sustainability of the NYC Health + Hospitals system.

Goal 1c Maximize quality of care and patient satisfaction.

HOW WE PERFORMED IN FISCAL 2025

SERVICE 1 Provide medical, mental health and substance use services to New York City residents regardless of their ability to pay.

Goal 1a Expand access to care.

While the total number of unique patients seen in the System decreased two percent from 1,210,437 in Fiscal 2024 to 1,191,776 in Fiscal 2025, the number of unique primary care patients seen in the last 12 months increased four percent, reaching 459,441 patients in Fiscal 2025. Expanded access to primary care services continues to play a vital role in maintaining and achieving a person's overall and long-term health goals. The growth in primary care patients reflects the System's efforts to increase access for new patients in response to high demand, as well as streamline scheduling and improve clinic staffing to maximize provider and care team time for direct patient care. As primary care services experience significant growth, the focus remains on ensuring patients have access to ongoing, long-term relationships with a care team.

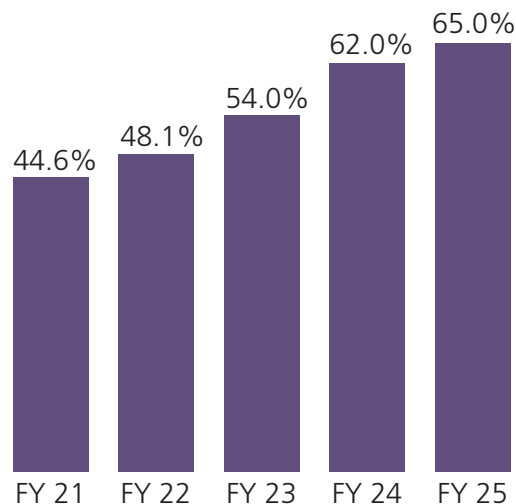
The System experienced a seven percent decrease in the reported number of uninsured patients served in Fiscal 2025 compared to Fiscal 2024, dropping from 249,785 to 231,368. Similarly, enrollment in NYC Care, the System's health care access program that guarantees low-cost and no-cost services to New Yorkers who do not qualify for or cannot afford health insurance, decreased two percent from 143,503 patients in Fiscal 2024 to 140,222 in Fiscal 2025. This is the first time NYC Care enrollments decreased since the program was launched in Fiscal 2022.

These decreases are a result of expanded health insurance access and enrollment via several New York State measures including continuous Medicaid eligibility for children under six, the State's policy change to allow Medicaid eligibility for New Yorkers 65 and older regardless of immigration status, and expansion of Medicaid and Child Health Plus through one year postpartum. The decrease in the number of uninsured patients served can also be partially attributed to the ongoing recovery from the cyberattack on Change Healthcare—the clearinghouse vendor for all patient statements, insurance eligibility, claims and remittance transactions—that occurred in February 2024, which disrupted health care financial and technology vendors' services nationwide and artificially inflated last year's figures at NYC Health + Hospitals. The System partners with 22 community-based organizations (CBOs) across New York City, as well as GetCoveredNYC and the Mayor's Public Engagement Unit, to encourage enrollment in health insurance programs for those who qualify and in NYC Care for those who cannot access insurance.

The number of telehealth visits decreased 17 percent in Fiscal 2025 compared to Fiscal 2024 from 541,518 visits to 448,174 visits. This has been trending downward since Fiscal 2021, but is expected to reach a natural plateau as telehealth visits regulate following their peak during the COVID-19 pandemic. The System will continue to offer telehealth as an option for those who need it, as it is a supportive treatment modality to meet patients where they are. The volume of eConsults completed also decreased 10 percent, dropping from 437,552 consultations in Fiscal 2024 to 395,090 in Fiscal 2025. While telehealth visits are virtual, patient-facing appointments conducted with both video and audio, eConsults are provider-to-provider electronic referrals where a specialist reviews a case and gives recommendations without the patient present. Historically, nearly all referrals from primary care to specialty care were processed as eConsults, but most ended up being scheduled for face-to-face specialty visits. The System is currently upgrading the eConsult platform to allow the referring primary care provider the option to request an in-person specialty appointment or an eConsult for specific clinical questions. This change is expected to reduce the overall number of eConsults and simultaneously expand the capacity in specialty services, increasing efficiency and shortening wait times for patients who require face-to-face specialty care visits.

