CHANGING HEALTHCARE

CHANGING LIVES
A message from the Board Chair and the President and Chief Executive Officer

Dear Friends,

Commonwealth Care Alliance (CCA) is a uniquely special healthcare organization serving some of the most medically and socioeconomically challenged individuals in the Commonwealth. CCA is recognized nationally and renowned locally as an innovator, provider and coordinator of care for individuals with special needs. Our recipe for success is our person-centered, multidisciplinary model of care, and the key ingredient is our outstanding staff of 800 — all highly skilled and deeply committed to improving the health and lives of our members.

The 2015 year was an eventful and sometimes challenging one for CCA. We successfully provided care and services to over 10,000 individuals enrolled in One Care which is the State and Federal government financial alignment demonstration program in Massachusetts for individuals with both Medicare and Medicaid. The demonstration program’s rating structure created a significant financial shortfall. With over 80% of the total One Care membership enrolled in our program, CCA was uniquely impacted by this. Rather than exiting the demonstration, we remained steadfast in our belief in its potential for success. We embarked on a remarkable collaboration with our State and Federal government partners, working together to better understand the complexities and significant resources associated with caring for individuals enrolled in this first-of-its-kind demonstration. The result was an enhancement in the payment rates that allows us to continue to deliver high-quality care to enrollees in One Care. We are deeply appreciative to CMS and MassHealth for their commitment to this demonstration. Through this great partnership, we are improving healthcare quality and access, and creating efficiencies in the healthcare system.

Other notable achievements this year include the expansion of our Senior Care Options (SCO) program which ended the year with over 7,200 members enrolled, while at the same time receiving high marks for quality. We took pioneering steps to reform the delivery system with the opening of Marie’s Place in Brighton, a 14-bed community respite program that serves members experiencing an acute behavioral health situation to stabilize and transition to living independently in their communities; and our Acute Community Care paramedicine pilot that allows specially trained paramedics to provide urgent care in the comfort of our members’ homes, while decreasing hospitalizations and improving clinical outcomes.

The most significant change over the past year was the decisions by our founders, Dr. Robert Master and Lois Simon, to step down from their roles as CEO and President. On behalf of the board of directors and CCA staff, we thank Bob and Lois for their vision and tireless years of service and passionate advocacy for seniors and adults with disabilities. We wish them well and are honored to build on the strong foundation they created at CCA.

In our roles as the new President and CEO, and Chairman of the Board, we’ve had the opportunity to witness the skill, passion, commitment, and innovative spirit that make CCA a national model for the care of seniors and people with disabilities. Our appreciation for the way CCA serves our society’s most vulnerable citizens continues to grow along with our excitement for the future of this organization.

This report features some stories that illustrate how CCA is changing healthcare and changing lives. We hope these stories will inspire you as much as they inspire us to work to improve the healthcare system and bring positive changes to the lives of vulnerable individuals.

Sincerely,

Dean Richlin
Chairman of the Board

Christopher D. Palmieri
President and Chief Executive Officer

Founded in 2003, Commonwealth Care Alliance is a non-profit, integrated care delivery system and a nationally recognized leader in providing team-based, person-centered care for low-income seniors and adults with disabilities and complex care needs.
Care models that use new ideas to solve old problems

Within our model of care, interdisciplinary care teams collaborate with members, families, and primary care providers to develop truly personalized care solutions while ensuring that our members always have a voice in decision-making. Our solutions extend to working with members to address non-medical needs like safe housing, access to food, and social interaction. Each member has a care plan and care team that meets the specific needs of the individual, with the goal of helping members enjoy the highest possible quality of life through better health and greater independence.

We constantly work to explore new and improved ways of providing quality primary care and support services that enable us to transform care delivery, define new clinical best practices, and lower the cost of care. This is all part of our commitment to changing healthcare and changing lives.

Toyin Ajayi, MD, MPhil,
Chief Medical Officer,
Commonwealth Care Alliance

“Our model of care is a product of innovation, the result of bringing new ideas to solve old problems. But, we know that we must keep evolving and adapting our model to better support our clinical staff and address the ever-changing needs of our members.”

