



New York City Council
Hon. Julie Menin, Speaker of the Council
Hon. Linda Lee, Chair, Finance Committee
Hon. Mercedes Narcisse, Chair, Hospitals Committee

**Report on the Fiscal 2027 Preliminary Plan,
the Fiscal 2027 Preliminary Capital Commitment Plan, and the Fiscal 2026
Preliminary Mayor’s Management Report for the Committee on Hospitals**

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Fiscal 2027 Preliminary Plan

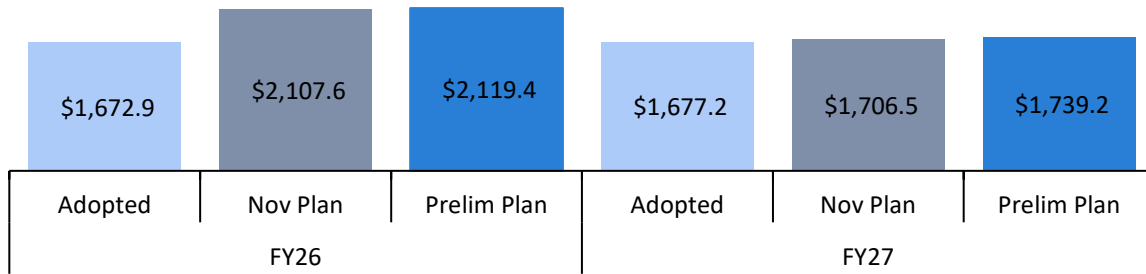
Health and Hospitals Corporation Budget Overview

The Health and Hospitals Corporation (H+H or the System) 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 or immigration status. Services are provided across 11 acute care locations, five post-acute care or skilled nursing facilities, and over 30 community health centers.

The most significant changes to H+H’s budget since the release of the Fiscal 2026 Adopted Plan in June 2025 include a Medicaid initiative adjustment to support the system’s cash flow, Federal reimbursement funding for costs incurred during the COVID-19 pandemic, and a restructuring of the Behavioral Health Emergency Assistance Response Division (B-HEARD) program. The Medicaid adjustment and COVID-19 reimbursement will strengthen H+H’s financial status. The B-HEARD restructuring, announced by the Adams Administration, represents H+H taking on a larger role in the City’s mental health response efforts.

The Preliminary Financial Plan for Fiscal 2026-2030 (Preliminary Plan) includes a proposed Fiscal 2027 budget of \$1.74 billion for H+H, \$32.7 million (1.9 percent) more than its \$1.71 billion Fiscal 2027 budget in the November Plan. The System’s projected Fiscal 2027 budget represents 1.4 percent of the City’s proposed Fiscal 2027 budget of \$121.9 billion in the Preliminary Plan. H+H’s Fiscal 2026 budget in the Preliminary Plan is \$11.8 million (0.6 percent) more than its \$2.11 billion Fiscal 2026 budget in the November Plan. The current Fiscal 2027 budget is \$66.3 million more than the \$1.67 billion Fiscal 2026 budget at adoption.

Comparison of the Last Three Financial Plans



Dollars in Millions

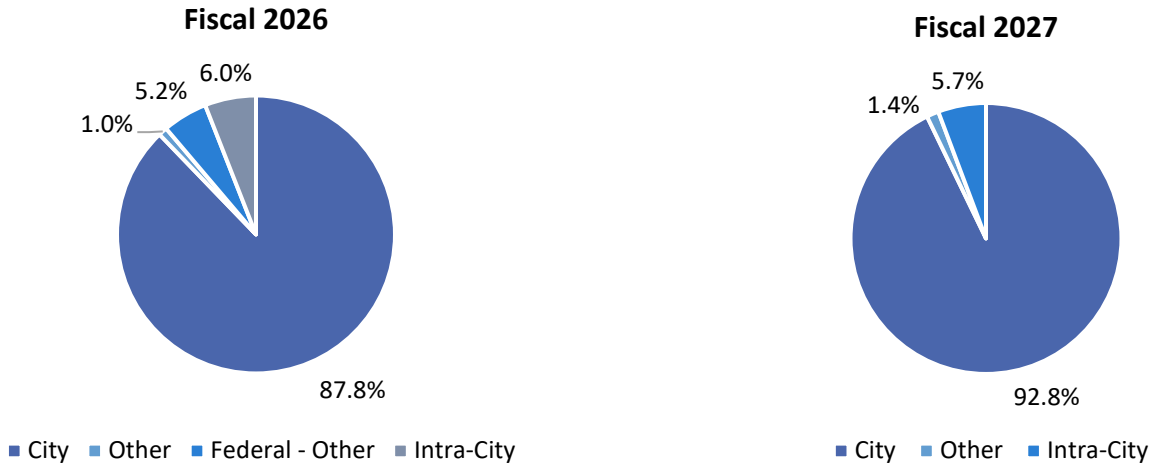
Source: New York City Office of Management and Budget

