City of Cincinnati Primary Care Board of Governors Meeting

February 11, 2026

Agenda

Renu Bahkshi	Robert Cummings	Alexius Golden Cook	Dr. Angelica Hardee
Dr. Camille Jones	John Kachuba	Dr. Phil Lichtenstein	Luz Schemmel
Debra Sellers	Jen Straw	Erica White-Johnson	Dr. Bernard Young

Meeting Reminders*: Please raise your virtual hand via Zoom when asking a question and please wait to be acknowledged and always remain muted, unless actively speaking/presenting (With the exception of the Board Chair).*

6:00 pm – 6:05 pm Call to Order and Roll Call

6:05 pm – 6:10 pm Vote: **Motion to approve** the Minutes from January 14, 2026, CCPC Board Meeting.

Executive Committee

6:10 pm – 6:15 pm Change of date for April Board Meeting

Leadership Updates

6:15 pm – 6:25 pm Ms. Joyce Tate, Chief Executive Officer
- CEO Report – ***document***
- Personnel Actions – ***document***

6:25 pm – 6:30 pm Dr. Geneva Goode, Chief Operations Officer
- 2026 Sliding Scale Fee Policy – ***documents***
  - **Motion to approve** the 2026 Sliding Scale Fee Policy

6:30 pm – 6:45 pm Ms. Angela Mullins, Nursing Supervisor
- 2025 Risk Management Annual Report Presentation – ***document***
  - **Motion to approve** the 2025 Annual Risk Management Annual Report

6:45 pm – 6:55 pm Mr. Mark Menkhaus Jr., Chief Financial Officer
- CFO Report – ***documents***

New Business

6:55 pm – 7:00 pm Comments

7:00 pm Adjourn

Documents in the Packet but not presented.

Efficiency Update is included in the packet. Please contact Dr. Geneva Goode (Efficiency Update) with any questions/concerns.

Next Meeting – March 11, 2026

Mission: *To provide comprehensive, culturally competent, and quality health care for all.*

CCPC Board of Governors Meeting Minutes

Wednesday, January 14, 2026

Call to order at 6:00 pm

Roll Call

CCPC Board members present – Mr. Robert Cummings, Ms. Alexius Golden Cook, Dr. Camille Jones, Mr. John Kachuba, Dr. Philip Lichtenstein, Ms. Luz Schemmel, Ms. Jen Straw, Ms. Erica White-Johnson

CCPC Board members absent – Ms. Renu Bakhshi, Dr. Angelica Hardee, Ms. Debra Sellers, Dr. Bernard Young

Others present – Ms. Sa-Leemah Cunningham, Ms. Joyce Tate, Mr. Mark Menkhaus Jr., Dr. Geneva Goode, Mr. David Miller, Dr. Nick Taylor,

Board Documents:

Topic	Discussion/Action	Motion	Responsible Party
Call to Order/Moment of Silence	The meeting was called to order at 6:00 p.m. The board gave a moment of silence to recognize our two most important constituencies, the staff, and patients.	n/a	Mr. John Kachuba
Roll Call	8 present, 4 Absent	n/a	Ms. Sa-Leemah Cunningham
Minutes	**Motion:** The City of Cincinnati Primary Care for December 10, 2025, CCPC Board Meeting. *(Ms. Golden Cook joined meeting after this vote)*	**M**: Dr. Camille Jones **2nd:** Dr. Phil Lichtenstein **Action: 7-0 Passed**	Mr. John Kachuba
Old Business			
CEO Update	Ms. Tate gave her CEO Update and shared the latest CHD Personnel Actions with the Board. CEO update Memo was included in the agenda packet. **Bylaw review recommendations** • Ms. Tate reported that bylaws review meeting was held with the Executive Committee. • The bylaws were reviewed with only minor clarification changes identified, and no substantive revisions proposed. She stated that once feedback is received from the organization's legal consultant, Ian Doig, a revised copy will be distributed to the full Board. • Ms. Tate noted that Mr. Kachuba was encouraged to present the bylaws at the February Board meeting for formal Board consideration and vote. **340B Program and Advocacy Update**	**n/a**	Ms. Joyce Tate

- 340B Program
    - Ms. Tate reported that she and Mr. David Miller, Pharmacy Director, have been closely monitoring ongoing developments related to the 340B rebate program. She noted that the program had been tied up in litigation; however, the Hospital Association and other parties have since withdrawn the lawsuit. As of the current update, the matter is expected to be remanded back to the U.S. Department of Health and Human Services (HHS) for review and determination regarding rebate program requirements.
    - Ms. Tate stated that until further guidance is issued, operations remain business as usual, and she and Mr. Miller will continue to keep the Board informed of any changes.
- Advocacy Update
    - Ms. Tate further reported that the National Association of Community Health Centers (NACHC) and the Ohio Association of Community Health Centers (OACHC) are in Washington, D.C. this week meeting with congressional leadership to advocate for:
        - The 340B program
        - Continued Community Health Center funding
        - National Health Service Corps (NHSC) funding
        - Long-term funding stability beyond continuing resolutions
    - She emphasized that many health centers nationwide are facing aging infrastructure and rising costs that are not fully covered by current funding levels.

National Health Service Corps (NHSC)

- Ms. Tate highlighted the value of the NHSC program in recruiting physicians and dentists by assisting with student loan repayment in exchange for service at community health centers.
- She noted its importance in attracting providers, particularly dentists facing substantial educational debt.

Board Advocacy Letter Request

- Ms. Tate informed the Board that she distributed correspondence with a link and sample language for sending advocacy letters to congressional

leaders, including Congressman Greg Landsman, Senator Hustead, and Senator Marino.
- She encouraged Board members and community partners to participate and share the opportunity broadly.

Personnel Updates

- Ms. Tate informed the board of recent key staff departures recognized the following individuals for their service:
    - Ms. Johnny Askew, Behavioral Health Specialist, for her long-term service and recent retirement after returning to CCPC post-retirement.
    - Dr. Kimberly Oberlander, former Dental Director, for her years of leadership and service
    - Mr. Jose Marques, Public Information Officer, for his contributions during his tenure
    - Ms. Jamie Hills, Epidemiologist, for her support of quality improvement initiatives and transition to a new role in Northern Kentucky
- Ms. Tate announced that Dr. Michelle Burch, Pediatrician and former Butler County Public Health administrator, has joined CCPC as Associate Medical Director, with primary oversight of the school-Based Health Centers.
- Ms. Tate expressed gratitude to Dr. Denise Saker for her service as Interim Medical Director, Associate Medical Director, Lead Pediatrician, and full-time pediatrician. She noted Dr. Saker will transition to focus on patient care at the Bobby Stern Health Center while remaining available to support CCPC.

Dental Services Personnel Update (Presented by Ms. Tate and Dr. Taylor)

- Ms. Tate introduced the dental services update and requested that Dr. Taylor provide the Board with a brief overview of recent staffing changes and current operational impacts due to provider departures and upcoming leaves.
    - Dr. Taylor reported that CCPC recently experienced the loss of two dental providers:
        - Dr. Kimberly Oberlander, who had been practicing at the Roberts School-based clinic.
        - A dental provider at the Millvale Clinic, who resigned at the end of December.

- As a result, Dr. Taylor is currently providing coverage at the Millvale location. The former second provider at Millvale has been reassigned to support the Roberts School-based clinic.
- Dr. Taylor announced that CCPC successfully onboarded a pediatric dentist who began work the previous week. He noted that she recently completed her residency at Cincinnati Children's Hospital and joined CCPC through the National Health Service Corps program, which supports provider retention. She is currently serving at two school-based health centers and is expected to remain with CCPC for an extended period.
- Dr. Taylor informed the Board of several upcoming temporary staffing reductions due to family leave:
  - Dr. Butler (Aiken Clinic) – currently on maternity leave
  - Dr. Vasquez – scheduled for paternity leave in February.
  - Braxton Cann Clinic dentist – scheduled for maternity leave in March.
- These leaves will further reduce available dental coverage in the coming months.
- Dr. Taylor stated that the dental department is actively recruiting additional providers to address staffing gaps and maintain service levels during this period of reduced availability. He acknowledged that coverage will be limited in the short term as providers are spread across locations but expressed optimism about filling vacancies.
- Ms. Tate emphasized the importance of keeping the Board informed about staffing challenges, particularly as reduced provider availability may temporarily impact patient volume and service capacity. She reaffirmed that recruitment efforts are underway and thanked Dr. Taylor for his leadership in managing coverage.

Q&A

- Dr. Lichtenstein sought clarification regarding the implications of the withdrawn lawsuit related to the 340B program**.** He summarized his understanding that under the proposed rebate model, Federally Qualified Health Centers would have been required **to** purchase drugs at full list price and then apply for rebates from Medicaid or manufacturers, rather than receiving

	upfront 340B discounted pricing. He noted that such a shift would have negatively impacted organizational cash flow. • Ms. Tate confirmed Dr. Lichtenstein's understanding and stated that, based on current information, the rebate model has effectively been withdrawn and is no longer being implemented at this time. She emphasized that the organization has returned to receiving discounted drug pricing upfront under the traditional 340B structure. Ms. Tate added that while the specific model has been removed, federal agencies may consider alternative approaches in the future, and therefore the issue cannot be considered permanently resolved. • Mr. Miller confirmed the latest update, stating that HHS has chosen not to continue litigation following the court's decision and will return to the drawing board to reconsider the approach. He explained that CCPC is currently operating under status quo 340B processes, receiving discounted pricing upfront and billing insurance as usual. He noted that while the drugs remain subject to Inflation Reduction Act price reductions, the rebate-based purchasing requirement is not currently in effect. • Mr. Miller added that the IRA monitoring portal remains active, which allows the organization to review manufacturer reimbursements and file challenges if discrepancies occur. He stated that this process is significantly less administratively burdensome than the previously proposed rebate model. • Ms. Tate concluded that, in summary, operations remain business as usual, though minor adjustments may. •		
Finance Update	Mr. Mark Menkhaus Jr. reviewed the financial data variance between FY25 and FY26 for the month of November 2025. • Please see the memo and presentation included the agenda packet. **Highlights** • Mr. Menkhaus presented the financial report for the period ending November, noting that a new pharmacy profit and loss table has been added to the Board packet to increase transparency related to 340B activity. o Mr. Menkhaus reported that approximately five months into FY26, pharmacy revenue over expenses totaled $998,000, tracking favorably against the FY25 full-year total of $1.9 million. He explained that this table was implemented to monitor any potential fiscal impact should a rebate model be introduced for 340B drugs. Currently, pharmacy performance remains consistent with historical trends and shows no adverse impacts. • Revenue increased by 25.42%. o Self-paid patients decreased by 8.91%.	**n/a**	Mr. Mark Menkhaus Jr.

- Medicare increased by 14.01%.
- Medicaid increased by 91.53%.
- Private Pay increased by 13.44%.
- Medicaid managed care increased by 55.57%.
- 416—Offset increased by 28.19%.

- Expenses increased by 6.04%.
  - Personnel expenses increased by 12.00%.
  - Material expenses increased by 8.42%.
  - Contractual Costs decreased by 9.80 %.
  - Fixed costs decreased 5.88%.
  - Fringes increased by 8.57%.
- Net Gain was -$638,787; it decreased by 76.79%.
- Invoices greater than 90 days were at 23%; (below 20% is the goal).
- Invoices greater than 120 days were 17% (below 10% is the goal).
- Average Days in Accounts receivable were 36.5 days.

Medicaid Maximization Update

- Mr. Menkhaus reported receiving confirmation from the Ohio Department of Medicaid that the organization's Medicaid maximization (APM) payment for the year is projected to be approximately $5.6 million**,** significantly higher than anticipated. It was further reported that this payment is expected as early as December, rather than the spring, which will positively impact cash flow.
- At the request of Dr. Lichtenstein, Mr. Menkhaus explained that Medicaid maximization allows government-operated FQHCs to receive a lump-sum payment covering the difference between the cost of care and Medicaid fee-for-service payments. The Ohio Department of Medicaid issues this payment**.**

Collections and Revenue Trends

- Collections for November totaled approximately $1.2 million, with gross collection percentages remaining consistent with historical averages at just under 50%.
- Payor mix trends showed: Slight decline in traditional Medicaid proportions and Growth in self-pay categories overall. Exception in behavioral health and school-based medical services, where Medicaid increased and self-pay decreased.
- Mr. Menkhaus stated that the organization continues to aim for reduced self-pay exposure to improve collection success.

Mr. Menkhaus concluded that overall financial performance remains stable and trending positively**,**

	with strong revenue growth, improving collections, and continued monitoring of pharmacy financials related to 340B activity. • No additional commentary from the board		
340B Insulin & EpiPen Policy and Procedure and Rebate Program	Mr. David Miller presented the 340B Insulin & EpiPen Policy and Procedure and Rebate Program to the board. Presentation included in the Agenda Packet • Mr. Miller provided an update on significant federal policy changes anticipated in 2026 that will impact pharmacy operations and organizational finances. He reported that implementation of the Inflation Reduction Act (IRA) will result in major changes to Medicare drug pricing and will have downstream effects on the 340B Drug Pricing Program, particularly related to manufacturer pricing strategies and reduced rebate levels. • Mr. Miller clarified that under the IRA, certain drugs will be included in a newly established three-phase 340B rebate model, representing a shift from the traditional upfront 340B discount model. Historically, medications were purchased at the discounted 340B rate; however, under the new structure, health centers will be required to purchase certain drugs at Wholesale Acquisition Cost (WAC) and seek rebates after dispensing. • Mr. Miller reported that on October 30, 2025, the organization was notified that 10 IRA-designated drugs would be included in this new rebate program. Of these, approximately seven drugs are expected to have a significant fiscal impact on CCPC. He noted that this change will require substantial upfront cash outlays to purchase medications. • Using historical dispensing data and analysis through the Plexus tool (via the Office of Pharmacy Affairs), Mr. Miller estimated that the upfront purchasing impact could total $900,000 over a 12-month period. He reported that, upon learning about this change, he immediately began coordinating with Ms. Tate and Mr. Menkhaus, as well as the organization's wholesaler Cardinal and City procurement, to address anticipated cash flow challenges. • Mr. Miller explained that the new rebate process introduces additional administrative complexity. Prescription claims for affected drugs will now be submitted at WAC pricing and routed through the CMS Medicare Transaction Facilitator (MTF) Portal, for which the City recently completed enrollment. Rebates will then flow from manufacturers through Beacon Health, acting as a	**M**: Dr. Camille Jones **2nd:** Dr. Bernard Young **Action: 8-0 Passed**	Mr. David Miller

gatekeeper, before being deposited into the organization's account. He noted that this multi-step process is expected to increase payment turnaround times from 15–30 days to 30–45 days.