Making a difference by thinking differently

Individuals with complex medical, social, and behavioral health challenges are often not well served by the traditional fee-for-service healthcare system. Recognizing this, Commonwealth Care Alliance is committed to thinking and working differently to address the unique needs of vulnerable populations.

We have created a model where, in many cases, primary care is moved out of the doctor’s office and delivered where and when an individual needs it, and we emphasize independence and autonomy for members. These strategies work, and our programs win high marks for quality from CMS.

Our Senior Care Options (individuals dually-eligible for Medicare and Medicaid, 65 years old and older) and One Care (individuals dually-eligible for Medicare and Medicaid, age 21 to 64) programs help contain and stabilize medical costs while dramatically improving overall health and quality of life.

CCA is evolving and growing; since 2013 CCA has more than tripled its membership, more than doubled its staff and is poised for further growth. We currently employ more than 800 individuals working at nine locations across Massachusetts. Our service area spans the greater part of the state with one or both programs available to eligible individuals in Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Suffolk, and Worcester counties and many cities and towns in Franklin and Plymouth counties.

Commonwealth Care Alliance
Offices
Downtown Boston
Charlestown
Springfield

Commonwealth Community Care
Locations
Boston
Lawrence
Framingham
Springfield

Community Respite Facilities
Brighton
Dorchester
Keeping seniors healthy and home

Commonwealth Care Alliance’s Senior Care Options program brings customized care to over 7,200 seniors in Massachusetts, the majority of whom are dually-eligible for Medicare and MassHealth. Our clinicians integrate with more than 55 primary care sites as well as hospital systems across the state to create interdisciplinary care teams. These teams ensure that our members have access to the care they need, when and where they need it.

Although 75% of our SCO members are functionally homebound and clinically eligible for nursing home placement, they are able to live in their communities due to the clinical strength of our SCO program with its capacity for home care and needed support services.

In the 2015 Consumer Assessment of Healthcare Providers & Systems (CAHPS) survey conducted by CMS, members rated CCA high for healthcare quality, care coordination, access to needed prescriptions and overall customer service. Based on the survey, CMS awarded CCA’s Senior Care Options program 4 out of 5 stars for quality in 2015.

ABOUT SENIOR CARE OPTIONS MEMBERS

- **62%** speak a primary language other than English.
- More than 25 different primary languages are spoken.
- **Nearly 50%** report an annual household income of less than $10,000.
- **More than 60%** report their general health status to be poor or fair.

**75%** are nursing home certifiable, and more than **99%** are community-dwelling.

HAPPY AT HOME

A Senior Care Options member for close to eight years, Henry prides himself on his independence and self-sufficiency. Faced with a number of health issues, Henry manages his 30 medications on his own and makes every effort to increase his understanding — and his involvement — in his own care. Henry has attended health education classes, and he is a CCA consumer ambassador, sharing his health experiences, offering ideas about ways to improve service, and socializing with his fellow members.

James Taylor, NP, Clinical Transitions Manager, Commonwealth Care Alliance

“Our care managers are so lucky to be able to develop lasting and meaningful relationships with our members. By meeting them where they are medically, emotionally, socially, and psychologically, as well as in the location most convenient to them, we develop a truer understanding of their needs and our members develop a trusting relationship with us. It is an amazing opportunity for everyone involved.”
Bringing comprehensive care to adults with disabilities

Serving individuals age 21 to 64, who are dually eligible for Medicare and Medicaid, Commonwealth Care Alliance’s One Care program brings a team-based, customized approach to adults with complex healthcare issues including chronic medical problems, intellectual or developmental disabilities, mental illness, or a history of substance abuse. Extending high-quality care and services to One Care members has required innovative approaches to engage individuals who are often disconnected from the healthcare system, have many unmet needs, and, in some cases, are hard to find due to frequent change of residence and homelessness. The cost of care and services had outpaced the government reimbursement rate for the program, but CMS and MassHealth worked with us to assess the financial resources needed to appropriately care for this population.

