



## City of Cincinnati Primary Care Board of Governors Meeting

January 14, 2026

### Agenda

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

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

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

6:05 pm – 6:10 pm **Vote: Motion to approve the Minutes from December 10, 2025, CCPC Board Meeting.**

#### **Leadership Updates**

6:10 pm – 6:25 pm Ms. Joyce Tate, Chief Executive Officer  
CEO Report – **document**

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

#### **New Business**

6:35 pm – 6:40 pm Comments

6:40 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 – February 11, 2026**

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

# CCPC Board of Governors Meeting Minutes

Wednesday, December 10, 2025

Call to order at 6:00 pm

## Roll Call

**CCPC Board members present** – Ms. Renu Bakhshi, Ms. Alexius Golden Cook, Dr. Angelica Hardee, Dr. Camille Jones, Mr. John Kachuba, Dr. Philip Lichtenstein, Ms. Luz Schemmel, Dr. Bernard Young

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

**Others present** – 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, Dr. Nick Taylor, Ms. Eva Grimm

## Board Documents:

[CCPC-BOARD-MEETING-AGENDA-PACKET\\_12.10.2025.PDF](#)

Topic	Discussion/Action	Motion	Responsible Party
Call to Order/Moment of Silence	The meeting was called to order at 6:00 p.m.  The board gave a moment of silence to recognize our two most important constituencies, the staff, and patients.	n/a	Mr. John Kachuba
Roll Call	8 present, 4 Absent	n/a	Ms. Sa-Leemah Cunningham
Minutes	<b>Motion:</b> The City of Cincinnati Primary Care for November 12, 2025, CCPC Board Meeting.	<b>M:</b> Ms. Renu Bakhshi <b>2<sup>nd</sup>:</b> Ms. Luz Schemmel <b>Action:</b> 8-0 Passed	Mr. John Kachuba
<i>Old Business</i>			
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.  <b>Ambrose Clement Health Center Fall Festival</b> <ul style="list-style-type: none"><li>Ms. Tate highlighted the success of the <b>Ambrose H. Clement Health Center Fall Festival</b>, expressing appreciation to board members, staff, and community partners who participated.</li><li>She noted that photos from the event were included in the board packet.</li><li>She specifically recognized <b>Alta fiber</b> as a long-term partner and reported that approximately <b>287 turkeys</b> were distributed to community members.</li><li>Ms. Tate also acknowledged <b>Dr. Phil</b> for his generosity and significant support of CCPC activities.</li><li>Ms. Tate thanked leadership and staff for their involvement, including Mr. Menkhaus, Dr. Goode</li></ul>	n/a	Ms. Joyce Tate

	<p>and her team, the Ambrose nurse manager and staff, pharmacy staff, nurse managers from other health centers, and the Nursing Director. She noted the value of cross-divisional participation and teamwork.</p> <ul style="list-style-type: none"> <li>• Special guests in attendance were acknowledged by Ms. Tate, including Dr. Ashlee Young of the Board of Health and her team, as well as community youth volunteers whose hard work was recognized. Ms. Tate congratulated Bria Favors for helping manage the event and expressed appreciation for her leadership. She also noted attendance by Congressman Greg Landsman, Mr. David Whitehead from the NAACP, Mayor Pureval, Mr. Brown, and Mr. Kachuba, thanking each for their support and participation.</li> </ul> <p><b>Crest Smile Shoppe Relocation Update</b></p> <ul style="list-style-type: none"> <li>• Ms. Tate provided an update on the Crest Smile Shoppe relocation to Avondale Towne Center Plaza, announcing that a lease has been submitted to the real estate company for review.</li> <li>• She expressed optimism that execution of the lease will occur in the coming weeks.</li> <li>• Ms. Tate reported that architectural plans are nearing completion and thanked staff and leadership—including Mr. Menkhaus, Dr. Goode, Dr. Taylor, and Dr. Novais—for their extensive work on the project. She noted that this effort has been several years in the making and expressed appreciation for Dr. Goode's continued collaboration.</li> </ul> <p><b>Personnel Updates</b></p> <ul style="list-style-type: none"> <li>• Ms. Tate concluded with an update on new hires and promotions, noting the organization's success in recruiting qualified staff. She announced the following, all pending Board of Health approval: <ul style="list-style-type: none"> <li>○ Syd'nia Jones – Pharmacy Technician</li> <li>○ Jenna Panek – Dentist</li> <li>○ Keara Williams – Dental Hygienist</li> <li>○ Holly Griffin – Supervising Dietician (Promotion); Succeeding Betsy Buchanan <ul style="list-style-type: none"> <li>▪ Ms. Tate recognized Ms. Buchanan for her many years of service and leadership and expressed confidence in Ms. Griffin's ability to assume the role.</li> </ul> </li> </ul> </li> </ul> <p><b>Q&amp;A</b></p> <ul style="list-style-type: none"> <li>• No Additional commentary from the board.</li> </ul>		
<b>Finance Update</b>	<p>Mr. Mark Menkhaus Jr. reviewed the financial data variance between FY25 and FY26 for the month of October 2025.</p> <ul style="list-style-type: none"> <li>• Please see the memo and presentation included the agenda packet.</li> </ul>	n/a	Mr. Mark Menkhaus Jr.

