

City of Cincinnati Primary Care Board of Governors Meeting

December 10, 2025 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

<u>Meeting Reminders</u>: 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 November 12, 2025, CCPC Board Meeting.

Leadership Updates

6:10 pm – 6:25 pm Ms. Joyce Tate, Chief Executive Officer

CEO Report – *document* Personnel Actions – *document*

6:25 pm – 6:35 pm Mr. Mark Menkhaus Jr., Chief Financial Officer

CFO Report – documents

6:35 pm – 6:45 pm Mr. David Miller, Pharmacy Director

340B Insulin & EpiPen Policy and Procedure and Rebate Program

• Vote: Motion to approve the 340B Insulin & EpiPen Policy and Procedure

New Business

6:45 pm – 6:50 pm Comments

6:50 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 – January 14, 2026

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

CCPC Board of Governors Meeting Minutes

Wednesday, November 12, 2025 Call to order at 6:00 pm

Roll Call

<u>CCPC Board members present</u> –Mr. Robert Cummings, Ms. Alexius Golden Cook, Dr. Angelica Hardee, Dr. Camille Jones, Dr. Philip Lichtenstein, Ms. Luz Schemmel, Ms. Debra Sellers, Ms. Erica White-Johnson

CCPC Board members absent - Ms. Renu Bakhshi, Mr. John Kachuba, Ms. Jen Straw, Dr. Bernard Young

<u>Others present</u> – Ms. Sa-Leemah Cunningham, Ms. Joyce Tate, Mr. Mark Menkhaus Jr., Dr. Geneva Goode, Ms. Angela Mullins, Mr. David Miller, Dr. Yury Gonzales, Ms. LaSheena White

Board Documents:

CCPC-BOARD-MEETING-AGENDA-PACKET_11.12.2025.PDF

Topic	Discussion/Action	Motion	Responsible Party
Call to Order/Moment of Silence	der/Moment of Silence The board gave a moment of silence to recognize our two most important constituencies, the staff, and patients.		Dr. Camille Jones
Roll Call	8 present, 4 Absent	n/a	Ms. Sa-Leemah Cunningham
Minutes Motion: The City of Cincinnati Primary Care October 8, 2025, CCPC Board Meeting. (Ms. Golden Cook joined after this vote)		M: Dr. Phil Lichtenstein 2 nd : Mr. Robert Cummings Action: 7 Yes, 1 Abstain Passed	Dr. Camille Jones
	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. Ambrose H. Clement Health Center Fall Festival Ms. Tate reminded the Board about the annual Fall Festival at the Ambrose Health Center on Saturday, November 22, from 10:00 AM to 1:00 PM. She explained that this event supports families by connecting them with community organizations and providing turkeys and food boxes. Ms. Tate noted that anyone who wished to make a monetary or other donation could send it directly to her so she can ensure the Nurse Manager coordinating the event receives it. Ms. Tate also reported that Congressman Landsman recently toured the Ambrose facility, 	n/a	Ms. Joyce Tate

had a positive visit, and plans to attend the festival. She encouraged Board members to stop by and that this event traditionally has strong community participation.

Vision Services Update

- Ms. Tate reminded the Board that vision services are available at Academy of World Languages (for adults and pediatrics) and at Oyler (primarily pediatrics).
- She stated that Board members who are CCPC users should remember to keep their medical, dental, and vision appointments. She added that during next year's Operational Site Visit, user verification will be reviewed, making continued utilization important.

Saturday Clinic Update

- Ms. Tate reported that she had planned to discuss the proposal to move Saturday clinic operations from Millvale to Price Hill. She explained that the consideration was based on higher community demand at Price Hill and concerns about unnecessary emergency department utilization.
- However, Ms. Tate stated that she received new financial information earlier in the day, and based on this, she tabled the discussion until the December meeting so she can review the data more thoroughly.
- She shared that she has already spoken with CODE and AFSCME representatives. She explained that moving Saturday operations would require ending the existing Memorandum of Understanding (MOU) at Millvale and negotiating a new one for Price Hill, which could include adjustments for nurse practitioner Saturday coverage.
- Ms. Tate stated that before bringing the proposal back, she planned to obtain additional productivity data from the EPI team and continue discussions with Dr. Gonzales, Dr. Goode, and other operations leaders.

ED Utilization and Care Access Initiatives

- Ms. Tate reported that the chronic care management team continued to review avoidable emergency department use. She stated that many conditions being seen in the ED—such as colds, sore throats, and earaches—can be treated in primary care.
- Ms. Tate added that the department will continue educating patients on appropriate use of services, noting that these efforts are tied to the broader

access and utilization strategies planned for the coming months.

Facilities and Parking Challenges

- Ms. Tate stated that the organization continues to face facility challenges, particularly parking issues at Bobbie Sterne due to TQL Stadium events. She explained that parking areas are sometimes closed as early as 1:00 PM on event days, creating access barriers for patients and staff.
- She reported that leadership, including Dr. Mussman, Dr. Goode, and Mr. Menkhaus, are actively working on potential solutions, though street closures have been complicating access.
- Ms. Tate also noted that the department was working with City partners on expansions at the Price Hill and Northside Health Centers as part of ongoing master facility planning.

Northside Health Center Update

 Ms. Tate stated that staff were briefly relocated from the Northside building due to an issue with a rooftop unit. She reported that safety checks were completed promptly, and staff returned the following morning.

Personnel Updates

- Ms. Tate stated that new hires approved in October include:
 - Ms. Tate reported that a new dentist with hospital-based oral surgery experience is expected to join the team, which may improve access for children needing sedation for dental procedures.
 - o Kiera Williams, Dental Hygienist
 - Desiree Branson, Expanded Function Dental Assistant
 - Latoya Wilson, Senior HR Analyst returning to the department.

Q&A

- Dr. Lichtenstein asked whether the Saturday clinic hours accommodate both routine checkups and acute sick visits.
 - O Ms. Tate responded that most Saturday visits are not traditional checkups. She stated that while they do sometimes have well-baby checks on Saturdays, most appointments are acute sick visits. She added that the team tries to encourage patients to schedule their routine primary care visits during regular weekday hours since Saturday capacity is limited. Ms. Tate noted that she was not certain of the exact number of Saturday checkups currently being seen but confirmed that acute visits make up most of the Saturday volume.

