



## City of Cincinnati Primary Care Board of Governors Meeting

April 9, 2025

### Agenda

Renu Bahkshi	Michelle Burns	Timothy Collier	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 March 13, 2025, CCPC Board Meeting.

#### **Executive Committee**

6:10 pm – 6:20 pm Nominations of Officers

- Nominated from March Board Meeting  
*Chair: Dr. Camille Jones*  
*Vice Chair: Mr. John Kachuba*  
*Vice Chair: Dr. Angelica Hardee*  
*Secretary: Mr. John Kachuba*  
*Secretary: Dr. Angelica Hardee*
- Any New Nominations

6:20 pm – 6:30 pm Election of Officers

- **Vote: Motion to Elect** [nominee] as Board Chair (may be more than one)
- **Vote: Motion to Elect** [nominee] as Board Vice-Chair (may be more than one)
- **Vote: Motion to Elect** [nominee] as Board Secretary (may be more than one)

6:30 pm – 6:40 pm Extension of 2<sup>nd</sup> Term for Board members – Dr. Philip Lichtenstein, Ms. Jennette Straw, Ms. Debra Sellers, and Dr. Bernard Young

- **Vote: Motion to approve** Board member, Dr. Philip Lichtenstein for a 2<sup>nd</sup> Term.
- **Vote: Motion to approve** Board member, Ms. Jeanette Straw for a 2<sup>nd</sup> Term.
- **Vote: Motion to approve** Board member, Ms. Debra Sellers for a 2<sup>nd</sup> Term.
- **Vote: Motion to approve** Board member, Dr. Bernard Young for a 2<sup>nd</sup> Term.

#### **Leadership Updates**

6:40 pm – 6:50 pm Ms. Joyce Tate, Chief Executive Officer  
CEO Report – **document**  
Personnel Actions – **document**

6:50 pm – 7:00 pm Mr. Mark Menkhaus Jr., Chief Financial Officer  
CFO Report – **documents**

#### **New Business**

7:00 pm – 7:10 pm Recognition of Outgoing Board Members – Ms. Michelle Burns & Mr. Timothy Collier

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7:10 pm – 7:15 pm      Public Comments

7:15 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.*

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**Next Meeting – May 14, 2025**

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

# `CCPC Board of Governors Meeting Minutes

Wednesday, March 12, 2025

Call to order at 6:00 pm

## Roll Call

**CCPC Board members present** – Ms. Renu Bakhshi, Ms. Michelle Burns, Ms. Alexius Golden Cook, Dr. Angelica Hardee, Dr. Camille Jones, Mr. John Kachuba, Dr. Philip Lichtenstein, Ms. Luz Schemmel, Ms. Debra Sellers, Ms. Jen Straw, Ms. Erica White-Johnson, Dr. Bernard Young

**CCPC Board members absent** – Mr. Robert Cummings, Ms. Jen Straw, Ms. Erica White-Johnson

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

## Board Documents:

[CCPC-Board-Meeting-Agenda-Packet 3.12.2025.pdf](#)

Topic	Discussion/Action	Motion	Responsible Party
<b>Call to Order/Moment of Silence</b>	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	Ms. Timothy Collier
<b>Roll Call</b>	12 present, 2 Absent	n/a	Ms. Sa-Leemah Cunningham
<b>Minutes</b>	<b>Motion:</b> the City of Cincinnati Primary Care Board of Governors approves the minutes of February 12, 2025, CCPC Board Meeting.  (Ms. Burns, Ms. Golden Cook, Dr. Lichtenstein)	<b>M:</b> Ms. Debra Sellers <b>2<sup>nd</sup>:</b> Dr. Camille Jones <b>Action: 8-0, Passed</b>	Mr. Timothy Collier
<b>Old Business</b>			
<b>CCPC Board Officer Elections</b>	Please see a list of election eligible board members in the agenda packet.  Ms. Sa-Leemah Cunningham & Mr. Ian Doig discussed the officer election process and requested nominations for CCPC Board officer elections. <ul style="list-style-type: none"> <li>• The list of CCPC Board members eligible for CCPC Elections was included in the packet.</li> <li>• Nominations for Chair, Vice-Chair, and Secretary were discussed. <ul style="list-style-type: none"> <li>○ Ms. Deb Sellers nominated herself for the Chair position.</li> <li>○ Dr. Lichtenstein nominated Dr. Jones for Chair, but Dr. Jones was undecided on whether she would accept.</li> <li>○ Ms. Deb Sellers nominated Dr. Hardee for Vice-Chair position, which Dr. Hardee accepted.</li> <li>○ Mr. Kachuba nominated himself as Vice-Chair.</li> <li>○ Mr. Kachuba and Dr. Hardee expressed a</li> </ul> </li> </ul>	n/a	Ms. Sa-Leemah Cunningham & Mr. Ian Doig

	<p>willingness to run for Secretary if not elected for the Vice-Chair position.</p> <p>Ms. Cunningham informed the board that they have, through April 9, 2025, Board meeting, to submit nominations. The vote will also take place on April 9, 2025, during the CCPC Board Meeting.</p> <p>Dr. Herzig shared that he had asked Ms. Ashlee Young (BOH Chair) to appoint one or two additional members to the CCPC board.</p> <ul style="list-style-type: none"> <li>• He noted that he has served in this role for several years and would like to give the newer Board of Health members the opportunity to become familiar with CCPC.</li> <li>• He expressed his willingness to step back to make room for new representation.</li> <li>• Ms. Young has acknowledged the request and stated that she would follow up with more information.</li> </ul>		
<p><b>CEO Update</b></p>	<p>Ms. Tate gave her CEO Update and shared the latest CHD Personnel Actions with the Board.</p> <p>Please see the memo in the agenda packet</p> <p><b>Advocacy Update &amp; Legislative Efforts</b></p> <ul style="list-style-type: none"> <li>• Ms. Tate expressed appreciation to Board members who advocated for Community Health Center funding.</li> <li>• Nationally, 1,300 advocates sent over 4,000 emails to 335+ congressional offices.</li> <li>• Several local board members reached out directly to congressional leadership—thanks extended.</li> </ul> <p><b>Funding Status:</b></p> <ul style="list-style-type: none"> <li>• The House passed a Continuing Resolution (CR), now awaiting Senate action.</li> <li>• If passed, the CR would extend funding through September.</li> <li>• Ms. Tate emphasized the need for continued advocacy for long-term, sustainable funding.</li> </ul> <p><b>Key Legislative Concerns:</b></p> <ul style="list-style-type: none"> <li>• The resolution ensures level funding—no increases.</li> <li>• Ms. Tate encouraged the board to remain engaged in federal and Medicaid-related legislation.</li> <li>• Warned of potential \$880 billion Medicaid cut, which would significantly impact services.</li> </ul> <p><b>340B Program:</b></p> <ul style="list-style-type: none"> <li>• Ongoing efforts to protect discounted drug pricing through 340B.</li> <li>• Board members urged to support advocacy around maintaining access.</li> </ul>	<p><b>Vote: 2025 Sliding Fee Scale</b>  <b>M:</b> Dr. Philip Lichtenstein  <b>2<sup>nd</sup>:</b> Ms. Renu Bakhshi  <b>Action: 11-0 Passed</b></p>	<p>Ms. Joyce Tate</p>

	<p><b>Recent Congressional Engagements:</b></p> <ul style="list-style-type: none"> <li>• Participated in a call with Senator Vance’s staff, no direct meeting.</li> <li>• Meeting with Rep. Landsman’s office postponed; rescheduled for later in the month.</li> <li>• Potential site visit in June with congressional staff at Crossroad Health Center.</li> </ul> <p><b>Personnel Update:</b></p> <ul style="list-style-type: none"> <li>• Welcomed Dr. Nuri as a new provider; previously served at Millvale and with refugee patients.</li> <li>• Ms. Tate highlighted his global health experience and positive rapport with patients.</li> <li>• Acknowledged Dr. Taylor’s support in bringing in new providers.</li> </ul> <p><b>National Health Service Corps (NHSC):</b></p> <ul style="list-style-type: none"> <li>• Urged Board members to support reauthorization of NHSC funding.</li> <li>• NHSC is essential in recruiting and retaining providers at health centers.</li> </ul> <p><b>Sliding Fee Scale Update:</b></p> <ul style="list-style-type: none"> <li>• Annual update to the Sliding Fee Scale was presented for approval.</li> <li>• Scale is based on federal poverty guidelines; allows patients to pay based on income and family size.</li> <li>• Ms. Tate requested approval to begin using the 2025 scale.</li> </ul> <p><b>Closing Remarks:</b></p> <ul style="list-style-type: none"> <li>• Expressed gratitude to Mr. Collier and Ms. Burns, who are concluding their terms next month.</li> <li>• Thanked them for their dedicated service to the Board, staff, and community.</li> </ul> <p><b>Vote: Motion to approve the 2025 Sliding Fee Discount Policy.</b></p>		
<p><b>Finance Update</b></p>	<p>Mr. Mark Menkhaus Jr. reviewed the financial data variance between FY24 and FY25 for the month of January 2025.</p> <ul style="list-style-type: none"> <li>• Please see the memo and presentation included the agenda packet.</li> </ul> <p><b>Highlights</b></p> <ul style="list-style-type: none"> <li>• Health Center Disaster hour costs were down.</li> <li>• School Based Disaster Hours were 0.</li> <li>• Revenue decreased by 5.51%. <ul style="list-style-type: none"> <li>○ Self-paid patients increased by 1.91%.</li> <li>○ Medicare increased by 0.86%.</li> <li>○ Medicaid decreased by 57.80%.</li> <li>○ Private Pay decreased by 4.27%.</li> <li>○ Medicaid managed care increased 43.68%.</li> <li>○ 416—Offset increased by 10.13%.</li> </ul> </li> <li>• Expenses increased by 5.05%.</li> </ul>	<p>n/a</p>	<p>Mr. Mark Menkhaus Jr.</p>

	<ul style="list-style-type: none"> <li>○ Personnel expenses increased by 4.98%.</li> <li>○ Material expenses increased 29.77%.</li> <li>○ Contractual Costs increased by 0.53%.</li> <li>○ Fixed costs decreased 3.42%.</li> <li>○ Fringes increased by 3.88%.</li> <li>● Net Gain was -\$2,438,147.50; decreased 564.78%.</li> <li>○ Invoices greater than 90 days were at 23%; (below 20% is the goal).</li> <li>○ Invoices greater than 120 days were at 11% (below 10% is the goal).</li> <li>○ Average Days in Accounts receivable were 37 days.</li> <li>● Medicaid Maximization payment did come in last month and will be reflected in February’s numbers and will have a big reflection on the year-to-year next year.</li> <li>● No additional commentary from the board.</li> </ul>		
<p><b>Risk Manager Presentation</b></p>	<p>Ms. Angela Mullins presented the 2025 Risk Management Presentation to the Board.</p> <p>An attached Presentation was included in the agenda packet.</p> <ul style="list-style-type: none"> <li>● Ms. Angela Mullins presents the 2024 annual risk management report, detailing incidents, corrective actions, and achievements.</li> <li>● Objective of the risk management report: Transparency and continuous improvement in risk management practices. A key focus was on how incident reporting helps drive improvements, with initiatives aimed at proactive risk identification and process enhancements.</li> </ul> <p><b>Risk Management Training</b></p> <ul style="list-style-type: none"> <li>● 2024 annual risk training is mostly available via the <i>Reliance</i> learning management platform.</li> <li>● Some courses, especially for dental staff, are hosted on other platforms.</li> <li>● No claims were filed in 2024.</li> <li>●</li> </ul> <p><b>Incident Reporting Summary</b></p> <ul style="list-style-type: none"> <li>● High volume of safety reports; largest category involved 911 calls.</li> <li>● 45% of reported incidents were 911-related due to urgency of care.</li> <li>● 20% were minor injuries (e.g., slips and falls).</li> <li>● HIPAA incidents were also reported and managed according to strict regulatory timelines.</li> <li>● Strong support from HIPAA Privacy Officer and legal counsel was noted.</li> </ul> <p><b>Quarterly Assessments</b></p> <ul style="list-style-type: none"> <li>● Safety incidents remain the most frequently reported each quarter.</li> <li>● “Other” category includes unique cases like</li> </ul>	<p><b>M:</b> Dr. Philip Lichtenstein  <b>2<sup>nd</sup>:</b> Ms. Renu Bakhshi  <b>Action: 11-0 Passed</b></p>	<p>Ms. Angela Mullins</p>

graffiti, inter-staff conflicts, and procedural issues.

**Year-over-Year Incident Trends**

- Data spans several years for comparison.
- Increase in incident reports is seen as a positive indicator of strong reporting culture.
- Example: April 2024 showed a spike due to 14 safety incidents (mostly 911 calls), comprising 67% of that month’s total.

**Location-Based Incident Reporting**

- Specific increases noted in BMK, CDU units, and school health programs.
- School program issues included 911 calls and vaccine storage incidents.
- Resulted in successful staff re-education efforts.

**Risk Audit Summary & Process Reviews**

- Deeper dives were taken into process issues stemming from incident reports.
- **HIPAA audits:** Found lapses in scheduled completion → reminder system implemented.
- **Crash cart audits:** Proper stocking confirmed, but inconsistent equipment noted → policy under review and scheduled for a board presentation in May 2025.
- **Consent process in School-Based Health Centers:** Found staff unfamiliarity → led to targeted training.
- **Depo-Provera order policy:** Found gaps in annual visit tracking → new policy mandates annual visits and has been integrated into provider huddles.

**Highlights & Achievements**

- **Modernization of Incident Reporting:** New electronic platform developed and would launch soon.
- **Clinical Competencies:** Third year of hands-on training in partnership with Xavier University.
- **Proactive Audits:** Emphasized preemptive risk identification.
- **Software Updates:** Implementation of Atari (formerly Well App) and new addition of “Z” platform.
- **Patient Feedback:** Ongoing use of suggestion boxes for insights.

**2025 Goals**

- Optimize new electronic incident reporting system.
- Expand clinical education, including OB training for all credentialed staff, aligned with HRSA requirements.
- Continue to enhance a culture of safety, training, and proactive audits.

