



City of Cincinnati Primary Care Board of Governors Meeting

March 12, 2025

Agenda

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

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

- 6:00 pm – 6:05 pm Call to Order and Roll Call
- 6:05 pm – 6:10 pm **Vote: Motion to approve the Minutes from February 12, 2025, CCPC Board Meeting.**

Executive Committee

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

Leadership Updates

- 6:20 pm – 6:40 pm Ms. Joyce Tate, Chief Executive Officer
CEO Report – **document**
Personnel Actions – **document**
Sliding Scale Fee—**document**
Motion to approve the 2025 Sliding Fee Discount Policy.
- 6:40 pm – 6:50 pm Mr. Mark Menkhaus Jr., Chief Financial Officer
CFO Report – **documents**
- 6:50 pm – 7:00 pm Ms. Angela Mullins, Nursing Supervisor
2024 Risk Management Annual Report Presentation – **document**
Motion to approve the 2024 Annual Risk Management Annual Report
- 7:00 pm – 7:10 pm Dr. Yury Gonzales, Medical Director
Policies – **documents**
Motion to approve the No Show and Late Arrival Policy
Motion to approve Managing Medical Emergencies During Office Hours Policy
Motion to approve the Tuberculosis Skin Testing for Patients Policy
Motion to approve the Tuberculosis Screenings Policy

New Business

- 7:10 pm – 7:15 pm Public Comments
- 7:15 pm Adjourn

Documents in the Packet but not presented.

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

Next Meeting – April 9, 2025

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

CCPC Board of Governors Meeting Minutes

Wednesday, February 12, 2025

Call to order at 6:00 pm

Roll Call

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

CCPC Board members absent – Ms. Renu Bahkshi, Mr. Timothy Collier

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

Board Documents:

[CCPC-Board-Meeting-Agenda-Packet 2.12.2025.pdf](#)

Topic	Discussion/Action	Motion	Responsible Party
Call to Order/Moment of Silence	The meeting was called to order at 6:00 p.m. The board gave a moment of silence to recognize our two most important constituencies, the staff, and patients.	n/a	Dr. Camille Jones
Roll Call	12 present, 2 Absent	n/a	Ms. Sa-Leemah Cunningham
Minutes	Motion: the City of Cincinnati Primary Care Board of Governors approves the minutes of January 15, 2025, CCPC Board Meeting.	M: Dr. Philip Lichtenstein 2nd: Dr. Bernard Young Action: 9 Yes, 1 Abstain-Passed	Dr. Camille Jones
Old Business			
CEO Report	Ms. Tate gave her CEO Update and shared the latest CHD Personnel Actions with the Board. <ul style="list-style-type: none"> • Please see the memo included in the agenda packet Immigration Executive Order and City Response <ul style="list-style-type: none"> • Ms. Tate informed that there were very little detailed directions given as far as immigration and the executive orders. • Mr. Kachuba spoke to staff at the February Operations Leadership meeting highlighting some of the things he learned while training on this with the Catholic Charities. • Leadership was in the process of checking with legal representatives for training opportunities and may seek outside opportunities to bring in training as well. • If there is an ICE raid, staff will need to be trained in what to do and who to contact. Front desk staff will be trained on who to contact if that happens. 	n/a	Ms. Joyce Tate

	<ul style="list-style-type: none"> • The census has dropped since the Executive Orders have been put in place out of fear of the ICE raid—especially the Price Hill location which has a large Hispanic census. • Ms. Tate and leadership are discussing bringing in telehealth services and building those capabilities. • Ms. Mayra Jackson was scheduled for an upcoming presentation and training to the staff and board on this. • No PHI information would be released, as protected by HIPAA. • Dr. Jones asked if this information could be shared ongoing? <ul style="list-style-type: none"> ○ Ms. Tate answered, saying yes. • Mr. Kachuba the legal aid society are open to doing forms at no charge. It's that simple. They'll handle all the work in terms of registering people online through all online forums. If CCPC, and the health department was interested in having somebody from either Catholic Charities or legal aid or immigration law, to come in and do a forum he would be happy to help facilitate that. <p>CEO Evaluation</p> <ul style="list-style-type: none"> • Ms. Tate told the board that Mr. Collier will be sending board feedback from the CCPC Board for her CEO evaluation. <p>Braxton Cann Signage Update</p> <ul style="list-style-type: none"> • Ms. Tate announced that the new sign is up at the Braxton F. Cann Health Center. The Commissioner held a sign unveiling and dedication on Tuesday, January 14, 2025, at 3pm. Ms. Cunningham sent out an invitation to the board. <p>Ohio Medicaid and HRSA Payment Management System Update</p> <ul style="list-style-type: none"> • The Ohio Medicaid portal went down, and people couldn't process claims. • The HRSA Payment Management System also went down. According to reports it may have been caused by too many drawdowns coming in at the same time from health centers and other entities that receive federal funding before the potential freeze. <p>Capital Projects—Roberts Academy and Crest Smile Shoppe</p> <ul style="list-style-type: none"> • Roberts Academy is moving along—currently choosing equipment and furniture. Opening is still delayed, coming soon, and progressively going forward. • Crest Smile Shoppe is still delayed due to federal funding. This project is still in the works, but the timeline is TBD due to new administration. 		
<p>New Provider Updates</p>	<p>Dr. Gonzales updated the board regarding new medical providers joining City of Cincinnati Primary Care.</p> <p>Dr. Gonzales reminded the board that recruiting physicians to the practice had been a challenge over the last few years.</p>	<p>n/a</p>	<p>Dr. Yury Gonzalez</p>

	<p>However, four physicians had been recently recruited to join CCPC.</p> <ul style="list-style-type: none"> • In January 2025, Dr. Rebecca Fujimura joined CCPC. <ul style="list-style-type: none"> ○ She is a contracted physician through the University of Cincinnati; and is a family practice physician and global health fellow. • Dr. Michelle Burch will be joining CCPC in March 2025 as a full-time pediatric physician. She serves as the medical director for Butler County. • Dr. Navid Noori will be joining CCPC in July/August 2025 as a full-time physician. He currently works with the practice as a contractor and is a global health fellow. • Dr. Gabriella Gonzalez-Cantor will be joining CCPC in July/August 2025 as a full-time pediatric physician. She will be completing her training at Cincinnati Children’s in June, <p>Dr. Gonzales added that the team hopes to add a few more part time physicians but recruitment has greatly improved.</p>		
<p>Finance Update</p>	<p>Mr. Mark Menkhaus Jr. reviewed the financial data variance between FY24 and FY25 for the month of December 2024.</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"> • Health Center Disaster hour costs were down. • School Based Disaster Hours were 0. • Revenue decreased by 5.87%. <ul style="list-style-type: none"> ○ Self-paid patients increased by 0.78%. ○ Medicare increased by 2.74%. ○ Medicaid decreased by 59.18%. ○ Private Pay increased by 0.07%. ○ Medicaid managed care increased 6.66%. ○ 416—Offset increased by 17.64%. • Expenses increased by 12.79%. <ul style="list-style-type: none"> ○ Personnel expenses increased by 14.58%. ○ Material expenses increased 34.63%. ○ Contractual Costs increased by 6.21%. ○ Fixed costs increased 11.76%. ○ Fringes increased by 7.55%. • Net Gain was -\$2,766,452.38; decreased 1223.57%. ○ Invoices greater than 90 days were at 23%; (below 20% is the goal). ○ Invoices greater than 120 days were at 10% (below 10% is the goal). ○ Average Days in Accounts receivable were 36.3 days. • No additional commentary from the board. 	<p>n/a</p>	<p>Mr. Mark Menkhaus Jr.</p>
<p><i>New Business</i></p>			

Additional Remarks	<ul style="list-style-type: none"> • Ms. Sellers thanked the health department staff-Dr. Geneva Goode, Ms. Sa-Leemah Cunningham, Ms. Christina Deck-for participating in a lunch and learn series as presenters at DePaul Crystal Ray High School for a health sciences presentation. <ul style="list-style-type: none"> ○ Dr. Goode expressed her gratitude for the opportunity to speak with the students and appreciated their engagement. • Dr. Jones took a moment to thank all the CCPC staff for all of their dedication, professionalism, and hard work. 		
Public Comments	<ul style="list-style-type: none"> • No Public Comments. 	n/a	Mr. Tim Collier
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: 6:40 pm

Next meeting: March 12, 2025, at 6:00 pm.

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

Date: 2/12/2025
Clerk, CCPC Board of Governors





Date: 2/12/2025
Mr. Timothy Collier, Board Chair

CCPC Board of Governors

Cincinnati Health Department

February 12, 2025

Board Members	Roll Call	1/15/2024 Minutes
Ms. Renu Bahkshi		
Ms. Michelle Burns	X	abstain
Mr. Timothy Collier - Chair		
Mr. Robert Cummings	X	
Ms. Alexius Golden Cook	X	
Dr. Angelica Hardee	X	
Dr. Camille Jones	X	
Mr. John Kachuba	X	
Dr. Philip Lichtenstein	X	M
Ms. Luz Schemmel	X	
Ms. Debra Sellers	X	
Ms. Jen Straw	X	
Ms Erica White-Johnson	X	
Dr. Bernard Young	X	2nd
Motion Result:	Quorum	Passed

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

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

CCPC Board members eligible for CCPC Elections March 2025

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

DATE: March 12, 2025
TO: City of Cincinnati Primary Care Board of Governors
FROM: Joyce Tate, CEO
SUBJECT: CEO Report for March 2025

Potential Medicaid Changes and impact on CHC's and Advocacy for Continued Funding

- House Republican leaders have proposed legislation that would cut federal funding for Medicaid by up to \$880 billion over 10 years to pay for tax reductions.
- Potential cuts to the program include large reductions in the Affordable Care Act's incentives for extending coverage to all low-income adults, decreases in funding for pre-ACA Medicaid coverage, and penalties for states that cover care for immigrants, as well as introduction of more onerous eligibility requirements.
- Drawing upon new data analysis and the intricate details of Medicaid's legal design, speakers on these calls have been updating these cuts and the potential effects on the program and its more than 70 million beneficiaries.
- Medicaid Cuts Could Endanger Health Insurance for Low-Income Americans
- Spoke with OACHC leadership and NACCHO leadership surrounding this.
- Everyone is asked to reach out to congressional leaders to lobby for funding to FQHCs.
- There are 2 bills that can impact community health centers and the funding that will be needed.
- Over a third of CCPC funding comes from Medicaid.
- Uninsured patients could raise and potentially impact operations.
- The team will stay informed and state this is a priority and concern.
- Changes in 340B program are upcoming as well—which could affect FQHC patients directly.

Board Self-Assessment

- The CCPC Board Annual Self-Assessment is due by April 9, 2025—the CCPC Annual Board Meeting.
- Ms. Cunningham will send an email after the meeting for everyone to complete before the meeting,

Upcoming Board Training – Civic Boards and Commissions Academy courses

- Ms. Cunningham sent an email regarding two upcoming board opportunities. Please see the flyer in the packet
 - **Legal Requirements & Responsibilities-Thursdays, March 27, 2025, | 12:00 – 1:30 PM**
 - Understand the City Charter, including the roles of the Mayor, City Manager, and Boards & Commissions within the Municipal Corporation.
 - Review Articles I–VII, with a focus on Article VII (Governing Boards & Commissions).
 - Learn about Open Meetings & Public Records Acts and their implications.
 - Get an overview of Ohio Ethics Law, with answers to frequently asked questions.
 - **City Budget & Finance-Tuesday, April 1, 2025, | 10:00 – 11:30 AM**
 - Gain insight into the City's budget development and appropriations process.

- Learn how City Procurement works, including the regulations governing municipal business transactions.

Personnel Actions approved by Board of Health

- There were two personnel actions passed by the Board of Health, included in the board packet
 - We welcome Dr. David Noori – Public Health Physician to CCPC
 - We welcome Ms. Kelsey Kunath – Dietitian in our WIC program to the practice.

Sliding Fee Update for 2025

- The updated 2025 Sliding Fee Discount Policy was included in the packet.
- We ask the board to approve the updated policy.

CIVIC BOARDS AND COMMISSIONS ACADEMY

FEB

1

3:00 PM - 4:30 PM
CITY HALL, ROOM 115

IN - PERSON

- or -

FEB

22

10:00 AM - 11:30 AM

VIRTUAL

Legal Requirements & Responsibilities

Understand the City Charter, Powers of the Mayor and Manager and the role of Boards and Commissions in municipal governance.

Review Articles 1-VII focusing on Article VII that addresses 'Governing Boards and Commissions.'

Explore the Open Meetings & Public Records Acts, and the Ohio Ethics Law with answers to frequently asked questions.

JAN

30

10:00 AM - 11:30 AM
CITY HALL, ROOM 115

IN - PERSON

- or -

FEB

23

1:00 PM - 2:30 PM

VIRTUAL

City Budget & Finance

Understand the City's Budget development & appropriations process.

Learn the role of City Procurement, and the process and regulations that govern how the City does business.

Registration is required. [Please register here.](#)

For more information, contact
Tonia Smith, Assistant to the City Manager, at:
tonia.smith@cincinnati-oh.gov
(513) 352-5361



Date: 2/25/2025

To: MEMBERS of the BOARD of HEALTH

From: Grant Mussman, MD MHSA, Health Commissioner

Copies: Leadership Team, HR File

Subject: PERSONNEL ACTIONS for February 25, 2025 BOARD of HEALTH MEETING

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

KELSEY KUNATH

(Promotional vacancy)

Salary Bi-Weekly Range:

DIETITIAN

\$2,092.55 to \$2,794.68

WIC PROGRAM

Grant Fund

Kelsey Kunath received her undergraduate degree from the University of North Dakota and her master’s degree from the University of Cincinnati. She has experience working as Certified Nurse’s Assistant and managing missionary groups on campus. During her internship program she had a rotation in a WIC office. She has an interest in community nutrition to assist with access to food and education to make an early impact on life.

DAVID NOORI

(Retirement vacancy)

Salary Bi-Weekly Range:

PUBLIC HEALTH PHYSICIAN

\$5,946.47 to \$8,027.74

CCPC

Revenue Fund

Dr. Navid Noori is a dedicated physician with a strong background in family medicine, global health, and public health. He is currently a junior clinical faculty member in the Department of Family Medicine at the University of Cincinnati, where he is completing a Family Medicine Global Health Fellowship.

Dr. Noori completed his residency in Family Medicine at Prisma Health Toumey Family Medicine Residency in Sumter, SC, where he presented on medical ethics and contributed to program-wide discussions. He also holds a Master of Public Health from George Washington University, where his coursework and capstone project focused on global health and public health emergencies, including a COVID-19 testing initiative with the Los Angeles County Department of Public Health.

A graduate of Western University of Health Sciences, Dr. Noori earned his Doctor of Osteopathic Medicine while participating in global health initiatives, including a medical mission to rural Thailand. He also holds a Master of Science in Infectious Diseases from Georgetown University, where he studied bioterrorism and emerging infectious diseases, and a Bachelor of Arts in Asian Studies from Occidental College, with a focus on Japanese and Chinese languages.

Dr. Noori’s leadership experience includes serving as Treasurer for the Student Osteopathic Medical Association and Co-President of Musicians in Medicine, where he fostered community engagement through music. His academic contributions include a co-authored publication on diabetes and susceptibility to tuberculosis in the Journal of Clinical Medicine. Multilingual and culturally adept, Dr. Noori brings a unique global perspective to his work in medicine and public health.

Beyond his professional pursuits, Dr. Noori enjoys playing the piano and saxophone, salsa dancing, and exploring diverse cultural experiences.

**City of Cincinnati Primary Care
2025 Sliding Fee Discount Program**

Subject: Sliding Fee Discount Program

Effective Date: March 12, 2025

Purpose:

The board approved Sliding Fee Discount Policy is the policy and procedure guiding the organization’s establishment and implementation of the Sliding Fee Discount Program (SFDP). The policy states that the City of Cincinnati Primary Care will base the SFDP on the most current Federal Poverty Guidelines, (<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>). This document provides the Sliding Scale for 2025.

Sliding Fee Scale:

	A		B		C		D		E	
Size	Nominal Fee		75% Discount		50% Discount		25% Discount		Full Pay	
1	0	15,660	15,661	19,563	19,564	23,475	23,476	27,388	27,389	& over
2	0	21,150	21,151	26,438	26,439	31,725	31,726	37,013	37,014	& over
3	0	26,650	26,651	33,313	33,314	39,975	39,976	46,638	46,639	& over
4	0	32,150	32,151	40,188	40,189	48,225	48,226	56,263	56,264	& over
5	0	37,650	37,651	47,063	47,064	56,475	56,476	65,888	65,889	& over
6	0	43,150	43,151	53,938	53,939	64,725	64,726	75,513	75,514	& over
7	0	48,650	48,651	60,813	60,814	72,975	72,976	85,138	85,139	& over
8	0	54,150	54,151	67,688	67,689	81,225	81,226	94,763	94,764	& over
9	0	59,650	59,651	74,563	74,564	89,475	89,476	104,388	104,389	& over
10	0	65,150	65,151	81,438	81,439	97,725	97,726	114,013	114,014	& over
11	0	70,650	70,651	88,313	88,314	105,975	105,976	123,638	123,639	& over
12	0	76,150	76,151	95,188	95,189	114,225	114,226	133,263	133,264	& over
	0-100%		101-150%		151-175%		176-200%		>201%	

Patients receiving Reproductive Health and Wellness services whose documented income is 0-100% of the Federal Poverty Guidelines will not be charged for services. This service does not include medication.

Nominal Fee:

- \$20 for medical services
- \$20 for vision services
- \$20 for preventative and diagnostic dental services
- \$30 for restorative and emergency dental services

The nominal fee is not based on the cost of services.

**Atención Primaria de la Ciudad de Cincinnati.
Programa de Descuento de Tarifas Variables 2025**

Asunto: Programa de Descuento de Tarifas Variables

Fecha de vigencia: March 12, 2025

Objetivo:

La política del Sistema de Descuentos de Tarifas Variables aprobada por la Junta de Gobierno, es la regulación y el procedimiento que guía el establecimiento y la implementación del Programa de Descuentos de Tarifas Variables de la organización. Esta regulación establece que la Atención Primaria de la Ciudad de Cincinnati se basará en el Índice Federal de Pobreza más actual (<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>). Este documento proporciona las Tarifas variables para el año 2025.

Tarifas Variables:

	A		B		C		D		E	
Tamaño	Tarifa Nominal		75% Descuento		50% Descuento		25% Descuento		Pago completo	
1	0	15,660	15,661	19,563	19,564	23,475	23,476	27,388	27,389	& over
2	0	21,150	21,151	26,438	26,439	31,725	31,726	37,013	37,014	& over
3	0	26,650	26,651	33,313	33,314	39,975	39,976	46,638	46,639	& over
4	0	32,150	32,151	40,188	40,189	48,225	48,226	56,263	56,264	& over
5	0	37,650	37,651	47,063	47,064	56,475	56,476	65,888	65,889	& over
6	0	43,150	43,151	53,938	53,939	64,725	64,726	75,513	75,514	& over
7	0	48,650	48,651	60,813	60,814	72,975	72,976	85,138	85,139	& over
8	0	54,150	54,151	67,688	67,689	81,225	81,226	94,763	94,764	& over
9	0	59,650	59,651	74,563	74,564	89,475	89,476	104,388	104,389	& over
10	0	65,150	65,151	81,438	81,439	97,725	97,726	114,013	114,014	& over
11	0	70,650	70,651	88,313	88,314	105,975	105,976	123,638	123,639	& over
12	0	76,150	76,151	95,188	95,189	114,225	114,226	133,263	133,264	& over
	0-100%		101-150%		151-175%		176-200%		>201%	

A los pacientes que reciben servicios de salud y bienestar reproductivo cuyos ingresos documentados sean del 0 al 100 % de las pautas federales de pobreza no se les cobrará por los servicios. Este servicio no incluye medicación.

Tarifa Nominal:

- \$20 por servicios médicos.
- \$20 por servicios de la vista
- \$20 por servicios dentales de prevención y diagnóstico.
- \$30 por servicios dentales restaurativos y de emergencia

La Tarifa Nominal no se basa en el coste de los servicios.

DATE: March 12, 2025
TO: City of Cincinnati Primary Care Governing Board
FROM: Mark Menkhaus, Jr., CFO
SUBJECT: Fiscal Presentation January 2025

Fiscal Presentation

Fiscal Presentation for January 2025.

- For FY25, as of January 2025, Cincinnati Primary Care had a net loss of \$2,438,147.50.
- In FY24, January had a net loss of \$366,758.52. Comparing FY25 with FY24 shows a decrease of \$2,071,388.98. This decrease is due to lower revenue and higher expenses.
- Revenue decreased by \$1,070,943.02 from FY24. The decrease is in Medicaid revenue.
- Expenses increased by \$1,000,445.96 from FY24. The increase is due in part to COLAs and the corresponding fringes. Increases are also due to the timing of invoices paid (ex. LabCorp was paid \$434,516.71 in FY24 but was paid \$483,836.35 in FY25. Also, Cardinal Health was paid \$605,663.56 in FY24 but was paid \$879,428.11 in FY25. However, University of Cincinnati Physicians was paid \$355,913 in FY24 but was paid \$235,541 in FY25.)
- Here are charges for disaster regular hours and overtime as it relates to COVID-19 for FY25 and FY24 for January.