			1
Finance Update	o She further stated that moving Saturday hours to Price Hill might relieve some of the weekday pressure at that site, since Price Hill is the busiest center. Ms. Tate explained that, because patients at Price Hill tend to be very faithful and keep their appointments, there might be fewer no-shows compared with Millvale, though it is still uncertain how the change would affect overall attendance. • Dr. Lichtenstein asked whether the health centers offer late weekday hours. ○ Ms. Tate responded the health centers are open until 7:00 PM most weeknights, except for Fridays, and that late hours are rotated among the six health centers so that each has one late night per week. ○ She noted that the only center not currently offering evening hours is Ambrose Health Center in Avondale. ○ Ms. Tate added that they are also exploring the possibility of offering early morning hours instead of—or in addition to—late evening hours. She emphasized that offering alternative hours is not only a requirement for HRSA but also aligns with Patient-Centered Medical Home (PCMH) standards, ensuring patients have access beyond a standard 8:00 AM−5:00 PM schedule. • Dr. Lichtenstein asked whether a presentation would be provided in the next couple of months regarding how the department plans to notify patients of extended Medicaid. ○ Ms. Tate responded that she was hoping to receive additional guidance before presenting this. She stated that current information was not as clear and providing a presentation now would be speculative. Ms. Tate added that they anticipate guidance from HRSA in early 2026. Once that guidance from HRSA in early 2026. Once that guidance is available, she will present the proposed changes and strategies for communicating with the patient population regarding extended Medicaid. • Ms. Tate thanked the Board for their dedication and support throughout the year, noting their participation in meetings, legislative correspondence, and surveys. She expressed appreciation for their efforts. • Ms. Tate also than	n/a	Mr. Mark Menkhaus Jr.
	Highlights		
	Mr. Menkhaus began by reporting on disaster time,		
	4		

Policy and Procedure Update	Procedure to the board.	Schemmel 2 nd : Dr. Phil Lichtenstein	Dr. Yury Gonzales
Walk—In Triage	Motion to approve the Affordable Care Act 45 CFR 92.11 Policy Dr. Gonzales presented the Walk—In Triage Policy and	M: Ms. Luz	
The Affordable Care Act 45 CFR 92.11 Policy	 No additional commentary from the board Dr. Gonzales presented the Affordable Care Act 45 CFR 92.11 Policy to the board. The Policy was included in the Agenda Packet. Dr. Gonzales reported that a new policy was developed to ensure compliance with the Affordable Care Act, specifically regarding the provision of culturally appropriate language services. This policy provides access to interpretation and translation services in up to 15 different languages. These services are available across all health centers and school-based health centers. Dr. Gonzales emphasized that this policy ensures patients have access to language support to meet ACA requirements. 	M: Dr. Phil Lichtenstein 2nd: Ms. Debra Sellers Action: 8-0 Passed	Dr. Yury Gonzales
	attributed to COVID-19. He stated that by the end of September 2025, disaster time totaled \$5,000. He noted that in Fiscal Year 26, disaster time was \$785 in the Community Health Centers and \$0 in the school-based locations. • Mr. Menkhaus provided an update on facility improvements at Northside Health Center: Plan to make all restrooms ADA compliant; Installation of a new elevator to provide second-floor accessibility; Potential co-location of providers on the second floor to free up office space for exam rooms. • Revenue increased by 51.07%. Self-paid patients increased by 17.53%. Medicare increased by 19.01%. Medicaid increased by 795.52%. Private Pay increased by 16.382%. Medicaid managed care increased by 64.04%. 416—Offset increased by 25.89%. Expenses decreased by 0.71%. Personnel expenses increased by 12.07%. Material expenses decreased 11.72%. Contractual Costs decreased by 28.63%. Fixed costs decreased by 9.16%. Net Gain was \$38,599.13; it decreased by 101.38%. Invoices greater than 90 days were at 33%; (below 20% is the goal). Invoices greater than 120 days were 27% (below 10% is the goal). Average Days in Accounts receivable were 40.2 days.		

	The Policy was included in the Agenda Packet. • Dr. Gonzales stated that the Walking Triage Policy was updated from the March 2023 version. Changes include: 1. Streamlining the procedure flow, reducing the document from two pages to one page. 2. Adding definitions of terminology for clarity, including distinctions between "emergency" and "urgent." 3. Updating titles, changing "clerical section" to Customer Relations Representative, reflecting current service line structure. • He noted that these changes were minor and primarily focused on clarity and usability. Motion to approve the Walk-In Triage Policy and Procedure	Action: 8-0 Passed	
Emergency Crash Cart & AED 2025 Policy	Dr. Gonzales presented the Emergency Crash Cart & AED 2025 Policy to the board. The Policy was included in the Agenda Packet. • Dr. Gonzales stated that the Emergency Crash Cart and AED Policy were updated from the prior version dated March 2023. He reported that the revisions primarily involved: ○ Streamlining the flow of the policy and procedure. ○ Updating supplies and medications. ○ Removal of ACLS medications, as there are not enough ACLS-certified providers in the system and most nurses and MAs are not comfortable administering at that level. Dr. Gonzales noted that all staff remain BLS certified. ○ Addition of emergency care documentation notes to support proper recordkeeping. • He indicated that these changes are minor and focused on improving usability and documentation. Motion to approve the Emergency Crash Cart and AED 2025 Policy	M: Dr. Phil Lichtenstein 2 nd : Mr. Robert Cummings Action: 8-0 Passed	Dr. Yury Gonzales
	New Business		T = 2 '''
Additional Comments	 Due to the 340B Insulin & EpiPen Policy and Procedure not making the packet, it was decided to present it at the December board meeting to give the Board members time to review. 	n/a	Dr. Camille Jones
Public Comments	No Public Comments.	n/a	Mr. John
Documents in the Packet but not presented.	Efficiency Update was included in the packet.	n/a	Kachuba n/a

Meeting adjourned: 7:00 pm

Next meeting: December 10, 2025, at 6:00 pm.

The meeting can be viewed and is incorporated in	n the minutes: https://archive.org/details/ccpc-11-12-25
Date: 11/12/2025	Date: 11/12/2025
Clerk, CCPC Board of Governors	Mr. John Kachuba, Board Chair

CCPC Board of Governors

Cincinnati Health Department November 12, 2025

Board Members	Roll Call	10.8.2025 Minutes	Approve Affordable Care Act 56 FCR 92.11 Policy	Approve Walk- In Triage Policy and Procedure	Approve Emergency Crash Cart & AED 2025 Policy
Ms. Renu Bakhshi					
Mr. Robert Cummings	Х	2nd			2nd
Ms. Alexius Golden Cook	Х				
Dr. Angelica Hardee	Х				
Dr. Camille Jones	Х				
Mr. John Kachuba - Chair					
Dr. Philip Lichtenstein	Х	М	M	2nd	М
Ms. Luz Schemmel	Х	abstain		M	
Ms. Debra Sellers	Х		2nd		
Ms. Jen Straw					
Ms Erica White-Johnson	Х				
Dr. Bernard Young					
Motion Result:	Quorum	Passed	Passed	Passed	Passed

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

STAFF/Attendees			
Sa-Leemah Cunningham (clerk)	Х		
Joyce Tate, CEO	Х		
Geneva Goode, DNP	х		
Mark Menkhaus Jr	Х		
Angela Mullins	х		
David Miller	Х		
LaSheena White	Х		
Yury Gonzales, MD	Х		



DATE: December 10, 2025

TO: City of Cincinnati Primary Care Board of Governors

FROM: Joyce Tate, CEO

SUBJECT: CEO Report for December 2025

Ambrose Clement Health Center Fall Festival

❖ The Ambrose Fall Festival was successful with members of CCPC Board and Board of Health in Attendance.

- ❖ Community leaders such as Mayor Pureval, Mr. David Washington from the NAACP, and Congressman Greg Landsman attended the event.
- ❖ AltaFiber donated 287 turkeys to give away to the community. Additional food boxes were given away as well
- ❖ Pictures of the event were included in the agenda packet.

Crest Smile Shoppe Relocation Update

- ❖ Lease is still being drafted by our city legal consultants.
- ❖ Architectural plans are completed now we must submit for construction bids.