- Mr. Miller further reported that the new model significantly increases administrative workload. Over the past 12 months, the organization processed approximately 4,000 claims for affected medications. He noted that ongoing monitoring—potentially daily—will be required to track claims, verify rebate accuracy, and ensure manufacturers are reimbursing appropriately.
- Regarding fiscal impact, Mr. Miller stated that early projections range from budget-neutral to potentially significant revenue loss, though final impact remains uncertain. He reported ongoing discussions with national partners, including the National Association of Community Health Centers (NACHC), and noted that additional guidance is expected. He shared that a lawsuit has been filed that could potentially delay implementation; however, the organization is proceeding with full preparation for January 1, 2026, implementation.
- Mr. Miller also reported challenges related to contract pharmacies, noting that some partners, including Walgreens, have indicated they will not dispense the affected IRA drugs until they can fully assess the new process, with no current timeline for participation.
- Mr. Miller concluded by noting that similar policy changes in 2023, including insulin pricing reforms, resulted in an estimated $500,000 revenue impact. Based on current utilization data, he anticipates that high-volume medications such as Jardiance, Farxiga, Xarelto, and Eliquis, including approximately 1,200 Jardiance prescriptions filled last year—may result in a significant fiscal impact to the pharmacy program.

Q&A:

- Dr. Jones inquired whether there will be an appeals process associated with the new 340B rebate model under the Inflation Reduction Act and asked whether the program has been fully developed or is still evolving.
    - Mr. Miller responded that the rollout has been rushed, noting that health centers were notified on October 30 and given approximately two months to prepare for implementation. He stated that the process has been poorly timed and that manufacturers currently have major influence in driving these changes. He reported that national advocacy efforts, including those led by the National Association of Community Health Centers (NACHC), have actively pushed back, but

	manufacturers have continued moving forward. o Mr. Miller further noted that additional IRA-designated drugs are anticipated to be added in future years, with 15–20 drugs expected in 2028 and another 15 in 2029, and that manufacturers retain the ability to add or remove drugs from the program at any time. He explained that some changes may be related to drugs nearing patent expiration and transitioning to generic status. He added that litigation is currently underway and committed to keeping the Board informed of any developments related to the lawsuit. o Ms. Tate added that there is a strong push to have health centers exempted from the IRA-related rebate requirements; however, even if exemptions are granted, the requirement for upfront drug purchasing and the addition of future drugs will continue to have a fiscal impact. She stated that while the full extent of the impact remains unknown, the organization is actively monitoring developments and expressed appreciation for Mr. Miller's ongoing efforts to track and manage these changes. o Mr. Miller provided a specific example to illustrate the fiscal impact, explaining that the organization currently pays approximately $0.69 for Jardiance under the 340B program, whereas the retail cost is approximately $620. Under the IRA, the price is expected to be reduced to approximately $290, but the organization will still be required to pay this amount upfront, resulting in a loss of the prior reimbursement benefit. • Dr. Jones followed up by asking whether an appeals process exists if reimbursement is denied. o Mr. Miller confirmed that an appeals and dispute resolution process is built into the system. He stated that claims can be submitted and reviewed through the CMS Medicare Transaction Facilitator portal, and formal complaints can be filed if reimbursement issues arise. • Dr. Lichtenstein asked whether the rebates to be received under the new 340B rebate model would be equivalent to the upfront discounts previously received. o Mr. Miller responded that the rebates will not be equivalent, explaining that the cost of affected medications has been reduced under the Inflation Reduction Act, which in turn lowers the rebate amount. He cited Jardiance as an example, noting that its Wholesale Acquisition Cost (WAC) is currently approximately $620, but beginning January 2026 will be reduced to approximately $290, thereby reducing the differential that determines rebate value.		

	• Dr. Lichtenstein asked what the guiding principle behind this change is and why it is being implemented.
	  o Mr. Miller stated that pharmaceutical manufacturers believe there have been questionable practices within certain segments of the 340B program, particularly among some hospital systems, and that FQHCs have been inadvertently grouped into these broader concerns. He noted that manufacturers are attempting to protect their investments, especially in relation to high-cost biologics and specialty medications, and that lobbying efforts have heavily influenced these policy changes. He emphasized the importance of continued advocacy to demonstrate how 340B savings directly support patient access, equity, and care delivery in underserved communities.
	• Dr. Lichtenstein asked for clarification on whether the 340B program was originally developed specifically for Federally Qualified Health Centers.
	  o Ms. Tate responded that numerous stakeholders are now involved in 340B policy discussions, including hospital systems, the American Medical Association, pharmaceutical manufacturers, and various lobbying groups. She noted that the National Association of Community Health Centers (NACHC) continues to advocate on behalf of health centers due to the disproportionate impact these changes have on smaller organizations serving vulnerable populations.
	  o Mr. Menkhaus added that the 340B program was designed to support organizations—such as FQHCs—that primarily serve disadvantaged and underserved populations. He emphasized that health centers differ significantly from large hospital systems and that this distinction is central to arguments for exemption from the rebate model. He noted that the shift from upfront discounts to a rebate-based system introduces a significant administrative burden, requiring staff to track claims, ensure timely reimbursement, and resolve denials or discrepancies.
	  o Mr. Menkhaus further stated that the change will place additional strain on cash flow, as higher upfront drug costs must be paid before rebates are received. He reported that leadership is working with Cardinal, the organization's wholesaler, to increase credit limits in anticipation of higher monthly drug expenditures. He also noted that while some private pharmacies may choose not to dispense drugs included in the rebate program, the organization does not have that option, as it must continue providing necessary medications to patients. He added that alternatives such as generics are often unavailable due to the newer nature of the drugs included in the IRA list.		

	Additional Statements • Mr. Menkhaus stated that while Mr. Miller previously referenced the sense of urgency surrounding the program, the delay in releasing implementation details was partially due to a federal government shutdown. However, he emphasized that this delay did not postpone the program's start date. As a result, the timeline for understanding, planning for, and responding to the program's impact has been significantly compressed. He noted that this is the reason the matter was brought to the Board's attention on December 10, given that implementation could begin as early as January 1. • Ms. Tate concurred and added that the accelerated rollout of the program is one of the key concerns being raised by health centers nationwide. She stated that the scope of the changes represents a major operational and financial undertaking, even for larger health centers such as CCPC, and presents an even greater challenge for smaller organizations. Ms. Tate emphasized the importance of ensuring that City leadership, the Board of Health, CCPC leadership, and other stakeholders fully understand the anticipated impacts. She noted that communicating and coordinating across these groups has required significant effort and remains a priority.		
Proposed Rescheduling of April Annual Board Meeting	Mr. Kachuba informed the Board that the **annual meeting is currently scheduled for April 8**. He advised that he will be out of the country on that date and emphasized the importance of the annual meeting, noting that it includes board member transitions, potential onboarding of new members, and board elections. • Mr. Kachuba requested that the Board consider moving the annual meeting to Wednesday, April 15, as an alternative date. He clarified that no action was being requested at this time and asked Board members to review their calendars and be prepared to discuss the proposed change at the February board meeting, at which time a formal vote could occur if there was consensus. He acknowledged the personal nature of the request and expressed understanding if the alternative date did not work for most members. • Ms. Tate stated that the administration had previously received communication regarding the potential date change and noted that board meetings have been rescheduled in the past when necessary. She added that legal counsel, Ian Doig, is reviewing the process to ensure compliance with meeting requirements and public notice obligations. • Ms. Cunningham reported that legal counsel advised proceeding exactly as Mr. Kachuba outlined it, bringing the request to the Board for consideration and decision. She confirmed that if the Board approves the new date, she will manage	n/a	Mr. John Kachuba

	all required public notices, website updates, and meeting invitations to ensure proper compliance. • The Board agreed to revisit the matter at the February meeting after members have had time to review their availability.		
New Business			
Public Comments	• No Public Comments.	n/a	Mr. John Kachuba
Documents in the Packet but not presented.	• Efficiency Update was included in the packet.	n/a	n/a

Meeting adjourned: 6:35 pm

Next meeting: February 11, 2026, at 6:00 pm.

The meeting can be viewed and is incorporated in the minutes: https://archive.org/details/ccpc-board-1-14-26

_____
Date: 1/14/2026
Clerk, CCPC Board of Governors

_____
Date: 1/14/2026
Mr. John Kachuba, Board Chair

CCPC Board of Governors

Cincinnati Health Department
January 14, 2026

Board Members	Roll Call	Approve minutes from 12.10.2025
Ms. Renu Bakhshi		
Mr. Robert Cummings	x	
Ms. Alexius Golden Cook	x	
Dr. Angelica Hardee		
Dr. Camille Jones	x	
Mr. John Kachuba	x	
Dr. Philip Lichtenstein	x	
Ms. Luz Schemmel	x	
Ms. Debra Sellers		
Ms. Jen Straw	x	
Ms Erica White-Johnson	x	
Dr. Bernard Young		
Motion Result:	**Quorum**	**Passed**

x	***Present***
	Yay
	Nay
	Absent
	Didn't vote, but present
M	***Move***
2nd	***Second***

STAFF/Attendees	
Sa-Leemah Cunningham (clerk)	x
Joyce Tate, CEO	x
Geneva Goode, DNP	x
Mark Menkhaus Jr	x
Nick Taylor, MD	x
David Miller	x

DATE: February 11, 2026

TO: City of Cincinnati Primary Care Board of Governors

FROM: Joyce Tate, CEO

SUBJECT: CEO Report for February 2026

Bylaw Review recommendations and approval

- ❖

Update to 340b Rebate Program

- ❖

CCPC Personnel Actions passed at 1.27.26 BOH meeting

- ❖ New Hires
  - Grace Bierman – Dietetic Technician
  - Keyara Green – Dental Assistant
  - Edna Nicholson – Caseworker Associate
- ❖ Promotion
  - William Robb – Public Health Nurse 3

Interdepartmental Correspondence Sheet

Date: 1/27/2026

To: MEMBERS of the BOARD of HEALTH

From: Grant Mussman, MD MHSA, Health Commissioner

Copies: Leadership Team, HR File

Subject: PERSONNEL ACTIONS for January 27, 2026 BOARD of HEALTH MEETING

NON-COMPETITIVE APPOINTMENT –pending EHS and/or background check

GRACE BIERMAN	**DIETETIC TECHNICIAN**	**CCPC**
(New Position)		
Salary Bi-Weekly Range:	$2,154.85 to $2,276.35	Grant Fund

Grace Bierman is a graduate from Cincinnati State and Technical and Community College and is a registered Dietetic Technician. She has 2-years of work experience as a DTR providing nutrition assessments and education to families. She is interested in increasing her knowledge in breastfeeding and is excited about the breastfeeding educational and teaching opportunities that WIC provides.

MATTHEW DOWLER	**ENVIRONMENTAL HEALTH SPECIALIST-in-TRAINING**	**CHES**
(Promotional vacancy)		
Salary Bi-Weekly Range:	$2,477.48 to Click or tap here to enter text.	Revenue Fund

The Cincinnati Health Department Food Safety Program is proud to announce Mathew Dowler has accepted a position in our department. Mr. Dowler has military experience as a sergeant in the U.S. Marine Corp and is a 2025 graduate of the University of Cincinnati with a bachelor's degree in biology. We are excited to welcome Mathew to our team!

KEYARA GREEN	**DENTAL ASSISTANT**	**CCPC**
(New Position)		
Salary Bi-Weekly Range:	$2,154.85 to $2,276.35	Grant Fund

Keyara Green graduated from a dental assistant program in 2025 from Fortis College. She has worked at Aspen Dental since 2024 and has experience working in pediatrics and general dentistry. Her references indicated she was a fast learner, a strong employee and a great assistant. She is eager and open to learning dental at an FQHC and we think she will be a great asset to the Cincinnati Health Department dental program

NON-COMPETITIVE APPOINTMENT –pending EHS and/or background check

JASMINE NELSON	**ENVIRONMENTAL HEALTH SPECIALIST-in-TRAINING**	**CHES**
(Promotional vacancy)		
Salary Bi-Weekly Range:	$2,477.48 to Click or tap here to enter text.	Revenue Fund

The Cincinnati Health Department Food Safety Program is proud to announce Jasmine Nelson has accepted a position in our department. Ms. Nelson has a master's degree in public health from the University of Alabama-Birmingham; she has worked for the Northern Kentucky Health Department and most recently at the Center for Disease Control as an epidemiologist. We are excited to welcome Jasmine to our team!

EDNA NICHOLSON	**CASEWORK ASSOCIATE**	**CCPC**
(Transfer vacancy)		
Salary Bi-Weekly Range:	$1,920.34 to $2,035.37	Grant Fund

The City of Cincinnati Primary Care would like to hire Edna Nicholson as a Case Work Associate. Ms. Nicholson is a graduate of Hughes High School and has over ten years of experience serving as a Case Management Assistant. Ms. Nicholson has a desire to serve the community, and her skills, knowledge, and empathy will be an asset to the CCPC Operations team.

PROMOTION

WILLIAM ROBB	**PUBLIC HEALTH NURSE 3**	**NURSING**
(Promotional vacancy)		
Salary Bi-Weekly Range:	$3,532.79 to $3,897.48	General Fund

Registered Nurse with 32 years of service in the City of Cincinnati Health Department, experienced in pediatric and adult assessments, case management, immunizations, and physician-ordered procedures. Background includes field, clinic, and school nursing, Employee Health Services, and current work in the CMH division. Strong collaborator with multidisciplinary teams and committed to improving community health. Seeking to apply extensive institutional knowledge and public health nursing experience in the Public Health Nurse 3 role.

Board Chair Signature: 

City of Cincinnati Primary Care
2026 Sliding Fee Discount Program

Subject: **Sliding Fee Discount Program**

Effective Date: February 12, 2026

Purpose:
The board approved Sliding Fee Discount Policy is the policy and procedure guiding the organization's establishment and implementation of the Sliding Fee Discount Program (SFDP). The policy states that the City of Cincinnati Primary Care will base the SFDP on the most current Federal Poverty Guidelines, (https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines). This document provides the Sliding Scale for 2026.

Sliding Fee Scale:

	A		B		C		D		E	
Size	**Nominal Fee**		**75% Discount**		**50% Discount**		**25% Discount**		**Full Pay**	
1	0	15,960	15,961	19,950	19,951	23,940	23,941	27,930	27,931	& over
2	0	21,640	21,641	27,050	27,051	32,460	32,461	37,870	37,871	& over
3	0	27,320	27,321	34,150	34,151	40,980	40,981	47,810	47,811	& over
4	0	33,000	33,001	41,250	41,251	49,500	49,501	57,750	57,751	& over
5	0	38,680	38,681	48,350	48,351	58,020	58,021	67,690	67,691	& over
6	0	44,360	44,361	55,450	55,451	66,540	66,541	77,630	77,631	& over
7	0	50,040	50,041	62,550	62,551	75,060	75,061	87,570	87,571	& over
8	0	55,720	55,721	69,650	69,651	83,580	83,581	97,510	97,511	& over
9	0	61,400	61,401	76,750	76,751	92,100	92,101	117,390	117,391	& over
10	0	67,080	67,081	83,850	83,851	100,620	100,621	127,330	127,331	& over
11	0	72,760	72,761	90,950	90,951	109,140	109,141	137,270	137,271	& over
12	0	78,440	78,441	98,050	98,051	117,660	117,661	147,210	147,211	& over
	0-100%		**101-150%**		**151-175%**		**176-200%**		**>201%**	

Patients receiving Reproductive Health and Wellness services whose documented income is 0-100% of the Federal Poverty Guidelines will not be charged for services. This service does not include medication.

