



## City of Cincinnati Primary Care Board of Governors Meeting

October 8, 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   |

**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 September 10, 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 Dr. Yury Gonzales, Medical Director & Dr. Geneva Goode, COO/Health Programs Manager  
2025 Awards and Recognitions – **presentation**

6:35 pm – 6:45 pm Mr. Mark Menkhaus Jr., Chief Financial Officer  
CFO Report – **documents**

### **New Business**

6:45 pm – 6:45 pm Comments

6:45 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 – November 12, 2025**

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

# CCPC Board of Governors Meeting Minutes

Wednesday, September 10, 2025

Call to order at 6:00 pm

## Roll Call

**CCPC Board members present** – Ms. Renu Bakhshi, Mr. Robert Cummings, Ms. Alexius Golden Cook, Dr. Camille Jones, Mr. John Kachuba, Dr. Philip Lichtenstein, Ms. Luz Schemmel, Ms. Erica White-Johnson, Dr. Bernard Young

**CCPC Board members absent** –Dr. Angelica Hardee, Ms. Jen Straw

**Others present** – Ms. Sa-Leemah Cunningham, Ms. Joyce Tate, Mr. Mark Menkhaus Jr., Dr. Edward Herzig, Mr. David Miller, Ms. LaSheena White, Dr. Nick Taylor, Dr. Michelle Daniels, Ms. Angela Mullins

## Board Documents:

| 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.<br><br>The board gave a moment of silence to recognize our two most important constituencies, the staff, and patients.                                                                                                                                                                                                                                                                                                                  | n/a    | Mr. John Kachuba                                                                                                                                                                                                                                                               |
| <b>Roll Call</b>                       | 10 present, 2 Absent                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | n/a    | Ms. Sa-Leemah Cunningham                                                                                                                                                                                                                                                       |
| <b>Minutes</b>                         | <b>Motion:</b> The City of Cincinnati Primary Care July 9, 2025, CCPC Board Meeting.<br>(Ms. Erica White-Johnson joined after this vote)<br><br><b>Motion:</b> The City of Cincinnati Primary Care August 13, 2025, CCPC Board Meeting.<br>(Ms. Renu Bakhshi joined after this vote)                                                                                                                                                                                                 | n/a    | Vote: 7.9.25 minutes<br><b>M:</b> Dr. Philip Lichtenstein<br><b>2<sup>nd</sup>:</b> Ms. Luz Schemmel<br><b>Action: 8-0, Passed</b><br><br>Vote: 8.13.25 minutes<br><b>M:</b> Ms. Alexius Golden Cook<br><b>2<sup>nd</sup>:</b> Ms. Debra Sellers<br><b>Action: 9-0, Passed</b> |
| <b>Old Business</b>                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |                                                                                                                                                                                                                                                                                |
| <b>CEO Update</b>                      | Ms. Tate gave her CEO Update and shared the latest CHD Personnel Actions with the Board.<br><br>CEO update Memo was included in the agenda packet.<br><br><b>HRSA Budget Period Renewal (BPR)</b> <ul style="list-style-type: none"> <li>Ms. Tate stated that CCPC is midway through its three-year HRSA grant funding period.</li> <li>She reported that the Budget Period Renewal (BPR) is due on September 26.</li> <li>She will be working with Mr. Mark Menkhaus and</li> </ul> | n/a    | Ms. Joyce Tate                                                                                                                                                                                                                                                                 |

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|  | <p>Ms. Debi Smith from his office to complete and submit the report.</p> <ul style="list-style-type: none"> <li>• The BPR serves as a required progress update to HRSA, detailing outcomes, challenges, and budget changes for the current grant cycle.</li> </ul> <p><b>HRSA Guidance on Undocumented Individuals</b></p> <ul style="list-style-type: none"> <li>• Ms. Tate stated that she continues to receive questions from both board members and staff about HRSA’s guidance regarding undocumented individuals.</li> <li>• She reported that the public comment period closed on September 8, and CCPC is awaiting federal feedback.</li> <li>• She emphasized that CCPC’s first obligation remains to its patients and that all individuals will continue to receive care and access to services regardless of status.</li> </ul> <p><b>Dental Program – Roberts Health Center</b></p> <ul style="list-style-type: none"> <li>• Ms. Tate reported that the Roberts Dental Program is now officially open.</li> <li>• A soft opening was previously held, and Cincinnati Public Schools (CPS) has announced a grand opening event scheduled for October 10 at 10:00 a.m.</li> <li>• She stated that a formal invitation will be distributed to the board once available.</li> </ul> <p><b>Crest Smile Shoppe Relocation and Capital Projects</b></p> <ul style="list-style-type: none"> <li>• Ms. Tate stated that CCPC continues to negotiate the lease for space in the Avondale Center near Ambrose Health Center to relocate the Crest Smile Shoppe.</li> <li>• She is working closely with City Legal, Mr. Dan Bowers (Department of Public Services), and Mr. Menkhaus to move the lease forward.</li> <li>• Facility plans are 95% complete; another meeting with the architect is scheduled for Friday at 11:00 a.m.</li> <li>• She noted that legal negotiations with Henry Schein, a major dental supplier assisting with the project, are still underway.</li> <li>• CCPC had two major capital improvement grants—for the Crest relocation and the Price Hill Health Center lobby renovation.</li> <li>• Due to the end of HRSA’s contract period on August 31, and the lack of contractor bids, CCPC was unable to move forward on these projects before the deadline.</li> <li>• An extension request was submitted but not approved, meaning some grant funds may be forfeited.</li> <li>• Ms. Tate noted that Mr. Menkhaus may expand on</li> </ul> |  |  |
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|  | <p>this in his financial report.</p> <ul style="list-style-type: none"> <li>Despite setbacks, CCPC remains committed to moving both projects forward and addressing capital needs across other health centers.</li> </ul> <p><b>Millvale Health Center Lease and Security</b></p> <ul style="list-style-type: none"> <li>Ms. Tate provided an update on security and lease arrangements at Millvale: <ul style="list-style-type: none"> <li>Ongoing crowd control challenges among dental patients led to additional security support.</li> <li>Thanks to Mr. Menkhaus’s coordination, a security guard is now stationed from 7–9 a.m. daily, and a full-time guard is assigned to the site.</li> <li>The situation has improved, and no new complaints have been reported.</li> </ul> </li> <li>A follow-up meeting with Cincinnati Children’s Hospital Medical Center (CCHMC) is scheduled to review lease terms and assess operations.</li> <li>The lease is expected to be a four-year agreement with two one-year renewal options.</li> <li>Ms. Tate noted that after the lease period, the board will need to consider alternative locations for medical, pharmacy, and dental services currently housed in the facility.</li> <li>Millvale is included in CCPC’s Master Facility Plan, and CCHMC continues to partner cooperatively as they address their own space expansion needs.</li> </ul> <p><b>Upcoming Meet &amp; Greet</b></p> <ul style="list-style-type: none"> <li>Ms. Tate announced that a meet and greet event is being planned in coordination with Ms. Cunningham.</li> <li>The event will take place in November or early December.</li> <li>Planning will involve Mr. Kachuba and the Executive Committee.</li> <li>Ms. Tate stated that more details will be shared as plans are confirmed.</li> </ul> <p><b>Recognition of Dr. Herzig</b></p> <ul style="list-style-type: none"> <li>Ms. Tate acknowledged that Dr. Herzig will be attending his second and final meetings as a Board of Health member.</li> <li>She expressed her appreciation for his years of dedication and service, calling him “one of the best Board of Health members we’ve had.”</li> <li>She stated that his leadership, insight, and steady presence will be missed by the board and staff alike.</li> </ul> <p>Ms. Tate concluded her report, thanking the board for their continued support and engagement.</p> |  |  |
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|                       | <p>Q&amp;A:</p> <ul style="list-style-type: none"> <li>• Dr. Lichtenstein asked Ms. Tate for additional information regarding CCPC’s relationship with Cincinnati Children’s Hospital at Millvale, specifically how the number of CCPC pediatric patients compares to those served by Children’s Hospital’s own clinic. Ms. Tate responded that she did not have that information immediately available but would obtain it during the upcoming follow-up meeting. She added that CCPC maintains a sizable pediatric practice at Millvale, led by Dr. Hazel Canoe, who has served the community for many years and continues to have a strong patient following.</li> <li>• Dr. Lichtenstein asked whether CCPC has any information on what percentage of children who attend the Cincinnati Children’s Hospital Clinic at Millvale have parents who also receive care at CCPC’s clinic. Ms. Tate responded that she did not have specific data on that but could obtain an anecdotal answer. She added that many families at Millvale use CCPC’s dental services, though there has been no formal assessment of how many parents receive adult medical care through CCPC. She acknowledged that these were excellent questions and worth further exploration.</li> </ul> |     |                       |
| <b>Finance Update</b> | <p>Mr. Mark Menkhaus Jr. reviewed the financial data variance between FY25 and FY26 for the month of July 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 \$1,575.59.</li> <li>• School Based Disaster Hours were zero.</li> <li>• Revenue increased by 19.27%. <ul style="list-style-type: none"> <li>○ Self-paid patients increased by 4.52%.</li> <li>○ Medicare increased by 8.26%.</li> <li>○ Medicaid increased by 765.82%. <ul style="list-style-type: none"> <li>▪ Mr. Menkhaus explained that July 2024 showed unusually low Medicaid revenue (\$61,000) due to delayed HMO wrap payments that affected several months last year. Therefore, the year-over-year comparison appeared inflated.</li> <li>▪ He added that CCPC typically receives a Medicaid maximization lump sum in the spring, with an annual projection between \$10–13 million in Medicaid revenue.</li> </ul> </li> <li>○ Private Pay increased by 6.38%.</li> <li>○ Medicaid managed care decreased 17.85%.</li> <li>○ 416—Offset increased by 13.45%.</li> </ul> </li> </ul>                   | n/a | Mr. Mark Menkhaus Jr. |

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|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------|
|                                   | <ul style="list-style-type: none"> <li>Expenses decreased by 4.72%. <ul style="list-style-type: none"> <li>Personnel expenses increased by 4.38%.</li> <li>Material expenses decreased 63.25%.</li> <li>Contractual Costs decreased by 26.63%.</li> <li>Fixed costs increased by 34.97%.</li> <li>Fringes increased by 4.97%. <ul style="list-style-type: none"> <li>Personnel and fringe costs: Both increased as expected due to cost-of-living adjustments and updated fringe rates.</li> <li>Contractual and material costs: Currently lower due to invoice timing delays; expected to normalize in upcoming months.</li> <li>Fixed costs: Up 35%, reflecting software and copier agreements; also expected to balance out.</li> <li>After reviewing subcategories, no alarming or abnormal variances were identified.</li> </ul> </li> </ul> </li> <li>Net Gain was \$166,061.84; it decreased by 146.69%.</li> <li>Mr. Menkhaus highlighted a significant shift in the payer mix within school-based medical services. He cautioned that, although two months of data are not statistically significant, this may signal the beginning of a concerning trend. Mr. Menkhaus continued that the increase in self-paying patients means fewer costs of care are being reimbursed, which will negatively impact revenue, collections, and long-term financial sustainability.</li> <li>Invoices greater than 90 days were at 35%; (below 20% is the goal).</li> <li>Invoices greater than 120 days were 26% (below 10% is the goal).</li> <li>Average Days in Accounts receivable were 40 days.</li> </ul> <p><b><u>Q&amp;A:</u></b></p> <ul style="list-style-type: none"> <li>Dr. Lichtenstein asked what the recent payer mix data suggests about the composition of CCPC's Medicaid population in school-based health centers, specifically whether it indicates that many students are losing Medicaid coverage. Mr. Menkhaus responded that while the data does seem to imply a decline in Medicaid access, he cautioned against making assumptions about demographics without further analysis. He stated that the trend has now appeared for two consecutive months, making it important for CCPC to conduct a deeper review to better understand the underlying causes of the shift.</li> </ul> |     |                |
| <b><i>New Business</i></b>        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |                |
| <b>Additional Staffing Update</b> | <ul style="list-style-type: none"> <li>Ms. Tate provided an update under new business. She stated that invitations were sent to congressional leaders to visit CCPC and</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | n/a | Ms. Joyce Tate |

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|  | <p>learn more about its work. She reported that Representative Landsman has given a tentative date of <b>October 24</b> for a visit. Ms. Tate noted that additional details will be shared with the board as they become available.</p> <ul style="list-style-type: none"> <li>• Dr. Jones asked if the graph shows billing or collections. Mr. Menkhaus answered that it showed Neither — it shows patient counts by payer type. The self-paying patient population is growing, but self-pay revenue is not increasing proportionally because collection rates for out-of-pocket payments are lower.</li> <li>• Dr. Lichtenstein asked about the growing number of uninsured patients. Does this have anything to do with the implementation of new policies requiring increased re-application and recertification for benefits for people in expanded Medicaid? <b>Mr. Menkhaus answered</b>, yes. When extended Medicaid eligibility ended, we began to see a growing self-pay population — a trend that has been ongoing for more than a year. Only in the last two months have we seen a substantial change in our school-based healthcare population. The new re-application requirement has not yet been implemented, so we have not seen its effect. We had hoped outreach and enrollment efforts might produce a “J curve” effect with some patients regaining coverage, but that has not happened so far. We do not have a firm timeline yet for when the requirement will be implemented nationally, but we are monitoring this closely with Ohio Association of Community Health Centers and Ohio Department of Job and Family Services.</li> <li>• Dr. Lichtenstein asked if health centers were considering strategies to assist patients required to reapply. Mr. Menkhaus stated that they plan to bring in a healthcare industry consultant to assess potential risks and model the impact of Medicaid changes, which will help prepare for various scenarios and develop strategies. Ms. Tate added that the Ohio Department of Medicaid is addressing many requirements this year, so clarity is expected later this year or in 2026. She noted that bringing in a third party to analyze trends and risks, particularly for FQHCs nationally, is a priority for Dr. Musman and will benefit the organization, with reports from the work to be shared with the board. Dr. Herzig emphasized that as the city is co-applicant for the HRSA FQHC, any shortfalls will need to be covered by the city, and having a consultant will</li> </ul> |  |  |
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|                                                   | provide advance warning of potential challenges. He noted that policy changes are likely to result in more self-paying patients, which could impact health outcomes. Ms. Tate concluded that they have received 100 applications for outreach and enrollment caseworker positions and are reviewing them, with four or five options currently available to support growing demand. |     |                  |
| <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: 6:40 pm

Next meeting: October 8, 2025, at 6:00 pm.

