By any measure, 2017 was an extraordinary year for Commonwealth Care Alliance® (CCA). Inspired by our uncommon vision of transforming the nation’s healthcare for individuals with the most significant needs, we achieved important milestones while positioning the organization for continued growth. This success comes at a critical time, as the nation debates how to effectively care for low-income populations who have complex, heterogeneous health needs and account for a disproportionate share of healthcare costs. These are the same individuals whom CCA so proudly serves in Massachusetts—addressing their medical, behavioral health and social needs with an innovative care model proven to improve quality and health outcomes while reducing overall costs of care.

CCA gained outstanding recognition this past year. Notably, The Boston Globe named us a “2017 Game Changer” for our success in treating patients with complex needs, including chronic diseases and addiction. CCA was recognized in The Atlantic magazine’s “Fixing the 5 Percent” for our innovations in improving care at lower costs for healthcare “super-users.” As a consumer-centered organization, we’re especially proud that our own health plan members rate our programs highly. According to annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys conducted by the Centers for Medicare & Medicaid Services (CMS), CCA’s One Care was a top-rated Medicare-Medicaid Plan (MMP) in the nation for the second consecutive year.

We encourage you to read through this Annual Report to learn more about how CCA is bringing transformative care to those with complex needs. Among the year’s highlights:

- **CCA’s health plans**—Senior Care Options (SCO), an HMO Special Needs Plan for individuals 65+, and One Care, a Medicare-Medicaid Plan for individuals 21 to 64—grew at double-digit rates. CCA finished the year with nearly 25,000 total members.

- **CCA increased revenues** by more than 23 percent, from $835 million in 2016 to $1.031 billion in 2017, achieving a $40.1 million operating margin and $82.5 million in net assets.

- In CCA’s Mobile Integrated Health program, 77% of CCA members who received paramedic home visits were able to avoid emergency department visits or hospital admission.

- In our first Accountable Care Organization (ACO) collaboration with Partners HealthCare Accountable Care Organization, LLC, CCA implemented our innovative care model for a select group of their highest-risk patients with the most complex healthcare needs.

These successes are a tribute to our outstanding workforce—teams of nurse practitioners, behavioral health specialists, physicians, physician assistants, registered nurses, physical therapists, occupational therapists, social workers, health outreach workers and support staff—now numbering over 1,000 strong.

On a deeply personal note, we salute Dean Richlin, who retired from the CCA Board of Directors in December after more than 13 years of dedicated service, the last 9 as Chairman. We are certain that without his calm influence, expert counsel, steady leadership and passion for our mission, CCA would not have become the nationally recognized organization that it is today.

We’re grateful for the uncommon successes CCA achieved this past year, and we look forward to further accomplishments in 2018 as CCA celebrates the 15th anniversary of its incorporation.
CCA Fast Facts

Health Plans
CCA ONE CARE (Medicare-Medicaid Plan)
A Massachusetts demonstration health plan for individuals ages 21 to 64 who are dually eligible for Medicare and MassHealth or CommonHealth
- 2017 membership: 15,589*
- A top-rated Medicare-Medicaid Plan in the country for second consecutive year (2016 and 2017 Medicare Advantage and Prescription Drug Plan CAHPS surveys)

CCA SENIOR CARE OPTIONS (HMO Special Needs Plan)
A health plan for individuals age 65 and older who have MassHealth Standard
- 2017 membership: 9,114*
- 4.0-star rating from the U.S. Centers for Medicare & Medicaid Services 2017 CAHPS survey

Care Delivery Solutions
COMMONWEALTH COMMUNITY CARE
- CCA’s clinical affiliate—a specialized primary care practice offering comprehensive, disability-competent care
- 1,387 members and patients served at four locations: Boston, Lawrence, Springfield and MetroWest/Worcester

CRISIS STABILIZATION UNITS
- CCA’s alternative to psychiatric hospitalization for members with acute behavioral health and/or substance use disorder needs
- 348 members served in 2017 at two locations: Carney Hospital, Dorchester, and Marie’s Place, Brighton

LIFE CHOICES PALLIATIVE CARE
- CCA’s integrated approach to palliative care that decreases acute utilization at end of life
- 629 members served in 2017

HOSPITALIST PROGRAM
- CCA’s dedicated 28-bed inpatient unit at Boston Medical Center that provides disability-competent care and care transition services

Clinical Innovations
MOBILE INTEGRATED HEALTH
- CCA’s community paramedicine program that responds to urgent care needs, providing high-intensity care in member’s setting of choice
- 590 visits to CCA members in 2017

WINTER STREET VENTURES
- CCA’s for-profit innovation accelerator subsidiary that partners with entrepreneurs to take healthcare technology from concept to marketplace

*As of 12/1/2017

**Includes consultants and contractors
CCA History

- Incorporated Commonwealth Care Alliance (CCA) with Community Catalyst, Health Care For All and Boston Center for Independent Living on March 1st, 2003, with $2 million in grants for initial capitalization.
- Applied to become Medicare/Medicaid Senior Care Options (SCO) contractor.