Nominal Fee:

- $20 for medical services
- $20 for vision services
- $20 for preventative and diagnostic dental services
- $30 for restorative and emergency dental services

The nominal fee is not based on the cost of services.

Atención Primaria de la Ciudad de Cincinnati.
Programa de Descuento de Tarifas Variables 2026

Asunto: **Programa de Descuento de Tarifas Variables**

Fecha de vigencia: 12 de Febrero de 2026

Objetivo:
La política del Sistema de Descuentos de Tarifas Variables aprobada por la Junta de Gobierno, es la regulación y el procedimiento que guía el establecimiento y la implementación del Programa de Descuentos de Tarifas Variables de la organización. Esta regulación establece que la Atención Primaria de la Ciudad de Cincinnati se basará en el Indice Federal de Pobreza más actual (https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines). Este documento proporciona las Tarifas variables para el año 2026.

Tarifas Variables:

	A		B		C		D		E	
Tamaño	**Tarifa Nominal**		**75% Descuento**		**50% Descuento**		**25% Descuento**		**Pago completo**	
1	0	15,960	15,961	19,950	19,951	23,940	23,941	27,930	27,931	& over
2	0	21,640	21,641	27,050	27,051	32,460	32,461	37,870	37,871	& over
3	0	27,320	27,321	34,150	34,151	40,980	40,981	47,810	47,811	& over
4	0	33,000	33,001	41,250	41,251	49,500	49,501	57,750	57,751	& over
5	0	38,680	38,681	48,350	48,351	58,020	58,021	67,690	67,691	& over
6	0	44,360	44,361	55,450	55,451	66,540	66,541	77,630	77,631	& over
7	0	50,040	50,041	62,550	62,551	75,060	75,061	87,570	87,571	& over
8	0	55,720	55,721	69,650	69,651	83,580	83,581	97,510	97,511	& over
9	0	61,400	61,401	76,750	76,751	92,100	92,101	117,390	117,391	& over
10	0	67,080	67,081	83,850	83,851	100,620	100,621	127,330	127,331	& over
11	0	72,760	72,761	90,950	90,951	109,140	109,141	137,270	137,271	& over
12	0	78,440	78,441	98,050	98,051	117,660	117,661	147,210	147,211	& over
	0-100%		**101-150%**		**151-175%**		**176-200%**		**>201%**	

A los pacientes que reciben servicios de salud y bienestar reproductivo cuyos ingresos documentados sean del 0 al 100 % de las pautas federales de pobreza no se les cobrará por los servicios. Este servicio no incluye medicación.

Tarifa Nominal:

- $20 por servicios médicos.
- $20 por servicios de la vista
- $20 por servicios dentales de prevención y diagnostico.
- $30 por servicios dentales restaurativos y de emergencia

La Tarifa Nominal no se basa en el coste de los servicios.

Reporting Period: January 1, 2025 – December 31, 2025

The annual clinical risk management report summarizes the 2025 activities aimed at enhancing patient safety and mitigating risks. It details assessments conducted, strategies implemented, events reported, and corrective actions taken, highlighting achievements and areas for improvement. This report ensures compliance with regulatory standards and supports continuous quality improvement within the organization.

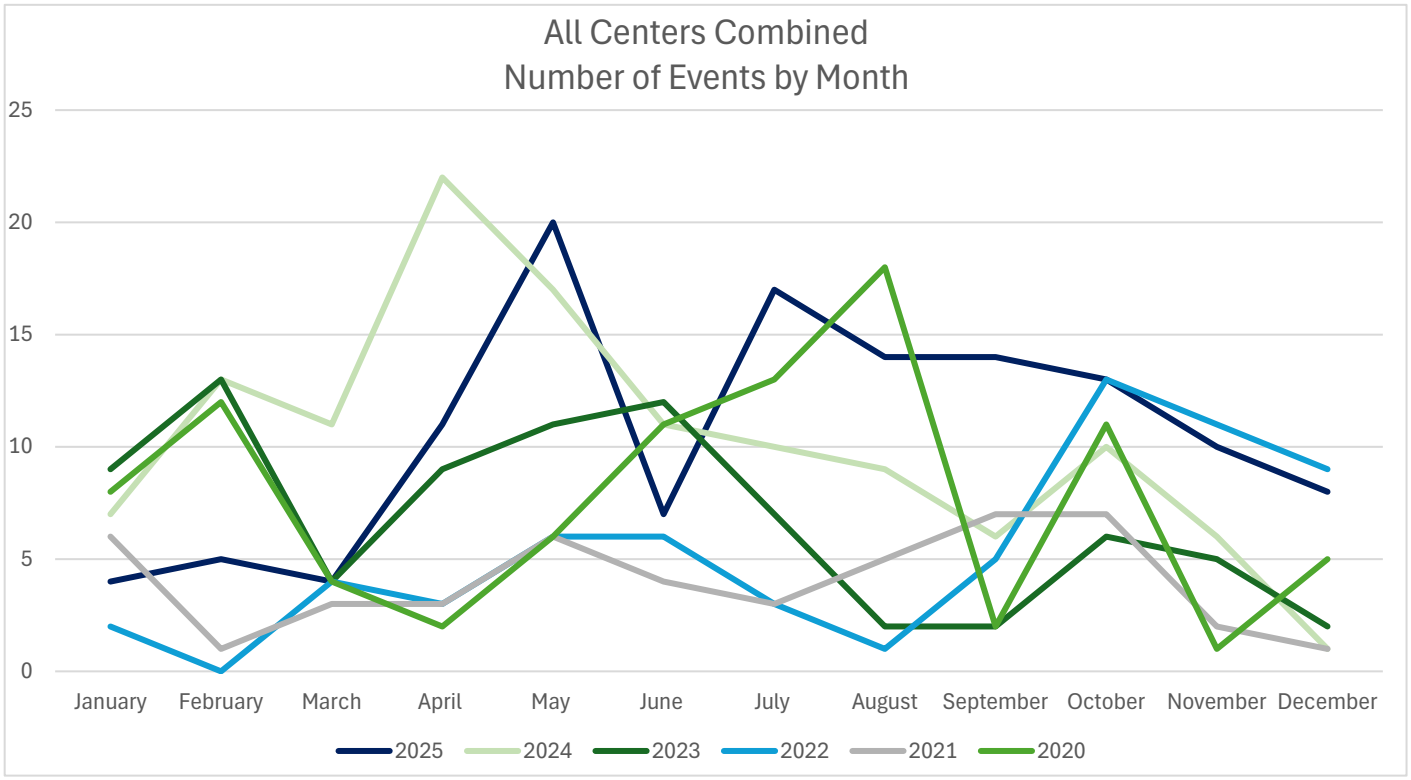
2025 Risk Management Training
Training Source – Relias Learning Management System

Fire Safety
Hazardous Chemicals: Safety Data Sheets and Labels
About Workplace Violence
Hand Hygiene Basics
AED LifePak
Bridging the Diversity Gap
Social Determinants of Health: Neighborhood and Built Environment
Understanding Bloodborne Pathogens
HIPAA: Security Rule
Radiation & Equipment [Dental]
HIPAA, Bloodborne Pathogens, Hazardous [Dental]
Communication, Infection Control [Dental]
Pregnancy and Women's Oral Health [Dental]

Essentials of Quality Improvement
City-Wide Required Acknowledgement
340B Drug Pricing Program
Immunization: You Call the Shots Modules 10 & 16
Documentation: The Legal Side
Refresher for First Aid
Basics of Effective Documentation

Preventing and Managing Accidents
Becoming a Trauma-Informed Organization

2025 Claim(s)
No Claims Filed



Emergency support calls to 911 account for approximately 60% of the events reported in May 2025. The remaining events for that month fall within the following classifications: Health Insurance Portability and Accountability Act (HIPAA), injury, medication-related, and near-miss events. The notable high point for July 2025, illustrated in the graph above, reflects that approximately 29% of reported events were classified as near-miss incidents, followed by emergency support calls to 911 as the next most frequent category. The majority of reported events for the calendar year involve appropriately managed 911 calls to support patient care.

2025 Year Total: 127 Reported Events

2024 Year Total: 129 Reported Events

2023 Year Total: 97 Reported Events

2022 Year Total: 75 Reported Events

2021 Year Total: 48 Reported Events

2020 Year Total: 93 Reported Events

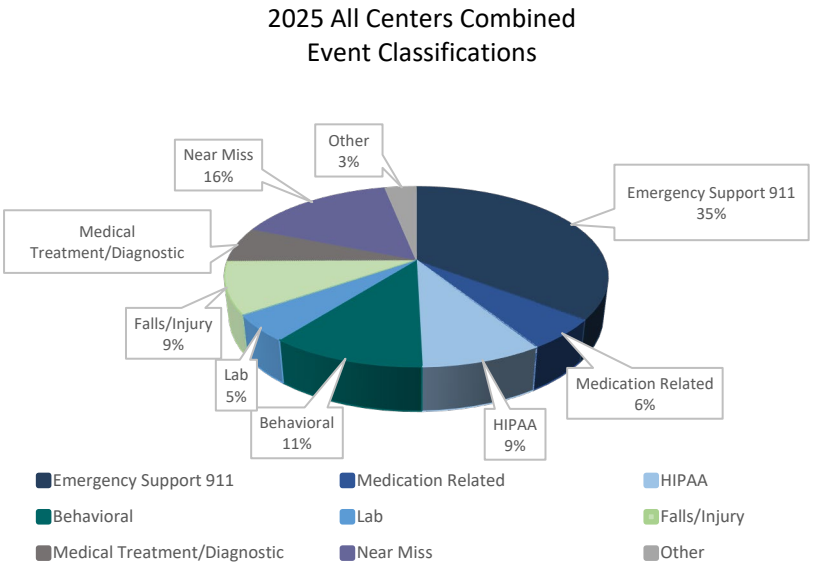
High Risk Events

2025 Reported Events Score

Impact	Likelihood 1	2	3	4	5	Total
1	6	5	4	2		**17**
2	9	12	12	4		**37**
3	4	5	6			**15**
4	4		7	2	43	**56**
5		1	1			**2**
Total	**23**	**23**	**30**	**8**	**43**	**127**

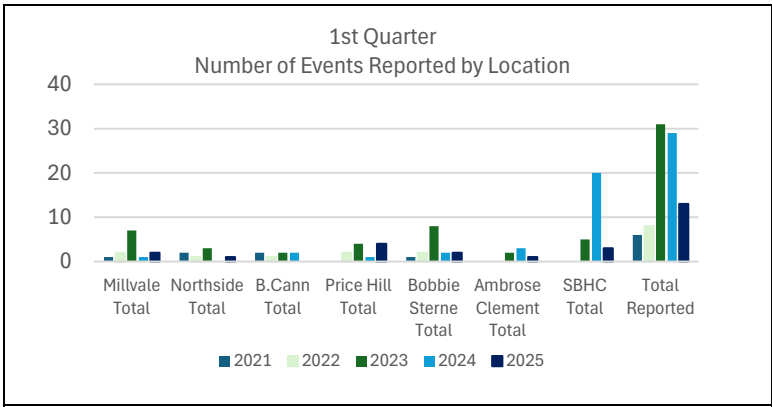
Clinical safety events in the heat map above correspond to all events reported in calendar year 2025 and are classified by their potential likelihood of occurrence and impact. A total of 43 high scoring events represent emergency medical calls to 911 for patient care support. The remaining three high scoring events were classified as behavioral, HIPAA and employee injury. Given the high frequency of emergent medical needs among the patients served, the organization has prioritized related risk assessments and policy updates to strengthen emergency medical response processes. The emergency crash cart and Automatic External Defibrillator (AED) policy has been updated and practices related to oxygen-cylinder storage, handling, and maintenance were evaluated. Each event was managed appropriately, with interventions applied as necessary to mitigate future risks. Nearly half, approximately 42 percent, of the 12 medium-risk items identified in yellow were classified as near misses and represented a range of situations that were addressed appropriately, with interventions introduced when indicated. The inclusion of near-miss reporting reflects the growing safety culture among staff.

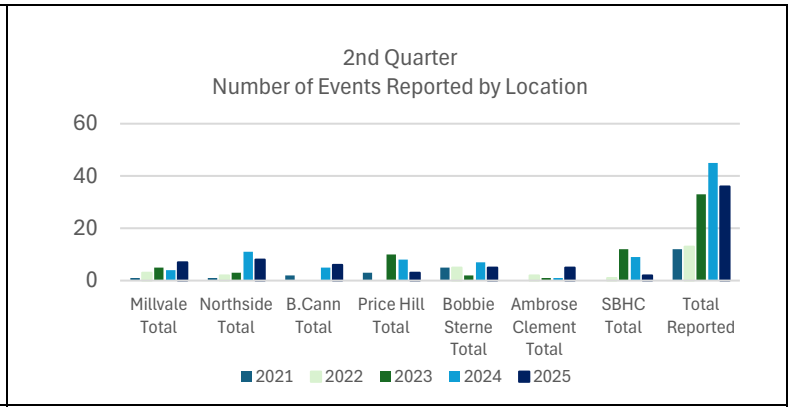
Event Classifications
Data/Trends Reports

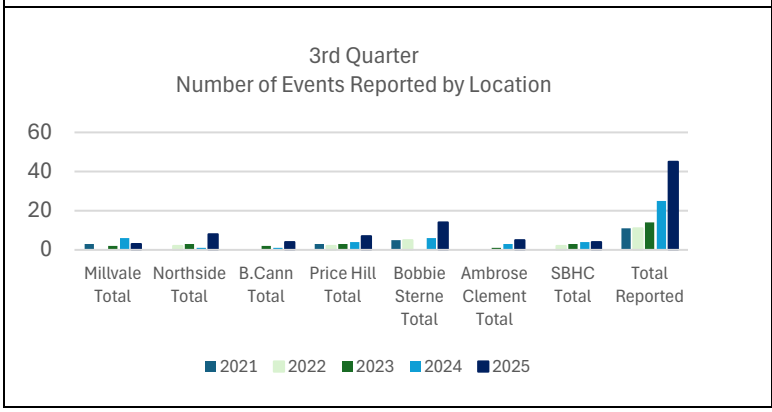


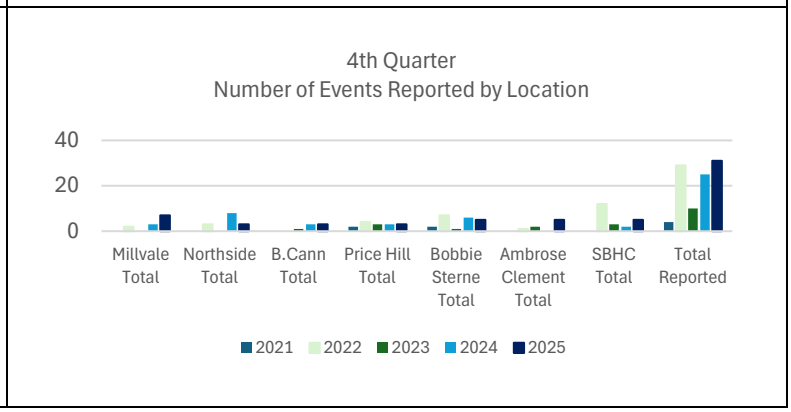
Classifications have been updated from 2024 as part of ongoing clinical risk-management improvement efforts, including the implementation of the electronic clinical risk-management reporting system that went live in 2025. Under the new classification structure, events previously grouped within the safety category are now tracked with more clarity. A substantial portion of the total safety events reported for the year, approximately 35%, consisted of emergency support 911 calls. These calls were managed appropriately and classified as high-risk due to the urgent nature of the required care.