The meeting can be viewed and is incorporated in the minutes:

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Date: 9/10/2025  
Clerk, CCPC Board of Governors

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Date: 9/10/2025  
Mr. John Kachuba, Board Chair

# CCPC Board of Governors

Cincinnati Health Department

September 10, 2025

| Board Members            | Roll Call | 7.9.2025<br>Minutes | 8.13.2025<br>Minutes |
|--------------------------|-----------|---------------------|----------------------|
| Ms. Renu Bakhshi         | X         |                     |                      |
| Mr. Robert Cummings      | X         |                     |                      |
| Ms. Alexius Golden Cook  | X         |                     | M                    |
| Dr. Angelica Hardee      |           |                     |                      |
| Dr. Camille Jones        | X         |                     |                      |
| Mr. John Kachuba - Chair | X         |                     |                      |
| Dr. Philip Lichtenstein  | X         | M                   |                      |
| Ms. Luz Schemmel         | X         | 2nd                 |                      |
| Ms. Debra Sellers        | X         |                     | 2nd                  |
| Ms. Jen Straw            |           |                     |                      |
| Ms Erica White-Johnson   | X         |                     |                      |
| Dr. Bernard Young        | X         |                     |                      |
| <b>Motion Result:</b>    | Quorum    | Passed              | Passed               |

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

## STAFF/Attendees

|                              |   |
|------------------------------|---|
| Sa-Leemah Cunningham (clerk) | X |
| Joyce Tate, CEO              | X |
| Mark Menkhaus Jr             | X |
| Ed Herzig, MD                | X |
| David Miller                 | X |
| LaSheena White               | X |
| Nick Taylor, MD              | X |
| Angela Mullins               | X |
| Michelle Daniels, DNP        | X |

**DATE:** October 8, 2025

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

**FROM:** Joyce Tate, CEO

**SUBJECT:** CEO Report for October 2025

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❖ **Budget Period Renewal Submission**

- The mid-year renewal for our federal grant has been submitted.
- No significant changes in goals or scope of services were reported.
- Trend Concern: Over the past four months, CCPC has seen a rise in uninsured patients, which could negatively impact revenues. This issue will be further discussed in the financial report.

❖ **Consultant Engagement**

- We are moving forward with engaging Forvis & Mazars Consulting, a group with strong FQHC expertise.
  - One consultant, formerly CFO of HealthCare Connection, will be working with us.
  - Focus areas: finances, coding and billing, payer mix, cost structure, and long-term sustainability strategies.
  - Dr. Mussman is particularly supportive of this engagement.

❖ **Review of Bylaws and Committees**

- We are looking to review and possibly update the CCPC Bylaws for continued acceptance of if there are any needed changes.
- Let us know if you are interested in joining the Bylaw review committee.

❖ **Facility and Capital Project Updates**

- **Ambrose Smile Shoppe Expansion**
  - Negotiations are underway with Community Builders to secure a combined lease for the Ambrose site and adjacent dental clinic expansion.
  - Deputy Director Dan Bowers (Public Services) has joined the project team, significantly advancing progress.
  - Goal: finalized lease by November, construction bids possibly by year-end.
- **Roberts Expansion Naming**
  - The new Roberts expansion will be named the Darlene Kamine Wellness Center in honor of her decades of service and fundraising for community learning centers.
  - Grand opening: Friday, October 10 at 9:30 AM. Invitations sent; Dr. Mussman and staff will attend.

❖ **HRSA and Funding Updates**

- HRSA has confirmed current grant drawdowns will not be impacted by pending federal funding discussions.

- Additional allocations, if any, will be determined later. No reductions are expected currently.
- ❖ **CCPC Personnel Actions passed at the September BOH meeting**
  - Shaniya Cheatham—Dental Assistant
  - Clara Rinfrow—Breastfeeding Peer
  - Melissa Shores—Breastfeeding Peet
  - Sarah Schuh—Dietician
- ❖ **Recognition of Awards**
  - **Board Secretary, Dr. Angelica Hardee**, was honored with an award from the Cincinnati Chamber.
  - CCPC also received national clinical quality awards, recognizing us as leaders in certain areas.
  - Dr. Gonzales and Dr. Goode will present these Awards and Recognitions.



## **Frequently Asked Questions about a Potential Government Shutdown As of September 25, 2025**

*This document will be updated as more information becomes available.*

With an increasing chance of a federal government shutdown, NACHC is providing this FAQ to help our members understand the potential impact. We are closely monitoring the situation and are actively advocating for a resolution that provides increased, stable, long-term funding.

**We have been advised by Health Resources & Services Administration (HRSA)/Bureau of Primary Health Care (BPHC) officials that in the event of a shutdown, funded Community Health Centers (CHCs) will be able to continue drawing down Section 330 grants.**

### **Latest Developments**

Effective October 1, 2025, unless Congress takes action, the existing continuing resolution that funds the federal government, including the Health Center Program, will expire. NACHC will ensure policymakers understand the direct consequences of a shutdown on the millions of patients who depend on CHCs for essential care.

The two parties in Congress are far apart on agreeing to a plan to avert a shutdown. On September 16, 2025, the House Appropriations Committee released the Continuing Appropriations and Extensions Act, 2026, which would keep the government open until November 21, 2025, and continues CHC and primary care workforce funding at the same levels. On September 19, 2025, the House passed the [bill](#) by a nearly party-line 217-212 vote. Later that day, the Senate considered the House bill and an alternative Democratic proposal. Neither bill reached the 60-vote threshold necessary to advance. Neither chamber is in session the week of September 22, and President Trump canceled a scheduled meeting with Democratic leaders.

### **1. What is a federal government shutdown?**

Congress is responsible for passing annual Appropriations bills that fund everything from the Health Center Program to federal employees' paychecks to environmental inspections. The deadline for passing yearly appropriations is October 1. When Congress fails to meet its deadline, and federal government agencies and programs lack budget authority to continue operating, agencies experience a 'funding gap,' also known as government shutdown.

During a shutdown, certain operations must cease unless authorized otherwise by law. Additionally, only "essential" employees are allowed to work during a shutdown. All other federal employees are furloughed until Congress acts. The longest shutdown in U.S. history lasted for 35 days in 2018-2019.

### **2. How could Congress prevent or end a government shutdown?**

To avoid a government shutdown, Congress can pass a Continuing Resolution to provide funding based on preceding fiscal year amounts or pass spending bills to fund specific agencies.

### **3. Why does a government shutdown impact the Health Center Program?**

Funding for CHCs comes from a combination of discretionary appropriations, which Congress must approve annually, and mandatory funding from the Community Health Center Fund (CHCF), which requires periodic reauthorization. Both CHCs' mandatory and discretionary funding are scheduled to expire on September 30<sup>th</sup>.

NACHC has been in communication with/BPHC officials, who report they have enough mandatory funding to maintain operations and staffing for some time during a shutdown. Federal assistance to CHC Look-Alikes (LALs) is funded through discretionary spending, so the BPHC will not be able to respond to questions from LALs. This is consistent with how BPHC has operated in previous shutdowns. However, NTTAP, PCA, and HCCN Cooperative Agreement activities are not expected to be impacted during a government shutdown.

The White House has not provided agencies with guidance on how to proceed with staffing during a shutdown. NACHC will continue to monitor this developing situation.

**4. If there is a government shutdown, can CHCs still submit requests on the Payment Management System (PMS) and receive 330 grant funding?**

Agency officials report a government shutdown will not impact the ability to draw down 330 grant funding because the funding has already been obligated. CHCs should submit requests as usual to the PMS system. Please notify NACHC if you experience any challenges submitting requests or receiving funding.

**5. The Medicare telehealth flexibilities are set to expire September 30, 2025. Will Medicare patients still have access to telehealth services during a government shutdown?**

Unfortunately, if Congress does not reach agreement before September 30<sup>th</sup>, Medicare telehealth flexibilities will expire and remain expired until a bill is passed. Fortunately, both the Democrat and Republican versions of the Continuing Resolution would extend health centers' telehealth flexibilities, but a fix is held up by the broader disagreements around the bill. Please see the chart below to understand the current policy changes and potential impact of a disruption in the flexibilities.

| <b><u>Issue</u></b>      | <b><u>September 30<br/>(current law)</u></b>                                                           | <b><u>October 1<br/>(barring Congressional action)</u></b>                                                                                                                                                                                       |
|--------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Medical visits           | Patients can be anywhere, including their home. Providers can be remote.                               | Patients can no longer be at home and will have to be at the health center to do a medical telehealth visit. Providers can be remote.                                                                                                            |
| Behavioral health visits | No in-person visit requirements for new and continuing patients.                                       | Patients starting tele-behavioral health services on or after October 1st must have had an in-person visit in the previous six months. Patients currently receiving tele-behavioral health services will have one year to do an in-person visit. |
| Audio only (medical)     | Patients can be at home, and audio-only is allowed if video is not an option. Providers can be remote. | Audio-only option ends for medical visits.                                                                                                                                                                                                       |

**6. How will Medicaid and Medicare payments be impacted by a government shutdown?**

The Medicaid and Medicare Programs will continue to operate in the event of a government shutdown because they are paid through mandatory funds outside of the discretionary appropriations process. Based on previous shutdowns, the Centers for Medicare and Medicaid Services (CMS) will continue processing Medicare claims and Medicaid will maintain its payments to states.

**7. What if I have an Operational Site Visit (OSV) scheduled during the government shutdown?**

In the event of a government shutdown, HRSA operational site visits will likely be postponed or suspended. Non-essential government functions, including monitoring and oversight activities, typically stop during a funding lapse. After a shutdown ends, postponed OSVs would be rescheduled, and HRSA would resume its oversight activities. CHCs are encouraged to continue their compliance preparations during a shutdown, as the visits will resume once the government is funded.

**8. How will other federal grant programs, besides the health center program, be impacted by a government shutdown?**

During a government shutdown, mandatory spending programs generally continue to operate because they are funded by permanent law and do not require annual appropriations from Congress. However, the level of service and administration may be reduced if it relies on discretionary funding. For example, the National Health Service Corps has both mandatory and discretionary funding, so while federal officials have communicated that approved loan and scholarship applications will continue to be processed during a shutdown, new awards would not.

**9. How could a government shutdown impact patients' access to federal benefits?**

Current Medicare, Medicaid, and disability insurance beneficiaries will continue to receive their benefits, assuming a shutdown lasts less than three months. Recipients will continue to receive their Social Security and SSI checks. While Supplemental Nutrition Assistance Program (SNAP) benefits are mandatory, past shutdowns have seen the program operate on reserve funds. If a shutdown is prolonged, there is a risk of disruption.

**10. Where can I learn more about government shutdowns?**

The Congressional Research Service has a very thorough FAQ with more information [here](#). You can also register for NACHC's regular [Federal Action Support Team \(FAST\)](#) calls to stay informed.



# City of Cincinnati Primary Care (CCPC) *Awards and Recognitions*

# ***Patient Centered Medical Home (PCMH) 2025 Recognition***

All six City of Cincinnati Primary Care (CCPC) health centers were recognized by the National Committee for Quality Assurance (NCQA) for delivering high-quality, patient-centered care.

The PCMH Recognition program was developed to identify medical practices that have invested in a model of care that puts patients at the forefront and where continuous quality improvement is a priority.

*“We stand out as leaders in delivering high-quality health care to underserved, underinsured, uninsured, undocumented, and historically marginalized populations,”*

*Joyce Tate, MPA, CEO of City of Cincinnati Primary Care*

*“This recognition shows the tremendous work our teams at the City of Cincinnati Primary Care health centers are doing by always looking for new and improved ways to deliver patient-centered health care, our health centers continue to provide critical health services to our citizens.”*

*Grant Mussman, M.D., MHSA, Cincinnati Health Department Commissioner*



# Patient Centered Medical Home (PCMH) 2025 Recognition



# ***Community Health Quality Recognition (CHQR) 2025 Badge Awards***

***Heart Health Badge*** – Health centers are required to meet or exceed an 80% performance threshold in the following clinical quality measures: tobacco use screening and cessation intervention, appropriate use of aspirin or other antiplatelet therapy for patients with Ischemic Vascular Disease (IVD), statin therapy for cardiovascular disease prevention and treatment, and effective hypertension control.

***Quality Leader –Gold*** - Health centers must demonstrate the highest overall performance in Clinical Quality Measures (CQMs) compared to peer organizations. Those awarded the Gold badge rank within the top 10% of all reporting health centers.

***Advancing Health Information*** – Health centers must provide telehealth services, facilitate clinical information exchange with other health care settings, actively engage patients through health information technology, and collect data on patients' health-related social needs.

# ***Community Health Quality Recognition (CQHR) Badge Awards***



# ***American Heart Association (AHA) 2025 Achievement Awards***

**Target BP Gold Plus** achievement award recognizes practices that have demonstrated evidence-based practices for BP measurement AND treatment in which high blood pressure is controlled in 70% or more of the affected adult patients.

**Type 2 Diabetes Gold** achievement award recognizes practices that have fulfilled the Participant criteria AND have met the specified Gold-level thresholds for each of two selected clinical measures related to diabetes control and CVD risk factors, hypertension and high cholesterol.

**Check. Change. Control. Cholesterol Gold** award recognizes practices that have fulfilled the participant criteria AND have 70% or more of their adult, at-risk Atherosclerotic Cardiovascular Disease (ASCVD) patient population appropriately managed with Statin therapy.

**To the CCPC Staff:**

**Thank you for your outstanding dedication to  
delivering evidence-based care.**

**Your commitment to excellence in treating  
patients is truly appreciated!**



**DATE:** October 8, 2025

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

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

**SUBJECT:** Fiscal Presentation August 2025

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**Fiscal Presentation**

Fiscal Presentation for August 2025.

