



City of Cincinnati Primary Care Board of Governors Meeting

March 11, 2026

Agenda

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

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

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

6:05 pm – 6:10 pm **Vote: Motion to approve the Minutes from February 11, 2026, CCPC Board Meeting.**

Executive Committee

6:10 pm – 6:20 pm CCPC Upcoming Board Officer Elections & Nominations – **document**

6:20 pm – 6:25 pm Introduction of New Board Member Prospects: Ms. Deidre Beluan, Ms. Michelle Burns, Mr. Timothy Collier – **document**

- **Vote: Motion to approve Ms. Deidre Beluan, Ms. Michelle Burns, Mr. Timothy Collier as members of the CCPC Board**

6:25 pm – 6:35 pm Updated Bylaw Review – **document**

Leadership Updates

6:35 pm – 6:45 pm Ms. Joyce Tate, Chief Executive Officer
CEO Report – **document**
Personnel Actions – **document**

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

New Business

6:55 pm – 7:00 pm Comments

7:00 pm Adjourn

Documents in the Packet but not presented.

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

Next Meeting – April 15, 2026

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

CCPC Board of Governors Meeting Minutes

Wednesday, February 11, 2026

Call to order at 6:00 pm

Roll Call

CCPC Board members present – Mr. Robert Cummings, Ms. Alexius Golden Cook, Dr. Angelica Hardee, Dr. Camille Jones, Mr. John Kachuba, Dr. Philip Lichtenstein, Ms. Debra Sellers, Dr. Bernard Young

CCPC Board members absent – Ms. Renu Bakhshi, Ms. Luz Schemmel, Ms. Jen Straw, Ms. Erica White-Johnson

Others present – Ms. Sa-Leemah Cunningham, Ms. Joyce Tate, Mr. Mark Menkhaus Jr., Dr. Geneva Goode, Mr. David Miller, Dr. Nick Taylor, Dr. Michelle Daniels, Ms., Angela Mullins, Ms, Marla Fuller, Ms. LaSheena White, Ms. Courthney Calvin

Board Documents:

[CCPC-Board-Meeting-Agenda-Packet 2.11.2026.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	Motion: The City of Cincinnati Primary Care for January 14, 2026, CCPC Board Meeting. <i>(Ms. Hardee joined meeting after this vote)</i>	M: Dr. Phil Lichtenstein 2nd: Dr. Camille Jones Action: 7-0 Passed	Mr. John Kachuba
April Board Meeting Date Change	Mr. Kachuba informed the Board that he would be out of the country for approximately 12 days during the time of the scheduled April Board meeting. Due to the importance of the April meeting, which will include the annual election of executive officers and discussion of potential new board members for the CCPC Board, he requested that the meeting be moved from the originally scheduled date of April 8 to Wednesday, April 15 at 6:00 PM. He asked if any Board members opposed the proposed change. Hearing no objections, Mr. Kachuba announced that the April meeting would be rescheduled to April 15 at 6:00 PM for that month only and thanked the Board for their consideration.	N/a	Mr. John Kachuba
Old Business			
CEO Update	Ms. Tate gave her CEO Update and shared the latest CHD Personnel Actions with the Board. CEO update Memo was included in the agenda packet.	n/a	Ms. Joyce Tate

Federal Funding Update

- Ms. Tate reported that the health center program recently faced uncertainty regarding federal funding due to congressional budget negotiations. Congress reached a decision that prevented a government shutdown and reauthorized funding for the community health center program. Although the increase may not fully meet the needs of health centers, particularly those working on facility improvements and expansions, Ms. Tate noted that it represents the first funding increase in approximately ten years, which is a positive development for community health centers nationwide.
- Ms. Tate expressed appreciation to Board members for their advocacy efforts, including outreach to congressional leadership and support for protecting the 340B program and other critical initiatives impacting health centers.

Base Grant Funding

- Ms. Tate noted that the organization’s HRSA grant is currently just over \$3 million, following the removal of a sub-recipient grantee. While the funding is helpful, she explained that the organization serves over 40,000 patients in the Cincinnati area, and leadership will continue to monitor opportunities for additional base funding increases. Any updates related to funding will be shared with the Board.

340B Program Update

- Ms. Tate shared that there is significant attention surrounding the 340B rebate model, which has placed operational and financial challenges on health centers. She reported that the issue has been sent back to the U.S. Department of Health and Human Services (HHS) for further review and revisions. Ms. Tate stated that the outcome is still uncertain, but leadership will continue to monitor developments closely.

Federal Site Visit and HRSA Project Officer

- Ms. Tate informed the Board that the organization anticipates a federal HRSA site visit later in the year. She also reported that HRSA has returned to the project officer model, replacing the “program specialist” structure previously implemented. A new HRSA Project Officer has been assigned, and an introductory meeting with health center leadership is scheduled for February 19.

Board User Requirement Reminder

- Ms. Tate reminded Board members who qualify as user members to continue utilizing services at the health centers. She noted that site reviewers evaluate Board composition, including confirmation that user members are actively receiving services from the health center.

Bylaws Update

- Ms. Tate reported that Ms. Cunningham is coordinating with Ian on updates to the Board bylaws. The final draft will be distributed to Board members and presented at the March Board meeting for discussion and approval.

Capital and Facility Projects

Ms. Tate provided updates on several ongoing facility projects:

- **Avondale Ambrose Dental Center** – The team is currently submitting bids and soliciting contractors for renovation and construction work. Leadership is also working with the City’s Legal Department to finalize the lease agreement for the facility.
- Additional projects include:
 - Crest Health Center relocation renovations.
 - Price Hill lobby renovations
 - Northside Health Center expansion and upgrades
- Ms. Tate noted that once plans are finalized, Dr. Goode and Mr. Miller will provide the Board with a more detailed presentation.

Inclement Weather Planning

- Ms. Tate reported that recent severe winter weather created operational challenges across clinic sites. In response, leadership is developing standard operating procedures for inclement weather, **particularly for** school-based health centers. These procedures will align with City of Cincinnati policies and Administrative Regulation 76, as well as Human Resources guidelines.

340B and Pharmacy Update – Mr. David Miller

- **340B National Updates**
 - Mr. Miller confirmed Ms. Tate’s comments regarding the recent court ruling affecting the 340B rebate model, noting that many organizations are currently in a “wait-and-see” period as HHS determines next steps. Based on discussions with the National Association of Community Health Centers (NACHC), he stated that a new rebate-related program could emerge within the next six months to a year.
- **Inflation Reduction Act Drug Monitoring**
 - Mr. Miller reported that he has been closely monitoring 340B-related drug pricing changes connected to the Inflation Reduction Act through the Medicare portal. Currently, the organization is receiving the appropriate reimbursements, and NACHC has advised health centers to monitor the process without excessive micromanagement.
- **Contract Pharmacy Legislation**
 - Mr. Miller highlighted state-level legislative efforts regarding restrictions placed by pharmaceutical manufacturers on contract pharmacies such as Walgreens and CVS. Several states, including Arkansas and Massachusetts—have already passed legislation restoring health centers’ ability to utilize contract pharmacy revenue.
 - He encouraged Board members to **support similar legislation in Ohio if**

	<p>opportunities arise, noting that contract pharmacy access:</p> <ul style="list-style-type: none"> ▪ Improves patient access to medications, particularly outside normal clinic hours. ▪ Supports patients with transportation limitations. ▪ Helps restore financial resources lost due to manufacturer restrictions. <ul style="list-style-type: none"> ○ Mr. Miller noted that he and Ms. Tate had previously met with a local state senator to discuss the issue and advocate policy changes. <ul style="list-style-type: none"> • Eli Lilly 340B Reporting Requirement <ul style="list-style-type: none"> ○ Mr. Miller also reported a new reporting requirement from Eli Lilly, effective February 1, requiring clinical pharmacies to submit documentation through the 340B ESP platform. Health centers must now upload rebate-related documentation within 45 days to demonstrate compliance with the manufacturer’s requirements. ○ Mr. Miller stated that the organization had already enrolled on the platform last year in anticipation of such requirements and does not expect any operational issues. He confirmed that the pharmacy IT staff are actively managing the reporting process and ensuring compliance. <p>Personnel Updates</p> <ul style="list-style-type: none"> • Ms. Tate discussed the CCPC New Hires <ul style="list-style-type: none"> ○ Grace Bierman – Dietetic Technician ○ Keyara Green – Dental Assistant ○ Edna Nicholson – Caseworker Associate • Ms. Tate announced one CCPC Promotion <ul style="list-style-type: none"> ○ William Robb – Public Health Nurse 3 <p><u>Q&A</u></p> <ul style="list-style-type: none"> • No additional comments from the board 		
<p>2026 Sliding Scale Fee Policy</p>	<p>Ms. Tate presented the annual update to the Sliding Fee scale to the board for approval.</p> <p>Documents were included in the Agenda Packet</p>	<p>M: Dr. Camille Jones 2nd: Ms. Debra Sellers Action: 8-0 Passed</p>	<p>Ms. Joyce Tate</p>