Events Reported by Site/Location









In quarter three, Bobbie Sterne Health Center saw a slight increase in reported events, most of which involved properly managed 911 calls. The remaining events consisted of behavioral events, medical treatment or diagnostic events, and laboratory events. The upward trend shows continued success in advancing the safety culture within the organization.

Risk/Audit Summary

Responsibility	High Risk Area	Assessment Question	Goal/ Schedule	Q1 ✓#	Q2 ✓#	Q3 ✓#	Q4 ✓#	Action
Supervisors	HIPAA	Are the HIPAA audits satisfactorily conducted every quarter?	Three assessments per quarter				✓	The recommended number of HIPAA audits were not consistently completed for each health center every quarter. Audit results were satisfactory. Results shared with supervisors and reminders provided during touch base meetings.
All Staff	Patient Safety Emergency Medical Care	Are staff following proper hand hygiene and infection control practices?	One assessment per location		✓			Evaluated how well staff adhered to practices designed to prevent the spread of infections. Education was provided onsite in real time to employees who were not compliant. Results shared with supervisors and best practices reinforced.
Pharmacy Public Health Nurses	Patient Safety Emergency Medical Care	Are oxygen cylinders properly maintained, checked and available for emergency use?	One assessment per location			✓		Examined how cylinders were stored, labeled, and secured to ensure safe handling within the facility. Education provided and skills competency implemented. Oxygen cylinder tag process implemented. Results shared with supervisors.
Leadership Team Supervisors Dental and Medical Staff	Patient Safety Medical Care	Are sterilization processes in place to ensure adherence to best practices?	One assessment per location				✓	The sterilization audit examined how instruments and equipment were cleaned, processed, and stored within the medical area. Results shared with supervisors and best practices reinforced.

Status of Annual Risk Management Goals

2024 Goal	Status	Description
Implement and Optimize the Electronic Event Reporting and Assessment Process	Complete	Electronic event reporting tool finalized
* Education/Training Broaden OB Training	Complete	Nursing organized and implemented the 2025 hands-on clinical skills competency training sessions using Relias software
* Improve Risk Assessment(s)/Audits	Complete	Quarterly events implemented successfully

*Goal/intervention related to improving an area of high risk

Completed Risk Management Activities

Efforts made to improve the culture of safety, identify, and reduce risks

- Hands-on Skills Competency
- Relias Training Software
- HIPAA Audit Tool
- 2022 Artera Software
- Patient Suggestion Boxes
- Event Reporting Assessments
- Claims (none filed)
- Electronic Event Reporting
- Quarterly Risk Assessments
- Health Center Administered Medication Audit(s)

2026 Risk Management Goals

Enhance electronic reporting system
* Streamline education and training due dates
* Improve risk assessment process

*Goal/intervention related to improving an area of high risk

DATE: February 11, 2026

TO: City of Cincinnati Primary Care Governing Board

FROM: Mark Menkhaus, Jr., CFO

SUBJECT: Fiscal Presentation December 2025

Fiscal Presentation
Fiscal Presentation for December 2025.

- For FY26, as of December 2025, Cincinnati Primary Care had a net gain of $4,282,831.70.
- In FY25, December had a net loss of $2,766,452.38. Comparing FY26 with FY25 shows an increase of $7,049,284.08. This increase is due to higher revenue.
- Revenue increased by $8,514,873.56 from FY25. The increase is due to higher Medicaid and Medicaid Managed Care revenue. We also received the FY25 Medicaid Maximization, in the amount of $5,593,757.03, in December of 2025. The FY24 Medicaid Maximization was received in February of 2025 in the amount of $4,489,660.19.
- 7100-Personnel increased by 12.51%. 7500-Fringes saw an increase of 9.15%. The increase is attributed to the increase in the employer contribution retirement rate (this increased from 19.79% to 23.83%). This is also attributable to the 5% COLA all AFSCME and CODE employees received. CODE and AFSCME employees also received a $1,500 one-time bonus.
- Non-Personnel expenses increased by $1,465,589.48 from FY25. The increase is due to the timing of invoices paid ex: Cardinal Health was paid $750,288.52 in FY25, but $957,195.00 was paid in FY26. Also, University of Cincinnati Physicians Company was paid $187,416.00 in FY25 but was paid $222,561.00 in FY26. However, Ochin was paid $1,087,645.81 in FY25 but was paid $1,038,804.52 in FY26.
- Here are charges for disaster regular hours and overtime as it relates to COVID-19 and Mpox for FY26 and FY25 for December.

Community Health Centers		
Type Labor Cost	**FY26**	**FY25**
Disaster Regular	$785.88	$9,844.48
Disaster Overtime	$ 0.00	$ 0.00
Total	$785.88	$9,844.48

School-Based Health Centers		
Type Labor Cost	**FY26**	**FY25**
Disaster Regular	$0.00	$0.00
Disaster Overtime	$0.00	$0.00
Total	$0.00	$0.00

December Payor Mix Highlights:

	Medicaid	Commercial	Medicare	Self-Pay
Medical	-2%	3%	3%	9%
Dental	-2%	2%	0%	4%
School-Based Medical	7%	-1%	0%	-3%
School-Based Dental	3%	2%	0%	2%
Behavioral Health	17%	1%	2%	4%
Vision	2%	0%	0%	-3%

Accounts Receivable Trends:

- The accounts receivable collection effort for December for 90-days is 26% and for 120-days is 19%. Our aim for the ideal rate percentage for 90-days is 20% and our 120-days is 10%. The rate for both has increased from the previous month.

Days in Accounts Receivable & Total Accounts Receivable:

- The number of days in accounts receivable has decreased from the prior month by 7.3 days. The days in accounts receivable are below the average (by 9.3 days) of the past 13 months at 38.5 days.

Pharmacy Profit and Loss:

PHARMACY PROFIT AND LOSS				
	FY23	FY24	FY25	FY26
Revenue	$ 6,300,690.56	$ 5,238,764.29	$ 5,502,799.47	$ 3,247,382.76
Fund 416 Expenses	$ 289,436.68	$ 300,781.28	$ 349,159.40	$ 129,448.59
Expenses	$ 3,181,993.51	$ 3,698,117.59	$ 3,884,826.49	$ 2,218,630.86
	$ 3,408,133.73	$ 1,841,427.98	$ 1,967,132.38	$ 1,158,200.49

City of Cincinnati Primary Care
Profit and Loss with fiscal year comparison
December 2024 - December 2025

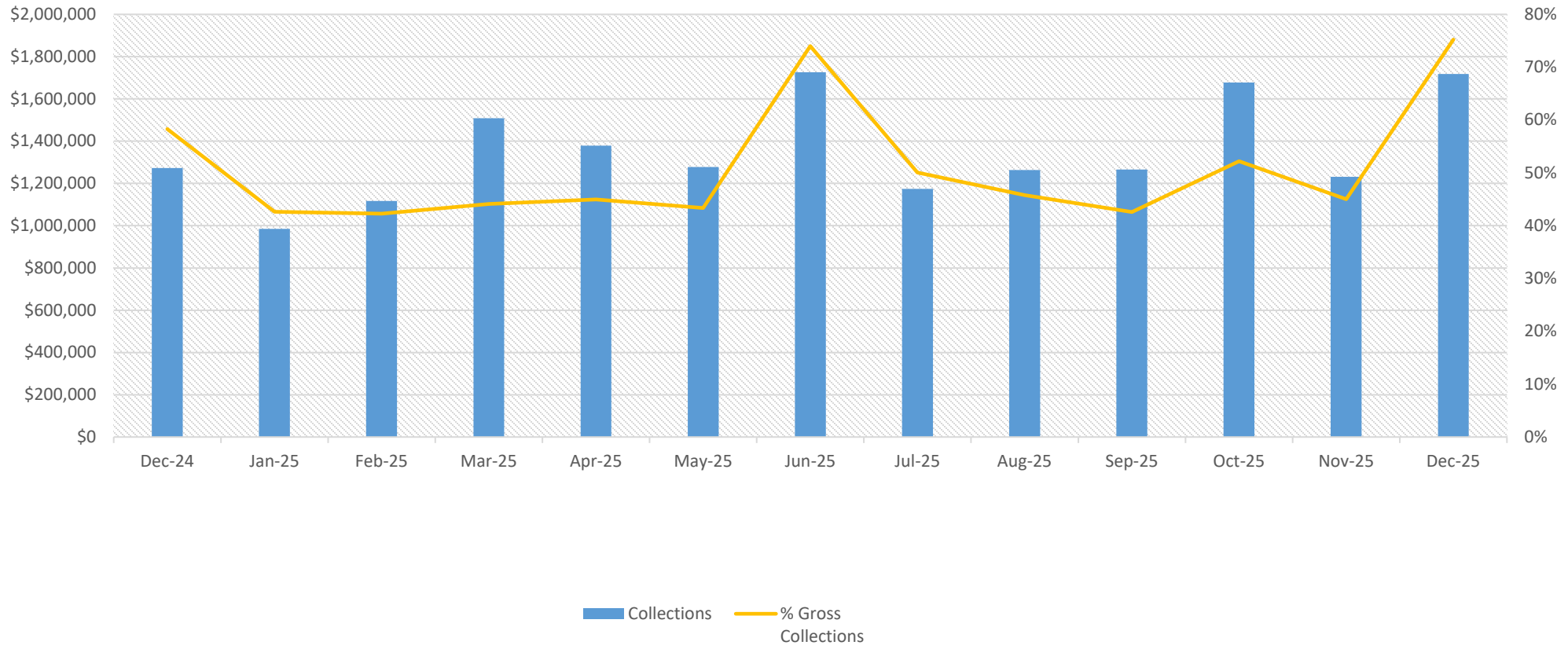
	FY26 Actual	FY25 Actual	Variance FY26 vs FY25
Revenue			
8556-Grants\Federal	$1,513,512.00	$3,150,575.53	-51.96%
8571-Specific Purpose\Private Org.	$0.00	$9,000.00	-100.00%
8617-Fringe Benefit Reimbursement	$0.00	$0.00	0.00%
8618-Overhead Charges - Indirect Costs	$60,700.00	$61,340.00	-1.04%
8733-Self-Pay Patient	$525,039.90	$459,615.22	14.23%
8734-Medicare	$3,056,322.36	$2,663,184.15	14.76%
8736-Medicaid	$8,986,738.05	$2,038,928.09	340.76%
8737-Private Pay Insurance	$702,346.73	$617,342.64	13.77%
8738-Medicaid Managed Care	$5,173,113.32	$3,376,659.19	53.20%
8739-Misc. (Medical rec.\smoke free inv.)	$130,425.03	$38,540.73	238.41%
8932-Prior Year Reimbursement	$49,552.50	$59,229.25	-16.34%
416-Offset	$3,670,407.63	$2,878,869.16	27.49%
Total Revenue	$23,868,157.52	$15,353,283.96	55.46%
Expenses			
71-Personnel	$10,336,671.27	$9,186,960.42	12.51%
72-Contractual	$2,651,309.83	$2,836,504.63	-6.53%
73-Material	$1,623,282.01	$1,363,086.83	19.09%
74-Fixed Cost	$949,058.98	$1,045,461.50	-9.22%
75-Fringes	$4,025,003.73	$3,687,722.96	9.15%
Total Expenses	$19,585,325.82	$18,119,736.34	8.09%
Net Gain (Losses)	**$4,282,831.70**	**($2,766,452.38)**	**254.81%**