Clinics		
Type Labor Cost	FY25	FY24
Disaster Regular	\$11,025.96	\$12,750.34
Disaster Overtime	\$ 0.00	\$ 0.00
Total	\$11,025.96	\$12,750.34

School Based		
Type Labor Cost	FY25	FY24
Disaster Regular	\$0.00	\$2,297.30
Disaster Overtime	\$0.00	\$ 0.00
Total	\$0.00	\$2,297.30

January Payor Mix Highlights:

	Medicaid	Commercial	Medicare	Self-Pay
Medical	0%	1%	0%	13%
Dental	-6%	3%	0%	6%
School-Based Medical	0%	-1%	0%	5%
School-Based Dental	3%	1%	0%	3%
Behavioral Health	5%	7%	0%	7%
Vision	-6%	1%	0%	6%

Accounts Receivable Trends:

- The accounts receivable collection effort for January for 90-days is 23% and for 120-days is 11%. Our aim for the ideal rate percentage for 90-days is 20% and our 120-days is 10%. The rate for 90-days remained the same from the previous month and the rate for 120-days decreased by 1% from the previous month.

Days in Accounts Receivable & Total Accounts Receivable:

- The days in accounts receivable has increased from the month before by 6.9 days. The days in accounts receivable is above average (by 5.5 days) of the past 13 months at 37.0 days.

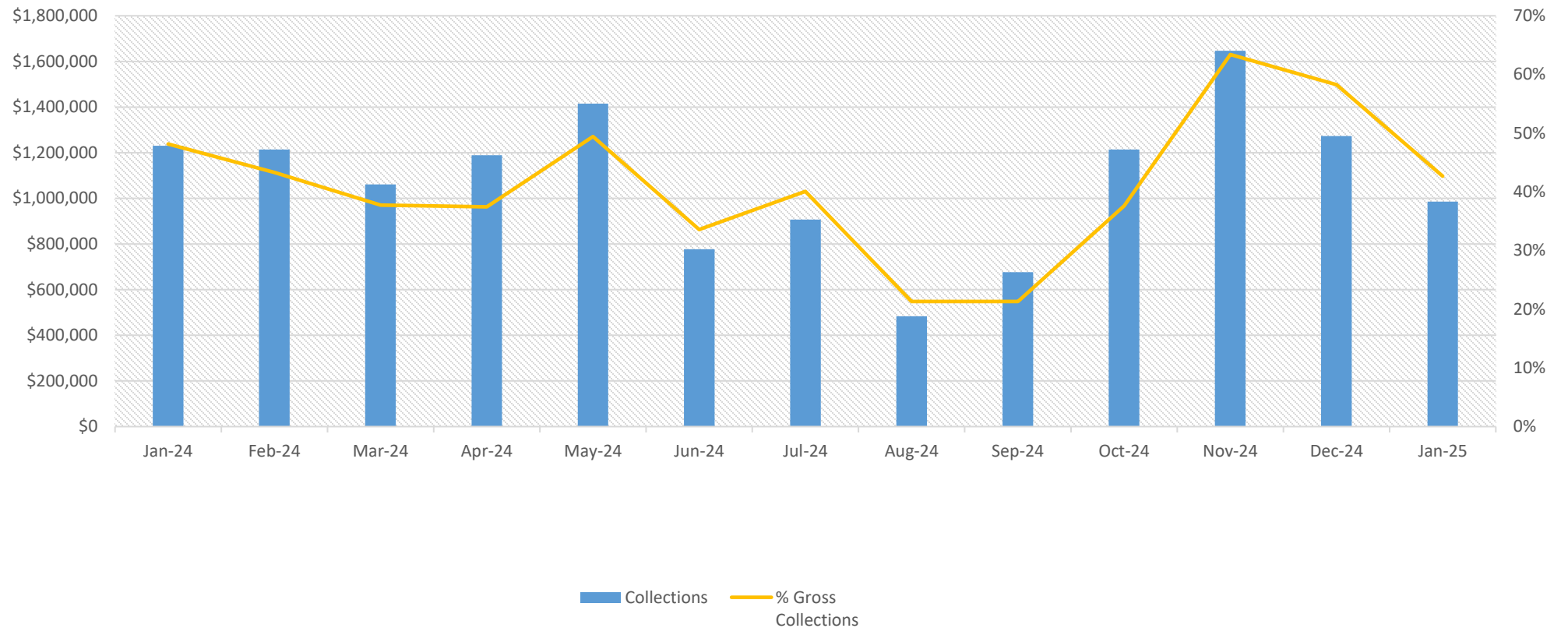
City of Cincinnati Primary Care
Profit and Loss with fiscal year comparison
January 202 - January 2025

	FY25 Actual	FY24 Actual	Variance FY25 vs FY24
Revenue			
8556-Grants\Federal	\$3,150,575.53	\$2,363,293.36	33.31%
8571-Specific Purpose\Private Org.	\$9,000.00	\$0.00	0.00%
8617-Fringe Benefit Reimbursement	\$0.00	\$0.00	0.00%
8618-Overhead Charges - Indirect Costs	\$61,340.00	\$0.00	0.00%
8733-Self-Pay Patient	\$528,522.90	\$518,629.87	1.91%
8734-Medicare	\$3,037,225.42	\$3,011,335.47	0.86%
8736-Medicaid	\$2,438,741.36	\$5,778,404.74	-57.80%
8737-Private Pay Insurance	\$673,026.74	\$703,024.31	-4.27%
8738-Medicaid Managed Care	\$4,979,578.49	\$3,465,829.80	43.68%
8739-Misc. (Medical rec.\smoke free inv.)	\$87,268.95	\$531,760.19	-83.59%
8932-Prior Year Reimbursement	\$59,229.25	\$29,945.25	97.79%
416-Offset	\$3,334,747.66	\$3,027,976.33	10.13%
Total Revenue	\$18,359,256.30	\$19,430,199.32	-5.51%
Expenses			
71-Personnel	\$10,655,097.54	\$10,149,221.00	4.98%
72-Contractual	\$3,156,975.52	\$3,140,278.55	0.53%
73-Material	\$1,567,568.18	\$1,207,961.91	29.77%
74-Fixed Cost	\$1,156,816.18	\$1,197,776.70	-3.42%
75-Fringes	\$4,260,946.38	\$4,101,719.68	3.88%
Total Expenses	\$20,797,403.80	\$19,796,957.84	5.05%
Net Gain (Losses)	(\$2,438,147.50)	(\$366,758.52)	-564.78%

CHD/CCPC Finance
Update
March 12, 2025

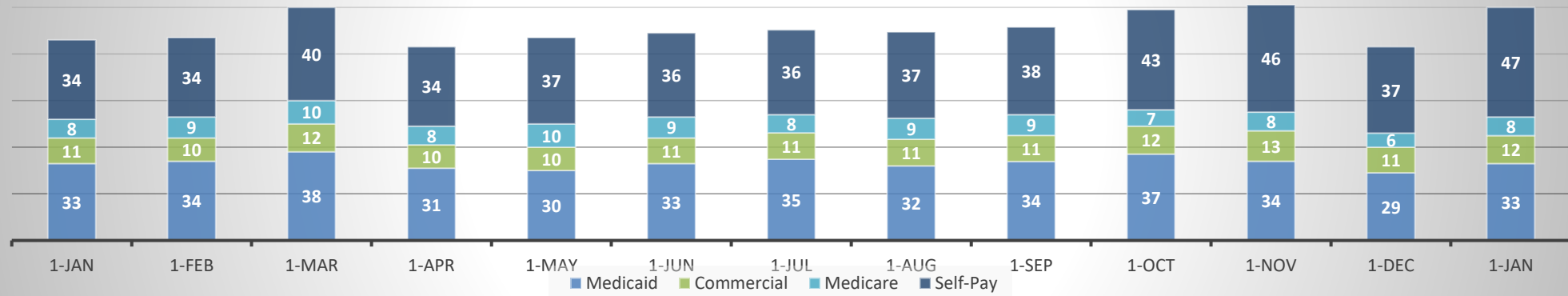
Revenue Presentation

Monthly Visit Revenue

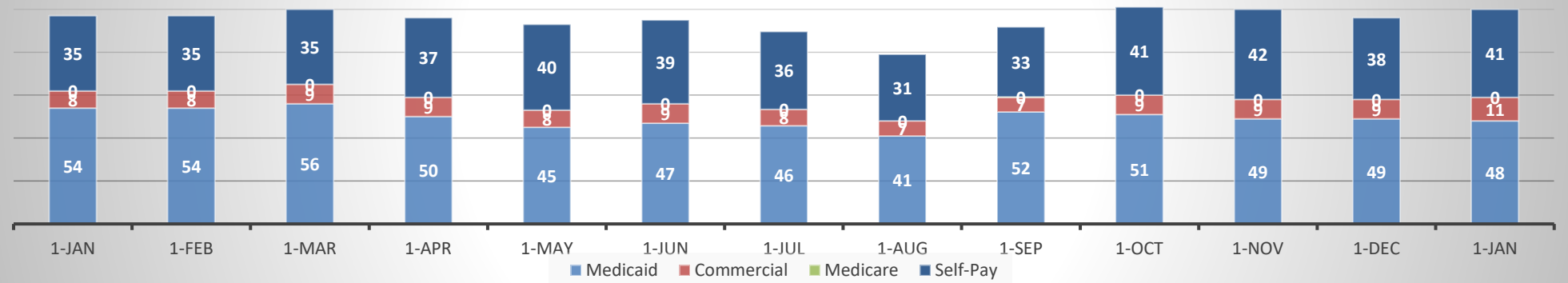


Payor Mix

Medical

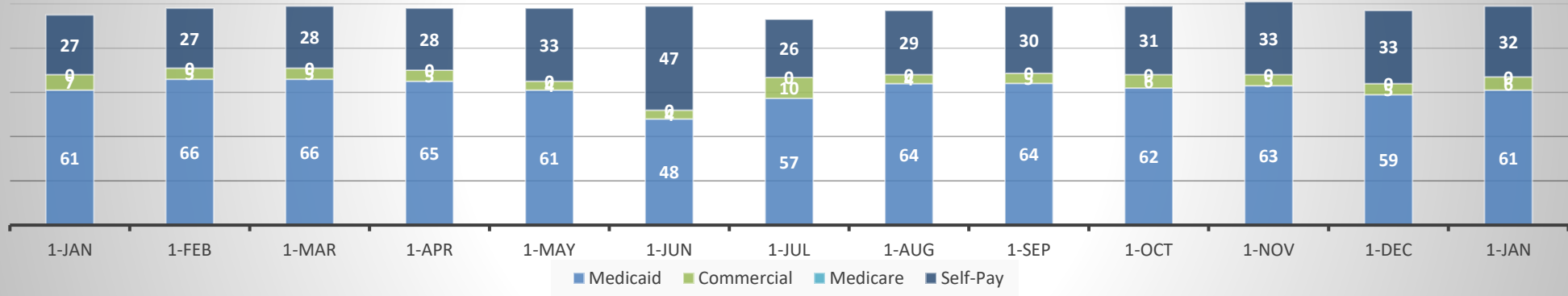


Dental

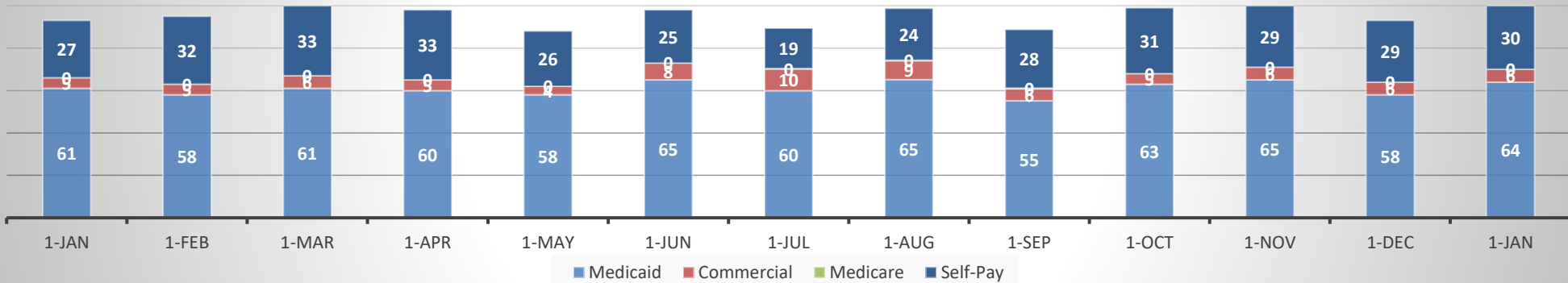


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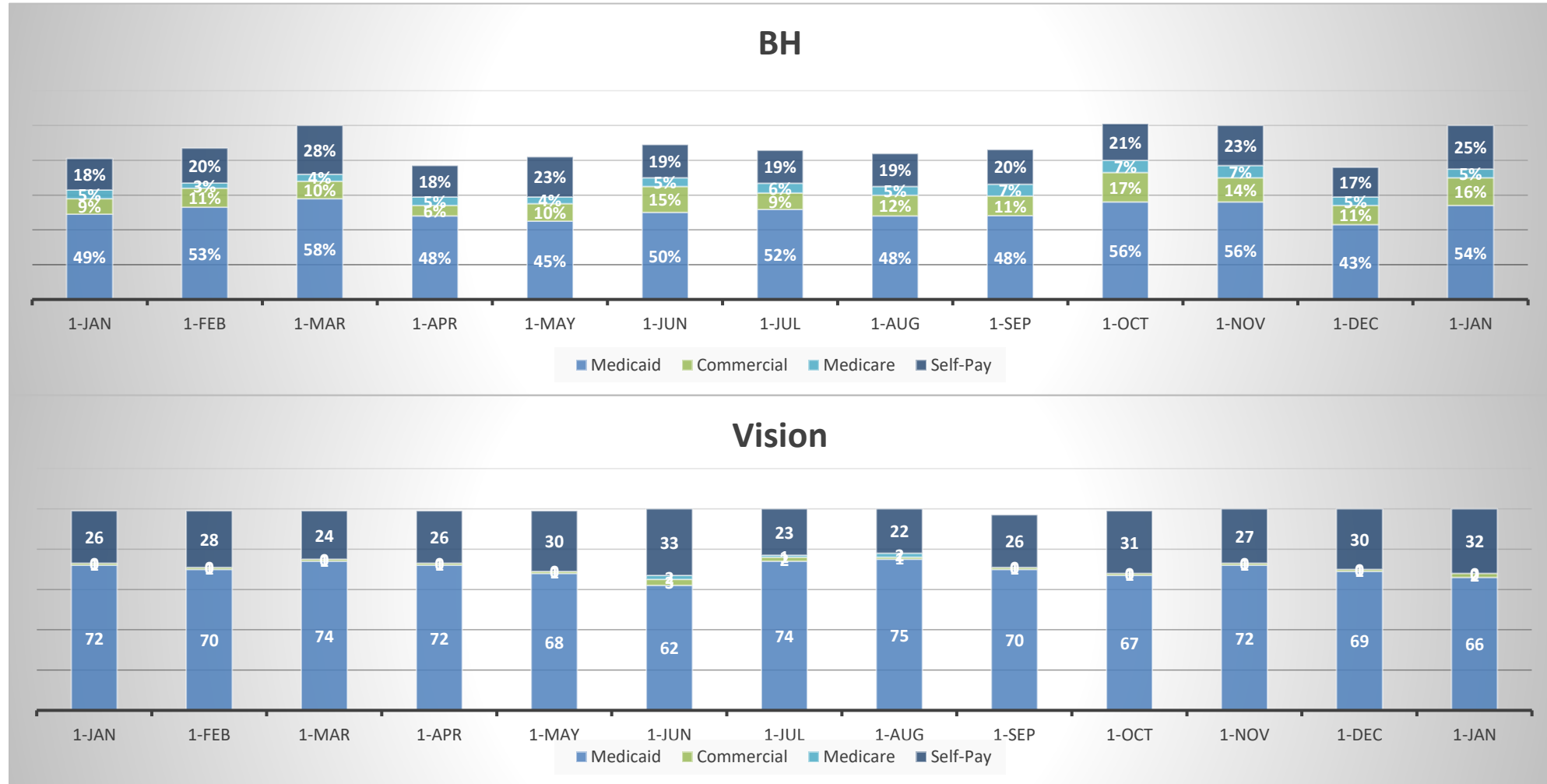
SBHC - Medical



SBHC - Dental

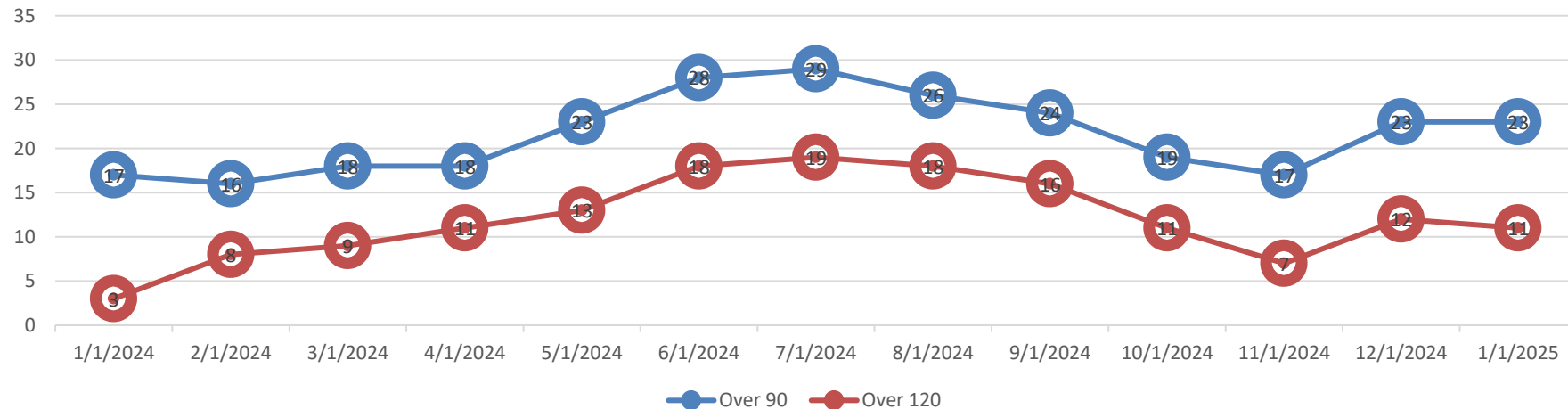


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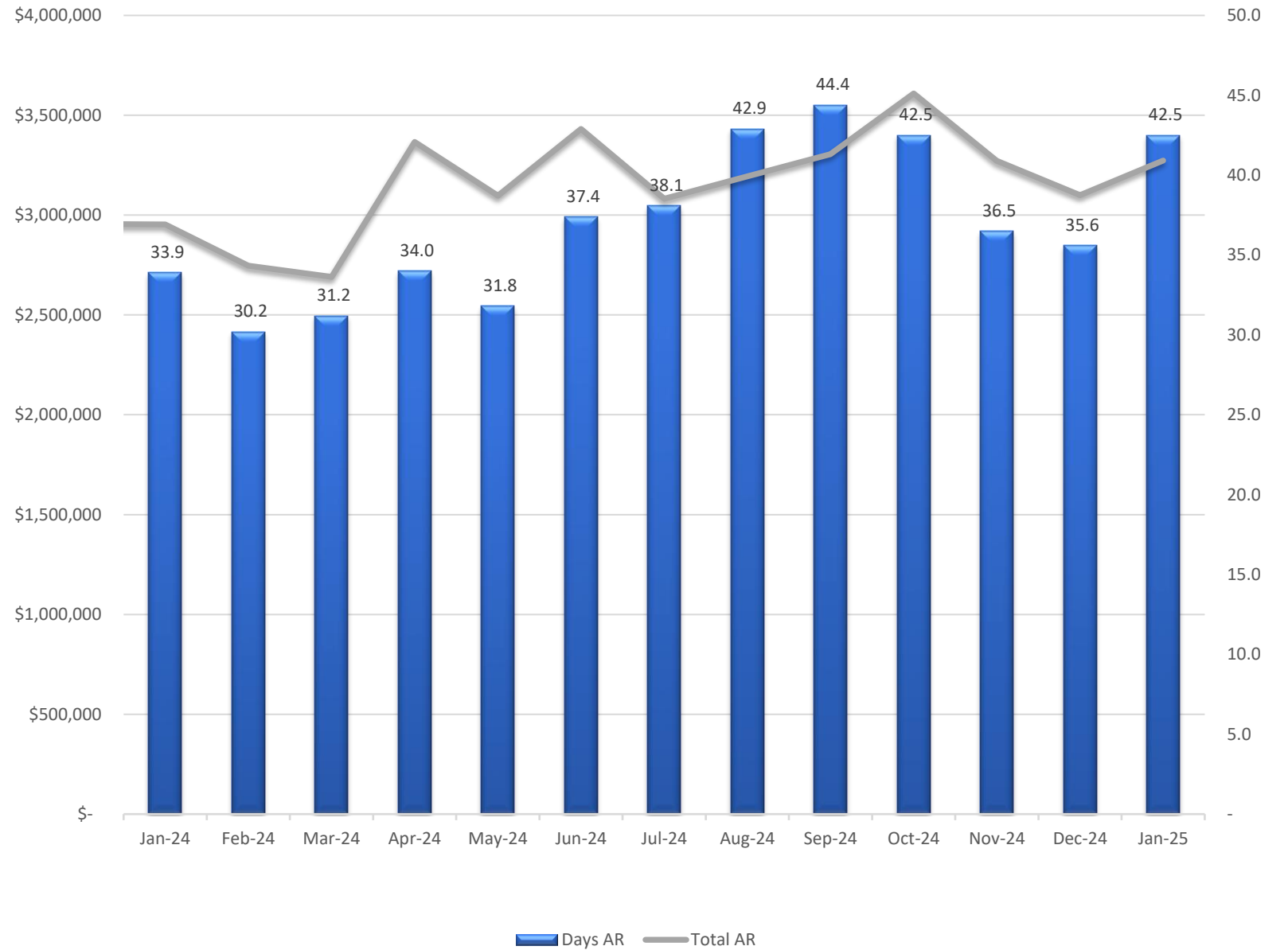


AR Trends

Aging Period	Insurance January	Patient - All January	Patient - On Pmt Plan January	Patient - Not on Pmt Plan January	Total January	% Total January
0 - 30	\$1,439,526	\$119,435	\$106	\$119,329	\$1,558,961	47.62%
31 - 60	\$431,752	\$117,520	\$479	\$117,041	\$549,272	16.78%
61 - 90	\$281,116	\$127,003	\$695	\$126,307	\$408,119	12.47%
91 - 120	\$276,761	\$124,037	\$1,393	\$122,644	\$400,798	12.24%
121 - 150	\$183,338	\$23,072	\$323	\$22,750	\$206,410	6.31%
151 - 180	\$119,945	\$6,515	\$178	\$6,337	\$126,460	3.86%
181 - 210	\$42,014	(\$1,024)	\$7	(\$1,031)	\$40,990	1.25%
211+	\$118,562	(\$136,161)	\$419	(\$136,581)	(\$17,599)	-0.54%
Total	\$2,893,014	\$380,396	\$3,601	\$376,796	\$3,273,410	
% > 90	26%	4%	64%	4%	23%	
% > 120	16%	-28%	26%	-29%	11%	



Day in AR & Total A/R



Reporting Period: January 1, 2024 – December 31, 2024

The annual clinical risk management report summarizes the 2024 activities aimed at enhancing patient safety and mitigating risks. It details assessments conducted, strategies implemented, incidents reported, and corrective actions taken, highlighting achievements and areas for improvement. This report ensures compliance with regulatory standards and supports continuous quality improvement within the organization.