	<ul style="list-style-type: none"> • The sliding fee scale is based on federal poverty guidelines; allows patients to pay based on income and family size. • Ms. Tate requested approval to begin using the 2026 scale. <p>Vote: Motion to approve the 2026 Sliding Fee Discount Policy.</p>		
<p>2025 Annual Risk Management Presentation</p>	<p>An attached Presentation was included in the agenda packet.</p> <ul style="list-style-type: none"> • Ms. Angela Mullins Presented the 2025 annual risk management report, detailing incidents, corrective actions, and achievements. • Ms. Mullins shared the annual HERSA-required report summarizing: <ul style="list-style-type: none"> ○ Completed assessments. ○ Reported events/incidents. ○ Corrective actions taken. ○ Achievements and ongoing improvements • Ms. Mullins Emphasized that the report reflects a continuous improvement process, aiming for year-over-year enhancements. <p>Training Overview (2025):</p> <ul style="list-style-type: none"> • Ms. Mullins Reviewed the 2025 staff training plan. • She noted updates to the report since packet distribution, including additional OB training: <ul style="list-style-type: none"> ○ Early Pregnancy Bleeding Overview ○ Caring for Patients Post-Cesarean Section ○ Maternal Hypertension/Preeclampsia in the ED <p>Claims Reporting:</p> <ul style="list-style-type: none"> • No documented claims were reported for 2025. <p>Event Data Overview:</p> <ul style="list-style-type: none"> • Ms. Mullins discussed the annual event graph. • She explained peaks in events that occurred in May and July, mostly due to 911 calls. • She clarified that a high number of events indicate staff feel comfortable reporting incidents, which is critical for quality improvement. <p>New Heat Map & Risk Rating System (2025):</p> <ul style="list-style-type: none"> • Ms. Mullins introduced a heat map for clinical safety events. • Leadership team reviews, scores, and rates events based on likelihood of future occurrence. • Ms. Mullins explained that 911 calls ranked high due to the level of care required. <p>Updated Incident Categories & Electronic Reporting:</p> <ul style="list-style-type: none"> • Ms. Mullins discussed the Implemented electronic incident/safety event reporting platform. 	<p>M: 2nd: Action: 7-0 Passed</p>	<p>Ms. Angela Mullins</p>

	<ul style="list-style-type: none"> • Updated categories for granularity, including “Safety” and “Near Miss” events. <ul style="list-style-type: none"> ○ Example of near miss: slip without actual fall. <p>Risk Categorization:</p> <ul style="list-style-type: none"> • Red: high severity and likelihood (requires close attention) • Yellow: moderate concern • Green: minimal risk, minimal attention required <p>Multi-Year Event Reporting:</p> <ul style="list-style-type: none"> • Compared data across several years to identify trends and site-specific activity. • Ms. Mullins noted slight increase at Bobbie Sterne site, primarily related to 911 calls. • Ongoing improvements are highlighted in initiative-taking clinical safety approach. <p>Audits and Risk Areas:</p> <ul style="list-style-type: none"> • HIPAA audits and initiative-taking monitoring emphasized. • Conducted specific audits in response to frequent 911 calls: <ul style="list-style-type: none"> ○ Oxygen cylinder management ○ Sterilization processes ○ Infection control <p>2025 Goals & Outcomes:</p> <ul style="list-style-type: none"> • Completed goals: <ul style="list-style-type: none"> ○ Implementation of electronic event reporting system ○ Inclusion of OB and Dental training ○ Continued improvement of risk assessments and audits <p>2026 Plans:</p> <ul style="list-style-type: none"> • Enhance electronic reporting system for increased efficiency. • Streamline staff education and training due to busy clinical schedules. • Continue improvement of risk assessment processes. <p>Ms. Mullins concluded her report, noting commitment to ongoing improvements and continuous monitoring of clinical risk management practices.</p> <p>Q&A</p> <ul style="list-style-type: none"> • Dr. Young asked Ms. Mullins to provide an example of a HIPAA incident. <ul style="list-style-type: none"> ○ Ms. Mullins explained that a common example of a HIPAA incident occurs when a patient 		
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	<p>receives another patient’s After Visit Summary by mistake. She noted that this type of error happens more frequently than they would prefer.</p> <ul style="list-style-type: none"> ○ She also provided another example, stating that a patient may receive mail intended for a different patient, which would also constitute a HIPAA incident. ○ Ms. Mullins asked Dr. Young if those examples were helpful or if he would like her to provide additional examples. <p>Vote: Motion to Approve the 2025 Risk Management Presentation.</p>		
<p>Finance Update</p>	<p>Mr. Mark Menkhaus Jr. reviewed the financial data variance between FY25 and FY26 for the month of December 2025.</p> <ul style="list-style-type: none"> • Please see the memo and presentation included the agenda packet. <p>Highlights</p> <ul style="list-style-type: none"> • Mr. Menkhaus reviewed the pharmacy profit and loss table, noting that it was recently added to the board packet for improved financial visibility. <ul style="list-style-type: none"> ○ Fiscal Year (FY) 2026 figures reflect the first six months of the fiscal year, while FY 2025, FY 2024, and FY 2023 represent full-year totals. ○ Pharmacy revenue has reached \$3.2 million, which already exceeds the halfway point of prior years’ totals. ○ Pharmacy expenses have also increased due to the purchase and dispensing of a higher volume of specialty drugs. ○ Mr. Menkhaus emphasized the importance of monitoring pharmacy performance, particularly given ongoing discussions about potential changes to the 340B program. • Revenue increased by 55%. <ul style="list-style-type: none"> ○ Self-paid patients increased by 14.23%. ○ Medicare increased by 14.76%. ○ Medicaid increased by 340.76%. ○ Private Pay increased by 13.77%. ○ Medicaid managed care increased by 53.20%. ○ 416—Offset increased by 27.49%. • Expenses increased by 8.09%. <ul style="list-style-type: none"> ○ Personnel expenses increased by 12.51%. ○ Material expenses increased by 19.09%. ○ Contractual Costs decreased by 6.53%. ○ Fixed costs decreased 9.22%. ○ Fringes increased by 9.15%. • Net Gain was \$4,282,831; it increased by 254.81%. • Invoices greater than 90 days were at 26%; (below 20% is the goal). 	<p>n/a</p>	<p>Mr. Mark Menkhaus Jr.</p>

	<ul style="list-style-type: none"> • Invoices greater than 120 days were 19% (below 10% is the goal). • Average Days in Accounts receivable were 36.5 days. • No additional commentary from the board 		
<i>New Business</i>			
Public Comments	<ul style="list-style-type: none"> • No Public Comments. 	n/a	Mr. John Kachuba
Documents in the Packet but not presented.	<ul style="list-style-type: none"> • Efficiency Update was included in the packet. 	n/a	n/a

Meeting adjourned: 7:00 pm

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

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

Date: 2/11/2026
Clerk, CCPC Board of Governors

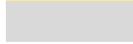
Date: 2/11/2026
Mr. John Kachuba, Board Chair

CCPC Board of Governors

Cincinnati Health Department

February 11, 2026

Board Members	Roll Call	Approve minutes from 1.14.2026	Approval of sliding scale fee policy	Approve 2025 Annual risk management report
Ms. Renu Bakhshi				
Mr. Robert Cummings	X			
Ms. Alexius Golden Cook	X			
Dr. Angelica Hardee	X			
Dr. Camille Jones	X	2nd	M	2nd
Mr. John Kachuba	X			
Dr. Philip Lichtenstein	X	M		M
Ms. Luz Schemmel				
Ms. Debra Sellers	X		2nd	
Ms. Jen Straw				
Ms Erica White-Johnson				
Dr. Bernard Young	X			
Motion Result:	Quorum	Passed	Passed	Passed

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

STAFF/Attendees

Sa-Leemah Cunningham (clerk)	X
Joyce Tate, CEO	X
Geneva Goode, DNP	X
Mark Menkhaus Jr	X
Nick Taylor, MD	X
David Miller	X
Michelle Daniels, DNP	X
Angela Mullins	X
Marla Fuller	X
LaSheena White	X
Courthney Calvin	X

CCPC Board members eligible for CCPC Elections March 2026

Name	Term
Mr. Robert Cummings	1 st Term
Mr. John Kachuba	1 st Term
Dr. Phil Lichtenstein	2 nd Term
Ms. Luz Schemmel	2 nd Term
Ms. Debra Sellers	2 nd Term
Ms. Jen Straw	2 nd Term
Ms. Erica White-Johnson	2 nd Term
Dr. Bernard Young	2 nd Term

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

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

April CCPC Positions

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

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

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

March 11, 2026

To: City of Cincinnati of Cincinnati Primary Care
From: Ms. Joyce Tate-CCPC CEO and Mr. John Kachuba-CCPC Board Chair
Re: Recommendation – Board Members

Ms. Tate and Mr. Kachuba would like to submit the following recommendations to be presented at the March board meeting of additional board members. The following candidates have applied to serve and have spoken to the board chair and CEO. The recommendations are as follows:

Ms. Deidre Beluan - Ms. Beluan is the Chief Executive Officer of The Health Collaborative and brings extensive experience in population health, care coordination, and health system integration. She has previously held leadership roles with Lumeris/TriHealth, United Way, and Bon Secours Mercy Health, and currently serves on the boards of Health Care Access Now and Hospice of Cincinnati. Ms. Beluan is deeply committed to equitable health care delivery and recognizes the critical role community health centers play as safety net providers. She is interested in serving on the CCPC Board to contribute her expertise and help strengthen this important community asset while supporting policies that ensure access to quality care for the community. **We recommend her approval to the CCPC board to fill one of the vacant positions.**

Mr. Timothy Collier -- Mr. Collier is a Registered Nurse with over 42 years of experience at UC Health/University of Cincinnati Medical Center, where he currently serves in Cardiac Services/Step Down. He holds a bachelor's degree and maintains cardiac certification, bringing extensive clinical knowledge and patient care expertise to his work. Mr. Collier has demonstrated strong leadership through his previous service as both Chair and Vice Chair of the City of Cincinnati Primary Care (CCPC) Board of Governors and the Cincinnati Board of Health, as well as serving as a board member for Women Helping Women. His commitment to community health and his desire to positively impact on the city's most vulnerable residents make him a valuable voice in advancing the mission of CCPC. With Mr. Collier's robust past and current experience, **we would like to recommend his approval to the CCPC board to fill one of the vacant positions.**

Ms. Michelle Burns— Ms. Burns brings extensive administrative and public service experience, including many years with the Cincinnati Health Department where she served as a Human Resources Administrative Specialist prior to her retirement. She currently works as a Receptionist at TriHealth—Good Samaritan College of Nursing & Health Sciences and holds an Associate of Applied Business degree and a Notary Public designation. Ms. Burns previously served on the City of Cincinnati Primary Care (CCPC) Board of Governors from April 2019 to March 2025, where she held leadership roles as Vice Chair and Personnel Committee Chair. She is currently serving as a Director with the Cincinnati Municipal Retirement Association. Ms. Burns is passionate about ensuring that the Cincinnati Health Department continues to provide comprehensive, high-quality care to residents and believes her past board experience and commitment to the community will allow her to continue making a meaningful contribution to the mission of CCPC. **We recommend her approval to the CCPC board to fill one of the vacant positions.**

Please approve the above recommendation to be presented to the full board at the March meeting and installed and sworn-in by for the April 2026 meeting.

