



New York City Council
 Hon. Adrienne Adams, Speaker of the Council
 Hon. Mercedes Narcisse, Chair, Committee on Hospitals

**Report on the Fiscal 2026 Preliminary Plan,
 the Fiscal 2026 Preliminary Capital Commitment Plan and the Fiscal 2025 Preliminary Mayor’s Management Report for
 the Committee on Hospitals**

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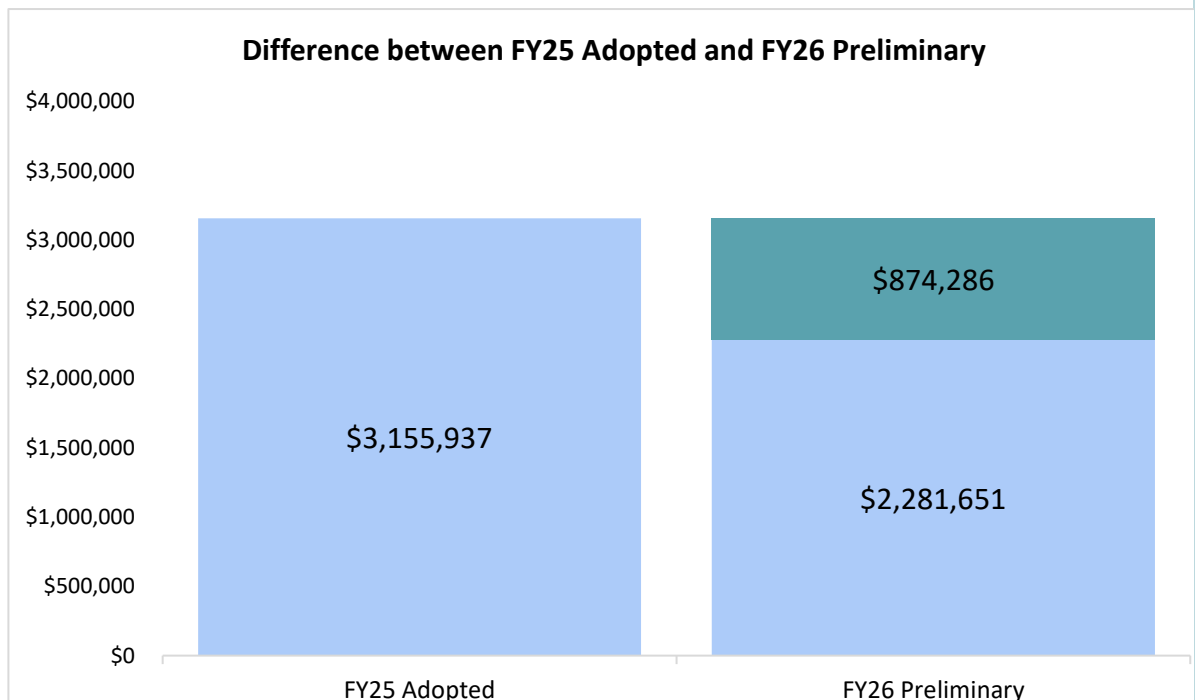
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Fiscal 2026 Preliminary Plan

Health and Hospitals Corporation Budget Overview

The Preliminary Financial Plan for Fiscal 2025-2029 (Preliminary Plan), includes a proposed Fiscal 2026 budget of \$2.28 billion for the Health and Hospitals Corporation (H+H or the System). H+H’s projected Fiscal 2026 Budget represents 2.0 percent of the City’s proposed Fiscal 2026 Budget in the Preliminary Plan. H+H’s Fiscal 2026 Budget in the Preliminary Plan is \$722.9 million (31.6 percent) greater than its \$1.56 billion Fiscal 2026 Budget in the November Financial Plan. The Fiscal 2026 Preliminary Budget is \$874.3 million less than the Fiscal 2025 Adopted Budget, as shown in the table below.

Difference between FY25 Adopted and FY26 Preliminary



Dollars in Thousands
 Source: New York City Office of Management and Budget

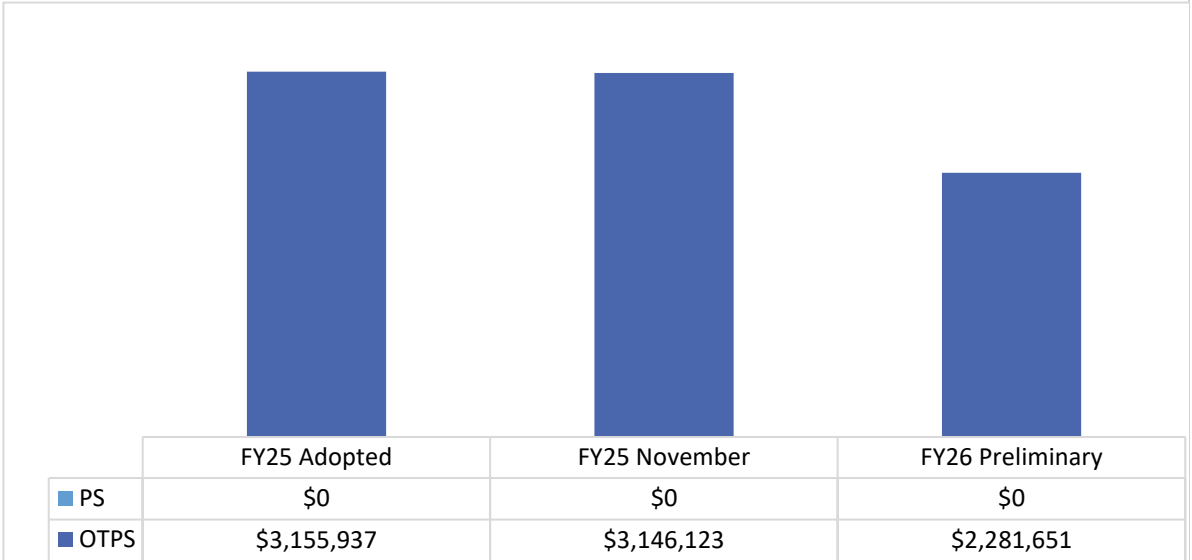
| FY25 | FY26 |
|--------------------------------|------------------------------|
| (\$446.2) million since Adopt. | \$730.7 million since Adopt. |
| (\$436.3) million since Nov. | \$722.9 million since Nov. |

PS and OTPS:

The City's H+H's budget is fully allocated to the OTPS budget line.