H+H Financial Plan Summary

<i>Dollars in Thousands</i>	FY24	FY25	FY26	Preliminary Plan		*Difference
	Actual	Actual	Adopted	FY26	FY27	FY27 - FY26
Budget by U/A						
Fixed & Misc. Charges OTPS	\$3,129,093	\$3,349,168	\$1,670,551	\$2,117,032	\$1,736,887	\$66,336
Other Services & Charges OTPS	2,002	1,962	2,344	2,344	2,351	8
TOTAL	\$3,131,094	\$3,351,129	\$1,672,895	\$2,119,376	\$1,739,238	\$66,344
Funding						
City Funds			\$1,525,806	\$1,860,429	\$1,614,566	\$88,759
Other Categorical			20,300	20,300	22,300	2,000
State			1,380	1,380	1,380	0
Federal - Other			38,778	110,950	1,380	(37,398)
Intra-City			86,630	126,316	99,612	12,982
TOTAL	\$3,131,094	\$3,351,129	\$1,672,895	\$2,119,376	\$1,739,238	\$66,344

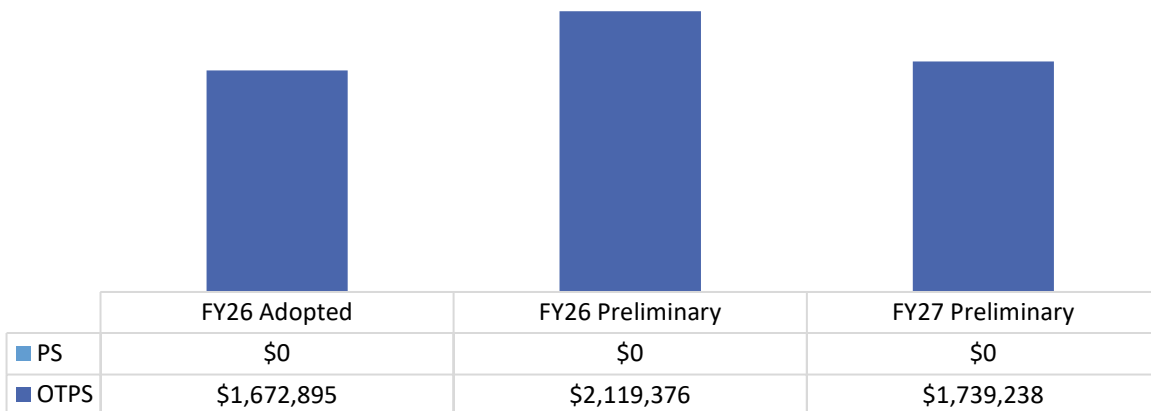
Budget by Funding Source

Fiscal 2027 City Funds: 92.8 percent



Source: New York City office of Management and Budget

Personal Services (PS) and Other Than Personal Services (OTPS)



Dollars in Thousands

Source: New York City Office of Management and Budget

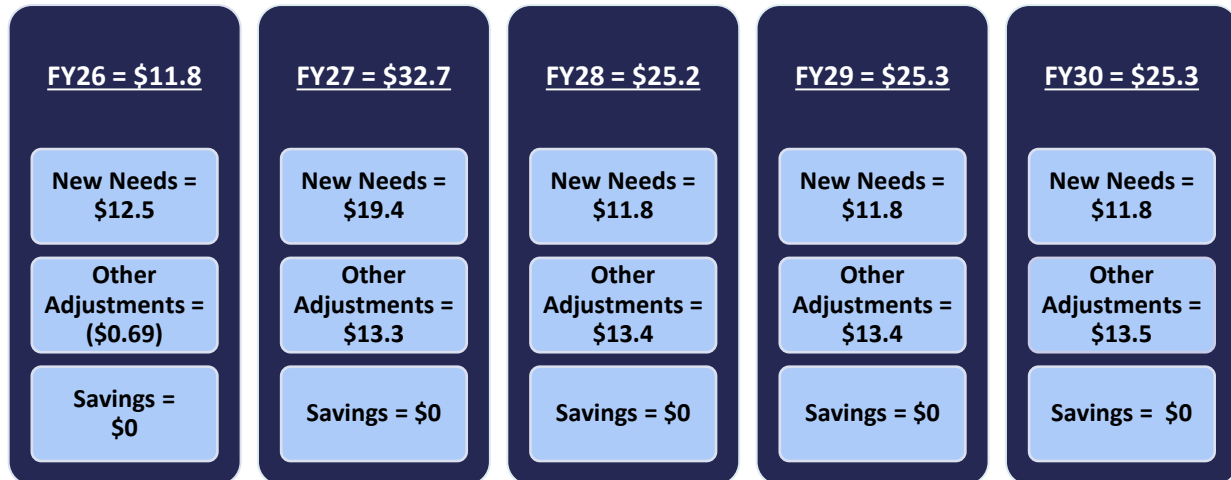
The City's H+H budget is fully allocated for OTPS expenses.