CHD/CCPC Finance Update

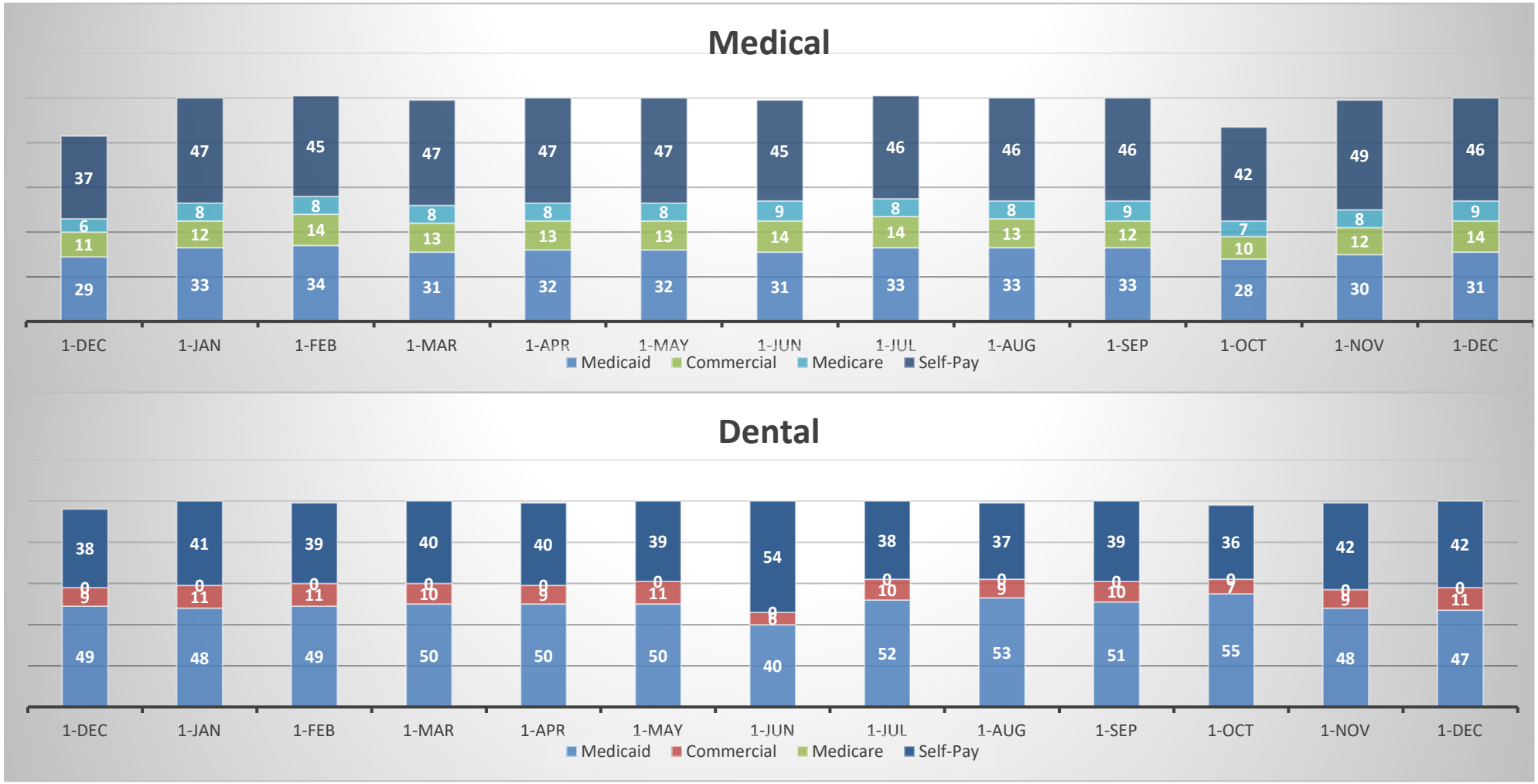
February 11, 2026

Revenue Presentation

Monthly Visit Revenue



Payor Mix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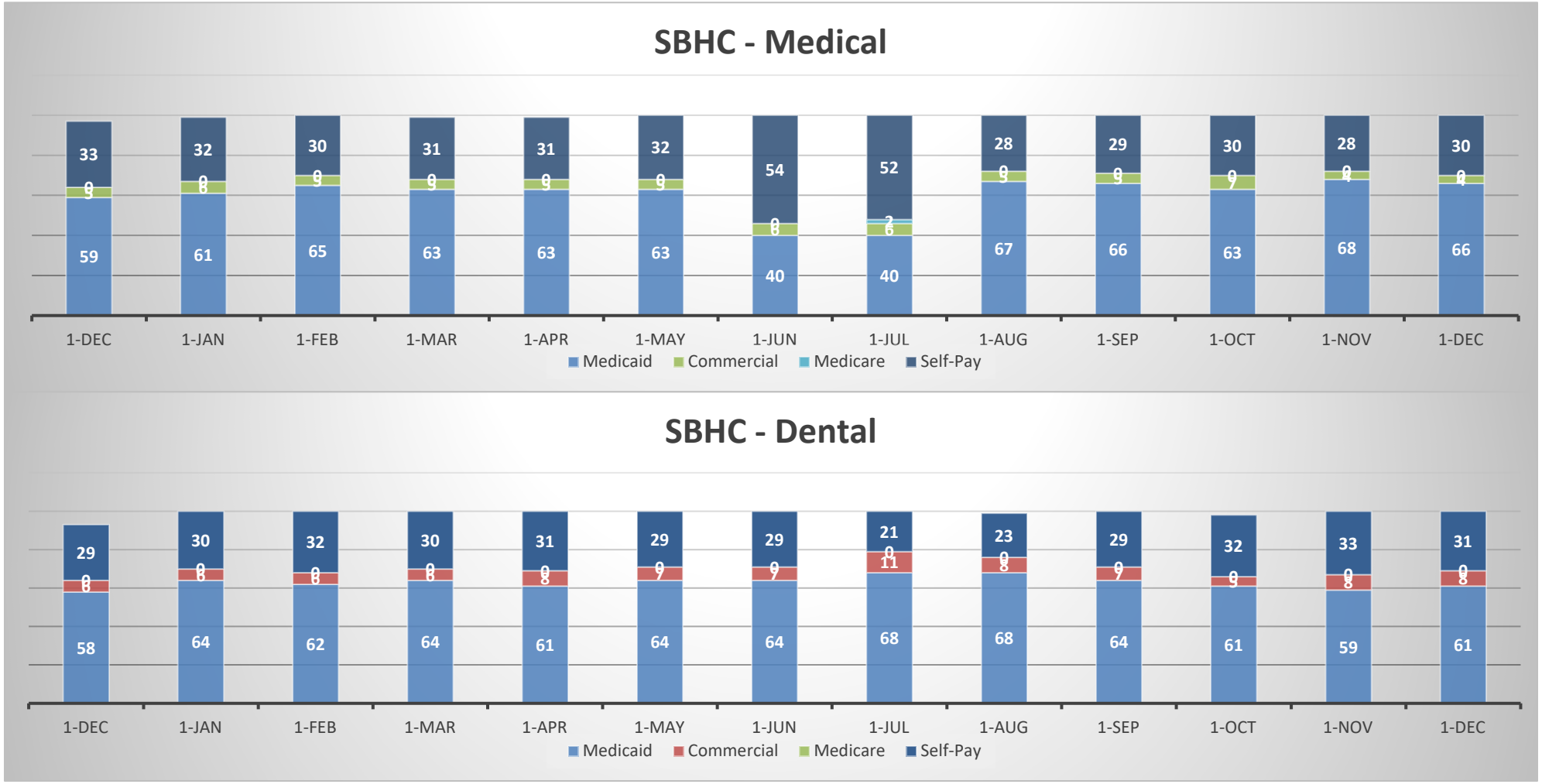
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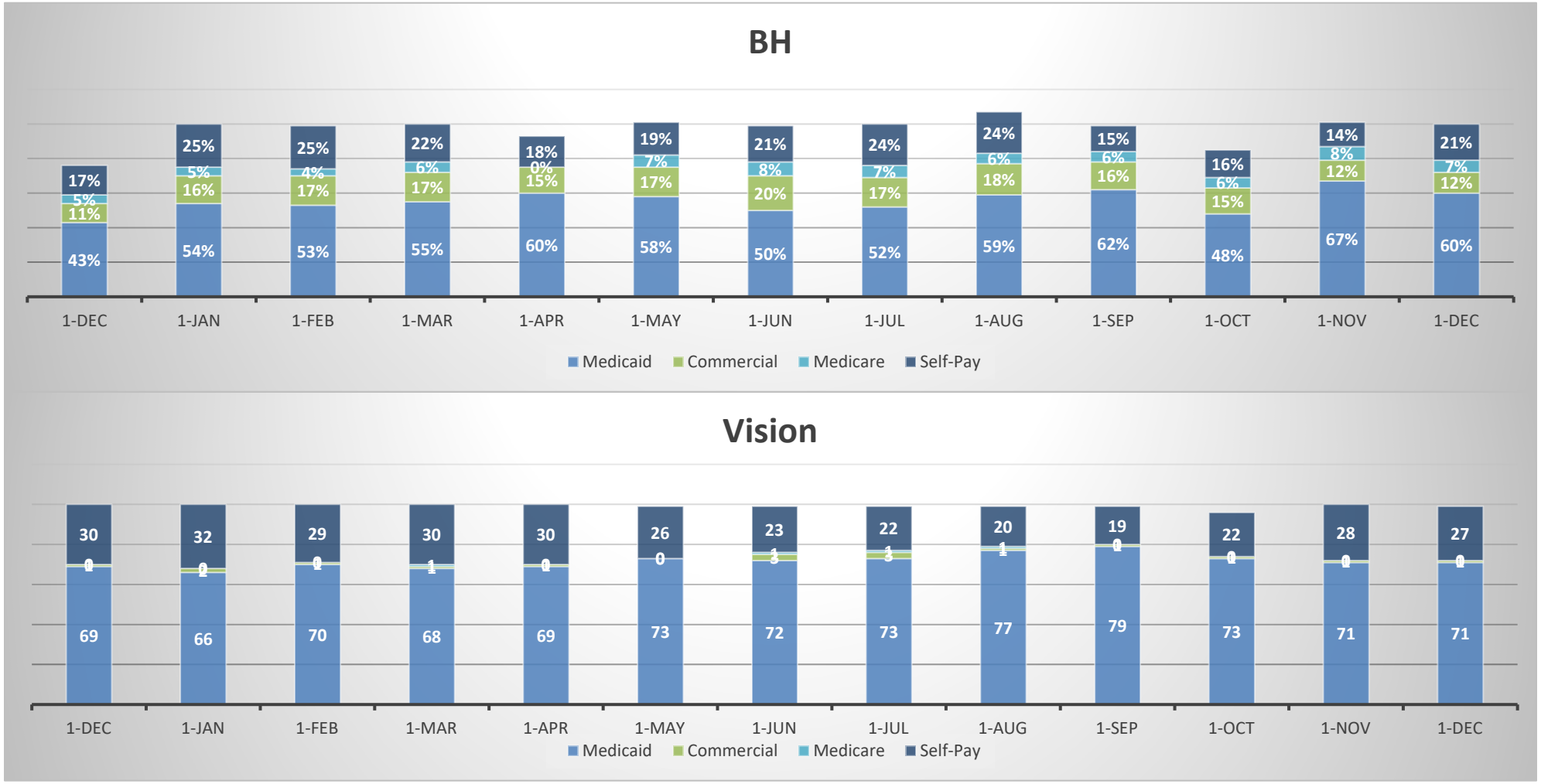
Medicaid Commercial Medicare Self-Pay

Payor Mix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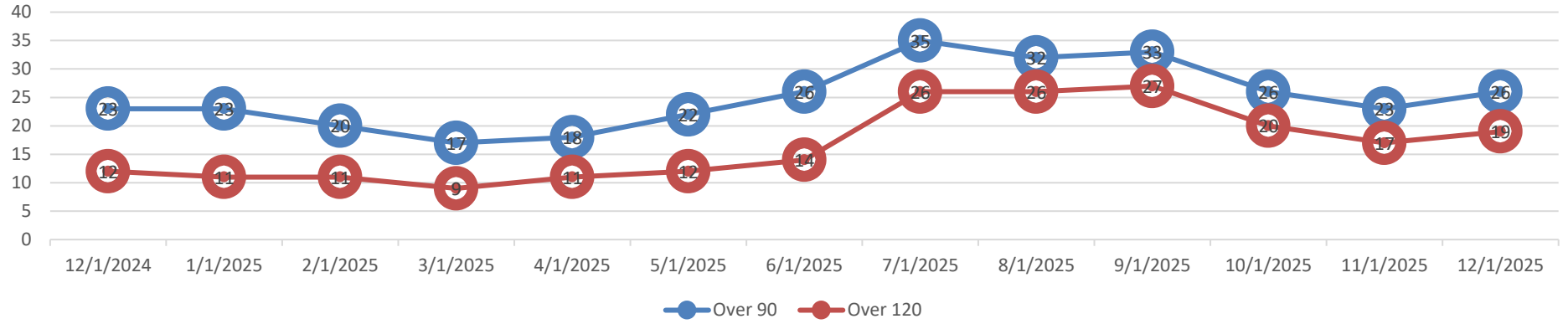
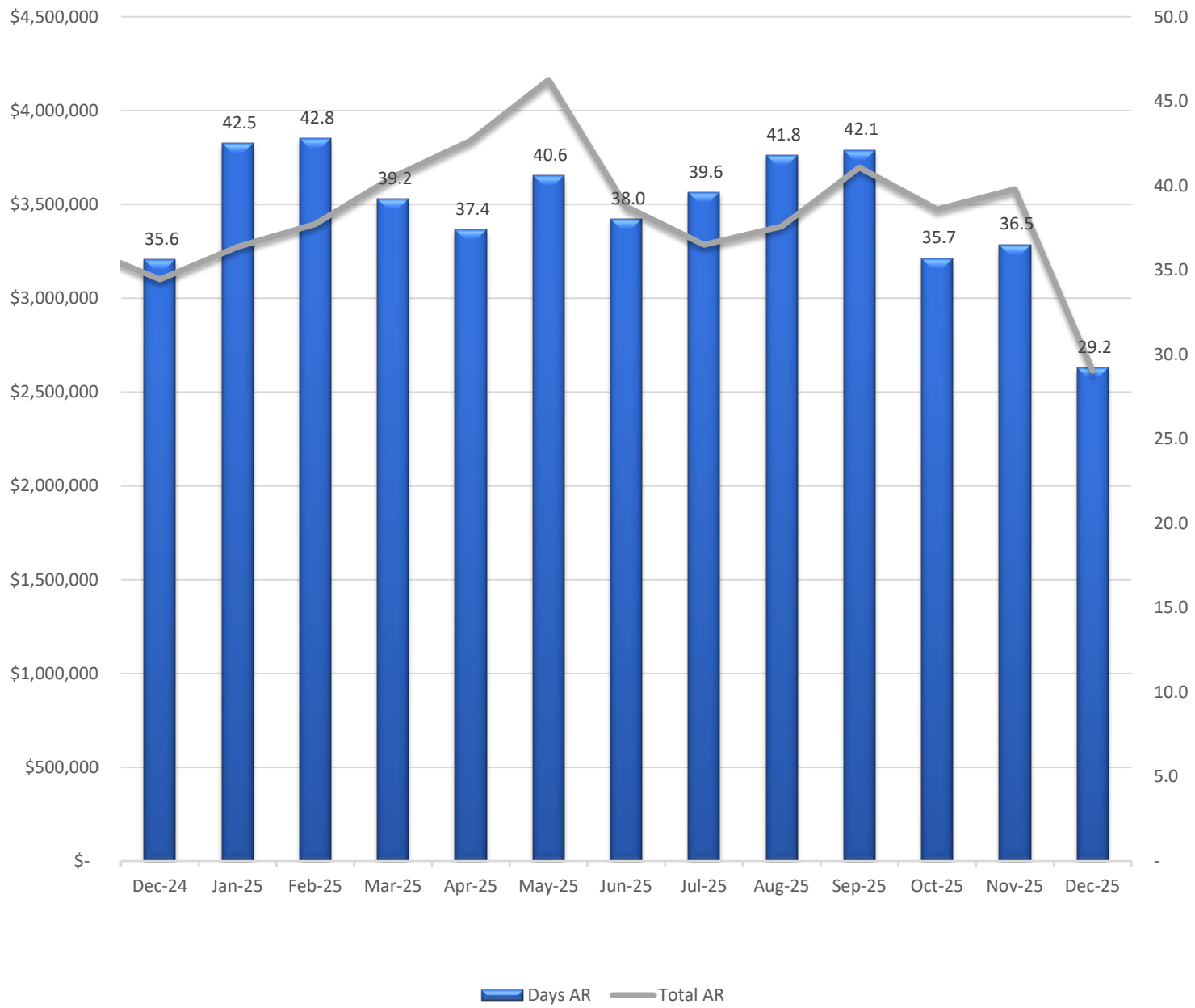
AR Trends



Aging Period	Insurance December	Patient - All December	Patient - On Pmt Plan December	Patient - Not on Pmt Plan December	Total December	% Total December
0 - 30	$1,144,054	$133,172	$2,122	$131,049	$1,277,226	48.87%
31 - 60	$241,973	$132,782	$1,604	$131,178	$374,755	14.34%
61 - 90	$117,271	$152,610	$3,726	$148,884	$269,881	10.33%
91 - 120	$79,697	$125,623	$3,347	$122,276	$205,320	7.86%
121 - 150	$56,573	$78,918	$1,186	$77,732	$135,492	5.18%
151 - 180	$18,718	$66,640	$2,042	$64,598	$85,358	3.27%
181 - 210	$21,057	$71,623	$1,287	$70,337	$92,680	3.55%
211+	$113,399	$59,216	$1,576	$57,641	$172,616	6.61%
Total	**$1,792,742**	**$820,584**	**$16,889**	**$803,695**	**$2,613,326**	
% > 90	**16%**	**49%**	**56%**	**49%**	**26%**	
% > 120	**12%**	**34%**	**36%**	**34%**	**19%**	

