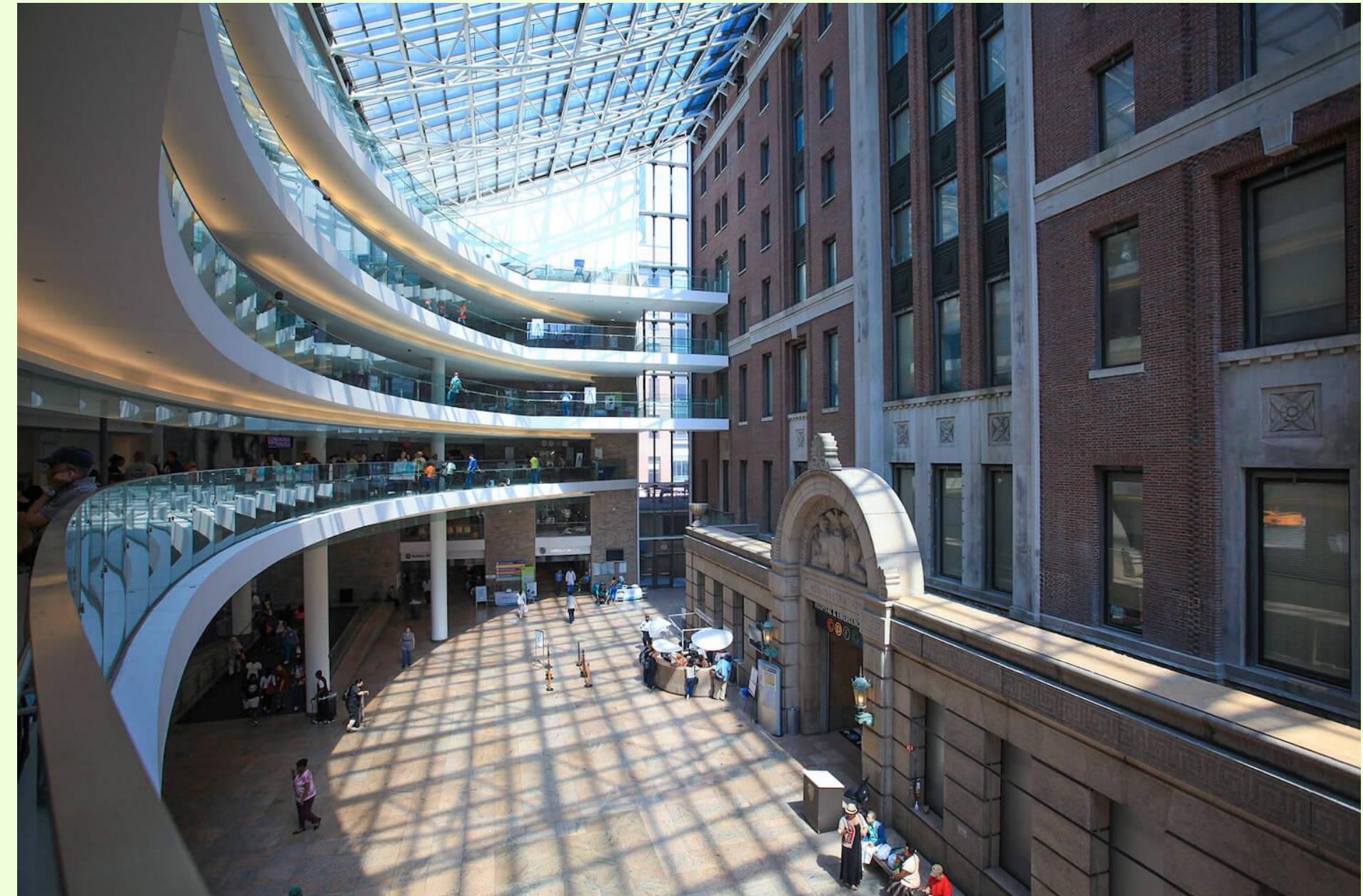


Bellevue Budget Priorities for 2026



Presented by the Bellevue Community Advisory Board

Presentation Overview

- Snapshot of Budget Priorities
- NYC Health + Hospitals
- NYC H + H/Bellevue
- What is Medicaid?
- What is H.R.1 and Impact on Medicaid
- H + H/Bellevue Budget Priorities

H+H Budget Priorities Snapshot

1. Make permanent the Fee-for-Service Upper Payment Limit
2. Make permanent the telehealth parity statute
3. Advocate for an increase in the overall Medicaid reimbursement rate



NYC Health + Hospitals

- Largest municipal health system in the US
 - 11 hospitals, 29 clinics, 5 SNFs (7,500 beds)
 - State-subsidized merger of Maimonides April 2026
- Serves >1 million patients
- 43,000 employees, 11th largest NYC employer
- 2026 proposed budget \$13.5B
 - 2026 NYC budget \$116.5B