BYLAWS

CITY OF CINCINNATI PRIMARY CARE GOVERNING BOARD

Adopted: March 14, 2008

Last Modified:

ARTICLE I – NAME

The name of this Board shall be the City of Cincinnati Primary Care (“CCPC”) Governing Board (hereinafter, “Governing Board”).

ARTICLE II – PURPOSE

The Governing Board is an unincorporated public entity governing board that will serve as the co-applicant with the City of Cincinnati, Ohio (“City”) acting through the Cincinnati Board of Health (“Board of Health”), an independent board of the City of Cincinnati pursuant to Article VII, Section 11 of the Charter of the City of Cincinnati, in connection with Federally Qualified Health Center (“FQHC”) designation for certain health centers located in the City and operated by the Cincinnati Health Department (“CHD”). As such, it is intended that the Governing Board, and its relationship with the City, be established and implemented consistent with federal statutes, regulations, rules, guidelines and other FQHC requirements, including without limitation Policy Information Notices issued by the Health Resources and Services Administration, Public Health Service, U.S. Department of Health and Human Services (“HRSA”), all as may be amended from time to time (collectively, the “FQHC Requirements”).

The Governing Board will assist the City, the Council of the City of Cincinnati (hereinafter “City Council”), the Board of Health, and CHD to implement health services for City residents through a network of FQHCs known as CCPC. These services represent a significant effort by the City to ensure that low-income City residents have access to an organized and coordinated system of health care, and to ensure that City residents have adequate access to primary care and preventive health programs and services. The Governing Board, the City Council, and the Board of Health shall support and guide the Health Center¹ in its mission: to provide comprehensive, culturally competent, and quality healthcare for all.

ARTICLE III – BOARD OBJECTIVES

The Governing Board shall have the following objectives, all to be implemented through CCPC:

¹ References in these Bylaws to “Health Center” or “Health Center Program” mean all operations and activity under the federally approved scope of project, including the CCPC and its Governing Board as well as the cooperating/ participating public entity, the City of Cincinnati and the Board of Health.

- A. To arrange for the provision of comprehensive preventive and primary care services to residents of the medically underserved areas of the City.
- B. To increase the accessibility of preventive and primary care services to uninsured and underinsured population groups, which experience a shortage of primary care.
- C. To ensure that CCPC provides high quality preventive and primary care services.
- D. To develop an integrated preventive and primary care program to provide a safety net along with other community health resources, including ongoing public health services.
- E. To support the Board of Health’s objective of ensuring that all City residents have access to an organized and coordinated system of health care.
- F. To support the Board of Health in its efforts to make organized and coordinated primary and preventive health programs and services (such as well child, family planning, HIV and sexually transmitted disease prevention, diagnosis and treatment, cancer screening, and immunizations) available to the general population and especially to at-risk subgroups, including women in childbearing years, children, and racial and ethnic minorities.

ARTICLE IV – GENERAL BOARD POWERS AND DUTIES

The business and affairs of CCPC shall be managed under the direction and control of the Governing Board, and the Governing Board shall have full power and authority to oversee and provide policy direction regarding the affairs of CCPC in those areas delineated in any written agreement in effect between CCPC and the Board of Health. In exercising this power, the Governing Board may take any action that is consistent with the following: any such agreements with the Board of Health; these Bylaws; and federal, state, and local law, including without limitation, the FQHC Requirements. Subject to the provisions of Articles V, IX, and XI of these Bylaws, the Governing Board shall be responsible for:

- A. Attending to any matter that it determines is in the best interest of CCPC and ensures achievement of the purposes and objectives of CCPC;
- B. Hiring, annually evaluating, and if necessary dismissing the Executive Director in accordance with Articles V, IX, and XI of these Bylaws;
- C. Approving, within appropriations available for such purposes, the budget for operations of the FQHCs, and developing financial priorities and strategies for major resource utilization, in accordance with Articles V and XI of these Bylaws;
- D. Periodically reporting to the Board of Health regarding the CCPC utilization, productivity, and patient satisfaction;
- E. Evaluating CCPC activities, including, without limitation, service utilization patterns, productivity, patient satisfaction, achievement of project objectives and developing a process for hearing and resolving patient grievances;

- F. Conducting long-term strategic planning, including regularly updating the CCPC mission, goals, and plans, as appropriate;
- G. Ensuring that CCPC activities are conducted in compliance with applicable federal, state, and local laws and regulations, including without limitation the FQHC Requirements;
- H. Reviewing and adopting CCPC health care policies, including scope and availability of services, location and hours of services, and quality of care audit policies, including but not limited to identifying the services (including services beyond those required in law to be provided by the Health Center) to be delivered at each FQHC location and the hours during which such services are to be provided, in order to ensure responsiveness to the community's needs;
- I. Establishing general policies and procedures for the health centers that are consistent with Health Center Program and applicable grants management requirements, and adopting such other policies as are necessary and proper for the efficient and effective operations of the FQHCs;
- J. Evaluating CCPC achievements at least annually, and using the knowledge gained to revise its mission, goals, objectives, plans, and budgets as may be appropriate and necessary, and evaluating itself periodically for efficiency, effectiveness, and compliance with all the FQHC Requirements;
- K. Ensuring the new Governing Board members are oriented and trained regarding the duties and responsibilities of being a Governing Board member of an organization subject to FQHC Requirements and satisfying the educational and training needs of existing Governing Board members;
- L. Officially accepting the annual audit report and management letter performed by the State of Ohio Office of the Auditor or, if authorized by the State of Ohio Office of the Auditor, an independent auditor selected by the City in accordance with applicable state and federal audit requirements;
- M. Approving applications related to the Health Center Program, including any application for a Section 330 or other grant, FQHC recertification, and other HRSA requests regarding scope of project.

ARTICLE V – AUTHORITY OF CITY

The City, acting through City Council, shall maintain the authority to set general policy on fiscal and personnel matters pertaining to CCPC, policies related to financial management practices, charges and rate setting, labor relations, and conditions of employment. The CCPC may not adopt any policy or practice, or take any action, which is inconsistent with or which alters the scope of any policy set by the City Council on fiscal or personnel issues.

City Council is elected and operates under the provisions of Art. II of the Charter of the City of Cincinnati (the "Charter"). City Council has the responsibility to represent the City, and for the care and management of the business of the City, under the Charter. City Council has the

authority to establish rules and regulations in reference to the management of the interests and business concerns of the City as City Council considers necessary and proper in all matters not especially provided for by law, under Ohio Revised Code (“R.C.”) §701.05. Pursuant to R.C. §3709.05 and Art. VII, Sec. 11 of the Charter, City Council is required to provide for a City Board of Health to serve the needs of the community. The Cincinnati Board of Health is created by the Charter, and operates under the authority of the City of Cincinnati, according to the Charter, Art. VII, Sec. 11. The Cincinnati Board of Health, acting on behalf of the City, shall serve as the public entity applicant, together with the Governing Board as co-applicant, for FQHC Designation under Section 330 of the Public Health Service Act.

Nothing in these Bylaws or in any agreement with the City or Board of Health shall be interpreted to limit the Governing Board’s final authority over those matters required by Section 330 of the Public Health Service Act and applicable HRSA requirements.

ARTICLE VI – BOARD SIZE AND COMPOSITION

A. Number of Governing Board Members

The total number of voting board members of CCPC (“Board Members”) shall be not less than 9 and not more than 25.

B. Qualifications of Board Members

The Governing Board shall be comprised of individuals who reasonably represent the people and communities served by CCPC. To ensure the Governing Board is responsive to the needs of the communities CCPC serves, and that its composition is and will remain consistent with the FQHC Requirements, Board Members shall be selected for their dedication, special skills and expertise, and desire to assist the communities served by CCPC and improve the health service programs offered by CCPC. Governing Board Members must reside in Cincinnati and be at least 18 years of age at the time of election. Employees of the City of Cincinnati and members of their immediate families, including spouses, children, parents, brothers or sisters, whether by blood, marriage, or adoption, shall not be eligible to serve as Board Members.

C. Composition of the Governing Board

(i) User Members. A majority of the voting Board Members shall be individuals who are served by CCPC and who, as a group, reasonably represent the individuals served by CCPC in terms of demographic factors such as race, ethnicity, and gender (“Users”). Users are persons who have (a) used CCPC as their principal source of primary health care and (b) received at least one service in the past 24 months that generated a health center visit, where both the service and the site where the service was received are within the HRSA-approved scope of project. Under the FQHC Requirements, a legal guardian of a User who is a dependent child or adult, or a legal sponsor of an immigrant, is considered to be a User. User Members should live in the communities served by CCPC.

(ii) Non-User Members. No more than half of the Board Members may be individuals who do not use CCPC as their principal source of primary health care (“Non-User

Members”). Non-User Members shall be reasonably representative of the community served by CCPC and shall be selected for their expertise in and experience with health care delivery, community affairs, local government, finance and banking, legal affairs, trade unions and other commercial and industrial concerns, social services agencies within the community. Non-User Members should live or work in the communities served by CCPC. In no event shall more than one-half of the Non-User Members be individuals who derive more than ten percent (10%) of their annual income from the health care industry.

(iii) Ex-Officio Members. The CCPC Executive Director will serve as an ex-officio Board Member. Two additional ex-officio Non-User Board Members may be appointed by the Board of Health. In no event shall Board Members appointed by the Board of Health constitute a majority of the entire Governing Board or a majority of the Non-User Board Members. The Ex-officio Board Member will have no vote, and his or her presence at meetings will not count towards establishing a quorum as required in these Bylaws.