2015 was a year of learning for all involved in this duals demonstration. At CCA, we aren’t put off by the challenges, and are confident in our ability to improve the health outcomes of these members and reduce costs over time. This is the work we do best!

How can you connect members to healthcare if you don’t have their phone number — or even know where they live?

Joaquin Rodriguez and his team of health outreach workers (HOWs) know. A good example is their search for a member who was homeless, wheelchair-bound, and struggling with drug addiction. They searched at the local homeless shelter, in places where he panhandled, and left messages behind a restaurant where he was known to sleep at night. In time, they found him, living in a wooded area outside of town in a small, man-made shelter with no plumbing or electricity.

Joaquin and his team earned this member’s trust by connecting him with a doctor and a physical therapist and helping him get his wheelchair repaired.

ABOUT OUR ONE CARE MEMBERS

Approximately
7% are homeless.

15-20% have a drug or alcohol dependency.

25% have a serious developmental or mental illness-related disability.

A LIFE CHANGED

When Steven, a married man with children, enrolled in One Care, he had a very expensive drug addiction, and his wife was working two jobs to sustain his habit.

With help from one of CCA’s behavioral health specialists, Steven gained the support he needed to take control of his life and his addiction. A CCA nurse tests him for drug use every week, and he continues to be clean and is following through on his care plan.

He has since relocated himself and his family to a nicer and safer apartment that makes him proud.
The right care, the right support, in the right setting

Individuals with disabilities often find it challenging to access the right care, at the right time, and in the right place from a healthcare system that was not designed with their specific needs in mind. That’s one of the reasons so many people with disabilities are poorly served by the existing system.

Commonwealth Community Care (CCC) addresses this problem by focusing solely on the needs of individuals with complex medical, behavioral health, and social needs. The clinical affiliate of CCA, CCC is a specialized primary care practice offering disability competent care through its four practice locations across the state. CCC has more than 30 years’ experience supporting adults and elders with complex physical, developmental, intellectual, and mental health disabilities.

CCC’s staff is specially trained to care for people with complex care needs whether it is help for a medical condition, a behavioral health issue, or providing appropriate durable medical equipment, translation services, or transportation. Clinicians understand the physical, emotional, and social issues that affect the health of individuals with disabilities, and they work closely with members on issues like preventive health, managing chronic conditions, and coordinating necessary services to support independent living.

All CCC facilities are fully accessible with specialized equipment to accommodate physical disabilities, including hi-lo tables, wheelchair scales, transfer equipment, and lifts to facilitate exams.

A NEW HOME FOR COMMONWEALTH COMMUNITY CARE IN BOSTON

In the fall of 2015, Commonwealth Community Care relocated from the cramped space it had long outgrown at Boston Medical Center, to a larger, state-of-the-art facility in Boston. The new CCC office is better suited to meet the needs of the 1,000+ members who receive care from CCC-Boston. With more space, better parking, and exam rooms equipped with patient lifts, the accessibility of this new space will enable more CCA members to receive their primary care here.

IN THE CENTER OF CARE

“Everything is together. Everybody’s in communication with everybody else. I know that most medical care doesn’t work like that.”

— Long-time Commonwealth Community Care member Billie M.

Sigrid Bergenstein, NP, Commonwealth Community Care

“Our model here is unique in the sense that we have doctors, nurse practitioners, behavioral health specialists, social workers, rehabilitation and DME staff all in one practice. The holistic nature of our model combined with our ability to meet with members in the community allows us to deliver customized healthcare, no matter how complex the need.”

— Sigrid Bergenstein, NP, Commonwealth Community Care
After the launch of the One Care program, CCA experienced high rates of psychiatric admissions for members in behavioral health crises that would have been better addressed through an alternative, lower level of care. Acting quickly, CCA worked in partnership with the Massachusetts Department of Public Health and established two Community Respite Units as a safe and more appropriate alternative for its members requiring acute behavioral health interventions. Our Dorchester facility opened in 2014, and Marie’s Place opened in Brighton in June 2015. Many days, both community respite centers are at or near capacity, which speaks to the huge need for care in appropriate psychiatric settings.