PS:
\$0

OTPS:
\$2.28 Billion



Dollars in Thousands
Source: New York City Office of Management and Budget

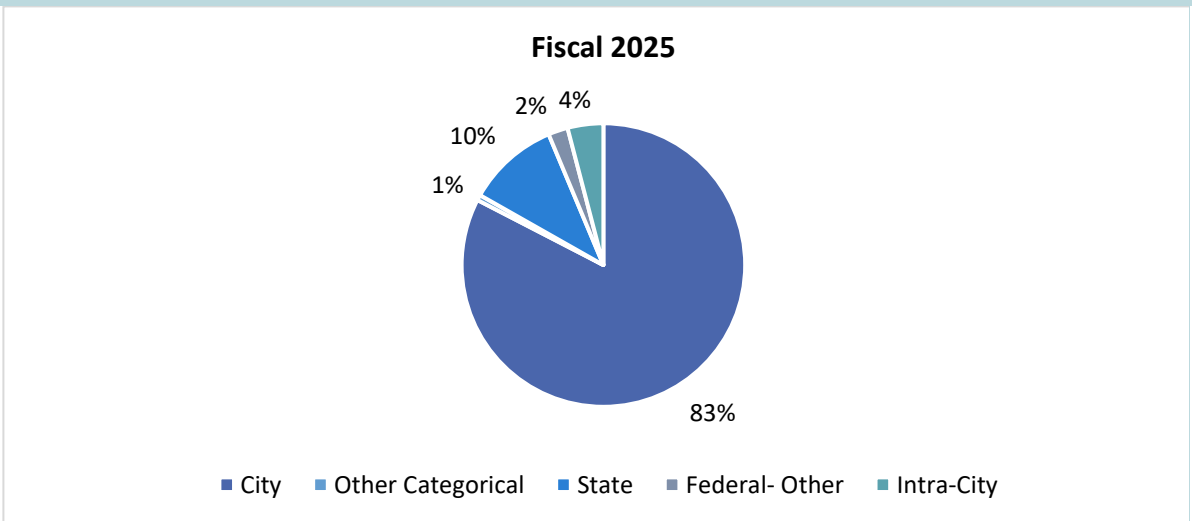
Agency Financial Summary

Dollars in Thousands

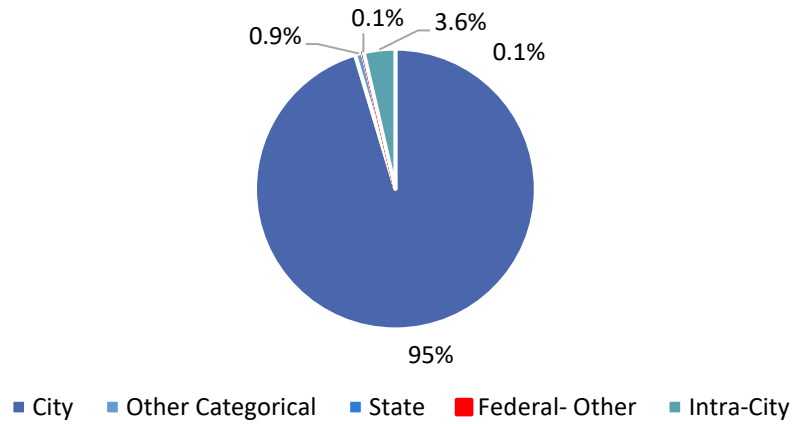
| Budget by U/A | FY23 Actual | FY24 Actual | FY25 Adopted | Preliminary Plan FY25 | Preliminary Plan FY26 | *Difference FY26 - FY25 |
|----------------------------|--------------------|--------------------|--------------------|-----------------------|-----------------------|-------------------------|
| Fixed & Misc. Charges OTPS | \$1,916,595 | \$3,129,093 | \$3,153,608 | \$2,707,453 | \$2,279,307 | (\$874,301) |
| Other OTPS | 5,187 | 2,002 | 2,329 | 2,329 | 2,344 | 14 |
| TOTAL | \$1,921,782 | \$3,131,094 | \$3,155,937 | \$2,709,782 | \$2,281,651 | (\$874,286) |
| Funding | | | | | | |
| City Funds | | | \$2,726,789 | \$2,237,848 | \$2,175,860 | (\$550,930) |
| Other Categorical | | | 16,800 | 16,800 | 20,300 | 3,500 |
| State | | | 328,237 | 284,101 | 1,380 | (326,856) |
| Federal - Other | | | 1,380 | 60,683 | 1,380 | 0 |
| Intra City | | | 82,730 | 110,350 | 82,730 | 0 |
| TOTAL | \$1,921,782 | \$3,131,094 | \$3,155,937 | \$2,709,782 | \$2,281,651 | (\$874,286) |

*The difference of the Fiscal 2026 Preliminary Budget and the Fiscal 2025 Adopted Budget.
Source: New York City Office of Management and Budget

Agency Budget by Funding Source



Fiscal 2026



Source: New York City Office of Management and Budget

**FY23 through
FY25 Headcount:
41,868 full-time
positions in FY25 Q2**

| Budgeted Headcount by Title | FY23 | FY24 | FY25 | FY25 | Difference |
|-----------------------------|---------------|---------------|---------------|---------------|------------------|
| Category | Quarter 4 | Quarter 4 | Quarter 1 | Quarter 2 | FY25 Q2- FY24 Q4 |
| Aides/Order | 4,613 | 5,117 | 5,194 | 5,256 | 139 |
| Clerical | 5,498 | 5,643 | 5,733 | 5,818 | 175 |
| Environmental/Hotel | 4,397 | 4,632 | 4,605 | 4,735 | 103 |
| Private Nurses | 403 | 357 | 353 | 357 | 0 |
| Manager/Supervisor | 2,606 | 2,824 | 2,867 | 2,930 | 106 |
| Physicians | 224 | 207 | 203 | 201 | (6) |
| Registered Nurses | 7,912 | 9,775 | 9,982 | 10,234 | 459 |
| Residents | 2,359 | 2,392 | 2,529 | 2,529 | 137 |
| Tech/Specialists | 8,729 | 9,428 | 9,590 | 9,808 | 380 |
| Total | 36,741 | 40,375 | 41,056 | 41,868 | 1,493 |