ARTICLE VII – GOVERNING BOARD MEMBERSHIP AND TERMS OF OFFICE

A. Board Appointments

Except for those Non-User Board Members appointed by the Board of Health, Board Members shall be elected by a majority vote of the Board Members present and voting at the annual meeting of the Governing Board. At any time, should the number of Board Members fall below the minimum nine (9) members, new Board Members shall be elected at the earliest regularly scheduled meeting of the Governing Board at which there is a quorum. In accordance with any policies adopted by the Governing Board, the Personnel Committee shall be responsible for identifying and screening qualified candidates to serve as Board Members and for recommending to the Governing Board such persons to be considered for election.

B. Terms of Office

Each Board Member shall serve a term of three (3) years starting on the day after he or she is elected and ending on the date of the third annual meeting of the Governing Board following his or her election. Board Members shall hold office until their resignation, removal, death or incapacity, or until the election of a qualified successor. Board Members may be re-elected at the end of their term, but in no instance shall a Board Member serve more than two (2) full consecutive terms unless at least one year has elapsed since the end of a Board Member’s second term, after which time the Board Member may be reappointed to one (1) additional new term. An individual may not serve for more than three (3) full terms on the Governing Board, excluding any unexpired terms filled pursuant to vacancy.

C. Censure and Removal

A Board Member who violates or fails to comply with these Bylaws, FQHC Policies, policies of the Board of Health, policies of the City, or the duties and responsibilities of a Board Member may be subject to censure by the Governing Board. Censure is a formal expression of disapproval and does not remove a Board Member from office, affect voting rights, or alter the Board Member’s status as a User or Non-User for purposes of board composition. Prior to any

vote on censure, the affected Board Member shall be provided reasonable notice of the alleged conduct and an opportunity to be heard. Censure may be imposed only by a majority vote of the Governing Board Members present at a meeting at which a quorum exists. Any review or recommendation by the Executive Committee shall be advisory only, and the Executive Committee shall have no authority to impose discipline.

Any Board Member may be removed by a majority vote of the Board Members present at a meeting of the Governing Board at which a quorum exists, if twenty (20) days' prior written notice of such proposed removal has been delivered to all Board Members then in office; provided, however, that if the Governing Board seeks removal of a Board Member who was appointed by the Board of Health, the Governing Board shall consult with the Board of Health prior to the meeting at which the removal vote will take place. The Board of Health may remove any Board Member it has appointed upon twenty (20) days' prior written notice to the Governing Board.

D. Vacancies and Resignations

All resignations from the Governing Board must be in writing and submitted to the Governing Board Chairperson at least thirty (30) days prior to effective date. Any vacancies occurring on the Governing Board, whether due to resignation or removal, may be filled at any time in the same manner as outlined in this Article VII, Section A. In the process of filling vacancies, the Governing Board shall extend its best efforts to maintain the Governing Board's composition of User and Non-User members, and shall ensure that Governing Board composition continues to meet FQHC Requirements. Any Board Member elected to fill a vacancy shall serve for the unexpired term of her/his predecessor in office, and such partial term shall not count against the term limits set forth above.

E. Compensation

Board Members shall serve without compensation. However, Board Members may be reimbursed for reasonable expenses that are actually incurred because of their service on the Governing Board and are directly related to the CCPC mission, when such expenses are funded in the budget and authorized by the Governing Board. Authorization is required before expenses are incurred.

ARTICLE VIII – MEETINGS AND VOTING

A. Annual Meeting

The annual meeting of the Governing Board shall be held in April at a location to be decided by the Governing Board.

B. Regular and Special Meetings

(i) Regular meetings of the Governing Board shall be held monthly at a time and place to be decided by the Governing Board. All regular meetings of the Governing Board shall be conducted in accordance with the Ohio Open Meetings Act, R.C. §121.22. The agenda of each meeting, as well as minutes from the previous Governing Board meeting, will be distributed

to the Board Members not later than two (2) business days prior to each meeting. The agenda may be modified by a majority vote of the Board Members present at the meeting.

(ii) Special meetings may be called by the Chairperson or by a majority of the members of the Governing Board, at such time and place as may be deemed necessary. All special meetings shall be conducted in accordance with the Ohio Open Meetings Act.

C. Notice of Special Meetings

Governing Board members shall be notified of the time, place, and purpose of all special meetings of the Governing Board at least two (2) days in advance by email, facsimile, U.S. mail, or hand delivery in person. Notices of special meetings of the Governing Board shall specify the business to be transacted at the special meeting, and no other business except that specified shall be considered at the special meeting.

D. Quorum

A majority of the total Governing Board members who are appointed and serving shall constitute a quorum for the transaction of business.

E. Voting

All questions shall be decided by majority vote of the Governing Board members present and voting at a meeting at which a quorum is present, except as may be provided by statute or these bylaws.

F. No Proxy Voting

An absent Governing Board member shall not be allowed to vote by proxy.

G. Books and Records

The Governing Board shall keep correct and complete minutes of its proceedings and its committees and a list of the names and addresses of its members and officers. Minutes shall be maintained by the CCPC c/o the Cincinnati Health Department at 3101 Burnet Avenue, Suite 125, Cincinnati Ohio 45229. Minutes shall be distributed to all Governing Board members by the Secretary of the Governing Board.

ARTICLE IX – OFFICERS, EXECUTIVE DIRECTOR, AND STAFF ASSISTANCE

A. Officers of Governing Board

(i) Governing Board. The officers of the Governing Board shall be the Chairperson, Vice-Chairperson and Secretary (“Officers”).

(ii) Election and Terms of Office. The Officers shall be elected by the Governing Board during the annual meeting and shall take office immediately after the annual meeting. A majority vote of the Governing Board members present and voting at the annual

meeting shall be necessary to elect an Officer. Terms of office shall be for one (1) year or until their successors are elected.

(iii) Experience Required. Any Board Member seeking election as an Officer of the Governing Board shall have served at least one (1) year as a non-office holding Board Member.

(iv) Removal. Any Officer elected by the Governing Board may be removed from their officer position by the Governing Board with two-thirds majority vote after twenty (20) days' notice and an opportunity to be heard.

(v) Vacancy. A replacement Board Member shall be selected to fulfill the unexpired term of an Officer not completing his or her term by a majority vote of the Governing Board at the next regular meeting after the vacancy or at a special meeting called for that purpose.

(vi) Chairperson. The Chairperson shall preside at all meetings of the Governing Board. The Chairperson shall make appointments to committees, with approval of a majority of Governing Board members. The Chairperson shall be kept advised of the affairs of the FQHCs and ensure that all directives and policies are carried into effect. The Chairperson shall perform such other duties as from time to time may be assigned by the Governing Board. Non-User Board Members appointed by the Board of Health are ineligible to serve as Chairperson.

(vii) Vice-Chairperson. The Vice-Chairperson shall perform the duties of the Chairperson in the absence of the Chairperson and shall perform such other duties as from time to time may be assigned by the Governing Board.

(viii) Secretary. The Secretary shall keep the minutes of all meetings of the Governing Board. The Secretary shall give notices of all meetings of the Governing Board in accordance with the provisions of these bylaws or as required by statute or resolution. The Secretary shall perform other duties as assigned from time to time by the Governing Board and shall serve as a backup to the CCPC Clerk, as necessary, to ensure the timely preparation, maintenance, and distribution of Governing Board records.

B. CCPC Executive Director

(i) CCPC Officer. The principal executive officer of CCPC shall be an Executive Director.

(ii) Appointment and Term of Office. The Governing Board shall select the Executive Director from a list of two or more candidates presented to the Governing Board by the Board of Health. This selection process will in all respects be implemented consistent with City Personnel Policies and Procedures and any written agreement between CCPC and the Board of Health. The Executive Director shall serve until resignation or removal.

(iii) Resignation and Removal. The Executive Director may resign at any time upon written notice to the Governing Board. The Governing Board may remove the Executive Director, with or without cause, by a two-thirds (2/3) vote of the Governing Board; provided, however, that: (1) prior to the meeting at which the removal vote will take place, the Governing Board must consult with the Board of Health regarding such removal; and (2) this removal process

will in all respects be implemented consistent with City Personnel Policies and Procedures. If the Executive Director violates City Personnel Policies and Procedures, the Board of Health may remove the Executive Director so long as it provides the Governing Board: (a) 14 days' prior written notice of any proposed removal action, which notice shall describe the reasons for removal; and (b) an opportunity to consult with the Board of Health regarding the proposed removal action prior to taking such action.

(iv) Vacancies. A vacancy due to death, resignation, removal, disqualification or otherwise, shall be filled in the same manner as provided in the case of the original appointment.

(v) Responsibilities and Powers of Officer. The Executive Director shall be the principal executive officer of CCPC and in general shall supervise and control the business and affairs of CCPC in accordance with any agreements between CCPC and the Board of Health. The Executive Director is responsible for the implementation of CCPC's mission and strategic plan; for the leadership, development, and quality of its programs; for its financial support and fiscal integrity; and for the creation and implementation of policies and initiatives that enable CCPC to effectively meet public health challenges of the communities served by CCPC. The Executive Director reports directly to the Governing Board.

C. Staff Assistance

The CCPC Executive Director shall ensure that administrative assistance, which may be supported by the Cincinnati Health Department if appropriate, is provided to the Governing Board and committee meetings and to the Chairperson in the performance of his/her Governing Board authorized duties.

ARTICLE X – COMMITTEES

A. *Ad hoc* Committees

The Governing Board may establish *ad hoc* committees as it deems necessary to carry out the purpose and objectives of the CCPC. The Chairperson may appoint Governing Board members to these committees, and shall also designate the chair of each *ad hoc* committee. Individuals who are not on the Governing Board may also serve on *ad hoc* committees. *Ad hoc* committees shall be advisory in nature.