Day in AR & Total A/R

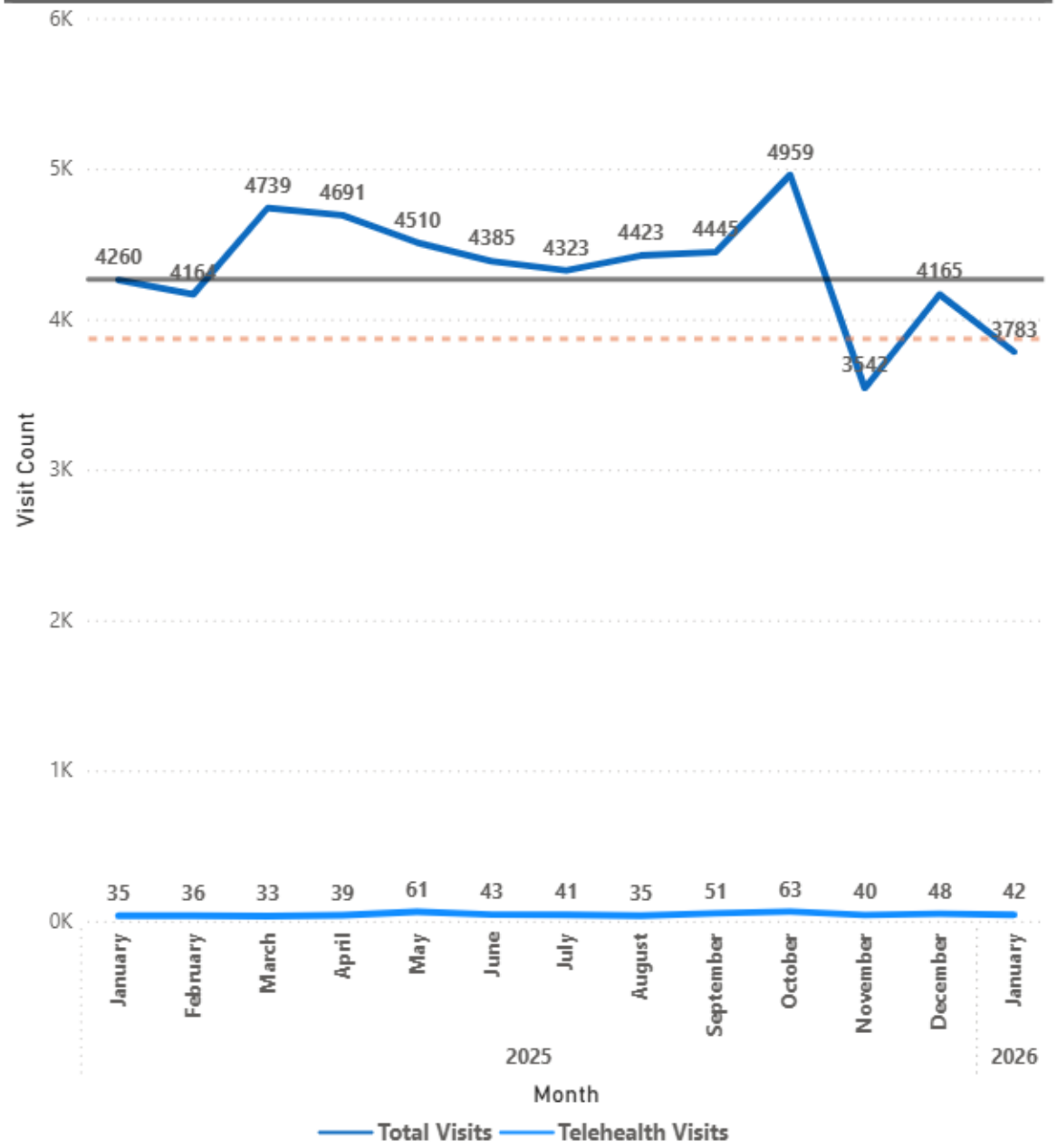


CCPC Board Meeting – Efficiency Update

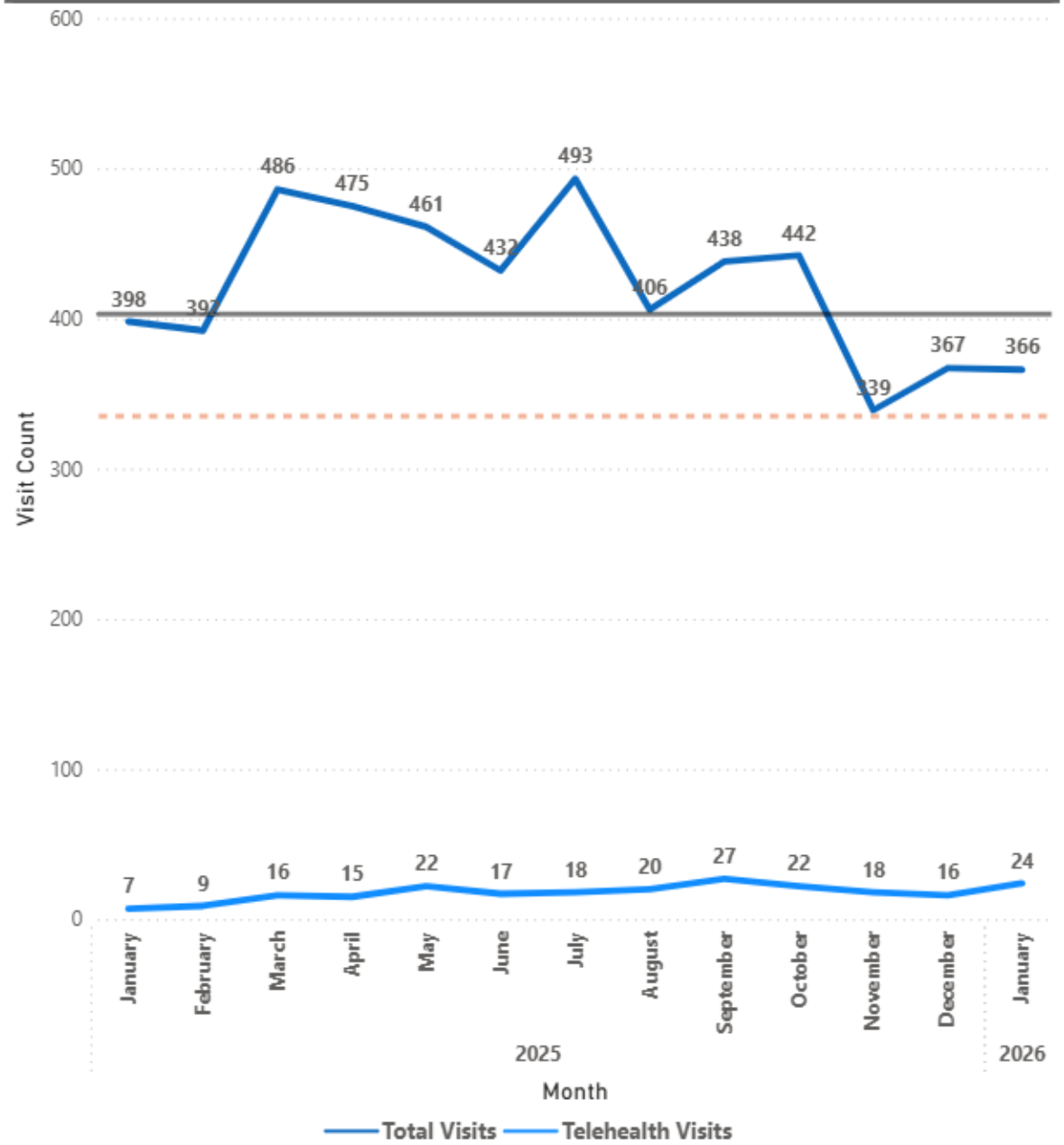
February 2026

Medical/Behavioral Health

Total Visits - All Locations



Total Visits - All Behavioral Health

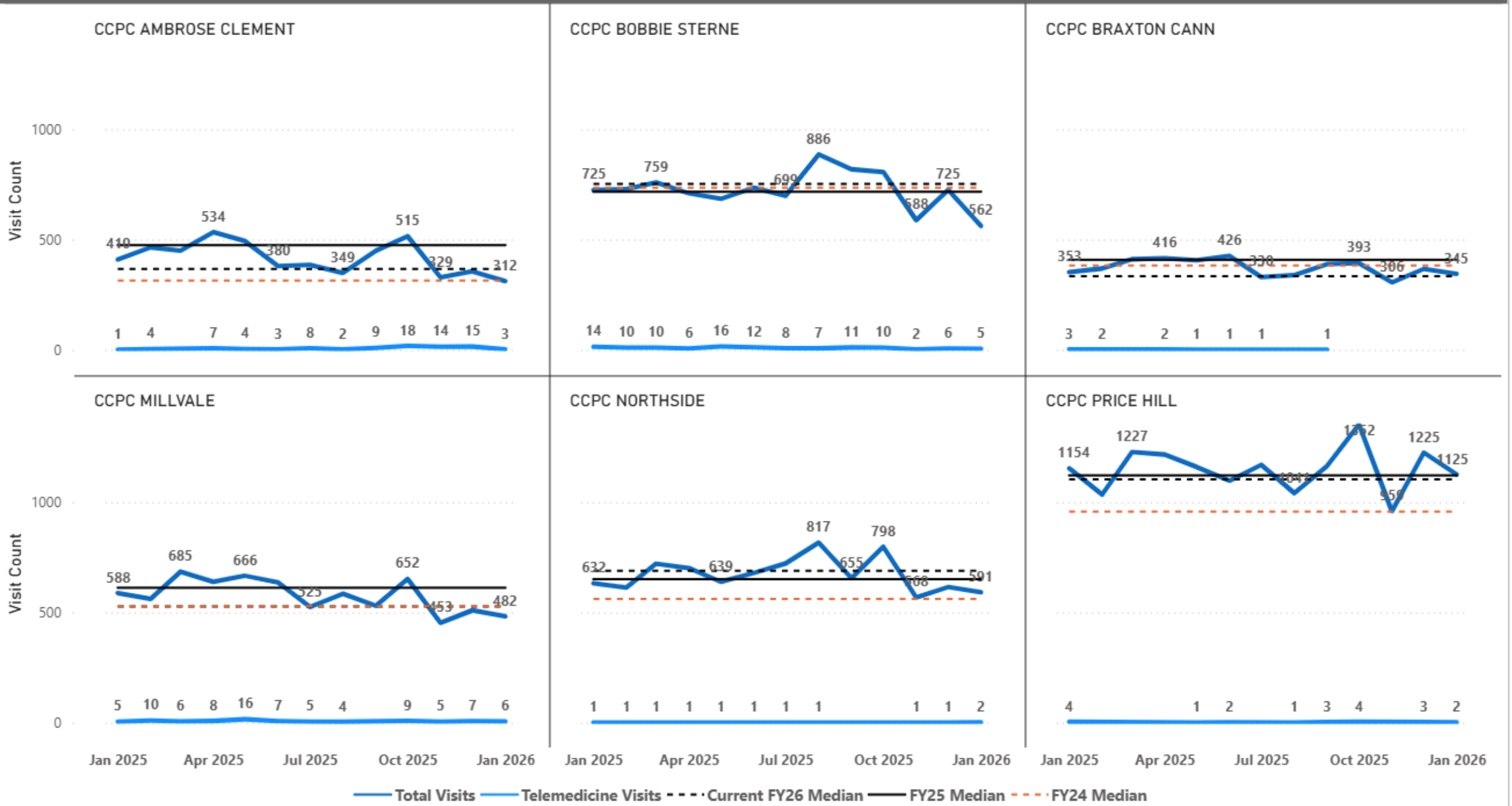


Filters

CCPC Board Mee..., Visits - All Locat...