	<p><b>Q&amp;A with Ms. Mullins</b></p> <ol style="list-style-type: none"> <li>1. Dr. Lichtenstein congratulated Ms. Mullins on a great report. He asked if this increase reflects improved reporting practices rather than a decline in overall attentiveness or operational standards. What is the distinguishment between better incident ascertainment and the possibility of increasing lapses in care or procedure? <ul style="list-style-type: none"> <li>▪ Ms. Mullins responded that while she couldn't say with complete certainty, the data suggests the increase in reported incidents is tied to a strengthening safety culture rather than a decline in performance. She noted that some staff began using the new electronic incident reporting system even before its official launch, demonstrating proactive engagement. Additionally, reports are now coming in from departments that previously had little to no reporting activity. Ms. Mullins emphasized that this reflects a broader organizational awareness and increased involvement from supervisors, all of which point to improved compliance and attentiveness in incident reporting.</li> </ul> </li> <li>2. Dr. Lichtenstein asked a follow-up question, emphasizing that building a strong safety culture involves focusing on improving processes rather than blaming individuals. He inquired whether staff are actively participating in recommending solutions or process improvements when issues arise. <ul style="list-style-type: none"> <li>▪ Ms. Mullins responded that there has been noticeable progress, particularly among supervisors who led much of the incident investigation work. She noted that recent investigations are returning with significantly more detail than in the past, especially regarding process issues and proposed mitigation strategies. This suggests increased engagement and a growing focus on identifying and addressing root causes.</li> </ul> </li> </ol> <p><b>Vote: Motion to Approve the 2025 Risk Management Presentation.</b></p>		
<p><b>Policy Updates</b></p>	<p>Dr. Yury Gonzales, Medical Directed, presented 4 Policy updates to the Board: including new formatting and minor edits.</p> <p>Policy Documents were included in the attached agenda packet.</p> <p><b>No Show Late Arrival Policy</b></p> <ul style="list-style-type: none"> <li>• Dr. Gonzales explained the changes to the No Show Late Arrival Policy. <ul style="list-style-type: none"> <li>○ Late arrival time reduced from 20 minutes to 15 minutes.</li> <li>○ 15-minute standard aligns with common practice across other systems in the city.</li> </ul> </li> </ul>	<p><b>Vote: No Show Late Arrival Policy</b>  <b>M:</b> Ms. Michelle Burns  2<sup>nd</sup>: Dr. Philip Lichtenstein  <b>Action: 11-0 Passed</b></p> <p><b>Vote: Managing</b></p>	<p>Dr. Yury Gonzales</p>

	<ul style="list-style-type: none"> <li>○ While the policy provides guidance for administrative and support staff, providers still have discretion to override and accept late patients.</li> <li>○ In most cases (~90% or more), providers choose to keep the patient in their schedule.</li> <li>○ Policy now includes a <b>“Rights and Responsibilities”</b> section with a signature page for patient acknowledgment.</li> </ul> <p>Questions</p> <ol style="list-style-type: none"> <li>1. Dr. Jones asked for clarification on the cancellation policy, specifically whether the fourth cancellation that triggers action must also be within 24 hours, or if it applies to any type of cancellation, regardless of timing. <ul style="list-style-type: none"> <li>▪ Dr. Goode responded that the policy refers to the fourth cancellation overall, regardless of timing. It could include cancellations within 24 hours. She also clarified that no-shows are typically considered same-day absences without prior notice and are tracked separately from cancellations.</li> </ul> </li> </ol> <p><b>Managing Medical Emergencies Policy</b></p> <ul style="list-style-type: none"> <li>• Dr. Gonzales explained the changes to the Managing Medical Emergencies Policy. <ul style="list-style-type: none"> <li>○ Minor changes were made to the document formatting and the title.</li> <li>○ The glossary of terms and definitions was removed from the policy.</li> <li>○ The policy statement section was expanded for clarity.</li> <li>○ The <b>most significant change</b> was the inclusion of <b>American Heart Association (AHA) algorithms</b> at the end of the policy. Approximately three pages were added, and these pages reflect the most current AHA guidance.</li> </ul> </li> </ul> <p>Questions</p> <ol style="list-style-type: none"> <li>1. Dr. Jones asked for clarification on the wording of the policy, noting that it reads as if gasping alone could trigger the start of CPR. He sought to confirm that both abnormal breathing and absence of a pulse are required before beginning chest compression. <ul style="list-style-type: none"> <li>▪ Dr. Gonzales responded that the team would make the necessary corrections.</li> </ul> </li> </ol> <p><b>Tuberculosis Skin Testing for Patients Policy</b></p> <ul style="list-style-type: none"> <li>• Dr. Gonzales explained the changes to the Tuberculosis Skin Testing Policy.</li> <li>• Dr. Gonzales noted that the changes aim to <b>improve clarity</b> and ensure more <b>specific guidance</b> around screening high-risk individuals. <ul style="list-style-type: none"> <li>○ The policy was updated to expand the timeframe in which CCPC patients are required to complete TB testing.</li> <li>○ Updates were made to more clearly <b>define high-risk patients and groups</b>.</li> <li>○ Additional clarity was provided through <b>appendices included at the end</b> of the policy.</li> </ul> </li> </ul>	<p><b>Medical Emergencies During Office Hours Policy</b>  <b>M:</b> Dr. Philip Lichtenstein  <b>2<sup>nd</sup>:</b> Dr. Camille Jones  <b>Action: 10-0 Passed</b></p> <p><b>Vote:</b>  <b>Tuberculosis Skin Testing for Patients Policy</b>  <b>M:</b> Dr. Philip Lichtenstein  <b>2<sup>nd</sup>:</b> Ms. Michelle Burns  <b>Action: 10-0 Passed</b></p> <p><b>Vote:</b>  <b>Tuberculosis Screenings Policy</b>  <b>M:</b> Dr. Camille Jones  <b>2<sup>nd</sup>:</b> Dr. Philip Lichtenstein  <b>Action: 10-0 Passed</b></p>	
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	<p><b>Tuberculosis Screenings Policy</b></p> <ul style="list-style-type: none"> <li>• Dr. Gonzales explained the changes to the Tuberculosis Screenings Policy.</li> <li>• Dr. Gonzales reviewed the TB screening and testing for personnel, distinguishing it from the previous patient-focused policy. <ul style="list-style-type: none"> <li>○ The policy now includes the <b>Interferon Gamma Release Assay (IGRA)</b>, a blood test used for TB screening. The IGRA is now <b>standard in many institutions</b> due to convenience, though cost limits its use for <b>patients</b> without insurance. However, this will be beneficial for <b>employees</b>. <ul style="list-style-type: none"> <li>▪ Benefit: Only requires a single visit (unlike the traditional skin test that requires a return visit to read results).</li> <li>▪ Possible Results: Positive, negative, or indeterminate.</li> <li>▪ Follow-Up: An indeterminate result requires a chest X-ray to rule out active TB.</li> </ul> </li> <li>○ <b>TB education</b> was added for personnel.</li> <li>○ <b>Chest X-rays and medical evaluations</b> will be required when results are positive.</li> <li>○ <b>Title updated</b> from "staff" to "personnel" for consistency.</li> </ul> </li> </ul> <p>Questions</p> <ol style="list-style-type: none"> <li>1. <b>Dr. Jones asked</b> for clarification on TB clinic referrals, specifically whether a <b>positive TB skin test alone</b> is sufficient for referral, or if a <b>specific test</b> such as the <b>IGRA or Mantoux</b> is required. <ul style="list-style-type: none"> <li>▪ Dr. Gonzales responded that a positive TB skin test is sufficient for referral, noting that this is the only test typically used for patients due to cost considerations.</li> </ul> </li> </ol> <p>Dr. Gonzales reminded the board members to send questions regarding the policies in advance of the meeting to allow time for review and changes.</p> <p><b>Vote: Motion to approve the No Show and Late Arrival Policy.</b></p> <p><b>Vote: Motion to approve Managing Medical Emergencies During Office Hours Policy.</b></p> <p><b>Vote: Motion to approve the Tuberculosis Skin Testing for Patients Policy.</b></p> <p><b>Vote: Motion to approve the Tuberculosis Screenings Policy</b></p>		
<b><i>New Business</i></b>			
<b>Public Comments</b>	<ul style="list-style-type: none"> <li>• No Public Comments.</li> </ul>	n/a	Mr. Tim Collier
<b>Documents in the Packet but not presented.</b>	<ul style="list-style-type: none"> <li>• Efficiency Update was included in the packet.</li> </ul>	n/a	n/a

Meeting adjourned: 7:10 pm

Next meeting: April 9, 2025, at 6:00 pm.

The meeting can be viewed and is incorporated in the minutes: <https://archive.org/details/ccpc-3-12-25>

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Date: 3/12/2025  
Clerk, CCPC Board of Governors

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Date: 3/12/2025  
Mr. Timothy Collier, Board Chair

## CCPC Board of Governors

Cincinnati Health Department

March 12, 2025

Board Members	Roll Call	2.12.2025 Minutes	Approve Sliding Fee scale for 2025	Approve 2025 Annual Risk Management Report	Approve No Show and Late Arrival Policy	Approve Managing Medical Emergencies During Office Hours Policy	Approve Tuberculosis Skin Testing for Patients Policy	Approve Tuberculosis Screenings Policy
Ms. Renu Bakhshi	X		2nd					
Ms. Michelle Burns	X				M		2nd	
Mr. Timothy Collier - Chair	X							
Mr. Robert Cummings								
Ms. Alexis Golden Cook	X							
Dr. Angelica Hardee	X							
Dr. Camille Jones	X	2nd		2nd		2nd		M
Mr. John Kachuba	X							
Dr. Philip Lichtenstein	X		M	M	2nd	M	M	2nd
Ms. Luz Schemmel	X							
Ms. Debra Sellers	X	M						
Ms. Jen Straw								
Ms Erica White-Johnson								
Dr. Bernard Young	X							
<b>Motion Result:</b>	<b>Quorum</b>	<b>Passed</b>	<b>Passed</b>	<b>Passed</b>	<b>Passed</b>	<b>Passed</b>	<b>Passed</b>	<b>Passed</b>

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

### STAFF/Attendees

Sa-Leemah Cunningham (clerk)	X
Joyce Tate	X
Mark Menkhaus Jr	X
Geneva Goode, DNP	X
Edward Herzig, MD	X
David Miller	X
Yury Gonzales, MD	X
Nick Taylor, MD	X
Michelle Daniels, DNP	X
Angela Mullins	X

**CCPC Board of Governors  
Attendance - Yearly  
Board Meeting**

	Month/year of oath	2019	2020	2021	2022	2023	2024	January, 2025	February, 2025	March, 2025
Renu Bahkshi (N)	July, 2024						5/6	x		x
Michelle Burns (U)	April, 2019	7/12	10/11	12/13	14/15	12/12	11/12		x	x
Timothy Collier (U)	October, 2019	1/2	11/11	13/13	15/15	12/12	12/12	x		x
Robert Cummings (N)	August, 2023					5/5	4/12		x	
Alexius Golden Cook (U)	July, 2024						6/6		x	x
Dr. Angelica Hardee (N)	August, 2020		4/4	10/13	14/15	8/10	10/12	x	x	x
Dr. Camille Jones (N)	August, 2020		4/4	13/13	13//15	12/12	11/12	x	x	x
John Kachuba (U)	July, 2024						6/6	x	x	x
Dr. Phillip Lichtenstein (N)	May, 2022				12/12	12/12	10/12	x	x	x
Luz Schemmel (N)	December, 2021			1/1	13/15	10/12	11/12	x	x	x
Debra Sellers (U)	October, 2022				3/5	12/12	7/12	x	x	x
Jeanette Straw (U)	August, 2022				5/8	10/12	7/12		x	
Erica White-Johnson (U)	November, 2021			2/2	9/15	9/12	11/12	x	x	
Dr. Bernard Young (N)	October, 2022				5/5	12/12	11/12	x	x	x

\*there was no November meeting in 2020, which made 11 meetings for the year

\*there was a Special meeting in July 2021 which made 13 meetings for the 2021 year

\*there were 2 additional board training sessions in September & December 2022 which makes 15 meetings

(U): User (N): Non-User

	Absent
	Before joining the board
	Not a full year on the board

## **General Board Member Responsibilities:**

- Fiduciary Duty: Act in the best interest of the organization, not personal gain.
- Attend Meetings: Participate actively in board and committee meetings, reviewing materials beforehand.
- Advocate for the Organization: Promote the organization's mission and values.
- Financial Support: Make meaningful financial contributions.
- Stay Informed: Understand the organization's mission, policies, programs, and financial status.
- Serve on Committees: Participate in committees or task forces to contribute expertise.
- Follow Policies: Adhere to conflict-of-interest and confidentiality policies.
- Engage in Learning: Stay up to date on developments in the organization's field.

## **Specific Board Officer Roles and Responsibilities:**

### **Chair:**

- Preside over our board meetings, ensuring efficient and productive discussions.
- Works with the CEO to implement board decisions.
- Oversee board and executive committee meetings.
- Appoints committee chairs and members.

### **Vice Chair:**

- Assists the chair in their duties and steps in their absence.
- May take on specific responsibilities assigned by the board.

### **Secretary:**

- Maintains accurate records of board meetings, including minutes.
- Ensures compliance with legal and regulatory requirements.
- Manages the organization's bylaws and governance documents.

## **BOH and CCPC**

- Monitors financial health and ensures compliance with financial regulations.

## **Other Board Members:**

- Contribute expertise and experience to the board's decision-making process.
- Serve on committees and task forces.
- Advocate for the organization's mission and values.

# CCPC Board members eligible for CCPC Elections March 2025

Name	Term
Mr. Robert Cummings	1 <sup>st</sup> Term
Dr. Angelica Hardee	2 <sup>nd</sup> Term
Dr. Camille Jones	2 <sup>nd</sup> Term
Mr. John Kachuba	1 <sup>st</sup> Term
Dr. Phil Lichtenstein	1 <sup>st</sup> Term (going into 2 <sup>nd</sup> Term)
Ms. Luz Schemmel	1 <sup>st</sup> Term
Ms. Debra Sellers	1 <sup>st</sup> Term (going into 2 <sup>nd</sup> Term)
Ms. Jen Straw	1 <sup>st</sup> Term 1 <sup>st</sup> Term (going into 2 <sup>nd</sup> Term)
Ms. Erica White-Johnson	1 <sup>st</sup> Term
Dr. Bernard Young	1 <sup>st</sup> Term (going into 2 <sup>nd</sup> Term)

According to the CCPC Board By-Laws, Article IX-Officers, Executive Director, and Staff Assistance.

- Section II: Election and Terms of Office. *The officers shall be elected by the Governing Board during the annual meeting (April) and shall take office immediately thereafter. A majority vote of the total Governing Board members shall be necessary to elect an officer. Terms of office shall be for one (1) year or until their successors are elected. Officers shall be elected at the first meeting of the Governing Board and shall serve until the first annual meeting thereafter.*
- Section II: Experience Required. *Any Board Member seeking election as an officer of the Governing Board shall have served at least one (1) year as a non-office-holding Board Member*

## April CCPC Positions

- **Board Chair:** *The Chairperson shall preside at all meetings of the Governing Board. The Chairperson shall make appointments to committees, with the approval of a majority of Governing Board members. The Chairperson shall be kept advised of the affairs of the FQHCs*

*and ensure that all directives and policies are carried into effect. The Chairperson shall perform such other duties as from time to time may be assigned by the Governing Board. Non-User Board Members appointed by the Board of Health are ineligible to serve as Chairperson.*

- **Board Vice-Chair:** *The Vice-Chairperson shall perform the duties of the Chairperson in the absence of the Chairperson and shall perform such other duties as from time to time may be assigned by the Governing Board.*
- **Board Secretary:** *The Secretary shall perform other duties as assigned by the Governing Board.*

**DATE:** April 9, 2025  
**TO:** City of Cincinnati Primary Care Board of Governors  
**FROM:** Joyce Tate, CEO  
**SUBJECT:** CEO Report for April 2025

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### **Roberts Expansion**

- The project is progressing despite some initial issues with the bids.
- Chris Burkhart provided an update, stating that walls are being installed, with flooring to follow soon.
- The optimistic timeline for completion is May or June.

### **Crest Smile Shoppe Relocation**

- Ongoing discussions with the Avondale Plaza realtor and legal representatives to finalize a lease agreement.
- Approval was received to extend the project, ensuring adequate time for completion.
- An architect is on board, with a planning meeting scheduled.
- Access to space is necessary; any delays in securing the lease could impact progress.
- Efforts continue to keep the project on track.

### **Federal Agency Changes – HRSA Now Under Make America Healthy Again Department (MAHA)**

- Significant reductions in federal agencies, including HRSA, which is now under the Make America Healthy Again Department (MAHA).
- Noted the broader implications of these changes on health-related initiatives.

### **Upcoming In-Person Meet and Greet for CCPC Board Members**

- Plans are underway for an in-person meet and greet to strengthen board engagement.
- Coordinating with Ms. Cunningham to determine a suitable date.
- Considering incorporating the event into a board meeting.
- Emphasizing the importance of keeping board members engaged, given their diverse perspectives and community representation.
- Encouraging participation to foster stronger relationships within the board.