Personnel Actions

- **❖** CCPC
 - o Syd'nia Jones Pharmacy Technician
 - o Jenna Panek Dentist
 - o Keara Williams Dental Hygienist
 - o Holly Griffin Supervising Dietician (Promotion)





















Interdepartmental Correspondence Sheet



Date: 12/2/2025

To: MEMBERS of the BOARD of HEALTH

From: Grant Mussman, MD MHSA, Health Commissioner

Copies: Leadership Team, HR File

Subject: PERSONNEL ACTIONS for December 2, 2025 BOARD of HEALTH MEETING

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

SHAWN CARUSO-TAYLOR ACCOUNTANT CHES

(Promotional vacancy)

Salary Bi-Weekly Range: \$2,706.55 to \$3,607.38 General Fund

Shawn Caruso Taylor comes to the Health Department with a Bachor's Degree in Accounting and Management from Notre Dame College and over four years experience in Finance. He has extensive experience in financial reporting. Mr. Caruso Taylor will be an asset to the CHES Division.

SYD'NIA JONES PHARMACY TECHNICIAN CCPC

(Other)

Salary Bi-Weekly Range: \$2,125.29 to \$2,231.39 Revenue Fund Syd'Nia is a Registered Certified Pharmacy Technician. She joins us from our Temp Agency Rockglade, where she has served as a Certified Pharmacy Technician since August in various capacities. Her references highlight her strong customer service, excellent attendance, organizational abilities, and experience in clinical services. We are pleased to welcome her to the City's Pharmacy Program, where she will undoubtedly be an asset to our team.

JENNA PANEK DENTIST CCPC

(Promotional vacancy)

Salary Bi-Weekly Range: \$6,355.81 to \$8,145.71 General Fund

Dr. Jenna Panek is a graduate of the University of Pennsylvania School of Dental Medicine (May 2023) where she received her Doctorate in Dental Medicine. She has also completed a pediatric residency program at Cincinnati Children's Hospital Medical Center. During dental school, Dr. Panek gained experience working with a wide variety of demographics during her residency and has a strong desire to continue working in community health settings. Dr. Panek has a passion for working with underserved populations. She is a National Health Service Corps Scholar and will provide valuable services to Cincinnati Health Department dental patients.

PERSONNEL ACTIONS for DECEMBER 2, 2025, BOARD of HEALTH MEETING Page 2 of 2

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

KEARA WILLIAMS DENTAL HYGIENIST CCPC

(Transfer vacancy)

Salary Bi-Weekly Range: \$3385.82 to \$3,906.72 General Fund

Ms. Williams is a Registered Dental Hygienist with an Associate's Degree in Dental Hygiene Technology. She is also certified to administer local anesthesia and monitor nitrous oxide sedation. Ms. Williams has experience working with population groups with traditionally high disease rates and unmet dental need. She was previously employed by the Cincinnati Health Department as a dental assistant and left to pursue her hygiene degree. We are excited to rejoin our dental team.

PROMOTIONS

ELIZABETH CRABLE-MEANS NURSING SUPERVISOR CHES

(Resignation vacancy)

Salary Bi-Weekly Range: \$3,462.49 to \$4,653.30 General Fund

Elizabeth Crable-Means is being promoted to nursing supervisor in our Communicable Disease Unit. She currently works as a Public Nurse III in Community Nursing, specifically with the Community Health Worker Program. She has over 14 years of nursing experience from home health, mental health, rehabilitation, and public health. Ms. Crable Means has a Bachelor of Science in Nursing Degree from Chamberlin College of Nursing and a Master of Business Administration-Healthcare from Indiana Wesleyan University. She is also a US Army Veteran.

HOLLY GRIFFIN SUPERVISING DIETITIAN WIC

(Retirement vacancy)

Salary Bi-Weekly Range: \$3,210.75 to \$4,314.98 Grant Fund

The CCPC division wishes to promote Holly Griffin to the position of Supervising Dietician. Ms. Griffin has worked with the WIC program since 1994, serving as a WIC Program Dietician and currently as the WIC Program Coordinator. Ms. Griffin has a Bachelor of Science from the University of Cincinnati and has participated in multiple teams and committees for over 29 years as a Dietitian. CCPC looks forward to Ms. Griffin's leadership over the WIC Program.

ANGELA RUDOLPH CUSTOMER RELATIONS REP. CHES

(Retirement vacancy)

Salary Bi-Weekly Range: \$2,154.85 to \$2,276.35 General Fund

Angela Rudolph brings 30 years of experience in customer service, case management, account administration, finance, and community engagement. Background includes Eligibility Technician work with Hamilton County Job and Family Services, complex account and risk management roles at Cincinnati Bell and Fifth Third Bank, and leadership oversight of more than 100 staff at the Aronoff Center and Music Hall. Founded and directs the nonprofit Sistah's Acts of Kindness and holds a commissioned Notary Public credential, supporting documentation and verification needs. Angela demonstrates a consistent record of professionalism, operational reliability, and customer-focused service.



DATE: December 10, 2025

TO: City of Cincinnati Primary Care Governing Board

FROM: Mark Menkhaus, Jr., CFO

SUBJECT: Fiscal Presentation October 2025

Fiscal Presentation

Fiscal Presentation for October 2025.

- For FY26, as of October 2025, Cincinnati Primary Care had a net loss of \$380,888.56.
- In FY25, October a net loss of \$2,960,515.98. Comparing FY26 with FY25 shows an increase of \$2,579,627.42. This increase is due to higher revenue.
- Revenue increased by \$3,511,322.74 from FY25. The increase is due to higher Medicaid and Medicaid Managed Care revenue.
- 7100-Personnel increased by 11.07%. 7500-Fringes saw an increase of 8.44%. 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 employees received at the end of September.
- Non-Personnel expenses increased by \$139,359.69 from FY25. The increase is due to the timing of invoices paid (ex. LabCorp was paid \$382,062.24 in FY25 but in FY26 LabCorp was paid \$344,371.53. Also, Cardinal Health was paid \$664,671.79 in FY25 but \$760,545.13 was paid in FY26. However, Ochin was paid \$569,315.40 in FY25 but was paid \$820,088.63 in FY26. (Also, Hamilton County was paid \$50,000 in FY26 and was not paid in FY25 as of 10/31/2024.)
- Here are charges for disaster regular hours and overtime as it relates to COVID-19 and Monkey Pox for FY26 and FY25 for October.

Clinics					
Type Labor Cost FY26 FY25					
Disaster Regular	\$785.88	\$6,569.73			
Disaster Overtime	\$ 0.00	\$ 0.00			
Total	\$785.88	\$6,569.73			

School Based				
Type Labor Cost	FY26	FY25		
Disaster Regular	\$0.00	\$0.00		
Disaster Overtime	\$0.00	\$0.00		
Total	\$0.00	\$0.00		

October Payor Mix Highlights:

	Medicaid	Commercial	Medicare	Self-Pay
Medical	-9%	-2%	0%	-1%
Dental	4%	-2%	0%	-5%
School-Based Medical	1%	1%	0%	-1%
School-Based Dental	-2%	0%	0%	1%
Behavioral Health	-8%	-2%	-1%	-5%
Vision	6%	0%	0%	-9%

Accounts Receivable Trends:

• The accounts receivable collection effort for July for 90-days is 26% and for 120-days is 20%. Our aim for the ideal rate percentage for 90-days is 20% and our 120-days is 10%. The rate for 90-days and 120-days decreased by 7% from the previous month.