Our Dorchester and Brighton facilities provide a structured therapeutic setting where our clinical teams focus on maintaining safety, enhancing recovery and promoting a safe and effective return to the community.

A PATH FORWARD

He was homeless, bouncing from shelter to shelter and suffering from a plethora of illnesses until a visit to a local emergency room led him to a Commonwealth Care Alliance community respite unit. He took part in meditation sessions, nature walks and group therapy. He engaged in support groups and counseling, and his team identified the right medication for his illnesses. Feeling stronger and in control, he was able to reach out to his estranged family and begin mending relations. He is now in the driver’s seat of his life, and has the ability to decide where he wants to go.

Marie’s Place opened in June 2015. Located in Boston’s Brighton neighborhood, the 14-bed facility provides care to individuals with acute behavioral health crises through an interdisciplinary clinical team of licensed social workers, nurses, caseworkers, psychiatrists, and primary care nurse practitioners.

Lauren Easton, Senior Director of Behavioral Health, Commonwealth Care Alliance

“Many individuals who are dually-eligible for Medicare and Medicaid have a mental health diagnosis, and many face trauma, homelessness, and domestic violence. These issues need to be addressed before there can be any expectation of effective engagement in other interventions around health.”

ADDRESSING A CRITICAL NEED IN OUR COMMUNITY

Nearly 50% of CCA’s 10,000 One Care members have a behavioral health diagnosis.

45-50 of our One Care members are admitted to a psychiatric hospital on any given day.

A therapeutic behavioral health alternative

Our therapy dog Callie makes the rounds at our community respite units, providing affection and comfort to members.
Acute Community Care: A new kind of “house call”

Specifically developed to address the needs of our members, CCA’s Acute Community Care (ACC) program has become an integral component of CCA’s urgent care system since it was made operational in mid-2014. A pilot under a waiver from the Massachusetts Department of Public Health, the program is informing state regulators and policy makers of approaches to improve access to innovative care.

The program partners with Easncare Ambulance LLC to use specially trained paramedics to respond to urgent care needs within the comfort of our members’ homes. Working in close communication and collaboration with CCA clinicians who are familiar with our members, these paramedics perform physical exams, conduct assessments of members’ healthcare needs, and administer therapeutic interventions when medically appropriate. In most cases, these home visits replace an emergency room visit, possible hospital admissions, and provide needed care to members without the disruption of having to leave their homes. When CCA members have a minor medical problem or request assistance managing a chronic condition, a specially trained paramedic can come right to their home to help. Issues are addressed fully, efficiently, and cost-effectively — and in most cases, avoiding a trip to the emergency room.

Analysis of the program indicates that acute community care visits are leading to avoidance of unnecessary emergency room visits and hospital admissions and producing cost savings. Moreover, member and provider satisfaction is extremely high.

800 dispatches
To date, ACC paramedics have responded to almost 800 dispatches for the urgent care needs of over 300 different members.

68 calls
ACC paramedics responded to 68 calls, averaging 2.2 dispatches per day during the program’s busiest month.

ACUTE COMMUNITY CARE IS BECOMING AN INTEGRAL COMPONENT OF OUR URGENT CARE SYSTEM

“I was amazed with what they could do — take the blood and get the results, give me an IV. I’d rather have everything done at home than go to the hospital. I HATE going to the hospital!”

— CCA Member

Kaitlyn Ouellette, PCNP - Team Supervisor, Commonwealth Care Alliance

“The paramedics are able to make a more informed decision about the care that these patients need when they collaborate with the on-call NP and MD. Everyone has access to up-to-date information on the patient and the care they are receiving.”
Continuity of care at end of life

Providing end-of-life care for individuals with complex needs presents specific challenges. At times, they may feel disengaged from the healthcare system and are concerned about providers not placing value in participating in lengthy and difficult conversations. Often, long and trusted relationships with primary care providers are not part of their experience, and the majority of their care is provided in acute care settings as their disease process nears end-of-life.