2024 Risk Management Training
 Training Source – Relias Learning Management System

Fire Prevention and Response: The Basics Self-Paced

Managing and Supporting Employee Wellness

HIPAA: Do’s and Don’ts of Social Media and Electronic Communication

City-Wide Required Acknowledgement

Creating a Welcoming and Safe Healthcare Environment

340B Drug Pricing Program

Preventing and Managing Accidents
 AED LifePak

Immunization: You Call the Shots Modules 10 & 16
 Documentation: The Legal Side

Cultural Competence and Healthcare
 Infection Control: Essential Principles

Communicable Diseases in Children
 Bloodborne Pathogens and the use of Standard Precautions

Gestational Diabetes: Clinical Management
 HIPAA: Basics

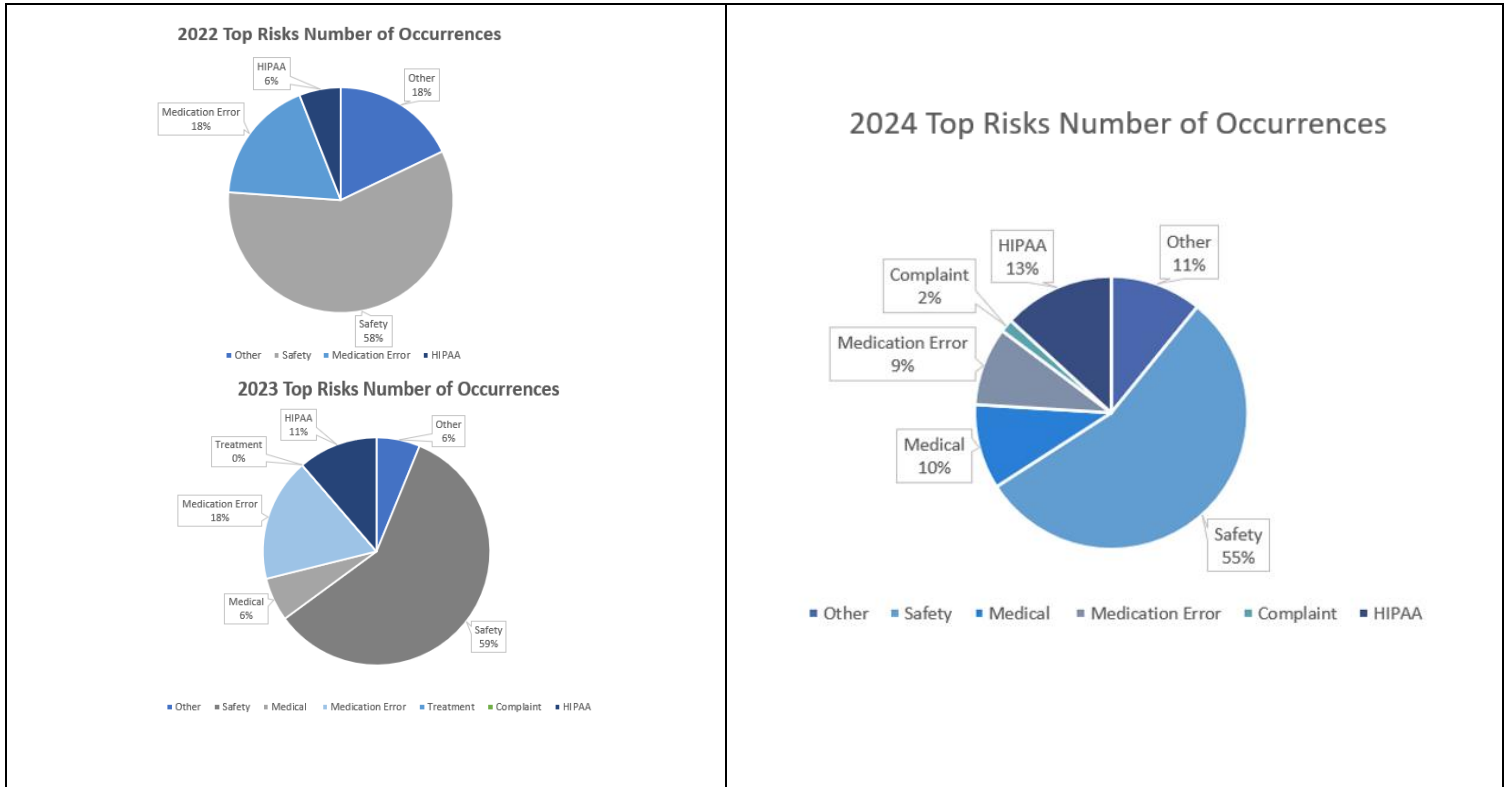
Hazardous Chemicals: SDS and Labels

Radiation & Equipment ^{Dental}

HIPAA, Bloodborne Pathogens, Hazardous ^{Dental}
 Communication, Infection Control ^{Dental}

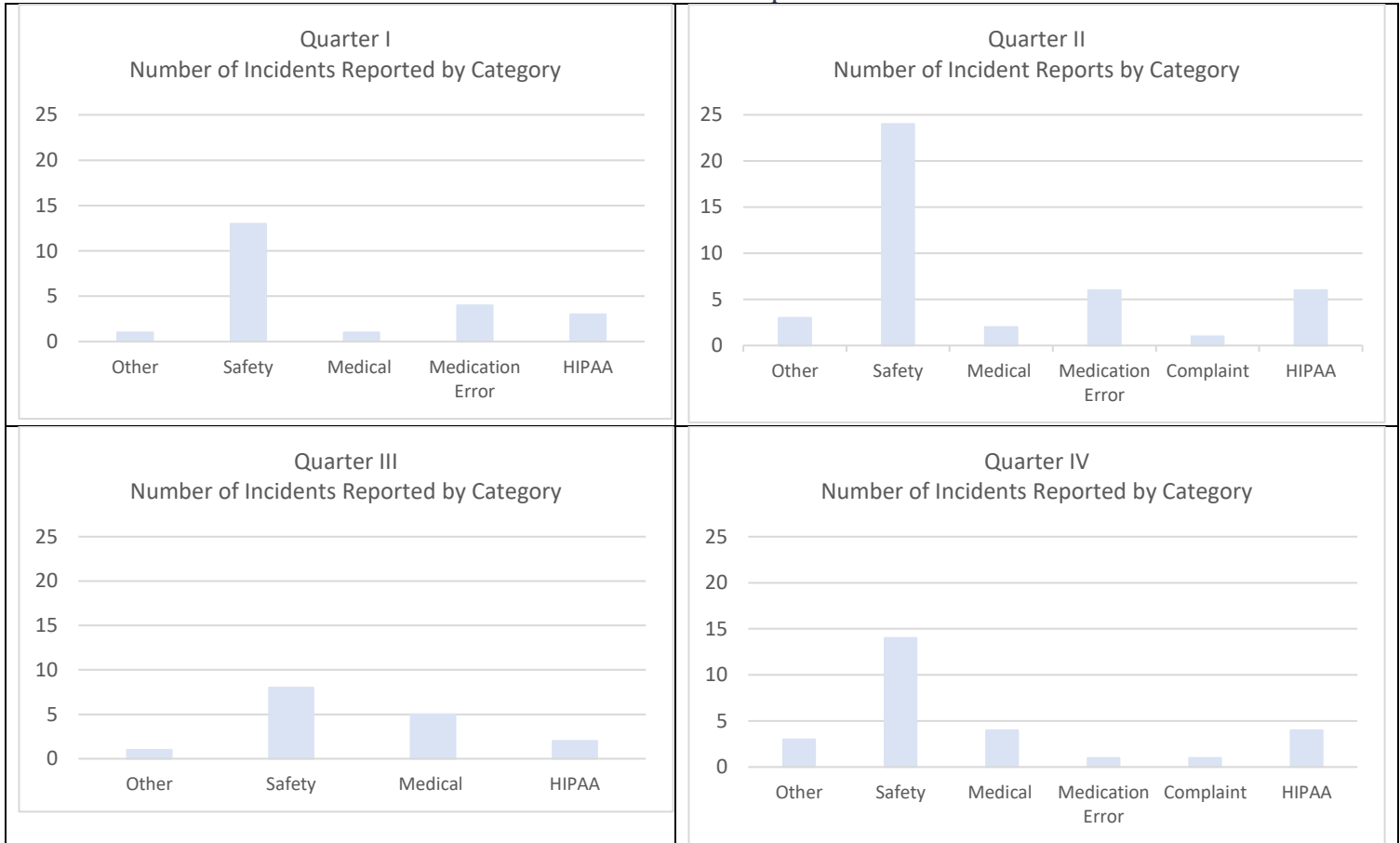
2024 Claim(s)
 No Claims Filed

Top Risks Based on Frequency of Incident Occurrence and Severity Score



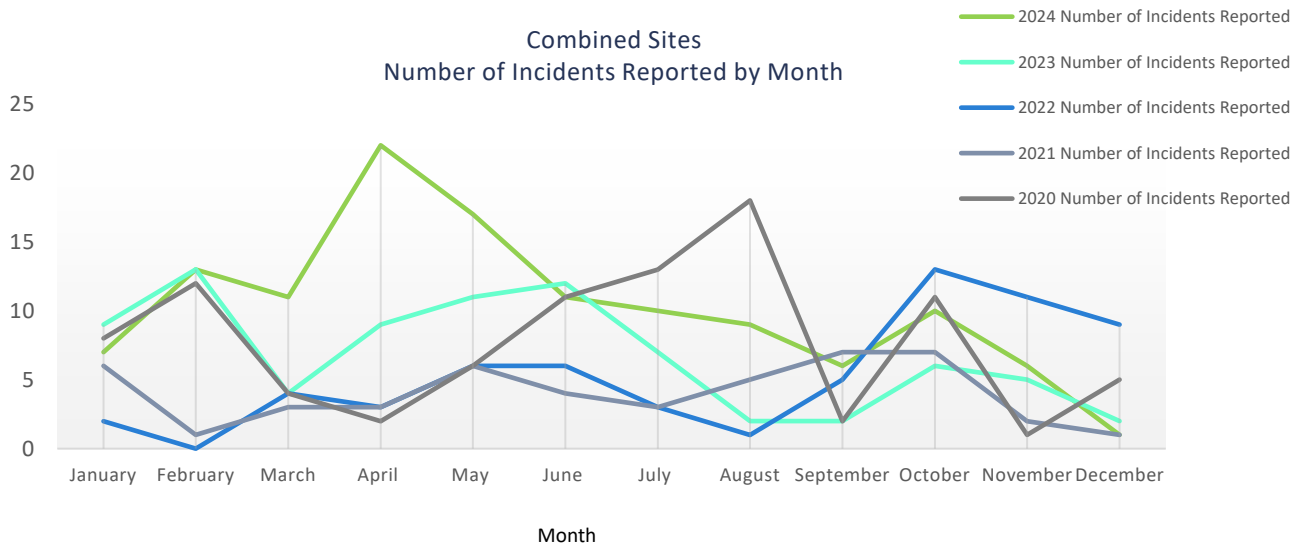
A significant number of the frequently reported incidents were patient safety-related 911 calls. These calls were managed effectively and were classified as high severity due to the urgent nature of the required care. Approximately 45% of the total number of safety incidents reported for the year are 911 calls, with 20% involving minor injuries such as slips and falls.

Quarterly Risk Management Assessments Data/Trends Reports



A trend is noted in the large number of quarterly safety incidents. The majority of these incidents are properly managed 911 calls. The "Other" category includes incidents that do not clearly align with the other classifications, such as building graffiti, Job and Family Services (JFS) processes involving the health center, and staff conflicts.

Combined Site(s)/Location(s) Number of Incidents Reported by Month



The rise in reported incidents for April 2025 is due to 14 safety incidents, making up approximately 67% of the 21 total incidents reported during the month of April. Most of the reported incidents consist of properly managed 911 calls in response to emergency patient care needs.

2024 Year Total: 129 Reported Incidents

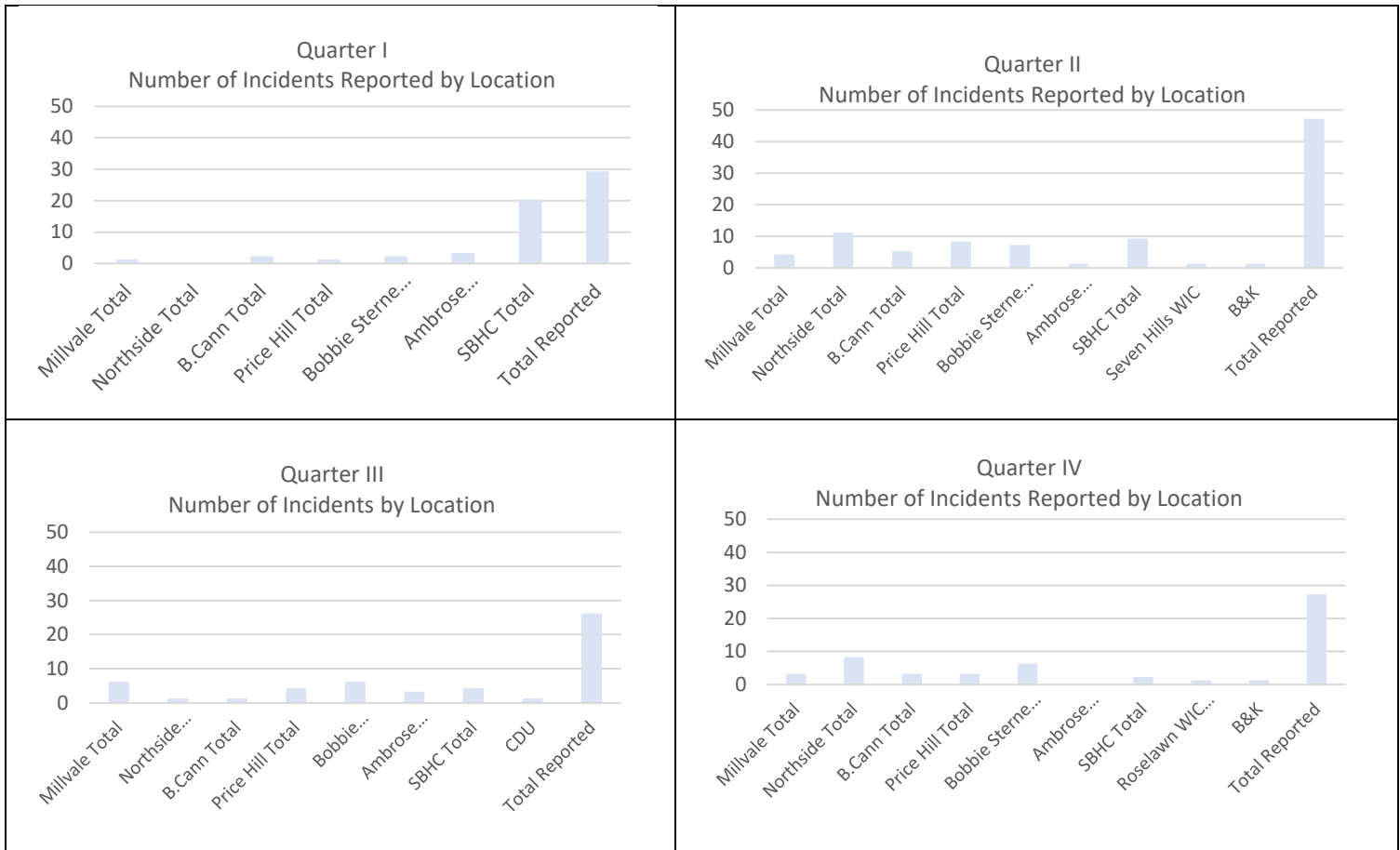
2023 Year Total: 97 Reported Incidents

2022 Year Total: 75 Reported Incidents

2021 Year Total: 48 Reported Incidents

2020 Year Total: 93 Reported Incidents

Incidents Reported by Site/Location



In quarter one, there was an increase in the number of reported incidents in the school health program, primarily involving properly managed 911 calls and vaccine storage issues. These incidents, including near misses, led to successful staff reeducation on proper procedures. This trend shows greater awareness and active engagement in incident reporting.

Risk/Audit Summary

Responsibility	High Risk Area	Assessment Question	Goal/ Schedule	Q1 ✓#	Q2 ✓#	Q3 ✓#	Q4 ✓#	Action
Supervisors	HIPAA	Are the HIPAA audits conducted quarterly?	3/ Quarter				20	HIPAA audits were not completed quarterly. Starting March 2025, quarterly reminders will be sent to supervisors.
Nursing Administration Pharmacy	Patient Safety Emergency Medical Care	Are the crash carts monitored and stocked with adequate supplies?	Adequately Stocked				✓	Crash carts were well-stocked for emergencies, but supply types varied. The policy is under review to standardize items and improve patient safety, with the goal to be submitted to the board by May 2025.
Supervisor Associate Medical Director CEO	Patient Safety Medical Care	What is the consent to treat form review process in the school-based health centers?	Review signed consent to treat forms before each visit	✓				Some staff were unaware of the process and where to look in the Electronic Health Record (EHR). Staff were instructed during monthly meetings to verify consent forms before each visit.
Supervisor Medical Director	Patient Safety Medical Care	What is the standard procedure for writing Depo-Provera orders?	One year with a documented annual visit			✓		Some orders allowed patients to receive Depo-Provera without an annual visit. Now, providers are instructed to write orders valid for one year and ensure annual visits. This policy is reviewed in huddles to aid implementation, with frequent reminders provided to support staff.

Status of Annual Risk Management Goals

2024 Goal	Status	Description
Streamline Incident Reporting & Modernize Reporting Tool (Electronic)	Complete	Electronic incident reporting tool finalized and scheduled to go live March 2025
*Education/Training	Complete	Nursing organized and implemented the 2023/2024 hands-on clinical skills competency training sessions using Relias software
*Improve Risk Management Process, Assessments and Culture	Successful Progress	Improvement in safety culture is demonstrated by a 33% increase in the number of incidents reported compared to the previous year. Crash cart risk assessment audits implemented.