**Preliminary Plan
Changes**

| FY25 = (\$436,341) | FY26 = \$722,932 | FY27 = \$36,358 | FY28 = \$37,433 | FY29 = \$37,553 |
|------------------------------------|-------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| New Needs = \$9,500 | New Needs = \$8,600 | New Needs = \$15,700 | New Needs = \$15,800 | New Needs = \$15,900 |
| Other Adjustments = \$20,340 | Other Adjustments = \$714,332 | Other Adjustments = \$20,658 | Other Adjustments = \$21,633 | Other Adjustments = \$21,653 |
| Savings = (\$466,181) | Savings = \$0 | Savings = \$0 | Savings = \$0 | Savings = \$0 |

Dollars in Thousands

Savings in this chart are the sum of all expense savings, from all revenue sources, including but not limited to, City, State, and federal savings.

FY26 Changes in Preliminary Plan:

Total: \$722.9 Million

New Needs: \$8.6 Million

Other Adjustments: \$714.3 Million

Savings: \$0

Significant Preliminary Plan Changes

New Needs

- Bridge to Home. The Preliminary Plan includes an additional \$6.0 million in Fiscal 2026 and \$12.9 million baselined starting in Fiscal 2027 for a new pilot program to support homeless individuals with severe mental health issues. The program will offer a supportive, “home-like” environment for patients with serious mental illnesses who are ready to be discharged but are homeless. Patients will stay in the program for a period of six to twelve months, with the goal of transitioning them into permanent supportive housing. H+H will contract out a portion of the funding with non-profit organizations and it is anticipated that there will be two sites in the City with 50 beds each.
- Correctional Health Services Collective Bargaining. The Preliminary Plan includes an additional \$9.5 million in Fiscal 2025 only for costs associated with a previous wage increase.
- Baby Box Pilot. The Preliminary Plan includes an additional \$2.6 million in Fiscal 2026, \$2.8 million in Fiscal 2027, \$2.9 million in Fiscal 2028, and \$3.0 million in Fiscal 2029 for the Baby Box pilot program at Jacobi, Lincoln, Elmhurst, and Kings Hospitals. This program will provide roughly 7,300 boxes of baby supplies including diapers, formula, wipes and clothing. The program will also provide an informational card on relevant city services and programs to women giving birth at the four aforementioned facilities. The pilot program is expected to be rolled out by the end of calendar year 2025.

Other Adjustments

- Asylum Seeker City Funding Reallocation. The Preliminary Plan includes an additional \$697.1 million in Fiscal 2026 only for asylum seekers related costs. This action reallocates funding from the Human Resources Administration’s budget to H+H’s budget to more accurately account for the expenditures for the provision of services to asylum seekers.
- Doctors Council Collective Bargaining. The Preliminary Plan includes additional funding of \$14.0 million in Fiscal 2025, \$17.0 million in Fiscal 2026, \$20.3 million in Fiscal 2027, and \$21.2 million in Fiscals 2028-2029 for costs related to collective bargaining contracts.
- HIV Testing. The Preliminary Plan includes an additional \$3.1 million in Fiscal 2025 only to support HIV testing services.
- Children’s Program. The Preliminary Plan includes an additional \$2.3 million in Fiscal 2025 only to support inpatient psychiatric care at Bellevue.
- Judson Expansion Initiative. The Preliminary Plan includes \$219,520 in Fiscal 2025 only for the expansion of the Judson Initiative program. The expanded initiative will help improve mental healthcare for LGBT patients.

Savings

- **Asylum Seeker Savings.** The Preliminary Plan includes a City funds reduction of \$466.2 million in Fiscal 2025 for costs related to asylum seekers due to migrant shelter site closures. According to H+H, these savings do not impact services.

Preliminary Mayor's Management Report

The Preliminary Mayor's Management Report (PMMR) for Fiscal 2025 reports on one service area and three goals for H+H. NYC Health and Hospitals is the largest municipal health system in America. The System provides medical, mental health and substance use services to New York City residents regardless of their ability to pay. Services are provided across 11 acute care locations, five post-acute care or skilled nursing facilities, and over 30 community health centers.

Noteworthy metrics that were reported are detailed below and the link to the PMMR is attached here: [2025 PMMR](#)

Expand Access to Care

Uninsured patients served. The number of uninsured patients served increased by seven percent, from 129,659 in the first four months of Fiscal 2024 to 139,270 in the first four months of Fiscal 2025. This increase can be attributed to H+H's community outreach efforts, as well as the 18.0 percent increase in total patients served over the same time period.

NYC Care enrollment. NYC Care is available to patients who are not eligible for or are unable to afford health insurance coverage. Enrollment in NYC Care increased 22.0 percent between the first four months of Fiscal 2024 and 2025, continuing to set new enrollment records each year since its launch in Fiscal 2020. The consistent increases since Fiscal 2020 can be attributed to migrant arrivals, as well as H+H's community outreach efforts.

Telehealth visits. H+H conducted 145,634 telehealth visits in the first four months of Fiscal 2025, a 22.0 percent decrease from the 186,934 visits during the same period in Fiscal 2024. This decrease can be attributed to an increase of in-person visits as the COVID-19 pandemic continues to recede. These numbers show that telehealth will remain a permanent part of the healthcare system in some capacity. The new federal policy on immigration and the ICE crackdown could lead to an increase in telehealth visits, as undocumented patients may be hesitant to appear at hospitals in-person.

Eligible women receiving a mammogram screening. The percentage of eligible women receiving a mammogram screening slightly increased from 81.7 percent in the first four months of Fiscal 2024 to 82.1 percent in the first four months of Fiscal 2025, outperforming the 80.0 percent target. This can be attributed to H+H's efforts to improve outreach and scheduling.