FY24 through FY26 Headcount

*H+H discloses their quarterly actual headcount through a Term and Condition with the City Council.
43,566 Full-Time Positions in FY26 Q2*

Category	FY24 Q1	FY24 Q2	FY24 Q3	FY24 Q4	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY26 Q1	FY26 Q2
Aides/Order	4,729	4,840	4,963	5,117	5,194	5,256	5,307	5,344	5,371	5,405
Clerical	5,548	5,559	5,605	5,643	5,733	5,818	5,897	5,951	5,932	5,900
Environmental/Hotel	4,444	4,502	4,516	4,632	4,605	4,735	4,810	4,897	4,931	4,932
Licensed Private Nurses	393	380	375	357	353	357	356	349	341	335
Manager/Supervisor	2,635	2,695	2,732	2,824	2,867	2,930	3,014	3,031	3,051	3,079
Physicians	215	212	208	207	203	201	198	199	188	186
Registered Nurses	8,154	8,762	9,383	9,775	9,982	10,234	10,384	10,533	10,643	10,719
Residents	2,416	2,398	2,386	2,392	2,529	2,529	2,524	2,528	2,670	2,666
Technology/Specialists	8,950	9,085	9,260	9,428	9,590	9,808	10,013	10,109	10,277	10,344
TOTAL	37,484	38,433	39,428	40,375	41,056	41,868	42,503	42,941	43,404	43,566

Preliminary Plan Changes



Dollars in Millions

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.

Significant Preliminary Plan Changes

New Needs

- Outdoor Structures.** The Preliminary Plan includes an additional \$11.9 million of City funding in Fiscal 2027 and a baseline of \$11.8 million starting in Fiscal 2028 to fund additional services for New Yorkers experiencing street homelessness. This funding will cover three new mobile units for the Street Health Outreach and Wellness program, which provides medical care, including substance abuse intervention, to homeless individuals. The funding will also cover one new site for Bridge to Home, a pilot program to support homeless individuals with severe mental health issues. The program offers a supportive, “home-like” environment for patients with serious mental illnesses who are ready to be discharged but are homeless. Bridge to Home will now have a total of three sites.
- Comprehensive Adolescent Care.** The Preliminary Plan includes an additional \$7.5 million of City funding in Fiscal 2026 and Fiscal 2027 for Comprehensive Adolescent Care. Comprehensive Adolescent Care provides multidisciplinary health services tailored to the physical, emotional, and social development of teens and young adults. Services include primary care, immunizations, and mental health screenings. These programs focus on addressing sensitive, age-appropriate issues like sexual health, nutrition, and

behavioral conditions in a confidential, supportive environment. The Office of Management and Budget is working out the operational scope of this funding with H+H.

- **H+H Warming Centers.** The Preliminary Plan includes an additional \$5 million of City funding in Fiscal 2026 only for H+H warming centers. This funding represents the total budget for the operations of H+H’s emergency warming centers, opened during recent Code Blue emergencies to protect vulnerable New Yorkers from freezing temperatures. This funding supports seven Gotham Health centers, as well as heated trailers and mobile units which were part of the Citywide warming services effort. More funding for H+H warming centers may need to be added in the Executive Plan to cover operations that occurred after the release of the Preliminary Plan.

Other Adjustments

- **Asylum Seeker Funding Reallocation.** The Preliminary Plan includes a one-time transfer of \$19.2 million in City funding from H+H to the Department of Homeless Services (DHS) in Fiscal 2026. This transfer reflects the closure of H+H operated sites for asylum seekers. The funding will support the remaining asylum seeker services in DHS’s budget, though DHS is also winding down its asylum seeker-specific services and integrating them into their general service delivery.
- **Medical and Dental Services for Youth.** The Preliminary Plan includes an Intra-City transfer of \$8.4 million in Fiscal 2026 and a baseline of \$13.4 million starting in Fiscal 2027 from the Administration for Children’s Services (ACS) to H+H for an ongoing partnership where H+H provides medical and dental services to youth in ACS operated detention facilities.
- **Bellevue Floodwall FEMA Funding.** The Preliminary Plan includes an additional \$2 million of federal funding from FEMA in Fiscal 2026 for the Bellevue floodwall capital project. The Bellevue floodwall project is part of a broader effort to flood-proof H+H facilities in the aftermath of Hurricane Sandy. This \$2 million will support design work specific to the Bellevue floodwall.
- **Advocacy Services Intra-City Funding.** The Preliminary Plan includes an Intra-City transfer of \$1.4 million in Fiscal 2026 only from the Department of Health and Mental Hygiene (DOHMH) to H+H for an ongoing partnership where H+H provides mental health outpatient treatment and community education services on behalf of DOHMH.

Preliminary Mayor’s Management Report

The Preliminary Mayor's Management Report (PMMR) for Fiscal 2026 reports on one service area and three goals for H+H. The service area is to “Provide medical, mental health and substance use services to New York City residents regardless of their ability to pay”. Noteworthy metrics

that were reported are detailed below, categorized by goal. The link to the PMMR is attached here: [2026 PMMR](#). The H+H section begins on page 165.

