



NYC HEALTH + HOSPITALS

Dr. Mitchell Katz, President and CEO

WHAT WE DO

NYC Health + Hospitals (the System) is the largest municipal health care system in the nation, serving more than one million New Yorkers each year—approximately 70 percent of whom are adults on Medicaid or are uninsured—across over 45 patient care locations in the City's five boroughs. 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 also serve as major teaching hospitals. In addition, other System services include: MetroPlusHealth, a managed health care insurance provider plan; 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), which provides care to individuals in custody on Rikers Island.

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, immigration status, gender identity, or insurance status. In keeping with its mission, NYC Health + Hospitals provides accessible and equitable care to diverse communities without exception. 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. More than 70 percent of patients identify as either Black/African American, Hispanic/Latinx, or Asian American Pacific Islander, and an estimated 30 percent of patients have limited English proficiency.

The System works to advance health equity by creating models of care that remove barriers for specific populations. The System's Street Health Outreach + Wellness (SHOW) program addresses the needs of diverse populations, with a focus on unsheltered New Yorkers, by deploying mobile health units across the City. SHOW provides care without pre-scheduled appointments or costs, connecting thousands of New Yorkers to essential services including primary care, wound care, chronic disease management, testing and vaccinations, mental health resources, harm reduction supports, and housing supports. The System's Bridge to Home program also helps close the gap between inpatient psychiatric care and permanent housing by providing a home-like setting with onsite wraparound services for New Yorkers with serious mental illness as they transition to stable housing. Additionally, the System's Correctional Health Services (CHS) division provides a full spectrum of high-quality health care to individuals in custody in New York City with dignity and respect. CHS's mission is to diagnose and treat such individuals and to provide support from the first to the last day in jail, ultimately helping patients successfully reenter their communities. NYC Health + Hospitals also continues to expand its MetroPlusHealth plan, offering low- to no-cost health insurance options to eligible New Yorkers.

Finally, to further address equity, an internal advisory group called the Equity and Access Council supports the System's Office of Diversity and Inclusion and develops initiatives that promote equity among staff and patients. The Council focuses on optimizing care delivery and health outcomes by eliminating racial and social barriers, promoting institutional and structural equity, identifying and reducing health disparities, and continuously improving the health of vulnerable communities. Recognizing the importance of a physician workforce that reflects the diversity of New York City, NYC Health + Hospitals established the Medical Opportunities for Students and Aspiring Inclusive Clinicians (MOSAIC) Visiting Scholars Program to expand access to clinical training opportunities for talented medical students from underrepresented backgrounds. During Fiscal 2026, MOSAIC expanded academic partnerships with medical schools nationwide, doubled the number of participating students and clinical training opportunities, and further strengthened its role as a strategic physician workforce pipeline by encouraging students from underrepresented backgrounds to pursue residency training and long-term careers within the System. 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 Health + Hospitals system.
- Goal 1c Maximize quality of care and patient satisfaction.

HOW WE PERFORMED IN FISCAL 2026

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

Goal 1a

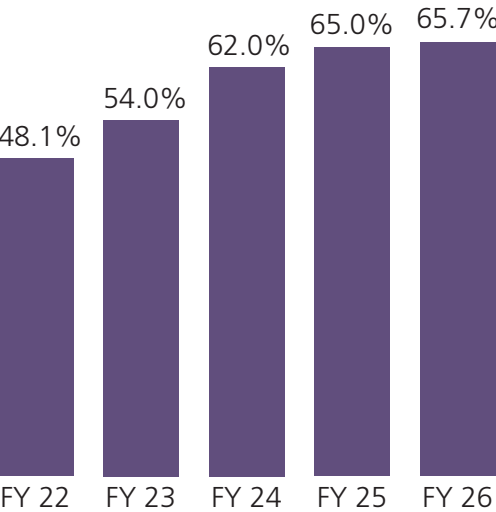
Expand access to care.

The total number of unique patients seen in the System decreased by less than two percent from 1,191,776 in Fiscal 2025 to 1,170,529 in Fiscal 2026, while the number of unique primary care patients seen in the last 12 months increased slightly, reaching 461,593 patients in Fiscal 2026 compared to 459,441 in Fiscal 2025. The increase in primary care patients marks the fourth consecutive year of growth and reflects the System's ongoing efforts to improve access for new patients, streamline scheduling, and optimize clinic staffing to maximize provider and care team time for direct patient care. Expanding access to primary care services is essential to improving long-term health outcomes and supports the System's broader efforts to strengthen access to primary care while reducing its reliance on emergency departments and other acute care services.