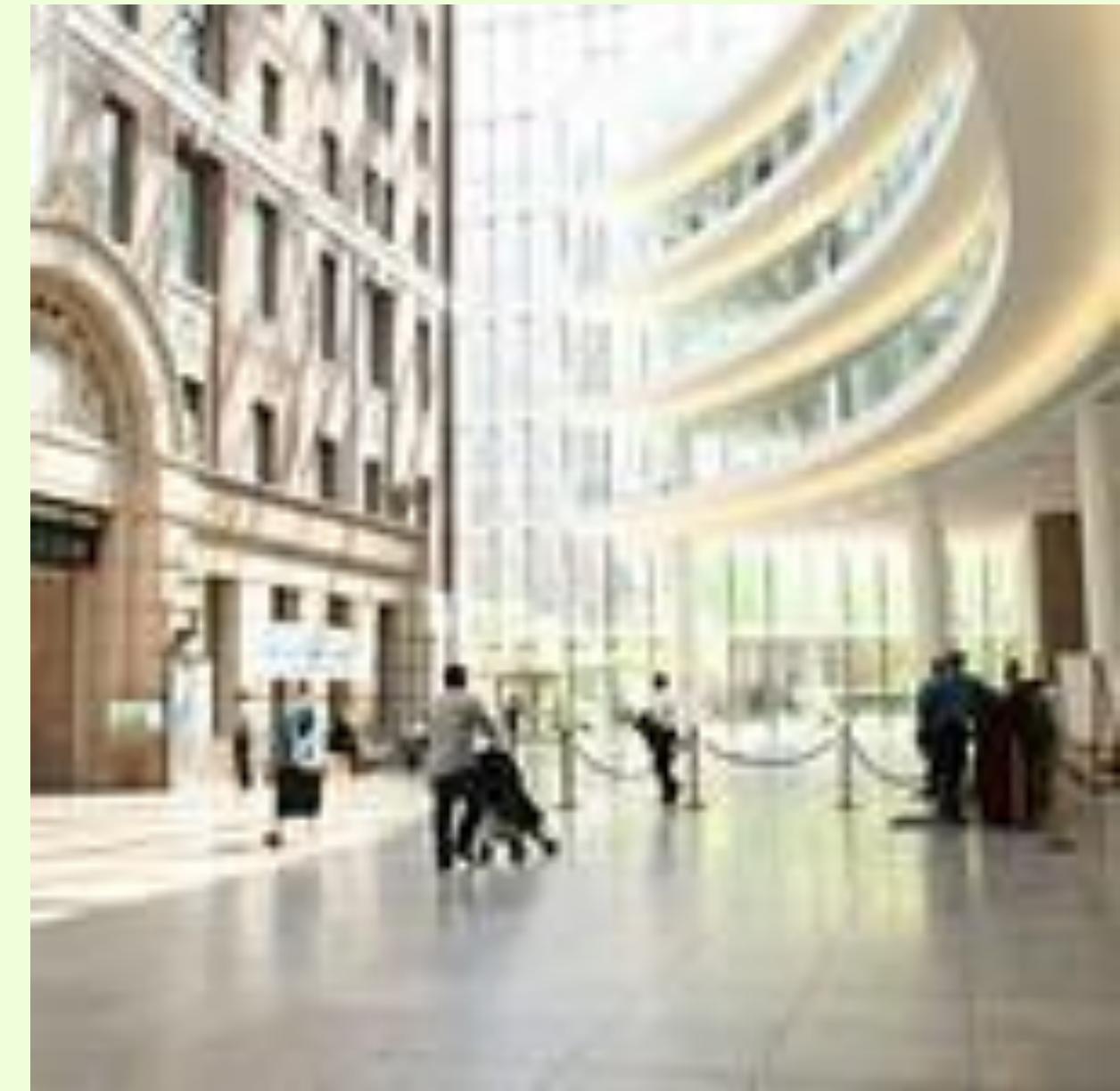
NYC Health + Hospitals

- H+H is a safety-net healthcare system*
- >65% of patients are on Medicaid or uninsured versus 25%-28% in private, nonprofit hospitals
- Funding shortfall mostly covered by:
 - State and federal Supplemental Medicaid payments (15%)
 - NYC (28%)

*As defined by NYS, a safety net hospital is one in which >30% of its inpatients and 35% of its outpatients are reliant on Medicaid, Medicaid/Medicare, or do not have health insurance.

H + H/Bellevue

- Only tertiary care (ie, referral) hospital in H+H
- Complex cases from all other H+H hospitals are referred or transported to Bellevue
- Nationally recognized in
 - Trauma
 - Stroke
 - Heart failure
 - Oncology
 - Child psychiatric evaluations (CPEP)



The Bellevue Atrium.