B. Standing Committees. The Chairperson of the Governing Board shall appoint standing committee members from among Governing Board members, and shall also designate the chair of each standing committee, in each case with the concurrence of a majority of Governing Board members. The functions of the standing committees are advisory in nature. Any action or decision must be approved by the Governing Board. No committee or individual Board Member may decide any matter or action without specific Governing Board approval. The CCPC Executive Director shall be a non-voting member of all committees. All committee meeting must be held in compliance with the requirements of the Ohio Open Meetings Act, O.R.C. §121.22, the same as meetings of the full Governing Board must do. The following are the standing committees:

(i) Executive Committee. The Executive Committee will be comprised of the Chairperson, the Vice Chairperson, the Secretary, and the Immediate Past Chairperson. The Health Center Executive Director shall be an ex-officio, non-voting member of the committee. The Executive Committee shall convene as necessary and, consistent with Governing Board policies and under the direction of the full Governing Board, shall act for the Governing Board during the interim periods between meetings of the Governing Board. The Executive Committee shall be the only committee authorized to act on behalf of the Governing Board, and any actions taken by the Executive Committee shall be reported to and ratified by the full Governing Board at its next regular meeting. In no event shall Governing Board Members appointed by a third party (including, but not limited to, the Board of Health) serve as a majority of the members of the Executive Committee.

(ii) Finance Committee. A Finance Committee comprised of not more than four (4) Governing Board members shall meet annually to develop the recommended CCPC budget. The budget must be jointly approved by the Governing Board and the Board of Health. The Governing Board and the Board of Health must also approve any major change in the budget.

(iii) Planning and Development Committee. A Planning and Development Committee comprised of not more than four (4) Governing Board members shall be responsible for developing the goals and objectives of the CCPC, monitoring and evaluating implementation of these goals and objectives, and periodically reviewing the Governing Board's Bylaws. Additionally, this Committee will monitor local, state, and federal issues and regularly inform the Governing Board of these issues.

(iv) Personnel Committee. A Personnel Committee comprised of not more than four (4) Governing Board members shall meet at least twice per year to provide recommendations to the Governing Board regarding the performance evaluation of the CCPC Executive Director. The Personnel Committee shall also be responsible for recommending candidate Board Members to be elected at the Governing Board's annual meeting or elected to fill vacancies on the Governing Board that occur between annual meetings. Any member of the Governing Board may submit recommendations to the Personnel Committee, and the Personnel Committee may meet as needed to review such recommendations. The Personnel Committee shall determine its official recommendations by a majority vote of the Personnel Committee, and shall provide these recommendations to the Governing Board during the next Governing Board meeting.

(v) Clinical and Quality Assurance Committee. A Clinical and Quality Assurance Committee comprised of not more than four (4) Governing Board members shall be responsible for monitoring Health Center quality, for reviewing and recommending the approval of the annual quality assurance/quality improvement plan to the Governing Board, and for monitoring the plan's implementation and results. This Committee will meet at least quarterly. In addition to the Governing Board committee members, the Clinical and Quality Assurance Committee shall include the CHD's Medical Director as an ex-officio, non-voting member.

C. General Committee Procedures

(i) Term. Each standing committee shall be appointed at the annual meeting of the Governing Board and shall serve for one (1) year. Committee chairpersons shall also serve for one (1) year.

(ii) Meeting Procedure. Every meeting of a standing committee of the Governing Board shall be called by its chairperson or by a majority of committee members. At the first annual meeting of a standing committee, a meeting schedule shall be determined. In the event that a special meeting is necessary, committee members shall be notified of the time, place, and purpose of the special committee meeting at least two (2) business days prior by facsimile, email, U.S. mail, or hand delivery in person. A quorum for the conduct of committee business shall require the presence of a majority of the committee members. Committee meetings of the Governing Board shall be conducted according to the Ohio Open Meetings Act, O.R.C. §121.22, so public notice of committee meetings must be provided and committee meetings must be open for members of the public to attend.

(iii) Membership. Only Governing Board members may be appointed to standing committees of the Governing Board. The Governing Board may request that non-Governing Board members attend Governing Board meetings to provide assistance or information.

(iv) Committee Voting. When a committee meets and votes on an issue, only members of that committee may vote. Committees are advisory in nature and all actions shall be forwarded for review and action to the full Governing Board.

ARTICLE XI – SPECIFIC RESPONSIBILITIES OF THE GOVERNING BOARD

A. Personnel Policies and Procedures

The Governing Board, through these Bylaws and its Co-Applicant Agreement with the Board of Health, shall be bound by City of Cincinnati Personnel Policies and Procedures, including complying with any collective bargaining agreements negotiated between the City and the legal representatives of City employees that apply to employees of the CCPC FQHCs. These agreements and policies include selection and dismissal procedures, performance appraisal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity and non-discrimination practices as established by the City Council and/or the Cincinnati Civil Service Commission.

B. CCPC Executive Director

Subject to Articles V and IX of these Bylaws, the Governing Board shall be responsible for appointment and removal of the CCPC Executive Director.

C. Financial Management

(i) The Governing Board, through these Bylaws and the Co-Applicant Agreement with the Board of Health, shall be bound by City of Cincinnati Fiscal Policies and Procedures, including policies relating to budgeting and fiscal management practices, charges, or rate-setting.

(ii) The proposed annual operating budget for CCPC shall be developed by CCPC administrative and clinical staff under the direction of the CCPC Finance Committee. The budget approval and development process shall follow the Board of Health budget development and approval process and the terms of any written agreement between CCPC and the Board of Health; however, the Governing Board shall have direct input into the prioritization of CCPC budget items at each stage of the budget process. The budget shall be subject to approval by the Board of Health prior to being submitted to the Governing Board for final approval. The approved annual budget shall be attached to the agreement as an exhibit. If no agreement is reached between CCPC and Board of Health on an annual budget by the start of the fiscal year, the previous year's budget shall remain in force until such time as a new budget can be agreed upon.

(iii) The Governing Board shall review management reports to support the Board of Health and the City Council in the operation of CCPC. The Governing Board shall provide assurance to HRSA that CCPC shall operate within the adopted budget. The Governing Board shall recommend to the Board of Health a fee schedule for the services provided through CCPC and shall recommend to the Board of Health policies for discounting fees (i.e. sliding fee scale) based on patient/family income, provided that CCPC fee schedules and sliding fee scales shall comply with FQHC Requirements.

(iv) Audits, as required by law for any 330 Grant Agreement and for FQHC Entities, shall be performed by the Auditor of the State of Ohio or, if authorized by the Auditor of the State of Ohio, by an independent auditor selected by the City. The audits may be performed in conjunction with City audits.

D. Evaluate Health Center Activities

The Governing Board shall evaluate, at least quarterly, utilization patterns, productivity, patient satisfaction, and achievement of project objectives of CCPC, and shall develop and implement a process for hearing and resolving client grievances.

E. Compliance With Laws

The Governing Board shall assure that CCPC is operated in compliance with applicable federal, State of Ohio, and local laws and regulations, including but not limited to FQHC Requirements.

F. Grants

The Governing Board shall work with the Board of Health and the City Council to identify and apply for grant opportunities.

G. Administrative Assistance

The CCPC Executive Director shall arrange for the administrative assistance necessary to fulfill the Governing Board's responsibilities.

H. Conflict of Interest

No Board Member shall derive any personal profit or gain, directly or indirectly, by reason of his or her position as a Board Member. Each Board Member shall disclose in writing to the Governing Board any personal interest which he or she may have, or appear to have, in any matter pending before the Governing Board as soon as practicable after the conflict or appearance of conflict becomes known to the Board Member. Any Board Member who knows or who perceives that another Board Member has a conflict of interest, and the Board Member has not declared that a conflict of interest exists, may bring the matter to the Governing Board, which will make the final determination of whether a conflict of interest exists. A Board Member who has, or appears to have, a conflict of interest shall refrain from participating in voting on any decision affecting such matter; however, such individual may be counted in determining whether a quorum is present at a meeting of the Governing Board. The Governing Board, acting without the vote of any Board Member who may have a conflict of interest with respect to the matter at hand, shall determine an appropriate course of action to address any conflict of interest. Board Members shall read the CCPC Conflict of Interest Policy and shall utilize the CCPC Conflict of Interest Disclosure Form attached to that Policy to disclose any potential conflict of interest.

I. Dissolution.

In the event of dissolution, the Governing Board Chairperson shall give the Board of Health and the City Council written notice that CCPC intends to dissolve. The Governing Board shall terminate immediately upon the non-renewal or termination of the Section 330 grant, or upon the loss of any license, permit, or other authorization required for operation of the Health Center. The Governing Board may be terminated upon the mutual approval of HRSA, the Governing Board, the City Council, and the Board of Health.

ARTICLE XII – FISCAL YEAR

The fiscal year of the Governing Board shall be January 1 through December 31.

ARTICLE XIII – AMENDMENTS

These Bylaws may be altered, amended, or repealed and new Bylaws may be adopted by vote of two-thirds (2/3) of the Governing Board Members, if at least two days' written notice is given prior to any approval vote of the intention to alter, amend, or repeal the Bylaws or to adopt new Bylaws. The Governing Board will forward any approved Bylaws revisions to the Board of Health for awareness within 30 days of the change.

ARTICLE XIV – PARLIAMENTARY AUTHORITY

The rules contained in the Modern Edition of Robert's Rules of Order shall govern the proceedings of meetings of the Governing Board and its committees in all cases except when such rules are in conflict with these Bylaws or the laws of Ohio. In the event of conflict, the Bylaws shall control unless the laws of Ohio otherwise specifically provide.

ARTICLE XV – LEGAL EFFECT

To the extent that any of these Bylaws are contrary to statutory or other legal requirements, the provisions of the Bylaws that are in conflict with law shall be of no force or effect.