Current FY26 Median — FY25 Median - - - FY24 Median

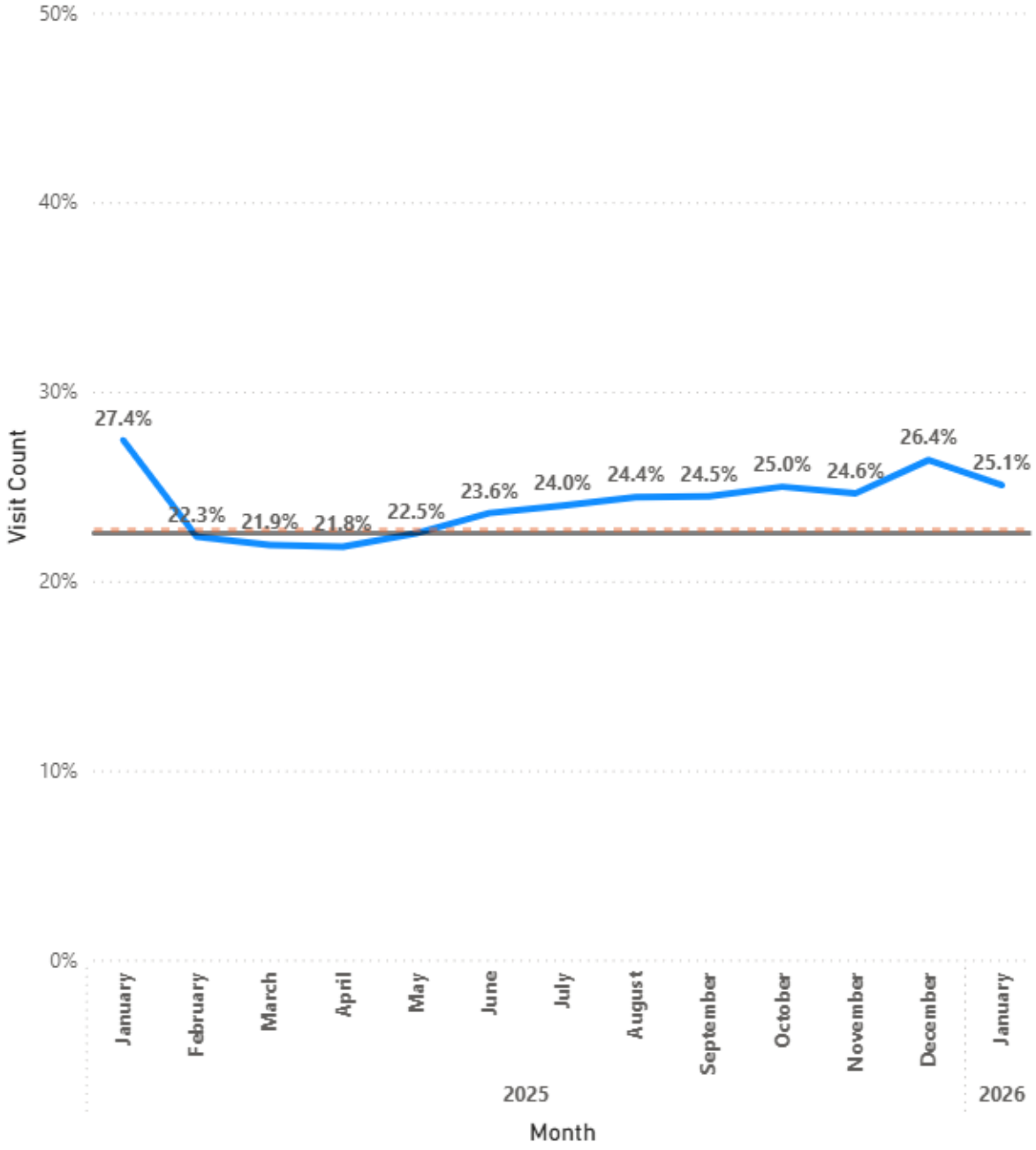
Visits by Department



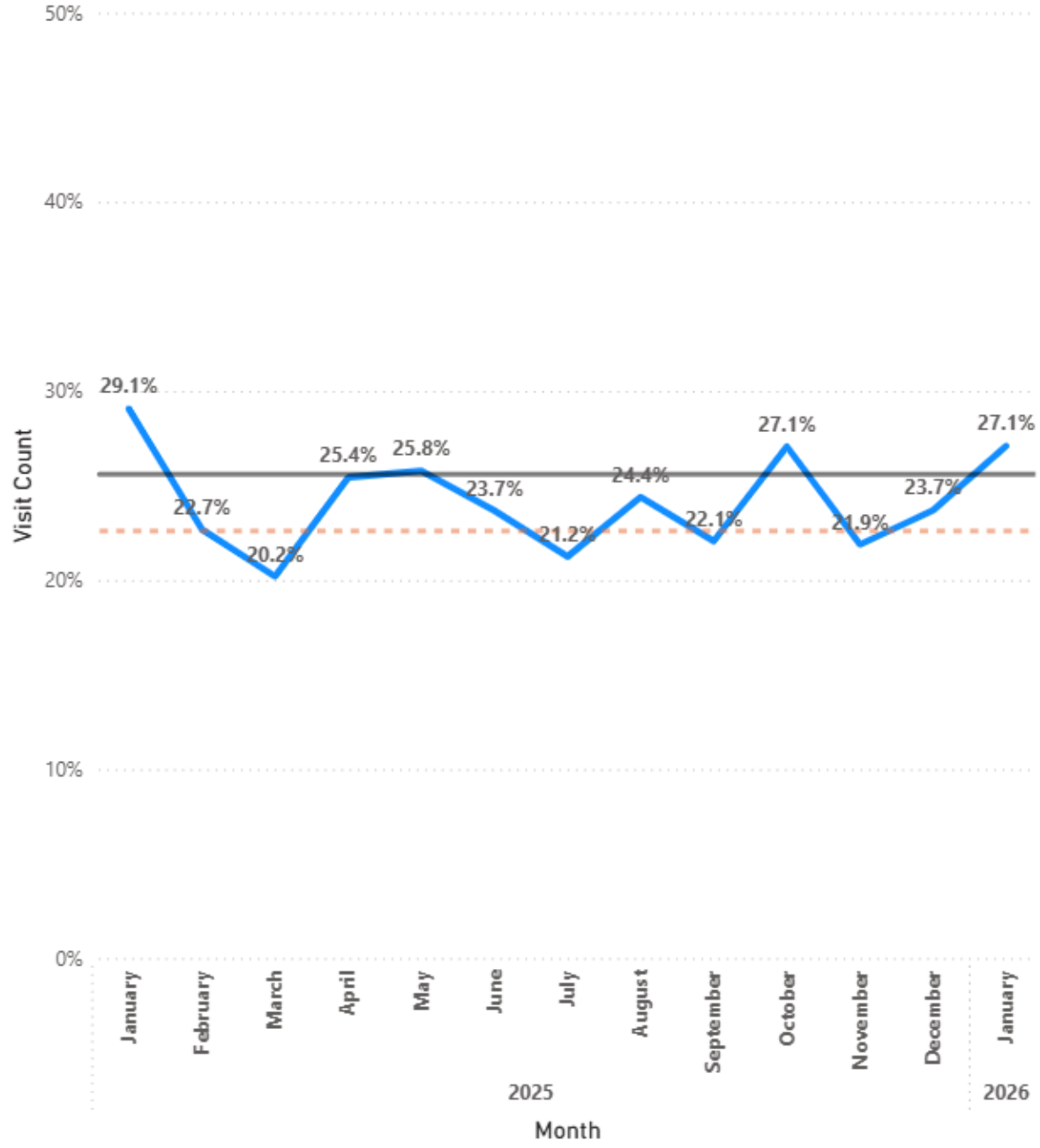
Filters

CCPC Board Mee... , Visits by Depart...