- For FY26, as of August 2025, Cincinnati Primary Care had a net gain of \$316,070.37.
- In FY25, August a net loss of \$1,521,083.05. Comparing FY26 with FY25 shows an increase of \$1,837,153.42. This increase is due to higher revenue and higher expenses.
- Revenue increased by \$1,526,863.59 from FY25. The increase is due to higher Medicaid revenue.
- Expenses decreased by \$310,289.83 from FY25. The decrease is due to the timing of invoices paid (ex. LabCorp were paid \$101,101.35 in FY25 but have not been paid as of 8/31/2025. Also, Cardinal Health was paid \$439,528.39 in FY25 but \$87,076.18 has been paid in FY26. However, Ochin was paid \$243,929.18 in FY25 but was paid \$350,893.69 in FY26. Also, Hamilton County was paid \$25,000 in FY26 and was not paid in FY25 as of 8/31/2024.)
- Here are charges for disaster regular hours and overtime as it relates to COVID-19 for FY26 and FY25 for August.

| Community Health Centers |          |            |
|--------------------------|----------|------------|
| Type Labor Cost          | FY26     | FY25       |
| Disaster Regular         | \$785.88 | \$3,259.18 |
| Disaster Overtime        | \$ 0.00  | \$ 0.00    |
| Total                    | \$785.88 | \$3,259.18 |

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

**August Payor Mix Highlights:**

|                      | Medicaid | Commercial | Medicare | Self-Pay |
|----------------------|----------|------------|----------|----------|
| Medical              | 1%       | 2%         | -1%      | 9%       |
| Dental               | 12%      | 2%         | 0%       | 6%       |
| School-Based Medical | 3%       | 1%         | 0%       | -1%      |
| School-Based Dental  | 3%       | -1%        | 0%       | -1%      |
| Behavioral Health    | 11%      | 6%         | 1%       | 5%       |
| Vision               | 2%       | 0%         | -1%      | -2%      |

**Accounts Receivable Trends:**

- The accounts receivable collection effort for July for 90-days is 32% and for 120-days is 26%. 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 stayed the same as the previous month.

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

- The number of days in accounts receivable has increased from the month before by 2.2 days. The days in accounts receivable are slightly below the average (by 1.5 days) of the past 13 months at 40.3 days.

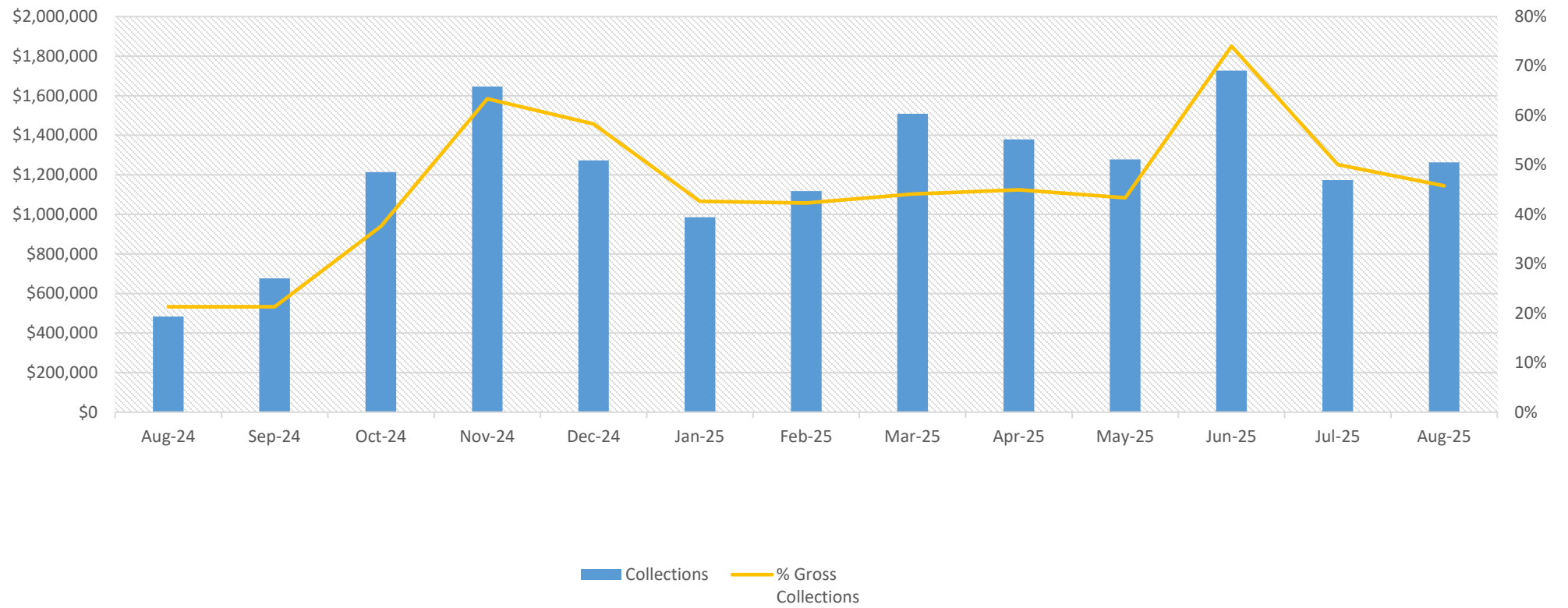
City of Cincinnati Primary Care  
Profit and Loss with fiscal year comparison  
August 2024 - August 2025

|                                           | FY26 Actual         | FY25 Actual             | Variance FY26<br>vs FY25 |
|-------------------------------------------|---------------------|-------------------------|--------------------------|
| <b>Revenue</b>                            |                     |                         |                          |
| 8556-Grants\Federal                       | \$500,400.00        | \$546,534.00            | -8.44%                   |
| 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    | \$0.00              | \$0.00                  | 0.00%                    |
| 8733-Self-Pay Patient                     | \$183,216.36        | \$150,408.85            | 21.81%                   |
| 8734-Medicare                             | \$1,022,450.73      | \$916,660.29            | 11.54%                   |
| 8736-Medicaid                             | \$1,046,390.89      | \$117,012.32            | 794.26%                  |
| 8737-Private Pay Insurance                | \$206,957.15        | \$184,253.75            | 12.32%                   |
| 8738-Medicaid Managed Care                | \$1,329,012.64      | \$1,108,474.66          | 19.90%                   |
| 8739-Misc. (Medical rec.\smoke free inv.) | \$83,697.83         | \$22,366.95             | 274.20%                  |
| 8932-Prior Year Reimbursement             | \$0.00              | \$0.00                  | 0.00%                    |
| 416-Offset                                | \$1,091,731.58      | \$882,282.77            | 23.74%                   |
| Total Revenue                             | \$5,463,857.18      | \$3,936,993.59          | 38.78%                   |
| <b>Expenses</b>                           |                     |                         |                          |
| 71-Personnel                              | \$2,444,956.65      | \$2,348,827.99          | 4.09%                    |
| 72-Contractual                            | \$736,699.27        | \$991,010.54            | -25.66%                  |
| 73-Material                               | \$351,173.91        | \$648,733.03            | -45.87%                  |
| 74-Fixed Cost                             | \$322,781.33        | \$243,748.33            | 32.42%                   |
| 75-Fringes                                | \$1,292,175.65      | \$1,225,756.75          | 5.42%                    |
| Total Expenses                            | \$5,147,786.81      | \$5,458,076.64          | -5.68%                   |
| <b>Net Gain (Losses)</b>                  | <b>\$316,070.37</b> | <b>(\$1,521,083.05)</b> | <b>-120.78%</b>          |

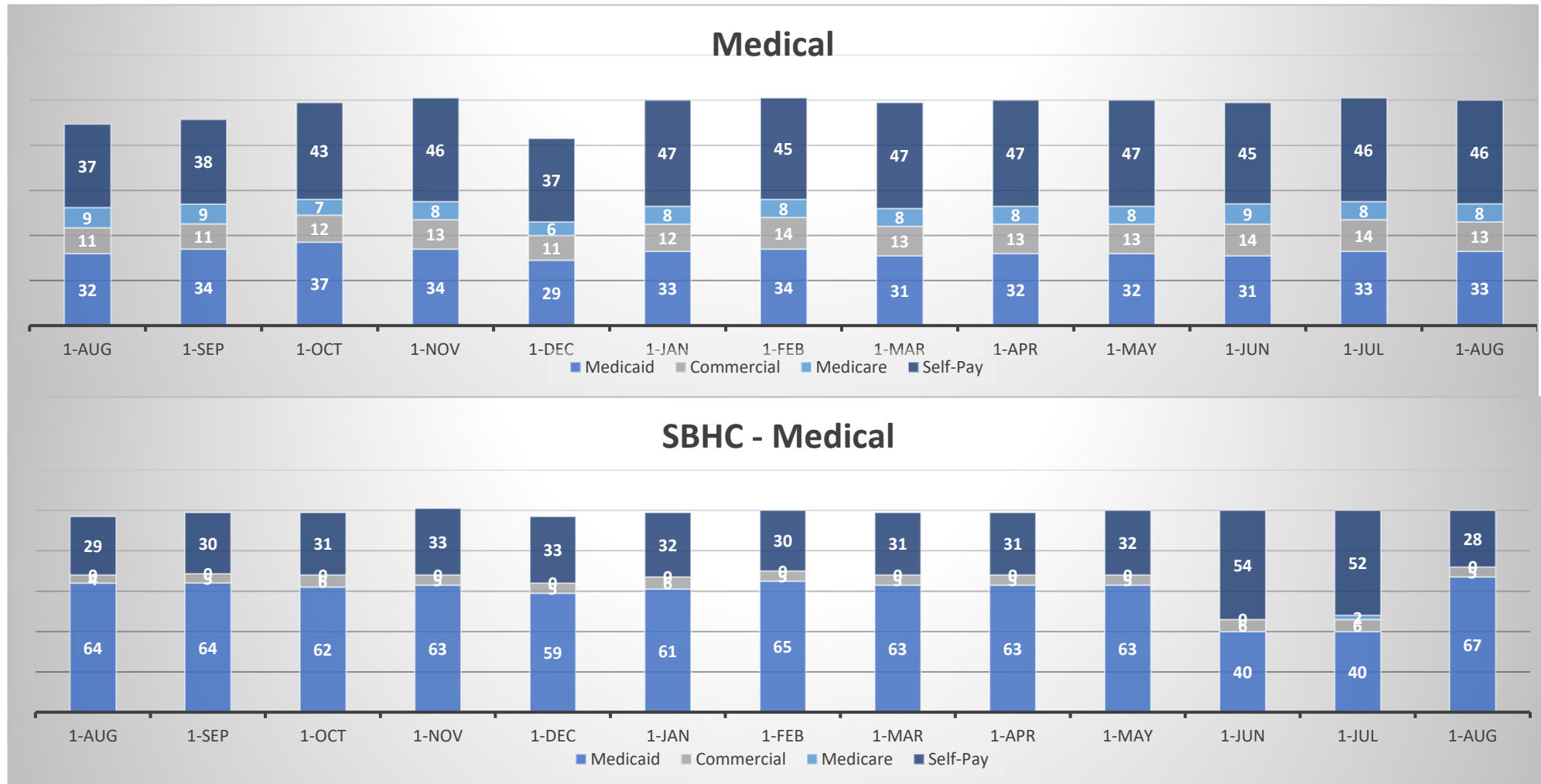
CHD/CCPC Finance  
Update  
October 8, 2025