Current Version Adopted on:



ATTEST:

CCPC Governing Board President

CCPC Governing Board Secretary

DATE: March 11, 2026
TO: City of Cincinnati Primary Care Board of Governors
FROM: Joyce Tate, CEO
SUBJECT: CEO Report for March 2026

Pharmacy Billing Process

- ❖ Received a complaint regarding pharmacy billing procedures.
- ❖ The complaint related to a new pilot process at the Price Hill Health Center, where:
 - Patients receive an After Visit Summary (AVS) with a dot indicator reminding them to stop at the front desk before picking up prescriptions.
 - Patients must check out at the front desk before receiving medication from the pharmacy.
- ❖ The change was implemented to address situations where patients leave without paying for prescriptions.
- ❖ The organization aims to:
 - Avoid creating barriers to care
 - Provide payment flexibility
- ❖ A potential future improvement would allow patients to pay directly at the pharmacy window, but this requires union negotiation.

340B Program Updates

- ❖ Pharmaceutical companies are implementing new regulations affecting the 340B program.
- ❖ These changes may result in additional administrative workload for the health centers.
- ❖ Further discussion and updates will be provided in the future.

City Budget Reduction Request

- ❖ The City Budget Office requested departments consider reductions due to a potential revenue shortfall:
 - 10% reduction in health center revenue funds
 - 5% reduction in general fund allocations
- ❖ Mr. Menkhaus and Dr. Musman are currently meeting with the budget office to review the request.
- ❖ There may be a budget coding issue affecting the numbers, and leadership is working to clarify the situation.
- ❖ Further updates will be provided once more information is available.

Board Self-Assessment Reminder

- ❖ Reminder that it's time for each board member to complete the Annual Board Self-Assessment Tool.
- ❖ The assessment allows board members to provide feedback on board performance and recommendations for improvement.
- ❖ This is REQUIRED for our upcoming HRSA site visit.

CCPC Staffing updates

- ❖ Sa-Leemah Cunningham, Board Clerk will be leaving the department to take a promotional opportunity within another City department. Ms. Cunningham's last day with the department will be March 13, and this will be her last CCPC Board meeting.
- ❖ Marla Fuller (CCPC PIO) will provide interim support for board administrative needs until a permanent replacement is identified.



Date: 2/24/2026

To: MEMBERS of the BOARD of HEALTH

From: Grant Mussman, MD MHSA, Health Commissioner

Copies: Leadership Team, HR File

Subject: PERSONNEL ACTIONS for February 24, 2026 BOARD of HEALTH MEETING

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

**DIONTE MACKEY-MOORE ENVIRONMENTAL HEALTH CHES
SPECIALIST-in-TRAINING**

(Retirement vacancy)

Salary Bi-Weekly Range: \$2,477.48 General Fund

Dionte Mackey-Moore will be filling the Environmental Health Specialist in Training position, in the Environmental Waste Unit. Dionte is a graduate of Central State University with a Bachelor of Science in Biology. Dionte has worked as a science teacher and most recently in the armed security services. Dionte will be a good addition to our work unit, and we look forward to working with him.

**DANIEL MOUNIR ENVIRONMENTAL HEALTH CHES
SPECIALIST-in-TRAINING**

(Promotional vacancy)

Salary Bi-Weekly Range: \$2,477.48 Revenue Fund

The Cincinnati Health Department Food Safety Program is proud to announce that Daniel Mounir has accepted a position in our department as an environmental health specialist in training. Daniel has a Bachelor’s and master’s degree in Biological Sciences from the University of Cincinnati. His science background and laboratory experience will be a huge asset to our department.

PROMOTIONS

ANDREW LOVELL SENIOR EPIDEMIOLOGIST CHES

(Promotional vacancy)

Salary Bi-Weekly Range: \$3,223.10 - \$4,331.58 Grant Fund

Andrew Lovell has been with the Cincinnati Health Department as an Epidemiologist since 2021. Mr. Lovell holds a BS in Health Promotion and Education and a master’s in health informatics. Mr. Lovell brings experience in maternal and infant health, quality improvement among years of experience in data and geospatial analysis using ArcGIS.

DATE: March 11, 2026
TO: City of Cincinnati Primary Care Governing Board
FROM: Mark Menkhaus, Jr., CFO
SUBJECT: Fiscal Presentation January 2026

Fiscal Presentation

Fiscal Presentation for January 2026

- For FY26, as of January 2026, Cincinnati Primary Care had a net gain of \$3,330,897.82.
- In FY25, January had a net loss of \$2,438,147.50. Comparing FY26 with FY25 shows an increase of \$5,769,045.32. This increase is due to higher revenue.
- Revenue increased by \$8,001,020.32 from FY25. The increase is due to higher Medicaid and Medicaid Managed Care revenue. We also received the Medicaid Maximization, in the amount of \$5,593,757.03, in December. The FY24 Medicaid Maximization was received in February in the amount of \$4,489,660.19.
- 7100-Personnel increased by 11.97% (12.51% in December). 7500-Fringes saw an increase of 11.97% (9.15% in December). The increase is attributed to the increase in the employer contribution retirement rate (this increased from 19.79% to 23.83%). This is also attributable to the 5% COLA all AFSCME and CODE employees received. CODE and AFSCME employees also received a \$1,500 one-time bonus.
- Non-Personnel expenses increased by \$571,730.17 (\$1,465,589.48 in December) from FY25. The increase is due to the timing of invoices paid ex: Cardinal Health was paid \$879,428.11 FY25 but \$1,266,735.39 was paid in FY26. Also, LabCorp was paid \$483,836.35 in FY25 but in FY26 was paid \$773,441.00. However, Greater Cincinnati Behavioral Health Services was paid \$185,170.50 in FY25 but was paid \$125,425.75 in FY26.
- Here are charges for disaster regular hours and overtime as it relates to COVID-19, Measles and M-Pox for FY26 and FY25 for January.

Community Health Centers		
Type Labor Cost	FY26	FY25
Disaster Regular	\$785.88	\$11,025.96
Disaster Overtime	\$ 0.00	\$ 0.00
Total	\$785.88	\$11,025.96

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

January Payor Mix Highlights:

	Medicaid	Commercial	Medicare	Self-Pay
Medical	-6%	-1%	0%	-3%
Dental	-4%	0%	0%	3%
School-Based Medical	1%	-2%	0%	1%
School-Based Dental	-5%	1%	0%	3%
Behavioral Health	-8%	-6%	1%	-4%
Vision	-3%	-1%	0%	2%

Accounts Receivable Trends:

- The accounts receivable collection effort for December for 90-days is 28% 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 increased by 2 days and 120-days increased by 1% from the previous month.

Days in Accounts Receivable & Total Accounts Receivable:

- The number of days in accounts receivable has increased from the prior month by 5.3 days. The days in accounts receivable are below the average (by 4 days) of the past 13 months at 38.5 days.

Pharmacy Profit and Loss:

PHARMACY PROFIT AND LOSS				
	FY23	FY24	FY25	FY26
Revenue	\$ 6,300,690.56	\$ 5,238,764.29	\$ 5,502,799.47	\$ 3,826,268.37
Fund 416 Expenses	\$ 289,436.68	\$ 300,781.28	\$ 349,159.40	\$ 148,975.75
Expenses	\$ 3,181,993.51	\$ 3,698,117.59	\$ 3,884,826.49	\$ 2,650,638.33
	\$ 3,408,133.73	\$ 1,841,427.98	\$ 1,967,132.38	\$ 1,324,605.79

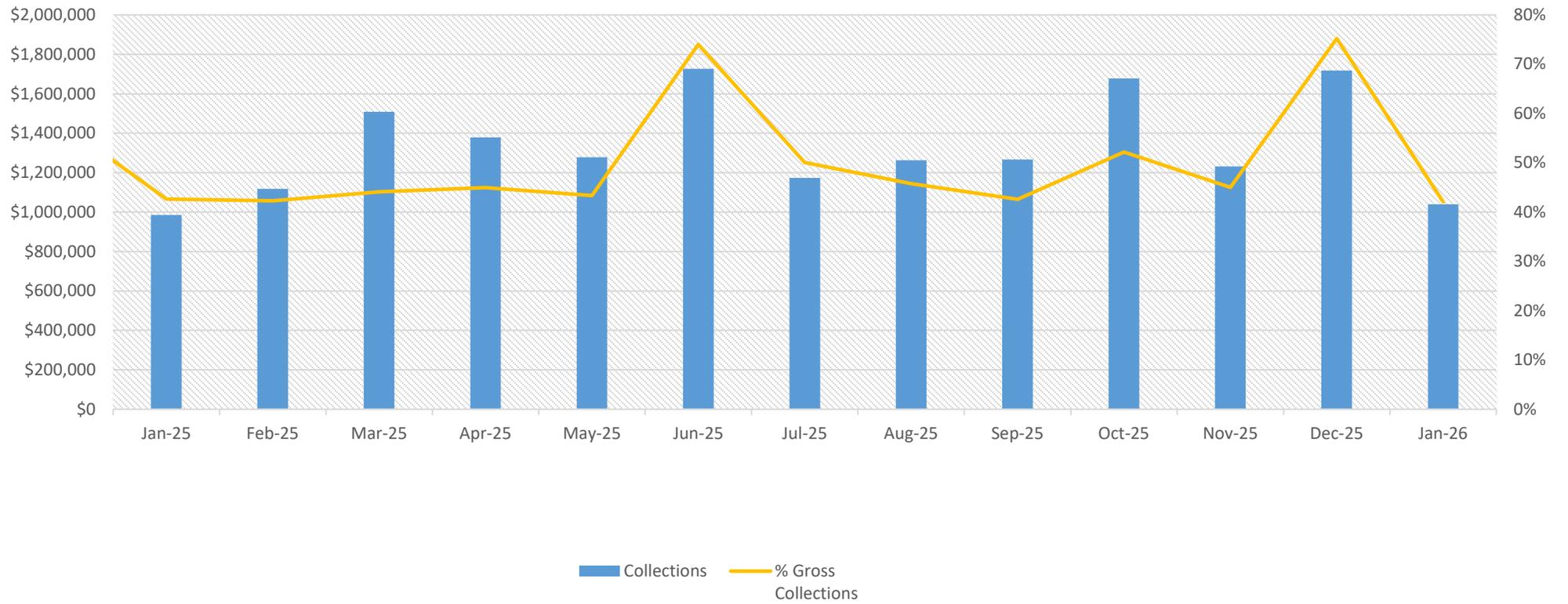
City of Cincinnati Primary Care
Profit and Loss with fiscal year comparison
January 2025 - January 2026