*Goal/intervention related to improving an area of high risk

Completed Risk Management Activities

Efforts made to improve the culture of safety, identify, and reduce risks

- Hands-on Skills Competency
- Relias Training Software
- HIPAA Audit Tool
- 2022 Artara Software
- Patient Suggestion Boxes
- Incident Reporting Assessments
- Claims (none filed)
- Electronic Incident Reporting (Implementation scheduled 3/2025)
- Crash Cart Audit
- Health Center Administered Medication Audit(s)

2025 Risk Management Goals

Implement and Optimize the Electronic Incident Reporting and Assessment Process
* Education/Training Broaden OB Training
* Improve Risk Assessment(s)/Audits

*Goal/intervention related to improving an area of high risk



City of Cincinnati Primary Care (CCPC)
No Show, Missed Appointment &
Late Arrival Policy & Procedure

Effective Date: February 21, 2025

POLICY / SYSTEMS MANAGER

Name: Ryan E. Baumgartner MSN, RN-BC, CPH, AHN-BC

Title: Nursing Administration / Quality Improvement & Assurance

Contact: (513) 357-7259, ryan.baumgartner@cincinnati-oh.gov

Review: 02/25

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

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

I. PURPOSE

To establish guidelines that encourage patients to attend their scheduled appointments.

II. POLICY

Patients shall promptly attend their scheduled appointments in accordance with the “Patient Rights & Responsibilities Statement” (see Appendix A). Consequently, the following procedures have been established in the event of these occurrences.

III. PROCEDURE

A. Late Arrival

1. All patients are requested to arrive 15 minutes prior to their scheduled appointment to ensure that registration is completed accurately.
2. Patients arriving 15 minutes late may need to reschedule for the next available appointment.
3. If a patient arrives late and is unwell, a registered nurse (RN) will assess their condition. Late arrivals may lead to an extended wait time. Should the wait become excessive, the patient may reschedule their appointment.

B. Appointment Reminder Calls: Scheduled Appointments

1. City of Cincinnati Primary Care (CCPC) personnel will make courtesy calls or send automated messages to remind patients of their scheduled appointments the day prior.
2. However, it is each patient's responsibility to keep their appointments. Courtesy calls are not guaranteed.

C. Appointment Change Notification

1. Should any changes be made to a scheduled appointment, health center personnel will attempt to notify patients through their preferred mode of contact listed in their electronic medical record (EMR).
2. Patients are required to notify CCPC staff immediately of any changes to their address or phone number.

D. Missed Appointments

1. Patients are required to make and keep their scheduled appointments for services. Any cancellations must be made with a minimum of 24-hour notice.
2. Parents and guardians are held accountable for missed appointments by their minor children.
3. Patients who fail to cancel three (3) appointments within a twelve (12) month period, at least 24 hours prior to their scheduled visit, will not be eligible for rescheduling until they have undergone counseling with a Health Center Manager or Designee to assess barriers leading to recurrent no show, missed appointment, and cancellation occurrences.
4. Following this counseling, patients must sign an acknowledgment of the "No Show Policy," indicating they have read and understand the policy (see Appendix B).
5. A copy of this signed document will be scanned into their EMR, and the original will be given to the patient.
6. If a patient incurs a fourth cancellation or no-show after counseling, they will not be granted any new appointments without explicit consent from their provider. Repeated violations may lead to one rolling year of termination from the date of the last incident at all CCPC health centers. Please refer to the “Termination of Patient Care” Policy & Procedure.

E. Exceptions

In the following circumstances, when patients are unable to cancel their appointments 24 hours prior to their scheduled visit, the no-show occurrence may be excused:

1. A medical emergency accepted by the health center administration
 2. Incapacitation due to illness 24 hours prior to the appointment
 3. Hospitalization
 4. A documented death in the immediate family 48 hours prior to the appointment
 5. Incarceration at the time of the appointment
 6. Severe weather
 7. A significant family crisis where providing prior notice was not possible.
- F. The nursing supervisor is responsible for executing this policy; he/she may delegate responsibilities as needed.

DRAFT

REFERENCES

- Huang, Y. L. (2011). Redefining policies to reduce the negative effects of patient no-show. In *IIE Annual Conference. Proceedings* (p. 1). Institute of Industrial and Systems Engineers.
<https://tinyurl.com/2xnu78yw>
- Marbough, D., Khaleel, I., Al Shanqiti, K., Al Tamimi, M., Simsekler, M. C. E., Ellahham, S., ... & Alibazoglu, H. (2020). Evaluating the impact of patient no-shows on service quality. *Risk management and healthcare policy*, 509-517. <https://tinyurl.com/3ckf5bt4>

DRAFT

APPENDIX A



Patient Rights and Responsibilities Statement

City of Cincinnati Primary Care (CCPC) encourages patients and their families to report concerns related to care, treatment, services and patient safety issues to any (CCPC) personnel. CCPC also ensures that the following rights and responsibilities are preserved for all patients.

PATIENT RIGHTS

1. Understand and make use of your rights.
2. To receive respectful and equal treatment, care, and accommodations are available regardless of race, age, ethnicity, creed, sex, or sexual orientation.
3. If you have any children, please always monitor them. If necessary, have someone accompany you to supervise your children.
4. To receive a healthcare assessment and to participate in your plan of care.
5. To talk to your healthcare provider openly and privately.

PATIENT RESPONSIBILITIES

1. Smoking is NOT permitted on CCPC property. This includes ANY FORM of smoking material, including E-cigarettes.
2. Cell Phone usage is prohibited
3. You must bring the appropriate insurance card with you to each appointment.
4. Bring proof of address/income, when required.
5. Any minimum payment or co-payment is expected at the time of service.
6. Patients receiving Reproductive Health services may not be required to make a minimum payment.
7. Please bring a list OR all your medications with you to your appointment. This includes prescriptions, over-the-counter medication and herbal medication.
8. Provide CCPC providers with full medical disclosure.
9. It is the patient's responsibility to carry out the recommended treatment plan.
10. If your child is scheduled for a physical or immunizations a current immunization record should be brought with you.
11. Allow at least 30 days for completion of insurance forms, disability, transfer of treatment records, etc.
12. Cancellations should be made within 24 hours of your scheduled appointment time, by calling the Central Scheduling Unit at (513) 357-7320.
13. All patients have access to routine and urgent care. In case of emergency, when the office is closed, you should go to the nearest emergency room.
14. Patients who arrive 15 minutes past their scheduled appointment time may be rescheduled to a later time slot or date. Patients who present with urgent concerns will be triaged.

15. Any patient who is a “No Show” for 3 appointments, within a 12-month rolling period will not be scheduled for an additional appointment until they meet with the Health Center Manager or Designee. The Health Center Manager or Designee will assess the reason for non-compliance and if possible, provide resources.
16. Notify your physician when you have gone or received care at the Emergency Room.
17. To always behave in a respectful and courteous manner.

EXCEPTIONS

In the following circumstances, when patients are unable to cancel their appointments 24 hours prior to their scheduled visit the no-show occurrence may be excused based on the following: a medical emergency (accepted by health center administration), hospitalizations, incapacitation due to illness within 24 hours of the appointment, a documented death in the immediate family, incarceration, and severe weather. The patient may obtain care via walk-in appointment(s).

I, as a patient of CCPC Health Centers, acknowledge that I have been provided with and understand the above patient rights and responsibilities.

Patient Name

Date

Signature of Patient or Guardian (if patient is a minor)

Date



APPENDIX B



Health Center
Patient Missed Appointment Policy

Patient Name _____ DOB _____

Parent/Guardian _____

It is important to have regular visits with your physician to monitor your health and medication effectiveness. We work diligently to improve the health of the community we serve. It is important for patients to keep their appointments since missed appointments result in lost time that could have been used to treat other patients. Therefore, we have implemented the following policies:

Late Arrival Policy

Please arrive at your appointment at least 15 minutes early to ensure all registration is complete and accurate prior to your appointment. Patients who arrive 15 or more minutes late may be rescheduled to the next available appointment. If the patient who arrives late is ill, he/she will be triaged by a nurse. A wait time may occur in these instances. If your wait time becomes too long, you are welcome to reschedule your appointment.

Appointment Reminder Calls - Scheduled Appointments:

We will make every effort to place courtesy calls to patients the day before your scheduled appointment(s). However, patients are responsible for keeping scheduled appointments. Courtesy calls are not guaranteed.

Appointment Change Notification:

Should there be any changes regarding a scheduled appointment we will attempt to notify you by phone using the last number on record. To ensure that we reach you we ask that you notify us immediately of any changes to your address or phone number.

Missed Appointments Policy

- 1. Patients are expected to make and keep appointments for services. A 24-hour notice is needed for cancelled appointments.
2. Parents will be responsible for the broken appointments of their minor children.
3. Patients who fail to show or cancel three (3) appointments within a 12-month period will not be scheduled additional appointments until they have met with a Health Center Manager or Designee.
4. If a fourth cancellation (no-show) occurs after the counseling, no new appointments will be given without the provider's consent. This may result in being terminated from all CCPC health centers for a period of approximately one year.

By signing below, I acknowledge that I have read and understand the policy.

Patient Or Guarantor's Signature

Date

Witness to Signature

Date



**City of Cincinnati Primary Care (CCPC)
Clinical & Community Nursing**
Managing Medical Emergencies
During Office Hours Policy & Procedure

Effective Date: February 21, 2025

POLICY / SYSTEMS MANAGER

Name: Ryan E. Baumgartner MSN, RN-BC, CPH, AHN-BC

Title: Nursing Administration / Quality Improvement & Assurance

Contact: (513) 357-7259, ryan.baumgartner@cincinnati-oh.gov

Review: 02/25

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

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

I. PURPOSE

To establish and maintain an organized plan for immediate recognition and response to individuals suffering from a medical emergency during regularly scheduled hours of operation.

II. POLICY

City of Cincinnati Primary Care (CCPC) personnel will initiate basic life support (BLS) cardiopulmonary resuscitation (CPR) interventions, including first aid, to provide skilled care to patients, staff, families, and visitors who experience a medical emergency in CCPC health centers and the community.

III. PERSONNEL

CCPC and Community Health staff.

IV. PROCEDURE

1. A BLS-certified staff member on-site who identifies an emergency medical situation will adhere to BLS guidelines for initiating CPR and First Aid, including assessing the safety of the scene, calling for assistance, and designating other team members to activate the Medical Emergency Response.
2. If the staff member is alone, they will quickly grab the crash cart with the external defibrillator (AED). If help is available, they assign one person to call 9-1-1 and another to get the crash cart with the AED.
3. Next, the staff member will assess the patient for normal breathing and check for a pulse. This assessment should take no longer than 10 seconds.
4. If the patient is not breathing normally or is gasping and has no pulse, they should begin high-quality CPR immediately, starting with chest compressions.
5. The AED should be used as soon as it is available, and the staff should follow the prompts provided by the device.
 - a. Remove the patient's clothes from the chest.
 - b. Apply AED pads as indicated on the package.
 - c. After delivering a shock as advised by the AED, immediately resume high-quality CPR, starting with chest compressions; when advised by the AED, deliver additional shocks.
 - d. Continue this process until the first responders arrive at the patient's side (Please see Appendices A, B, and C algorithms for variations and further details of BLS intervention).

REFERENCE

- American Heart Association. (2020). *Basic life support: Provider manual*. First American Heart Association.
- Merchant, R. M., Becker, L. B., Brooks, S. C., Chan, P. S., Del Rios, M., McBride, M. E., ... & American Heart Association. (2024). The American Heart Association emergency cardiovascular care 2030 impact goals and call to action to improve cardiac arrest outcomes: A scientific statement from the American Heart Association. *Circulation*, 149(8), e914-e933. <https://tinyurl.com/5cxsux3k>

DEFINITION OF TERMS

Automated External Defibrillator (AED):

As defined by the American Heart Association (AHA), an AED is a lightweight, portable, voice-guided device that can analyze a person's heart rhythm and deliver an electric shock to victims of cardiac arrest to restore the heart rhythm to normal.

Basic Life Support (BLS):

According to the AHA, Basic Life Support (BLS) consists of several crucial steps for survival during an emergency. Early recognition is critical during an emergency. If a bystander is present, commencing CPR immediately can enhance the likelihood of survival. Evidence supports that using a defibrillator early on can aid in reestablishing a regular heart rhythm during cardiac arrest. These three essential steps significantly increase the chances of survival.

Cardiopulmonary Resuscitation (CPR):

An emergency lifesaving procedure is performed when the heart stops beating. Immediate CPR can double or triple the chances of survival after cardiac arrest.

Emergency Response System:

A set of life-saving medical procedures performed in the early stages of an emergency. These resuscitation techniques are generally administered by the healthcare provider or any individual on the scene with BLS training.

High-quality CPR:

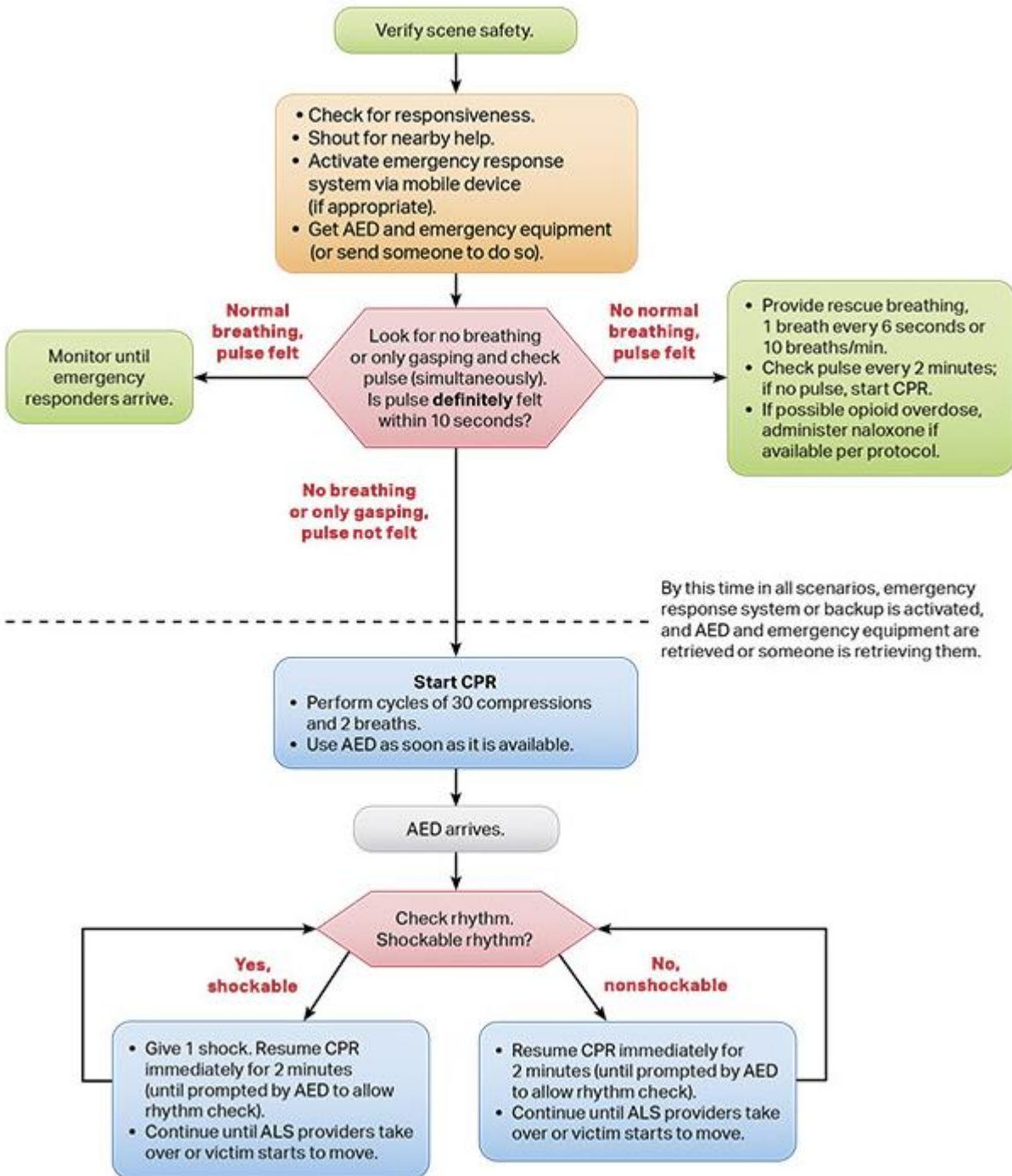
High-quality CPR is defined as chest compressions that are of sufficient depth and performed at a fast enough rate to generate enough blood flow to the brain and other vital organs to delay cell death.

Patient-Facing Personnel:

CCPC and Community Health staff members directly interact with patients. Patient-facing means providing healthcare or healthcare-related services as part of regular duties or other face-to-face interactions with patients.

APPENDIX A

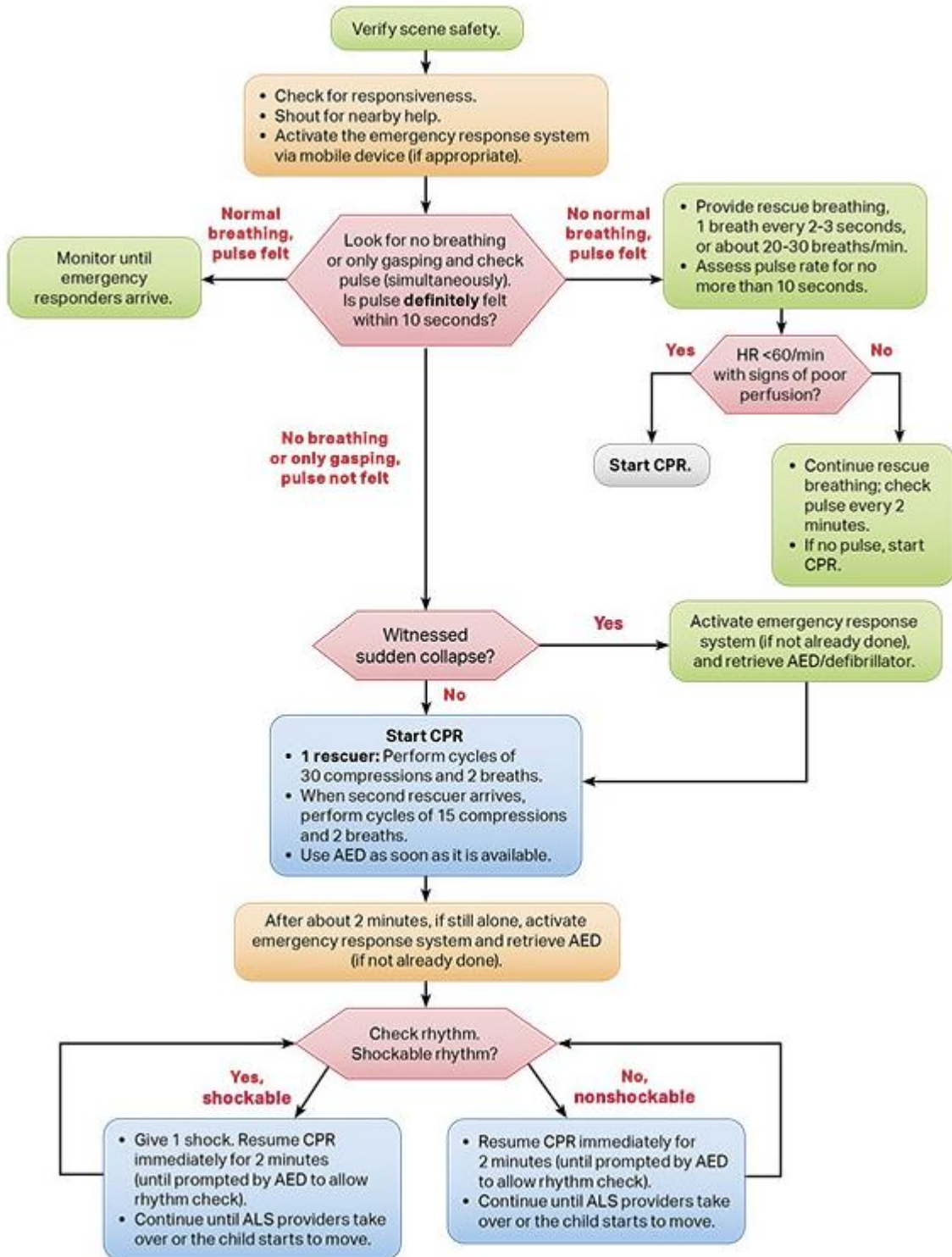
Adult Basic Life Support Algorithm for Healthcare Providers