# Revenue Presentation

# Monthly Visit Revenue

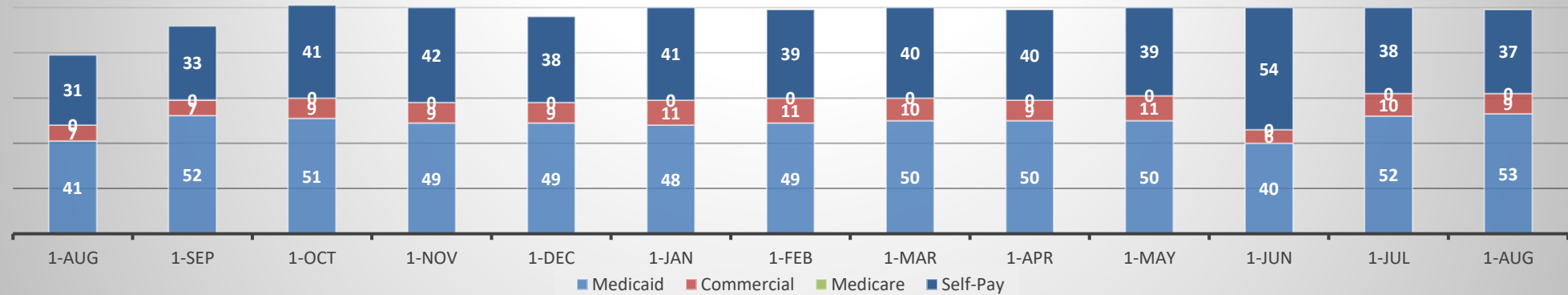


# Payor Mix

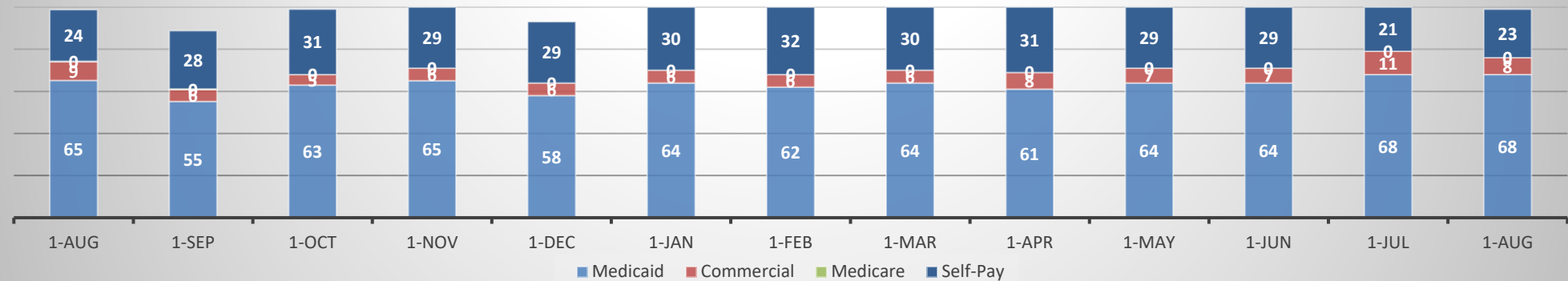


# Payor Mix

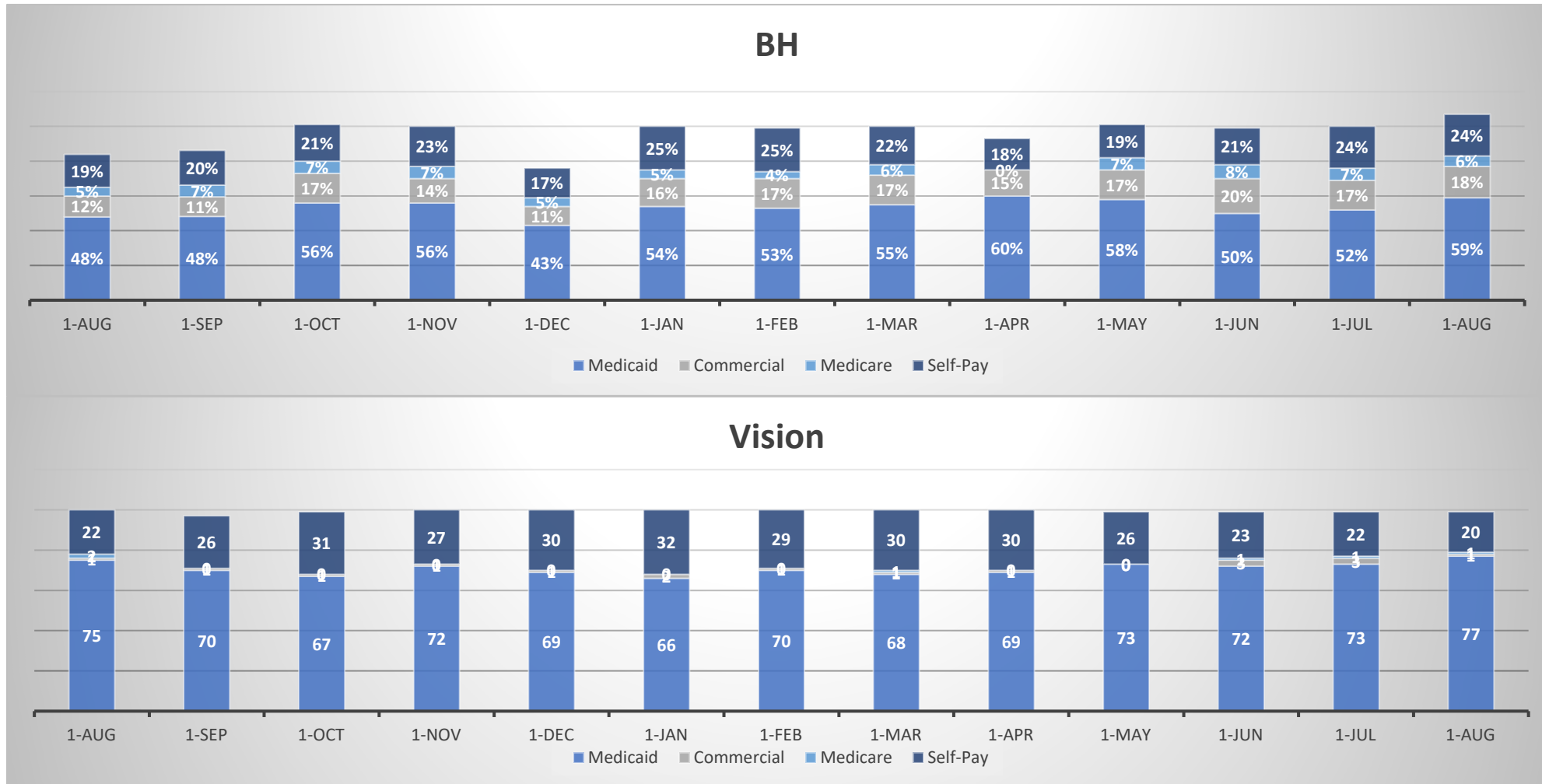
## Dental



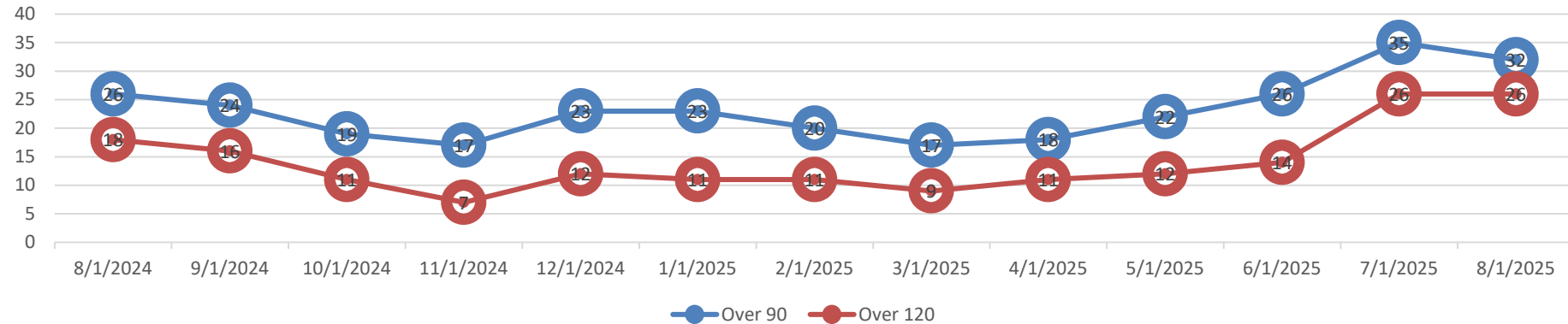
## SBHC - Dental



# Payor Mix

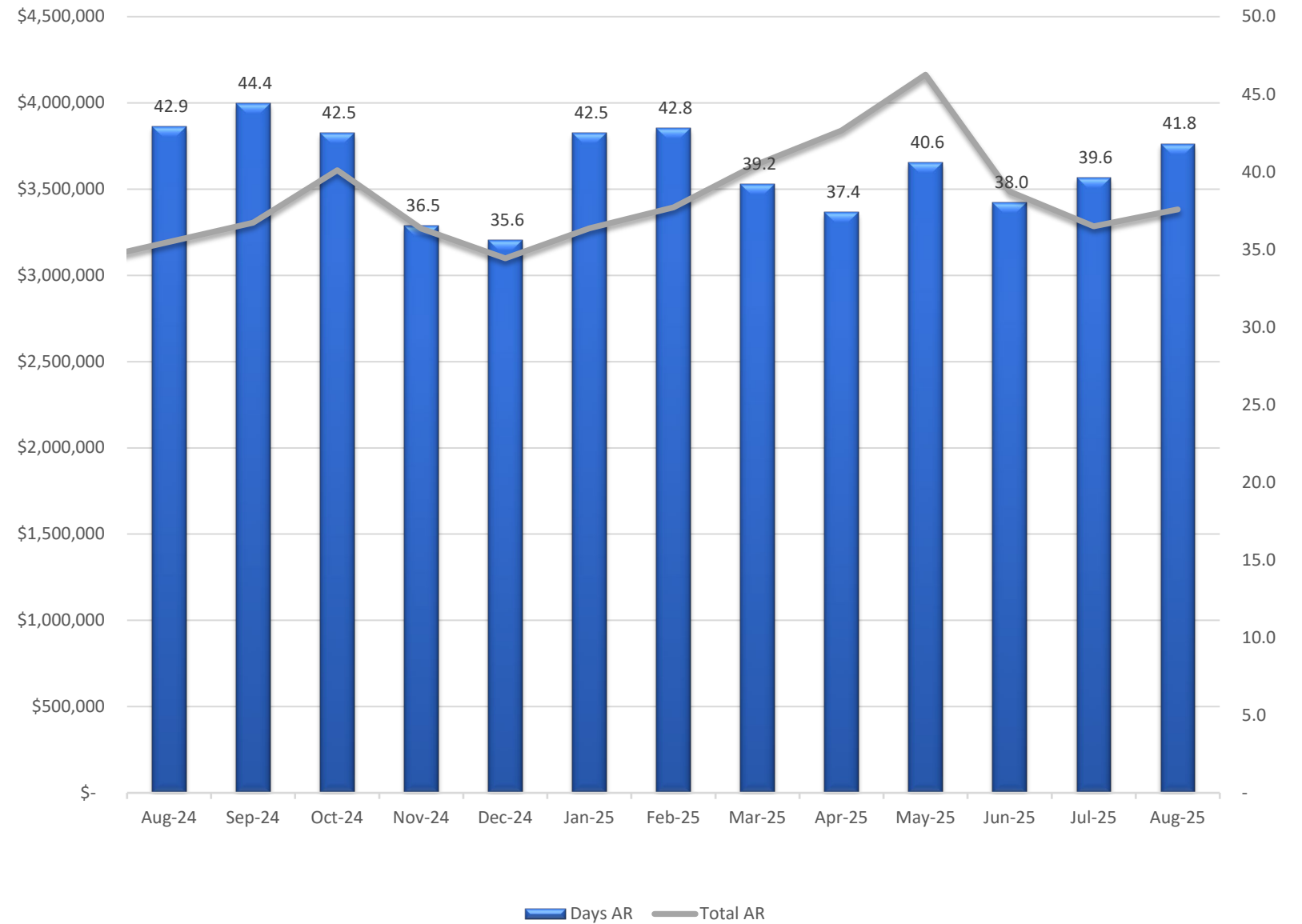


# AR Trends



| Aging Period      | Insurance August   | Patient - All August | Patient - On Pmt Plan August | Patient - Not on Pmt Plan August | Total August       | % Total August |
|-------------------|--------------------|----------------------|------------------------------|----------------------------------|--------------------|----------------|
| 0 - 30            | \$1,564,858        | \$103,293            | \$1,824                      | \$101,469                        | \$1,668,151        | 49.31%         |
| 31 - 60           | \$299,866          | \$95,382             | \$2,542                      | \$92,840                         | \$395,248          | 11.68%         |
| 61 - 90           | \$116,438          | \$115,648            | \$2,602                      | \$113,046                        | \$232,086          | 6.86%          |
| 91 - 120          | \$69,287           | \$127,892            | \$1,047                      | \$126,845                        | \$197,179          | 5.83%          |
| 121 - 150         | \$90,912           | \$126,598            | \$1,526                      | \$125,072                        | \$217,510          | 6.43%          |
| 151 - 180         | \$86,344           | \$92,507             | \$1,490                      | \$91,017                         | \$178,851          | 5.29%          |
| 181 - 210         | \$134,646          | \$77,595             | \$702                        | \$76,894                         | \$212,241          | 6.27%          |
| 211+              | \$311,171          | (\$29,414)           | \$1,843                      | (\$31,258)                       | \$281,757          | 8.33%          |
| <b>Total</b>      | <b>\$2,673,523</b> | <b>\$709,500</b>     | <b>\$13,576</b>              | <b>\$695,924</b>                 | <b>\$3,383,023</b> |                |
| <b>% &gt; 90</b>  | <b>26%</b>         | <b>56%</b>           | <b>49%</b>                   | <b>56%</b>                       | <b>32%</b>         |                |
| <b>% &gt; 120</b> | <b>23%</b>         | <b>38%</b>           | <b>41%</b>                   | <b>38%</b>                       | <b>26%</b>         |                |