	FY26 Actual	FY25 Actual	Variance FY26 vs FY25
Revenue			
8556-Grants\Federal	\$1,513,512.00	\$3,150,575.53	-51.96%
8571-Specific Purpose\Private Org.	\$0.00	\$9,000.00	-100.00%
8617-Fringe Benefit Reimbursement	\$0.00	\$0.00	0.00%
8618-Overhead Charges - Indirect Costs	\$60,700.00	\$61,340.00	-1.04%
8733-Self-Pay Patient	\$622,424.65	\$528,522.90	17.77%
8734-Medicare	\$3,572,186.93	\$3,037,225.42	17.61%
8736-Medicaid	\$9,636,801.86	\$2,438,741.36	295.15%
8737-Private Pay Insurance	\$807,020.85	\$673,026.74	19.91%
8738-Medicaid Managed Care	\$5,670,744.91	\$4,979,578.49	13.88%
8739-Misc. (Medical rec.\smoke free inv.)	\$189,538.53	\$87,268.95	117.19%
8932-Prior Year Reimbursement	\$49,552.50	\$59,229.25	-16.34%
416-Offset	\$4,237,794.39	\$3,334,747.66	27.08%
Total Revenue	\$26,360,276.62	\$18,359,256.30	43.58%
Expenses			
71-Personnel	\$11,930,275.77	\$10,655,097.54	11.97%
72-Contractual	\$3,197,118.97	\$3,156,975.52	1.27%
73-Material	\$2,045,180.14	\$1,567,568.18	30.47%
74-Fixed Cost	\$1,210,790.94	\$1,156,816.18	4.67%
75-Fringes	\$4,646,012.98	\$4,260,946.38	9.04%
Total Expenses	\$23,029,378.80	\$20,797,403.80	10.73%
Net Gain (Losses)	\$3,330,897.82	(\$2,438,147.50)	236.62%