	<p><b>Highlights</b></p> <ul style="list-style-type: none"> <li>• Mr. Menkhaus began by reporting on disaster time, attributed to COVID-19. He stated that by the end of October 2025, disaster time totaled \$785.88.</li> <li>• Revenue increased by 41.54%. <ul style="list-style-type: none"> <li>◦ Self-paid patients increased by 19.29%.</li> <li>◦ Medicare increased by 12.96%.</li> <li>◦ Medicaid increased by 197.11%.</li> <li>◦ Private Pay increased by 9.19%.</li> <li>◦ Medicaid managed care increased by 65.79%.</li> <li>◦ 416—Offset increased by 25.12%.</li> </ul> </li> <li>• Expenses increased by 8.16%. <ul style="list-style-type: none"> <li>◦ Personnel expenses increased by 11.07%.</li> <li>◦ Material expenses increased by 12.29%.</li> <li>◦ Contractual Costs decreased by 6.08%.</li> <li>◦ Fixed costs increased by 21.26%.</li> <li>◦ Fringes increased by 8.44%.</li> </ul> </li> <li>• Net Gain was -\$380,888.56); it decreased by 87.13%.</li> <li>• Invoices greater than 90 days were at 26%; (below 20% is the goal).</li> <li>• Invoices greater than 120 days were 20% (below 10% is the goal).</li> <li>• Average Days in Accounts receivable were 39.9 days.</li> </ul> <p><b>Medicaid Maximization Update</b></p> <ul style="list-style-type: none"> <li>• Mr. Menkhaus reported receiving confirmation from the Ohio Department of Medicaid that the organization's Medicaid maximization (APM) payment for the year is projected to be approximately \$5.6 million, significantly higher than anticipated. It was further reported that this payment is expected as early as December, rather than the spring, which will positively impact cash flow.</li> <li>• At the request of Dr. Lichtenstein, Mr. Menkhaus explained that Medicaid maximization allows government-operated FQHCs to receive a lump-sum payment covering the difference between the cost of care and Medicaid fee-for-service payments. The Ohio Department of Medicaid issues this payment.</li> </ul> <p><b>Collections and Revenue Trends</b></p> <ul style="list-style-type: none"> <li>• October collections totaled approximately \$1.6 million, representing a strong collections month. The percentage of gross collections increased to just over 50%.</li> <li>• No additional commentary from the board</li> </ul>		
<b>340B Insulin &amp; EpiPen Policy and</b>	Mr. David Miller presented the 340B Insulin & EpiPen Policy and Procedure and Rebate Program to the board.	<b>M:</b> Dr. Camille Jones	Mr. David Miller

<b>Procedure and Rebate Program</b>	<p>Presentation included in the Agenda Packet</p> <ul style="list-style-type: none"> <li>Mr. Miller provided an update on significant federal policy changes anticipated in 2026 that will impact pharmacy operations and organizational finances. He reported that implementation of the Inflation Reduction Act (IRA) will result in major changes to Medicare drug pricing and will have downstream effects on the 340B Drug Pricing Program, particularly related to manufacturer pricing strategies and reduced rebate levels.</li> <li>Mr. Miller clarified that under the IRA, certain drugs will be included in a newly established three-phase 340B rebate model, representing a shift from the traditional upfront 340B discount model. Historically, medications were purchased at the discounted 340B rate; however, under the new structure, health centers will be required to purchase certain drugs at Wholesale Acquisition Cost (WAC) and seek rebates after dispensing.</li> <li>Mr. Miller reported that on October 30, 2025, the organization was notified that 10 IRA-designated drugs would be included in this new rebate program. Of these, approximately seven drugs are expected to have a significant fiscal impact on CCPC. He noted that this change will require substantial upfront cash outlays to purchase medications.</li> <li>Using historical dispensing data and analysis through the Plexus tool (via the Office of Pharmacy Affairs), Mr. Miller estimated that the upfront purchasing impact could total approximately \$900,000 over a 12-month period. He reported that, upon learning about this change, he immediately began coordinating with Ms. Tate and Mr. Menkhaus, as well as the organization's wholesaler Cardinal and City procurement, to address anticipated cash flow challenges.</li> <li>Mr. Miller explained that the new rebate process introduces additional administrative complexity. Prescription claims for affected drugs will now be submitted at WAC pricing and routed through the CMS Medicare Transaction Facilitator (MTF) Portal, for which the City recently completed enrollment. Rebates will then flow from manufacturers through Beacon Health, acting as a gatekeeper, before being deposited into the organization's account. He noted that this multi-step process is expected to increase payment turnaround times from 15–30 days to 30–45 days.</li> <li>Mr. Miller further reported that the new model significantly increases administrative workload. Over the past 12 months, the organization processed approximately 4,000 claims for affected medications. He noted that ongoing monitoring—</li> </ul>	<p><b>2<sup>nd</sup>. Dr. Bernard Young</b> <b>Action: 8-0 Passed</b></p>	
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	<p>potentially daily—will be required to track claims, verify rebate accuracy, and ensure manufacturers are reimbursing appropriately.</p> <ul style="list-style-type: none"> <li>Regarding fiscal impact, Mr. Miller stated that early projections range from budget-neutral to potentially significant revenue loss, though final impact remains uncertain. He reported ongoing discussions with national partners, including the National Association of Community Health Centers (NACHC), and noted that additional guidance is expected. He shared that a lawsuit has been filed that could potentially delay implementation; however, the organization is proceeding with full preparation for January 1, 2026, implementation.</li> <li>Mr. Miller also reported challenges related to contract pharmacies, noting that some partners, including Walgreens, have indicated they will not dispense the affected IRA drugs until they can fully assess the new process, with no current timeline for participation.</li> <li>Mr. Miller concluded by noting that similar policy changes in 2023, including insulin pricing reforms, resulted in an estimated \$500,000 revenue impact. Based on current utilization data, he anticipates that high-volume medications such as Jardiance, Farxiga, Xarelto, and Eliquis, including approximately 1,200 Jardiance prescriptions filled last year—may result in a significant fiscal impact to the pharmacy program.</li> </ul>		
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#### Q&A:

- Dr. Jones inquired whether there will be an appeals process associated with the new 340B rebate model under the Inflation Reduction Act and asked whether the program has been fully developed or is still evolving.
  - Mr. Miller responded that the rollout has been rushed, noting that health centers were notified on October 30 and given approximately two months to prepare for implementation. He stated that the process has been poorly timed and that manufacturers currently have major influence in driving these changes. He reported that national advocacy efforts, including those led by the National Association of Community Health Centers (NACHC), have actively pushed back, but manufacturers have continued moving forward.
  - Mr. Miller further noted that additional IRA-designated drugs are anticipated to be added in future years, with 15–20 drugs expected in 2028 and another 15 in 2029, and that manufacturers retain the ability to add or remove drugs from the program at any time. He explained that some changes may be related to drugs nearing patent expiration and transitioning to generic status. He added that litigation is currently underway and committed to keeping the Board informed of any developments related to the lawsuit.
  - Ms. Tate added that there is a strong push to have health centers exempted from the IRA-related