The number of eligible women receiving a mammogram screening increased for the fifth consecutive fiscal year in a row to 80.8 percent in Fiscal 2025, up from 79.7 percent in Fiscal 2024, reaching the System's target of 80 percent. This growth reflects the System's expanded access to mammogram and other health screenings by improving internal operations, such as appointment reminder phone calls, patient centric scheduling, and creating access at new Gotham locations.

Follow-up Appointment Kept within 30 Days After Behavioral Health Discharge



The number of eligible patients receiving prenatal depression screenings rose six percentage points from 86.4 percent in Fiscal 2024 to 92.7 percent in Fiscal 2025, and the number of eligible patients receiving postpartum depression screenings rose two percentage points from 77.2 percent to 79.1. These increases reflect the System's commitment to providing comprehensive depression and anxiety screenings for all patients, with particular attention to maternal depression to ensure better outcomes for women and children. The System worked to expand access to this service over the last fiscal year by making the screenings available in all NYC Health + Hospital facilities and re-training staff on screening protocols.

In alignment with the System's focus on improving access to care, the number of calendar days to third next available new appointment (TNAA) for Fiscal 2025 continued to decrease from Fiscal 2024. TNAA for adult medicine in Fiscal 2025 was 13 days, a decrease of seven days compared to Fiscal 2024. TNAA for pediatrics also decreased to 17 days from 23 days, marking a significant improvement, particularly when considering the System's continued yearly growth of unique primary patients served. By prioritizing strategic scheduling practices to better match supply to demand, the System expanded provider access and established stronger support teams.

NYC Health + Hospitals is committed to ensuring that patients discharged from inpatient behavioral care experience a seamless transition to essential community-based resources. This is especially critical for patients with complex needs related to behavioral health conditions. To operationalize this transition from inpatient to outpatient care, the System focuses on patient engagement and connection to care. As a result, the percentage of follow-up appointments kept within 30 days after behavioral health discharge continued to trend upward in Fiscal 2025, increasing from 62 percent in Fiscal 2024 to 65 percent in Fiscal 2025—levels that exceed pre-COVID-19 pandemic (Fiscal 2020) percentages. This was accomplished through close collaboration between the NYC Health + Hospitals Office of Behavioral Health and all of the System's facilities to ensure consistent staff training. The training equips staff with strategies to support patients in keeping their follow-up appointments soon after discharge, connecting them to available aftercare resources, and recording these follow-up appointments in the workflow. NYC Health + Hospitals is continuing to strengthen its 30-day aftercare follow-up efforts to build on this progress.

Total correctional health clinical encounters per 100 average daily population on Rikers Island increased 17 percent from 10,637 encounters in Fiscal 2024 to 12,437 encounters in Fiscal 2025. This increase can be attributed to the natural fluctuations in the clinical needs of current patients, operational and environmental factors in the jails, and changes in clinical workflows and documentation. The percent of correctional health patients with a substance use diagnosis who received jail-based care remained steady at 85 percent. This metric reflects substance use diagnoses for a range of substances and severity levels, including those without indication for a formal intervention beyond education. Operational and environmental factors in the jails can impact CHS providers' ability to meet with patients with substance use diagnoses.