Expand Access to Care

- **Unique patients.** The overall number of unique patients in the System decreased from 699,656 in the first four months of Fiscal 2025 to 693,940 in the first four months of Fiscal 2026. This decrease could negatively impact H+H's revenues.
- **Unique primary care patients (seen in the last 12 months).** While the overall number of unique patients in the System has decreased over the last year, the number of unique primary care patients seen in the last 12 months increased from 452,220 in the first four months of Fiscal 2025 to 462,108 in the first four months of Fiscal 2026. This metric has increased every year since Fiscal 2021. The MMR does not include a breakdown of how many of these patients are insured versus uninsured. An increase in insured primary care patients would result in higher revenues, while an increase in uninsured patients would present revenue challenges for the System.
- **Uninsured patients served.** The number of uninsured patients served decreased from 139,270 in the first four months of Fiscal 2025 to 129,277 in the first four months of Fiscal 2026. This metric has decreased over the last five full fiscal years from a recent high of 304,174 in Fiscal 2021. This trend is partly due to New York State expanding Medicaid eligibility, providing insurance to more New Yorkers.
- **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 decreased from 148,525 in the first four months of Fiscal 2025 to 128,157 in the first four months of Fiscal 2026, a decrease of 14 percent. NYC Care enrollment had been growing in each year since its launch in Fiscal 2020. The PMMR attributes the decrease in enrollment to both State policies expanding health insurance access and increased fear amongst non-citizens of sharing personal information with the government. NYC Care launched a new campaign in fall 2025 to combat stigma and encourage enrollment in the program.
- **Eligible women receiving a mammogram screening.** The percentage of eligible women receiving a mammogram screening decreased from 82.1 percent in the first four months of Fiscal 2025 to 72.4 percent in the first four months of Fiscal 2026. This decline is the result of the age range in the indicator definition being expanded from 40-70 to 40-74. The System is investing heavily in breast cancer prevention efforts and recently launched a breast cancer screening registry and dashboard to track data and improve outcomes.
- **Percentage of eligible patients receiving prenatal and postpartum depression screenings.** The percentage of eligible patients receiving prenatal depression screenings increased from 90.5 percent in the first four months of Fiscal 2025 to 93.6 percent in the first four months of Fiscal 2026. The percentage of eligible patients receiving postpartum depression screenings remained relatively flat, going from 79.5 percent in the first four months of Fiscal 2025 to 79.6 percent in the same period in Fiscal 2026. H+H launched a systemwide peripartum mental health screening program in February 2025 that has contributed to the positive trend for both these metrics.

- **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 2026 was 9 days for adult medicine, a 12 day decrease from the comparative reporting period in Fiscal 2025, and 18 days for pediatric medicine during the first four months of Fiscal 2026, a five-day decrease from the comparative reporting period in Fiscal 2025. H+H has made a significant effort to improve wait times across the System, including enhancing primary care provider schedules.
- **Correctional health patients with a substance use diagnosis received jail-based contact.** The percentage of CHS patients with a substance use diagnosis who received jail-based services in the first four months of Fiscal 2026 increased to 87 percent, an increase of three percent from the comparative reporting period in Fiscal 2025. While an improvement, this still lags behind the 90 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 without being seen decreased from 4.3 percent in the first four months of Fiscal 2025 to 3.4 percent in the first four months of Fiscal 2026, the lowest this metric has been since Fiscal 2021. This positive trend reflects a variety of efficiency improvements related to triage, registration, staff utilization, and the elimination of unnecessary testing.
- **MetroPlusHealth.** MetroPlusHealth, a subsidiary low-cost to no-cost insurance plan, maintained relatively stable membership levels with 685,550 members in the first four months of Fiscal 2026 compared to 685,731 in the first four months of Fiscal 2025. However, MetroPlus spending at H+H increased to 47.0 percent of total MetroPlus spending in the first four months of Fiscal 2026 from 40.4 percent in the first four months of Fiscal 2025.

Maximize quality of care and patient satisfaction

- **Satisfaction Rates.** The outpatient, inpatient and post-acute care satisfaction rates were 87.6 percent, 67 percent, and 74.1 percent respectively in the first four months of Fiscal 2026, the same as they were in the first four months of Fiscal 2025, as H+H only measures these satisfaction rates bi-annually. H+H expects all of its satisfaction rates to improve as H+H implements its findings from the 2025 biennial Employee Feedback Survey results released in November 2025.

New Recommended Metrics

- **Cash reserves days on hand.** During the Preliminary Budget hearings last year, H+H's CEO, Dr. Mitchell Katz, testified that H+H only had 15 days of cash reserves on hand. This is a concerning reserve level considering the revenue challenges that H+H will presumably face due to federal health insurance policy changes. It is worth noting that private hospital systems such as New York Presbyterian often operate with over 100 days of reserves on

hand. Going forward, the PMMR should track H+H's average days of cash reserve days on hand to ensure that relevant stakeholders and the public are more aware of H+H's financial challenges.

- **Number of Medicaid patients.** In 2025, Medicaid reimbursements accounted for 22 percent of H+H's total revenue and are expected to increase to 24 percent by 2029. Due to uncertainties surrounding H+H's future Medicaid revenue, the PMMR should include metrics on the number of Medicaid patients who are seen each fiscal year. This will allow relevant stakeholders and the public to better track fluctuations in Medicaid patients.
- **Average wait time in Emergency Departments.** While the PMMR tracks the percentage of patients who leave an emergency room without being seen by a doctor, a metric that measures the average wait time in emergency departments before being seen by a doctor would be more useful to help hospitals identify where problems exist. The PMMR should publish a metric tracking the average wait time in emergency departments alongside its current metric tracking the percentage of patients who leave an emergency room without being seen by a doctor.