Days in Accounts Receivable & Total Accounts Receivable:

• The number of days in accounts receivable has decreased from the month before by 6.4 days. The days in accounts receivable are below the average (by 4.2 days) of the past 13 months at 39.9 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	\$ 2,260,979.55		
Fund 416 Expenses	\$ 289,436.68	\$ 300,781.28	\$ 349,159.40	\$ 80,448.54		
Expenses	\$ 3,181,993.51	\$ 3,698,117.59	\$ 3,884,826.49	\$ 1,600,514.07		
	\$ 3,408,133.73	\$ 1,841,427.98	\$ 1,967,132.38	\$ 740,914.02		



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

_	FY26 Actual	FY25 Actual	Variance FY26 vs FY25
Revenue			
8556-Grants\Federal 8571-Specific Purpose\Private Org.	\$1,000,000.00 \$0.00	\$1,111,592.53 \$9,000.00	-10.04% -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	\$363,355.70	\$304,602.00	19.29%
8734-Medicare	\$2,096,240.27	\$1,855,790.04	12.96%
8736-Medicaid	\$2,141,088.93	\$720,639.07	197.11%
8737-Private Pay Insurance	\$443,724.68	\$406,367.88	9.19%
8738-Medicaid Managed Care	\$3,546,093.43	\$2,138,872.96	65.79%
8739-Misc. (Medical rec.\smoke free inv.)	\$127,370.88	\$38,432.56	231.41%
8932-Prior Year Reimbursement	\$0.00	\$59,229.25	-100.00%
416-Offset	\$2,185,036.53	\$1,746,421.39	25.12%
Total Revenue	\$11,963,610.42	\$8,452,287.68	41.54%
Expenses			
71-Personnel	\$5,945,062.39	\$5,352,429.64	11.07%
72-Contractual	\$1,874,108.77	\$1,995,472.55	-6.08%
73-Material	\$1,253,953.50	\$1,116,723.23	12.29%
74-Fixed Cost	\$704,268.60	\$580,775.40	21.26%
75-Fringes	\$2,567,105.72	\$2,367,402.84	8.44%
Total Expenses	\$12,344,498.98	\$11,412,803.66	8.16%
Net Gain (Losses)	(\$380,888.56)	(\$2,960,515.98)	-87.13%

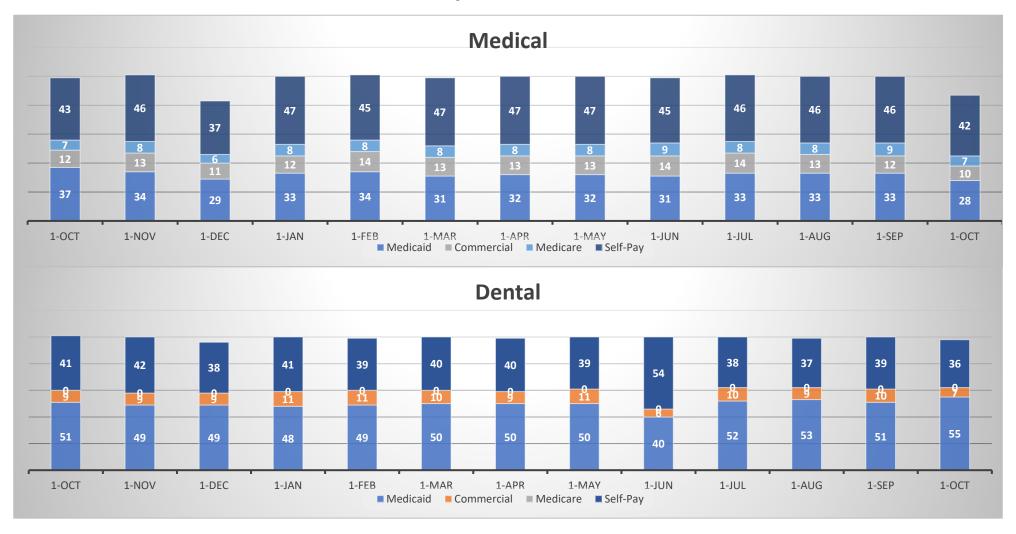
CHD/CCPC Finance Update December 10, 2025