PANNEAU DE GYPSE DE TYPE X  
5/8" x 12' TE/BR  
Type 1 Gypsum Board



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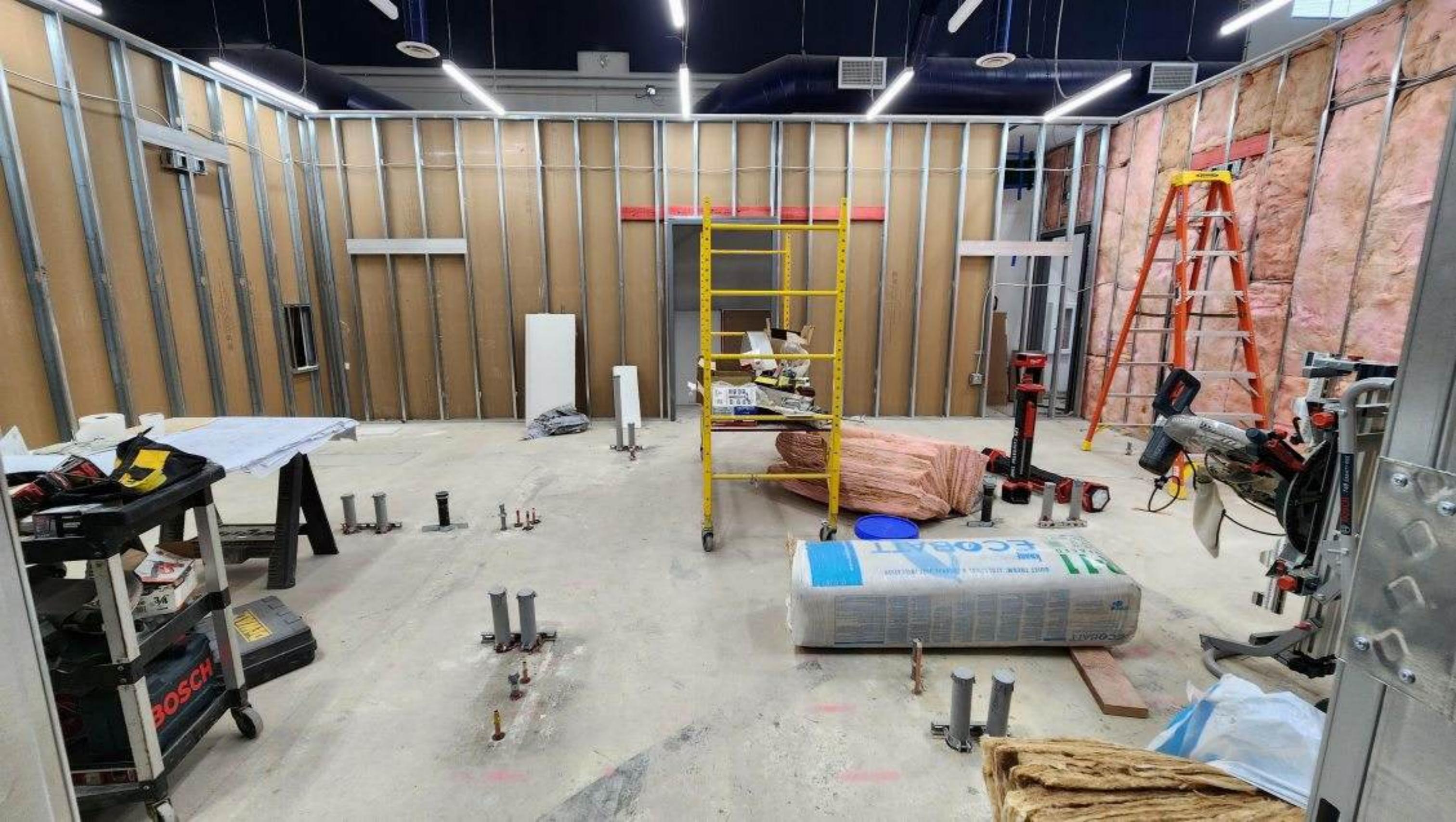
COVER

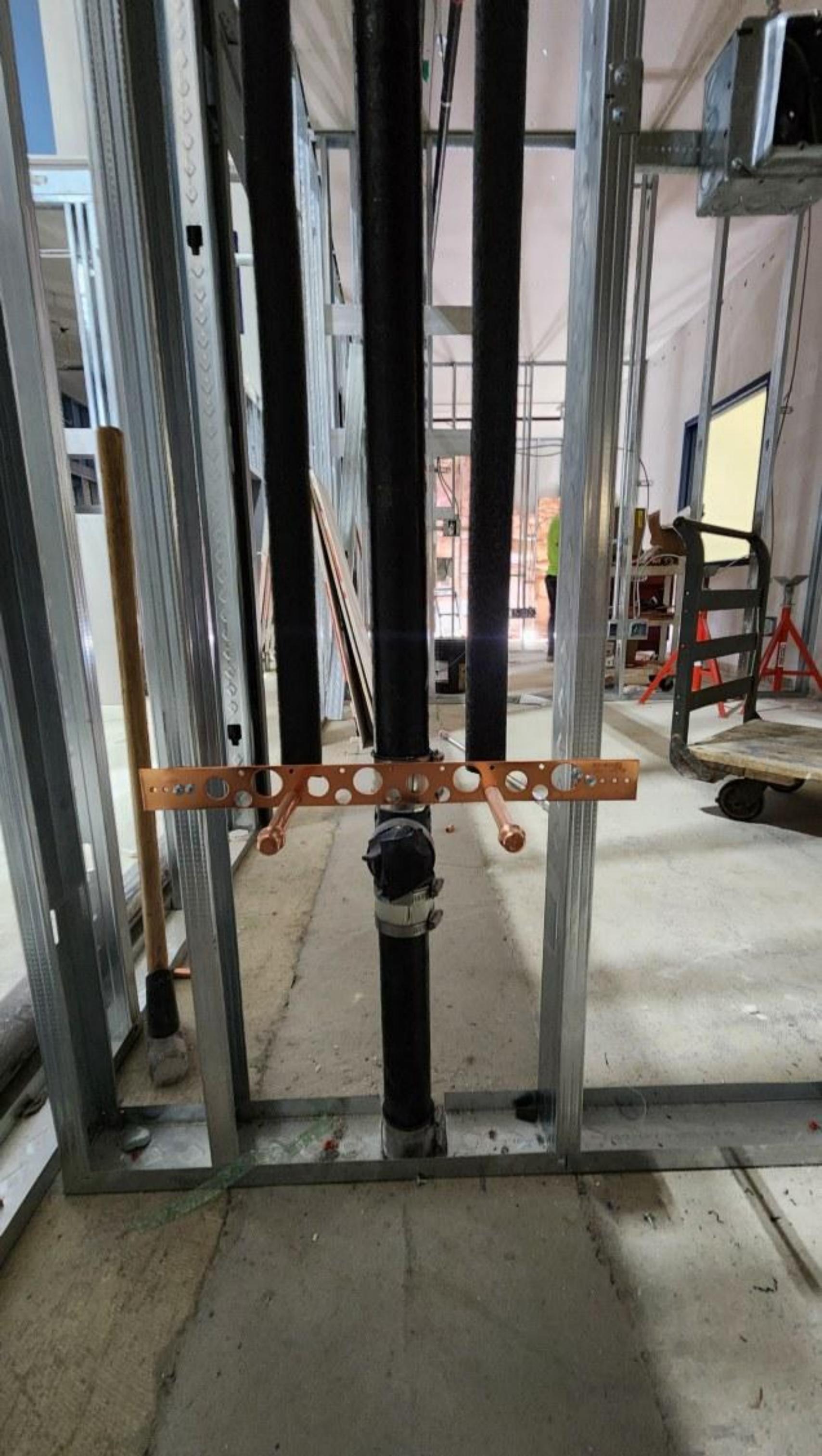






NOTICE







**PERSONNEL ACTIONS for March 25, 2025 , BOARD of HEALTH MEETING**

**Page 2 of 2**

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

**SARTH PATEL**

**DENTIST**

**CCPC**

( Transfer vacancy )

Salary Bi-Weekly Range:                 \$6,170.69 to \$ 7,908.46                 Revenue Fund

Dr. Sarth Patel is a graduate of University of Louisville School of Dentistry (May 2024) where he received his Doctorate in Dental Medicine. He is currently completing an Advanced Education in General Dentistry Residency at the University of Cincinnati Dental Center. In dental school and during his residency, he has had experience serving both adult and pediatric patients with advanced dental disease. He has provided preventive dentistry, operative dentistry, periodontics, prosthodontics, oral surgery and endodontics. He has completed rotations in public health dental centers and Cincinnati Children’s specialty clinics. Dr. Patel has a passion for working with underserved populations and will provide valuable services to Cincinnati Health Department dental patients.

**BINITA SATPATHY**

**DENTIST**

**CCPC**

(Resignation vacancy)

Salary Bi-Weekly Range:                 \$6,170.69 to \$7,908.46                 Revenue Fund

Dr. Binita Satpathy is a general dentist who completed her Doctorate of Dental Surgery in May of 2021 as well as her Advanced Education in General Dentistry Residency at Meharry Medical College. She is currently a general dentist at an FQHC in Nashville, Tennessee and has spent the majority of her career focusing on providing care in a public health setting serving Medicaid and uninsured patients. She has experience working with refugees and serves both adult and pediatric patients with advanced dental disease. She has provided preventive dentistry, operative dentistry, periodontics, prosthodontics, oral surgery and endodontics. Dr. Satpathy has a passion for working with underserved populations and will provide valuable services to Cincinnati Health Department dental patients.

**TENDER-LEA SMITH**

**MEDICAL ASSISTANT**

**CCPC**

(Transfer vacancy)

Salary Bi-Weekly Range:                 \$3,224.59 to \$3,720.68                 General Fund

The City of Cincinnati Primary Care would like to hire Tender-Lea Smith as a Medical Assistant. Ms. Smith graduated from Ross Medical Education Center in 2017. Her experience working as a Medical Assistant in urgent care and addiction services will be valuable as she transitions to the primary care setting. Her skills and knowledge will be an asset for the City of Cincinnati Primary Care – Ambrose Clement Health Center.

**DATE:** April 9, 2025  
**TO:** City of Cincinnati Primary Care Governing Board  
**FROM:** Mark Menkhaus, Jr., CFO  
**SUBJECT:** Fiscal Presentation February 2025

**Fiscal Presentation**

Fiscal Presentation for February 2025.

- For FY25, as of February 2025, Cincinnati Primary Care had a net gain of \$1,098,510.90.
- In FY24, February had a net loss of \$913,967.61. Comparing FY25 with FY24 shows an increase of \$2,012,478.51.
- Revenue increased by \$3,464,508.76 from FY24. The increase is due to the Medicaid Maximization funds that were received in February totaling \$4,489,660.19.
- Expenses increased by \$1,452,030.25 from FY24. The increase is due in part to COLAs and the corresponding fringes. Increases are also due to the timing of invoices paid (ex. LabCorp were paid \$590,417.94 in FY24 but were paid \$631,887.70 in FY25. Also, Cardinal Health was paid \$681,214.99 in FY24 but was paid \$1,384,405.66 in FY25. However, University of Cincinnati Physicians were paid \$401,859 in FY24 but was paid \$267,849 in FY25.)
- Here are charges for disaster regular hours and overtime as it relates to COVID-19 for FY25 and FY24 for February.

<b>Clinics</b>		
<b>Type Labor Cost</b>	<b>FY25</b>	<b>FY24</b>
Disaster Regular	\$12,587.57	\$14,053.32
Disaster Overtime	\$ 0.00	\$ 0.00
<b>Total</b>	<b>\$12,587.57</b>	<b>\$14,053.32</b>

<b>School Based</b>		
<b>Type Labor Cost</b>	<b>FY25</b>	<b>FY24</b>
Disaster Regular	\$0.00	\$2,691.06
Disaster Overtime	\$0.00	\$ 0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$2,691.06</b>

**February Payor Mix Highlights:**

	Medicaid	Commercial	Medicare	Self-Pay
Medical	0%	4%	-1%	11%
Dental	-5%	3%	0%	4%
School-Based Medical	-1%	0%	0%	3%
School-Based Dental	4%	1%	0%	0%
Behavioral Health	0%	6%	1%	5%
Vision	0%	0%	0%	1%

**Accounts Receivable Trends:**

- The accounts receivable collection effort for January for 90-days is 20% and for 120-days is 11%. Our aim for the ideal rate percentage for 90-days is 20% and our 120-days is 10%. The rate for 90-days decreased by 3% from the previous month and the rate for 120-days remained the same as the previous month

**Days in Accounts Receivable & Total Accounts Receivable:**

- The days in accounts receivable has increased from the month before by 0.3 days. The days in accounts receivable are above average (by 5.4 days) of the past 13 months at 37.4 days.

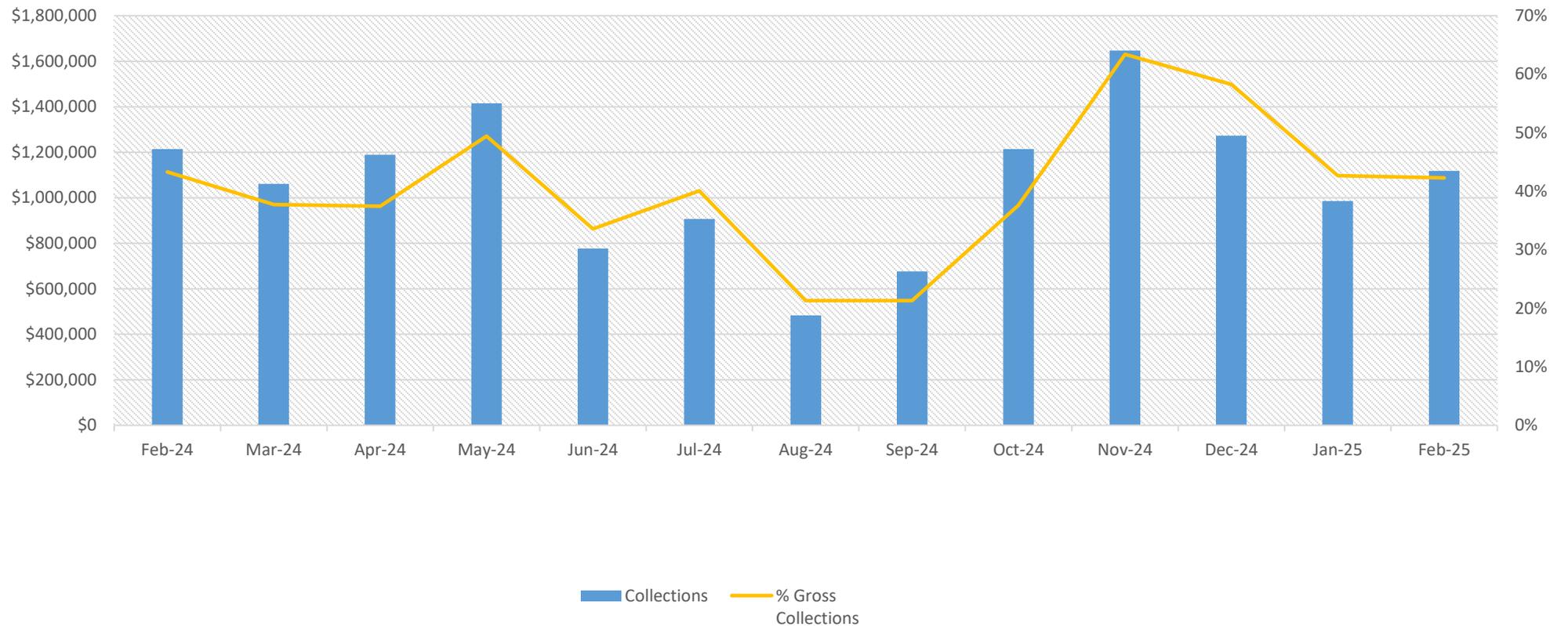
City of Cincinnati Primary Care  
Profit and Loss with fiscal year comparison  
February 2024 - February 2025