The System served 215,554 uninsured patients in Fiscal 2026, seven percent fewer than in Fiscal 2025. 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 12 percent from 140,222 patients in Fiscal 2025 to 123,124 in Fiscal 2026. 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 the age of 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. Despite ongoing efforts to improve financial counseling rates across the System, anecdotally the System is hearing of an increasing reluctance from the City's immigrant community to provide the information needed for the System to adequately provide financial counseling and enrollment in insurance or NYC Care due to fear of sharing personal information with government systems. The System partners with 20 community-based organizations (CBOs) across New York City, as well as the Mayor's Office of Immigrant Affairs, to encourage enrollment in health insurance programs for those who qualify and in NYC Care for those who cannot access insurance. In addition, in Fiscal 2026, NYC Care ran the Light the Way citywide public awareness marketing campaign to encourage enrollment and re-enrollment for NYC Care-eligible New Yorkers. The campaign highlighted the diversity of NYC Care's members, new benefits including low- and no-cost durable medical equipment, and the level of access to high-quality primary, specialty, and preventive care one can attain by using the NYC Care membership card. While these factors resulted in the System seeing less uninsured patients in Fiscal 2026, the System anticipates growth in the uninsured population in Fiscal 2027 due to policy changes enacted in the federal Budget Reconciliation Act (H.R. 1) of 2025 that increased administrative requirements to maintain Medicaid coverage, limited immigrant eligibility for marketplace premium assistance and increased demand for financial assistance for health care. The System is continuously reviewing changes related to H.R. 1, monitoring for behavioral and data changes, and preparing for potential increased demand for programs like NYC Care in the future.

Telehealth visits, patient-facing appointments conducted with both video and audio, remain a key mechanism for patients to maintain access with their care teams. A total of 399,678 visits were completed in Fiscal 2026, an 11 percent decrease from 448,174 Fiscal 2025. As the overall balance between in-person and telehealth visits continues to stabilize toward an anticipated plateau after these virtual visits were inflated during the COVID-19 pandemic, fluctuation in telehealth visit volume is expected. eConsults are provider-to-provider electronic referrals where a specialist reviews a case and gives recommendations without the patient present. The number of completed eConsults decreased as anticipated, dropping from 395,090 in Fiscal 2025 to 212,229 in Fiscal 2026, following a Fiscal 2025 eConsult platform upgrade. The System completed the transition to upgrade from the historical eConsult system in Fiscal 2026, which included moving nearly every referral from primary care to specialty care, resulting in most referrals being scheduled for face-to-face specialty visits. With this new eConsult process, improved upfront specialty-specific clinical guidance is presented to the referring primary care provider when they enter the

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



referral order. The primary care provider can then request an in-person specialty appointment or an eConsult for specific clinical questions. As such, the overall number of eConsults has and will continue to decrease as it is limited to only referrals which were fully addressed electronically. Greater precision in this new eConsult process will ultimately optimize capacity in specialty services and enable shorter wait times for patients who require face-to-face specialty care visits.

The percentage of primary care and obstetrician-gynecologist (OBGYN) patients with a mammogram completed in the last two years reached 72.7 percent in Fiscal 2026. This is not comparable to the previous numbers reported because of changes in eligibility implemented before the Fiscal 2026 Preliminary Mayor's Management Report: the eligible age range for women to receive a mammogram expanded from 40–70 to 40–74. A systemwide breast cancer screening registry and accompanying dashboard have been launched to support primary care, OBGYN, breast imaging, and breast surgery departments in understanding their performance, tracking progress over time, and pulling patient-level data to support targeted outreach and intervention. Additionally, the expansion of breast imaging services across the System's network of community-based health centers (Gotham Health) is improving access to preventative care for communities served.

The number of eligible patients receiving prenatal depression screenings rose slightly from 92.7 percent in Fiscal 2025 to 93.3 percent in Fiscal 2026, and the number of eligible patients receiving postpartum depression screenings rose three percentage points from 79.1 percent to 82.3 percent. These increases reflect the System's continuous commitment to providing comprehensive depression and anxiety screenings to 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.