## Day in AR & Total A/R



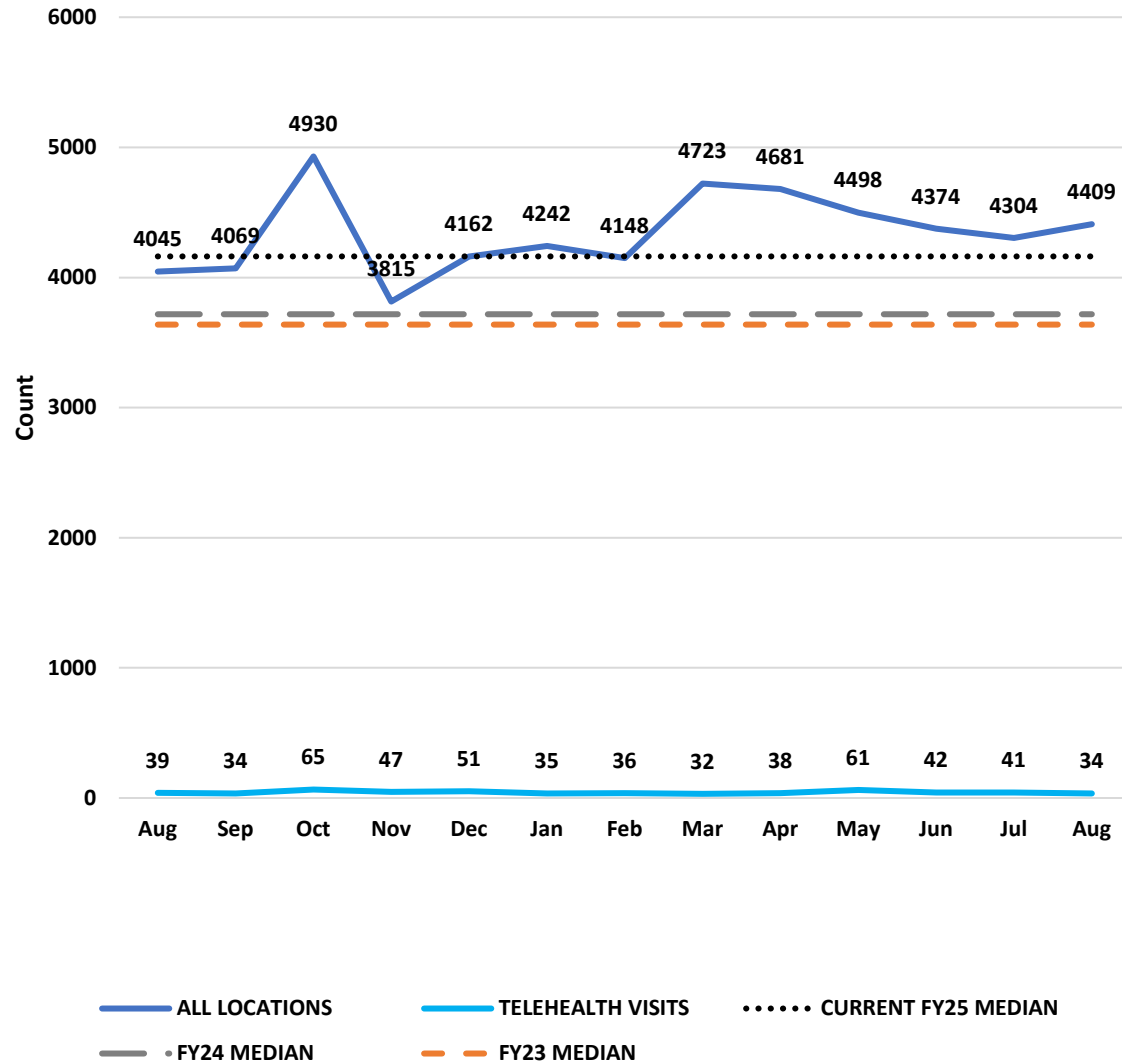


# **CCPC Board Meeting – Efficiency Update**

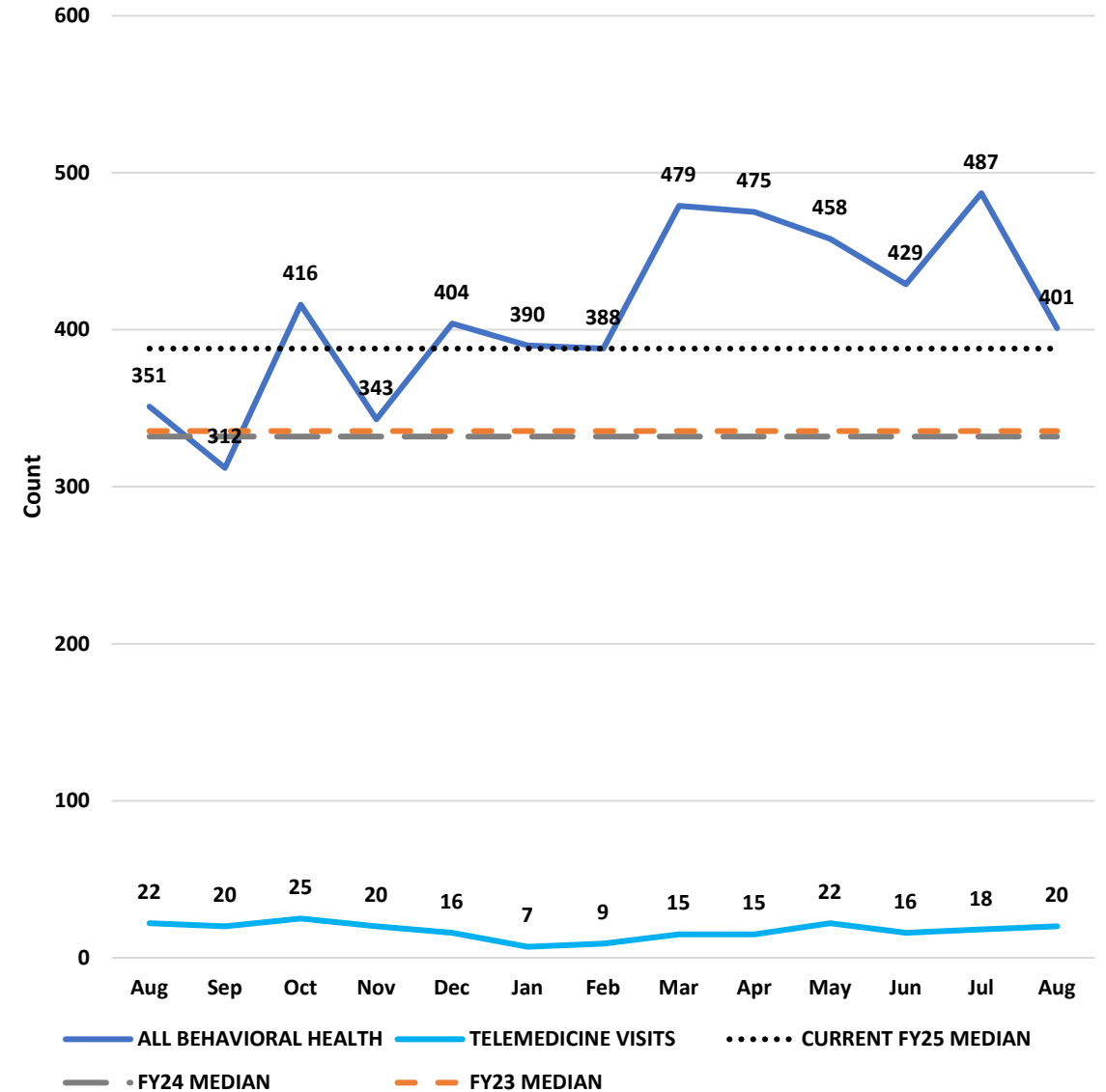
October 2025

# **Medical/Behavioral Health**

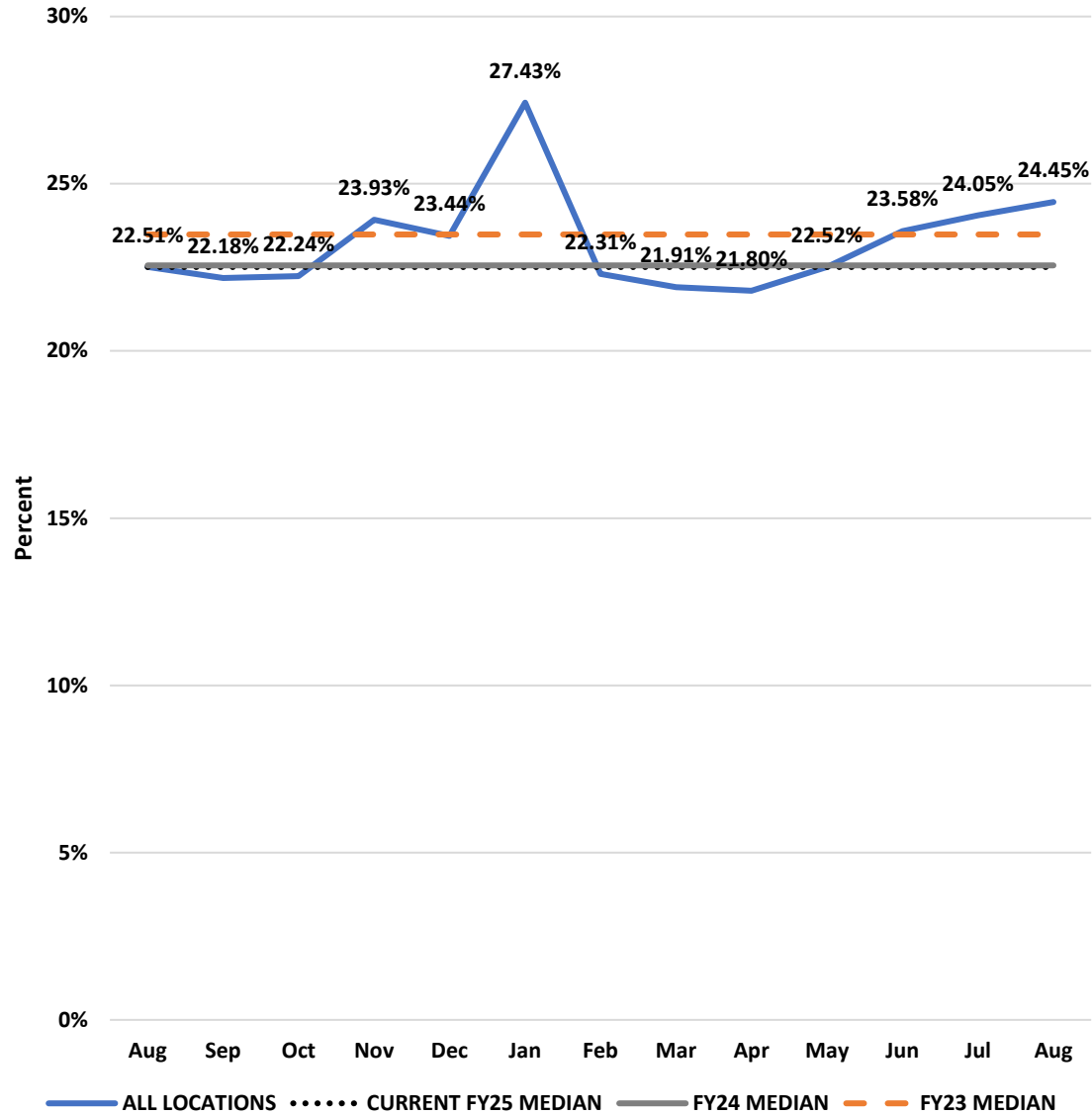
## NUMBER OF VISITS - ALL LOCATIONS



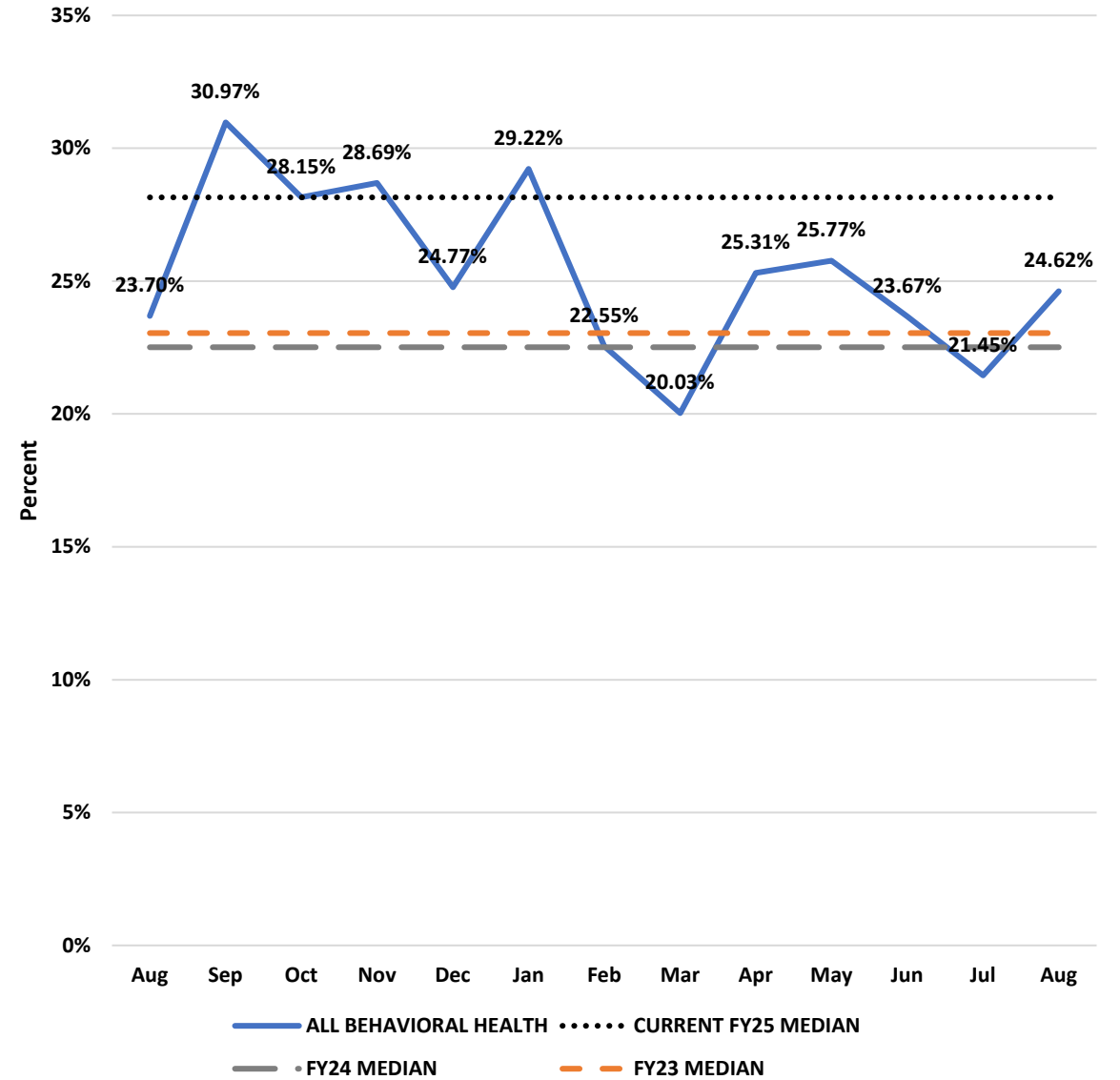
## NUMBER OF VISITS - ALL BEHAVIORAL HEALTH