With this in mind, CCA created the Life Choices Palliative Care Program. Building on CCA’s longitudinal and interdisciplinary care model, Life Choices embeds end-of-life care in the strong relationships that patients and families develop with their primary care providers. End-of-life care is blended in to the patient’s individualized care plan to meet the patient’s wishes for the level and context of their healthcare. This eliminates the need for choosing either hospice or aggressive care by changing the paradigm to the right care as determined by the patient, family, and their primary care team. Leveraging partnerships with community palliative care, hospices, and other providers, the primary care team remains in charge of honoring the patient’s and family’s wishes and keeping the promise of patient-focused, high-quality care.

With Life Choices, a patient’s stage of life may have changed, but the care that CCA provides continues. It’s an approach that brings dignity and compassion to patients and families at the most difficult time of their lives.

At right — CCA Palliative Care Coordinator Karen Blair, RN, gives medical and emotional support to members and their families.

ABOUT LIFE CHOICES

92% of our Senior Care Options members have created advance directives. Nationwide, only about one-third of adults have an advance directive expressing their wishes for end-of-life care.*

73% of our Senior Care Options members die at home or in skilled nursing facilities. In Massachusetts, overall, more than three out of four people die in hospitals or nursing homes.**

1.7 days Our Senior Care Options members spend, on average, 1.7 days in the ICU during their last 6 months of life. In Massachusetts, on average, people spend nearly 3.6 days in the ICU.*** Spending fewer days in the ICU cuts healthcare costs and can reduce depression and PTSD in surviving family members.

* Centers for Disease Control
**Massachusetts Health Policy Commission
*** The Dartmouth Atlas of Health

At right — CCA Palliative Care Coordinator Karen Blair, RN, gives medical and emotional support to members and their families.

John Loughlane, MD, Life Choices Medical Director, Commonwealth Care Alliance

“Our members are cared for by their primary care teams during all phases of their life cycle. The person who takes care of them when they are well is the person who takes care of them when they are dying.”
## Financial Highlights

Commonwealth Care Alliance, Inc.  
Consolidated Statements of Operations  
Years Ended December 31, 2015 and 2014

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<td>Member months</td>
<td>207,725</td>
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Leadership:  
Christopher D. Palmieri, President and Chief Executive Officer  
Toyiin Ajayi, MD, MPhil, Chief Medical Officer  
Lisa M. Fleming, Chief Legal Officer; SVP, Regulatory Affairs  
Lawrence Gottlieb, MD, MPP, Chief Quality Officer, SVP, Performance Improvement  
Cindy Nguyen, Chief Financial Officer  
Courtney Sullivan Murphy, Chief Operating Officer

Board of Directors:  
Dean Richlin, Chairman, Attorney, Foley Hoag Attorneys at Law  
Len Fishman, Director of the Gerontology Institute at University of Massachusetts, Boston  
Scott Miyake Geron, Director and Principal Investigator, Institute for Geriatric Social Work, Boston University of Social Work  
Sergio R. Goncalves, Athletic Facilities Operations Senior Supervisor, UMass Boston  
Frances Hubbard, Community Volunteer  
Lisa I. Iezzoni, MD, MSc, Professor of Medicine, Harvard Medical School and Director of the Institute for Health Policy, Massachusetts General Hospital  
Alan Long, Writer, Motivational Trainer  
Thomas Lynch, CEO, Lynch, Ryan Associates  
Mary Lou Maloney, Disability Consortium  
David Margulies, MD, Executive Director, The Gene Partnership, Boston Children's Hospital  
Christopher D. Palmieri Ex-Officio  
Robert Restuccia, Executive Director, Community Catalyst  
Mark E. Reynolds, President of the Risk Management Foundation of the Harvard Medical Institutions (CRICO)  
Jeffrey Scavron, MD, Medical Director, Brightwood Health Center  
Nancy Turnbull, Senior Lecturer, Department of Health Policy and Management and the Associate Dean for Educational Programs, Harvard School of Public Health