Consistent with the System's commitment to improving access to care, both adult medicine and pediatric units achieved a four-day decrease in the number of calendar days to the third next available new appointment (TNAA) in Fiscal 2026 compared with Fiscal 2025, decreasing from 13 days to nine days for adult medicine and 17 days to 13 days for pediatrics. This reflects the System's expansion of access to primary care, as well as ongoing optimization of scheduling practices, care team time allocation, and the equilibrium between appointment capacity and demand.

The System is committed to supporting seamless transitions from inpatient behavioral health care to community-based services after discharge. Effective care coordination is especially important for individuals with complex behavioral health needs and helps ensure continuity of care beyond the hospital setting. To ensure a successful transition from inpatient to outpatient care, the System prioritizes engaging patients and facilitating timely connections to follow-up care. As a result, the percentage of follow-up appointments kept within 30 days after behavioral health discharge improved slightly in Fiscal 2026, increasing from 65.0 percent in Fiscal 2025 to 65.7 percent in Fiscal 2026. This was accomplished through close collaboration between the System's Office of Behavioral Health and other 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 using a standard 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 at Rikers per 100 average daily population decreased slightly from 12,437 encounters in Fiscal 2025 to 12,298 encounters in Fiscal 2026. This is due to natural fluctuations in the clinical needs of current patients and operational and environmental factors in the jails, as well as changes in clinical workflows and documentation. The percentage of patients with a substance use diagnosis who received contact with CHS providers in Fiscal 2026 remained the same as last fiscal year at 85 percent. This metric reflects substance use diagnoses for a range of substances and severity, 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. There are also natural fluctuations in the clinical profile of patients and minor workflow changes that can impact reporting.

Performance Indicators	Actual					Target		Trend	
	FY22	FY23	FY24	FY25	FY26	FY26	FY27	5-Year	Desired Direction
★ Unique patients	1,110,039	1,204,174	1,210,437	1,191,776	1,170,529	↑	↑	Neutral	Up
Unique primary care patients (seen in the last 12 months)	413,908	427,337	442,736	459,441	461,593	*	*	Up	Up
★ Uninsured patients served	391,810	219,943	249,785	231,368	215,554	*	*	Down	*
★ NYC Care enrollment	113,178	119,234	143,503	140,222	123,124	↑	↑	Up	Up
Telehealth visits	684,066	608,204	541,518	448,174	399,678	*	*	Down	*
★ eConsults completed	404,406	426,532	437,552	395,090	212,229	↑	↑	Down	Up
★ Eligible women receiving a mammogram screening (%)	72.7%	78.3%	79.7%	80.8%	72.7%	80.0%	80.0%	Neutral	Up
Eligible patients receiving prenatal depression screenings (%)	NA	NA	86.4%	92.7%	93.3%	90.0%	90.0%	NA	Up
Eligible patients receiving postpartum depression screenings (%)	NA	NA	77.2%	79.1%	82.3%	90.0%	90.0%	NA	Up
★ HIV patients retained in care (%) (annual)	82.1%	84.5%	87.3%	87.4%	87.9%	85.0%	85.0%	Neutral	Up
Calendar days to third next available new appointment – Adult medicine	12.0	12.0	20.0	13.0	9.0	14.0	14.0	Down	Down
Calendar days to third next available new appointment – Pediatric medicine	12.0	13.0	23.0	17.0	13.0	5.0	5.0	Up	Down
★ Follow-up appointment kept within 30 days after behavioral health discharge (%)	48.1%	54.0%	62.0%	65.0%	65.7%	↑	↑	Up	Up
Total correctional health clinical encounters per 100 average daily population	12,170	12,020	10,637	12,437	12,298	*	*	Neutral	*
Correctional health patients with a substance use diagnosis that received jail-based contact (%)	87%	85%	85%	85%	85%	90%	90%	Neutral	Up
★ Critical Indicator Equity Indicator “NA” Not Available ↑↓ Directional Target * None									

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

In Fiscal 2026, 3.3 percent of patients left an adult emergency department without being seen (LWBS), a slight improvement from the 3.7 percent in Fiscal 2025. This is largely due to enhancements to arrival processes, such as improving Emergency Medical Services (EMS) handoff, triage and registration processes, electronic medical record modifications, and biometric registration. Additional initiatives include optimizing nursing and physician staffing, implementing staffing-to-demand models, and expanding direct triage-to-bed and split-flow models based on patient acuity. The System also reviews all LWBS cases to identify remaining improvement opportunities and has initiated performance improvement efforts to enhance radiology protocols and reduce turnaround times.