**Harvard Business School profile:**
- Launched Commonwealth Care Alliance, Elderly and Disabled Care.
- BCMG renamed Commonwealth Community Care (CCG); CCG centers opened in Framingham, Lawrence (2013), Springfield (2013) and Northampton (2013).
- Launched one of the nation’s first One Care Health Home program at Commonwealth Care Alliance.
- Partnered with SCO primary care sites at Chicopee, High Street, Mason Square Neighborhood Health Center, Lower Merrimack Valley-Pontucket Medical Associates, Shrewsbury Medical Associates and Baycare.
- SCO moved from demo to permanent plan (2009); SCO service area expanded to Bristol, Hampden, Worcester (2008) and Franklin (2011).
- Life Choices Palliative Care launched.

**HISTORY**

- Traces its roots to a decades-long collaboration between dedicated clinicians, advocacy groups, community organizations, philanthropic funders, government agencies and policymakers, including the Urban Health Care Group, founded by Robert Master, MD.
- Total SCO members: 182.
- Partnered with 5 SCO primary care sites at Boston Community Medical Group (BCMCG), Upham’s Corner Health Center, Brightwood Health Center, Elder Care Plan of the North Shore, Nauset Health Center.
- Partnered with SCO primary care sites at Chicopee, High Street, Mason Square Neighborhood Health Center, Lower Merrimack Valley-Pontucket Medical Associates, Shrewsbury Medical Associates and Baycare.

**2003**

- Launched one of the Commonwealth’s first SCO plans.
- SCO launched in 5 counties: Essex, Hampden, Middlesex, Norfolk, Plymouth and Suffolk.
- SCO cluster housing/ support service model introduced.

**2008**

- Total SCO members: 1,900.
- S$18,000 Rx Foundation Grant for CCA University.
- Hospitalist program with Boston Medical Center (BCMCG) launched.

**2013**

- Total SCO members: 5,600.
- 2 crisis stabilization units (CSUs) opened in Dorchester/Cambridge (2013) and Marie’s Place/Brighton (2014).
- $600,000 Commonwealth of Massachusetts Health Policy Commission HealthCare Innovation Investment Grant for Ambulatory ICU.
- Profiled in Commonwealth Fund:
  - “The One Care Program at Commonwealth Care Alliance: Partnering with Medicare and Medicaid to Improve Care for Nonelderly Dual Eligibles.”
  - Total primary care entities: 421; SCO primary care entities: 495; One Care primary care entities: 977.

**2018**

- Total One Care members: 25,506.
- Total SCO members: 9,330.
- Mobile Integrated Health (MHI) pilot program launched in partnership with Massachusetts DPH and EnCare Ambulance.
- $127,000 Commonwealth Corporation Grant for Strengthening Patient-Centered Care Through Health Care Workforce Training.
- $50,000 Blue Cross Blue Shield of Massachusetts Special Initiative Grant.
- Winter Street Ventures (WSV), a CCA subsidiary, launched.
- Selected by Center for Health Care Strategies for digital health pilot launch.

**$918,000 Rx Foundation Grant**

- Total primary care entities: 421; SCO primary care entities: 495; One Care primary care entities: 977.
- High-impact care delivery and management services provided to first ACO customer.
- $23,000 AARP Evaluating Medically-Tailored Food Grant (2017).
- $110,000 JPAL-MA grant to increase engagement through gift cards (2017).

**1970s**

- Total primary care entities: 1,109.
- As of 1/1/2018.

**KIND WORDS**

- “Sustained partnership with a skilled and thoughtful partner.” — Paul T. Hargrave, MD
- “We are so grateful to CCA for the impact it has had on our patients’ lives.” — Jen Green, Senior Vice President, Community Programs

**ACKNOWLEDGEMENTS**

- Partial support provided by the Commonwealth of Massachusetts Department of Public Health.