Revenue Presentation

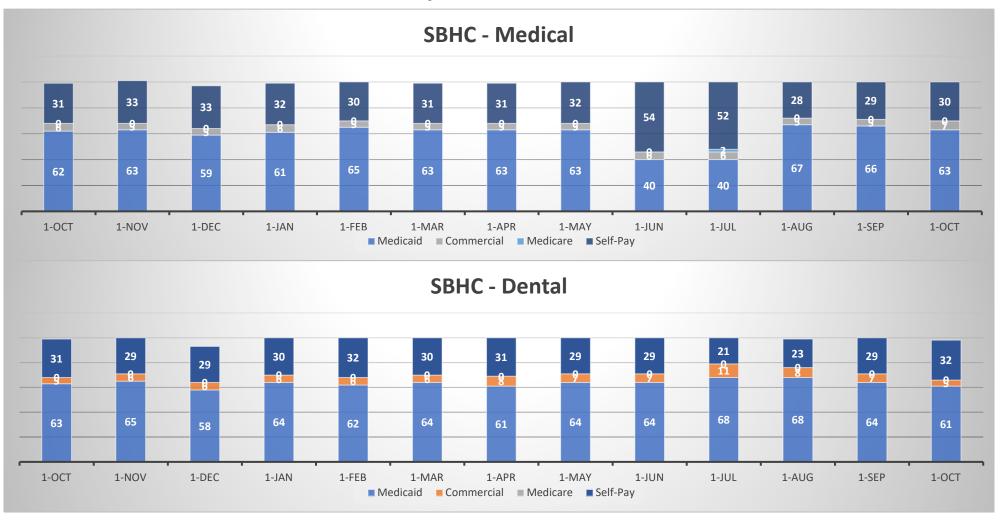
Monthly Visit Revenue



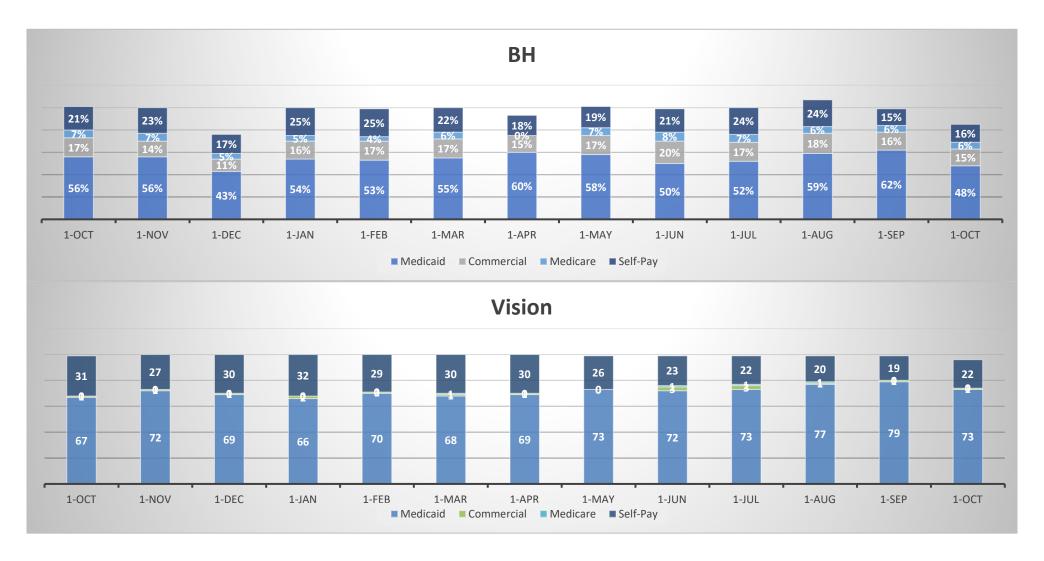
Payor Mix



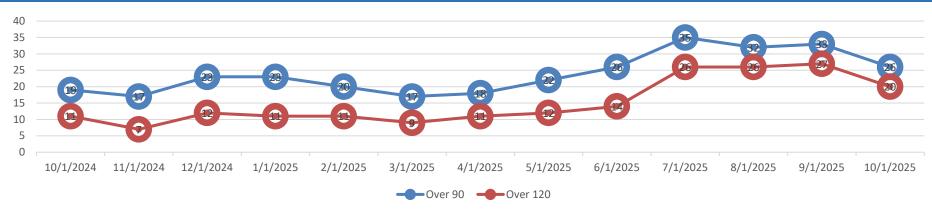
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Payor Mix

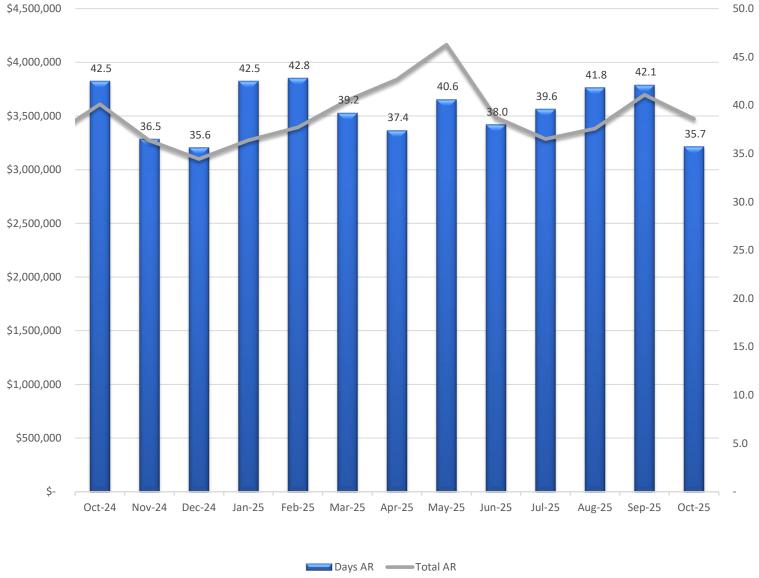


AR Trends



Aging Period	Insurance October	Patient - All October	Patient - On Pmt Plan October	Patient - Not on Pmt Plan October	Total October	% Total October
0 - 30	\$1,617,454	\$160,230	\$3,292	\$156,938	\$1,777,684	51.18%
31 - 60	\$356,277	\$150,417	\$3,263	\$147,154	\$506,695	14.59%
61 - 90	\$192,175	\$106,329	\$1,713	\$104,616	\$298,504	8.59%
91 - 120	\$95,577	\$94,478	\$3,536	\$90,942	\$190,056	5.47%
121 - 150	\$60,757	\$100,866	\$2,147	\$98,719	\$161,623	4.65%
151 - 180	\$32,079	\$107,215	\$728	\$106,487	\$139,294	4.01%
181 - 210	\$38,473	\$105,283	\$1,036	\$104,247	\$143,755	4.14%
211+	\$145,616	\$110,315	\$2,055	\$108,259	\$255,931	7.37%
Total	\$2,538,409	\$935,133	\$17,772	\$917,361	\$3,473,541	
% > 90	15%	55%	53%	55%	26%	
% > 120	11%	45%	34%	46%	20%	

Day in AR & Total A/R





POLICY/ SYSTEM MANAGER

Name: David Miller, RPH Title: Director of Pharmacy

Contact: (513) 357-7357, david.miller2@cincinnati-oh.gov Name: Ryan E. Baumgartner MSN, RN-BC, CPH, AHN-BC

Title: Nursing Administration / Quality Improvement & Assurance Contact: (513) 357-7259, ryan.baumgartner@cincinnati-oh.gov

Review: 09/25

A biennial review is required by the Chief Executive Officer (CEO).

Board of Governors Chair CCPC	Date
Chief Executive Officer, CCPC	Date
Chief Medical Officer, CCPC	Date
Chief Operations Officer, CCPC	Date
Director of Clinical and Community Nursing	Date
Director of Pharmacy	Date
Health Commissioner	Date

I. PURPOSE

To ensure compliance with Section 330(e) of the Notice of Award (NOA) Term 5, the City of Cincinnati Primary Care (CCPC) will provide affordable access to insulin and injectable epinephrine for low-income individuals who face high cost-sharing requirements, significant unmet deductibles, or lack health insurance. This provision will be achieved by extending 340B pricing plus our current CCPC sliding scale for prescription medications, provided it adheres to state and federal regulations and is not restricted by applicable insurance contracts.

II. POLICY

As a <u>Section 330(e)</u> HRSA grant recipient, CCPC will comply with the terms and conditions of its award to maintain participation in the HRSA-Funded Health Center Program. The health center has processes in place to ensure compliance with the NOA Term 5.

III. NOTICE OF AWARD TERM 5:

- A. Consistent with Executive Order 14273, the recipient of a grant under section 330(e) of the Public Health Service Act (42 U.S.C. 254b(e) must have established practices to make insulin and injectable epinephrine available at or below the discounted price paid by the health center grantee (award recipient) under the 340B Drug Pricing Program (plus our current CCPC sliding scale for prescription medications) to individuals with low incomes, as determined by the Director of the Department of Health & Human Resources (DHHS), who:
 - i. Have a high cost-sharing requirement for either insulin or injectable epinephrine;
 - ii. Have a high unmet deductible, or
 - iii. Have no health care insurance.
- B. For this purpose, a "low-income individual" is an individual living in a household with an income level at or below 200 percent of the Federal Poverty Guidelines (see 42 CFR 51c.303(f), Poverty Guidelines | ASPE).

IV. PROCEDURE

CCPC provides access to insulin and injectable epinephrine at or below the 340B ceiling price, plus our current CCPC sliding scale for prescription medications, to patients with incomes at or below 200% of the Federal Poverty Guidelines who:

- i. Have a high cost-sharing requirement for either insulin or injectable epinephrine;
- ii. Have a high unmet deductible, or
- iii. Have no health care insurance.

V. DEFINITION OF TERMS

- High cost-sharing requirement: Total out-of-pocket cost (including copay, coinsurance, or other non-deductible cost-sharing) for a specific prescription of insulin or injectable epinephrine that exceeds the sum of the discounted price plus our current CCPC sliding scale for prescription medications.
- 2. High Unmet Deductible: Total out-of-pocket cost due to unmet deductible for a specific prescription of insulin or injectable epinephrine that exceeds the sum of the discounted price of the designated medications.
- 3. Low-income Individual: An individual living in a household with an income level at or below 200 percent of the Federal Poverty Guidelines.