	<p>rebate requirements; however, even if exemptions are granted, the requirement for upfront drug purchasing and the addition of future drugs will likely continue to have a financial impact. She stated that while the full extent of the impact remains unknown, the organization is actively monitoring developments and expressed appreciation for Mr. Miller's ongoing efforts to track and manage these changes.</p> <ul style="list-style-type: none"> <li>○ Mr. Miller provided a specific example to illustrate the fiscal impact, explaining that the organization currently pays approximately \$0.69 for Jardiance under the 340B program, whereas the retail cost is approximately \$620. Under the IRA, the price is expected to be reduced to approximately \$290, but the organization will still be required to pay this amount upfront, resulting in a loss of the prior reimbursement benefit.</li> </ul> <ul style="list-style-type: none"> <li>● Dr. Jones followed up by asking whether an appeals process exists if reimbursement is denied. <ul style="list-style-type: none"> <li>○ Mr. Miller confirmed that an appeals and dispute resolution process is built into the system. He stated that claims can be submitted and reviewed through the CMS Medicare Transaction Facilitator portal, and formal complaints can be filed if reimbursement issues arise.</li> </ul> </li> </ul> <ul style="list-style-type: none"> <li>● Dr. Lichtenstein asked whether the rebates to be received under the new 340B rebate model would be equivalent to the upfront discounts previously received. <ul style="list-style-type: none"> <li>○ Mr. Miller responded that the rebates will not be equivalent, explaining that the cost of affected medications has been reduced under the Inflation Reduction Act, which in turn lowers the rebate amount. He cited Jardiance as an example, noting that its Wholesale Acquisition Cost (WAC) is currently approximately \$620, but beginning January 2026 will be reduced to approximately \$290, thereby reducing the differential that determines rebate value.</li> </ul> </li> </ul> <ul style="list-style-type: none"> <li>● Dr. Lichtenstein asked what the guiding principle behind this change is and why it is being implemented. <ul style="list-style-type: none"> <li>○ Mr. Miller stated that pharmaceutical manufacturers believe there have been questionable practices within certain segments of the 340B program, particularly among some hospital systems, and that FQHCs have been inadvertently grouped into these broader concerns. He noted that manufacturers are attempting to protect their investments, especially in relation to high-cost biologics and specialty medications, and that lobbying efforts have heavily influenced these policy changes. He emphasized the importance of continued advocacy to demonstrate how 340B savings directly support patient access, equity, and care delivery in underserved communities.</li> </ul> </li> </ul> <ul style="list-style-type: none"> <li>● Dr. Lichtenstein asked for clarification on whether the 340B program was originally developed specifically for Federally Qualified Health Centers. <ul style="list-style-type: none"> <li>○ Ms. Tate responded that numerous stakeholders are now involved in 340B policy discussions, including hospital systems, the American Medical Association, pharmaceutical manufacturers, and various lobbying groups. She noted that the</li> </ul> </li> </ul>		
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	<p>National Association of Community Health Centers (NACHC) continues to advocate on behalf of health centers due to the disproportionate impact these changes have on smaller organizations serving vulnerable populations.</p> <ul style="list-style-type: none"> <li>○ Mr. Menkhaus added that the 340B program was designed to support organizations—such as FQHCs—that primarily serve disadvantaged and underserved populations. He emphasized that health centers differ significantly from large hospital systems and that this distinction is central to arguments for exemption from the rebate model. He noted that the shift from upfront discounts to a rebate-based system introduces a significant administrative burden, requiring staff to track claims, ensure timely reimbursement, and resolve denials or discrepancies.</li> <li>○ Mr. Menkhaus further stated that the change will place additional strain on cash flow, as higher upfront drug costs must be paid before rebates are received. He reported that leadership is working with Cardinal, the organization's wholesaler, to increase credit limits in anticipation of higher monthly drug expenditures. He also noted that while some private pharmacies may choose not to dispense drugs included in the rebate program, the organization does not have that option, as it must continue providing necessary medications to patients. He added that alternatives such as generics are often unavailable due to the newer nature of the drugs included in the IRA list.</li> </ul> <p><b>Additional Statements</b></p> <ul style="list-style-type: none"> <li>● Mr. Menkhaus stated that while Mr. Miller previously referenced the sense of urgency surrounding the program, the delay in releasing implementation details was partially due to a federal government shutdown. However, he emphasized that this delay did not postpone the program's start date. As a result, the timeline for understanding, planning for, and responding to the program's impact has been significantly compressed. He noted that this is the reason the matter was brought to the Board's attention on December 10, given that implementation could begin as early as January 1.</li> <li>● Ms. Tate concurred and added that the accelerated rollout of the program is one of the key concerns being raised by health centers nationwide. She stated that the scope of the changes represents a major operational and financial undertaking, even for larger health centers such as CCPC, and presents an even greater challenge for smaller organizations. Ms. Tate emphasized the importance of ensuring that City leadership, the Board of Health, CCPC leadership, and other stakeholders fully understand the anticipated impacts. She noted that communicating and coordinating across these groups has required significant effort and remains a priority.</li> </ul> <p><b>Motion to approve the 340B Insulin &amp; EpiPen Policy and Procedure</b></p>		
<b>Request for letter of support for the</b>	Mr. Menkhaus requested Board direction regarding advocacy efforts related to the 340B rebate program under	<b>M:</b> Ms. Luz Schemmel <b>2<sup>nd</sup>:</b> Ms.	Mr. Mark Menkhaus

<b>340B rebate program</b>	<p>the Inflation Reduction Act. He proposed that, should the Board desire, administration could draft a formal advocacy letter on behalf of the Board for distribution to appropriate parties, including U.S. Senators and Representatives, advocating for an exemption of Federally Qualified Health Centers from the 340B rebate pilot program.</p> <ul style="list-style-type: none"> <li>• Mr. Menkhaus noted that a formal Board motion and vote would provide clear authorization for administration to proceed with this advocacy action.</li> <li>• A motion was made to authorize administration to prepare and distribute an advocacy letter on behalf of the Board to appropriate federal and state officials, including Senators and Representatives, supporting an exemption for Federally Qualified Health Centers from the 340B rebate pilot program and addressing the impacts of the Inflation Reduction Act on 340B drug pricing.</li> </ul> <p><b>Motion to approve a letter to be drafted in Support of the 340B Rebate Program</b></p>	Alexius Golden Cook <b>Action: 8-0 Passed</b>	
<b>New Business</b>			
<b>Public Comments</b>	<ul style="list-style-type: none"> <li>• No Public Comments.</li> </ul>	n/a	Mr. John Kachuba
<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: 7:00 pm

Next meeting: January 14, 2026, at 6:00 pm.