© 2020 American Heart Association

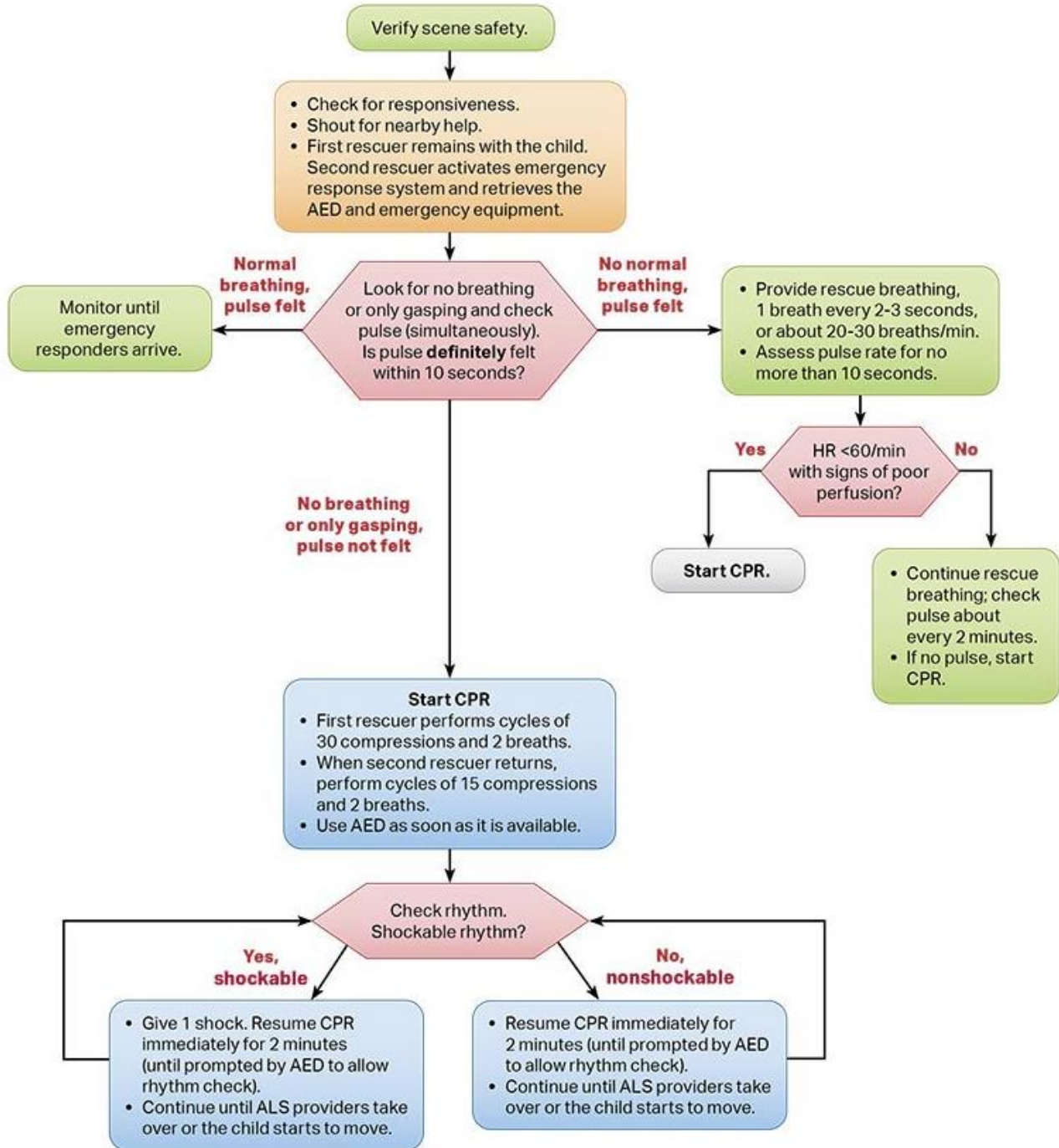
APPENDIX B

Pediatric Basic Life Support Algorithm for Healthcare Providers—Single Rescuer



APPENDIX C

Pediatric Basic Life Support Algorithm for Healthcare Providers—2 or More Rescuers



© 2020 American Heart Association



City of Cincinnati Primary Care (CCPC)
Tuberculosis Skin Testing for Patients
Policy & Procedure

Effective Date: February 21, 2025

POLICY / SYSTEMS MANAGER

Name: Ryan E. Baumgartner MSN, RN-BC, CPH, AHN-BC

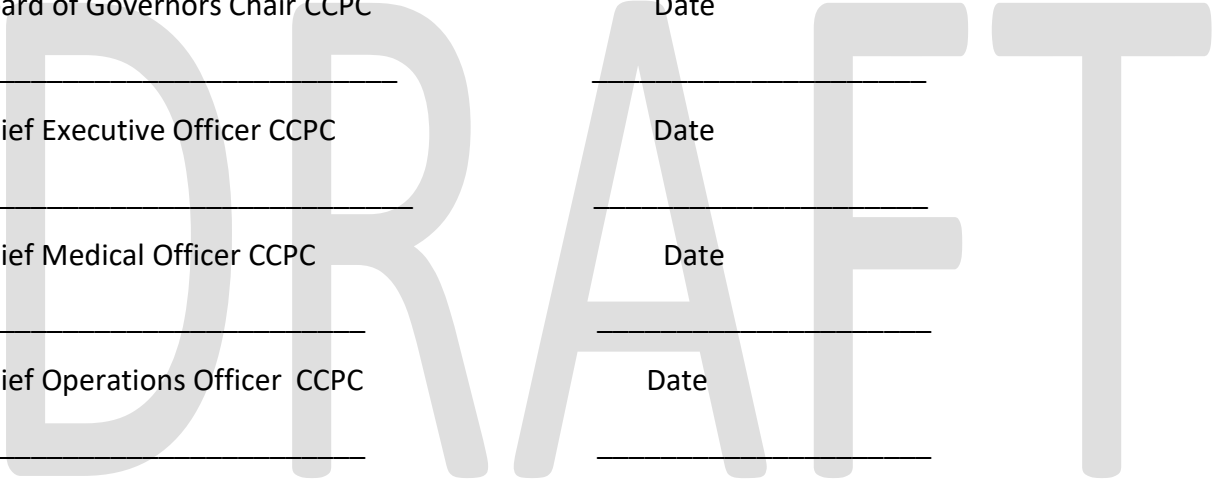
Title: Nursing Administration / Quality Improvement & Assurance

Contact: (513) 357-7259, ryan.baumgartner@cincinnati-oh.gov

Review: 02/25

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

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



I. PURPOSE

The tuberculin skin test (TST) is used to determine whether an individual has been exposed to the bacterium that causes tuberculosis (TB).

II. POLICY

A TST will be given to City of Cincinnati Primary Care (CCPC) patients who require TB screening.

III. PROCEDURE

- A. The administration of a TST skin test to high-risk individuals, as well as to CCPC patients seeking employment-related testing and prenatal care, is carried out under the standing order of the provider by the registered nurse (RN) or medical assistant (MA).
- B. High-risk groups (see Appendix A) for TB include individuals who:
 1. Have been in close contact with known or suspected TB cases.
 2. Were born in [regions with high TB incidence](#).
 3. Live in high-risk congregate settings such as [homeless shelters](#) or [correctional facilities](#).
 4. Have been diagnosed with specific medical conditions or in medical situations that weaken the immune system (see Appendix A).
 5. Have been identified as belonging to medically underserved and low-income populations (see Appendix B).
 6. Have been identified as belonging to high-risk racial or ethnic minority populations with an increased TB prevalence (see Appendix B).
- C. The RN or MA will consult the provider in cases where the patient has received the bacilli Calmette-Guerin vaccine.
- D. In cases where a CCPC patient has previously had a positive TST or has a history of TB, the RN or MA will collect relevant information and consult the CCPC provider.
- E. In accordance with The Ohio Board of County Commissioners and [Ohio Revised Code § 339.76](#), Hamilton County Public Health (HCPC) is Cincinnati's designated TB Control Center. Therefore, when *Non-CCPC* individuals present to a CHD health center and request a TST:
 - a. The RN or MA will:
 - i. Inform *non-CCPC* persons that TB testing, treatment, and follow-up care must be completed at the HCPC TB Control Center.
 - ii. Provide these individuals with the HCPC TB Control Center's General Information sheet (see Appendix C).

IV. ADMINISTRATION

- A. The RN or MA will:
 1. Clean the diaphragm of the Purified Protein Derivative (PPD) vial stopper with 70% alcohol before drawing up the solution.
 2. Use a ¼ to ½ inch 27-gauge needle and a tuberculin syringe (0.5 or 1.0 mL).
 3. Cleanse the injection site with 70% alcohol and allow drying
 4. Inject 0.1 mL of 5-TU PPD intradermally with the needle bevel upward into the forearm's volar (palm side) or ventral surface.
- B. The injection site will be free of lesions and away from veins. When the injection is done correctly, a wheal of 6 to 10 millimeters (mm) in diameter should be produced.

- C. The vial must be labeled with the date it was first opened. After 28 days of opening, discard an opened vial of PPD.
- D. After administering the TST, the patient shall be instructed to return to the health center within 48-72 hours for evaluation.
- E. The TST date and placement site (left or right forearm) are documented in the patient's EMR and on the Vaccine Administration Record (VAR).
- F. The TST must be read by the RN within 48-72 hours of administration. If the patient returns after this period, the test must be repeated, except for the Two-Step TST.
- G. The TST is interpreted based on the size of the wheal's induration, *not* the diameter of the erythema.
- H. Results are recorded in millimeters (mm) of induration rather than as negative or positive.
- I. Patients with a positive TST shall be referred to the Hamilton County Tuberculosis Control Center (see Appendix D).
- J. Guidelines for a positive or negative TST result are as follows:
 - i. Induration of ≥ 5 mm is considered positive in:
 - 1. People living with HIV
 - 2. Recent contacts of people with infectious TB disease
 - 3. People who have fibrotic changes on a chest radiograph
 - 4. Patients with organ transplants
 - 5. Other immunosuppressed patients (e.g., patients on prolonged therapy with corticosteroids ≥ 15 mg per day of prednisone or those taking TNF- α antagonists)
 - ii. Induration of ≥ 10 mm is considered positive in:
 - 1. People born in countries where TB disease is common, including Mexico, the Philippines, Vietnam, India, China, Haiti, and Guatemala
 - 2. People who misuse drugs and alcohol
 - 3. People who live or work in high-risk congregate settings (e.g., nursing homes, homeless shelters, or correctional facilities)
 - 4. Mycobacteriology laboratory workers
 - 5. People with certain medical conditions that place them at high risk for TB (see Appendix A).
 - 6. Children younger than 5 years of age
 - 7. Infants, children, and adolescents exposed to adults in high-risk categories.
 - iii. Induration of ≥ 15 mm is considered positive in:
 - 1. People with no known risk factors for TB

REFERENCES

Centers for Disease Control & Prevention. (2023). *Core curriculum on Tuberculosis: What the clinician should know*. (7th Ed.). <https://tinyurl.com/8jvz39zr>

The Ohio Department of Health. (2024). *Ohio laws and rules related to tuberculosis: Ohio tuberculosis program manual*. <https://tinyurl.com/4f7zs4c2>

DRAFT

APPENDIX A

Tuberculosis (TB) Risk Factors

Some people may develop TB disease soon after infection, while others may get sick years later when their immune system becomes weak for another reason.

It is estimated that between 5% to 10% of individuals who have been infected with TB and do not receive treatment for latent TB infection will develop TB disease at some point in their lives. However, for individuals with weakened immune systems, particularly those with human immunodeficiency virus (HIV) infection, the risk of developing TB disease is much higher than for those with normal immune systems.

People who are at a high risk of developing TB disease can be classified into two main categories:

- Persons who have been recently infected with TB bacteria
- Persons with medical conditions that weaken the immune system
- Persons who have been recently infected with TB Bacteria

including:

The following groups of people are at a higher risk for contracting TB disease:

- Those who have been in close contact with someone who has an infectious TB disease
- Individuals who have immigrated from countries with high rates of TB
- Children under the age of five who have tested positive for TB
- Homeless individuals, injection drug users, and individuals with HIV infection who are at high risk for TB transmission
- People who work or live with those who are at high risk for TB in institutions such as hospitals, homeless shelters, correctional facilities, nursing homes, and residential homes for those with HIV.

People with weakened immune systems include babies, young children, and those with certain medical conditions.

- HIV infection
- Substance abuse
- Silicosis
- Diabetes mellitus
- Severe kidney disease
- Low body weight
- Organ transplants
- Head and neck cancer

APPENDIX B

Medically Underserved and Low-Income Populations

Socioeconomic factors can directly or indirectly increase a person's risk for TB disease and make treatment difficult. These factors include:

- Poverty,
- Limited access to
 - Quality health care,
 - Employment opportunities,
 - Housing,
 - Transportation, and
- Adverse health outcomes.

Language barriers and cultural factors may also place certain populations at higher risk for TB. These include factors such as:

- Health knowledge,
- Stigma associated with the disease,
- Values, and
- Beliefs

High-Risk Racial or Ethnic Minority Populations

In [2022](#), **88.4% of the TB cases** reported in the United States occurred among racial and ethnic minority groups. In the United States, TB affects some racial and ethnic minority groups more than others, including:

- [Asian persons](#)
- [Black or African American persons](#)
- [Hispanic or Latino persons](#)

APPENDIX C



PREVENT. PROMOTE. PROTECT.

Tuberculosis Control Clinic

General Information

The Hamilton County Tuberculosis Control Clinic exists to treat and prevent Tuberculosis. We are a full-service Tuberculosis clinic serving those who live or work in Hamilton County.

Address: 5050 Section Avenue, Suite 200, Cincinnati, OH 45212

Main Telephone Number: 513-946-7610
(Please use 946-7600 for emergencies after normal business hours.)

Clinic Hours:

- Monday, Wednesday & Friday: 7:30am-4:00pm
- Tuesday and Thursday 9:00am-4:00pm
- 4th Tuesday of each month: Closed from 8:00am-1pm for staff training and development

All clinic services are by appointment only - NO walk-ins

No clinical services are scheduled between 12:00pm-1:00pm

We accept Medicare, Medicaid and many private insurance plans. For those with no insurance, we offer a sliding fee scale based upon income and family size. Services will not be denied due to inability to pay.

Services

Listed below are the services offered at the Tuberculosis Control Clinic. Please read the information carefully, not all services are free and some services require an appointment.

TB Testing (Skin tests):

- Please call 513-946-7610 to schedule for your appointment. Skin tests are given Monday, Tuesday, Wednesday and Friday 9:00am to 3:00pm (Not on Thursdays). TST Reads are scheduled Monday - Friday 7:30am - 4:00pm. The TST must be administered by our clinic to be read.
- Skin Test Administration may be unavailable week of or before major holidays due to reading time constraints.
- Skin test readings must be completed 48 to 72 hours after administration and will be scheduled when you're here for your skin test. If you miss your appointment, we may not be able to read your skin test and it may need to be replaced.
- We provide interpreters for those with limited English proficiency or hearing impairment. Please specify your need for these services when you schedule your appointment.

APPENDIX D



TB Clinic Referral

TO BE FAXED TO
513-946-7603

Call 513-946-7614 to report active/suspect case Call our clinic at 513-946-7610 to schedule an appointment

We are located at: 5050 Section Avenue, Suite 200, Cincinnati, OH 45212

You must provide all information marked with *. For non-hospital referrals, please include QFT/TST results and chest x-ray results to make this a completed referral. Patients will not be scheduled without these results. If you know or suspect this patient is infectious, please call 513-946-7614 to report.

*DATE:

PATIENT INFORMATION

*TYPE OF REFERRAL:	<input type="checkbox"/> ACTIVE/SUSPECT TB	<input type="checkbox"/> POSITIVE SKIN TEST/QFT	<input type="checkbox"/> LTBI
*FIRST NAME:	*LAST NAME:		
*DOB:	*MRN:		

PATIENT DEMOGRAPHICS

PATIENT'S ADDRESS:			
PHONE:	COUNTRY OF ORIGIN:	DATE ARRIVED IN US:	
PRIMARY LANGUAGE:	REQUIRES INTERPRETER:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
RACE/ETHNICITY: <small>Select an option</small>	SSN:	CHECK IF SSN IS UNKNOWN: <input type="checkbox"/>	
NAME OF INSURANCE:	MEMBER ID:		
NAME OF SPOUSE/GUARDIAN/SPONSOR/INSTITUTION:			
PATIENT SCHOOL:	PATIENT EMPLOYMENT:		
OTHER RISK FACTORS/NOTES:			

PATIENT MEDICAL

*MANTOUX TST RESULTS:	<input type="text"/> mm	DATE OF MANTOUX TST:	<input type="text"/>	DATE READ:	<input type="text"/>
*DATE OF IGRA:	<input type="text"/>	*IGRA INTERPRETATION:			
HAS THERE BEEN A CONVERSION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN WAS THE LAST NEGATIVE RESULT DATE?	<input type="text"/>	IF NO, DOES THIS PATIENT HAVE A HISTORY OF POSITIVE RESULT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
*CXR DATE:	<input type="text"/>	*CXR RESULT:	<input type="checkbox"/> NORMAL FINDINGS	<input type="checkbox"/> ABNORMAL FINDINGS (SEE ATTACHED RESULTS)	

PROVIDER INFORMATION

*REPORTED BY:	<input type="text"/>	*DATE:	<input type="text"/>	*HOSPITAL:	<input type="text"/>	*PHONE:	<input type="text"/>
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Upon faxing this form, we will begin processing your referral. We may reach out to you if additional information is needed. Please ask LTBI referrals to call 513-946-7610 to schedule their appointment 24 hours after the referral is sent, to ensure we have all patient information. If the patient does not call to schedule an appointment within 10 days, we will notify your office by letter.



Healthy choices. Healthy lives. Healthy communities.



City of Cincinnati Primary Care (CCPC)
Tuberculosis Screening & Testing for Personnel
Policy & Procedure

Effective Date: February 21, 2025

POLICY / SYSTEMS MANAGER

Name: Ryan E. Baumgartner MSN, RN-BC, CPH, AHN-BC

Title: Nursing Administration / Quality Improvement & Assurance

Contact: (513) 357-7259, ryan.baumgartner@cincinnati-oh.gov

Review: 02/25

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

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

I. PURPOSE

To provide a measure for monitoring the Cincinnati Health Department (CHD) personnel for exposure to tuberculosis (TB), the potential for active tuberculosis disease, and hence the transmission of the disease to others.

II. POLICY

In accordance with the 2023 Centers for Disease Control and Prevention (CDC) and National Tuberculosis Controllers Association recommendation, all CHD personnel will adhere to the following TB screening and testing guidelines.

III. PROCEDURE

The following procedure is intended to promote the health and safety of CHD personnel and patients.

1. Frequency of TB Screening & Testing

a. Baseline TB Screening and Testing

i. All CHD personnel are subject to:

1. TB screening with an individual risk assessment and symptom evaluation at baseline (pre-placement).
2. TB testing with an interferon-gamma release assay ([IGRA](#)) or a tuberculin skin test ([TST](#)) for persons without documented prior TB disease or latent TB infection ([LTBI](#)).
3. Personnel need not undergo serial TB testing at any interval after baseline unless a known exposure or ongoing transmission.
4. Referral for treatment for personnel with untreated LTBI unless treatment is contraindicated.
5. Annual symptom screening for healthcare personnel with untreated LTBI.
6. Annual TB education.

b. Annual Screening, Testing, & Education

- i. Annual TB testing of CHD personnel is not recommended unless there is a known exposure or ongoing transmission at a healthcare facility.
- ii. All CHD personnel with untreated LTBI should receive an annual TB symptom screen (see Appendix A).
- iii. Symptoms of TB disease include but are not limited to any of the following:
 1. a cough lasting longer than three weeks,
 2. unexplained weight loss,
 3. night sweats or a fever,
 4. and loss of appetite.
- iv. All CHD personnel shall receive TB education annually. TB education will include information on [TB risk factors](#) (see Appendix B), the [signs and symptoms of TB disease](#) (see Appendix A), and TB infection control policies and procedures.

c. Post-Exposure Screening & Testing

- i. All CHD personnel with known exposure to TB disease will receive a TB symptom screen and timely testing when indicated.

1. All CHD personnel with a previous negative TB test result should be tested immediately and re-tested 8 to 10 weeks after the last known exposure.
 2. A chest X-ray and medical evaluation will be necessary to rule out active disease if any TB test results return positive.
 3. For consistency, the same type of TB test (e.g., IGRA or TST) should be used upon hire (i.e., pre-placement) and for any follow-up testing.
 4. All CHD personnel with a documented history of a positive TB test result do not need to be re-tested after exposure to TB.
- ii. Any CHD personnel demonstrating evidence of active disease shall not practice. These individuals shall remain home and be treated appropriately.
1. Medication will be taken as prescribed.
 2. Personnel who have a documented history of positive TST or IGRA tests do not need to undergo repeat testing or chest X-rays unless they exhibit symptoms consistent with TB disease or are being re-evaluated prior to starting treatment for LTBI.
 3. The staff member's provider shall report any active disease to the Hamilton County Public Health Tuberculosis Control Clinic. The report can be made by phone at 513-946-7614.
 4. A [referral](#) for the appropriate follow-up will be completed and submitted to Hamilton County Public Health Tuberculosis Control Clinic (see Appendices C and D).
 5. Appropriate follow-up and treatment are the responsibility of the patient's provider.
- d. TB testing in Bacilli Calmette-Guerin (BCG)-Vaccinated Personnel
- i. The CHD onboarding/credentialing personnel will not accept TB skin test results from new clinical staff with prior BCG vaccination due to the potential for false positive results.
 - ii. CHD credentialing staff will only accept a negative IGRA test result within 12 months from pre-placement personnel who have received the BCG vaccine.

REFERENCES

Centers for Disease Control & Prevention. (2023 March 19). *Core curriculum on Tuberculosis: What the clinician should know*. (7th Ed.).