Net days of revenue for accounts receivable—the average number of days it takes the System to collect payment for services provided—decreased from 31.8 days in Fiscal 2025 to 27.1 days in Fiscal 2026. Improvement can be attributed to a systemwide concentration on addressing aged accounts and increasing the speed of billing. Additionally, the resolution of the backlog in self-pay claims that resulted from the Change Healthcare cyberattack in February 2024 contributed to the reduction.

The ratio of patient care revenue/expenses also saw a slight improvement, increasing from 76.9 percent in Fiscal 2025 to 79.4 percent in Fiscal 2026, continuing to exceed its 75.0 percent target. The patient care revenue/expense ratio is based on a calculation that uses the System’s interim, unaudited or audited financial statements, depending on the period. While this method provides the most accurate, accrual-based picture for the System’s financial performance of direct reimbursement versus expenses, these financial statements are published with a lag of approximately one quarter. As a result, the System reports this metric without the final quarter in the Mayor’s Management Report and the Fiscal 2026 final total will be updated in the Fiscal 2027 Preliminary Mayor’s Management Report.

Recent federal changes to Medicaid are expected to reduce the number of individuals covered this upcoming year, creating financial pressure for MetroPlusHealth, the System’s health insurance plan. MetroPlusHealth offers multiple insurance products, including Medicaid Managed Care, as well as commercial products such as MetroPlusHealth Gold, Medicare, Marketplace, and Essential Plan coverage. As the Medicaid market shrinks, enrollment opportunities in Medicaid Managed Care have also started to decline, contributing to a decrease in overall MetroPlusHealth memberships, down from 687,587 in Fiscal 2025 to 660,511 in Fiscal 2026—although the proportion of overall membership associated with the System remained stable. The impact of the changing Medicaid landscape has been partially offset by growth and favorable financial performance in MetroPlusHealth’s MetroPlus Gold product. At the same time, the share of MetroPlusHealth Plan medical spending at NYC Health + Hospitals increased from 38.4 percent in Fiscal 2025 to 43.0 percent in Fiscal 2026.

The percentage of uninsured patients that the System screened and enrolled in insurance or financial assistance increased by three-percentage points, up from 83 percent in Fiscal 2025 to 86 percent in Fiscal 2026. Efforts to improve enrollment outcomes have included realigning staffing levels with patient volumes and enhancing financial counseling workflows. However, external factors continue to create challenges, including the expiration of Affordable Care Act (ACA) subsidies and recent changes in Essential Plan eligibility, which have already begun to impact enrollment rates. Additional Medicaid changes are expected to further affect enrollment in the coming year. The System has disseminated messaging to patients and providers regarding changes to the Essential Plan, including on social media and targeted messages to providers and impacted patients.

Performance Indicators	Actual					Target		Trend	
	FY22	FY23	FY24	FY25	FY26	FY26	FY27	5-Year	Desired Direction
Patients who left Emergency Department without being seen (%)	5.2%	5.0%	5.1%	3.7%	3.3%	4.0%	4.0%	Down	Down
★ Net days of revenue for accounts receivable	49.7	46.4	64.1	31.8	27.1	25.0	25.0	Down	Down
Patient care revenue/expenses (%)	74.8%	73.8%	73.8%	76.9%	79.4%	75.0%	75.0%	Neutral	Up
★ ● MetroPlusHealth membership	648,369	715,343	715,898	687,587	660,511	↑	↑	Neutral	Up
★ MetroPlusHealth Plan medical spending at Health + Hospitals (%)	42.4%	43.3%	43.5%	38.4%	43.0%	↑	↑	Neutral	Up
Uninsured patients enrolled in insurance or financial assistance (%)	88%	79%	73%	83%	86%	*	*	Neutral	Up
★ Critical Indicator ● Equity Indicator “NA” Not Available ↑↓ Directional Target * None									

Goal 1c

Maximize quality of care and patient satisfaction.

As a result of efforts to expand patient reach through digital engagement, MyChart activations among primary care patients increased by four percentage points from 84.0 percent in Fiscal 2025 to 88.0 percent in Fiscal 2026. Localized support for patients at the point of service resulted in increased activations and provided ongoing support for existing patients as new features came online, ultimately enabling additional ways of streamlining the patient experience through technology.