4. *Uninsured:* An individual who, for a given period, does not have any form of prescription coverage through employer-based insurance, direct purchase, Medicaid, Medicare, Military, Veteran Affairs coverage, or other government programs.

VI. ELIGIBLE PATIENTS

- All CCPC patients with incomes at or below 200% of the Federal Poverty Guidelines who have a
 high cost-sharing requirement for either insulin or injectable epinephrine, have a high unmet
 deductible, or have no health care insurance, are eligible for 340B injectable epinephrine and
 insulin pricing (340B EIP).
- To comply with Federal requirements of the 340B program, individuals must be identified as CCPC patients and fulfill the eligibility criteria outlined in the HRSA 1996 Patient Definition (refer to Section 340B.03 –340B eligibility) to receive 340B medications.
- 3. Eligible Drugs
 - The health center maintains a formulary of affordable insulin and injectable epinephrine products for access at 340B EIP. This formulary is reviewed and updated quarterly, in line with 340B pricing updates.
- 4. "High Cost-Sharing Requirement" & "High Unmet Deductible"
 - i. A patient shall be deemed to have a "high cost-sharing requirement" and a "high unmet deductible" if their total out-of-pocket expenses, encompassing any deductible, copayment, coinsurance, or other cost-sharing, for a particular prescription of insulin or injectable epinephrine surpasses the combined total of the discounted price of the designated medication and the administration fee associated with the 340B Enhanced Inventory Program (EIP).

VII. 340B EIP ACCESS LOCATIONS WILL INCLUDE ALL CCPC IN-HOUSE PHARMACIES

Adjudication of 340B Injectable Epinephrine and Insulin Pricing (340B EIP)

- NOA Term 5 requires eligible low-income individuals to access these medications at or below the discounted price paid by the health center under the 340B Drug Pricing Program, plus our current CCPC sliding scale for prescription medications.
 - i. 340B Price: The Office of Pharmacy Affairs Information System (OPAIS) 340B Pricing
 Database will serve as the official reference for determining 340B ceiling prices.
 - ii. <u>Administration Fee:</u> Our current CCPC sliding scale for patients receiving 340B medications.
 - iii. <u>Prescription Adjudication</u>: When available, the health center will adjudicate any insurance as part of this process to determine if the low-income individual meets the "high costsharing" or "high unmet deductible" requirements and is eligible to receive discounts under 340B EIP.

340B EIP Pricing Limitation

- 6. NOA Term 5 states that any recipient of a grant under Section 330(e) of the Public Health Service Act (42 U.S.C. 254b(e)) must have established practices to ensure that insulin and injectable epinephrine are available at or below the discounted prices set by the health center grantee (the award recipient) or sub-grantee (the subrecipient) under the 340B Drug Pricing Program, plus our current CCPC sliding scale for prescription medications. This pricing must be accessible to individuals with low incomes, as determined by the Director of DHHS, who:
 - i. Have a high cost-sharing requirement for either insulin or injectable epinephrine;
 - ii. Have a high unmet deductible, or
 - CITY OF CINCINNATI PRIMARY CARE (CCPC) | 340B Insulin & EpiPen Last Rev. 9.24.25

Commented [FH1]: This provides flexibility under the mandate by meeting the minimum criteria, but the health center can always elect to do more in reducing the cost on what they charge. This is intended to establishing what is considered "high".

- iii. Have no health care insurance.
- b. Because the requirement is to make discounted pricing available to the individual, the health center is not required to charge third-party payors the discounted price.
- c. "The health center must make and continue to make every reasonable effort to secure payment for services from patients, in accordance with health center fee schedules and the corresponding schedule of discounts."¹

REFERENCES

- Buse, K., Mays, N., Colombini, M., Fraser, A., Khan, M., & Walls, H. (2023). Making Health Policy. McGraw-Hill.
- Campbell, N. (2022). Effective policies and procedures: A step-by-step resource for clear communication. Harper Collins Leadership.
- Hall, M. A., Bobinski, M. A., Orentlicher, D., Cohen, I. G., Bagley, N., & Sawicki, N. N. (2024). *Health care law and ethics*. Aspen Publishing.
- Seavey, J. W., Aytur, S. A., & McGrath, R. J. (2023). *Health policy and analysis: Framework and tools for success*. Springer Publishing Company.
- Wu, X., Ramesh, M., Howlett, M., & Fritzen, S. A. (2023). *The public policy primer: Managing the policy process*. Routledge.

city of CINCINNATI

HEALTH DEPARTMENT

340B Rebate Pilot Program

December 2nd, 2025

340B Rebate Pilot Program

On October 30th, OPA <u>announced</u> the manufacturers' plans for the 340B Rebate Model Pilot Program. All approved plans will issue rebates based at the unit level.

Who: 8 manufacturer plans, accounting for 9 out of the 10 drugs eligible for inclusion in the pilot program, were approved and apply to **all covered entities.**

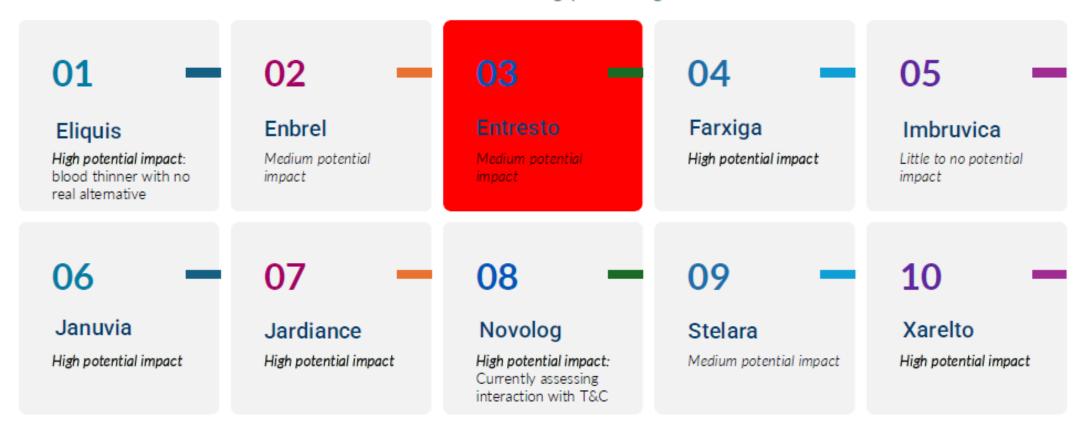
What: Covered entities must continue to make purchases through their 340B wholesaler account and ensure they are only requesting rebates on the selected drugs dispensed to 340B eligible patients after a purchase is made.

When: The pilot will last at least one year with an implementation date of **Jan 1, 2026.**

Manufacturer	Selected Drug
Bristol Myers Squibb	ELIQUIS
Immunex	ENBREL
Astra Zeneca AB	FARXIGA
Pharmacyclics	IMBRUVICA
Merck Sharp Dohme	JANUVIA
Boehringer Ingleheim	JARDIANCE
Novo Nordisk Inc.	NOVOLOG; NOVOLOG FLEXPEN; NOVOLOG PENFILL; FIASP; FIASP FLEXTOUCH; FIASP PENFILL
Janssen Biotech Inc	STELARA
Janssen Pharmaceuticals Inc	XARELTO

Applicable Drugs

From CMS's 2026 drug price negotiation list



Financial Impacts for an FQHC / Health Department

- Cash-flow challenge: Upfront payment at Warehouse Acquisition Cost (WAC) vs 340B cost means greater outlay before rebate arrives.
- Timing risk: Rebates must be submitted within ~45 days of dispense, and manufacturer must pay within ~10 days of submission.
- Administrative burden: Need systems to capture required data fields, submit claims, track rebates, reconcile accumulations.
- Potential revenue/savings reduction: With delay or denial of rebates, savings may drop; organizations that rely on 340B savings to support other services may face tighter budgets.