<https://www.cdc.gov/tb/education/corecurr/core-curr-tb.htm>

Centers for Disease Control & Prevention. (2022, August 30). *TB screening and testing of healthcare personnel*. <https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm>

Wodi, A. P., Hamborsky, J., Morelli, V., & Schillie, S. (2021). *Epidemiology and prevention of vaccine-preventable diseases* (pp. 275-286). E. Hall (Ed.). US Department of Health and Human Services, Centers for Disease Control and Prevention.

APPENDIX A

Tuberculosis (TB) Screening Questionnaire*

Name: _____

Date: _____

CHRIS #: _____

DOB: _____

Have you ever:

- been told you have TB or had a positive skin test? Yes _____ No _____
- had recent close contact with anyone who has active TB? Yes _____ No _____
- received the Bacilli Calmette-Guerin (BCG) vaccine? Yes _____ No _____
- had blood drawn to test for TB? Yes _____ No _____

If answered Yes to any question above, when was your last chest X-ray? _____

Tuberculosis Review of Symptoms:

- Cough lasting longer than three weeks? Yes _____ No _____
- Unexplained weight loss? Yes _____ No _____
- Unexplained fever or night sweats? Yes _____ No _____
- Unexplained loss of appetite? Yes _____ No _____

Employee given copy of TB Fact Sheet Yes _____ No _____

Employee Signature: _____

Date: _____

Yes, I hereby consent to the injection of a tuberculosis skin test (TST) to aid in the diagnosis of tuberculosis. I further understand that my site must be read and documented by a physician or registered nurse within 48-72 hours after the injection. Failure to do so will render my test invalid.

No, I hereby attest that I have not experienced or have been subject to the above conditions. Therefore, do not meet the requirements for annual TB testing.

Employee Signature: _____ Date: _____

Tubersol _____

Mfgr. _____ Dose 0.1ml Lot _____ Exp. Date _____ Site _____ Administered By _____

Date Read: _____ **Read By:** _____

Result: _____ **MM Induration:** _____

- ✓ If TST results are positive, the employee will be referred to Employee Health Services.
- ✓ File the original TB Screening Questionnaire in the employee's medical record with a copy to the employee.

**This Screening Questionnaire is required upon hire and annually.*

APPENDIX B

Tuberculosis (TB) Risk Factors

Some people may develop TB disease soon after infection, while others may get sick years later when their immune system becomes weak for another reason.

It is estimated that between 5% to 10% of individuals who have been infected with TB and do not receive treatment for latent TB infection will develop TB disease at some point in their lives. However, for individuals with weakened immune systems, particularly those with human immunodeficiency virus (HIV) infection, the risk of developing TB disease is much higher than for those with normal immune systems.

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The following groups of people are at a higher risk for contracting TB disease:

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- People who work or live with those who are at high risk for TB in institutions such as hospitals, homeless shelters, correctional facilities, nursing homes, and residential homes for those with HIV.

People with weakened immune systems include babies, young children, and those with certain medical conditions.

- HIV infection
- Substance abuse
- Silicosis
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APPENDIX C



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*DATE:

PATIENT INFORMATION

*TYPE OF REFERRAL:	<input type="checkbox"/> ACTIVE/SUSPECT TB	<input type="checkbox"/> POSITIVE SKIN TEST/QFT	<input type="checkbox"/> LTBI
*FIRST NAME:	*LAST NAME:		
*DOB:	*MRN:		

PATIENT DEMOGRAPHICS

PATIENT'S ADDRESS:			
PHONE:	COUNTRY OF ORIGIN:	DATE ARRIVED IN US:	
PRIMARY LANGUAGE:	REQUIRES INTERPRETER:		<input type="checkbox"/> YES <input type="checkbox"/> NO
RACE/ETHNICITY: <small>Select an option</small>	SSN:	CHECK IF SSN IS UNKNOWN: <input type="checkbox"/>	
NAME OF INSURANCE:	MEMBER ID:		
NAME OF SPOUSE/GUARDIAN/SPONSOR/INSTITUTION:			
PATIENT SCHOOL:	PATIENT EMPLOYMENT:		
OTHER RISK FACTORS/NOTES:			

PATIENT MEDICAL

*MANTOUX TST RESULTS:	<input type="text"/>	mm	DATE OF MANTOUX TST: <small>(SEE ATTACHED RESULTS)</small>	DATE READ:
*DATE OF IGRA:			*IGRA INTERPRETATION:	
HAS THERE BEEN A CONVERSION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN WAS THE LAST NEGATIVE RESULT DATE?	IF NO, DOES THIS PATIENT HAVE A HISTORY OF POSITIVE RESULT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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APPENDIX D



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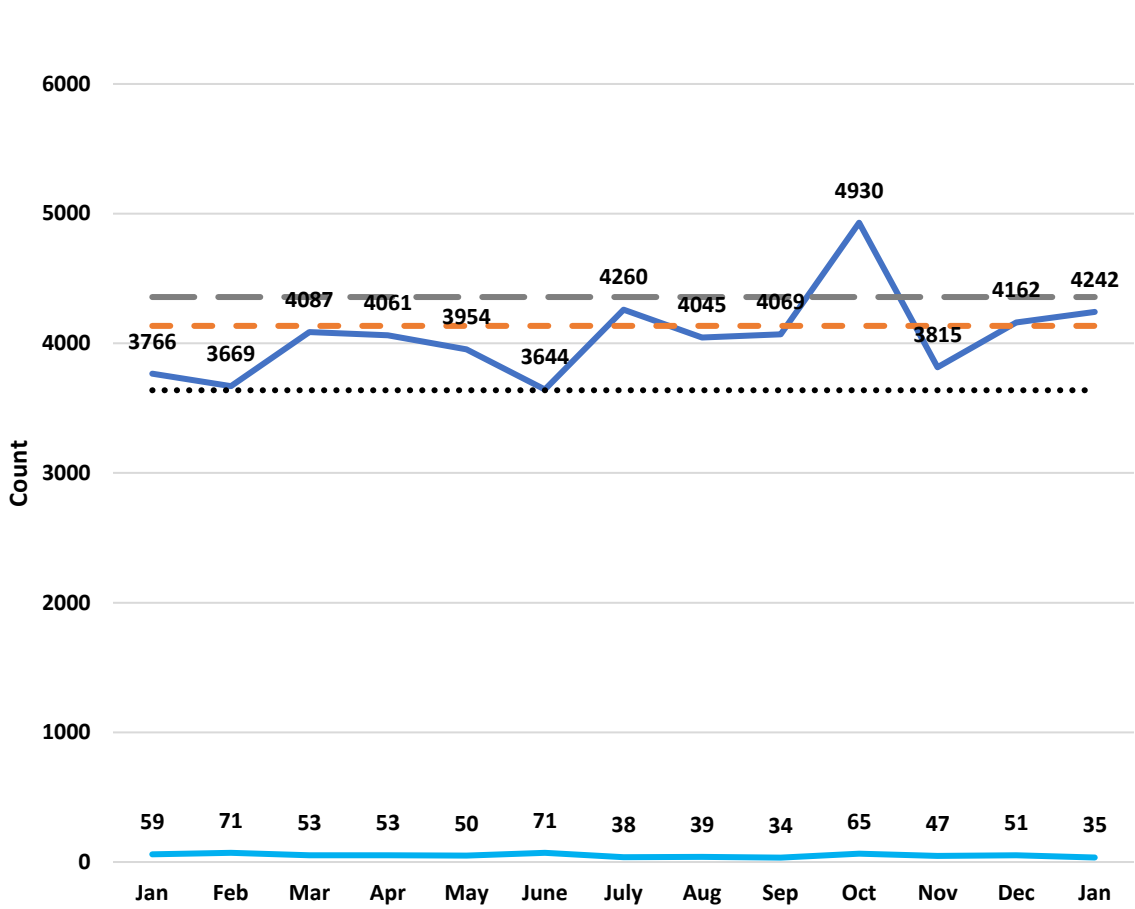
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CCPC Board Meeting – Efficiency Update

March 2025

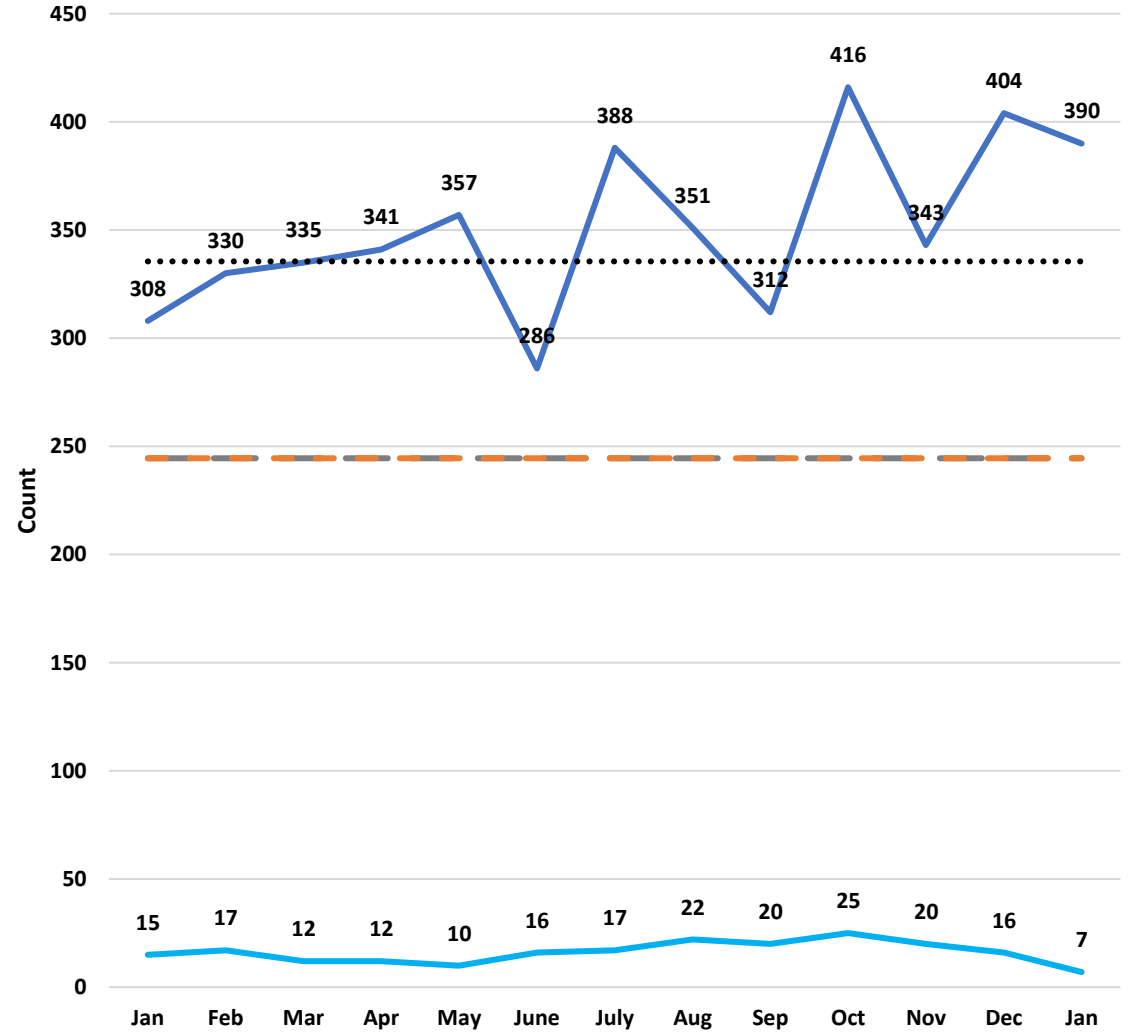
Medical/Behavioral Health

NUMBER OF VISITS - ALL LOCATIONS



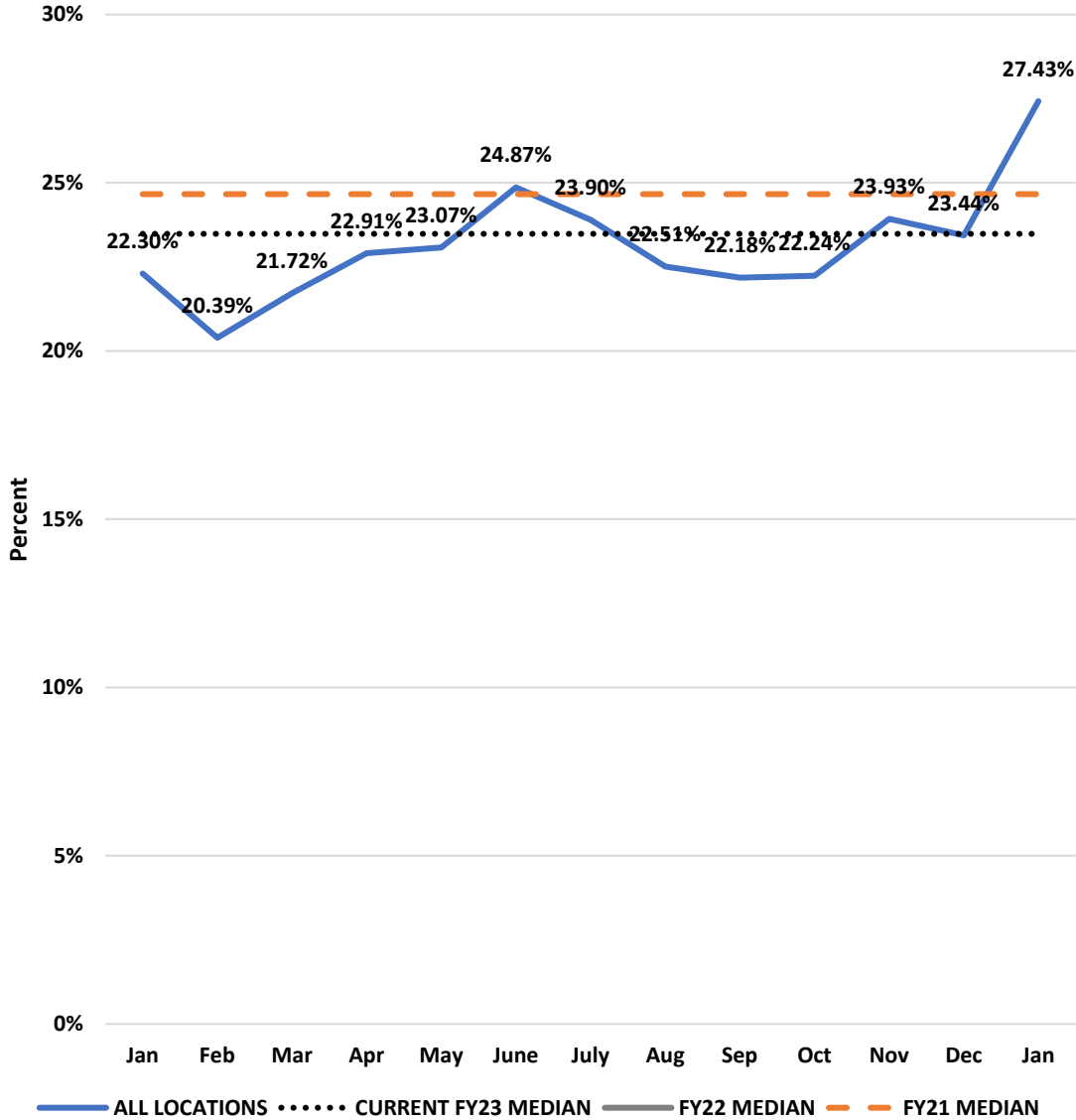
— ALL LOCATIONS — TELEHEALTH VISITS ⋯ CURRENT FY23 MEDIAN
- - FY22 MEDIAN - - FY21 MEDIAN