The outpatient satisfaction rate increased slightly, from 88.0 percent in Fiscal 2025 to 88.4 percent in Fiscal 2026, maintaining a steady, positive trajectory for the last five years, and moving toward the Fiscal 2027 target of 89.5 percent. Following the implementation of shorter new-patient appointments, this steady incremental growth indicates strong workforce adoption and acceptance of the revised scheduling durations. The upward trend is largely driven by enhanced digital accessibility, including MyChart messaging and telemedicine, alongside the rollout of service excellence standards.

Similarly, the inpatient satisfaction rate remained relatively stable, up slightly from 65.5 percent in Fiscal 2025 to 65.6 percent in Fiscal 2026, maintaining a steady trajectory for the overall patient experience, and moving toward the Fiscal 2027 target of 66.6 percent. This stability is driven by targeted patient experience initiatives designed to better equip staff, including the rollout of the System’s service excellence standards. To further maximize frontline care delivery, the System implemented workforce wellness and employee engagement strategies and initiatives, tailored to burnout support, and process optimizations aimed at increasing providers’ direct time at patients’ bedside.

The System’s post-acute care satisfaction rate demonstrated significant growth, rising four percentage points from 68.5 percent in Fiscal 2025 to 72.3 percent in Fiscal 2026. This upward trajectory is a direct reflection of strategic initiatives executed across all five nursing home facilities, including robust employee engagement efforts designed to support frontline staff and localized, targeted resident care improvement projects. The year-over-year gains underscore a unified commitment to elevating the quality of long-term care and optimizing the overall resident experience.

The System's patient safety culture is assessed every two years through a survey, aligning with regulatory requirements. In comparison to Fiscal 2024, the System saw a nine-percentage point increase in the safety grade for acute care, rising to 64.0 percent in Fiscal 2026, reflecting more staff rating patient safety as "excellent." Similarly, the System saw a 10-percentage point increase in post-acute care safety grades, rising to 73.0 percent, and a three-percentage point increase in ambulatory care safety grades, rising to 61.0 percent in Fiscal 2026. Notably, these improvements occurred alongside a rise in the total number of staff responding to the survey across all care settings and roles. Compared to Fiscal 2024, the participant pool increased by more than 10,000 respondents, and there was an eight percent increase in response rate. Ultimately, this resulted in more than 35,000 voices being actively represented in patient safety ratings across the System, which reflects broad and meaningful staff engagement. The rise in patient safety grades across all care settings reflects the System's commitment to a just culture and psychological safety. Emphasis on improvement and enhancing cross-functional collaboration and communication, combined with greater transparency and recognition of safe practices, have reinforced a culture of continuous learning and safety across the System.

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 for each of the 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 202 meetings in Fiscal 2026, seven more meetings than in Fiscal 2025. There is also a Council of Community Advisory Boards composed of the 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 that the System receives feedback about the concerns and interests of the respective CABs. The Council of CABs had 10 meetings in Fiscal 2026, consistent with Fiscal 2025.

Performance Indicators	Actual					Target		Trend	
	FY22	FY23	FY24	FY25	FY26	FY26	FY27	5-Year	Desired Direction
MyChart Activations - Primary Care (%)	74.7%	72.4%	76.6%	84.0%	88.0%	*	*	Up	Up
Outpatient satisfaction rate (%)	85.2%	85.4%	86.4%	88.0%	88.4%	85.4%	89.5%	Neutral	Up
Inpatient satisfaction rate (%)	62.9%	61.7%	64.7%	65.5%	65.6%	65.8%	66.6%	Neutral	Up
★ Post-acute care satisfaction rate (%)	54.9%	57.7%	60.8%	68.5%	72.3%	86.3%	86.3%	Up	Up
★ Patients diagnosed with diabetes who have appropriately controlled blood sugar (%)	65.3%	68.8%	68.2%	67.8%	69.9%	↑	↑	Neutral	Up
Overall safety grade – Acute care (%)	50.0%	NA	55.0%	NA	64.0%	*	*	NA	Up
Overall safety grade – Post-acute care (%)	64.0%	NA	63.0%	NA	73.0%	*	*	NA	Up
Overall safety grade – Ambulatory care (diagnostic & treatment centers) (%)	48.0%	NA	58.0%	NA	61.0%	*	*	NA	Up
Total System Council of Community Advisory Board meetings held over the year	10	10	10	10	10	*	*	Neutral	*
Total facility-specific Community Advisory Board meetings held over the year	190	190	190	195	202	*	*	Neutral	*
★ Critical Indicator ● Equity Indicator "NA" Not Available ↑↓ Directional Target * None									