	<b>FY25 Actual</b>	<b>FY24 Actual</b>	<b>Variance FY25 vs FY24</b>
<b>Revenue</b>			
8556-Grants\Federal	\$3,392,123.53	\$2,363,293.36	43.53%
8571-Specific Purpose\Private Org.	\$9,000.00	\$5,000.00	80.00%
8617-Fringe Benefit Reimbursement	\$0.00	\$0.00	0.00%
8618-Overhead Charges - Indirect Costs	\$61,340.00	\$0.00	0.00%
8733-Self-Pay Patient	\$606,172.26	\$587,635.89	3.15%
8734-Medicare	\$3,402,903.52	\$3,430,198.74	-0.80%
8736-Medicaid	\$7,459,688.84	\$6,330,637.03	17.83%
8737-Private Pay Insurance	\$781,043.02	\$803,351.43	-2.78%
8738-Medicaid Managed Care	\$5,540,498.57	\$4,037,117.80	37.24%
8739-Misc. (Medical rec.\smoke free inv.)	\$87,229.36	\$599,322.10	-85.45%
8932-Prior Year Reimbursement	\$59,229.25	\$168,586.17	-64.87%
416-Offset	\$3,827,642.51	\$3,437,219.58	11.36%
<b>Total Revenue</b>	<b>\$25,226,870.86</b>	<b>\$21,762,362.10</b>	<b>15.92%</b>
<b>Expenses</b>			
71-Personnel	\$12,265,922.67	\$11,580,803.61	5.92%
72-Contractual	\$3,594,661.91	\$3,725,442.71	-3.51%
73-Material	\$2,204,079.28	\$1,381,979.20	59.49%
74-Fixed Cost	\$1,196,535.42	\$1,356,147.89	-11.77%
75-Fringes	\$4,867,160.68	\$4,631,956.30	5.08%
<b>Total Expenses</b>	<b>\$24,128,359.96</b>	<b>\$22,676,329.71</b>	<b>6.40%</b>
<b>Net Gain (Losses)</b>	<b>\$1,098,510.90</b>	<b>(\$913,967.61)</b>	<b>-220.19%</b>

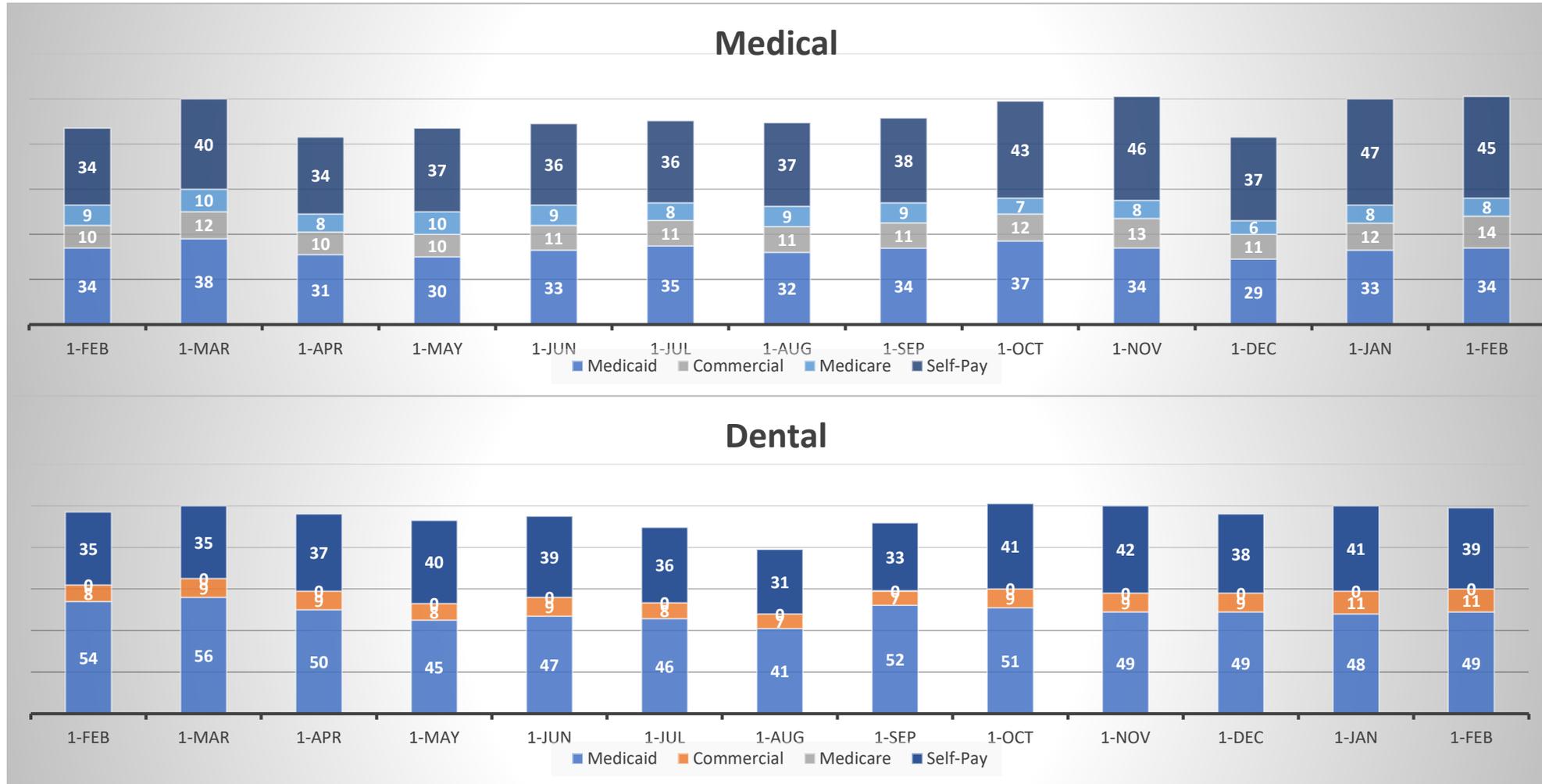
CHD/CCPC Finance  
Update  
April 9, 2025