The meeting can be viewed and is incorporated in the minutes: <https://archive.org/details/ccpc-board-12-10-25>

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Date: 12/10/2025  
Clerk, CCPC Board of Governors

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Date: 12/10/2025  
Mr. John Kachuba, Board Chair

# CCPC Board of Governors

Cincinnati Health Department

December 10, 2025

Board Members	Roll Call	11.25.2025 Minutes	Approve 340B Insulin & EpiPen Policy and Procedure	Approve letter to be drafted in support of the 340B rebate program
Ms. Renu Bakhshi	X	M		
Mr. Robert Cummings				
Ms. Alexius Golden Cook	X			2nd
Dr. Angelica Hardee	X			
Dr. Camille Jones	X		M	
Mr. John Kachuba - Chair	X			
Dr. Philip Lichtenstein	X			
Ms. Luz Schemmel	X	2nd		M
Ms. Debra Sellers				
Ms. Jen Straw				
Ms Erica White-Johnson				
Dr. Bernard Young	X		2nd	
<b>Motion Result:</b>	Quorum	Passed	Passed	

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

## STAFF/Attendees

Sa-Leemah Cunningham (clerk)	X
Joyce Tate, CEO	X
Geneva Goode, DNP	X
Mark Menkhaus Jr	X
Angela Mullins	X
David Miller	X
LaSheena White	X
Yury Gonzales, MD	X
Nick Taylor, MD	X
Eva Grimm	X

**DATE:** January 14, 2026

**TO:** City of Cincinnati Primary Care Board of Governors

**FROM:** Joyce Tate, CEO

**SUBJECT:** CEO Report for January 2026

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### **Bylaw Review recommendations and approval**

- ❖ The Executive team and Mr. Doig met to review the organization's bylaws. We are currently preparing a revised document to share with the Board for review.
- ❖ The proposed updates consist of minor edits and clarifications only—there are no substantive changes to the bylaws.
- ❖ These revisions are intended to improve clarity in areas where questions have arisen. Following Board review, we anticipate bringing the bylaws back for formal approval at the February meeting.

### **Update to 340b Rebate Program**

- ❖ The 340B rebate **program** remains tied up in litigation, and the final outcome is still uncertain. In the interim, we continue to strongly advocate for a community health center exemption.
- ❖ State and national partners, including OACHC and NACHC, are sponsoring a January "fly-in" day in Washington, D.C., during which participants will meet with federal legislators and HRSA leadership to advocate for:
  - Exempting health centers from the 340B rebate program, and Securing long-term, stable funding for community health centers.
- ❖ Currently, health centers are operating under a continuing resolution through the end of the month. Long-term funding stability remains a critical priority.
- ❖ As advocacy efforts progress, Ms. Fuller may assist with developing talking points. We may share advocacy materials and legislator contact information with Board members via email. Individual outreach—such as emails or portal submissions—can be especially impactful, as volume and personal engagement are key to influencing federal decision-making.

### **Personnel Actions**

- ❖ Departures
  - Johnnie Askew – Behavioral Health Specialist; served patients at Braxton, has recently retired. We anticipate beginning recruitment for her replacement within the next several weeks.
  - Dr. Kim Oberlander – Dentist: formerly our Dental Director and most recently a practicing dentist with CCPC, has resigned to open a private practice. Dr. Oberlander played a critical role in opening Roberts Dental Center and supporting leadership transitions there. While we will miss her greatly, she has offered continued support as needed and is credentialed with multiple insurance

plans, including Medicaid, which may allow her practice to serve as an alternative referral option if necessary.

- Jose Marques – Supervisor Management Management/Public Information Officer: Public Information Officer in the Commissioner’s Office, resigned late last year due to family matters. His last day was in early January. The PIO position is currently posted, and Dr. Mussman will be convening a committee to begin the interview process. In the interim, Dr. Salter will serve in an acting capacity.
- Janie Hils – Epidemiologist/QI: a key epidemiologist from Dr. Amin’s team, has accepted a position in Northern Kentucky. Ms. Hils was instrumental in data analysis, UDS reporting, and several major initiatives, and her contributions will be greatly missed.

❖ New Appointments

- Michelle Burch – New Associate Medical Director
  - CCPC is pleased to welcome Dr. Michelle Burke, a pediatrician who recently joined us from Butler County. Dr. Burke began this week (January 5) and will serve as Associate Medical Director, reporting to Dr. Gonzales. Her primary responsibility will be supporting leadership and management of the school-based health centers. At a future date, we hope to formally introduce Dr. Burke to the CCPC Board.



**DATE:** January 14, 2026

**TO:** City of Cincinnati Primary Care Governing Board

**FROM:** Mark Menkhaus, Jr., CFO

**SUBJECT:** Fiscal Presentation November 2025

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### **Fiscal Presentation**

Fiscal Presentation for November 2025.

- For FY26, as of November 2025, Cincinnati Primary Care had a net loss of \$638,787.41.
- In FY25, November a net loss of \$2,752,443.35. Comparing FY26 with FY25 shows an increase of \$2,113,655.94. This increase is due to higher revenue.
- Revenue increased by \$2,990,647.90 from FY25. The increase is due to higher Medicaid and Medicaid Managed Care revenue.
- 7100-Personnel increased by 12.0%. 7500-Fringes saw an increase of 8.57%. The increase is attributed to the increase in the employer contribution retirement rate (this increased from 19.79% to 23.83%). This is also attributable to the 5% COLA all AFSCME and CODE employees received. CODE and AFSCME employees also received a \$1,500 one-time bonus.
- Non-Personnel expenses decreased by \$204,419.18 from FY25. The decrease is due to the timing of invoices paid ex. Henry Schein was paid \$149,700.30 in FY25 but in FY26 Henry Schein was paid \$51,538.76. Also, Cardinal Health was paid \$685,450.57 FY25 but \$760,545.13 was paid in FY26. However, Ochin was paid \$908,081.28 in FY25 but was paid \$820,088.63 in FY26. (Also, Hamilton County was paid \$50,000 in FY26 and was paid in \$80,000 FY25 as of 11/30/2024.)
- Here are charges for disaster regular hours and overtime as it relates to COVID-19 for FY26 and FY25 for November.