Budget Issues and Concerns, Including Federal and State Budget Risks

- **New York State Essential Plan.** The New York State Essential Plan operated under section 1331 of the Affordable Care Act until 2024 when it was approved to operate under a section 1332 State Innovation Waiver. This switch allowed for the expansion of the Plan's income eligibility threshold from 200 percent of the Federal Poverty Level (FPL) to 250 percent. There were 1.7 million Essential Plan enrollees as of December 2025. Due to provisions enacted in H.R. 1 related to premium tax credit availability, one third of the Essential Plan's enrollees and over half of the Plan's funding under the 1332 Waiver will be eliminated. The State has applied to the Centers for Medicare and Medicaid Services (CMS) to revert the Essential Plan back to Section 1331 of the Affordable Care Act which would allow for continued coverage for roughly 1.3 million beneficiaries. This transition would reduce the Plan's maximum income threshold back to 200 percent of the FPL. Roughly 450,000 Essential Plan beneficiaries are set to lose their coverage. Any rise in New York's uninsured population presents budget complications for H+H, as the system treats all patients regardless of insurance status and is heavily reliant on insurance reimbursements for revenue.
- **Federal Medicaid Eligibility Restrictions.** As of the start of the new federal Fiscal Year, beginning on October 1, 2026, states will no longer receive Medicaid funding to support certain groups of legally present non-citizens. For these non-citizens to continue receiving Medicaid coverage they will have to be fully funded by their state. Beginning on January 1, 2027, certain individuals will be required to complete at least 80 hours of work,

education, or community service per month to maintain Medicaid eligibility. Exemptions will be granted to pregnant women, people with disabilities, and caregivers of young children. These Medicaid eligibility restrictions will certainly result in a loss of coverage for a significant portion of New Yorkers. H+H will face budgetary pressure if it sees an increase in uninsured patients.

- **Maimonides Health Merger.** In December 2025, it was announced that Maimonides Health would become a part of the H+H system. This merger will be supported with \$2.2 billion in State funding over 5 years. The merger is expected to be completed by April 1, 2026. The State has committed to covering Maimonides' deficit for the next five years and anticipates H+H taking full financial responsibility by 2031. On March 2, H+H testified on the merger before the City Council Committee on Hospitals. H+H stated that while the merger will be beneficial for the System, Maimonides, and the South Brooklyn communities served by Maimonides, the merger will not financially benefit H+H in any way. It will be essential to monitor H+H's budget after the merger is complete to ensure that the System is handling its expansion in a positive or net-neutral manner.
- **B-HEARD Restructuring.** The B-HEARD program dispatches mental health professionals instead of police to individuals who are experiencing a mental health crisis. In November 2025, the Adams Administration released a plan to transition B-HEARD to be fully funded and operated by H+H under a new model, with FDNY being removed from the program. FDNY EMTs previously assigned to B-HEARD will be reassigned, and the B-HEARD teams will now consist of a social worker, registered nurse, and ambulance driver, all staffed by H+H. B-HEARD's Fiscal 2026 Budget is approximately \$45 million, with \$24.5 million under H+H and \$20.5 million still under FDNY.

The Mamdani Administration has yet to publicly comment on its plans for the operation of B-HEARD, including whether it will continue with the Adams Administration's planning reorganization. The planned B-HEARD restructuring will require a significant effort from H+H to fully take over operations and staffing for the program.

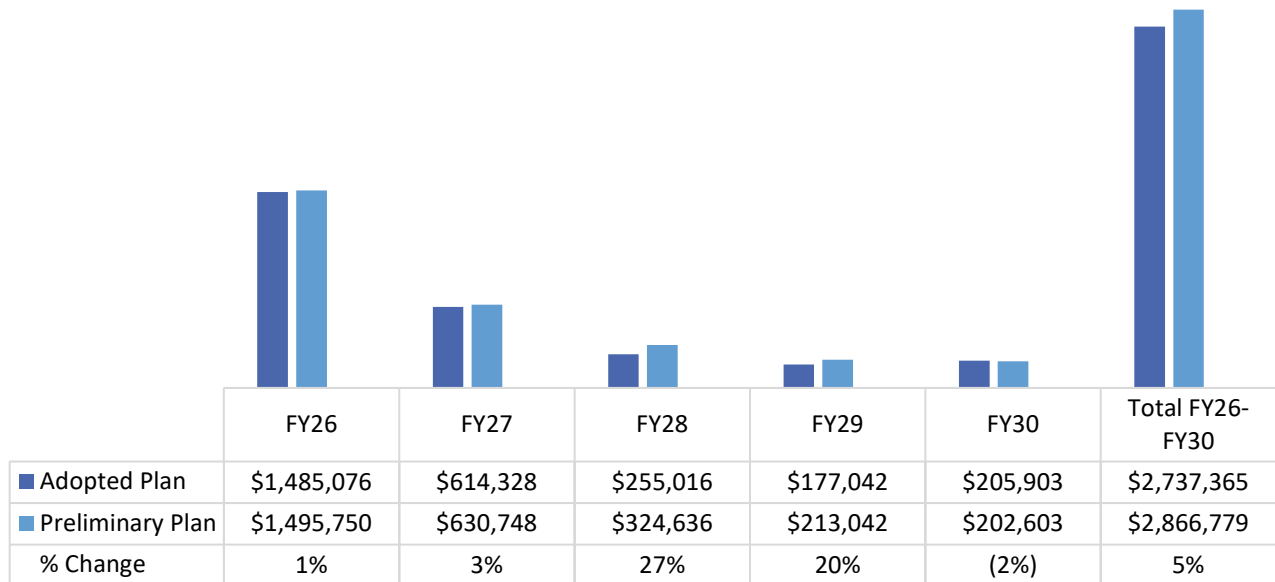
- **State Directed Payment (SDP) Plan.** In October 2025, H+H secured federal approval for an SDP plan. This plan allows H+H to receive enhanced Medicaid reimbursements more in line with commercial insurance reimbursement rates. This plan falls under the umbrella of Disproportionate Share (DSH) payments, which provide supplemental funding to hospitals serving large numbers of uninsured and Medicaid patients. Federal bill H.R. 1 imposed caps on SDPs, requiring that enhanced reimbursement rates be reduced by 10 percent every year until they reach 100 percent of Medicare rates. However, H+H's SDP plan is grandfathered, meaning that it will be able to continue receiving enhanced reimbursement rates until January 1, 2028. It will be essential to monitor how federal regulations affect H+H's SDP plan, including the H+H plan's grandfathered status. H+H will also need to plan for when restrictions on its SDP plan are set to begin in 2028.