# Revenue Presentation

# Monthly Visit Revenue

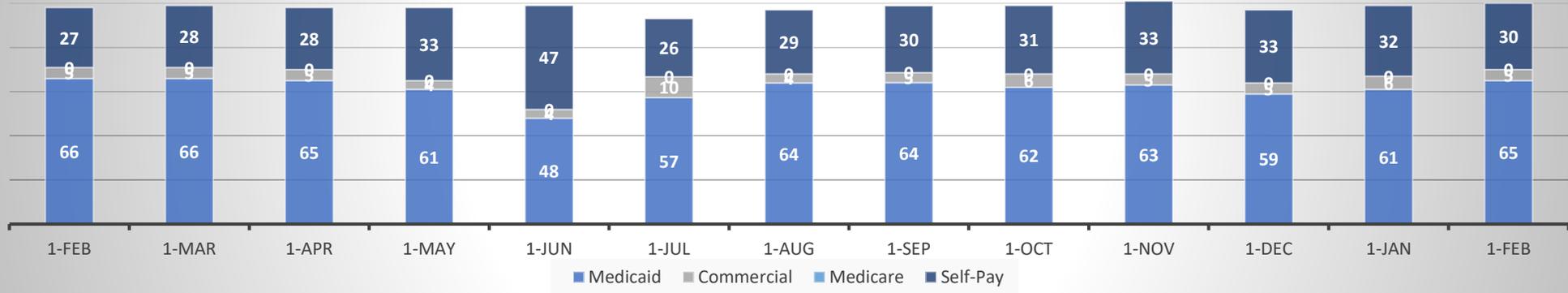


# Payor Mix

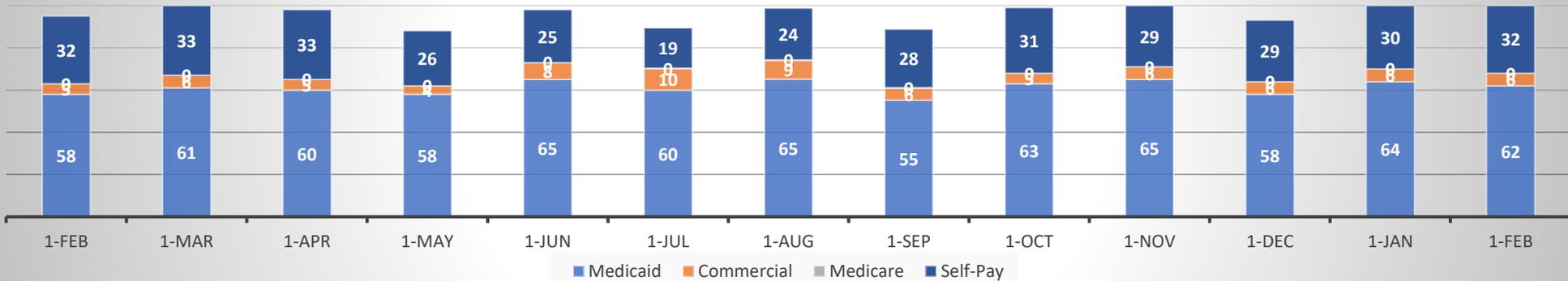


# Payor Mix

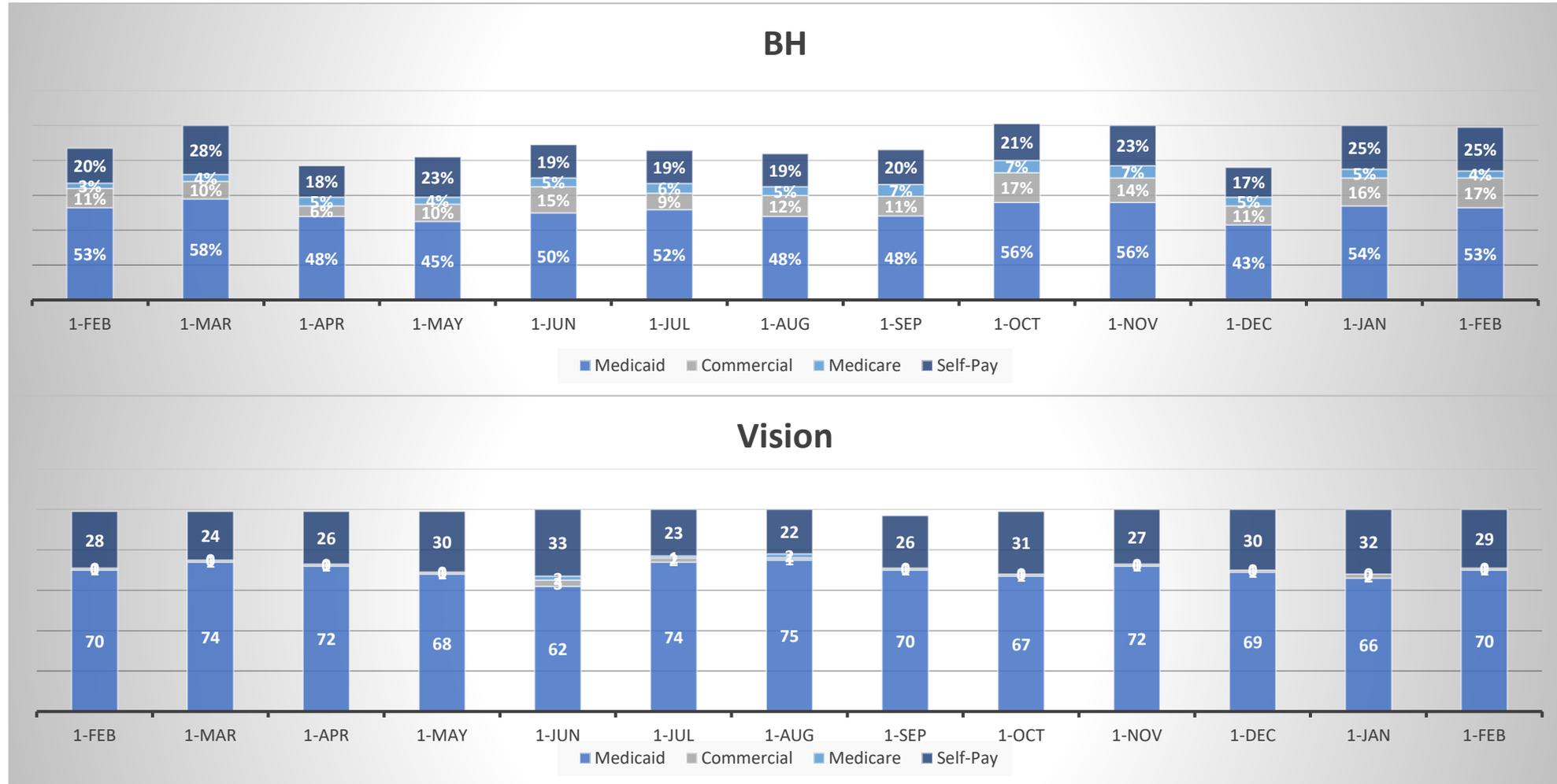
## SBHC - Medical



## SBHC - Dental

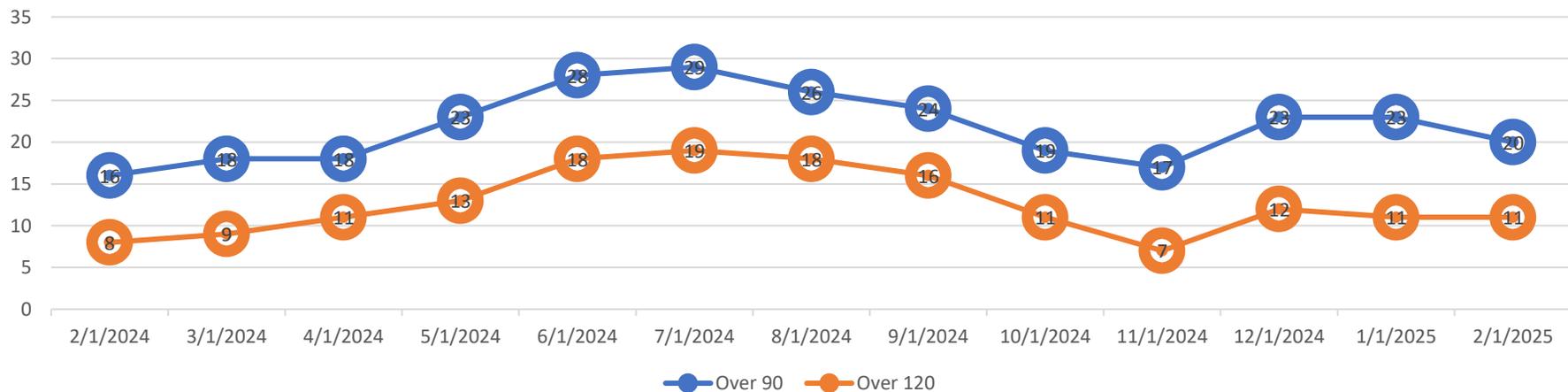


# Payor Mix

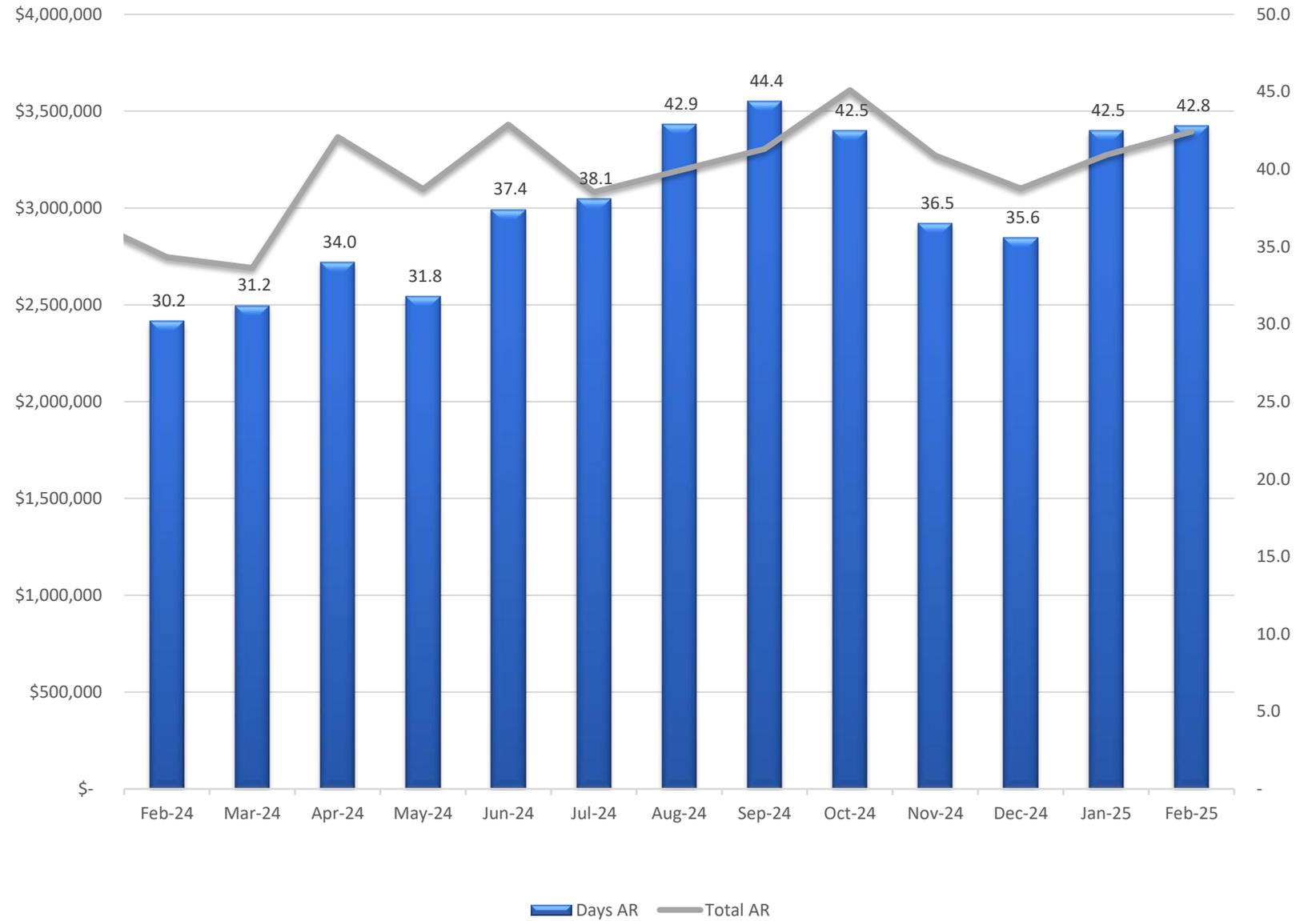


# AR Trends

Aging Period	Insurance February	Patient - All February	Patient - On Pmt Plan February	Patient - Not on Pmt Plan February	Total February	% Total February
0 - 30	\$1,619,219	\$179,356	\$802	\$178,554	\$1,798,575	52.98%
31 - 60	\$459,899	\$110,544	\$993	\$109,552	\$570,443	16.80%
61 - 90	\$237,745	\$115,221	\$969	\$114,252	\$352,966	10.40%
91 - 120	\$185,390	\$102,088	\$818	\$101,270	\$287,478	8.47%
121 - 150	\$196,929	\$27,777	\$800	\$26,977	\$224,707	6.62%
151 - 180	\$111,074	\$7,608	\$223	\$7,385	\$118,682	3.50%
181 - 210	\$81,989	\$786	\$164	\$623	\$82,775	2.44%
211+	\$94,652	(\$135,757)	\$262	(\$136,019)	(\$41,105)	-1.21%
<b>Total</b>	<b>\$2,986,898</b>	<b>\$407,624</b>	<b>\$5,031</b>	<b>\$402,592</b>	<b>\$3,394,521</b>	
<b>% &gt; 90</b>	<b>22%</b>	<b>1%</b>	<b>45%</b>	<b>0%</b>	<b>20%</b>	
<b>% &gt; 120</b>	<b>16%</b>	<b>-24%</b>	<b>29%</b>	<b>-25%</b>	<b>11%</b>	



# Day in AR & Total A/R



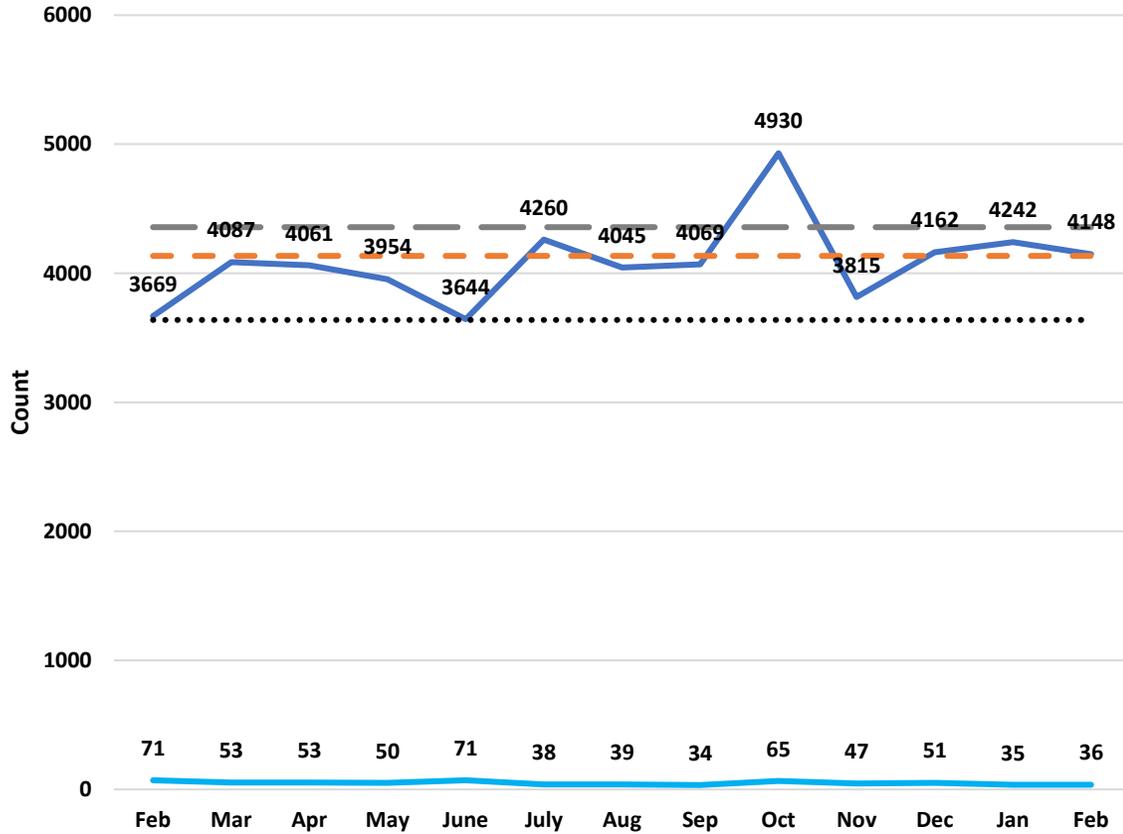


# **CCPC Board Meeting – Efficiency Update**

April 2025

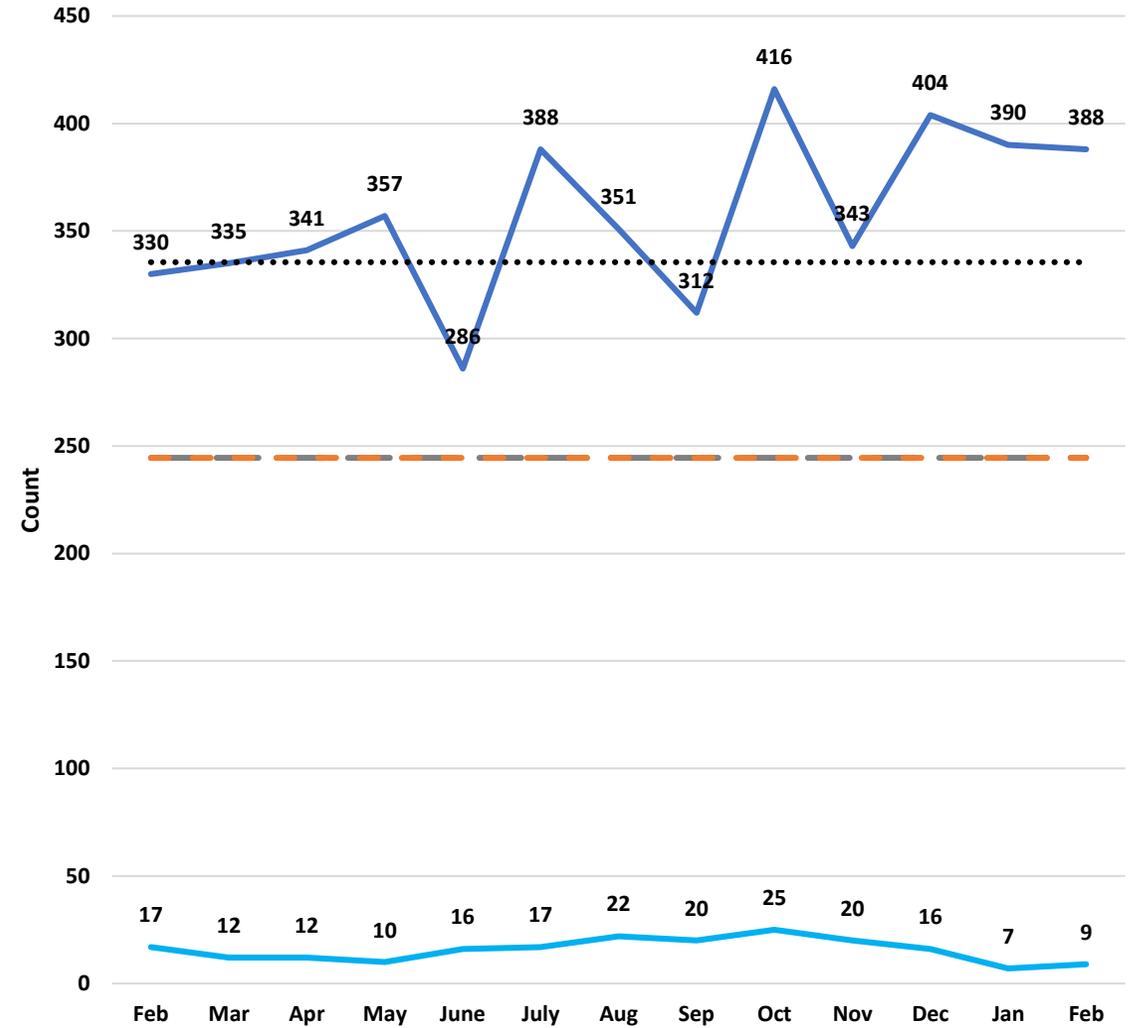
# **Medical/Behavioral Health**

### NUMBER OF VISITS - ALL LOCATIONS



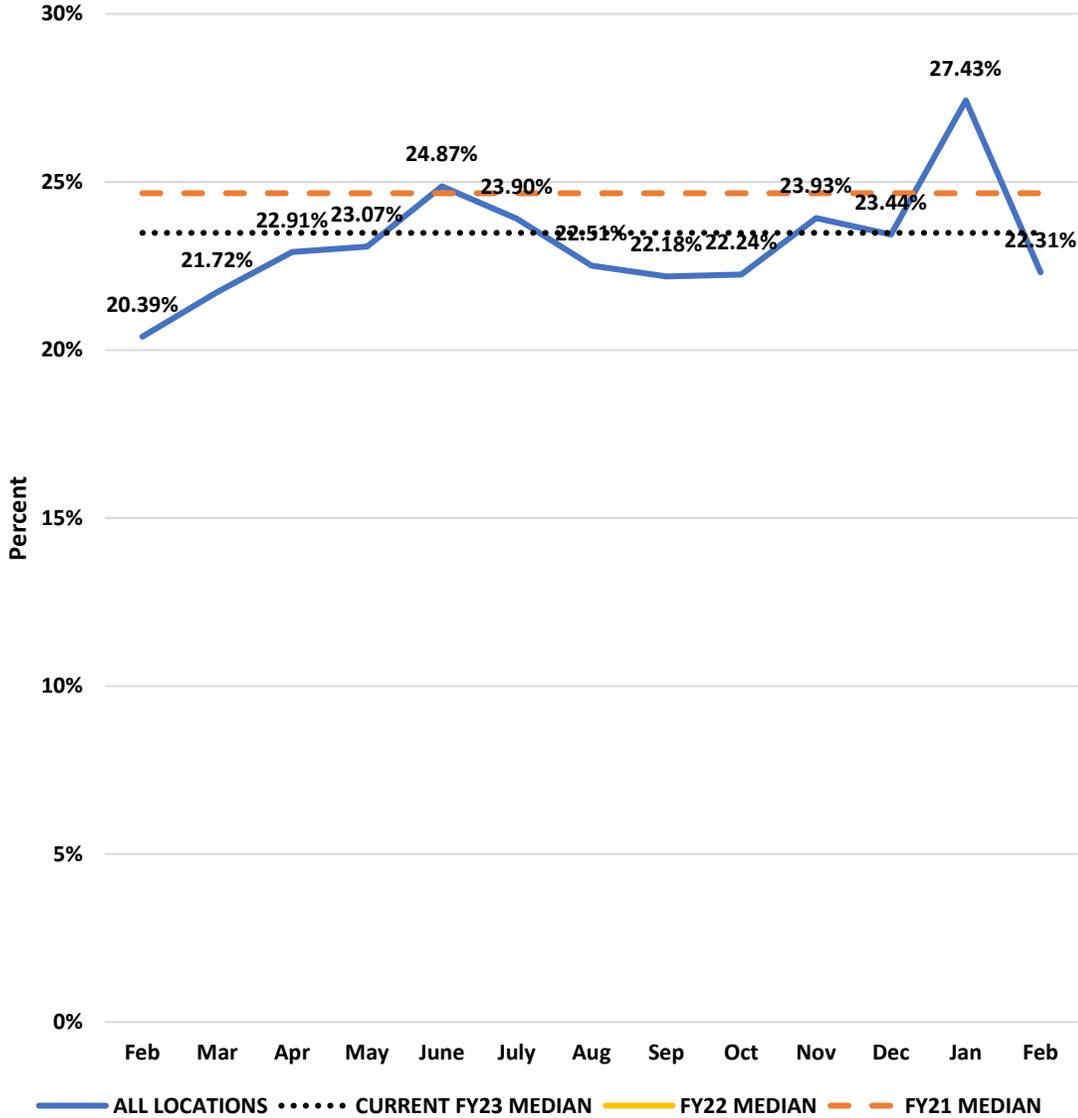
— ALL LOCATIONS     — TELEHEALTH VISITS     ..... CURRENT FY23 MEDIAN  
- - - FY22 MEDIAN     - - - FY21 MEDIAN