Performance Indicators	Actual					Target		Trend	
	FY21	FY22	FY23	FY24	FY25	FY25	FY26	5-Year	Desired Direction
★ 🌟 Unique patients	1,148,019	1,110,039	1,204,174	1,210,437	1,191,776	↑	↑	Neutral	Up
Unique primary care patients (seen in the last 12 months)	389,505	413,908	427,337	442,736	459,441	*	*	Up	Up
★ Uninsured patients served	304,174	391,810	219,943	249,785	231,368	*	*	Down	*
★ NYC Care enrollment	69,309	113,178	119,234	143,503	140,222	↑	↑	Up	Up
Telehealth visits	1,008,900	684,066	608,204	541,518	448,174	*	*	Down	*
★ eConsults completed	322,229	404,406	426,532	437,552	395,090	↑	↑	Up	Up
★ Eligible women receiving a mammogram screening (%)	70.5%	72.7%	78.3%	79.7%	80.8%	80.0%	80.0%	Up	Up
Eligible patients receiving prenatal depression screenings (%)	NA	NA	NA	86.4%	92.7%	90.0%	90.0%	NA	Up
Eligible patients receiving postpartum depression screenings (%)	NA	NA	NA	77.2%	79.1%	90.0%	90.0%	NA	Up
★ HIV patients retained in care (%) (annual)	85.0%	82.1%	84.5%	87.3%	87.4%	85.0%	85.0%	Neutral	Up
Calendar days to third next available new appointment – Adult medicine	10.3	12.0	12.0	20.0	13.0	14.0	14.0	Up	Down
Calendar days to third next available new appointment – Pediatric medicine	6.5	12.0	13.0	23.0	17.0	5.0	5.0	Up	Down
★ Follow-up appointment kept within 30 days after behavioral health discharge (%)	44.6%	48.1%	54.0%	62.0%	65.0%	↑	↑	Up	Up
Total correctional health clinical encounters per 100 average daily population	14,999	12,170	12,020	10,637	12,437	*	*	Down	*
Correctional health patients with a substance use diagnosis that received jail-based contact (%)	91%	87%	85%	85%	85%	90%	90%	Neutral	Up
★ Critical Indicator 🌟 Equity Indicator “NA” Not Available ↑↓ Directional Target * None									

Goal 1b Enhance the sustainability of the NYC Health + Hospitals system.

In Fiscal 2025, 3.7 percent of patients left an adult emergency department (ED) without being seen, a two percentage point improvement from Fiscal 2024. In an effort to reduce this rate, the System enhanced patient tracking and flow throughout the Department, improved arrival processes for faster registration and triage, utilized staffing demand models for provider and nurse staffing, and encouraged providers in triage to facilitate early evaluation and treatment to identify and eliminate unnecessary lab and radiology testing.

The System’s accounts receivables have mostly rebounded from the February 2024 cyberattack on the clearinghouse vendor for all patient statements, insurance eligibility, claims and remittance transactions. The net days of revenue for accounts receivable (AR) decreased 50 percent from 64.1 days in Fiscal 2024 to 31.8 days in Fiscal 2025. As the System continues to work through a backlog of payments in self-pay accounts, there will continue to be a small negative impact on AR days until the backlog is cleared. Additionally, the System received a large upper payment limit—a cap on the maximum payments it can receive, at the end of June 2025, which also contributed to the lower accounts receivable days.

The MetroPlusHealth Plan medical spending at NYC Health + Hospitals was 38.4 percent in Fiscal 2025, a five percentage point decrease from Fiscal 2024. This decline reflects a reduction in high-risk surplus, which is premium revenues that exceeded the cost of care for the System’s high-risk members. This surplus was relatively large in Calendar 2024 but has been smaller thus far in Calendar 2025. The decrease in surplus is likely due to the large, one-time disenrollment of members following the expiration of the continuous enrollment provision authorized by the Families First Coronavirus Response Act at the end of Fiscal 2023. This provision required State Medicaid programs to keep people enrolled without redetermining their eligibility during the COVID-19 public health emergency in exchange for enhanced federal funding. At the same time, the System continues to balance MetroPlusHealth’s provider network expansion to serve more members with efforts to ensure that NYC Health + Hospitals remains a central provider of care. The average number of MetroPlusHealth enrollments for Fiscal 2025 was 687,587, down four percent from 715,898 enrollments in Fiscal 2024. This drop in enrollment is also partly a result of the expiration of the continuous enrollment condition.

The percentage of uninsured patients screened and enrolled in insurance or financial assistance pursuant to State law increased by 10 percentage points to 83 percent in Fiscal 2025. The improvement comes as a result of efforts to realign staffing levels with patient volumes and enhance financial counseling workflows including the implementation of new outreach tools to engage with patients who need assistance.