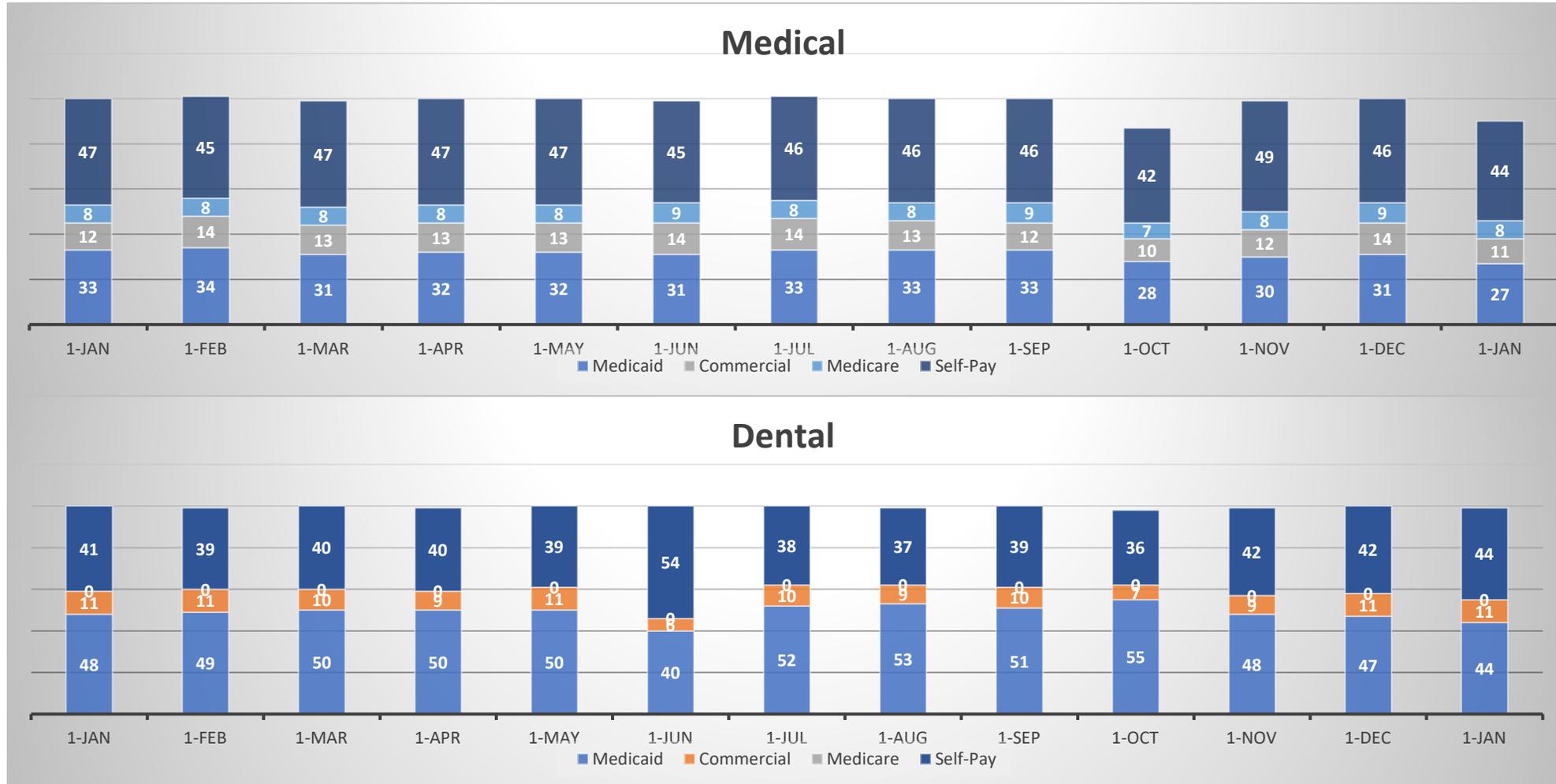
CHD/CCPC Finance
Update
March 11, 2026

Revenue Presentation

Monthly Visit Revenue

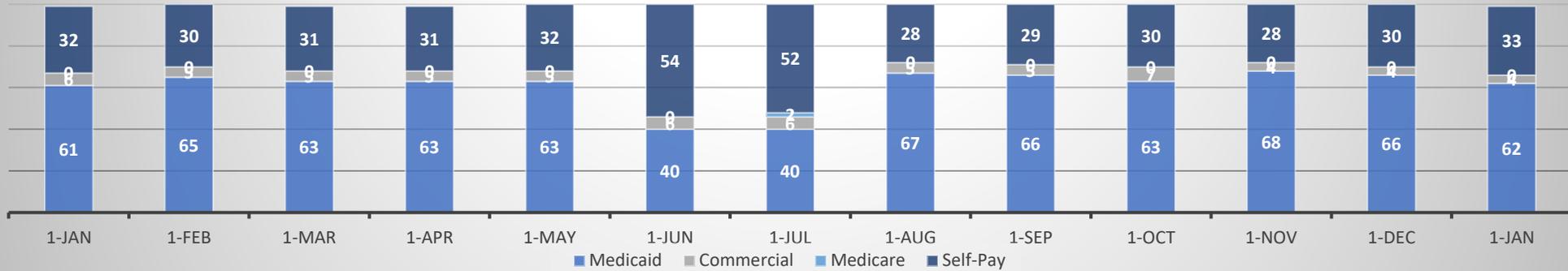


Payor Mix

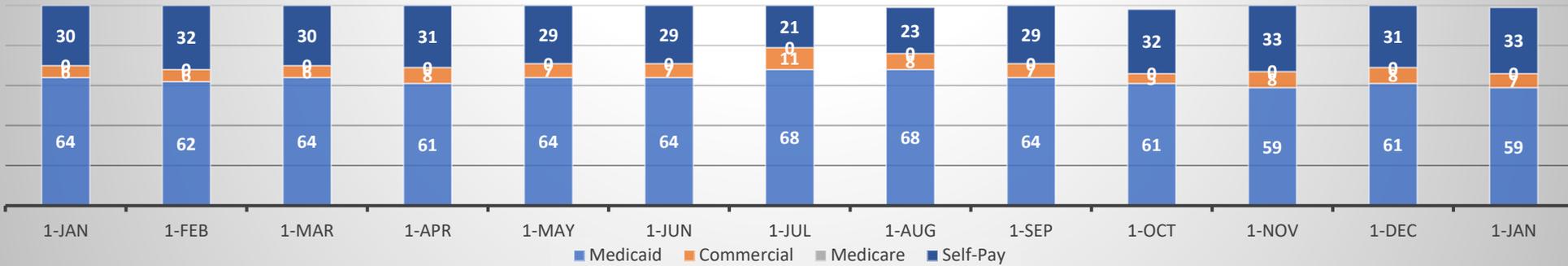


Payor Mix

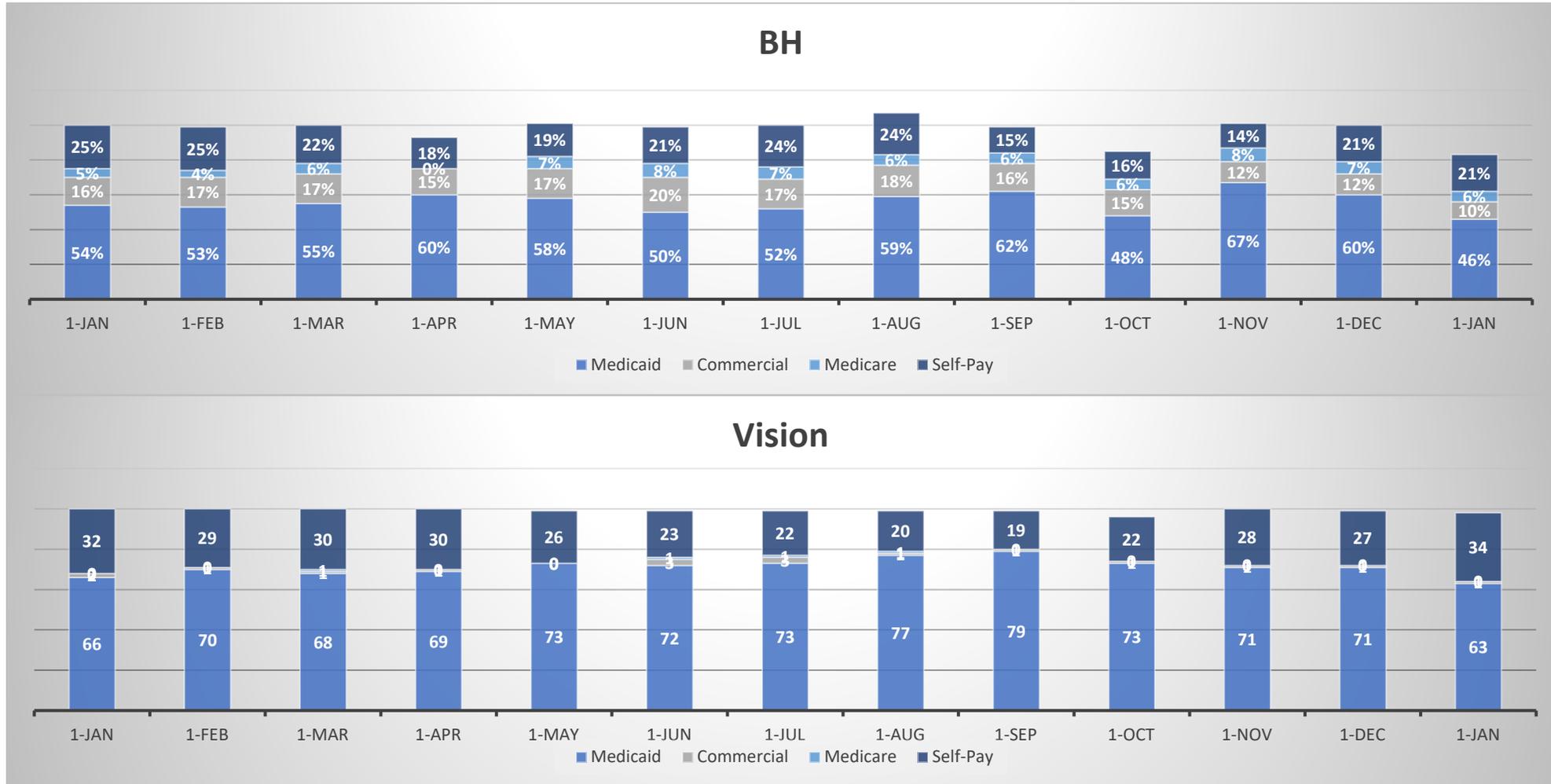
SBHC - Medical



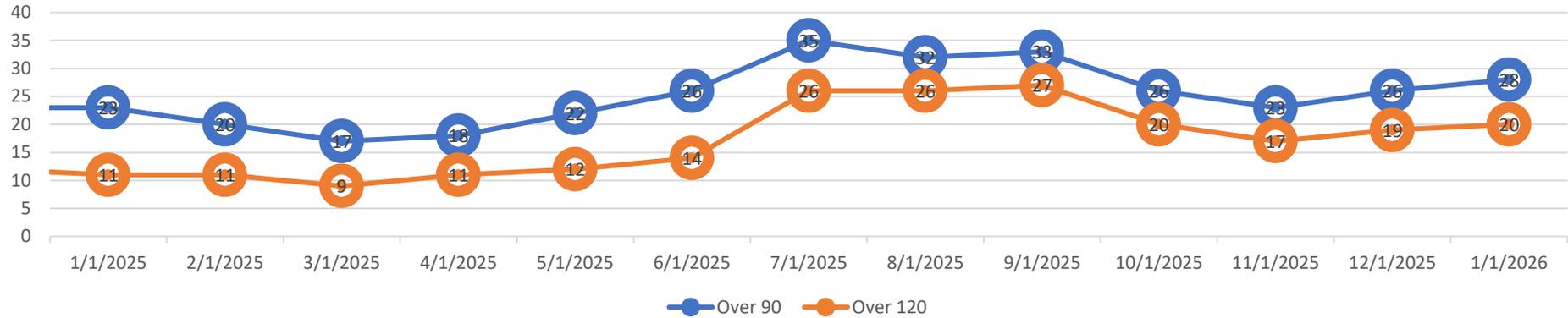
SBHC - Dental



Payor Mix

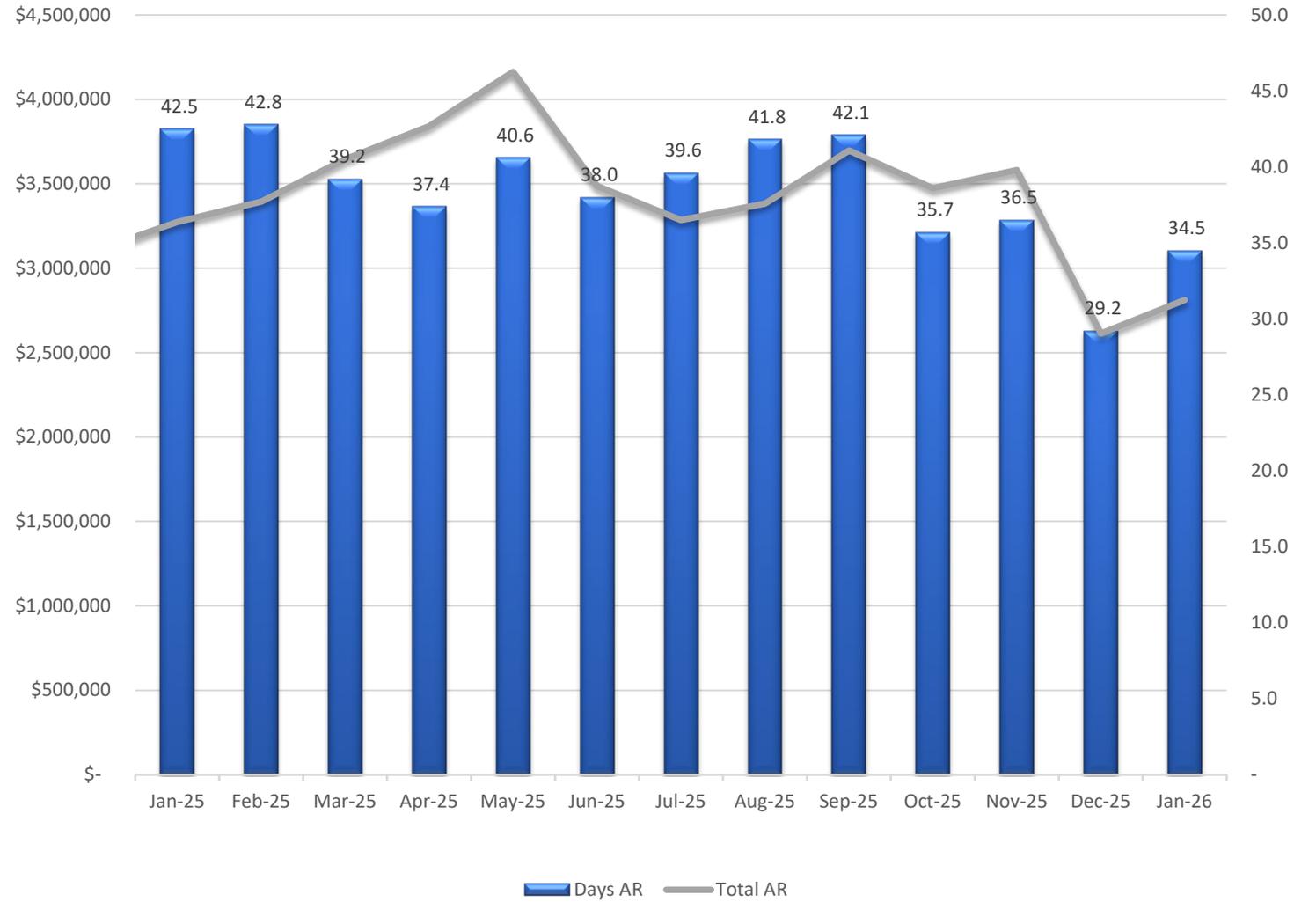


AR Trends



Aging Period	Insurance January	Patient - All January	Patient - On Pmt Plan January	Patient - Not on Pmt Plan January	Total January	% Total January
0 - 30	\$1,313,206	\$142,050	\$1,744	\$140,306	\$1,455,256	51.76%
31 - 60	\$200,847	\$133,718	\$2,839	\$130,879	\$334,565	11.90%
61 - 90	\$108,554	\$130,565	\$1,819	\$128,746	\$239,119	8.50%
91 - 120	\$75,487	\$136,627	\$2,820	\$133,808	\$212,115	7.54%
121 - 150	\$60,512	\$117,450	\$3,921	\$113,529	\$177,962	6.33%
151 - 180	\$48,873	\$68,446	\$1,168	\$67,278	\$117,319	4.17%
181 - 210	\$12,690	\$60,519	\$1,850	\$58,669	\$73,209	2.60%
211+	\$100,890	\$101,213	\$2,309	\$98,904	\$202,103	7.19%
Total	\$1,921,059	\$890,588	\$18,471	\$872,117	\$2,811,647	
% > 90	16%	54%	65%	54%	28%	
% > 120	12%	39%	50%	39%	20%	

Day in AR & Total A/R





CCPC Board Meeting – Efficiency Update

March 2026

Medical/Behavioral Health





Dental

Pharmacy

1

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

School Based Health Centers

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