Capital Commitment Plan

On February 17, 2026, the Mamdani Administration released the Preliminary Capital Commitment Plan for Fiscal 2026-2030 (Commitment Plan) and the Fiscal 2027 Preliminary Capital Budget (Capital Budget).

- H+H’s commitments, as presented in the Preliminary Capital Commitment Plan for Fiscal 2026-2030 (the Preliminary Commitment Plan), total \$2.87 billion, 5 percent more than the total for the same period presented in the Adopted Capital Commitment Plan released in September 2025.
- The Department’s planned commitments comprise 2.5 percent of the City’s total \$112.96 billion in Fiscal 2026-2030.

Fiscal 2026-2030 Capital Commitment Plan



Dollars in Thousands

Source: New York City Office of Management and Budget

- **Woodhull Outposted Therapeutic Unit.** The Fiscal 2026-2030 Preliminary Capital Commitment Plan includes \$303 million for construction at the Woodhull Outposted Therapeutic Unit. The construction of this unit is expected to be completed in early 2029. \$174.5 million of the funding is in Fiscal 2026 and \$128.4 million is in Fiscal 2027.
- **North Central Bronx Outposted Therapeutic Unit.** The Fiscal 2026-2030 Preliminary Capital Commitment Plan includes \$257.6 million for construction at the North Central

Bronx Outposted Therapeutic Unit, which is expected to be completed in early 2029. \$122.7 million of the funding is planned for Fiscal 2026 and \$134.9 million is planned for Fiscal 2027.

- **Queens Hospital Claire Shulman Pavilion Expansion.** The Fiscal 2026-2030 Preliminary Capital Commitment Plan includes \$70 million for an expansion of the Claire Shulman Pavilion at Queens Hospital. \$7 million of the funding is planned in Fiscal 2026 and \$40 million is in Fiscal 2027. This funding was included in the Jamaica Neighborhood Plan, which was approved by the City Council in October 2025. H+H will relocate and expand the Queens Hospital Comprehensive Psychiatric Emergency Services Program (CPEP) from the main building to a new expanded pavilion structure. This investment will fund the construction of a modular structure and core for the CPEP, as well as the building out of the first floor.
- **Rockaway Trauma Center.** The Fiscal 2026-2030 Preliminary Capital Commitment Plan includes \$50 million for construction expenses associated with the planned trauma center on the Rockaway Peninsula. All funding is in Fiscal 2026. This project was announced at Fiscal 2025 adoption. There is no estimated completion date yet. As of November 2025, a site has been chosen and is awaiting transfer of ownership from the New York City Housing Authority to the City before construction can begin.
- **Bellevue Comprehensive Psychiatric Emergency Services Program Expansion.** The Fiscal 2026-2030 Preliminary Capital Commitment Plan includes \$48.2 million for construction expenses associated with the expansion of CPEP infrastructure in the Bellevue emergency department. \$5.1 million of this funding is in Fiscal 2027. The CPEP at Bellevue offers 24/7 services in the Psychiatric Emergency Department. Through CPEP, patients are either referred to outpatient services, admitted to inpatient behavioral health units, or placed in an extended observation unit if they need crisis stabilization without inpatient admission. This investment will expand the Bellevue CPEP's capacity by 2,500, bringing the total capacity to 13,500. This expansion will also add an additional 2,300 square feet to the CPEP.
- **Bellevue Outposted Therapeutic Unit.** The Fiscal 2026-2030 Preliminary Capital Commitment Plan includes \$34.4 million for Bellevue Outposted Therapeutic Unit construction expenses. All funding is in Fiscal 2026. Construction of this unit is completed, and H+H is still working on completing payments to the vendors. The unit has not opened, as H+H is still waiting for approval from the Department of Buildings, the Department of Corrections, and the State Commission of Correction.
- **Harlem Post-Partum Unit Renovation.** The Fiscal 2026-2030 Preliminary Capital Commitment Plan includes \$4.2 million for design, construction, equipment and furniture expenses associated with renovations in the Post-Partum Unit at Harlem Hospital. \$3.1 million of this funding is in Fiscal 2026 and \$1 million is in Fiscal 2027. This investment will add 12 single patient rooms and three labor and delivery rooms. This project is currently in construction and is scheduled to be completed in October 2027. Harlem Hospital was the first hospital in New York City to be designated as a "Baby Friendly Hospital" by the

World Health Organization and UNICEF, a prestigious honor bestowed on hospitals which have exemplary services for lactating mothers and their babies.