### NUMBER OF VISITS - ALL BEHAVIORAL HEALTH

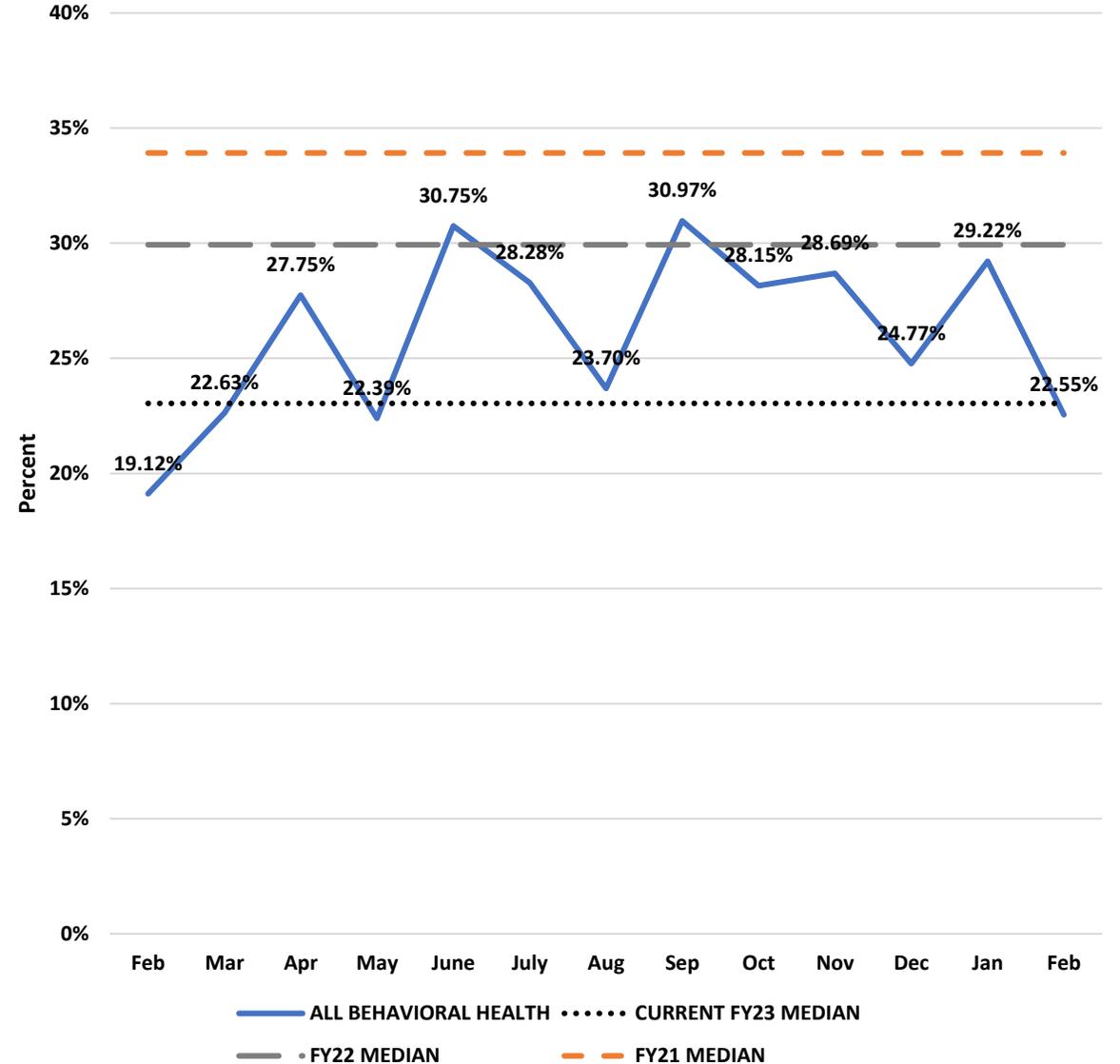


— ALL BEHAVIORAL HEALTH     — TELEMEDICINE VISITS     ..... CURRENT FY23 MEDIAN  
- - - FY22 MEDIAN     - - - FY21 MEDIAN

