

# Mission Critical

2020 ANNUAL REPORT





## Our mission

To improve the health and well-being of people with significant needs by innovating, coordinating, and providing the highest-quality, individualized care.

**Our mission has always been the beacon that guides and inspires us, but in 2020, the year of COVID-19, that mission became *mission critical*.** Never before was it so critical – for the safety and well-being of our members, patients, and staff – that Commonwealth Care Alliance® perform at the very peak of our capabilities. As you’ll see in this report, we did just that – and more.

From the first warnings of an onrushing crisis we took swift and bold actions to adapt to new realities. We implemented new clinical protocols to protect personal and public health, activated our business-continuity plan, and pivoted successfully to a remote work environment – without missing a beat.

Yet the quality of our care remained outstanding. For the fifth consecutive year, our CCA One Care health plan was a top-rated Medicare-Medicaid plan in the country.<sup>1</sup> Our Senior Care Options plan was awarded 4.5 out of 5 stars for 2021<sup>2</sup> – the sixth time in the last 10 years the plan has earned an overall 4.5 rating. We launched a Quality Initiative Program offering up to \$1.05 million to help Federally Qualified Health Centers (FQHCs) in Massachusetts improve seniors’ access to preventive care and vaccinations during the pandemic.

CCA health plans were once again among the fastest-growing plans of their kind, ending the year with over 38,000 members – up 14% versus 2019 and doubling over the last five years. Revenues climbed to \$1.805 billion, up 17% over 2019 and 116% since 2016. We also took steps to significantly expand members’ access to our mission-aligned CCA Primary Care practice.

We not only expanded CCA One Care into Barnstable County, but also gained approval to add Berkshire County in 2021 – a milestone that solidifies CCA as the Commonwealth’s only state-wide One Care plan. Forging new or expanded provider agreements, we became the value-based partner of choice for integrated delivery systems, FQHCs, and urgent care centers across the state. To support our growth and better serve members and providers in central Massachusetts, we opened a new office in Worcester.

We began preparations to complement our existing Massachusetts product offerings with new Medicare Advantage plans available for enrollment next year. And, in a major advance for Commonwealth Care Alliance, we are preparing to expand our mission and our proven *uncommon care*® model beyond our home state, with plans well under way to offer health plans in neighboring Rhode Island starting in 2022.

Of course, none of these accomplishments would have been possible but for the inspiring energy, creativity, and fortitude of our workforce, which even in the pandemic grew to nearly 1,500 strong as we enhanced our leadership’s “bench strength” and prioritized a diverse and inclusive workplace. In this most challenging of years, we’re truly proud that CCA was named a Top Place to Work in Massachusetts in the Boston Globe’s annual employee survey.

Though we can envision an end to this public health emergency, we recognize that turning the corner on COVID-19 does not mean returning to our pre-pandemic ways of thinking and working. It means bringing forward the new tools and strategies that have helped us not only weather the crisis, but actually improve care and outcomes for those most at risk. And after all, that will always be our *mission critical*.



*Robert P. Gittens*

Robert P. Gittens  
Chair of the Board



*Chris Palmieri*

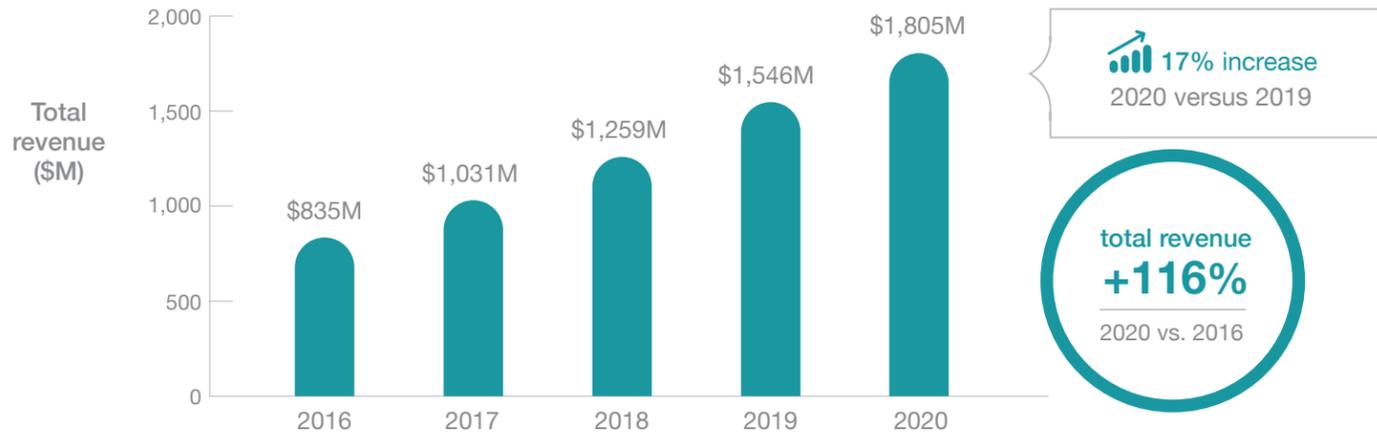
Christopher D. Palmieri  
President and Chief Executive Officer