- Gotham- Far Rockaway Primary Care Center.** The Fiscal 2026-2030 Preliminary Capital Commitment Plan includes \$19.9 million for construction expenses associated with this new comprehensive community health center, which will help expand access to primary care, women’s health, dental, vision and mental health services for the Far Rockaway community. \$13 million of this funding is in Fiscal 2026 and \$6.9 million is in Fiscal 2027. The Center is scheduled to open in late 2027.

Supporting Budget Charts

Budget Actions in the November and Preliminary Plans

<i>Dollars in Thousands</i>	FY26			FY27		
	City	Non-City	Total	City	Non-City	Total
H+H Budget as of the Adopted FY26 Plan	\$1,525,806	\$147,087	\$1,672,894	\$1,565,837	\$111,359	\$1,677,196
Changes Introduced in the November 2025 Plan						
New Needs						
B-HEARD	\$10,000	\$0	\$10,000	\$18,846	\$0	\$18,846
Bronx Hub Substance Abuse Disorder	3,833	0	3,833	6,351	0	6,351
Subtotal, New Needs	\$13,833	\$0	\$13,833	\$25,197	\$0	\$25,197
Other Adjustments						
Bellevue HHS Pre Placement	\$0	\$342	\$342	\$0	\$0	\$0
B-HEARD Transfer	1,976	0	1,976	3,951	0	3,951
CPSD Transfer to Health and Hospitals	100	0	100	150	0	150
EXCEL PROJECTS - IC	0	876	876	0	0	0
FEMA COVID	0	70,172	70,172	0	0	0
From 1705/643 to 1705/40X	0	963	963	0	0	0
IC w H+H Lab Supplies	0	50	50	0	0	0
IC w/H+H: Asthma Centers	0	262	262	0	0	0
IC w/H+H: Asthma MoA	0	110	110	0	0	0
IC w/H+H: Breast Cancer Data	0	150	150	0	0	0
IC w/H+H: Drugs & Lab Supplies	0	13,311	13,311	0	0	0
IC w/H+H: HIV Testing	0	3,125	3,125	0	0	0
IC w/H+H: Lab Supplies	0	1,085	1,085	0	0	0
IC w/H+H: Northwell Invoices	0	400	400	0	0	0
IC w/H+H: OAS	0	1,563	1,563	0	0	0
IC w/H+H: Pharmaceuticals	0	1	1	0	0	0
IC w/H+H: Public Health Corps	0	10	10	0	0	0
ICE25PM103C	0	938	938	0	0	0
ICE26PM138	0	180	180	0	0	0
Medicaid Initiative Adjustment	325,000	0	325,000	0	0	0
YMI Transfer - Admin	225	0	225	0	0	0
Subtotal, Other Adjustments	\$327,301	\$93,538	\$420,839	\$4,101	\$0	\$4,101
TOTAL, All Changes in November 2025 Plan	\$341,133	\$93,538	\$434,671	\$29,298	\$0	\$29,298
H+H Budget as of the November 2025 Plan	\$1,866,939	\$240,626	\$2,107,565	\$1,595,136	\$111,359	\$1,706,495

Dollars in Thousands	FY26			FY27		
	City	Non-City	Total	City	Non-City	Total
Changes Introduced in the FY27 Preliminary Plan						
New Needs						
Comprehensive Adolescent Care	\$7,500	\$0	\$7,500	\$7,500	\$0	\$7,500
H+H Warming Centers	5,000	0	5,000	0	0	0
Outdoor Structures	0	0	0	11,904	0	11,904
Subtotal, New Needs	\$12,500	\$0	\$12,500	\$19,404	\$0	\$19,404
Other Adjustments						
Asylum Seeker Reallocation	(\$19,248)	\$0	(\$19,248)	\$0	\$0	\$0
From 1705/643 to 1705/40X	0	1,570	1,570	0	0	0
FY26_ACS_HHMED3	0	8,356	8,356	0	0	0
FY26HHC_Py_Q1	0	1,160	1,160	0	0	0
FY27_ACS_HHC	0	0	0	0	13,313	13,313
H+H FEMA Bellevue Floodwall	0	2,000	2,000	0	0	0
IC w/ H+H: HERRC	0	263	263	0	0	0
IC w/ H+H: Hip Hop Heals	0	300	300	0	0	0
IC w/ H+H: Lab Supplies	0	109	109	0	0	0
IC w/H+H CC Hep B&C Prevention	0	436	436	0	0	0
IC w/H+H: Advocacy Services	0	1,436	1,436	0	0	0
IC w/H+H: Assertive Comm Treat	0	96	96	0	0	0
IC w/H+H: Behavioral HC Coord	0	118	118	0	0	0
IC w/H+H: CHS Reentry & Cont.	0	630	630	0	0	0
IC w/H+H: CPEP & Mobile Crisis	0	591	591	0	0	0
IC w/H+H: Lab Supplies	0	446	446	0	0	0
IC w/H+H: MC CPEP & STI EPT	0	140	140	0	0	0
IC w/H+H: Psychosocial Club	0	525	525	0	0	0
ICE26PM212	0	(63)	(63)	0	0	0
Local Initiatives	5	0	5	0	0	0
Motor Vehicle Operators ACF CB	26	0	26	26	0	26
NARCAN KITS (10/1/25-12/31/25)	0	208	208	0	0	0
OEO Transfer- NYCO Innovation	87	0	87	0	0	0
YMI Transfer- Admin	119	0	119	0	0	0
Subtotal, Other Adjustments	(\$19,010)	\$18,320	(\$690)	\$26	\$13,313	\$13,340
TOTAL, All Changes in the FY27 Preliminary Plan	(\$6,510)	\$18,320	\$11,810	\$19,430	\$13,313	\$32,744
H+H Budget as of the FY27 Preliminary Plan	\$1,860,429	\$258,946	\$2,119,375	\$1,614,566	\$124,672	\$1,739,238