**SUPPORTERS**

- The One Care Program created.
- Partnership with Medicare and Medicaid to Improve Care for Nonelderly Dual Eligibles.
- High-impact care delivery and management services provided to first ACO customer.
- $23,000 AARP Evaluating Medically-Tailored Food Grant (2017).
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**KEY PROVIDER PARTNERSHIPS**

- Applied to become Medicare/Medicaid initial capitalization March 18, 2003, with $2 million in grants for

**CAHPS**

- $23,000 AARP Evaluating Medically-Tailored Food Grant (2017).
- $110,000 JPAL-MA grant to increase engagement through gift cards (2017).
CCA One Care
An integrated approach for those who need it most

A Massachusetts demonstration Medicare-Medicaid Plan (MMP) for individuals between 21 and 64 who are eligible for Medicare and MassHealth Standard or CommonHealth

2017 membership: 15,589*

For the second consecutive year, CCA’s One Care program was recognized as a top-rated Medicare-Medicaid Plan in the country.**

Commonwealth Care Alliance’s One Care program brings a team-based, customized approach to care for adults with complex healthcare needs, who traditionally have received fragmented care or been disconnected from the healthcare system altogether. One Care works by locating these individuals—many of whom have been deemed “unreachable”—and then assessing their specific healthcare needs. CCA clinicians develop a coordinated care plan for a range of chronic medical, behavioral health and social needs, including physical, intellectual and development disabilities. A team of specialists then works closely with primary care providers to make sure members receive the customized care they need.

Results
CCA is making a difference in improving care for those with complex healthcare needs while lowering long-term costs associated with hospital admissions and emergency department utilization.

Who are our members?
14x cost of caring for One Care–eligible population averages to $2,858 per member per month, 14 times the average for the general population
7.5% are homeless

63.5% have a behavioral health condition such as schizophrenia, bipolar disorder or severe depression (excluding substance use disorders)
8.1% have a major physical disability (such as paralysis, spinal cord injury, multiple sclerosis/muscular dystrophy, cerebral palsy or ventilator dependency)

31.6% have a substance use disorder (excluding tobacco and nicotine)

71.1% have a physical and/or behavioral health disability

8.1% have a major physical disability (such as paralysis, spinal cord injury, multiple sclerosis/muscular dystrophy, cerebral palsy or ventilator dependency)

-3.3% Acute admissions per 1,000 for CCA One Care members between 2015 and 2017
-6.7% 30-day hospital readmission rate for CCA One Care members between 2015 and 2017
-2.1% ED Visits per 1,000 rate for CCA One Care members between 2016 and 2017

*As of 12/1/2017
**Based on the 2016 and 2017 Medicare Advantage and Prescription Drug Plan CAHPS surveys conducted by the U.S. Centers for Medicare & Medicaid Services
CCA Senior Care Options
Helping seniors live independently at home, despite chronic needs

A HMO Special Needs Plan for individuals 65+
who are eligible for MassHealth Standard

2017 membership: 9,114*

Commonwealth Care Alliance’s Senior Care Options (SCO) health plan was created to bring customized care to individuals 65 and over, many with serious illnesses that would otherwise leave them few alternatives to entering a nursing home. CCA SCO helps members live safely and independently at home through an integrated, team-based approach. In conjunction with primary care providers, an interprofessional team of care partners and specialists creates care plans to address each member’s medical, behavioral health and social support needs.

Results
Through an integrated approach to treating the complex needs of CCA SCO members, the program has been able to improve their quality of life while reducing long-term costs associated with hospital admissions and emergency department utilization.

88% of CCA SCO members who’ve been receiving our care and support for at least 9 years are still living in their home or community.

Who are our members?

63% have four or more chronic conditions

58.7% have a physical and/or behavioral health disability

55.9% have diabetes

65% of CCA SCO members are nursing home certifiable, yet are able to live at home with our care and support

10.7% have a major physical disability (paralysis, spinal cord injury, multiple sclerosis/muscular dystrophy, cerebral palsy, ventilator-dependent, etc.)

58.7% primarily speak a language other than English

As of 12/1/2017
CCA Care Delivery Solutions

The right care in the right setting

COMMONWEALTH COMMUNITY CARE

CCA’s clinical affiliate, Commonwealth Community Care (CCC), is a specialized primary care practice offering comprehensive, disability-competent care in the home or specially equipped, accessible care centers. Staff are available 24/7 and coordinate care as needed with the patients’ preferred providers as well as with their caregivers and loved ones.

1,387 members and patients served in 2017 at four locations: Lawrence • Boston • Springfield • MetroWest/Worcester

In 2017, CCC launched a series of new specialty clinics, including women’s health clinics at its Boston and Springfield locations and a telepsychiatry clinic in Springfield. The women’s health clinics are staffed by female clinicians and offer a comfortable, safe environment, wheelchair accessibility and the specialized care women need to stay healthy. Preventive care includes cervical cancer screenings and Pap and HPV tests. The telepsychiatry clinic provides patients with a secure way to talk to a psychiatrist using the Skype online communication tool from the comfort of their home or office.