<sup>1</sup> Based on the Center for Medicare & Medicaid Service (CMS) annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey (2020) | <sup>2</sup> 4.5-star rating from the CMS (2021) 3 |

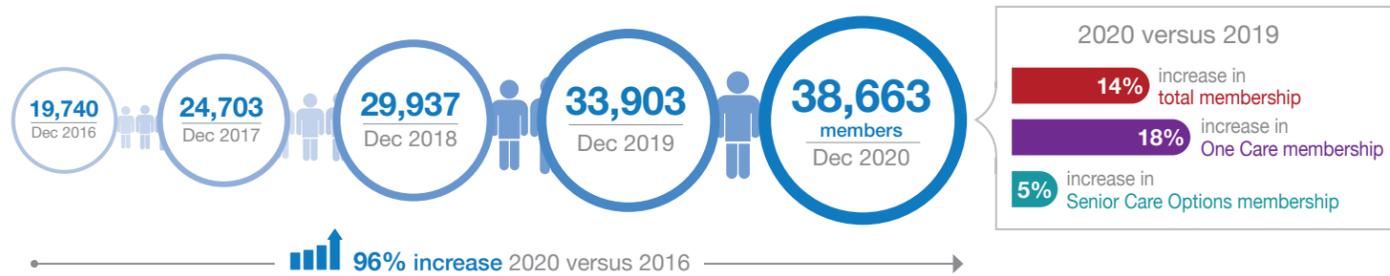
# Enterprise Fast Facts

# 2020 Totals

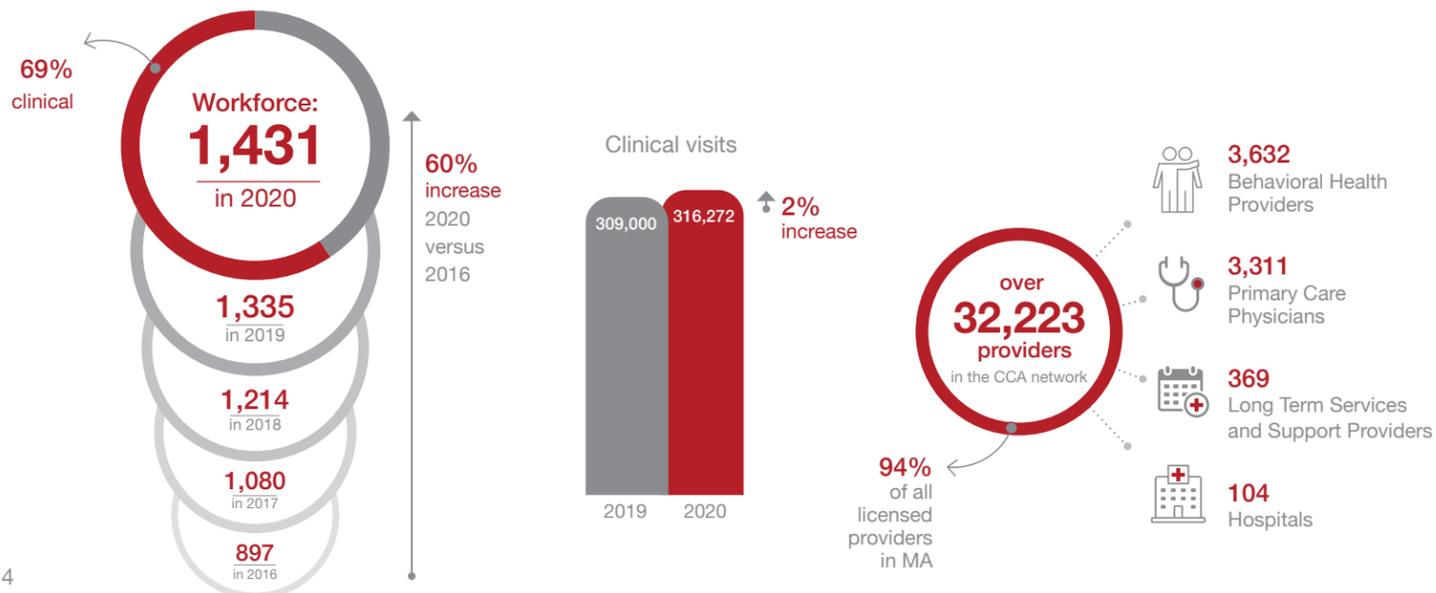
## Financial strength



## Membership growth



## Organizational advancement



## Health Plans

### CCA ONE CARE

A Massachusetts demonstration Medicare-Medicaid Plan (MMP)

26,656 members<sup>1</sup>

### CCA SENIOR CARE OPTIONS (SCO)

HMO Special Needs Plan

12,007 members<sup>1</sup>

## Care Delivery

### CCA PRIMARY CARE

CCA's clinical affiliate, a specialized primary care practice with four locations: Boston, Lawrence, Springfield, and MetroWest/Worcester

11,510 visits

### CRISIS STABILIZATION UNITS

CCA's alternative to psychiatric hospitalization for members, with two locations: Carney Hospital<sup>2</sup> in Dorchester and Marie's Place<sup>®</sup> in Brighton

2,088 patient days

### COMPLEX TRANSITIONAL CARE

A one-of-a-kind, collaborative consult service to ensure smooth hospital discharges for our members

7,577 patients

### PALLIATIVE CARE

Integrated approach to address the special ongoing needs of CCA members with serious or life-limiting illnesses

8,585 visits

## Health Solutions

### instED<sup>®</sup>

CCA's innovative and comprehensive mobile integrated health solution that responds to urgent care needs, providing high-intensity care in members' setting of choice

4,500 in-home visits

### AVANTUS HEALTH

Complex care coordination and delivery organization