Eligible patients receiving prenatal depression screenings. The percentage of eligible patients receiving prenatal depression screenings was 86.4 percent in Fiscal 2024, below the target of 90.0 percent. There is no data recorded for this metric in any other listed fiscal year.

HIV patients retained in HIV care. The proportion of individuals living with HIV that are retained in HIV primary care remained above the 85.0 percent target, increasing slightly from 85.4 percent in the first four months of Fiscal 2024 to 86.4

percent in the same period of Fiscal 2025. This positive trend can be attributed to the success of New York City's decades long HIV outreach efforts.

Calendar days to third next available new appointment. The number of calendar days to the third next available new appointment (TNAA) during the first four months of Fiscal 2025 was 21 days for adult medicine, a one-day decrease over the comparative reporting period, and 23 days for pediatric medicine, a two-day increase. The current measure of 23 days for pediatric medicine is significantly above the target of five days. H+H expects the TNAA to decrease as it works to improve its scheduling systems.

Total correctional health clinical encounters per 100 average daily population. This metric increased slightly from 3,426 to 3,570 from the first four months of Fiscal 2024 to the comparative period of Fiscal 2025. This positive trend can be attributed to an increased focus on Correctional Health Services by H+H in recent years.

Correctional health patients with a substance use diagnosis received jail-based contact. The percentage of Correctional Health Service patients with a substance use diagnosis who received jail-based services in the first four months of Fiscal 2025 increased by three percentage points to 84.0 percent. While an improvement, this still lags behind the 90.0 percent target. H+H is making a concerted effort to increase outreach to CHS patients with substance abuse disorders and expects this metric to continue increasing.

Enhance the Sustainability of the Health + Hospitals System

Patients who left Emergency Department without being seen. The percentage of patients who left the emergency department (ED) without being seen (LWBS) decreased from 5.2 percent in the first four months of Fiscal 2024 to 4.3 percent in the first four months of Fiscal 2025. This one percentage-point decrease happened despite a comparative three percent higher adult ED volume during the first four months of Fiscal 2025. This positive trend can be attributed to increases in H+H's headcount, and efforts to improve ED efficiency.

MetroPlus membership. MetroPlus, a subsidiary low-cost to no-cost insurance plan, saw membership drop 10.0 percent to 685,731 in the first four months of Fiscal 2025 compared to the same period in Fiscal 2024. This change can be attributed to difficulties arising from a change in how MetroPlus reports its medical spending. H+H expects to receive a more complete picture of MetroPlus membership once the new reporting system is fully operational.

Maximize quality of care and patient satisfaction

Outpatient satisfaction rate. The outpatient satisfaction rate (excluding testing centers but including in-person and telemedicine visits) increased from 85.8 percent in the first four months of Fiscal 2024 to 87.6 percent in the first four months of Fiscal 2025, outperforming the 85.4 percent target. This positive trend can be attributed to improved communications infrastructure, and H+H's efforts to improve staff-patient interactions through staff training.

Inpatient satisfaction rate. The inpatient satisfaction rate increased from 64.3 percent in the first four months of Fiscal 2024 to 67.0 percent in the first four

months in Fiscal 2025, outperforming the 65.8 percent target. This positive trend can be attributed to H+H's efforts to improve resources for staff and reduce stress and burnout.

Post-acute care satisfaction rate. The post-acute care satisfaction rate is only relevant for Skilled Nursing Facilities (excluding Carter Long-Term Acute Care Hospital). This score decreased from 81.7 percent in the first four months of Fiscal 2024 to 74.1 percent in the first four months of Fiscal 2025, under-performing its 86.3 percent target. This negative trend may be related to staff scheduling issues during the summer months.

New Recommended Metrics

NYC Care Data. The PMMR should include additional data related to the top five services provided, and the number of enrollments by borough.

Total correctional health clinical encounters per 100 average daily population. This indicator on its own does not show what the clinical and mental health profile of the daily corrections population is. Additional indicators with the breakdown of unique behavioral and non-behavioral clinical encounters should be included to more accurately gauge needs.

Average wait time in emergency rooms. The PMMR should include the average wait-time for emergency room visits. Analyzing data on patient inflow, staffing levels and treatment duration can help hospitals identify what is causing delays. This would be a more comprehensive measure of emergency room efficiency than the current metric measuring the percentage of patients who left the emergency room without being seen.

Maternal Health Services. The PMMR should include a breakdown of the number of unique patients receiving ongoing maternal health services at an H+H facility. This would allow H+H to identify potential gaps in service, enabling targeted improvements in maternal care offerings.

Average Appointment Time for Primary Care Visit. The PMMR should include the average length of a primary care visit. This would supplement H+H data on physician headcount and number of patients served to better understand the reason for changes in the number of patients being served and the sustainability of services being provided by physicians.

Budget Issues and Concerns

Headcount. H+H's overall headcount has increased by 1,493 positions since the fourth quarter of Fiscal 2024. This increase is reflected across nearly all titles with the greatest increases seen in registered nurses, tech specialists, and residents. The number of private nurses H+H contracts with remains unchanged despite the fact that the Council has been advocating for H+H to prioritize local nurses. The physician headcount has decreased by six, and H+H will need to make an effort to improve working conditions for its physicians, as highlighted by the recent Doctor's Council negotiations.

Asylum Seeker Funding. City funds represent 95 percent of H+H's Fiscal 2026 Preliminary Budget, followed by State funding. The Fiscal 2026 budget in the Preliminary Plan is \$877.8 million less than the Fiscal 2025 Adopted Budget. This decrease is largely driven by the asylum seeker cost re-estimate. As of January 2025, the number of asylum seekers dropped significantly from over 200,000 arrivals at the peak of the migrant crisis to less

than 50,000. As a result, H+H anticipates further funding reduction from the City and State to care for asylum seekers. H+H has stated that this reduction will not impact current programs, services or operations, but it is unclear how that could be accomplished.