Community Health Centers			
Type	Labor Cost	FY26	FY25
Disaster	Regular	\$785.88	\$7,828.26
Disaster	Overtime	\$ 0.00	\$ 0.00
Total		\$785.88	\$7,828.26

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

## November Payor Mix Highlights:

	Medicaid	Commercial	Medicare	Self-Pay
Medical	-4%	-1%	0%	3%
Dental	-1%	0%	0%	0%
School-Based Medical	5%	-1%	0%	-5%
School-Based Dental	-6%	2%	0%	4%
Behavioral Health	11%	-2%	1%	-9%
Vision	-1%	0%	0%	1%

## 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 both decreased by 3% from the previous month.

## Days in Accounts Receivable & Total Accounts Receivable:

- The number of days in accounts receivable has increased from the month before by 0.8 days. The days in accounts receivable are below the average (by 2.62 days) of the past 13 months at 39.1 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	\$ 2,680,637.30
Fund 416 Expenses	\$ 289,436.68	\$ 300,781.28	\$ 349,159.40	\$ 133,521.01
Expenses	\$ 3,181,993.51	\$ 3,698,117.59	\$ 3,884,826.49	\$ 1,815,741.30
	\$ 3,408,133.73	\$ 1,841,427.98	\$ 1,967,132.38	\$ 998,417.01



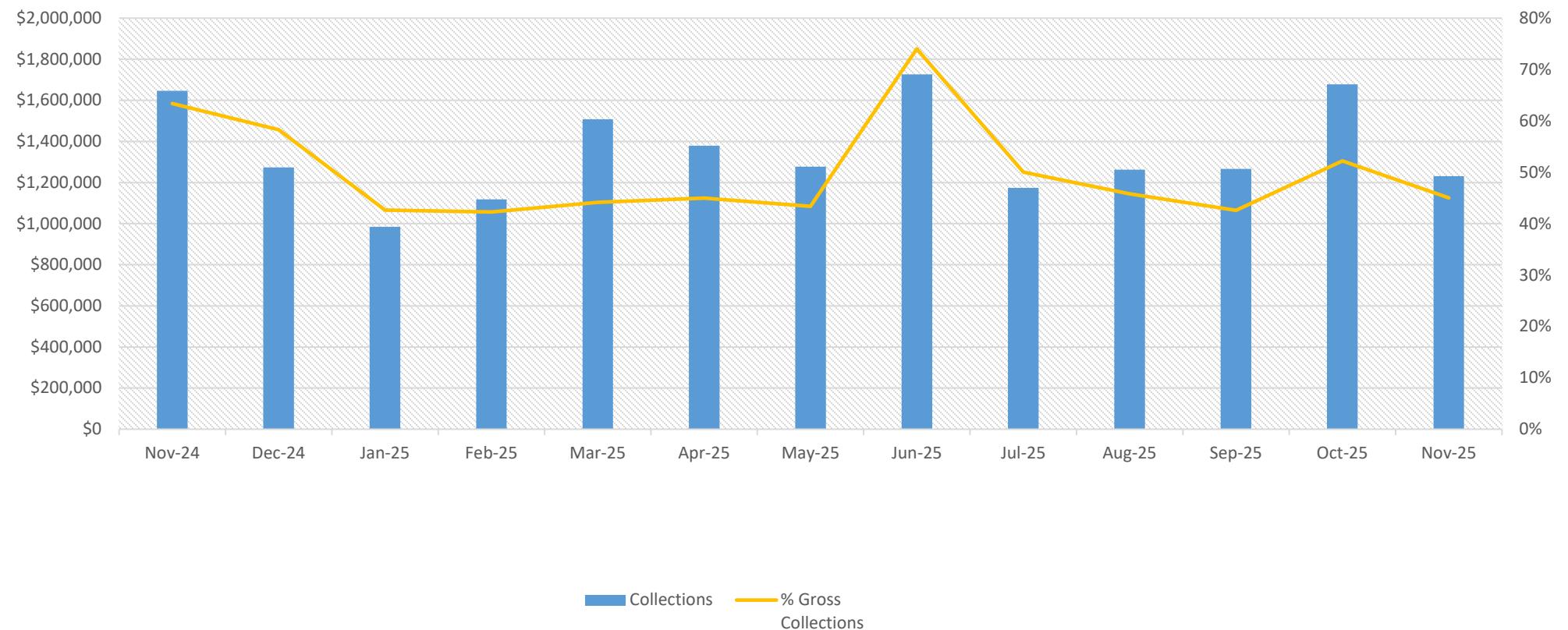
City of Cincinnati Primary Care  
 Profit and Loss with fiscal year comparison  
 November 2024 - November 2025

	FY26 Actual	FY25 Actual	Variance FY26 vs FY25
<b>Revenue</b>			
8556-Grants\Federal	\$1,250,000.00	\$2,127,092.53	-41.23%
8571-Specific Purpose\Private Org.	\$0.00	\$9,000.00	-100.00%
8617-Fringe Benefit Reimbursement	\$0.00	\$0.00	0.00%
8618-Overhead Charges - Indirect Costs	\$60,700.00	\$61,340.00	-1.04%
8733-Self-Pay Patient	\$351,340.80	\$385,723.21	-8.91%
8734-Medicare	\$2,528,451.66	\$2,217,763.71	14.01%
8736-Medicaid	\$2,783,475.81	\$1,453,257.07	91.53%
8737-Private Pay Insurance	\$574,781.50	\$506,688.72	13.44%
8738-Medicaid Managed Care	\$4,204,425.31	\$2,702,512.97	55.57%
8739-Misc. (Medical rec.\smoke free inv.)	\$127,798.11	\$38,432.56	232.53%
8932-Prior Year Reimbursement	\$49,552.50	\$59,229.25	-16.34%
416-Offset	\$2,824,859.67	\$2,203,697.44	28.19%
Total Revenue	\$14,755,385.36	\$11,764,737.46	25.42%
<b>Expenses</b>			
71-Personnel	\$7,730,157.68	\$6,902,056.09	12.00%
72-Contractual	\$2,313,921.61	\$2,565,304.21	-9.80%
73-Material	\$1,289,901.92	\$1,189,719.68	8.42%
74-Fixed Cost	\$851,129.45	\$904,348.27	-5.88%
75-Fringes	\$3,209,062.11	\$2,955,752.56	8.57%
Total Expenses	\$15,394,172.77	\$14,517,180.81	6.04%
<b>Net Gain (Losses)</b>	<b>(\$638,787.41)</b>	<b>(\$2,752,443.35)</b>	<b>76.79%</b>