H + H/Bellevue

- 850 patient beds
- ~520,000 patient encounters (2025)
 - 105,000 were telehealth
- ~110,000 ER visits (2025)
- Patient encounters and ER visits increased with the closure of MSBI hospital in April 2025
- Bellevue takes all-comers, regardless of ability to pay or insurance or immigration status, leading to financial stress



What Is Medicaid?

- Single largest source of health care coverage in US
- 2024 federal fiscal year cost was \$900.3B
- States administer, using federal parameters
- Income limit for most enrollees is 138% of federal poverty level (FPL)
 - About \$22,000 for an individual
 - About \$44,000 for a family of 4



Who's Eligible for Medicaid?

Traditional Medicaid

Low-income:

- Children 18 and younger
- Pregnant women
- Parents of dependent children
- Adults > 65 years
- People with disabilities

Medicaid Expansion Population

- Childless Adults 19-64 years without a disability and with incomes up to 138% FPL

4,036,284 New York City residents receive Medicaid

Medicaid and Safety Net Hospitals

- Medicaid reimburses only about 70% of the cost of care
- All safety net hospitals struggle and rely on some type of supplemental payment to maintain services
- Supplemental Medicaid payments help offset costs for indigent care and make up some (but not all) of the revenue shortfall





H.R.1



- \$1 trillion reduced healthcare funding over the next decade, mostly in Medicaid
- Does not “end Medicaid”; it restructures it in ways to reduce enrollment, federal payments, and flexibility
- Separate tracks for ACA subsidies and Medicaid
 - Loss of ACA subsidies affects people buying insurance
 - Subsidies have not been renewed as of Jan 1, 2026

H.R. 1 Effect on Medicaid

- Severely reduces federal share of payment
- Requires 80 hours/month work, volunteer, or study by adults
 - unless >65 years or have children <14 years
- Reduces retroactive coverage from 60 to 30 days
- Requires recertification every 6 months instead of every year
- Reduces Medicaid supplemental reimbursement rate
- Requires cost sharing for Medicaid expanded population

State/NYC Impact of H.R. 1

- People who are eligible for Medicaid are likely to fall off due to paperwork, language barriers, housing instability, or churn
- NYC IBO estimates that 950,000 people in NYC (1.5 million in NYS) will be negatively affected
- \$1.3B increase in hospital uncompensated care
- \$10B lost state funding/\$4.5B new state costs
- Estimated 76,000 loss of healthcare jobs and loss of 136,000 jobs in related economic activity

H + H/Bellevue Budget Priorities

Make permanent the Fee-for-Service Upper

Payment Limit which is set to expire March 31,

2026. The Upper Payment Limit is a specific

funding mechanism that is intended to cover the

difference in reimbursement between Medicaid FFS

and what Medicare would have paid for the same

service at a higher reimbursement level.



H + H/Bellevue Budget Priorities

Make permanent the telehealth parity

statute due to expire March 31, 2026 that

enables vulnerable patients who face

barriers to care (impaired mobility,

inadequate transportation, work or

childcare responsibilities) to receive

services.



H + H/Bellevue Budget Priorities

Advocate for an increase in the overall Medicaid reimbursement rate to help cover the actual cost of delivering care because it is the best method to address disparities among hospitals and promote health equity.

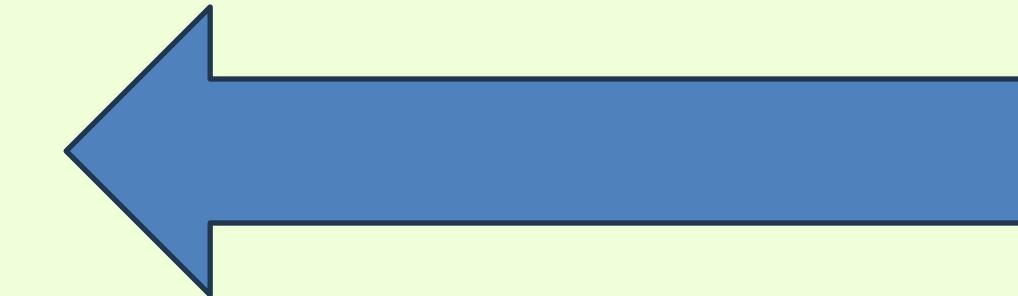


**THANK
YOU!**

Any questions?

NYC Enrollment in Publicly Supported Health Plans

Plan	NYC Enrollment
Medicaid	4,036,284
Essential Plan	972,208
Child Health Plus	251,547
Qualified Health Plans	70,560
All	5,330,599



NYC H+H Patient Support

- 2 H+H programs attempt to fill uninsured gap
 - MetroHealth Plus health insurance
 - NYCare low-cost or free health care