Bridge to Home. It will be important to monitor the success of Bridge to Home, the new program funded in the Fiscal 2026 Preliminary Plan, by measuring its ability to serve its target population. Improving services for homeless, mentally ill individuals is a major priority of the Adams Administration and the Council. While Bridge to Home is currently in an early stage of development, its success may lead to an increased investment in services for homeless, mentally ill individuals through the interconnectivity of other city agencies and H+H.

B-HEARD Program. The Preliminary Plan includes \$12.5 million for the B-HEARD Program, unchanged since the Fiscal 2025 Adoption. The funding level of \$12.5 million was baselined starting in Fiscal 2025. B-HEARD was created as a pilot program in June 2021 to address mental health-related 911 calls instead of relying on the NYPD. B-HEARD teams consist of two EMTs/paramedics and one mental health professional, such as a social worker. It will be worth monitoring if funding for B-HEARD is modified in future plans.

Street Health Outreach & Wellness (SHOW) Program. The Preliminary Plan includes \$8.3 million in Fiscal 2026 for the Street Health Outreach & Wellness (SHOW) Program, which is roughly the same as the Fiscal 2025 Adopted funding level, and \$1.1 million less than the Fiscal 2025 current funding level. SHOW is a street medicine program that brings medical care, including substance abuse intervention to homeless individuals. The administration has stated that there are no plans to expand the SHOW program.

Federal and State Budget Risks

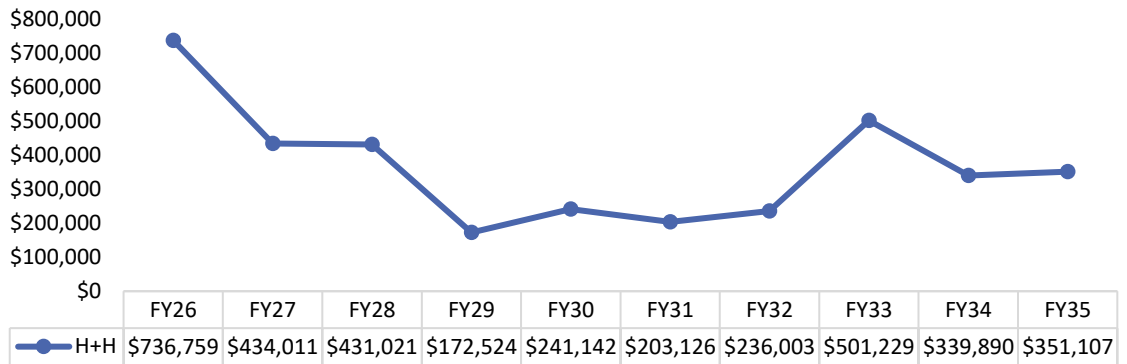
State's Indigent Care Pool (ICP) payments. The New York State Fiscal 2026 Executive Budget includes the discontinuation of ICP payments for the City's public hospitals. The State's share of these ICP payments totals \$56.7 million. This action presumably reflects NYC Health + Hospitals seeking to receive Medicaid funding at the Average Commercial Rate for New York City, which would be a significant increase to the system. However, the regulation guidelines set by the Biden Administration can be changed, and the requisite federal approval for an increase in Medicaid funding is at the discretion of the Department of Health and Human Services. As such, the City Council supports a change such that the reduction would only go into effect if the Medicaid reimbursements are approved or are covered by alternate forms of Medicaid funding.

Directed Payment Template (DPT). DPT is a Medicaid funding mechanism that requires approval from the Centers for Medicare and Medicare Services (CMS is part of the federal Department of Health and Human Services). Given that Medicaid is a State-administered program, the State must submit to CMS as the individual hospital cannot make the request directly. NYC H+H has been working with the State since the fall of last year on this request. The State made the DPT submission to CMS in late December 2024. Since federal agencies like CMS/ HHS have slowed, if not stopped, work in many areas, plus the end of year timing make H+H concerned that the DPT will not be approved or at least not approved with any immediacy. As a result of this, H+H is seeking a change to the State bill language so that the cut would only go into effect if the System were covered by alternate forms of Medicaid funding, be it the DPT or otherwise. H+H is hoping to avoid a funding cut if the federal approval does not come through. The DPT would allow H+H to receive

Medicaid funding at the Average Commercial Rate for the region. This is a much higher level than H+H currently receives. However, since this is discretionary and requires specific federal approval there is a great risk of the change occurring, as noted above.

Preliminary Ten-Year Capital Strategy Fiscal 2026-2035

FY26 Preliminary Ten-Year Capital Strategy



Dollars in Thousands
Source: The Mayor's Office of Management and Budget

Capital Plan Overview

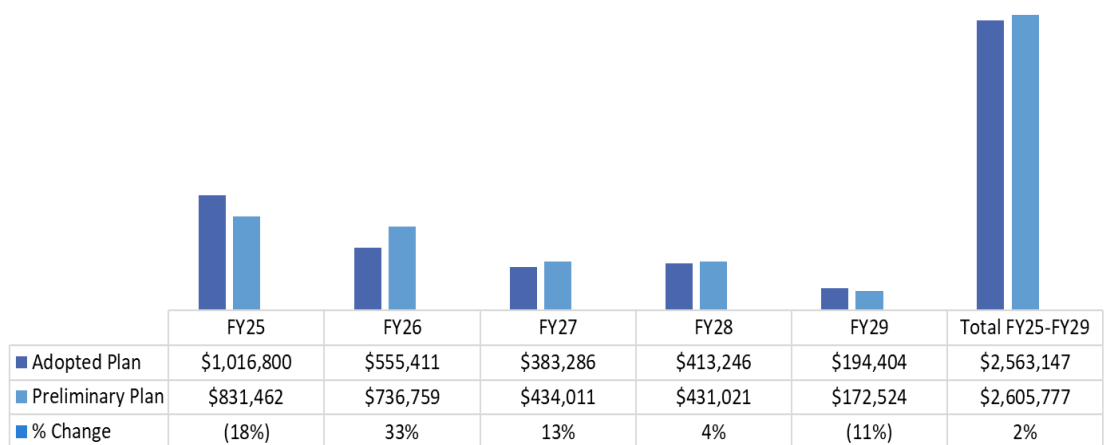
On January 16, 2025, Mayor Eric Adams released the Preliminary Ten-Year Capital Strategy for Fiscal Years 2026-2035 (Ten-Year Strategy), the Capital Commitment Plan for Fiscal 2025-2029 (Commitment Plan) and the Fiscal 2026 Preliminary Capital Budget (Capital Budget).