### NO SHOW % - ALL LOCATIONS

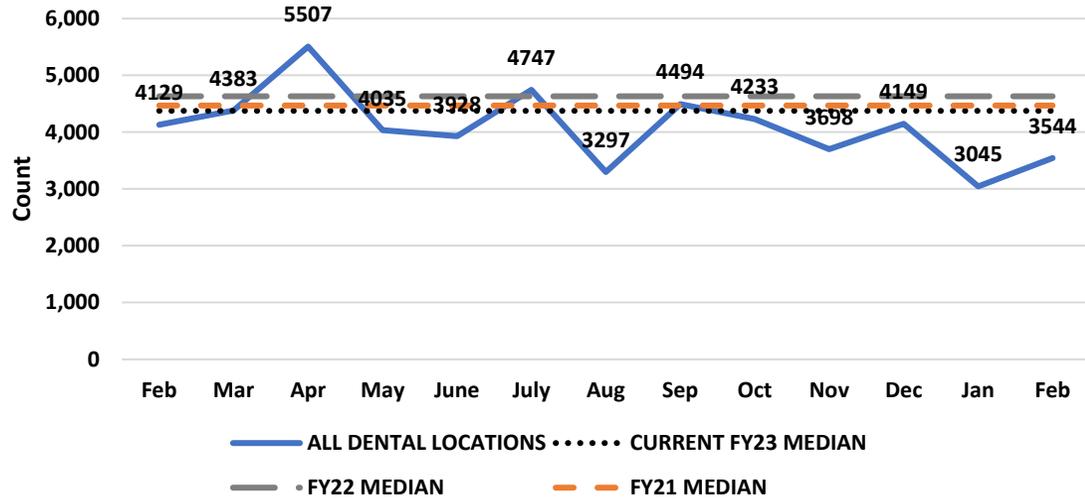


### NO SHOW % - ALL BEHAVIORAL HEALTH

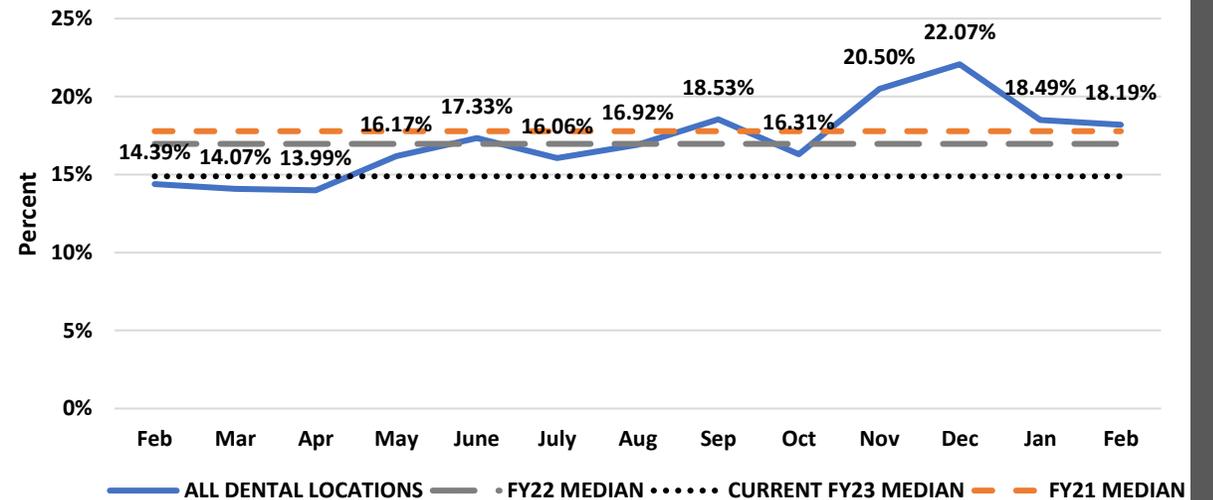


**Dental**

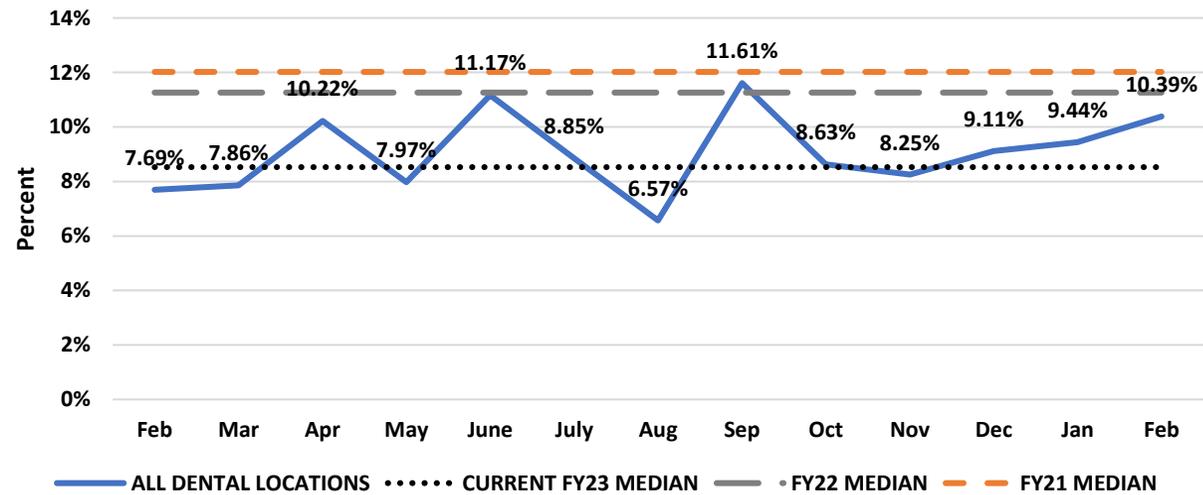
### DENTAL VISITS - ALL LOCATIONS



### DENTAL BROKEN APPT % - ALL LOCATIONS

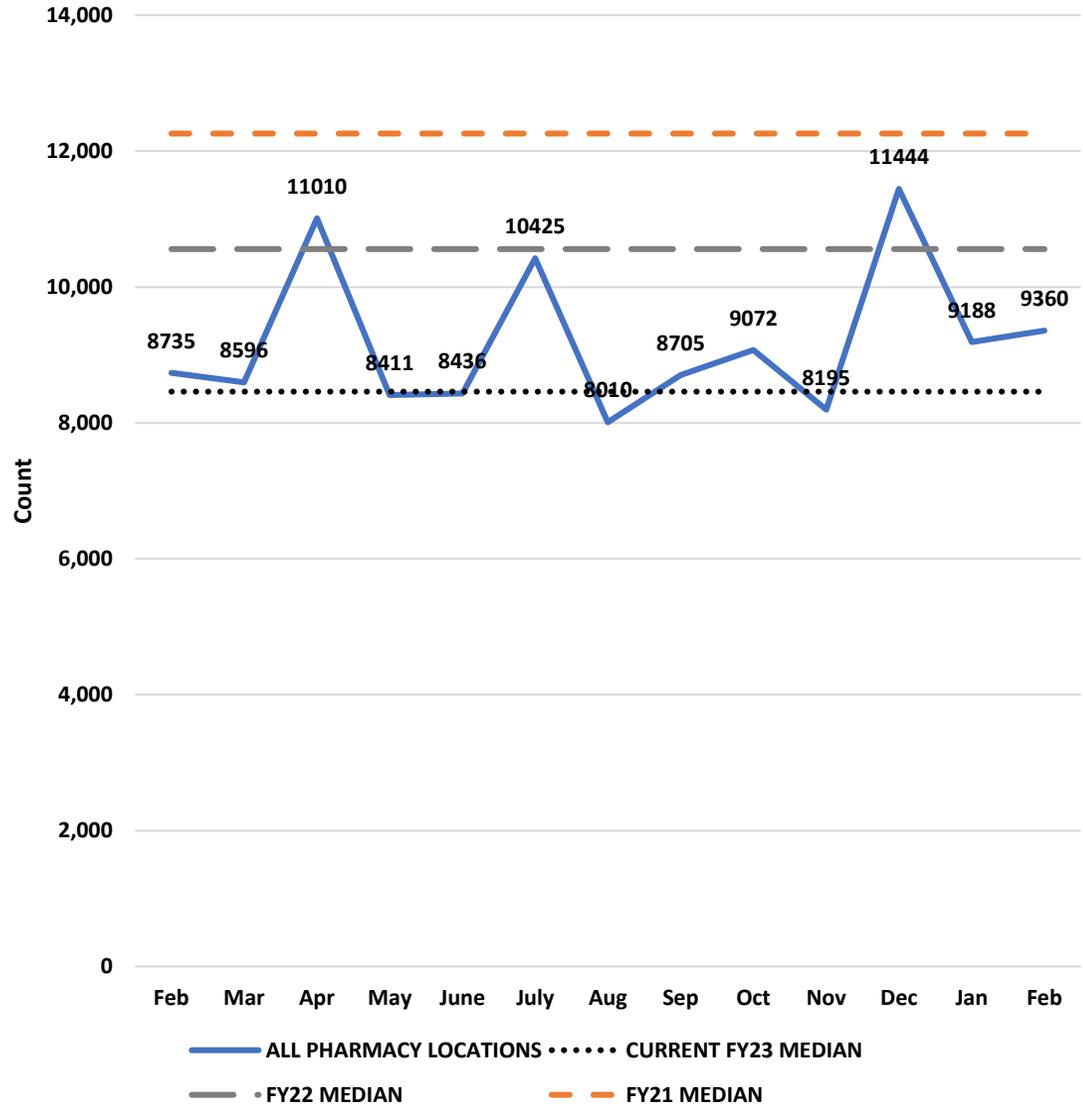


### DENTAL NEW PATIENT % - ALL LOCATIONS

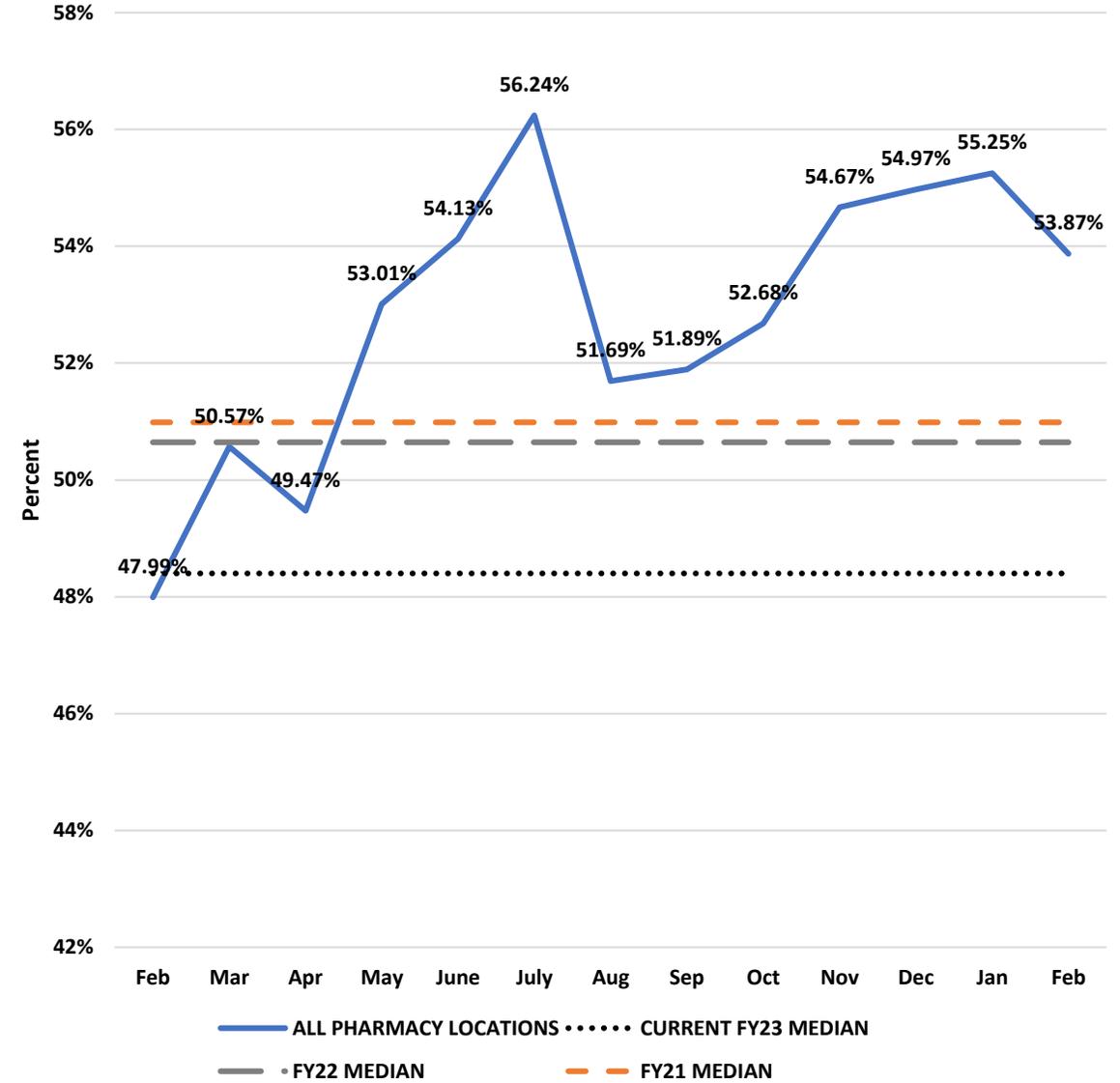


**Pharmacy**

### PHARMACY NUMBER OF FILLS - ALL LOCATIONS

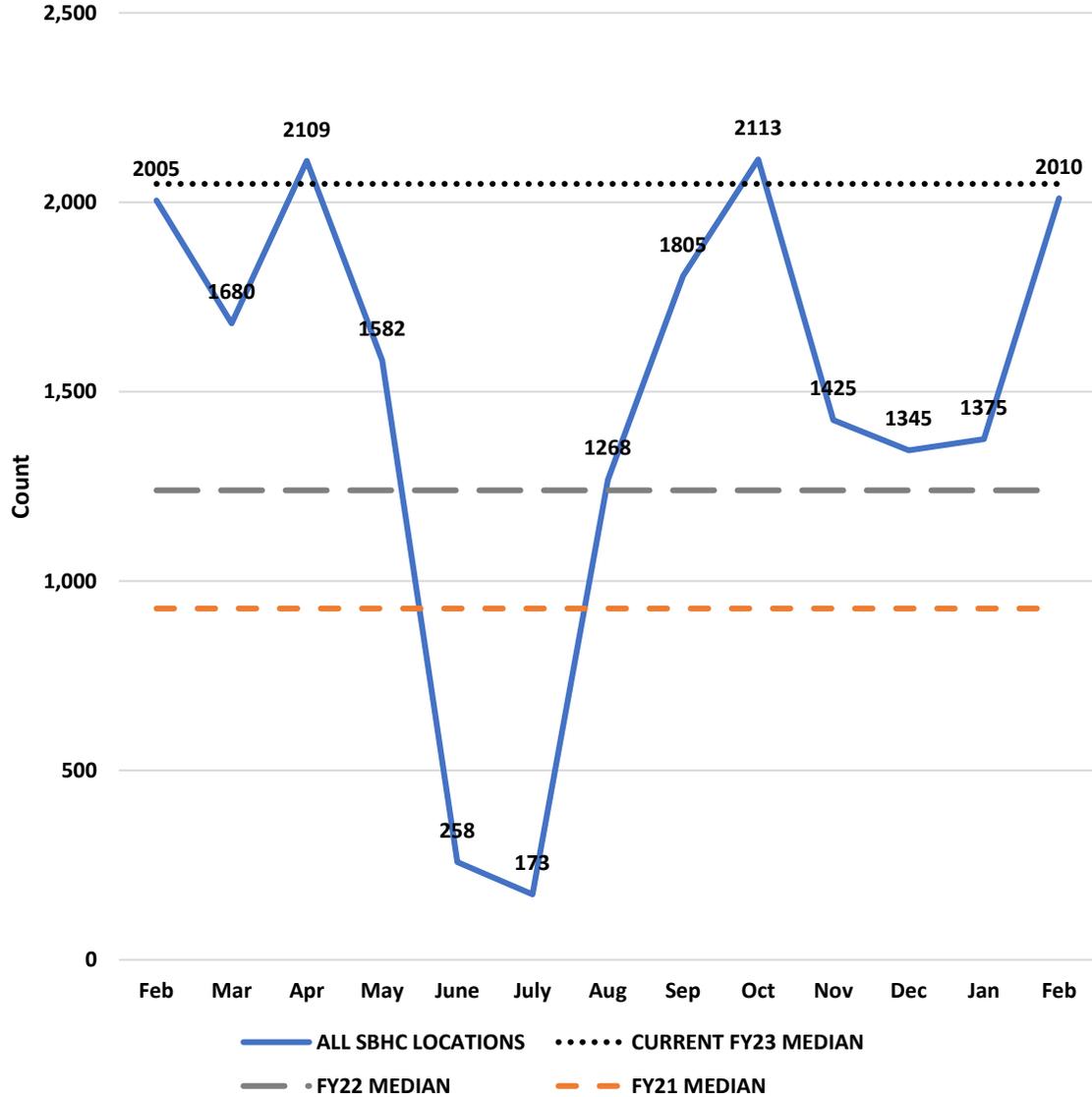


### PHARMACY ESCRIBE % - ALL LOCATIONS

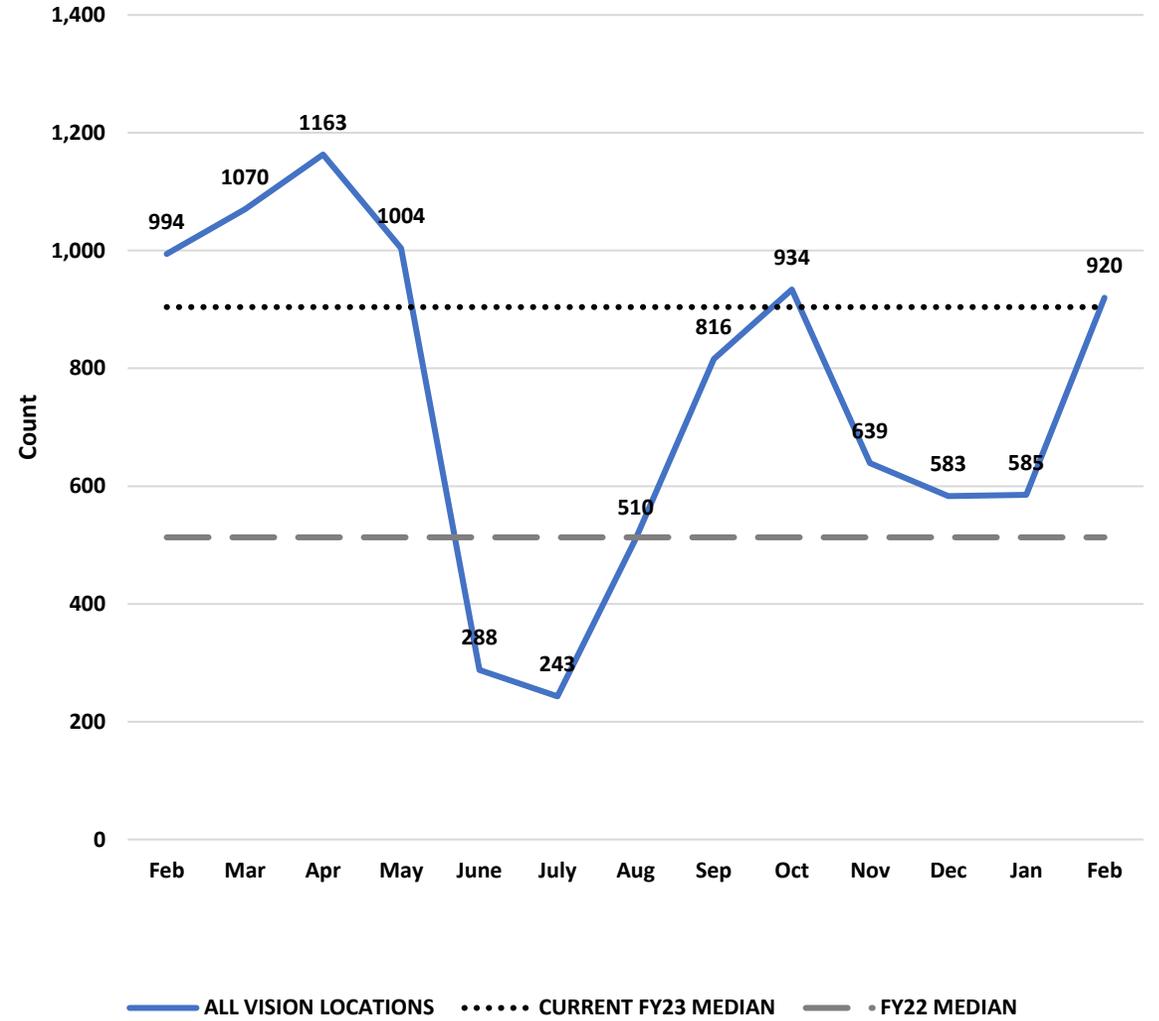


# **School Based Health Centers**

### SBHC VISITS - ALL LOCATIONS



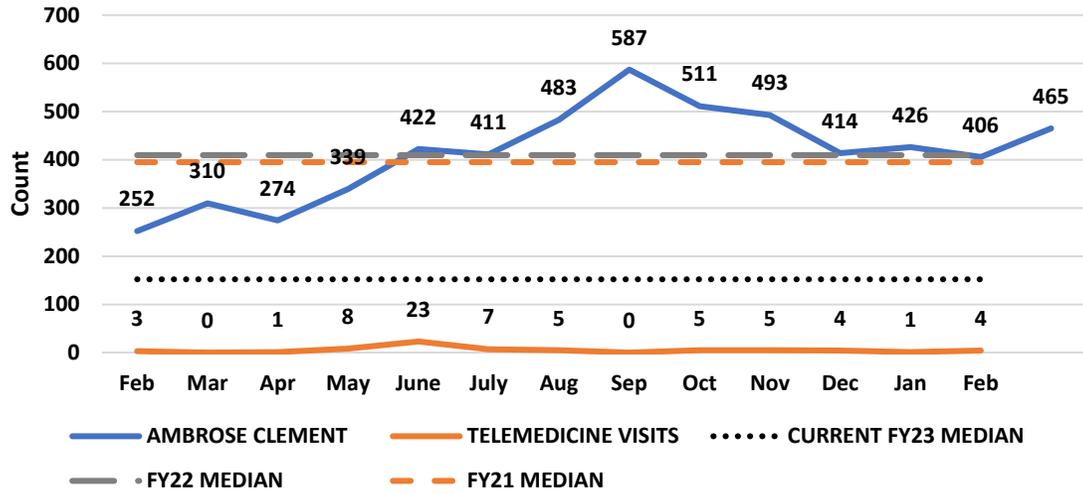