16,844 encounters

## Health Ventures

### WINTER STREET VENTURES<sup>®</sup>

CCA's healthcare investment subsidiary that identifies, accelerates, and brings to scale innovations

\$4.3M capital deployed

## Common Good

### CENTER TO ADVANCE CONSUMER PARTNERSHIP

Organization fostering authentic consumer partnership throughout the healthcare system

7 clients

<sup>1</sup> As of 12/1/2020

<sup>2</sup> Carney Hospital unit was returned to inpatient care in 2020 for COVID-related treatment

# Rising to the Challenge

## An overview of CCA's extraordinary responses to the COVID-19 pandemic during 2020

Starting in January, at the earliest warnings of the oncoming crisis, Commonwealth Care Alliance® (CCA) grounded its COVID-19 responses in the solid bedrock of our mission.

Above all, that meant putting people first. We swiftly implemented new clinical protocols to protect health and safety—not only of our 38,000 members and patients, but also of our entire clinical and administrative workforce, now nearly 1,500 strong.

Member engagement, always a cornerstone of our *uncommon care*® model, was a key driver of our successful adaptation to the crisis. As you will see, outcomes data continue to validate the innovative processes, protocols, and technologies we adopted.

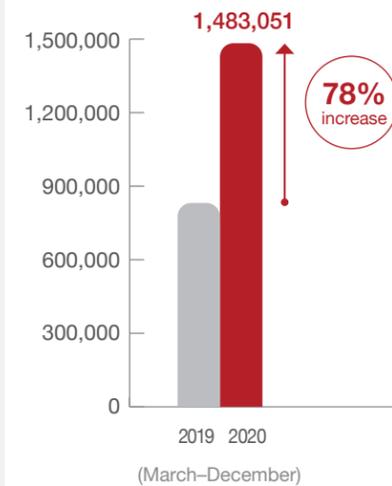
We are finally beginning to see daylight in this dark struggle. But, thanks to the unflinching efforts of our entire staff, we have learned an incredibly valuable lesson: *we can do this*. And if we can do this, we can do anything.