H+H’s commitments for Fiscal 2025 through 2029, as presented in the Preliminary Commitment Plan, total \$2.61 billion, nearly 2.0 percent greater than the total for the same period presented in the Adopted Capital Commitment Plan released in October 2024.

The Department’s planned commitments comprise 2.3 percent of the City’s total of \$113.19 billion in the Fiscal 2025 through 2029 Plan.

Capital Commitment Plan

Fiscal 2025-2029 Capital Commitment Plan



Dollars in Thousands
Source: New York City Office of Management and Budget

Preliminary Capital Commitment Plan Highlights

- **Woodhull Outposted Therapeutic Unit.** The Fiscal 2025-2029 Preliminary Capital Commitment Plan includes \$274.8 million in funding for the Woodhull Outposted Therapeutic Unit. The Woodhull Unit is on track for its scheduled completion by 2027.
- **North Central Bronx Outposted Unit.** The Fiscal 2025-2029 Preliminary Capital Commitment Plan includes \$269.6 million for the North Central Bronx Unit, which is on track for its scheduled completion by summer 2027.
- **Procure and Outfit FDNY EMS Ambulances.** The Fiscal 2025-2029 Preliminary Capital Commitment Plan includes \$140.0 million to procure and outfit ambulances for FDNY EMS. This funding level represents a decrease of \$3.2 million from the Fiscal 2025-2029 Adopted Capital Commitment Plan amount of \$143.2 million.
- **Bellevue CHS Outposted Therapeutic Unit.** The Fiscal 2025-2029 Preliminary Capital Commitment Plan includes \$75.3 million for the Bellevue Unit. The Bellevue Unit is on track for completion by spring 2025.
- **Rockaway Project.** The Fiscal 2025-2029 Preliminary Capital Commitment Plan includes \$50.0 million for the planned Rockaway Trauma Center. The funding remains unchanged compared to the Fiscal 2025 Adopted Budget amount.
- **Gotham- Far Rockaway Primary Care Center.** The Fiscal 2025-2029 Preliminary Capital Commitment Plan includes \$28.0 million for a new comprehensive community health center. The center will help expand access to primary care, women’s health, dental, vision and mental health services for the Far Rockaway community. The facility is expected to open in calendar year 2025.
- **South Brooklyn Health- Integrated Women’s Health.** The Fiscal 2025-2029 Preliminary Capital Commitment Plan includes \$17.5 million for the South Brooklyn Health facility. The facility will help connect the different women’s health services offered at H+H’s South Brooklyn facility in order to allow women to receive care in a safer and more efficient manner.
- **NYC H+H Kings County- Mother-Baby/NICU Renovation.** The Fiscal 2025-2029 Preliminary Capital Commitment Plan includes \$14.4 million for Kings County Hospital. This funding will support renovations to the Mother-Baby unit and the newborn intensive care unit (NICU) at H+H’s Kings County facility. The renovations will include modifications to increase comfort and privacy for parents and newborns.
- **NYC H+H Woodhull Hospital- Labor and Birthing Suite Renovation.** The Fiscal 2025-2029 Preliminary Capital Commitment Plan includes \$10.6 million for Woodhull Hospital. This funding will support Woodhull’s birthing center, including renovations to labor and birthing rooms, the nurse’s station, post anesthesia care unit, and triage and ante-partum rooms.
- **South Brooklyn Health Renovation of L&D (Labor and Delivery) and Ante-Partum Unit.** The Fiscal 2025-2029 Preliminary Capital Commitment Plan includes \$8.0 million in new funding for South Brooklyn Health renovation. These renovations

are part of the general effort to improve and integrate women’s health services at South Brooklyn Health, similar to the effort at Woodhull.

- **South Brooklyn Health- Collaborative Learning Center.** The Fiscal 2025-2029 Preliminary Capital Commitment Plan includes \$6.0 million for South Brooklyn Health- Collaborative Learning Center. The South Brooklyn Health Collaborative Learning Center for the Practice of Medicine is a training facility for medical staff that was announced in August 2023.