NUMBER OF VISITS - ALL BEHAVIORAL HEALTH

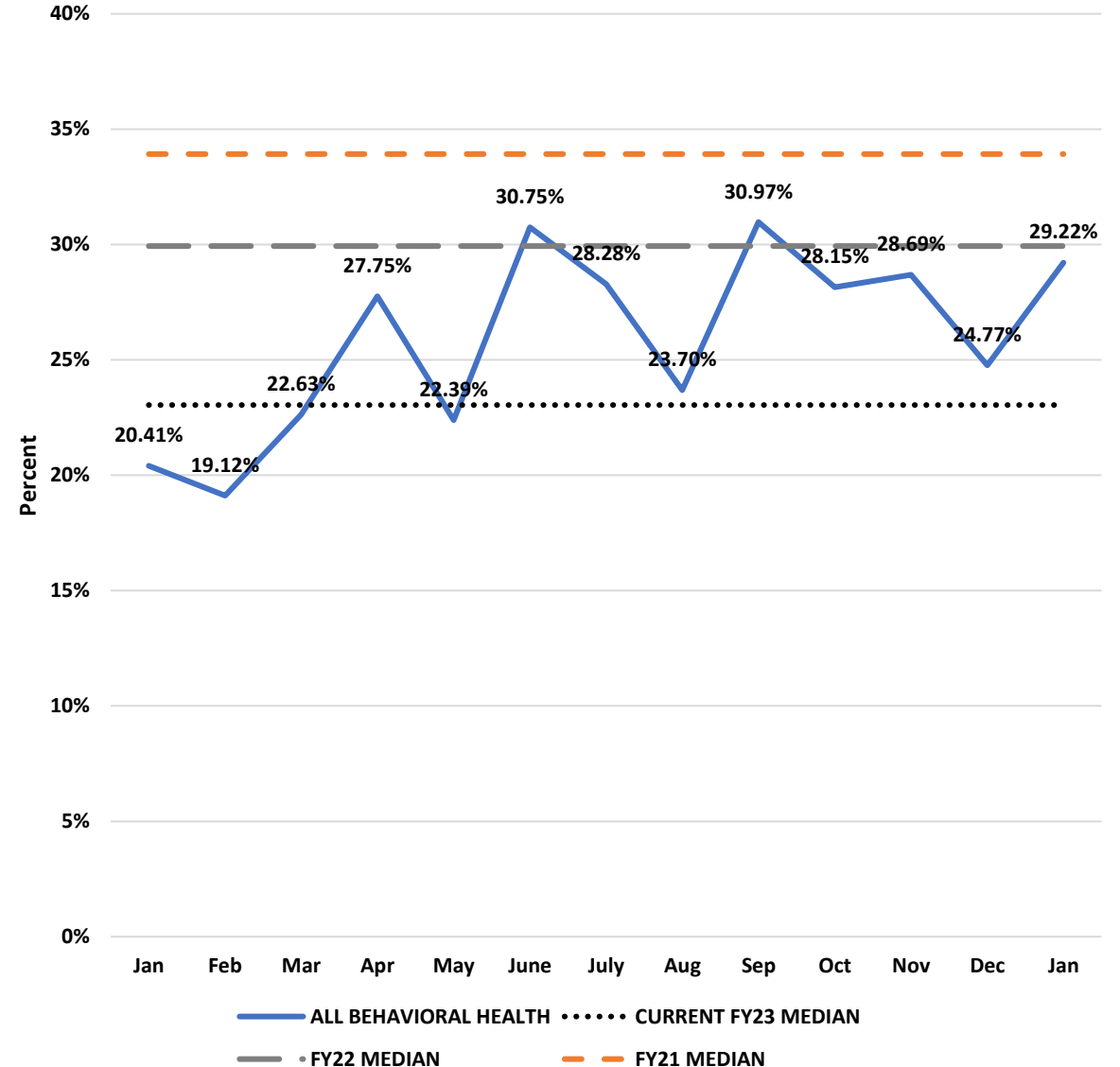


— ALL BEHAVIORAL HEALTH — TELEMEDICINE VISITS ⋯ CURRENT FY23 MEDIAN
- - FY22 MEDIAN - - FY21 MEDIAN

NO SHOW % - ALL LOCATIONS

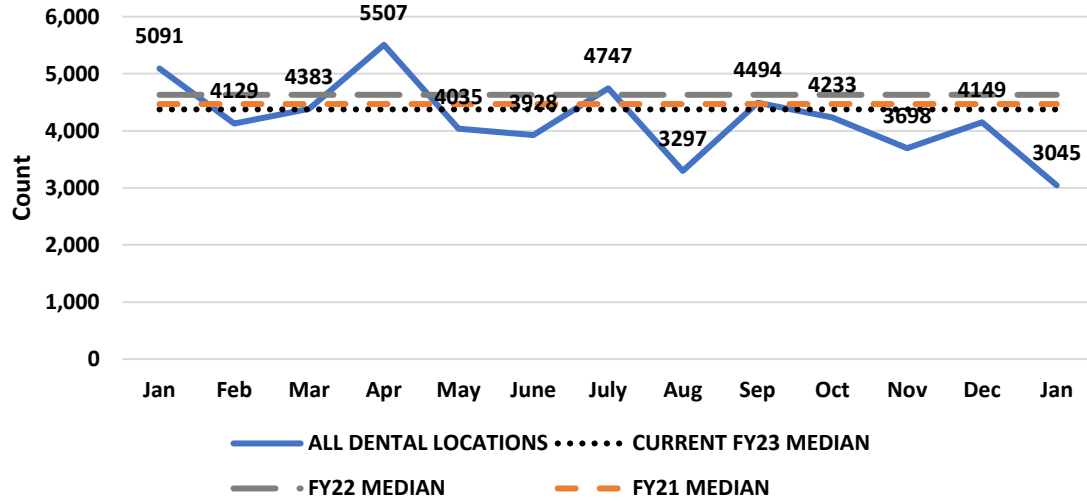


NO SHOW % - ALL BEHAVIORAL HEALTH

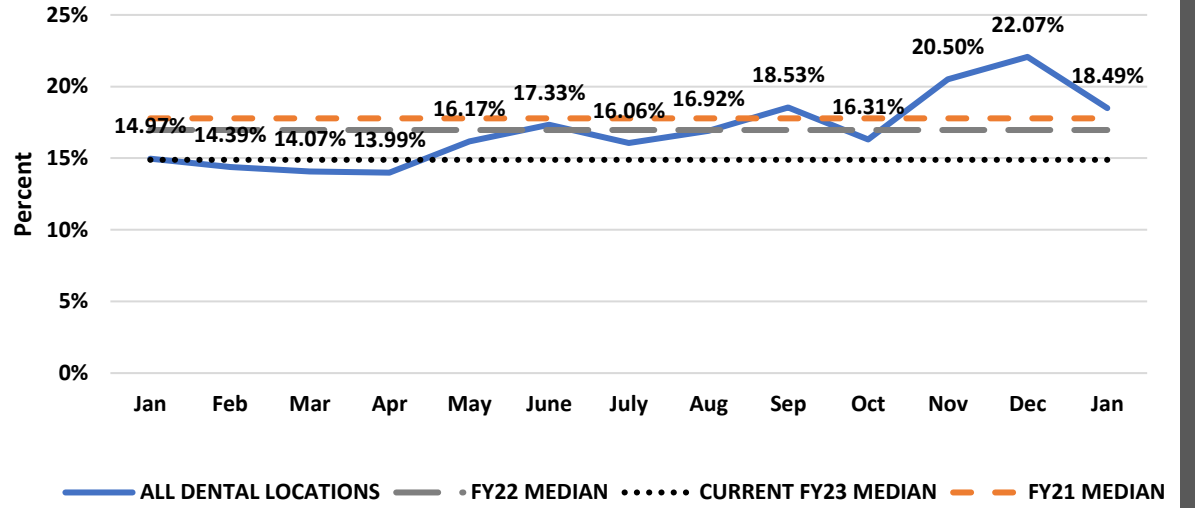


Dental

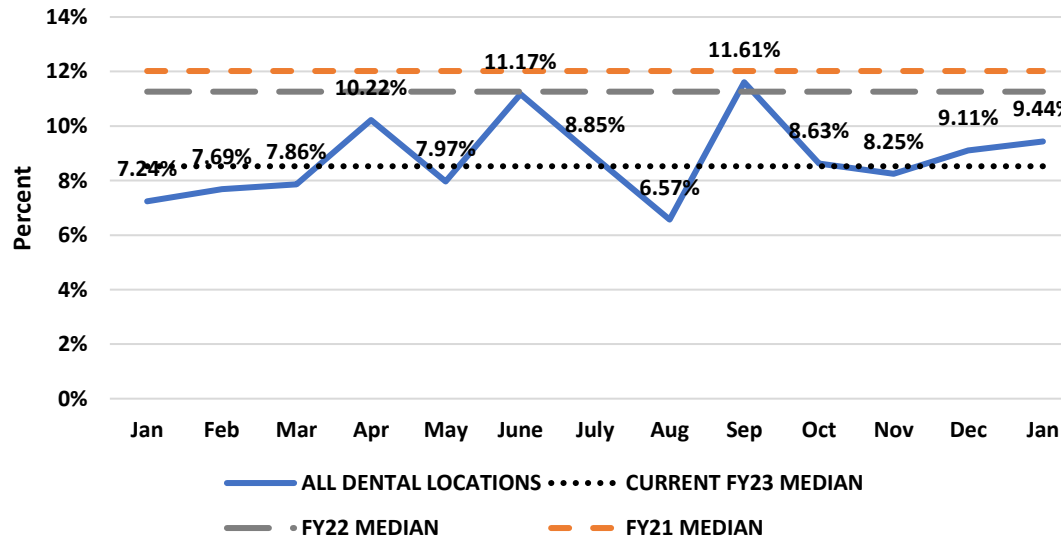
DENTAL VISITS - ALL LOCATIONS



DENTAL BROKEN APPT % - ALL LOCATIONS

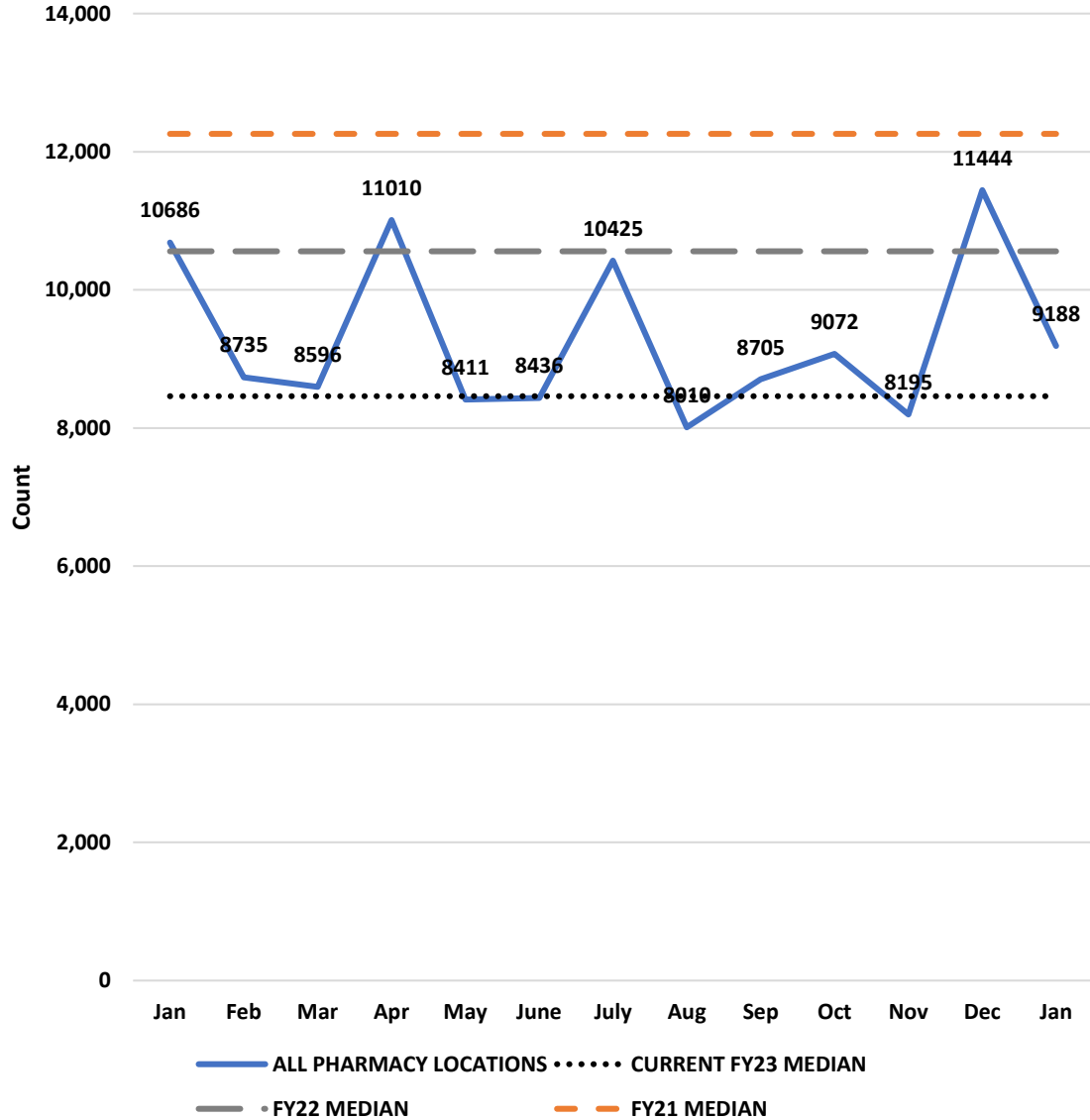


DENTAL NEW PATIENT % - ALL LOCATIONS

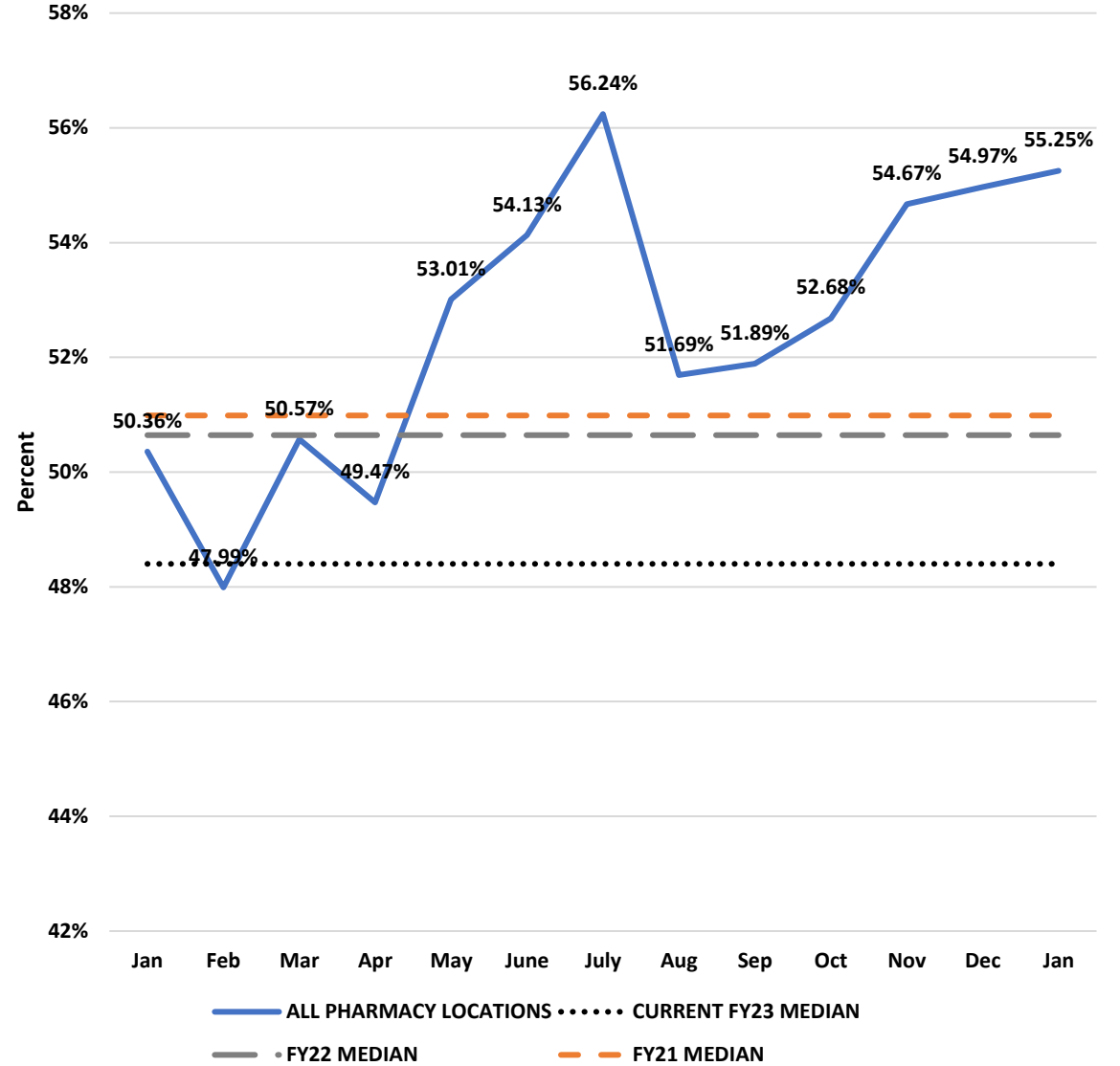


Pharmacy

PHARMACY NUMBER OF FILLS - ALL LOCATIONS

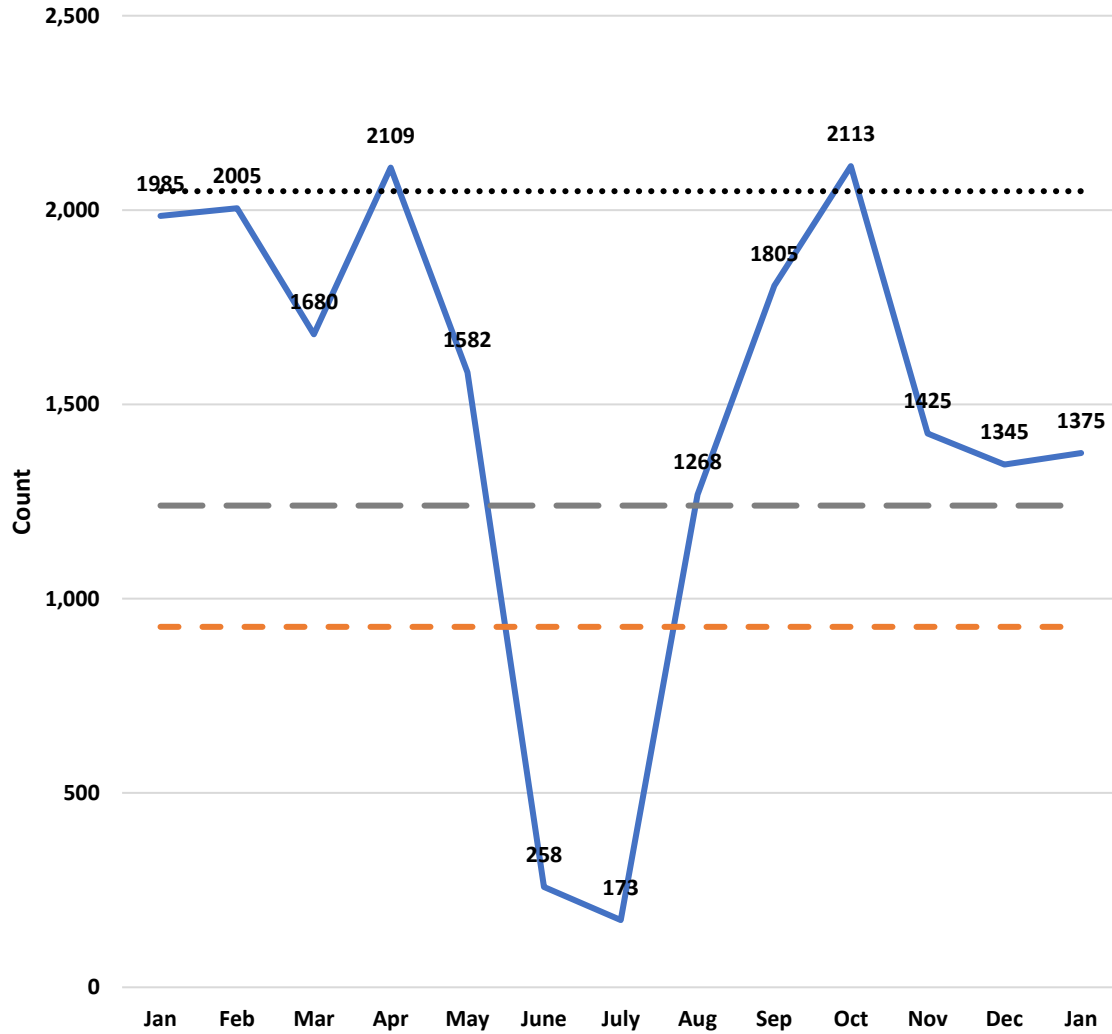


PHARMACY ESCRIBE % - ALL LOCATIONS



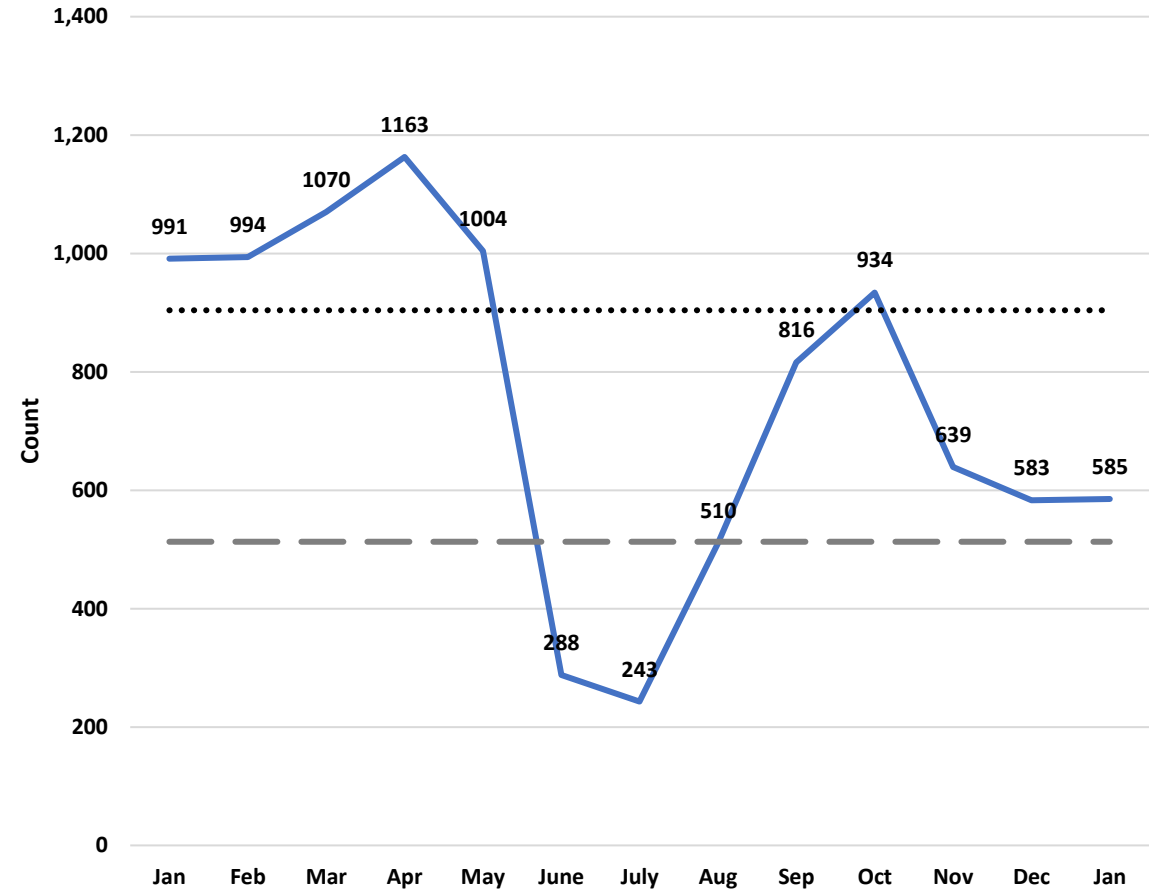
School Based Health Centers

SBHC VISITS - ALL LOCATIONS



— ALL SBHC LOCATIONS ⋯ CURRENT FY23 MEDIAN
- - - FY22 MEDIAN - - - FY21 MEDIAN

VISION VISITS - ALL LOCATIONS

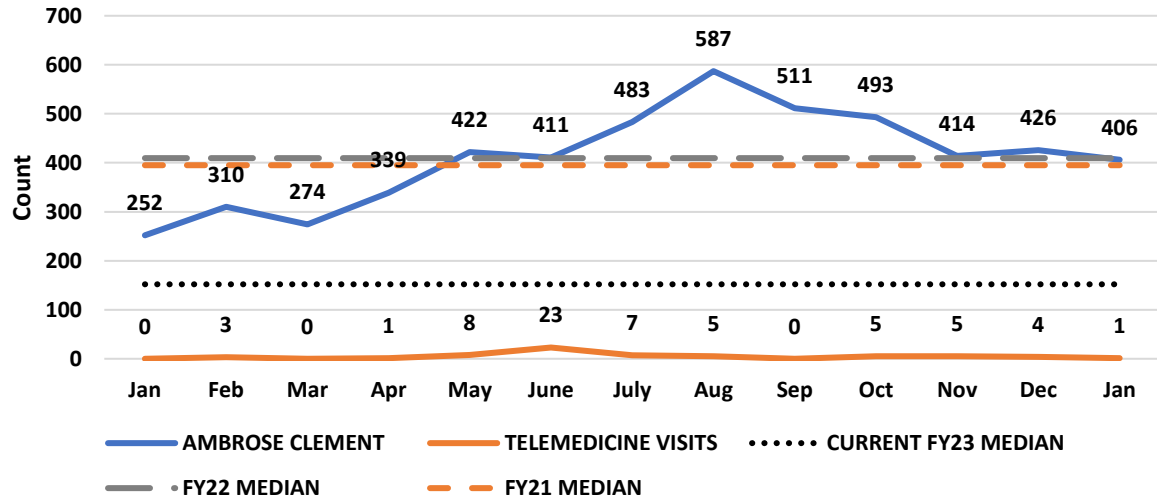


— ALL VISION LOCATIONS ⋯ CURRENT FY23 MEDIAN - - - FY22 MEDIAN

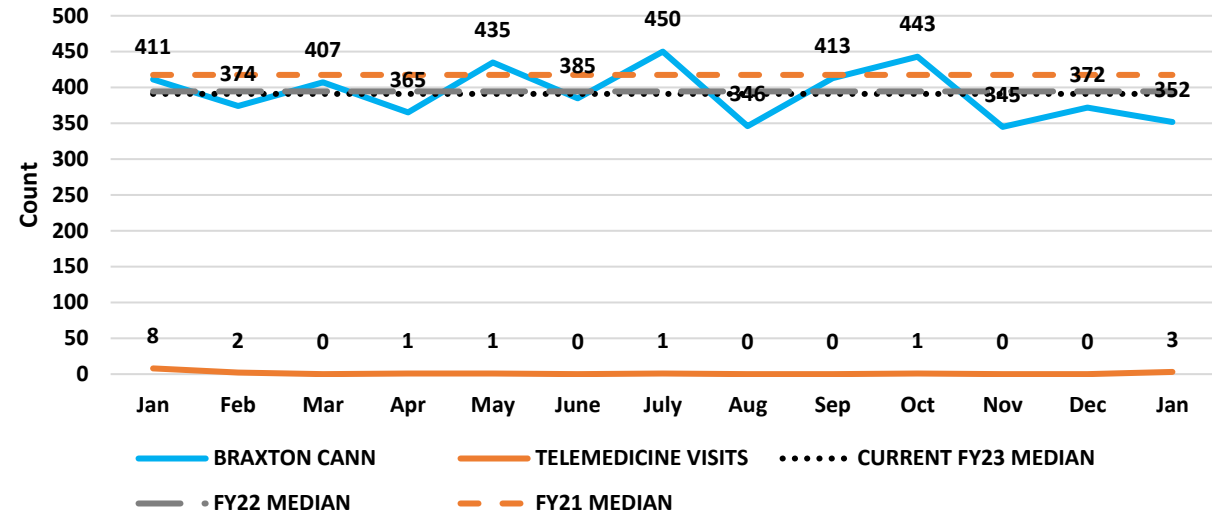
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VISITS