Performance Indicators	Actual					Target		Trend	
	FY21	FY22	FY23	FY24	FY25	FY25	FY26	5-Year	Desired Direction
Patients who left Emergency Department without being seen (%)	3.5%	5.2%	5.0%	5.1%	3.7%	4.0%	4.0%	Neutral	Down
★ Net days of revenue for accounts receivable	59.9	49.7	46.4	64.1	31.8	42.0	28.0	Down	Down
Patient care revenue/expenses (%)	74.0%	74.8%	73.8%	73.8%	76.9%	60.0%	60.0%	Neutral	Up
★ MetroPlus membership	620,041	648,369	715,343	715,898	687,587	↑	↑	Up	Up
★ MetroPlus Health Plan medical spending at Health + Hospitals (%)	39.3%	42.4%	43.3%	43.5%	38.4%	↑	↑	Neutral	Up
Uninsured patients enrolled in insurance or financial assistance (%)	70%	88%	79%	73%	83%	*	*	Neutral	Up
★ Critical Indicator ● Equity Indicator "NA" Not Available ↑↓ Directional Target * None									

Goal 1c Maximize quality of care and patient satisfaction.

The proportion of NYC Health + Hospitals’ primary care patients who activated MyChart accounts increased to 84 percent in Fiscal 2025, up seven percentage points from Fiscal 2024. This is partly because the System is engaging primary care patients through new digital and physical promotional materials to display online and throughout hospital campuses. Additionally, the System is prioritizing enhancing the MyChart patient experience by adding support for the top 11 most commonly used languages by patients, expanding scheduling and rescheduling options, and continuing the use of services that notify patients when an earlier appointment is available and when they are able to digitally check-in for appointments.

The outpatient satisfaction rate increased for the fifth consecutive fiscal year from 86.4 percent in Fiscal 2024 to 87.9 percent in Fiscal 2025. This gradual increase can be attributed to technological enhancements to the patient experience within and beyond a health care encounter, including increased access to care through reduced appointment duration and additional appointment availability, efforts to increase MyChart message handling turnaround time, self-scheduling options, as well as targeted efforts to improve communication between the care team and the patient during visits.

The inpatient satisfaction rate increased by one percentage point, from 64.7 percent in Fiscal 2024 to 65.7 percent in Fiscal 2025. This slight increase can be attributed to targeted inpatient unit-level improvement work, wherein all System hospital campuses are working to tailor to the individualized needs of the patient populations. Interventions include consistently sharing key patient experience metrics and educating staff on the survey administration process, care team/interdisciplinary bedside rounding practices and other initiatives.

The post-acute care satisfaction rate showed an increase in scores from 86.4 percent in Fiscal 2024 to 89.0 percent in Fiscal 2025. The improved scores are due to a renewed strategic focus on experience work in the post-acute care setting through programs such as Workforce Wellness, Employee Engagement, and Resident Experience. The System prioritizes collaborative programming and improvement efforts amongst all five nursing homes. Example interventions include a review of survey administration practices and resident rounding practices.

The percentage of patients diagnosed with diabetes who have appropriately controlled blood sugar decreased from 68.2 percent in Fiscal 2024 to 67.8 percent in Fiscal 2025. The System's primary care population has continued to increase and the population with diabetes also proportionately grew by over 3,000 patients. Despite this growth, the testing rate for hemoglobin A1c, which is blood glucose levels, has remained at a record high above 97 percent. Targeted outreach efforts have continued to prioritize patients with poorly controlled blood sugar. Primary care programs like Treat to Target—a systemwide nurse-led chronic disease management program focused on intensive support to help primary care patients reach their blood sugar and blood pressure goals—along with clinical pharmacists, have been integral to maintaining diabetes control rates for patients.

The System maintains multiple institutional mechanisms to promote community outreach and receive feedback from patients and local residents. One of the primary mechanisms is its Community Advisory Boards (CABs). CABs are made up of volunteer advocates representing 21 of the System's facilities serving the City. CAB members are patients and residents that are concerned about crucial health care issues and carrying out the mission and values of the System. The 21 facility-specific CABs held 195 meetings in Fiscal 2025, consistent with Fiscal 2024. There is also a Council of Community Advisory Boards is composed of 21 chairs representing each facility's CAB. The Council is a collective body for health advocacy and is responsible for ensuring the individual CABs receive relevant information from the System and for expressing the concerns and interests of the respective CABs. The Council of CABs had 10 meetings in Fiscal 2025, consistent with Fiscal 2024.