Budget Actions in the November and Preliminary Plans

| <i>(Dollars in Thousands)</i> | FY25 | | | FY26 | | |
|---|--------------------|------------------|--------------------|--------------------|------------------|--------------------|
| | City | Non-City | Total | City | Non-City | Total |
| H+H Budget as of the Adopted FY25 Plan | \$2,726,789 | \$429,147 | \$3,155,936 | \$1,445,208 | \$105,790 | \$1,550,998 |
| Changes Introduced in the November 2024 Plan | | | | | | |
| New Needs | | | | | | |
| Bellevue OTxHU | \$4,500 | \$0 | \$4,500 | \$7,700 | \$0 | \$7,700 |
| Subtotal, New Needs | \$4,500 | \$0 | \$4,500 | \$7,700 | \$0 | \$7,700 |
| Savings | | | | | | |
| Asylum Seeker Savings | (\$119,214) | \$0 | (\$119,214) | \$0 | \$0 | \$0 |
| Subtotal, Savings | (\$119,214) | \$0 | (\$119,214) | \$0 | \$0 | \$0 |
| Other Adjustments | | | | | | |
| American Rescue Plan State and Local Fiscal Recovery Funds adjustment | \$72,167 | \$0 | \$72,167 | \$0 | \$0 | \$0 |
| Asylum Seekers City Funding Realignment | (4,018) | 0 | (4,018) | 0 | 0 | 0 |
| H+H L1087 Radio Repair Mechanics CB. | 19 | 0 | 19 | 20 | 0 | 20 |
| ACDO | 0 | 180 | 180 | 0 | 0 | 0 |
| Agency Energy Personnel | 0 | 921 | 921 | 0 | 0 | 0 |
| EXCEL PROJECTS | 0 | 329 | 329 | 0 | 0 | 0 |
| From 1705/643 to 1705/40X | 0 | 963 | 963 | 0 | 0 | 0 |
| IC W/ H+H - CHS | 0 | 427 | 427 | 0 | 0 | 0 |
| IC W/H+H- AOT | 0 | 1,258 | 1,258 | 0 | 0 | 0 |
| IC W/H+H- Cerner | 0 | 708 | 708 | 0 | 0 | 0 |
| IC W/H+H- Correctional Health | 0 | 25 | 25 | 0 | 0 | 0 |
| IC W/H+H- Pride Health Centers | 0 | 51 | 51 | 0 | 0 | 0 |
| IC W/H+H- Woodhull Medical Ctr | 0 | 131 | 131 | 0 | 0 | 0 |
| IC W/H+H-Public Health Corps | 0 | 20 | 20 | 0 | 0 | 0 |
| IC WH+H- Pharmaceuticals | 0 | 15,058 | 15,058 | 0 | 0 | 0 |
| ICE25PM014 | 0 | 31 | 31 | 0 | 0 | 0 |
| American Rescue Plan State and Local Fiscal Recovery Funds adjustment | 0 | (72,167) | (72,167) | 0 | 0 | 0 |
| ARP-SLFRF Adjustment | 0 | 72,167 | 72,167 | 0 | 0 | 0 |
| FEMA SSP | 0 | 59,302 | 59,302 | 0 | 0 | 0 |
| Asylum State Revenue Adjustment | 0 | (42,670) | (42,670) | 0 | 0 | 0 |
| Subtotal, Other Adjustments | \$68,168 | \$36,734 | \$104,902 | \$20 | \$0 | \$20 |
| TOTAL, All Changes in November 2024 Plan | (\$46,546) | \$36,734 | (\$9,812) | \$7,720 | \$0 | \$7,720 |
| H+H Budget as of the November 2024 Plan | \$2,680,243 | \$465,881 | \$3,146,124 | \$1,452,928 | \$105,790 | \$1,558,718 |
| Changes Introduced in the FY26 Preliminary Plan | | | | | | |
| New Needs | | | | | | |
| Baby Box Pilot | \$0 | \$0 | \$0 | \$2,600 | \$0 | \$2,600 |
| Bridge to Home | 0 | 0 | 0 | 6,000 | 0 | 6,000 |
| CHS Collective Bargaining | 9,500 | 0 | 9,500 | 0 | 0 | 0 |
| Subtotal, New Needs | \$9,500 | \$0 | \$9,500 | \$8,600 | \$0 | \$8,600 |
| Savings | | | | | | |
| Asylum Seeker Savings | (\$466,181) | \$0 | (\$466,181) | \$0 | \$0 | \$0 |
| Subtotal, Savings | (\$466,181) | \$0 | (\$466,181) | \$0 | \$0 | \$0 |
| Other Adjustments | | | | | | |
| Asylum Seeker City Funding Reallocation | \$0 | \$0 | \$0 | \$697,105 | \$0 | \$697,105 |
| Doctors Council CB | 14,045 | 0 | 14,045 | 16,982 | 0 | 16,982 |
| L638 Steamfitters | 242 | 0 | 242 | 244 | 0 | 244 |
| From 1705/643 to 1705/40x | 0 | 32 | 32 | 0 | 0 | 0 |
| IC W/H+H - Children’s Program | 0 | 2,293 | 2,293 | 0 | 0 | 0 |
| IC W/H+H - HIV Testing | 0 | 3,125 | 3,125 | 0 | 0 | 0 |
| IC W/H+H - Lab Supplies | 0 | 626 | 626 | 0 | 0 | 0 |
| IC W/H+H - Ryan White | 0 | 142 | 142 | 0 | 0 | 0 |
| IC w/H+H Cerner Northwell Hlth | 0 | 18 | 18 | 0 | 0 | 0 |
| IC w/H+H Judson Expansion Init | 0 | 220 | 220 | 0 | 0 | 0 |
| IC W/H+H -Pharmaceuticals | 0 | 372 | 372 | 0 | 0 | 0 |
| IC w/H+H: CPEP & Mobile Crisis | 0 | 537 | 537 | 0 | 0 | 0 |
| IC w/H+H: ELC Lab Supplies | 0 | 38 | 38 | 0 | 0 | 0 |
| IC w/H+H: SxH Clinic Expansion | 0 | (0.451) | 0 | 0 | 0 | 0 |
| IC W/H+H-Metropolitan Hospital | 0 | 110 | 110 | 0 | 0 | 0 |
| MOD H&H AND OLR | 0 | 6 | 6 | 0 | 0 | 0 |
| Asylum Seeker State Revenue Adjustment | 0 | (1,466) | (1,466) | 0 | 0 | 0 |

| Dollars in Thousands | FY25 | | | FY26 | | |
|---|-------------|-----------|-------------|-------------|-----------|-------------|
| | City | Non-City | Total | City | Non-City | Total |
| Subtotal, Other Adjustments | \$14,287 | \$6,053 | \$20,340 | \$714,331 | \$0 | \$714,331 |
| TOTAL, All Changes in the FY26 Preliminary Plan | (\$442,394) | \$6,053 | (\$436,341) | \$722,931 | \$0 | \$722,931 |
| H+H Budget as of the FY26 Preliminary Plan | \$2,237,849 | \$471,934 | \$2,709,783 | \$2,175,859 | \$105,790 | \$2,281,649 |