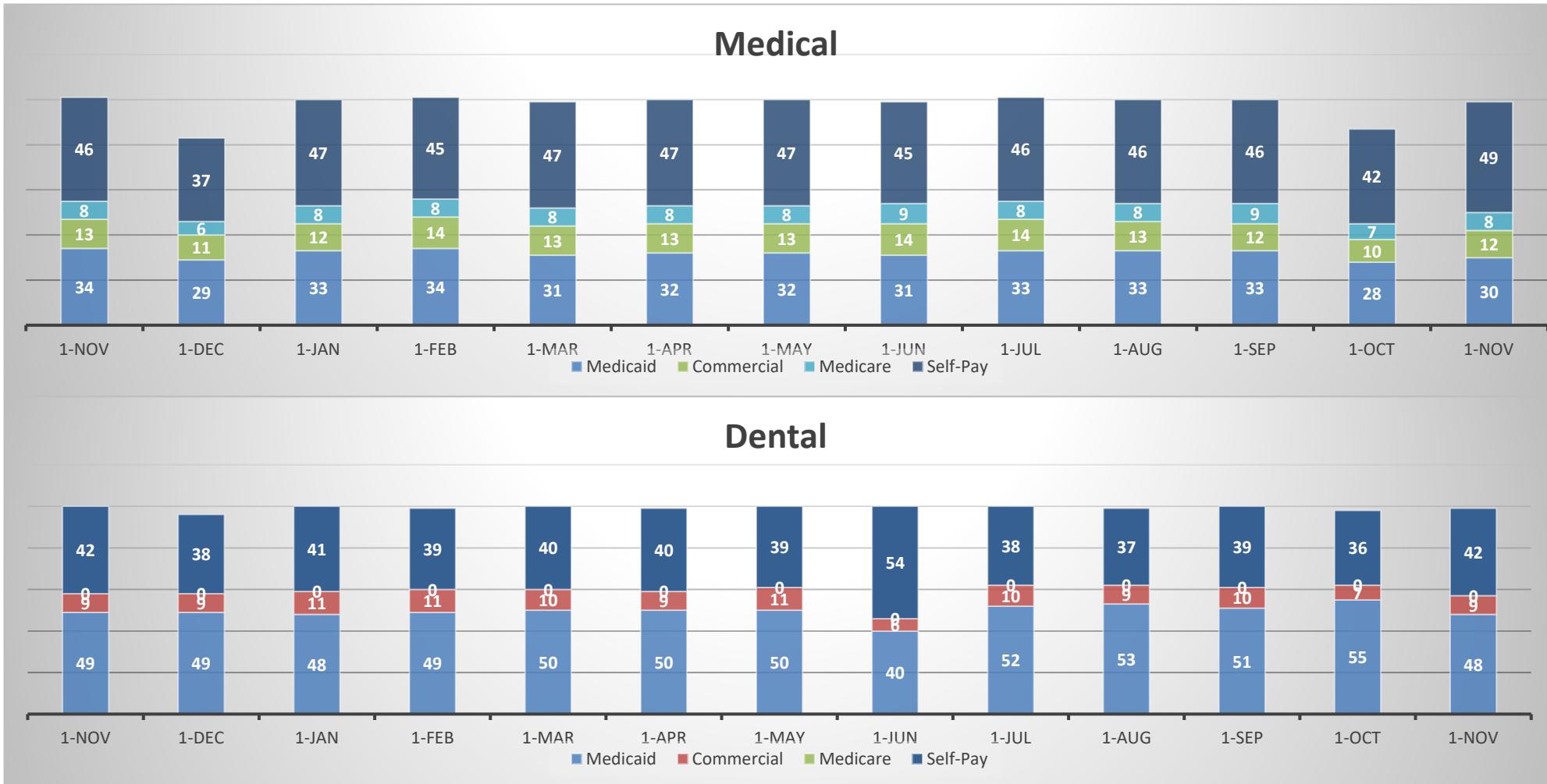
CHD/CCPC Finance  
Update  
January 14, 2025