Strategic Responses / Mitigation Options

- Monitor manufacturer notifications: Ensure we are alerted when each drug transitions to rebate model.
- Financial modelling: Build best-case/worst-case scenarios for cost impact (e.g., delays, partial rebates, full rebates).
- Cash-flow planning: Set aside reserves or adjust budget to account for upfront cost shift.
- Operational readiness: Ensure data capture and submission workflow in place (pharmacy claims, medical claims data fields).
- Advocacy: Engage with HRSA, industry groups, state associations to monitor pilot evolution and ensure voice of FQHCs/health departments is heard.
- Explore alternative sourcing: For drugs not covered in pilot, evaluate whether alternative therapies offer cost savings.
- Communicate to board/stakeholders: Make sure executives understand the risk and budget implications.

Key Takeaways for the Board

The 340B program's discount model is shifting for a subset of drugs to a rebate model—this has **potentially significant financial implications** for our health department/FQHC.

We must anticipate **increased upfront costs**, **delayed savings**, and **greater administrative burden**.

Proactive planning is critical—budget, operations, systems, and board awareness must align to mitigate risk.

While only a pilot now, the scope may expand, so early preparedness is a competitive advantage.

The board should consider this a strategic risk to our access mission, cost structure, and service sustainability.

Purchase Overview – Rolling 12 Months

NDC (click on NDC for purchase trend)	NDC Label Name	Generic Name	Manufacturer	TOTAL Purchases 340B (Dollars)
Total				\$55,747
00078077720	ENTRESTO 49 MG-51 MG TABLET	sacubitril/valsartar	NOVARTIS	\$13,778
00078065920	ENTRESTO 24 MG-26 MG TABLET	sacubitril/valsartar	NOVARTIS	\$10,296
00078069667	ENTRESTO 97 MG-103 MG TABLET	sacubitril/valsartar	NOVARTIS	\$4,974
00078065967	ENTRESTO 24 MG-26 MG TABLET	sacubitril/valsartar	NOVARTIS	\$4,872
00003089421	ELIQUIS 5 MG TABLET	apixaban	BMS	\$4,655
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	insulin aspart	NOVO NORDISK	\$3,688
00078069620	ENTRESTO 97 MG-103 MG TABLET	sacubitril/valsartar	NOVARTIS	\$2,665
00006027754	JANUVIA 100 MG TABLET	sitagliptin phospha	MERCK	\$2,653
00006022154	JANUVIA 25 MG TABLET	sitagliptin phospha	MERCK	\$1,299
00006022131	JANUVIA 25 MG TABLET	sitagliptin phospha	MERCK	\$1,146
00078077767	ENTRESTO 49 MG-51 MG TABLET	sacubitril/valsartar	NOVARTIS	\$969
00006027731	JANUVIA 100 MG TABLET	sitagliptin phospha	MERCK	\$938
00006011254	JANUVIA 50 MG TABLET	sitagliptin phospha	MERCK	\$833
00006011231	JANUVIA 50 MG TABLET	sitagliptin phospha	MERCK	\$814
00169369619	NOVOLOG MIX 70-30 FLEXPEN	insulin aspart prot/	NOVO NORDISK	\$671
00597015330	JARDIANCE 25 MG TABLET	empagliflozin	BOEHRINGER B-	\$399
00003089321	ELIQUIS 2.5 MG TABLET	apixaban	BMS	\$299
00597015390	JARDIANCE 25 MG TABLET	empagliflozin	BOEHRINGER B-	\$231
00597015290	JARDIANCE 10 MG TABLET	empagliflozin	BOEHRINGER B-	\$204
00597015230	JARDIANCE 10 MG TABLET	empagliflozin	BOEHRINGER B-	\$172
00310621030	FARXIGA 10 MG TABLET	dapagliflozin propa	ASTRAZENECA	\$60
50458057990	XARELTO 20 MG TABLET	rivaroxaban	J&J HEALTHCAR	\$47
50458057930	XARELTO 20 MG TABLET	rivaroxaban	J&J HEALTHCAR	\$31
00310620530	FARXIGA 5 MG TABLET	dapagliflozin propa	ASTRAZENECA	\$30
00310621090	FARXIGA 10 MG TABLET	dapagliflozin propa	ASTRAZENECA	\$12
50458058090	XARELTO 10 MG TABLET	rivaroxaban	J&J HEALTHCAR	\$6
<u>50458058030</u>	XARELTO 10 MG TABLET	rivaroxaban	J&J HEALTHCAR	\$6
50458057890	XARELTO 15 MG TABLET	rivaroxaban	J&J HEALTHCAR	\$5
50458057760	XARELTO 2.5 MG TABLET	rivaroxaban	J&J HEALTHCAR	\$3
50458057830	XARELTO 15 MG TABLET	rivaroxaban	J&J HEALTHCAR	\$1
00006027782	JANUVIA 100 MG TABLET	sitagliptin phospha	MERCK	-\$10

TOTAL Purchases 340B (Volume)	PHS Priced Purchases on 340B Account (Dollars)	PHS Priced Purchases on 340B Account (Volume)	Sub-340B Contract Priced Purchases on 340B Account (Dollars)	Sub-340B Contract Priced Purchases on 340B Account (Volume)	WAC Priced Purchases on 340B Account (Dollars)	WAC Priced Purchases on 340B Account (Volume)
4,002	\$56,737	4,003	\$0	0	(\$990)	-1
43	\$13,778	43	\$0		\$0	0
32		32			\$0	0
5	\$4,974	5	\$0	0	\$0	0
5	\$4,872	5	\$0		\$0	0
511	\$4,655	511	\$0	0	\$0	0
55	\$3,688	55	\$0		\$0	0
8	\$2,665	8	\$0		\$0	0
71	\$3,643	72	* -		(\$990)	-1
22	\$1,299	22	* -		\$0	0
95	\$1,146	95			\$0	0
1	\$969	1	\$0		\$0	0
129	\$938	129	\$0		\$0	0
29	\$833	29	\$0		\$0	0
78	\$814	78	\$0		\$0	0
10	\$671	10	\$0		\$0	0
1,330	\$399	1,330	\$0		\$0	0
14	\$299	14	\$0	0	\$0	0
257	\$231	257	\$0	0	\$0	0
227	\$204	227	\$0		\$0	0
574	\$172	574	\$0	0	\$0	0
199	\$60	199	\$0		\$0	0
52	\$47	52	\$0	0	\$0	0
102	\$31	102	\$0		\$0	0
100	\$30	100	\$0		\$0	0
13	\$12	13	\$0		\$0	0
7	\$6	7	\$0		\$0	0
20	\$6	20	\$0		\$0	0
6	\$5	6	\$0		\$0	0
5	\$3	5	\$0	0	\$0	0
3	\$1	3	\$0	0	\$0	0
-1	-\$10	-1	\$0	0	\$0	0