### NO SHOW % - ALL LOCATIONS

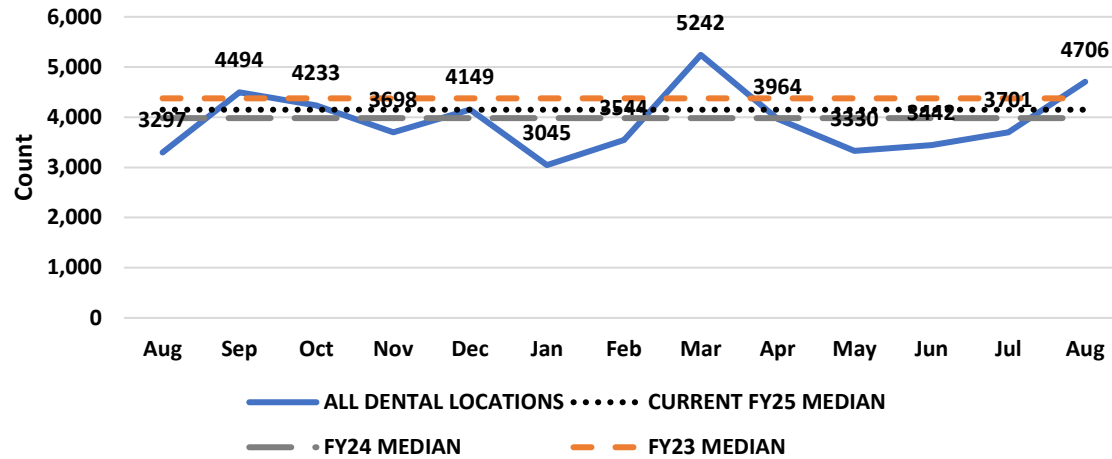


### NO SHOW % - ALL BEHAVIORAL HEALTH

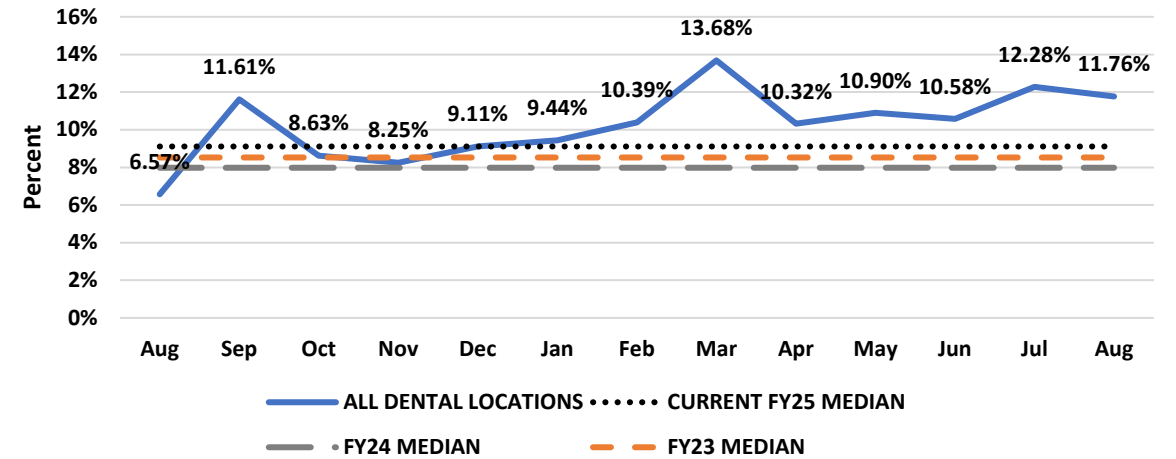


**Dental**

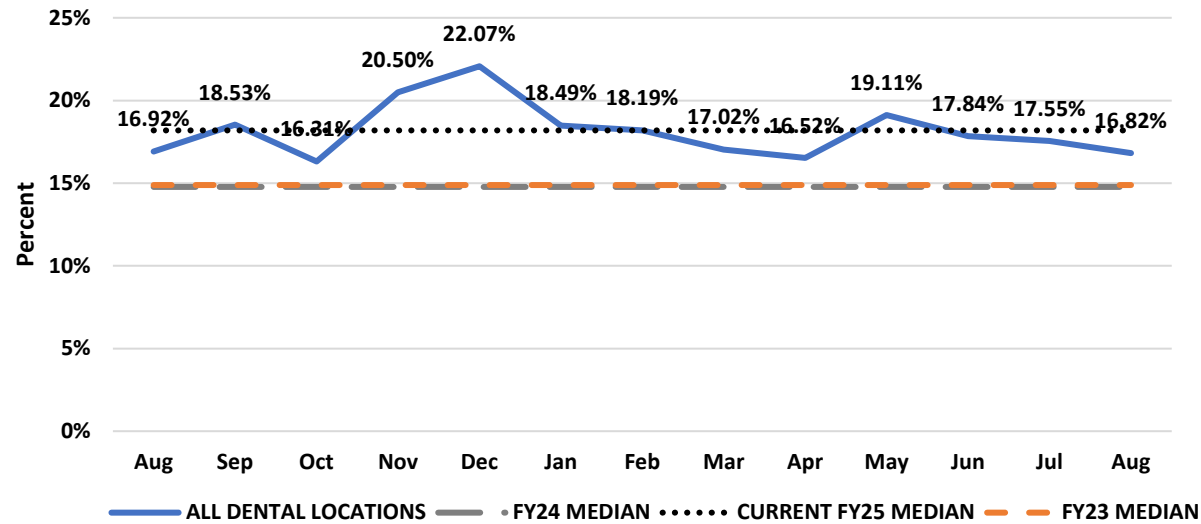
### DENTAL VISITS - ALL LOCATIONS



### DENTAL NEW PATIENT % - ALL LOCATIONS



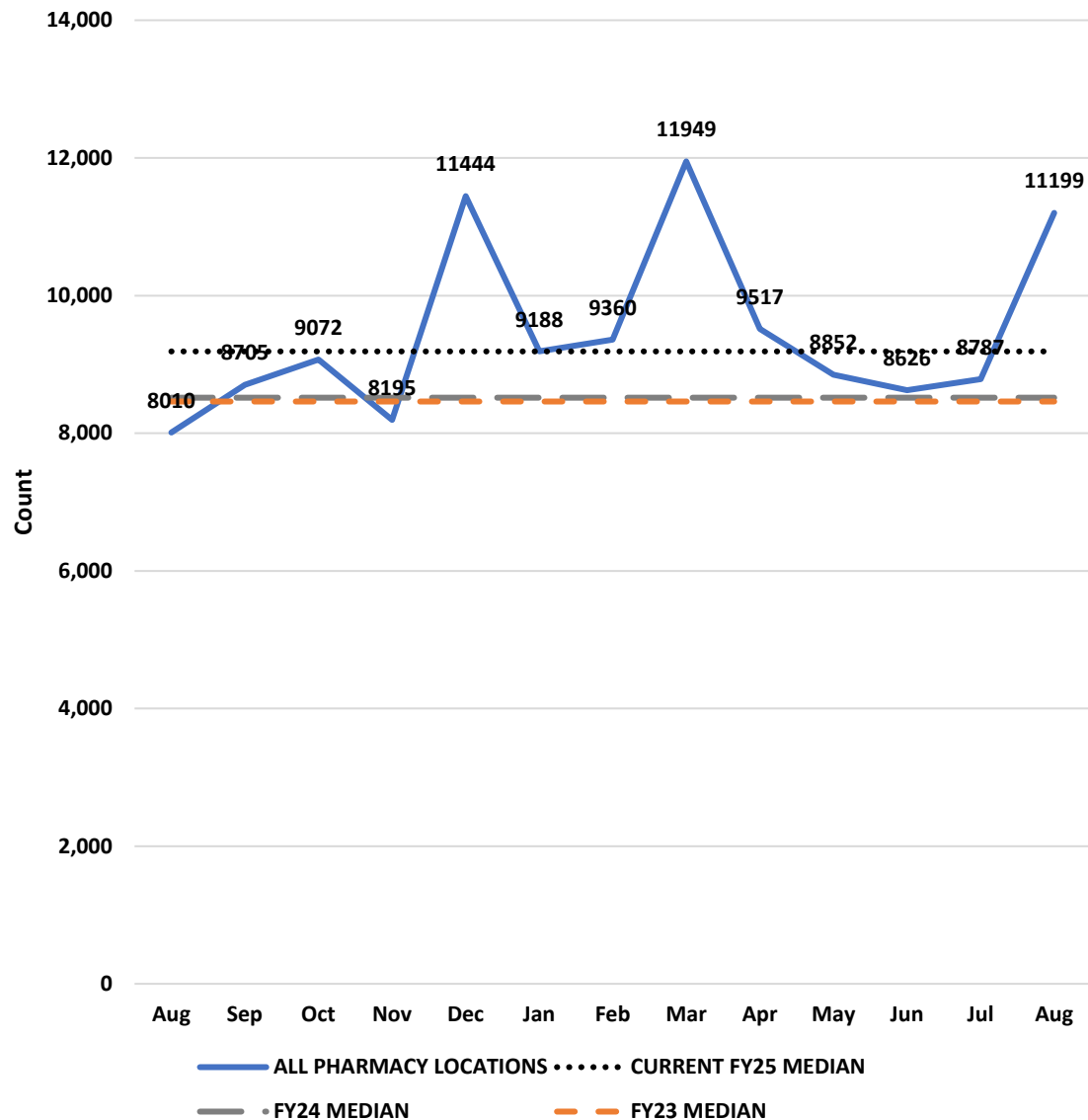
### DENTAL BROKEN APPT % - ALL LOCATIONS