No Show % - All Locations

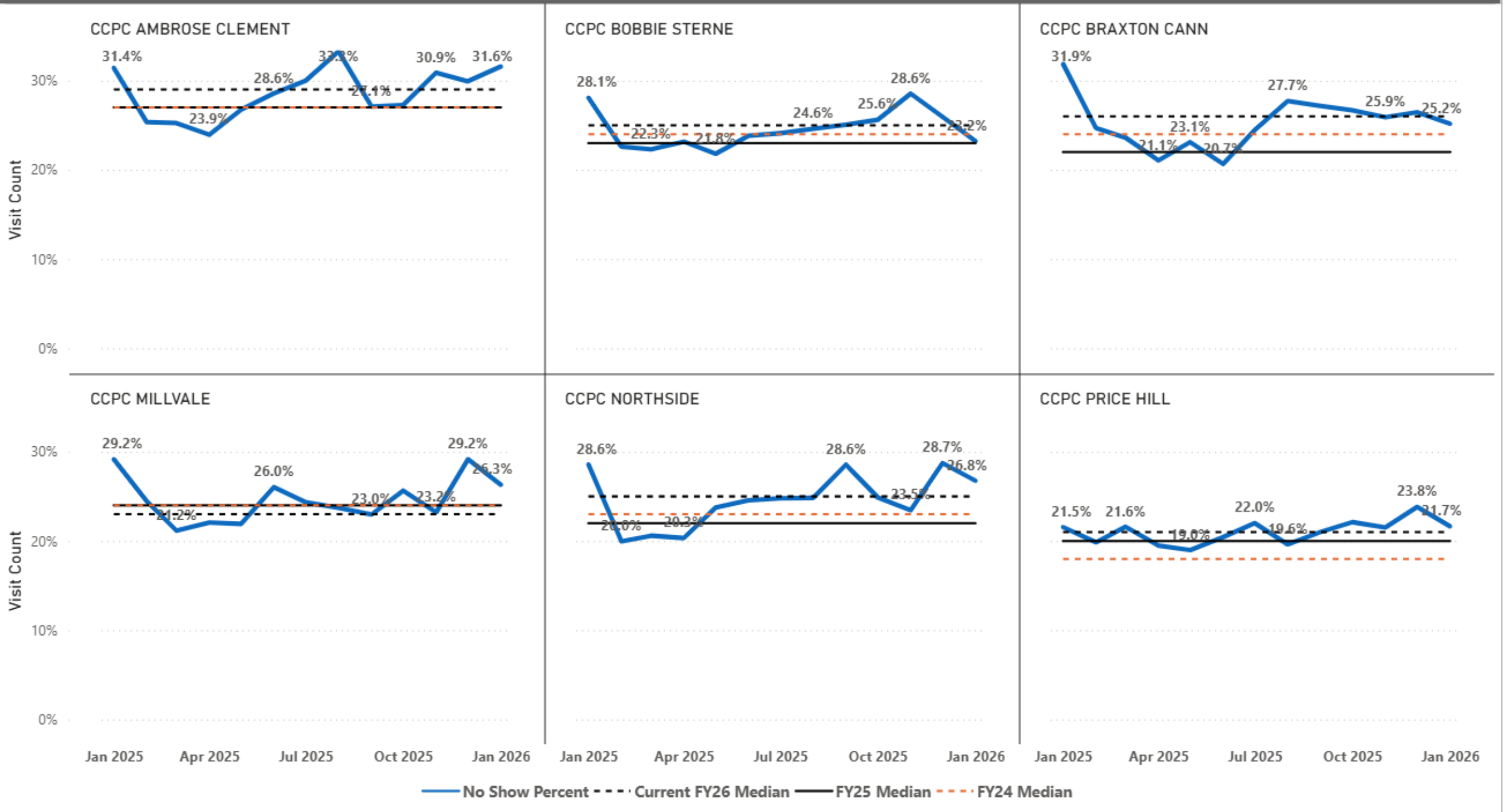


No Show % - All Behavioral Health



Current FY26 Median — FY25 Median - - - FY24 Median

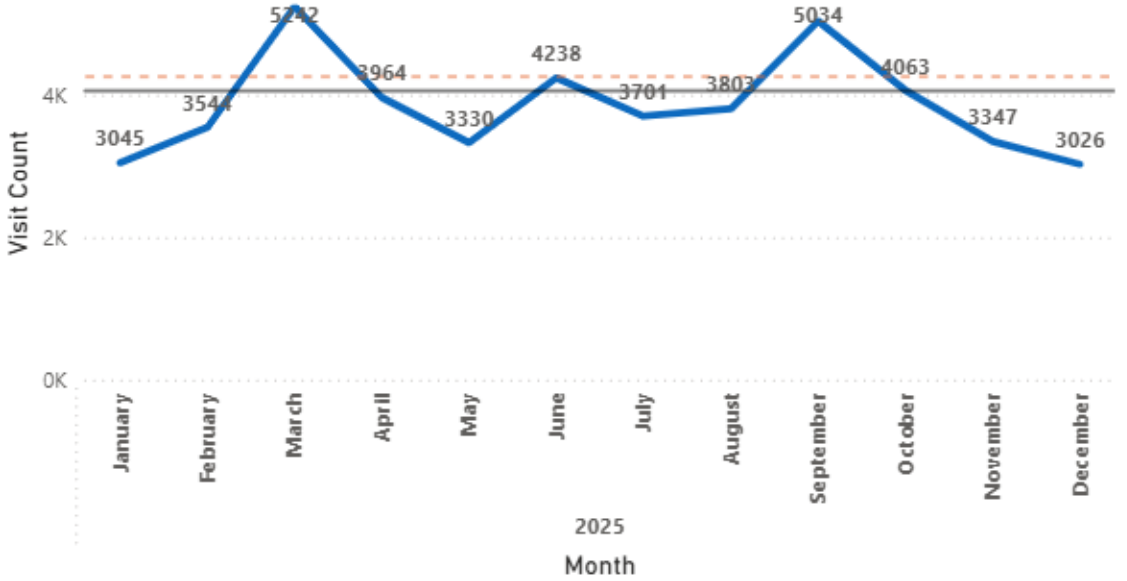
No Show % by Department



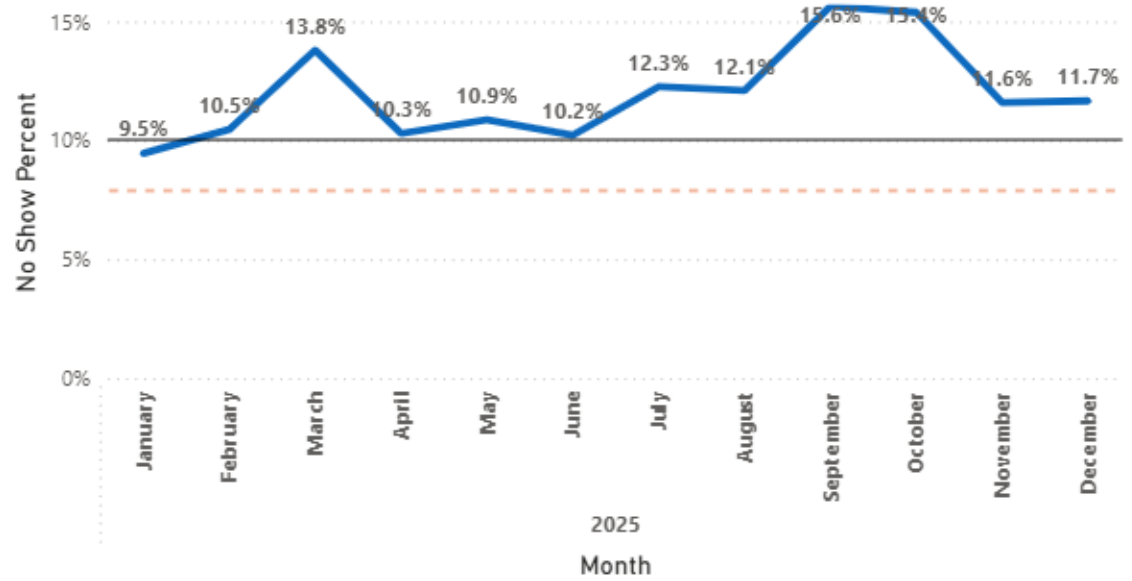
Filters

Dental

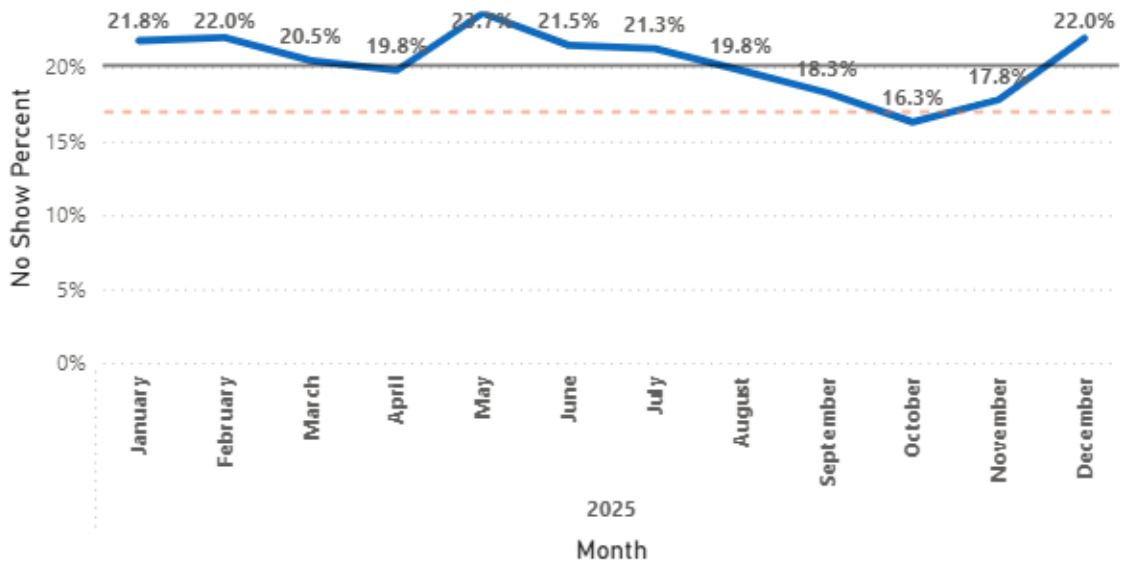
Total Visits - All Dental Locations



New Patient % - All Dental Locations



Broken Appt % - All Dental Locations



CCPC Board Meeting Dashboard V3, Dental - All Locations

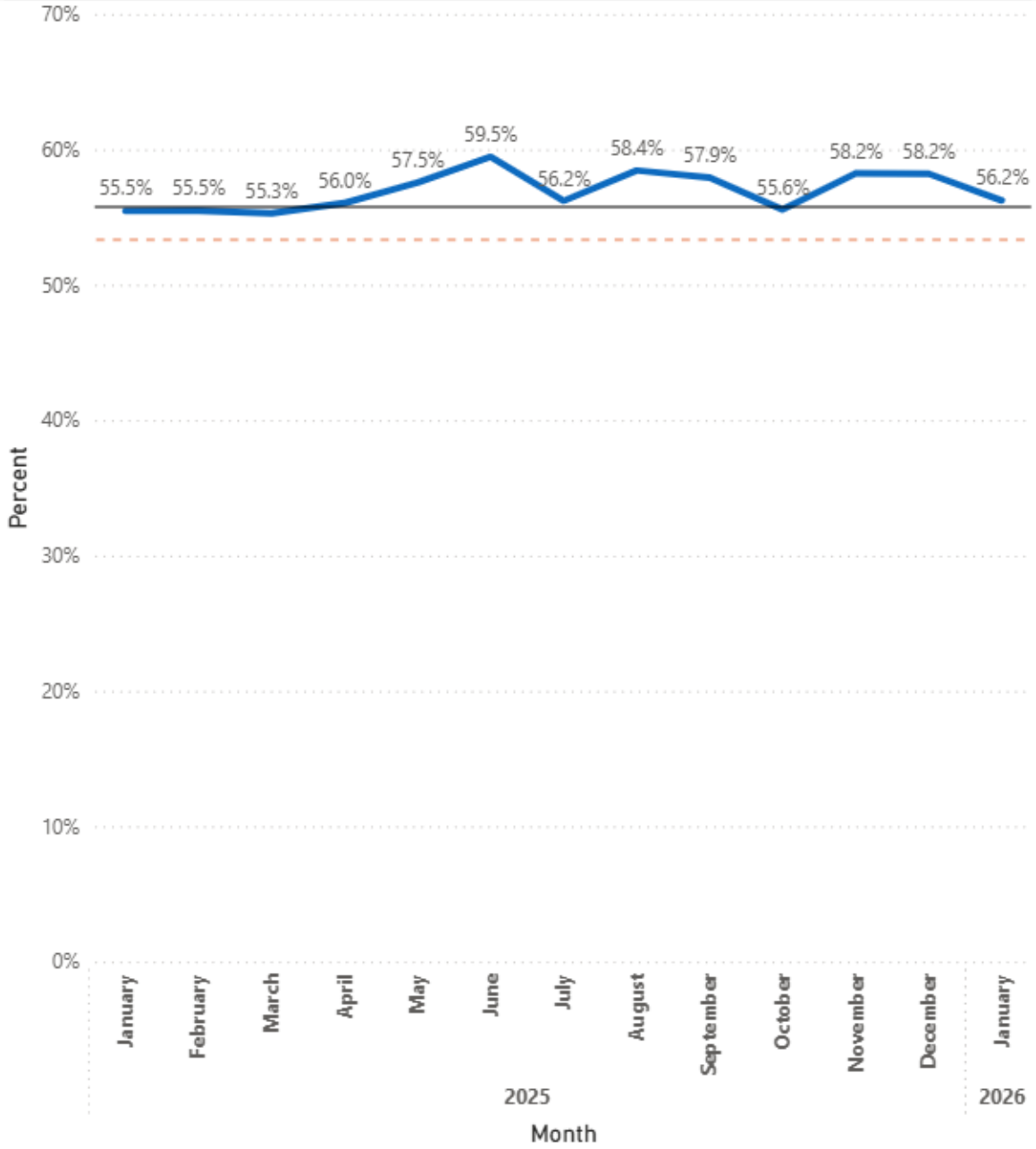
Live data | Data updated on 2/2/26, 5:10 PM

Current FY26 Median — FY25 Median - - - FY24 Median

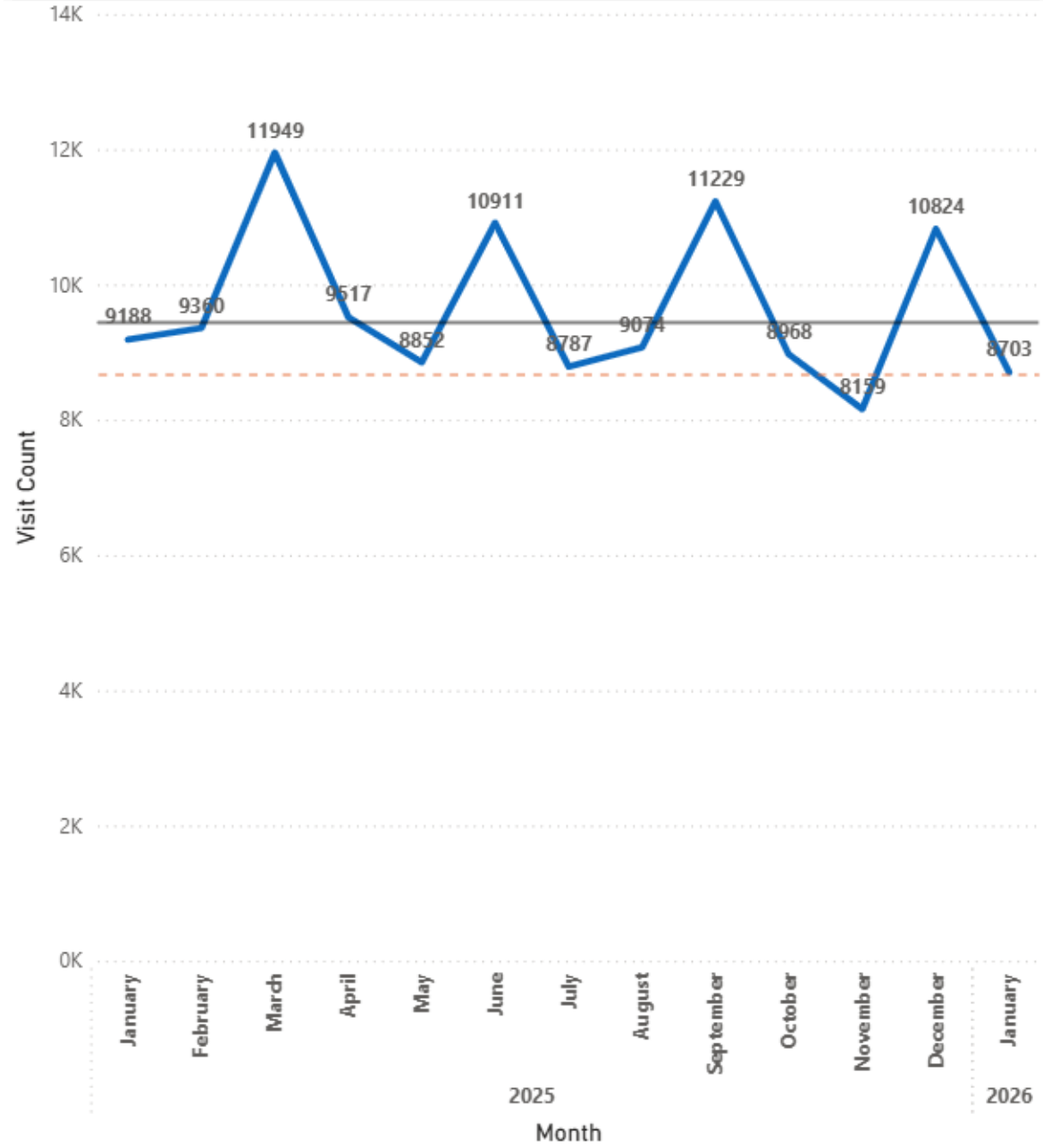
Filters

Pharmacy

Pharmacy Escribe % - All Locations



Total Fills - All Locations

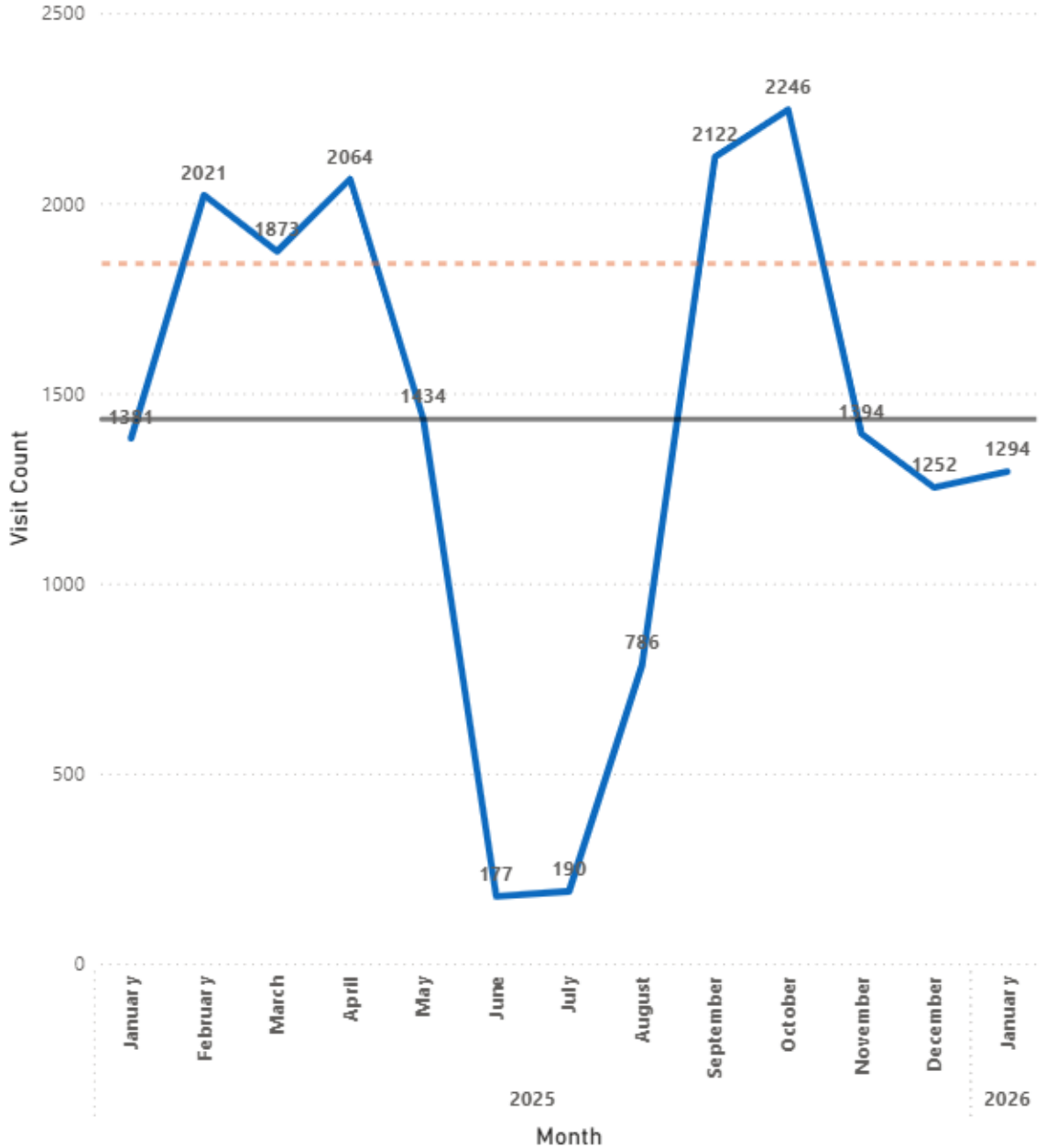


Filters

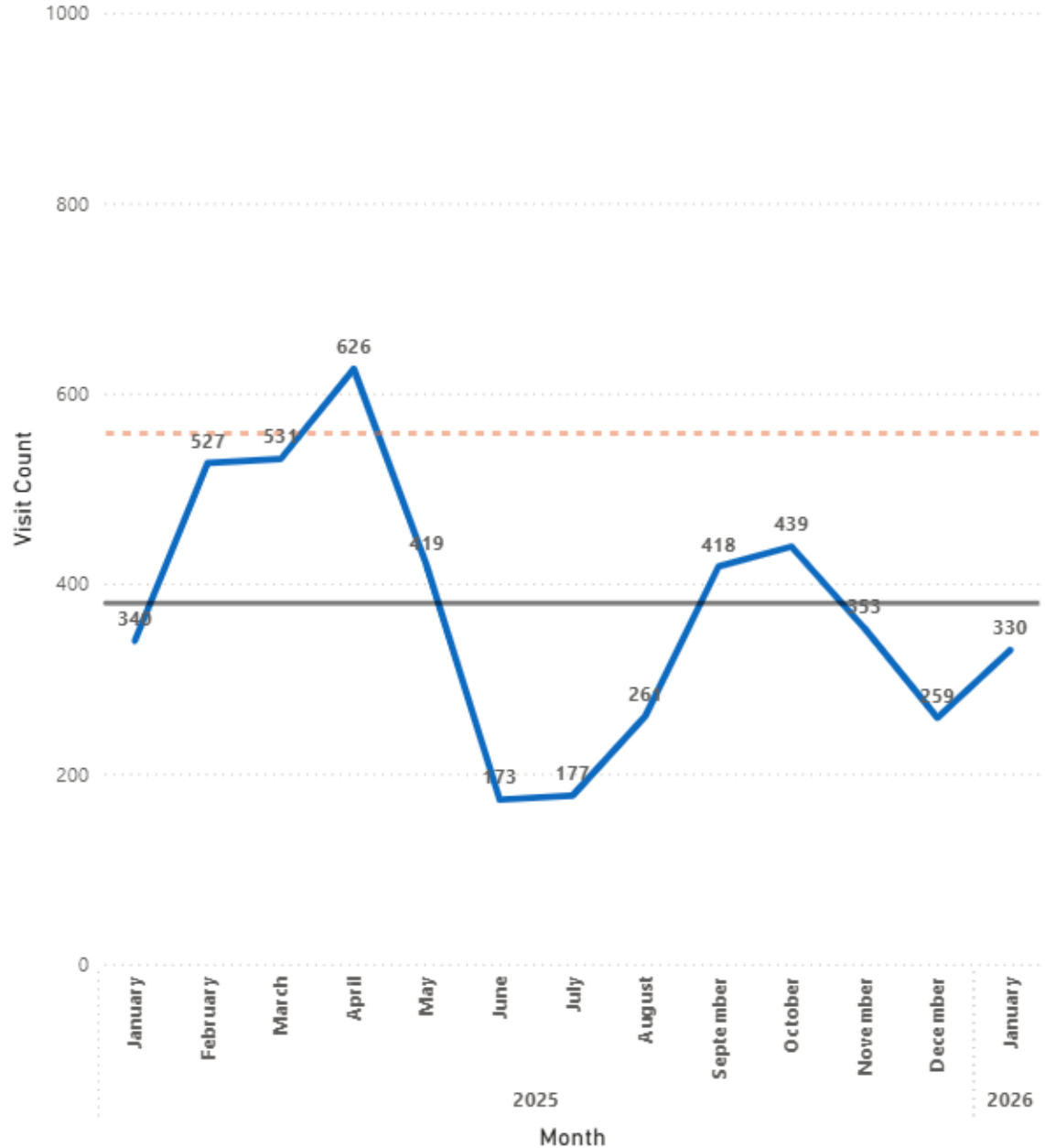
Current FY26 Median — FY25 Median - - - FY24 Median

School Based Health Centers

SBHC Visits - All Locations



Vision Visits - All Locations



Filters

CCPC Board Meeting Dashboard V3, SBHC

Live data | Data updated on 2/2/26, 5:10 PM

Current FY26 Median — FY25 Median - - - FY24 Median