AGENCY-WIDE MANAGEMENT

Performance Indicators	Actual					Target		Trend	
	FY22	FY23	FY24	FY25	FY26	FY26	FY27	5-Year	Desired Direction
Payout (\$000)	NA	\$76,625	\$59,084	\$54,775	NA	*	*	NA	Down
★ Critical Indicator ● Equity Indicator "NA" Not Available ↑↓ Directional Target * None									

AGENCY RESOURCES

Resource Indicators	Actual ¹					Plan ²		5yr Trend
	FY22	FY23	FY24	FY25	FY26 ⁴	FY26	FY27	
Expenditures (\$000,000) ³	\$12,742.1	\$10,878.7	\$12,414.4	\$13,027.5	\$13,189.9	\$12,092.1	\$12,988.8	Up
Revenues (\$000,000)	\$13,474.5	\$11,587.9	\$13,174.5	\$13,677.30	\$13,973.8	\$12,667.1	\$13,916.2	Up
Personnel	38,497	39,738	43,582	46,256	47,236	46,917	46,917	Up
Overtime paid (\$000,000)	\$192.3	\$215.3	\$258.7	\$300.9	\$291.4	\$226.6	\$224.4	Up
Capital commitments (\$000,000)	\$543.7	\$414.8	\$386.0	\$293.1	\$259.6	\$1,495.8	\$648.9	Down
¹ Actual financial amounts for the current fiscal year are not yet final. Final fiscal year actuals, from the Annual Comprehensive Financial Reports, will be reported in the next PMMR. Refer to the "Indicator Definitions" at nyc.gov/mmr for details. ² Authorized Budget Level ³ Expenditures include all funds ⁴ FY26 value remains a projection; actuals pending. "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 FY25 ¹ (\$000,000)	Modified Budget FY26 ² (\$000,000)	Applicable MMR Goals ³
001 - Lump Sum Appropriation (OTPS) ¹	\$3,351.1	\$1,964.1	All
¹ These figures are limited to the City’s contribution and planned contribution respectively ² Annual Comprehensive Financial Reports (ACFR) for the Fiscal Year ended June 30, 2025. Includes all funds. ³ Includes all funds ⁴ Refer to goals listed at front of chapter.			

NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

- Dr. Mitchell Katz continues to serve as President and CEO of the NYC Health + Hospitals.
- The indicator ‘MetroPlus membership’ in Goal 1b was renamed ‘MetroPlusHealth membership’ for clarity.
- The Fiscal 2027 target for ‘Outpatient satisfaction rate (%)’ in Goal 1c was updated from 85.4 percent to 89.5 percent.
- The Fiscal 2025 figure for ‘Inpatient satisfaction rate (%)’ in Goal 1c was updated from 65.7 percent to 65.5 percent after a review of historical data. The Fiscal 2027 target was also updated from 65.8 percent to 66.6 percent.
- The Fiscal 2022 figure for ‘Post-acute care satisfaction rate (%)’ in Goal 1c was updated from 81.9 percent to 54.9 percent. The Fiscal 2023 figure was updated from 84.0 percent to 57.7 percent, the Fiscal 2024 figure was updated from 86.5 percent to 60.8 percent, and the Fiscal 2025 figure was updated from 89.0 percent to 68.5 percent. This is because the calculation for this metric was updated to provide the top box score instead of the mean score. Previously, the post-acute care satisfaction rate was calculated using the mean score of the percent of post-acute patients in the System’s skilled nursing facilities (excluding LTACH) who are likely to recommend nursing homes for care by answering the resident experience survey item “Likelihood of Recommending.” The new calculation now provides the top box score, which is calculated as the number of residents choosing “Very Good” based on the rating scale options of “Very Poor,” “Poor,” “Fair,” “Good,” and “Very Good,” divided by the total number of residents who responded to the survey item, for the time period in question.
- The value for ‘Payout’ in Agencywide Management is not available because starting in Fiscal 2026, values will only be reported annually as final audited data in the Preliminary Mayor’s Management Report (PMMR) rather than as an initial estimate in the Mayor’s Management Report (MMR). Historically, initial figures for this indicator were provided by the Law Department in the MMR, while final audited data was provided by the Office of Management and Budget (OMB) in the following PMMR. OMB uses a different process and timeline to determine the finalized audited amount disbursed by the City, prompting this change to clarify reporting.

ADDITIONAL RESOURCES

For additional information, go to:

- For more information on NYC Care, please visit www.nyccare.nyc/

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