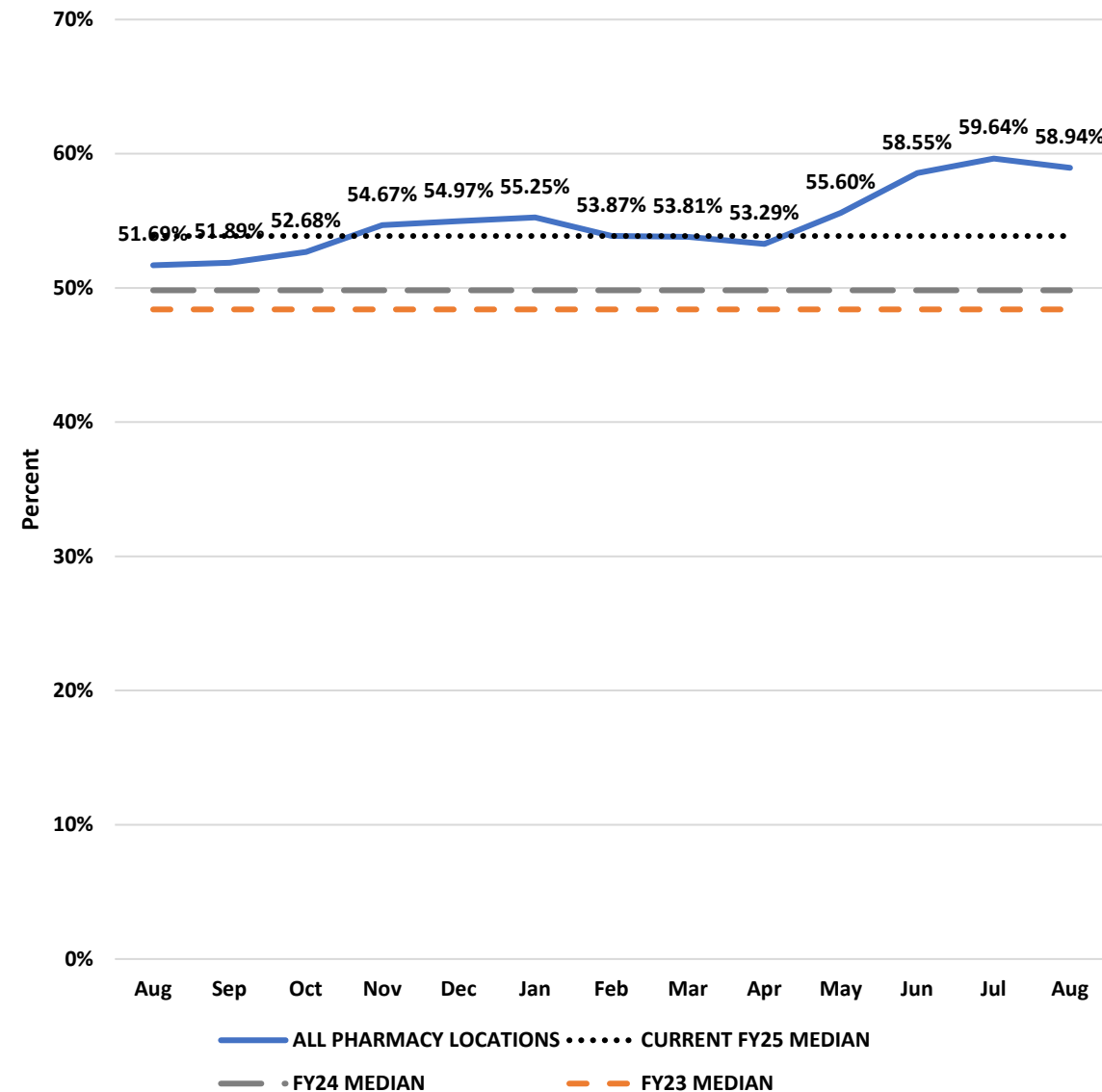


**Pharmacy**

### PHARMACY NUMBER OF FILLS - ALL LOCATIONS

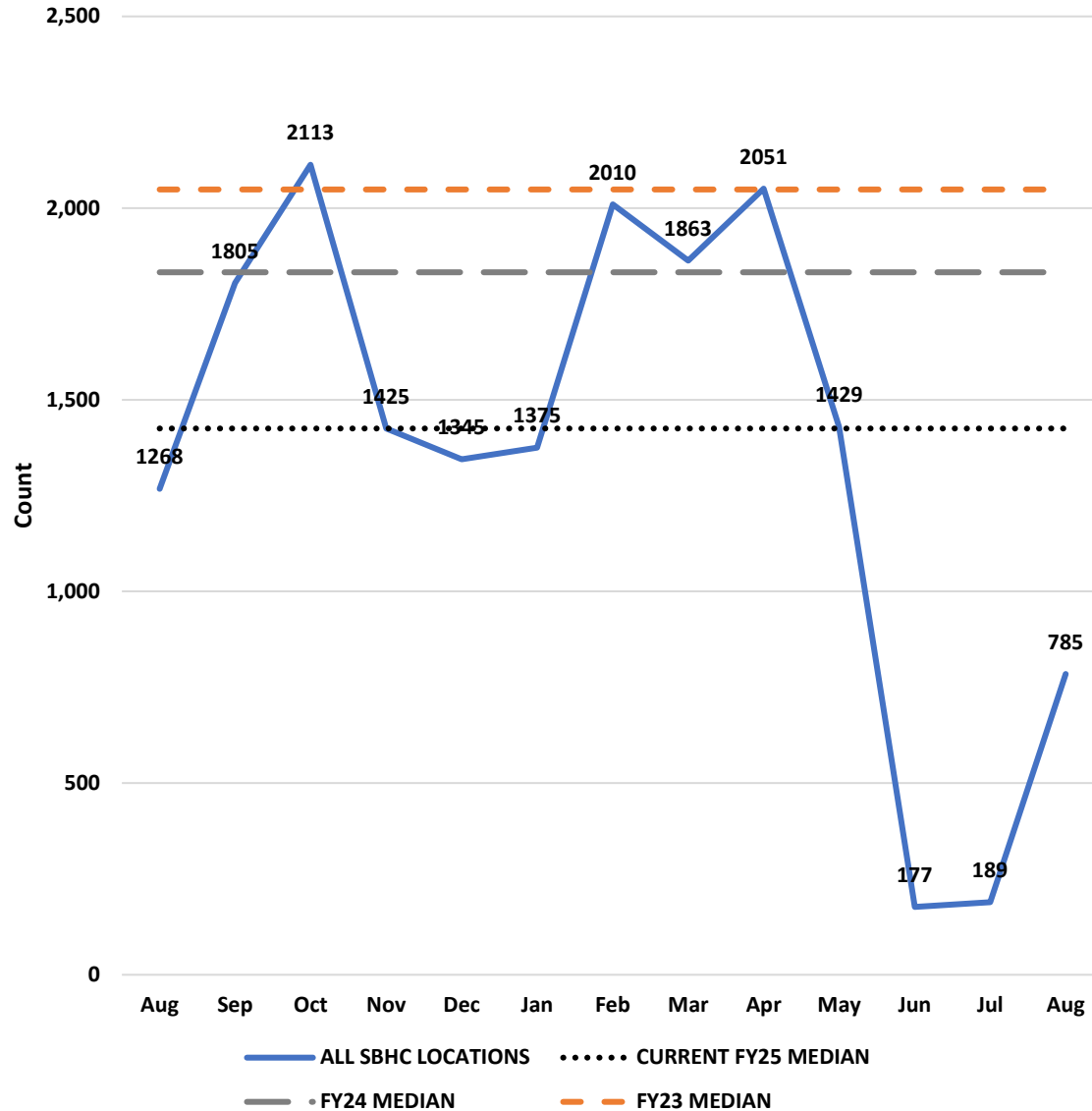


### PHARMACY ESCRIBE % - ALL LOCATIONS

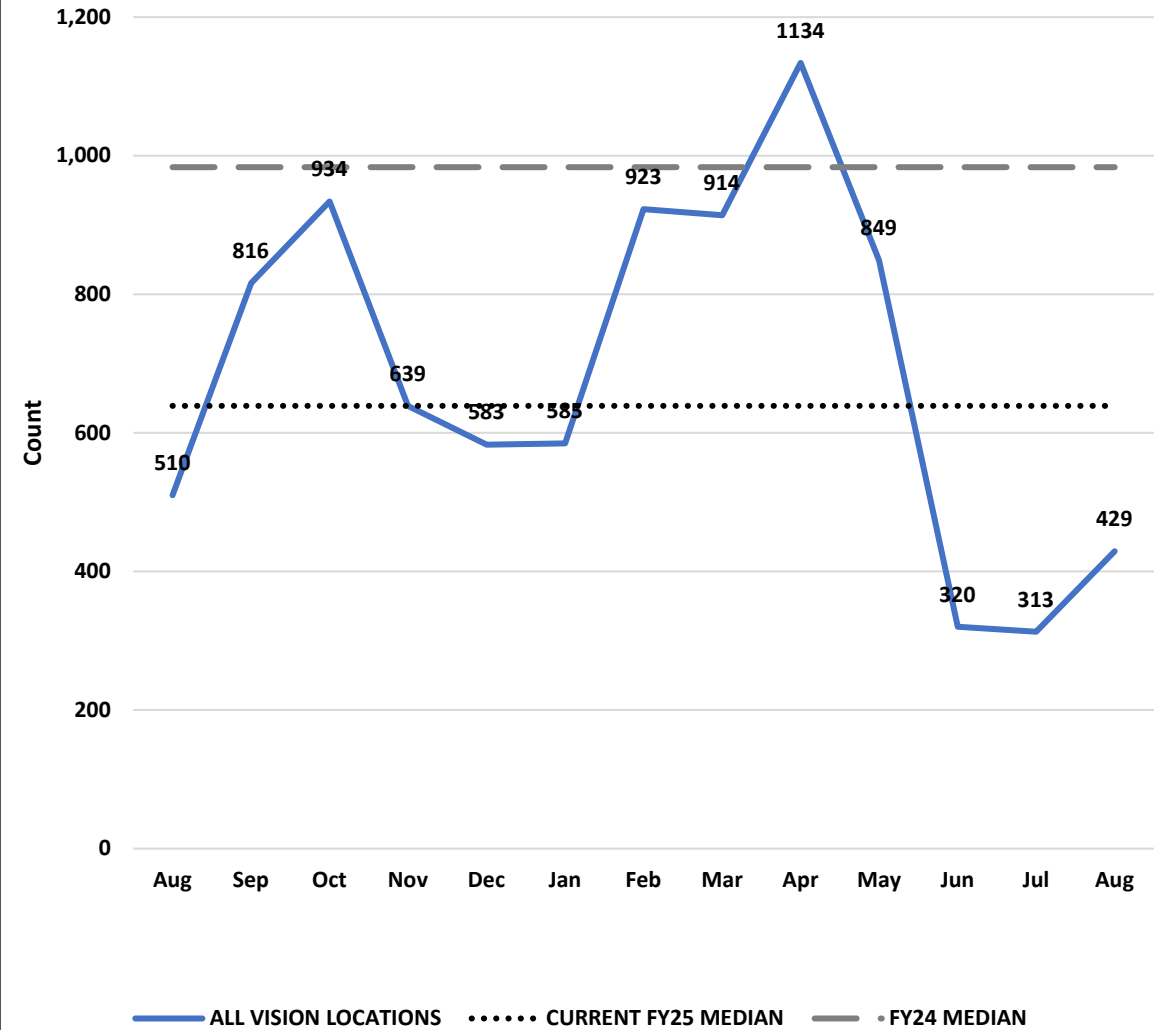


# **School Based Health Centers**

### SBHC VISITS - ALL LOCATIONS



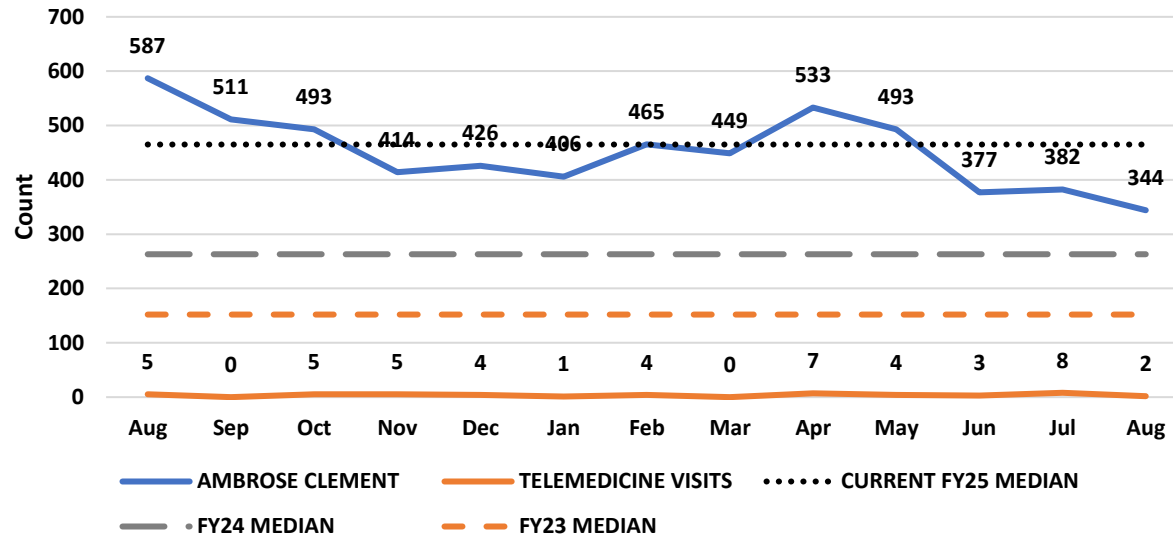
### VISION VISITS - ALL LOCATIONS



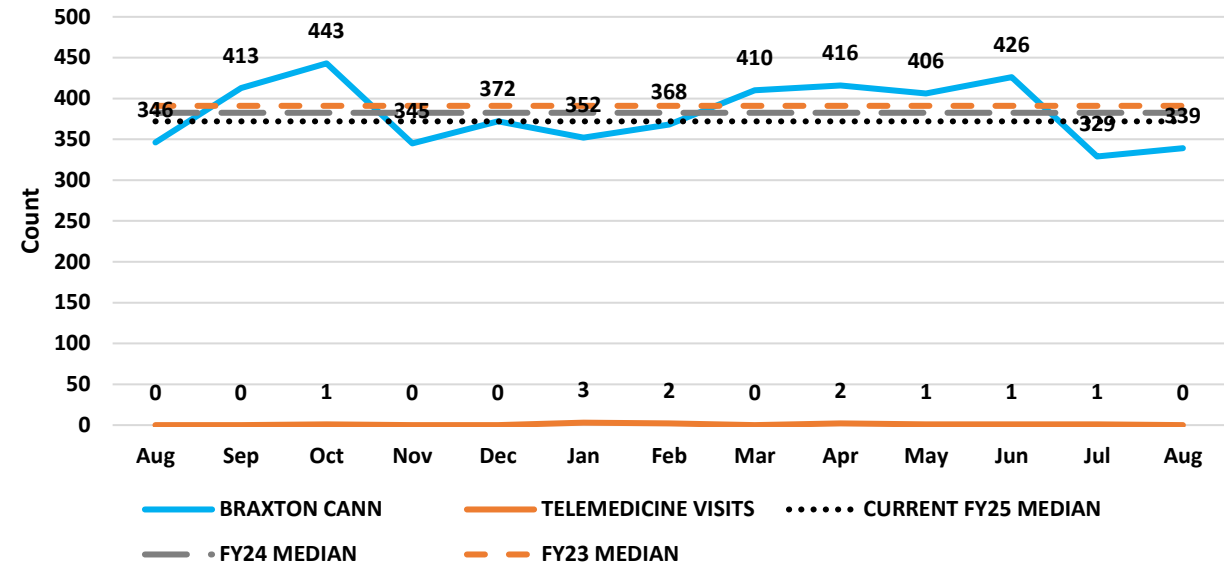
# **Supplemental Slides**

# VISITS

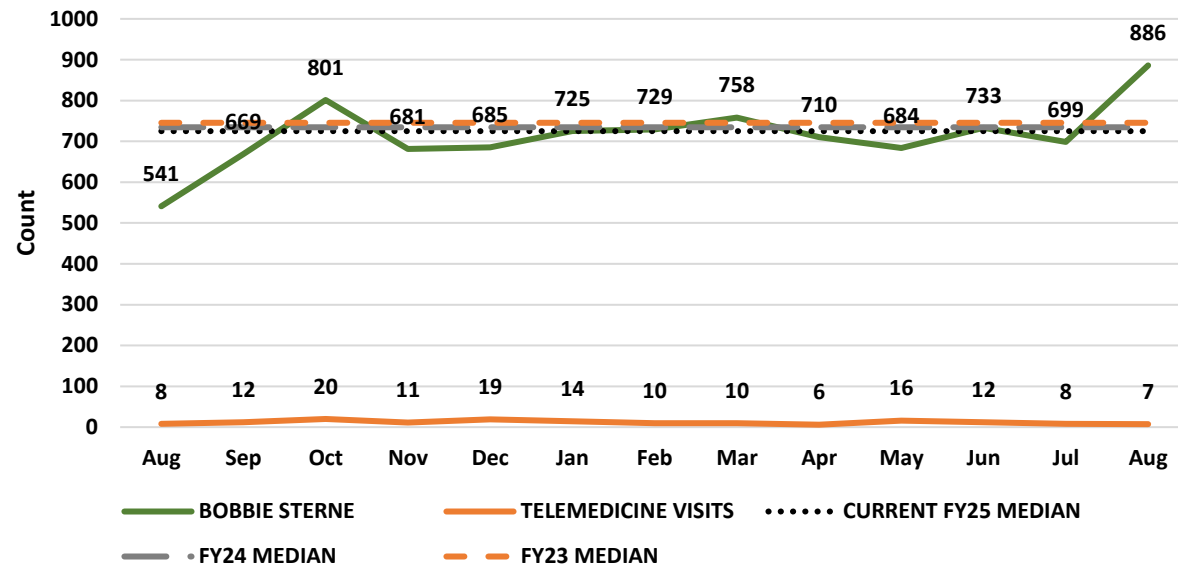
## AMBROSE



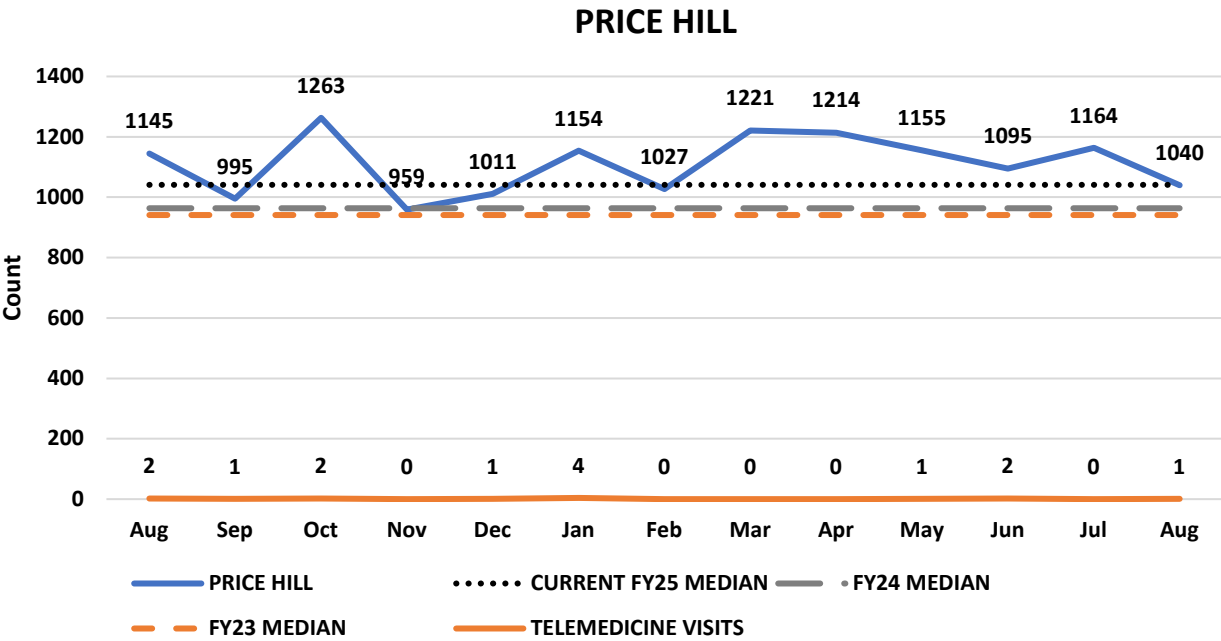