HOSPITALIST PROGRAM

CCA and the Boston University Department of Family Medicine have partnered since 2011 to run a 28-bed inpatient unit for hospitalized CCA members at Boston Medical Center. Dedicated doctors and nurses provide care that integrates patients’ social needs into medical decision-making, and a care transition team coordinates with the members’ CCA care partners to ensure smooth discharge planning.

LIFE CHOICES PALLIATIVE CARE

Serving individuals requiring end-of-life care, the CCA Life Choices Palliative Care program allows them to feel comfortable in decision-making, helping each patient and family to determine the right course of care for their needs.

629 members served in 2017

Among CCA Senior Care Options members who received palliative care or hospice services through the Life Choices program in 2017:

- Members averaged only 1.5 days in intensive care units over the last six months of life (compared to Massachusetts average of 3.8 days)
- 63% created an advance directive or medical order for lifesaving treatment
- 63% were able to die at home or in a nursing home

CRISIS STABILIZATION UNITS

To provide a healthy environment of care for behavioral health disorders, CCA created specialized Crisis Stabilization Units (CSUs) as a therapeutic alternative to inpatient psychiatric admissions. The only facilities of their kind in Massachusetts, CSUs focus on patients’ safety, recovery and return to the community.

696 members served since program began in 2014 at two locations: Dorchester and Brighton

Results

83% of members and patients admitted to CSUs in 2017 were diverted from emergency rooms, inpatient hospitals or inpatient psychiatric institutions

98% of members at CCA CSUs rated their overall satisfaction as "good" or "excellent" in satisfaction surveys

24.4% Average costs for CSU admissions are $687 per day, versus average inpatient admissions costs of $909 per day—a savings of 24.4%

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CCA Clinical Innovations

Investing in and accelerating healthcare innovation

Winter Street Ventures (WSV) is CCA’s for-profit affiliate that enables us to partner with healthcare innovators to pilot their solutions within CCA’s care model environment. Our work aims to be both disruptive and productive, accelerating development of transformative technology for mainstream marketability.

In 2017, more than 200 companies and ideas were evaluated, and 3 technologies were selected for investment. We focused on investigating how voice technology can create a “connected home environment” to support members, clinicians and care providers. Among the innovative technologies identified with promise to enhance the patient experience was MedaCube™, a clinically proven solution designed to improve medication adherence and the quality of life for patients along with peace of mind for their loved ones, caregivers and prescribing physicians.

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Our innovation investments serve to be the intersection of the best of both worlds—amazing technology advances and the proven, life-changing impact of CCA’s clinical care.

John Loughnane, MD, Chief Innovation Officer

Mobile Integrated Health

Helping members avoid unnecessary visits to an emergency department or hospital

CCA’s pioneering Mobile Integrated Health program partners CCA clinicians with community paramedics who have been specially trained in home-based evaluation and treatment, based on proprietary CCA procedures. The program paramedics, whose diagnostic and care skills exceed those of standard acute care paramedics, respond to members’ urgent care needs, providing high-intensity care right in the members’ own homes. They assess each patient and administer appropriate treatment with the goal of avoiding an unnecessary emergency department visit or hospital admission.

- Members served since program began in October 2014: 612
- Out of 590 visits by mobile paramedics to CCA One Care members in 2017, 77% allowed members to avoid an emergency department visit or a hospital admission
- According to a survey of more than 200 people who used Mobile Integrated Health services in 2017, 100% said they would be willing to use the service again
CCA Spotlight Initiatives

Advancing programs centered on member needs

ADDRESSING THE OPIOID CRISIS

CCA recognizes the risk that opioids present to our population:

• Approximately 12% of CCA’s total membership has been identified as having an opioid use disorder
• More than 1/3 of CCA One Care members reported using an opioid medication, mostly to manage acute, chronic or cancer-related pain

In response, CCA’s team of substance use disorder specialists developed treatment protocols tailored to the needs of our population. They include:

• Inpatient detoxification and crisis stabilization
• Medication-assisted treatment without time limits or prior authorization
• NARCAN® co-prescribed for members at high risk for overdose
• Medication dispensation equipment to limit dosing
• Outpatient programs such as group and individual counseling
• Specialized urine toxicology screening
• Partial hospitalization treatment

CCA clinicians focus on consistent evaluation, monitoring and intervention for members experiencing acute or chronic pain, many of whom have serious health conditions or disabilities and truly need pain medication. With a strong focus on coordination of patient information, the CCA care model is designed to provide proper treatment, promote safety and, ultimately, improve the patient’s health status.