Budget by Program Areas OR Units of Appropriation

| Administration OTPS Dollars in Thousands | | | | | | |
|---|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| | FY23 | FY24 | FY25 | Preliminary Plan | | *Difference |
| | Actual | Actual | Adopted | FY25 | FY26 | FY26-FY25 |
| Spending | | | | | | |
| Personal Services | | | | | | |
| N/A | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Other Than Personal Services | | | | | | |
| Fixed & Misc. Changes | \$1,916,595 | \$3,129,093 | \$3,153,608 | \$2,707,453 | \$2,279,307 | (\$874,301) |
| Other Services & Charges | 5,187 | 2,002 | 2,329 | 2,329 | 2,344 | 14 |
| Subtotal | \$1,921,782 | \$3,131,094 | \$3,155,937 | \$2,709,782 | \$2,281,651 | (\$874,286) |
| TOTAL | \$1,921,782 | \$3,131,094 | \$3,155,937 | \$2,709,782 | \$2,281,651 | (\$874,286) |
| Funding | | | | | | |
| City Funds | | | \$2,726,789 | \$2,237,848 | \$2,175,860 | (\$550,930) |
| Other Categorical | | | 16,800 | 16,800 | 20,300 | 3,500 |
| State | | | 328,237 | 284,101 | 1,380 | (326,856) |
| Federal - Other | | | 1,380 | 60,683 | 1,380 | 0 |
| Intra City | | | 82,730 | 110,350 | 82,730 | 0 |
| TOTAL | \$1,921,782 | \$3,131,094 | \$3,155,937 | \$2,709,782 | \$2,281,651 | (\$874,286) |

*The difference of Fiscal 2026 Preliminary Budget compared to Fiscal 2025 Adopted Budget.
Source: New York City Office of Management and Budget

NYC Health and Hospitals Financial Summary

H+H operates on a cash basis, recognizing revenues and reporting expenses as they occur, rather than employing the financial projections common to other City agencies. H+H utilizes the cash basis accounting method because it allows the health system to recognize income when H+H actually receives the money. H+H, therefore, does not recognize invoiced income as an asset until the payment is in hand. H+H applies the same approach to debts, only recognizing expenses incurred once they are paid. This accounting method provides a real-time assessment of the agency's current cash flow.

NYC Health + Hospitals Prelim Financial Plan, Cash Basis

| Dollars in Millions | Projected 2025 | Projected 2026 | Projected 2027 | Projected 2028 | Projected 2029 |
|--|-------------------|-------------------|-------------------|-------------------|-------------------|
| OPERATING REVENUES | | | | | |
| Third Party Revenue | | | | | |
| Medicaid | \$3,071.6 | \$3,027.4 | \$3,046.3 | \$3,065.5 | \$3,084.8 |
| Medicare | 1,851.6 | 1,899.1 | 1,937.0 | 1,975.8 | 2,015.3 |
| Other Managed Care | 1,403.7 | 1,275.4 | 1,294.1 | 1,313.4 | 1,333.3 |
| Supplemental Medicaid | 1,297.3 | 762.5 | 786.5 | 759.4 | 785.7 |
| Disproportionate Share Hospital (DSH) | 302.6 | 268.5 | 292.5 | 265.4 | 291.8 |
| Other Supplemental Payments | 994.8 | 494.0 | 494.0 | 494.0 | 494.0 |
| Subtotal: Third Party Revenue | \$7,624.2 | \$6,964.3 | \$7,064.0 | \$7,114.1 | \$7,219.1 |
| Other Revenue | | | | | |
| City Services | \$3,070.9 | \$2,281.7 | \$1,670.3 | \$1,719.0 | \$1,719.7 |
| Grants and Other | 1,009.1 | 1,075.1 | 767.1 | 763.1 | 763.1 |
| Subtotal: Other Revenue | \$4,080.0 | \$3,356.7 | \$2,437.4 | \$2,482.1 | \$2,482.7 |
| Strategic Initiatives | | | | | |
| Supplemental Medicaid Programs | \$1,387.4 | \$1,763.7 | \$1,778.6 | \$1,794.1 | \$1,810.4 |
| Federal & State Charity Care | - | 62.0 | 62.0 | 62.0 | 62.0 |
| Revenue Cycle and Managed Care | 143.0 | 286.0 | 294.6 | 303.4 | 312.5 |
| Service Line Improvements | 22.0 | 44.0 | 45.3 | 46.7 | 48.1 |
| Value-Based Payments | 31.0 | 62.0 | 63.9 | 65.8 | 67.7 |
| Growth | 25.0 | 50.0 | 51.5 | 53.0 | 54.6 |
| Subtotal: Strategic Initiatives | \$1,608.4 | \$2,267.7 | \$2,295.8 | \$2,325.1 | \$2,355.4 |
| TOTAL REVENUES | \$13,312.5 | \$12,588.7 | \$11,797.2 | \$11,921.2 | \$12,057.2 |
| EXPENSES | | | | | |
| Personal Services | \$4,384.6 | \$4,428.7 | \$4,556.1 | \$4,658.0 | \$4,710.9 |
| Fringe Benefits | 2,126.8 | 2,197.3 | 2,260.1 | 2,321.4 | 2,324.2 |

| <i>Dollars in Millions</i> | Projected 2025 | Projected 2026 | Projected 2027 | Projected 2028 | Projected 2029 |
|--|-------------------|-------------------|-------------------|-------------------|-------------------|
| EXPENSES | | | | | |
| Affiliations | \$1,834.3 | \$1,909.7 | \$1,981.2 | \$2,040.6 | \$2,101.8 |
| Other Than Personal Services | 4,865.4 | 3,869.7 | 3,252.6 | 3,316.4 | 3,380.7 |
| Subtotal: Expenses | \$13,211.1 | \$12,405.4 | \$12,050.0 | \$12,336.4 | \$12,517.6 |
| Strategic Initiatives | | | | | |
| System Efficiencies | \$10.0 | \$30.0 | \$51.0 | \$72.8 | \$115.5 |
| Subtotal: Strategic Initiatives | \$10.0 | \$30.0 | \$51.0 | \$72.8 | \$115.5 |
| TOTAL EXPENSES | \$13,201.1 | \$12,375.4 | \$11,999.0 | \$12,263.6 | \$12,402.1 |
| INCOME/(LOSS) | \$111.4 | \$213.4 | (\$201.8) | (\$342.3) | (\$344.9) |
| OPENING CASH BALANCE | \$581.8 | \$693.2 | \$906.6 | \$704.8 | \$362.5 |
| CLOSING CASH BALANCE | \$693.2 | \$906.6 | \$704.8 | \$362.5 | \$17.6 |