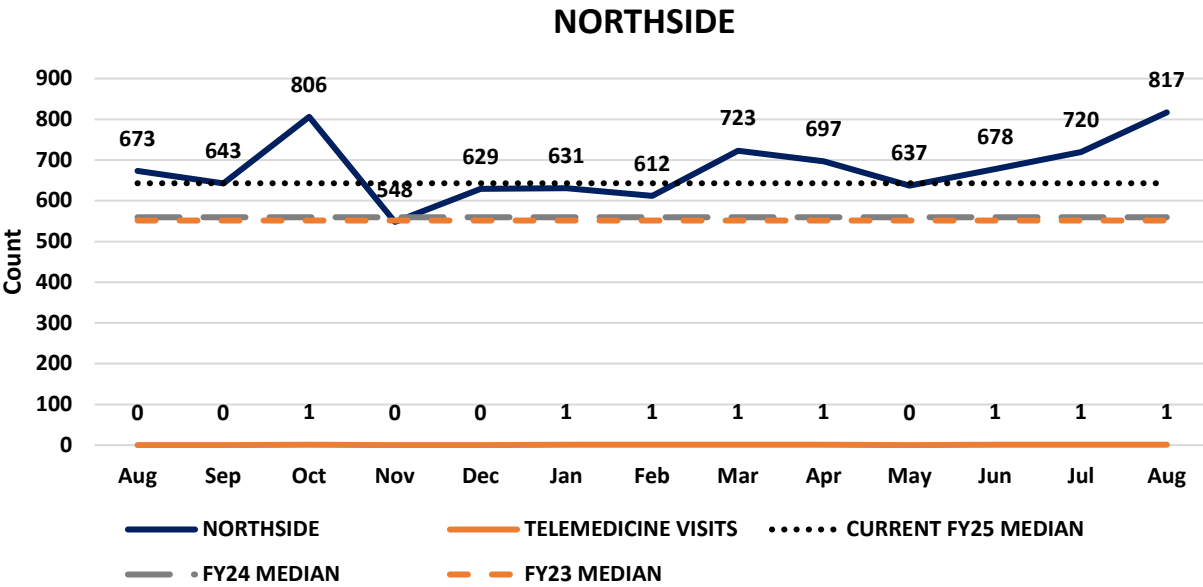
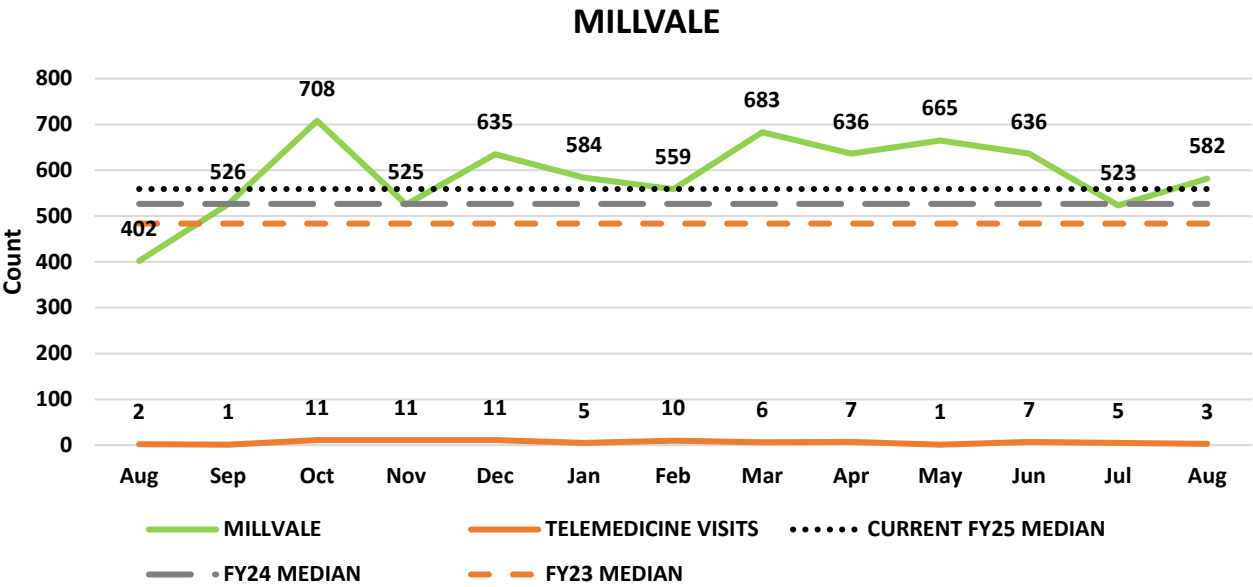
## BRAXTON CANN



## BOBBIE STERNE

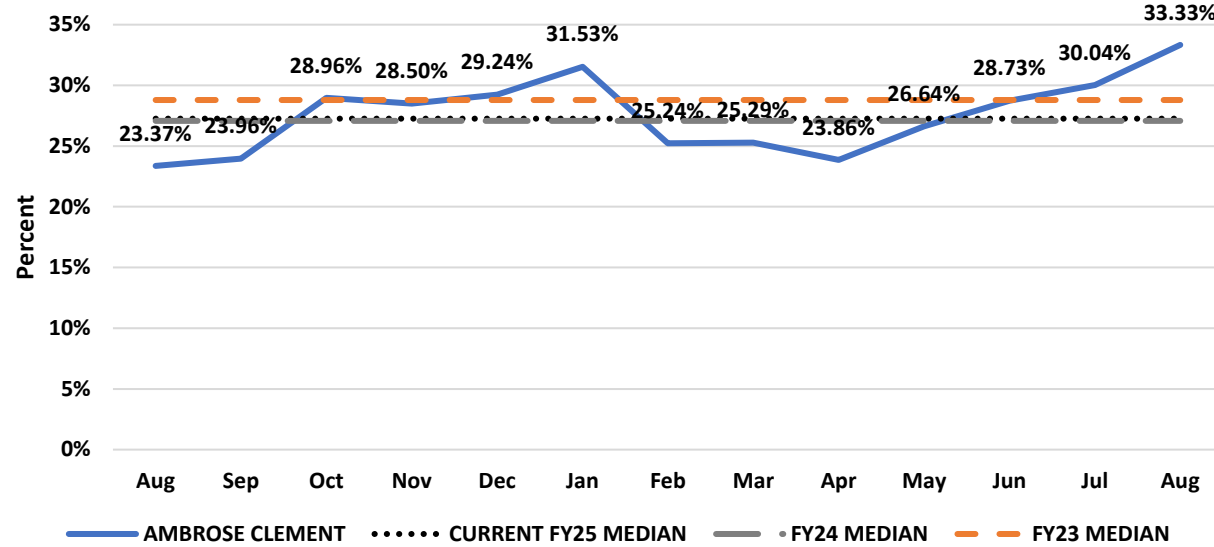


VISITS

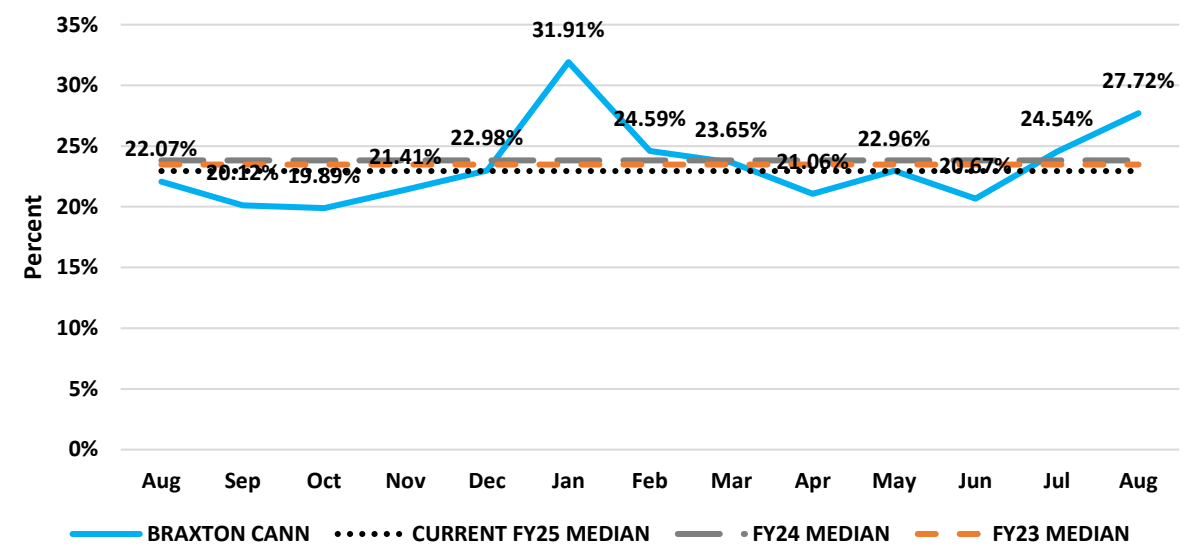


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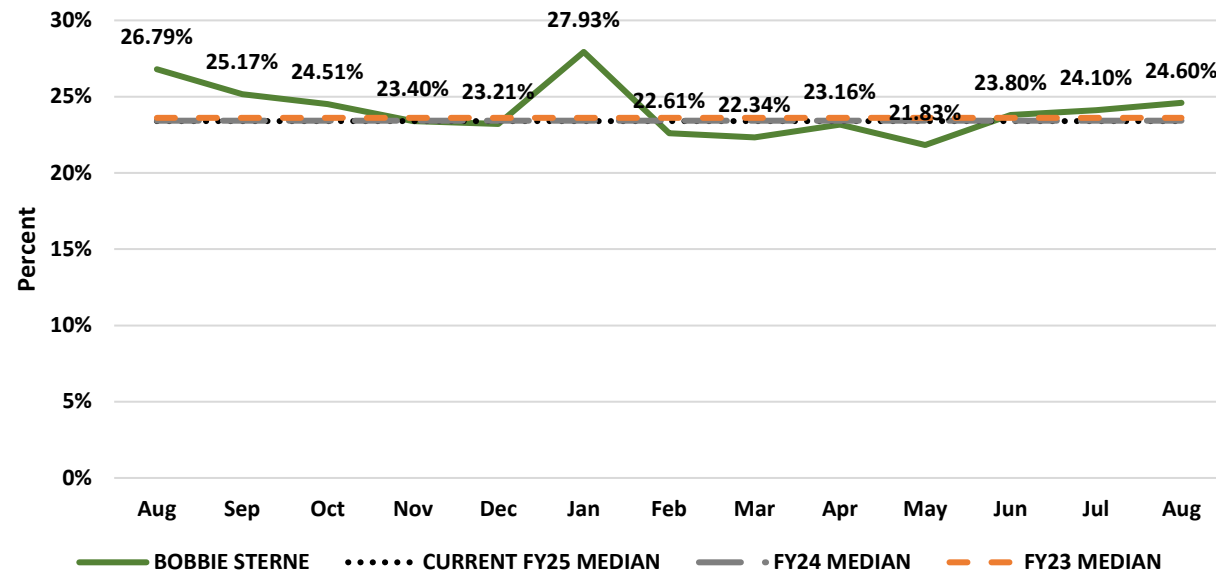
## AMBROSE



## BRAXTON CANN

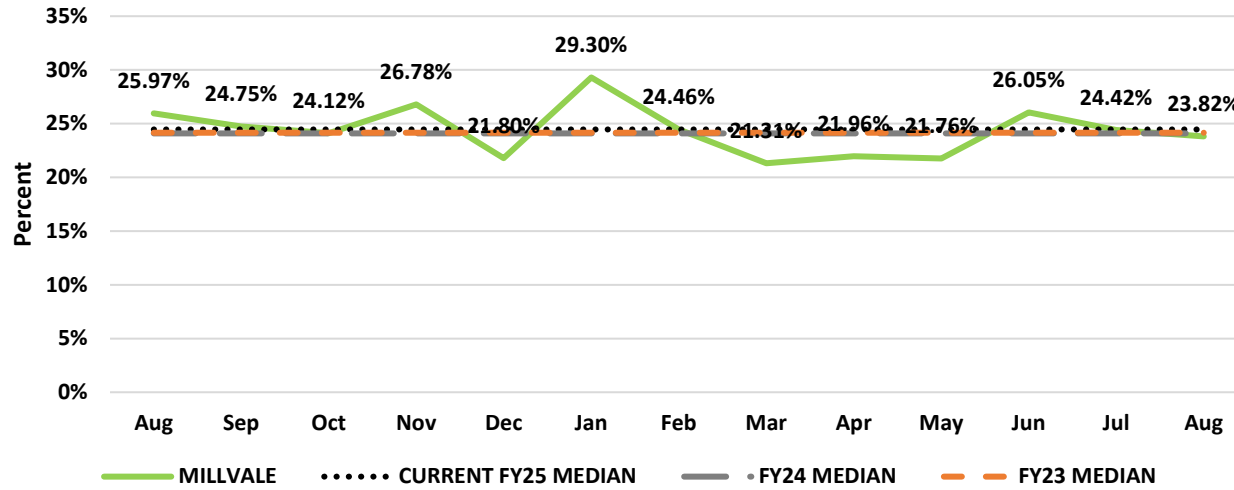


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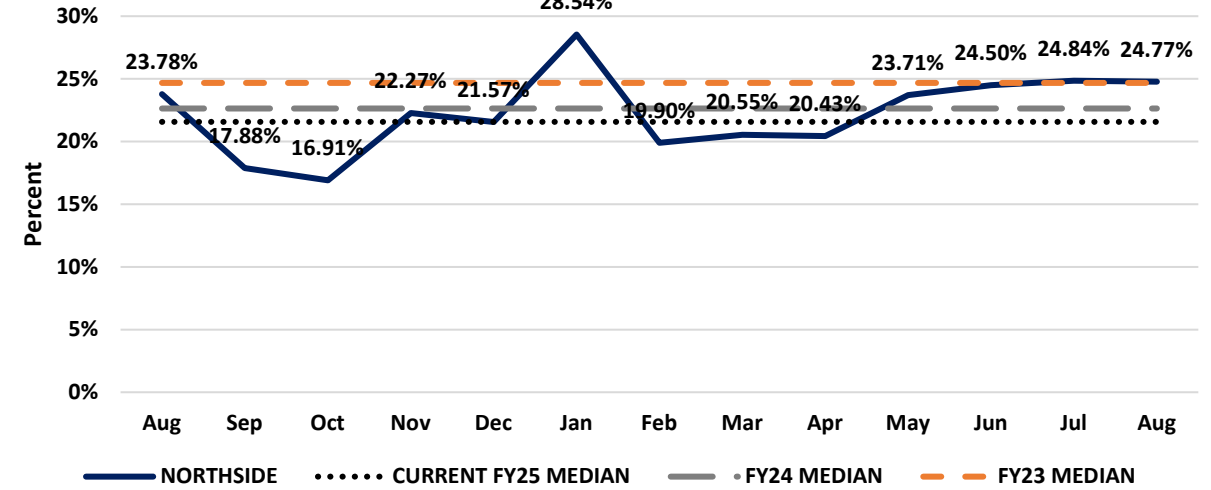


# NO SHOW PERCENT

## MILLVALE



## NORTHSIDE



## PRICE HILL