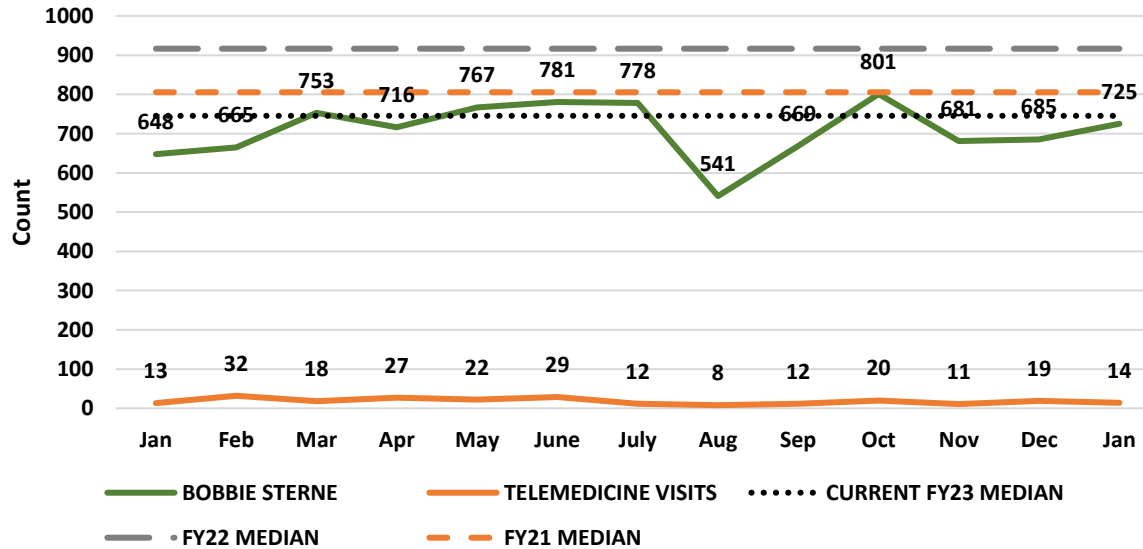
AMBROSE



BRAXTON CANN

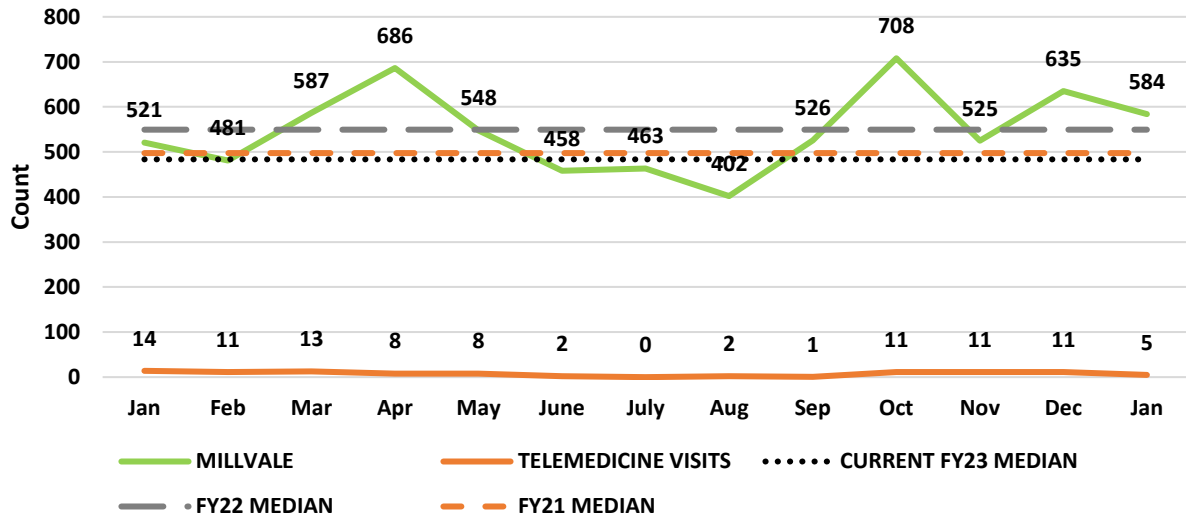


BOBBIE STERNE

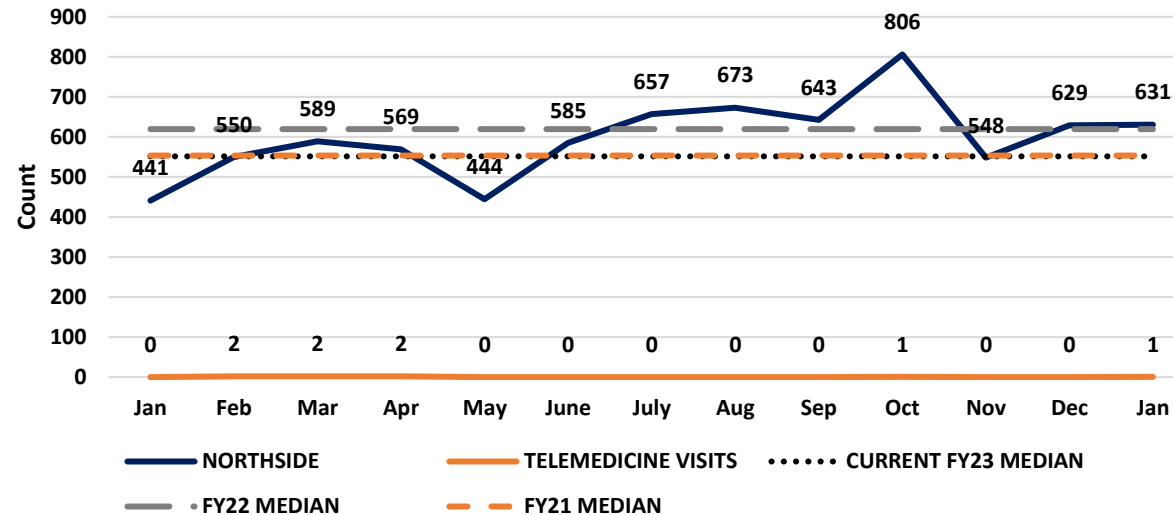


VISITS

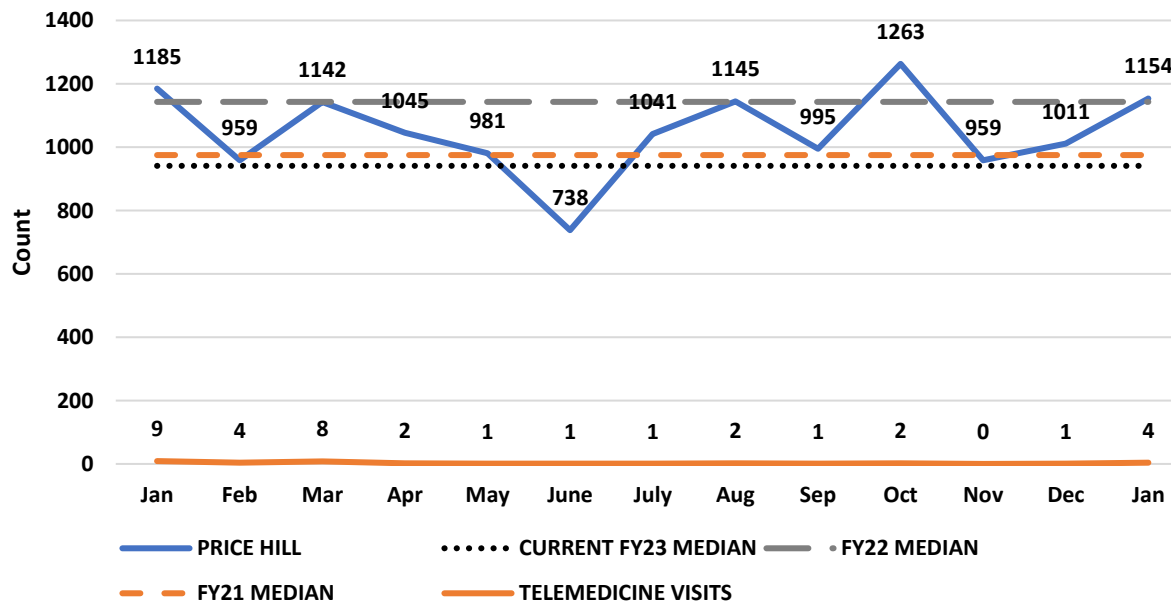
MILLVALE



NORTHSIDE

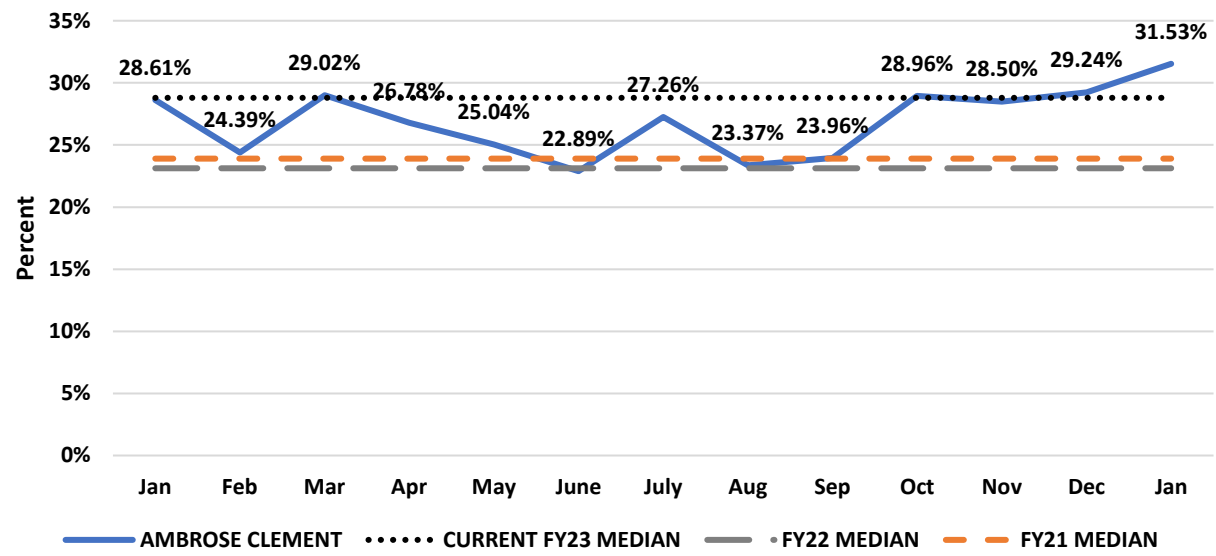


PRICE HILL

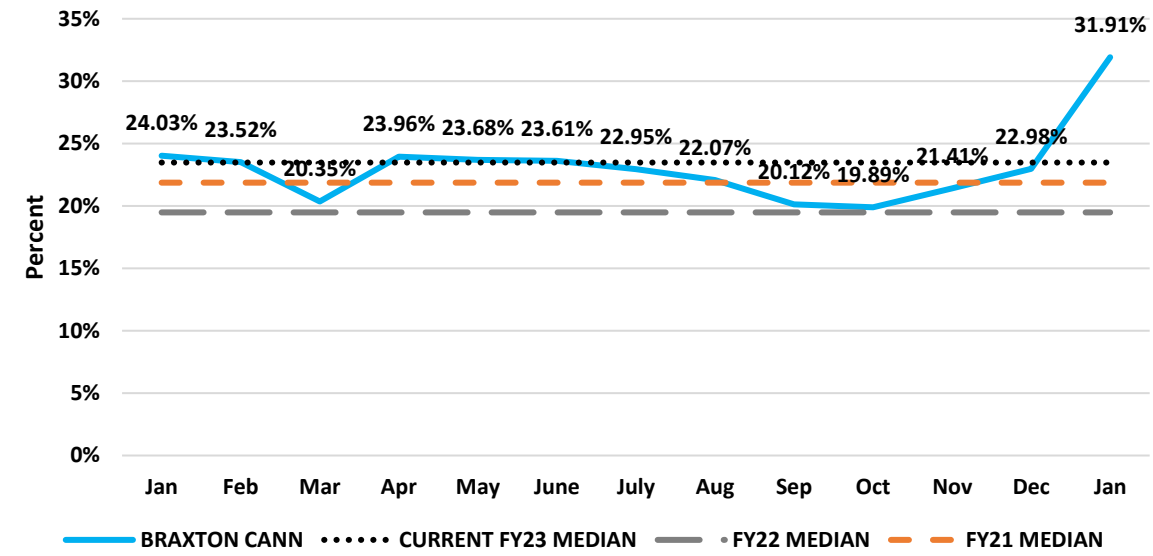


NO SHOW PERCENT

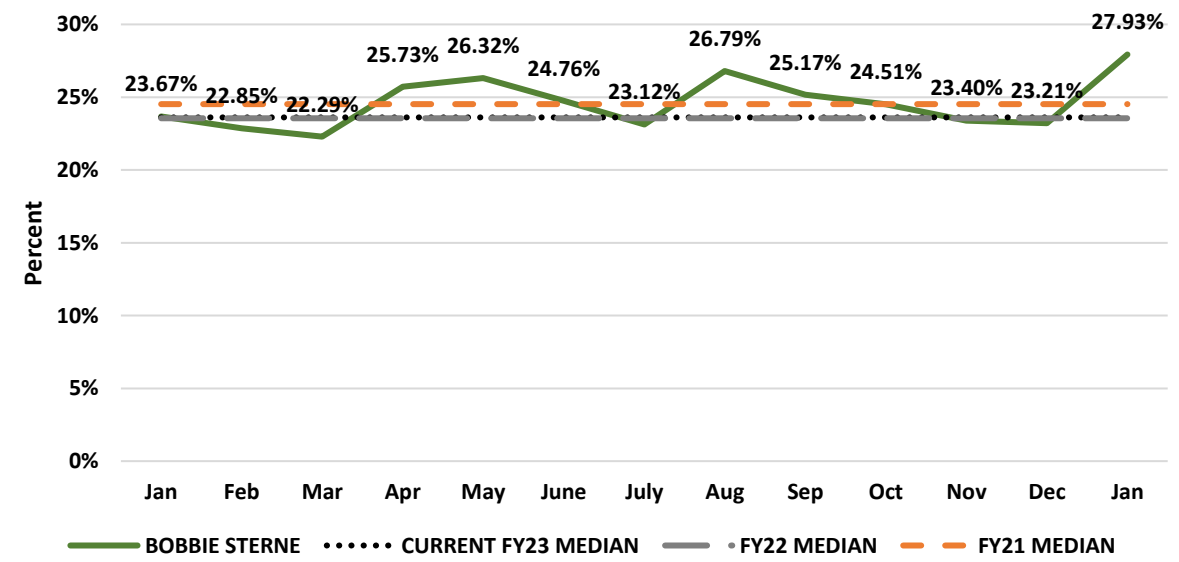
AMBROSE



BRAXTON CANN

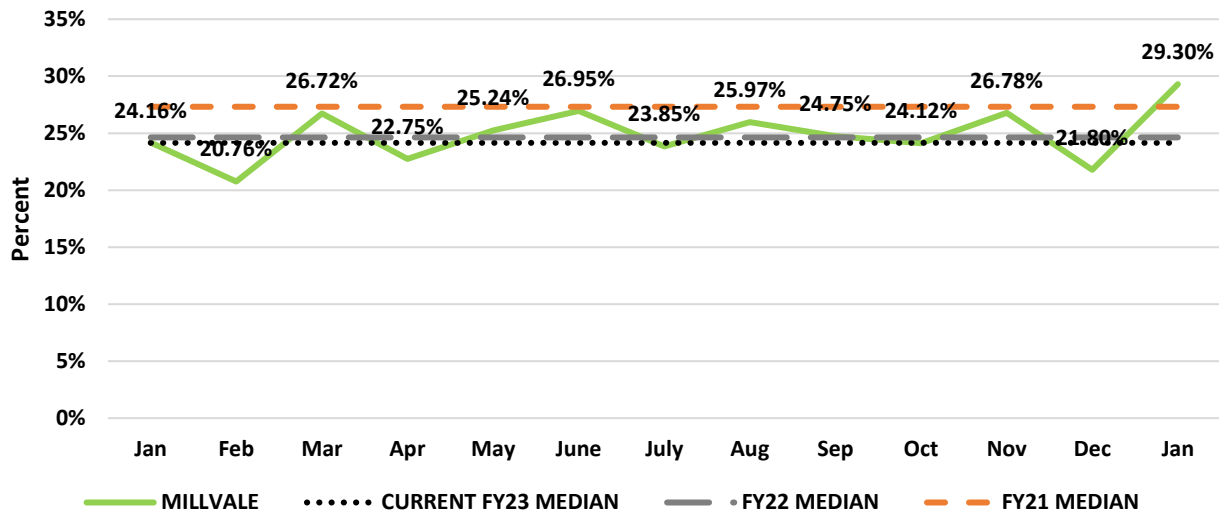


BOBBIE STERNE

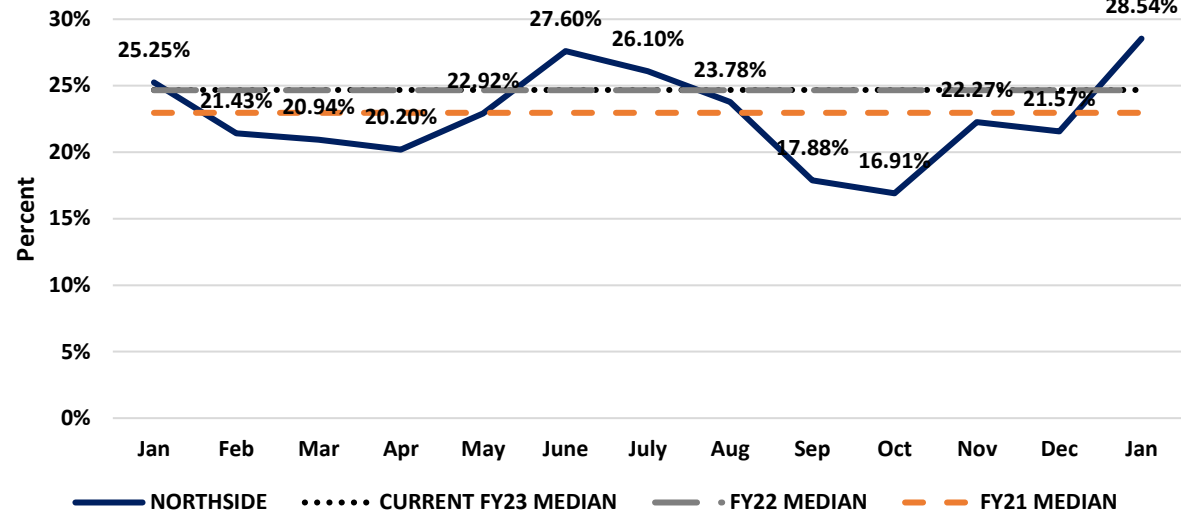


NO SHOW PERCENT

MILLVALE



NORTHSIDE



PRICE HILL