A powerful collaboration

MEDICAID ACO PROGRAM

In June 2017, CCA embarked on our first Accountable Care Organization (ACO) collaboration with Partners HealthCare Accountable Care Organization, LLC. In light of our successful track record in meeting the complex medical, behavioral health and social needs of CCA members, Partners HealthCare engaged CCA to provide direct care and care coordination for a select group of their highest-risk patients with the most complex healthcare needs, including:

• Multiple chronic conditions
• High emergency department utilization
• Severe and persistent behavioral health conditions
• Homebound or medically complex
• Progressive decline at end of life

The collaboration was designed to meet these critical goals:

1. Improve health outcomes
2. Increase quality of care
3. Reduce healthcare costs
4. Improve patient and provider satisfaction

Based on the program’s success, the collaboration is continuing in 2018.
CCA Consumer-Centricity

Focusing on the needs of our members and patients

Consumer-centricity is one of the foundations of CCA’s identity as an organization, as well as of our care model. To deepen our understanding of the needs of our members and patients, and how we can improve our care programs to serve them, we’re continually developing and expanding initiatives that let us hear directly from consumers.

CCA MEMBER VOICES

In 2017, CCA created a new program, called Member Voices, that gives us an open line of communication with our members—an essential conduit to their vision for their lives and their needs. Program members are on call to participate in focus groups, interviews, surveys and workshops that allow CCA to understand their perspectives and incorporate their insights into projects developed across the organization.

In 2017, the Member Voices program:
• Enrolled 207 members
• Met with members 2–3 times each month
• Impacted key CCA initiatives, including:
  ▪ Defining member-centered quality measurement
  ▪ Learning how members use CCA transportation
  ▪ Understanding barriers to medication adherence
  ▪ Understanding barriers to preventive dental care

“I’m very happy for the opportunity to be in the Member Voices program because they want our honest feedback about how it’s all working. Being heard in that way is so comforting.”
CCA One Care member Susan L.

The Member Voices program emphasizes:
Respecting member values, preferences and needs
Preserving autonomy, dignity and self-determination
Helping members become part of the CCA community by sharing decision-making and co-creating care goals
CCA Financial Highlights and Leadership

Commonwealth Care Alliance, Inc.
Consolidated Statements of Operations
Years ended December 31, 2017 and 2016

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**Leadership**

Christopher Palmieri, President and Chief Executive Officer
Lisa Fleming, Chief Legal Officer, Senior Vice President for Regulatory Affairs
Sarah Garrity, Chief Marketing Officer
Lawrence Gottlieb, MD, MPP, Chief Quality Officer, Senior Vice President for Performance Improvement
John Loughnane, MD, Chief Innovation Officer
Robert MacArthur, MD, Chief Medical Officer
Kathleen McCann, Chief Human Resources Officer
Eric Price, Chief Financial Officer
Courtney Sullivan Murphy, Chief Operating Officer

**Board of Directors**

Thomas Lynch, Chair; Founder and Chief Executive Officer, Lynch, Ryan & Associates
Carol Raphael, Vice Chair; Senior Advisor, Manatt Health Solutions
Charles Carr, Principal, Charlie Carr Consulting
Len Fishman, Director of the Gerontology Institute at UMass Boston
Robert Gittens, Executive Director, Cambridge Family & Children’s Service
Irwin Gottlieb, Principal, Health Care Practices, Mazars USA, LLP
David Klein, Special Advisor to the CEO of the University of Rochester Medical Center
Christopher Koller, President, Mbitark Memorial Fund
Joseph Paduda, Principal, Health Strategy Associates
Christopher Palmieri, President and Chief Executive Officer, Commonwealth Care Alliance
Robert Restuccia, Executive Director, Community Catalyst
Mark Reynolds, President and CEO, Risk Management Foundation of the Harvard Medical Institutions Incorporated (CRICO)
Nancy Turnbull, Senior Associate Dean for Professional Education, Harvard T.H. Chan School of Public Health
Giving strength to the frail and independence to the elderly.
Fostering ability in people with disabilities, and stability in those with mental illness. Offering hope to the living and dignity to the dying.
And helping those with the most complex needs live safely in their own homes.
That takes extraordinary skill and passion and grit and teamwork.

That’s uncommon care. That’s Commonwealth Care Alliance.