Source: New York City Office of Management and Budget

Budget by Unit of Appropriation

001 – OTPS						
<i>Dollars in Thousands</i>						
	FY24	FY25	FY26	Preliminary Plan		*Difference
	Actual	Actual	Adopted	FY26	FY27	FY27-FY26
Spending						
Personal Services						
N/A	\$0	\$0	\$0	\$0	\$0	\$0
Other Than Personal Services						
Fixed & Misc. Changes	\$3,129,093	\$3,349,168	\$1,670,551	\$2,117,032	\$1,736,887	\$66,336
Other Services & Charges	2,002	1,962	2,344	2,344	2,351	8
TOTAL	\$3,131,094	\$3,351,129	\$1,672,895	\$2,119,376	\$1,739,238	\$66,344
Funding						
City Funds			\$1,525,806	\$1,860,429	\$1,614,566	\$88,759
Other Categorical			20,300	20,300	22,300	2,000
State			1,380	1,380	1,380	0
Federal - Other			38,778	110,950	1,380	(37,398)
Intra-City			86,630	126,316	99,612	12,982
TOTAL	\$3,131,094	\$3,351,129	\$1,672,895	\$2,119,376	\$1,739,238	\$66,344

**The difference of Fiscal 2027 Preliminary Budget compared to Fiscal 2026 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.

<i>Dollars in Millions</i>	Projected 2026	Projected 2027	Projected 2028	Projected 2029	Projected 2030
OPERATING REVENUES					
Third Party Revenue					
Medicaid	\$2,840.8	\$2,723.0	\$2,685.7	\$2,701.1	\$2,716.7
Medicare	1,980.3	2,009.0	2,049.1	2,090.1	2,131.9
Other	1,235.8	1,040.2	939.3	956.5	974.1
Supplemental Medicaid	573.1	902.8	1,064.1	1,267.1	1,943.1
<i>Disproportionate Share Hospital (DSH)</i>	43.3	58.4	219.7	803.0	1,479.0
<i>Other Supplemental Payments</i>	529.8	844.4	844.4	464.0	464.0
Subtotal: Third Party Revenue	\$6,630.1	\$6,675.0	\$6,738.3	\$7,014.8	\$7,765.8
Other Revenue					
City Services	\$2,286.3	\$1,739.2	\$1,776.5	\$1,777.1	\$1,777.2
Grants and Other	1,433.7	1,262.9	1,278.4	1,294.2	1,310.2
Subtotal: Other Revenue	\$3,720.0	\$3,002.1	\$3,054.9	\$3,071.3	\$3,087.4
Strategic Initiatives					
Supplemental Medicaid Programs	\$2,466.7	\$2,791.0	\$2,653.1	\$2,398.4	\$1,718.1
Revenue Cycle and Managed Care	286.0	294.6	303.4	312.5	321.9
Service Line Improvements	44.0	45.3	46.7	48.1	49.5
Value-Based Payments	62.0	63.9	65.8	67.7	69.8
Growth	50.0	51.5	53.0	54.6	56.3
Subtotal: Strategic Initiatives	\$2,908.7	\$3,246.2	\$3,122.0	\$2,881.4	\$2,215.5
TOTAL REVENUES	\$13,258.8	\$12,923.4	\$12,915.1	\$12,967.5	\$13,068.7
EXPENSES					
Personal Services	\$4,721.0	\$4,828.9	\$4,919.1	\$4,966.2	\$5,014.3
Fringe Benefits	2,360.9	2,353.8	2,417.8	2,420.7	2,444.0
Affiliations	2,051.5	2,080.1	2,180.1	2,233.9	2,289.0
Other Than Personal Services	3,814.8	3,547.0	3,669.9	3,775.0	3,876.4
Subtotal: Expenses	\$12,948.1	\$12,809.8	\$13,186.9	\$13,395.8	\$13,623.7
Strategic Initiatives					
System Efficiencies	\$30.0	\$51.0	\$72.8	\$95.5	\$97.4
Subtotal: Strategic Initiatives	\$30.0	\$51.0	\$72.8	\$95.5	\$97.4
TOTAL EXPENSES	\$12,918.1	\$12,758.8	\$13,114.0	\$13,300.3	\$13,526.2
INCOME/(LOSS)	\$340.6	\$164.6	(\$198.9)	(\$332.8)	(\$457.5)
OPENING CASH BALANCE	\$649.9	\$990.5	\$1,155.1	\$956.2	\$623.4
CLOSING CASH BALANCE	\$990.5	\$1,155.1	\$956.2	\$623.4	\$165.9