Purchases by Product - Rolling 12 Months

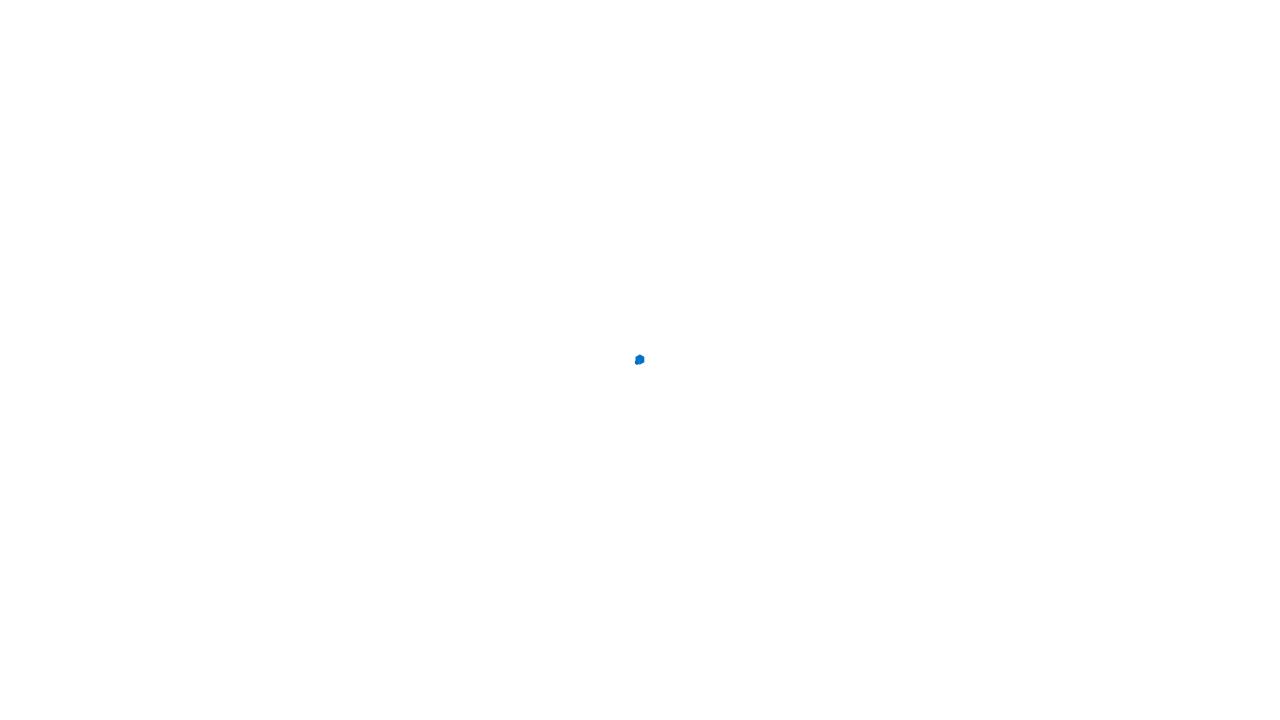
Generic Name	Brand Name	Manufacturer
Total		
sacubitril/valsartan	ENTRESTO	NOVARTIS
<u>sitagliptin phosphate</u>	JANUVIA	MERCK
<u>apixaban</u>	ELIQUIS	BMS
<u>insulin aspart</u>	NOVOLOG FLEXPEN	NOVO NORDISK
<u>empagliflozin</u>	JARDIANCE	BOEHRINGER B-I
insulin aspart prot/insuln asp	NOVOLOG MIX 70-30 FLEXPEN	NOVO NORDISK
dapagliflozin propanediol	FARXIGA	ASTRAZENECA
rivaroxaban	XARELTO	J&J HEALTHCARE

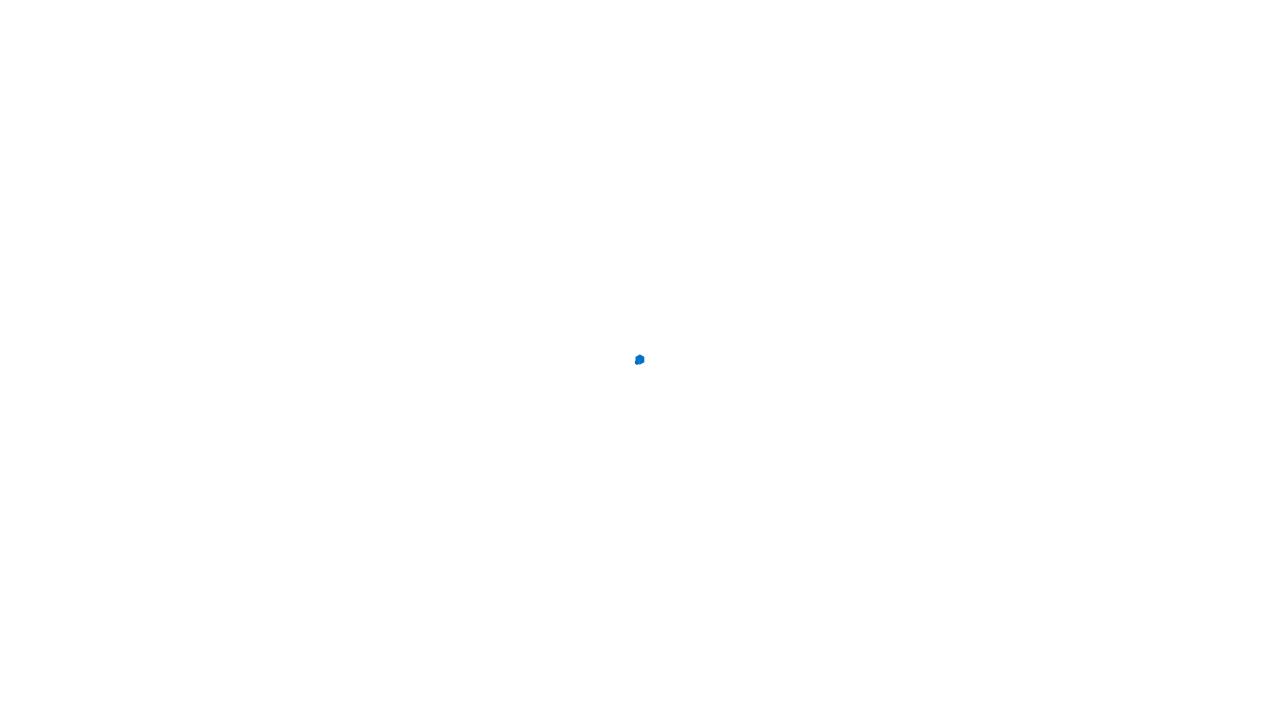
340B Account Purchases (Dollars)	Contracted Purchases on 340B Account (Dollars)
\$55,747	\$0
\$37,554	\$0
\$7,673	\$0
\$4,954	\$0
\$3,688	\$0
\$1,007	\$0
\$671	\$0
\$101	\$0
\$99	\$0

PHS Priced Purchases on 340B Account (Dollars)		
	\$56,737	
	\$37,554	
	\$8,663	
	\$4,954	
	\$3,688	
	\$1,007	
	\$671	
	\$101	
	\$99	

CCPC Board Meeting – Efficiency Update December 2025

Medical/Behavioral Health









School Based Health Centers