Performance Indicators	Actual					Target		Trend	
	FY21	FY22	FY23	FY24	FY25	FY25	FY26	5-Year	Desired Direction
MyChart Activations - Primary Care (%)	NA	74.7%	72.4%	76.6%	84.0%	*	*	NA	Up
Outpatient satisfaction rate (%)	84.5%	85.2%	85.4%	86.4%	88.0%	85.4%	85.4%	Neutral	Up
Inpatient satisfaction rate (%)	65.7%	62.9%	61.7%	64.7%	65.7%	65.8%	65.8%	Neutral	Up
★ Post-acute care satisfaction rate (%)	81.9%	80.9%	84.0%	86.5%	89.0%	86.3%	86.3%	Neutral	Up
★ Patients diagnosed with diabetes who have appropriately controlled blood sugar (%)	63.7%	65.3%	68.8%	68.2%	67.8%	↑	↑	Neutral	Up
Overall safety grade – Acute care (%)	NA	50.0%	NA	55.0%	NA	*	*	NA	Up
Overall safety grade – Post-acute care (%)	NA	64.0%	NA	63.0%	NA	*	*	NA	Up
Overall safety grade – Ambulatory care (diagnostic & treatment centers) (%)	NA	48.0%	NA	58.0%	NA	*	*	NA	Up
Total System Council of Community Advisory Board meetings held over the year	NA	10	10	10	10	*	*	NA	*
Total facility-specific Community Advisory Board meetings held over the year	NA	190	190	190	195	*	*	NA	*

★ Critical Indicator ● Equity Indicator "NA" Not Available ↑↓ Directional Target * None

AGENCY-WIDE MANAGEMENT

Performance Indicators	Actual					Target		Trend	
	FY21	FY22	FY23	FY24	FY25	FY25	FY26	5-Year	Desired Direction
Payout (\$000)	NA	NA	\$76,625	\$59,084	\$4,191	*	*	NA	Down

★ Critical Indicator ● Equity Indicator "NA" Not Available ↑↓ Directional Target * None

AGENCY RESOURCES

Resource Indicators	Actual ¹					Plan ²		5yr Trend
	FY21	FY22	FY23	FY24	FY25	FY25	FY26	
Expenditures (\$000,000) ³	\$11,134.0	\$12,742.1	\$10,878.7	\$12,414.4	\$13,402.2	\$12,222.2	\$12,092.1	Up
Revenues (\$000,000)	\$11,920.6	\$13,474.5	\$11,587.9	\$13,174.50	\$14,052.1	\$13,045.3	\$12,667.1	Up
Personnel	40,062	38,497	39,738	43,582	46,256	44,554	44,554	Up
Overtime paid (\$000,000)	\$192.3	\$192.3	\$215.3	\$258.7	\$301.0	\$192.9	\$219.0	Up
Capital commitments (\$000,000)	\$369.6	\$543.7	\$414.8	\$354.2	\$270.5	\$831.5	\$1,351.9	Down

¹Actual financial amounts for the current fiscal year are not yet final. Final fiscal year actuals, from the Comptroller's Comprehensive Annual Financial Report, will be reported in the next PMMR. Refer to the "Indicator Definitions" at nyc.gov/mmr for details. ²Authorized Budget Level ³Expenditures include all funds "NA" - Not Available * None

SPENDING AND BUDGET INFORMATION

Where possible, the relationship between an agency's goals and its expenditures and planned resources, by budgetary unit of appropriation (UA), is shown in the 'Applicable MMR Goals' column. Each relationship is not necessarily exhaustive or exclusive. Any one goal may be connected to multiple UAs, and any UA may be connected to multiple goals.

Unit of Appropriation	Expenditures FY24 ¹ (\$000,000)	Modified Budget FY25 ³ (\$000,000)	Applicable MMR Goals ⁴
001 - Lump Sum Appropriation (OTPS) ¹	\$3,131.1	\$3,413.1	All

¹These figures are limited to the City's contribution and planned contribution respectively. ²Comprehensive Annual Financial Report (CAFR) for the Fiscal Year ended June 30, 2024. Includes all funds. ³ City of New York Adopted Budget for Fiscal 2025, as of June 2025. ⁴Refer to goals listed at front of chapter "NA" Not Available * None

NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

None.

ADDITIONAL RESOURCES

For additional information, go to:

- NYC Care:
<https://www.nyccare.nyc/>

For more information on the agency, please visit: <https://www.nychealthandhospitals.org/>