### VISION VISITS - ALL LOCATIONS



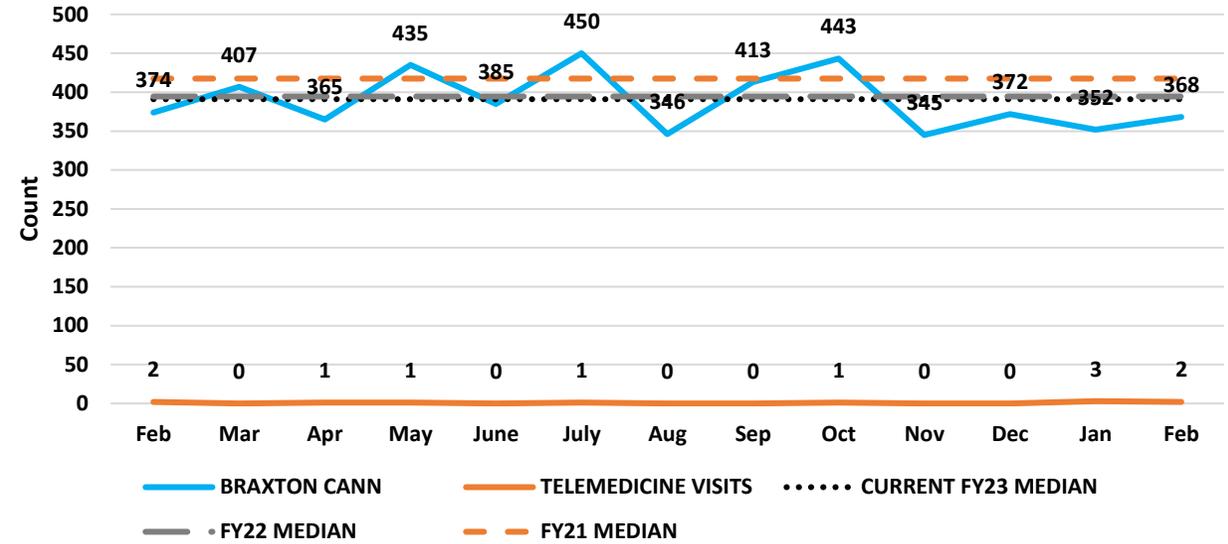
# Supplemental Slides

# VISITS

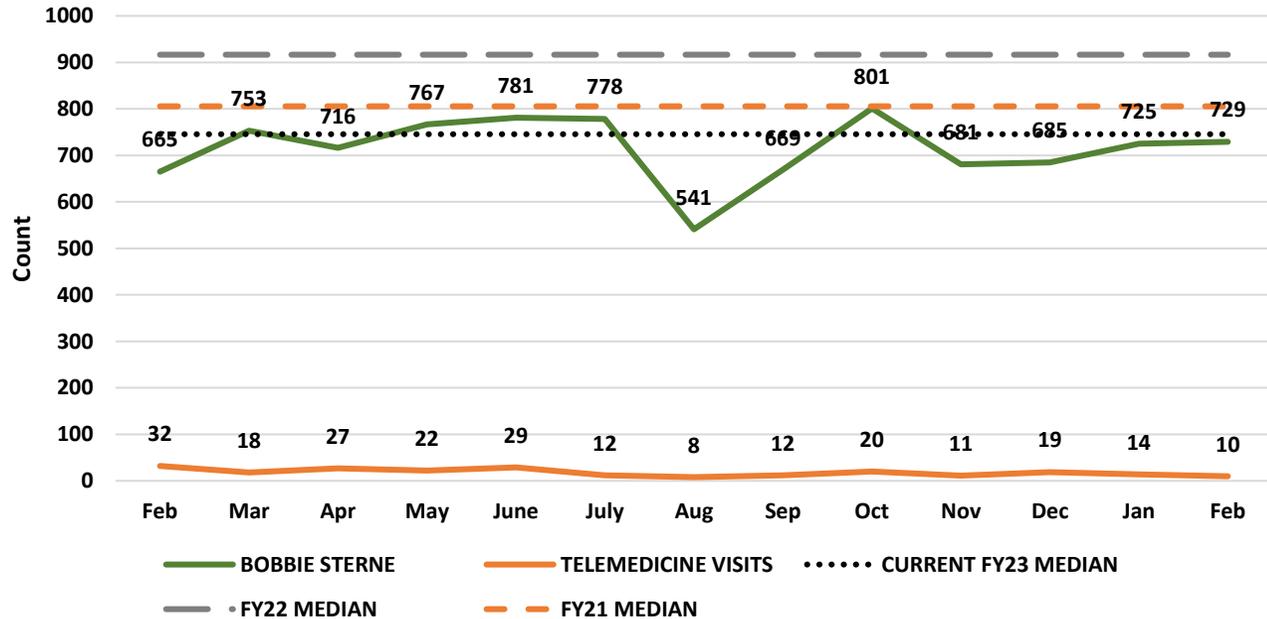
## AMBROSE



## BRAXTON CANN

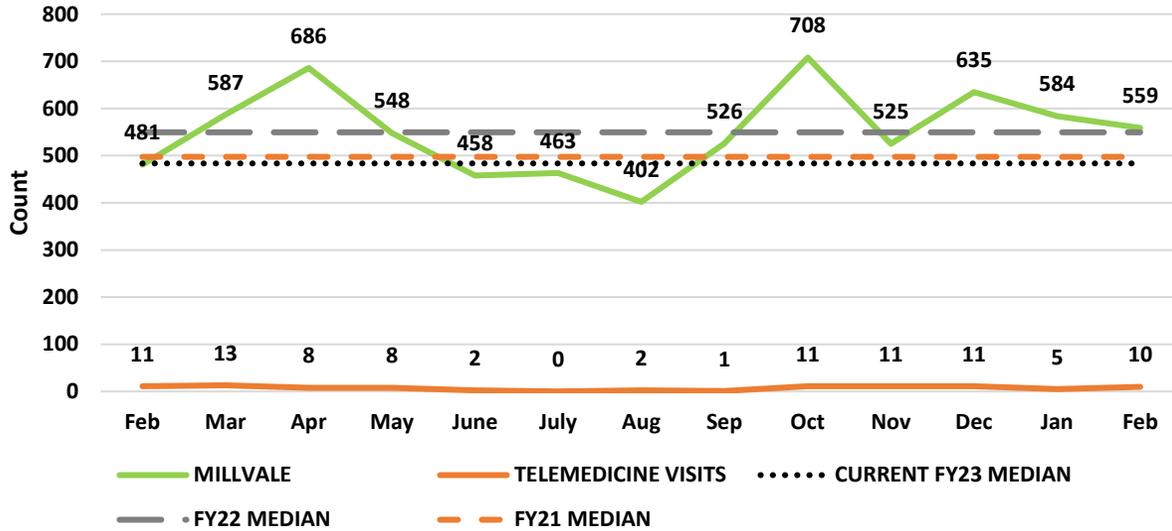


## BOBBIE STERNE

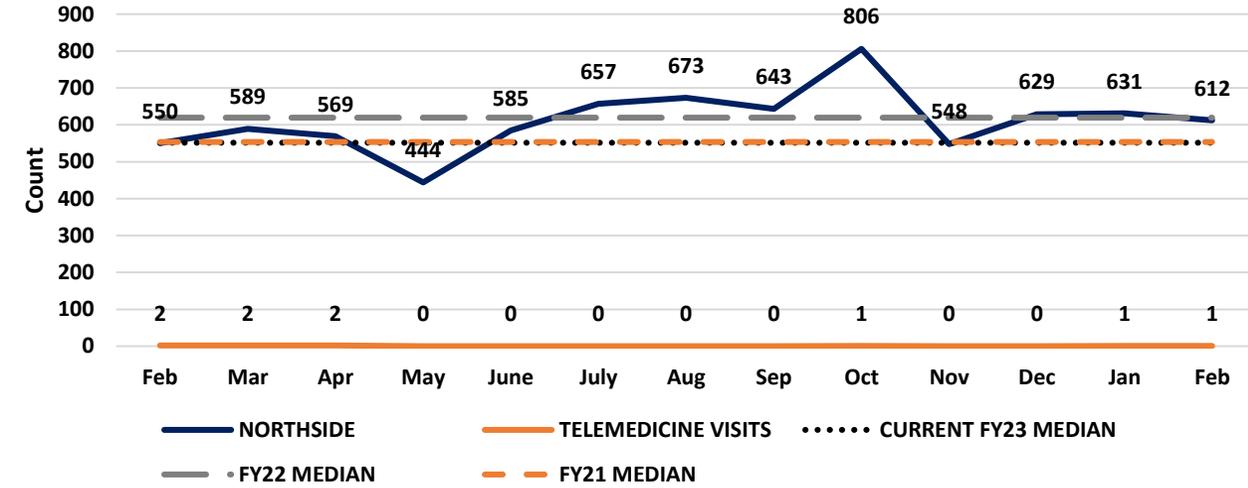


# VISITS

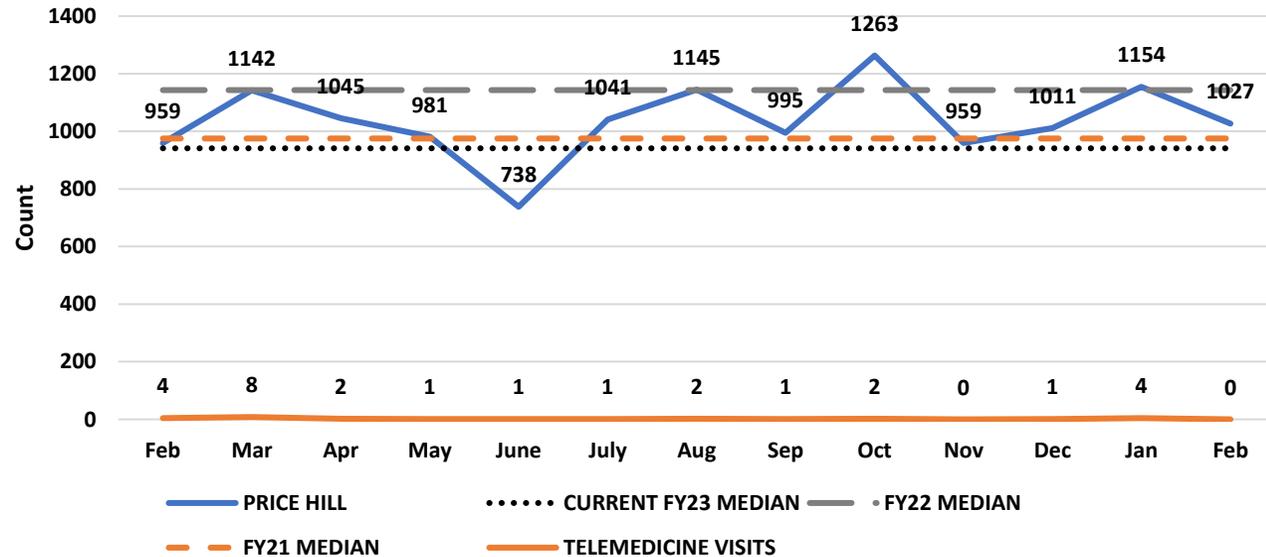
## MILLVALE



## NORTHSIDE

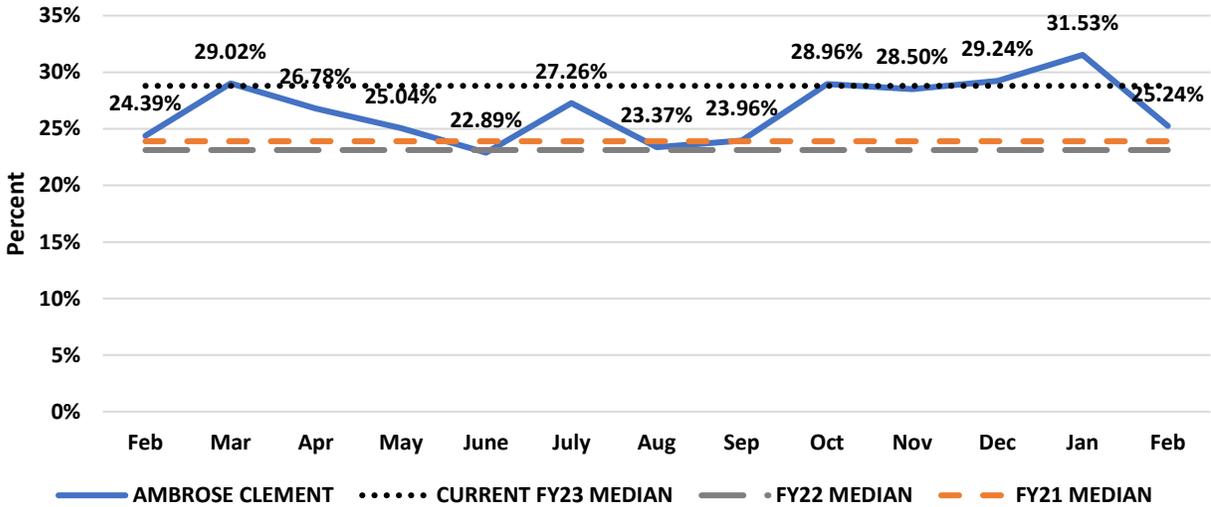


## PRICE HILL

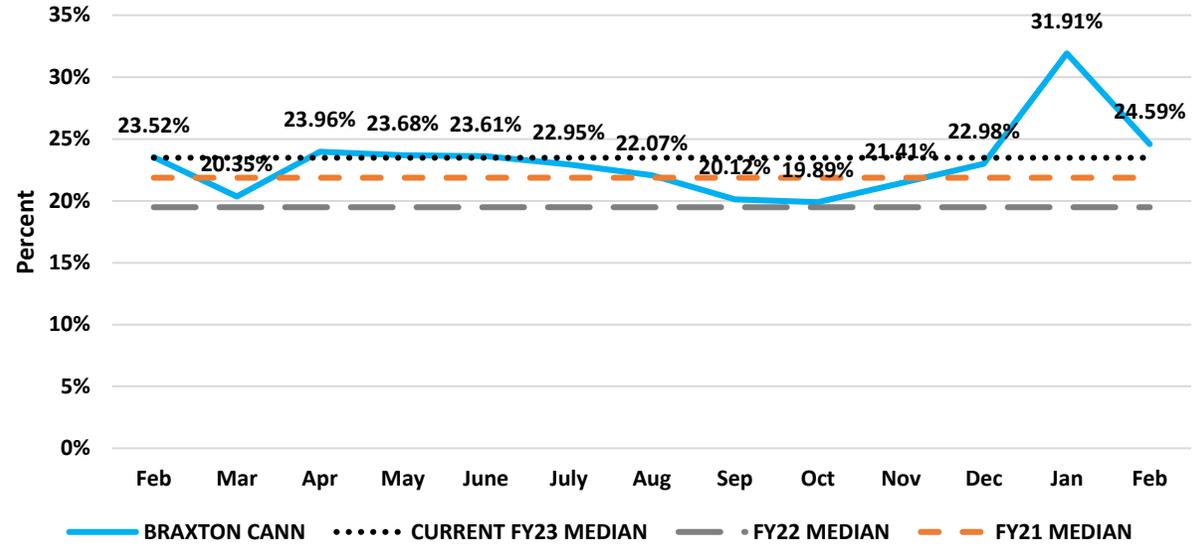


# NO SHOW PERCENT

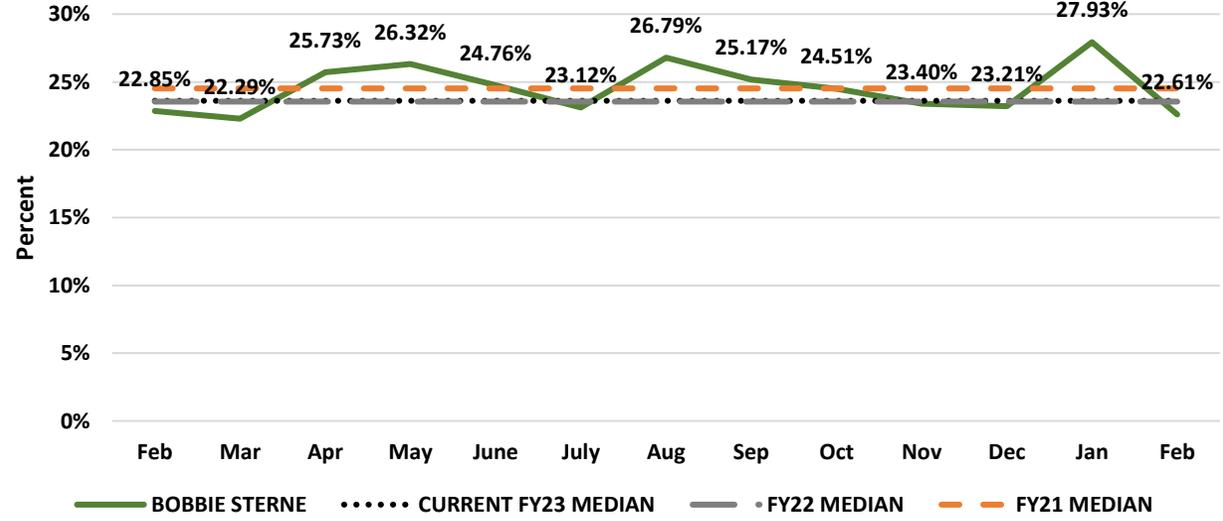
## AMBROSE



## BRAXTON CANN

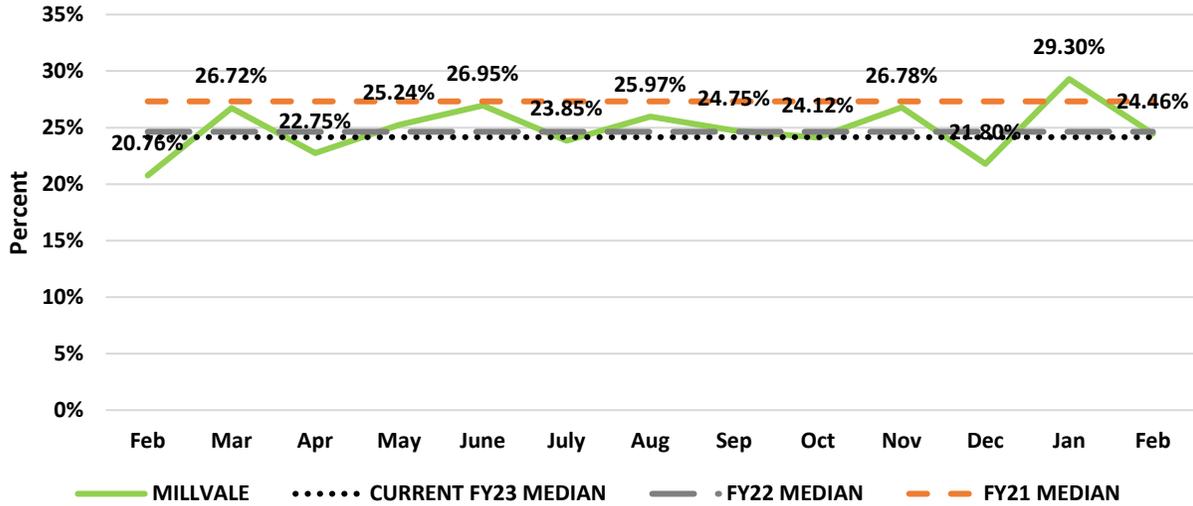


## BOBBIE STERNE

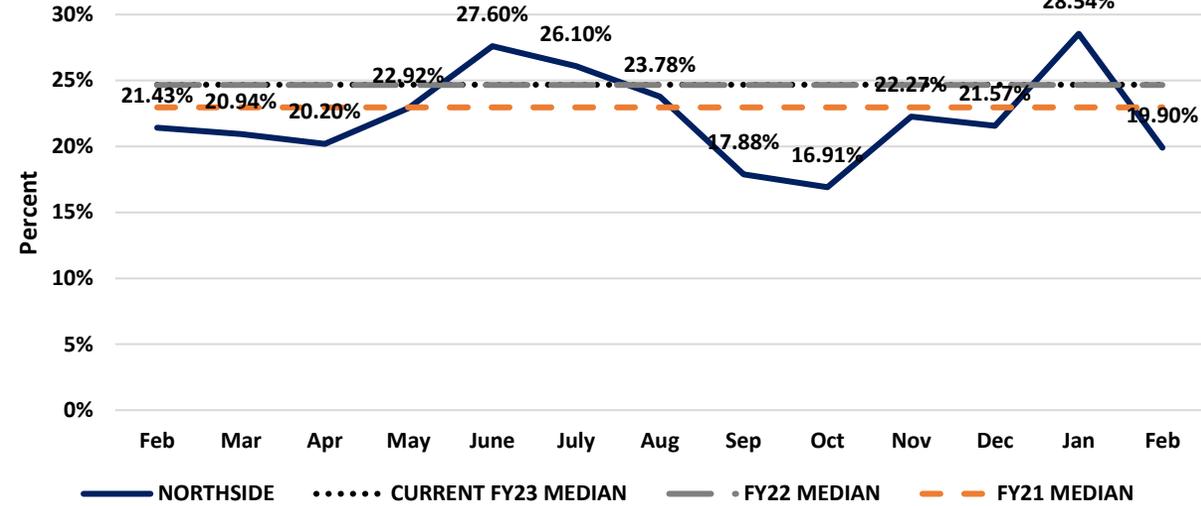


# NO SHOW PERCENT

## MILLVALE



## NORTHSIDE



## PRICE HILL