# Revenue Presentation

# Monthly Visit Revenue

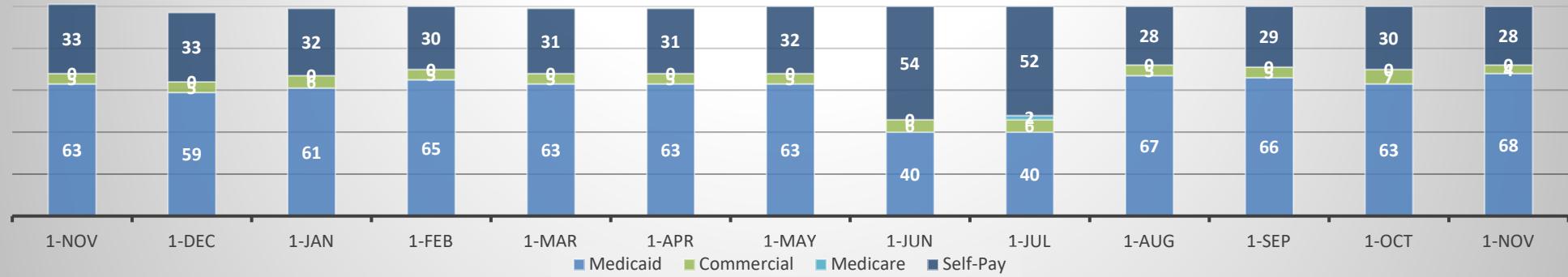


# Payor Mix

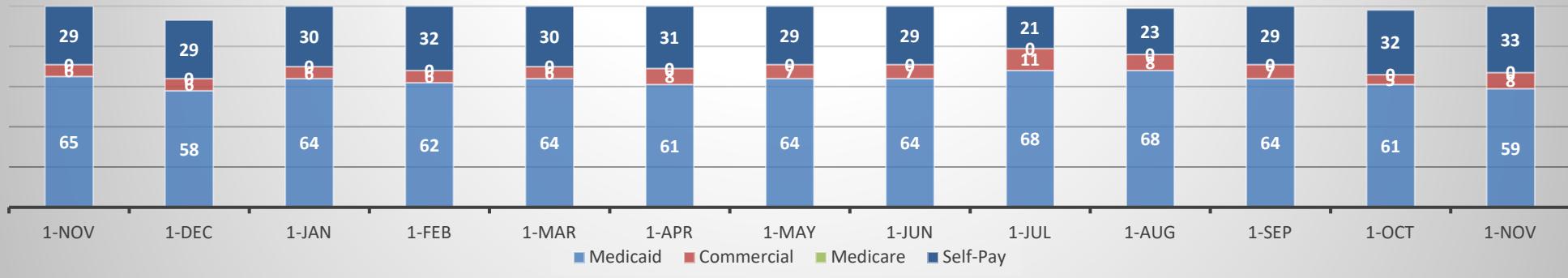


# Payor Mix

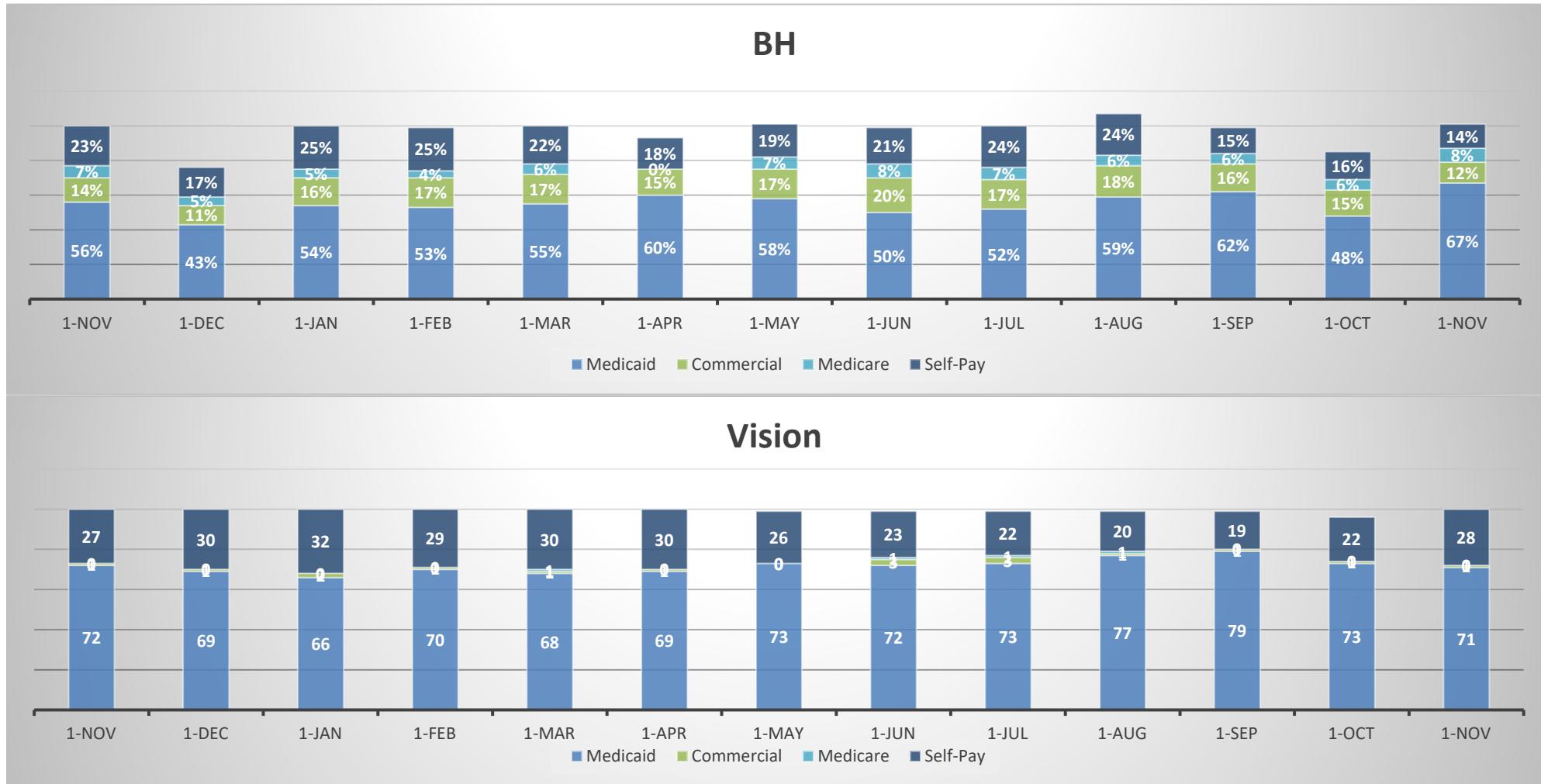
SBHC - Medical



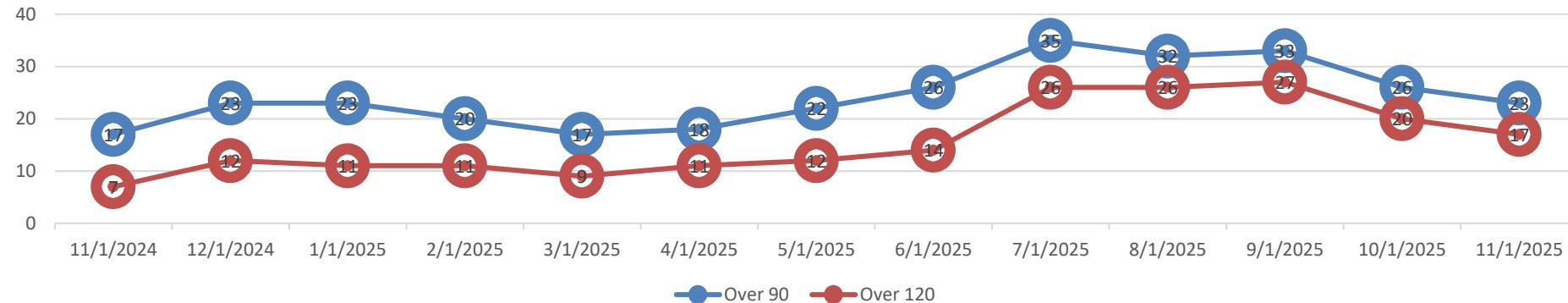
SBHC - Dental



# Payor Mix

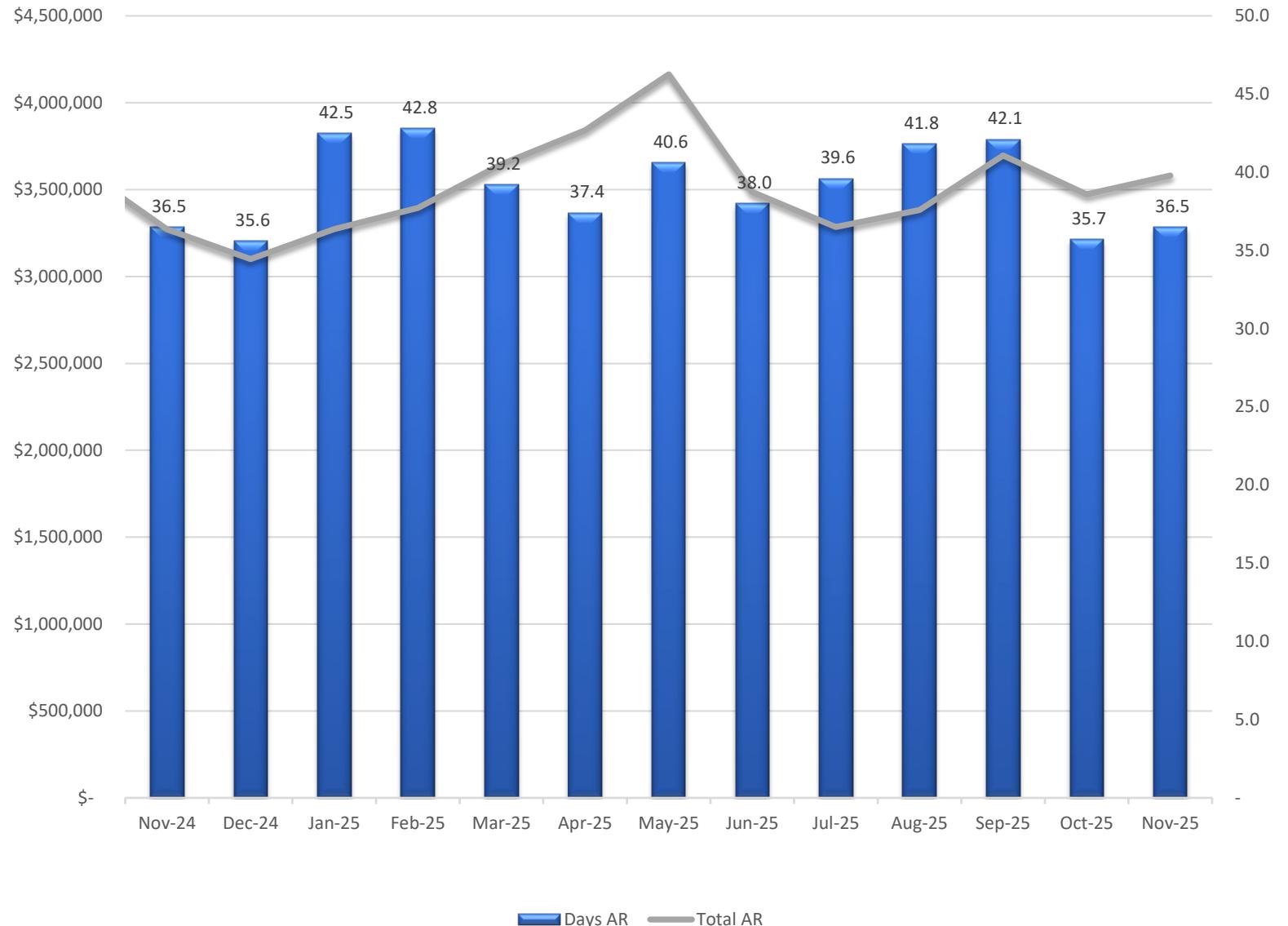


# AR Trends



Aging Period	Insurance November	Patient - All November	Patient - On Pmt Plan November	Patient - Not on Pmt Plan November	Total November	% Total November
0 - 30	\$1,615,730	\$137,900	\$1,893	\$136,007	\$1,753,630	48.97%
31 - 60	\$498,841	\$157,249	\$3,707	\$153,542	\$656,090	18.32%
61 - 90	\$189,553	\$146,159	\$3,599	\$142,561	\$335,713	9.38%
91 - 120	\$122,439	\$106,330	\$1,602	\$104,728	\$228,769	6.39%
121 - 150	\$50,201	\$83,913	\$2,555	\$81,358	\$134,115	3.75%
151 - 180	\$34,247	\$87,975	\$1,647	\$86,329	\$122,223	3.41%
181 - 210	\$25,111	\$86,064	\$697	\$85,367	\$111,175	3.10%
211+	\$125,391	\$113,677	\$2,034	\$111,643	\$239,068	6.68%
<b>Total</b>	<b>\$2,661,514</b>	<b>\$919,268</b>	<b>\$17,733</b>	<b>\$901,535</b>	<b>\$3,580,782</b>	
<b>% &gt; 90</b>	<b>13%</b>	<b>52%</b>	<b>48%</b>	<b>52%</b>	<b>23%</b>	
<b>% &gt; 120</b>	<b>9%</b>	<b>40%</b>	<b>39%</b>	<b>40%</b>	<b>17%</b>	

# Day in AR & Total A/R



# **CCPC Board Meeting – Efficiency Update**

January 2026

# Medical/Behavioral Health

··· Current FY26 Median — FY25 Median - - - FY24 Median



··· Current FY26 Median — FY25 Median - - - FY24 Median



# Dental

··· Current FY26 Median — FY25 Median - - - FY24 Median

# Pharmacy

··· Current FY26 Median — FY25 Median - - - FY24 Median

# School Based Health Centers

··· Current FY26 Median — FY25 Median - - - FY24 Median