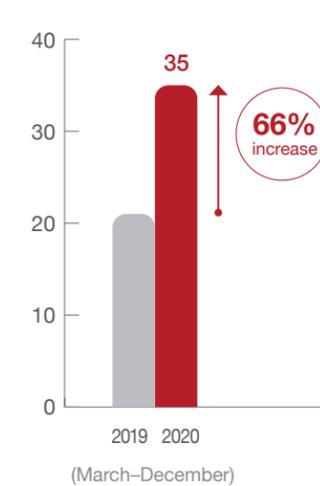
## The rewards of member engagement

Connecting with our members often and consistently was mission critical during COVID-19. Our breakthroughs in predictive analytics played a critical role in helping us identify and prioritize those at greatest risk. This outreach, together with our development of alternative care plans, has produced exceptional results: not only did our members' hospitalization rates decline significantly, they were consistently below the per capita averages.

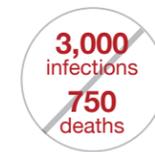
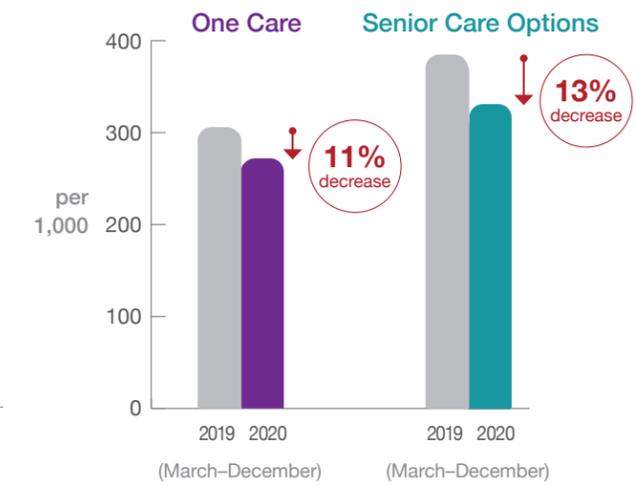
### Member Interactions



### Interactions per Member



### Hospital Admissions



By our calculations,\* we estimate that in 2020 CCA potentially **avoided over 3,000 COVID-19 infections and 750 COVID-related deaths** by keeping the vast majority of our SCO members out of long-term care facilities.

#### VIDEO HIGHLIGHT

Watch our 4-minute video, "Rising to the Challenge"



#### 2020 MEDIA HIGHLIGHT

Becker's Healthcare

Podcast:  
Hear President & CEO Chris Palmieri discuss CCA's responses to COVID-19

Listen Now

\*Calculations of infections and deaths avoided are based on data from the Massachusetts Department of Public Health on COVID-19 infections and deaths in long-term care facilities from April to October, 2020, plus CCA's own data on the number of our Senior Care Options members with nursing home certification status, the extent of each member's Activities of Daily Living (ADL) deficits, current home-based long-term services & supports, and related risk scores. Sensitivity analysis using our basic assumptions demonstrated impacts ranging from 1,200 to 6,000 infections avoided and from 300 to 1,500 deaths avoided.



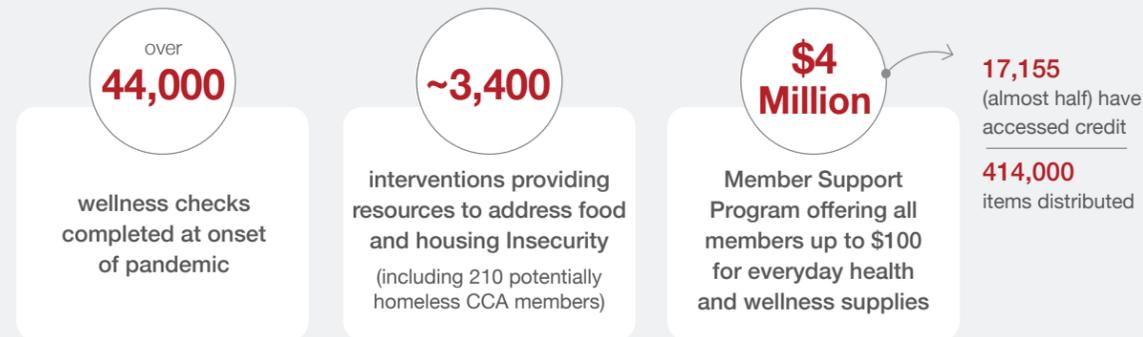
## Virtual care delivery and engagement

Early in 2020, CCA rapidly transitioned to telephonic and video telehealth engagement. These activities proved highly effective in reducing disparities in primary care access, treating acute and chronic conditions, and enabling behavioral health interventions at home.



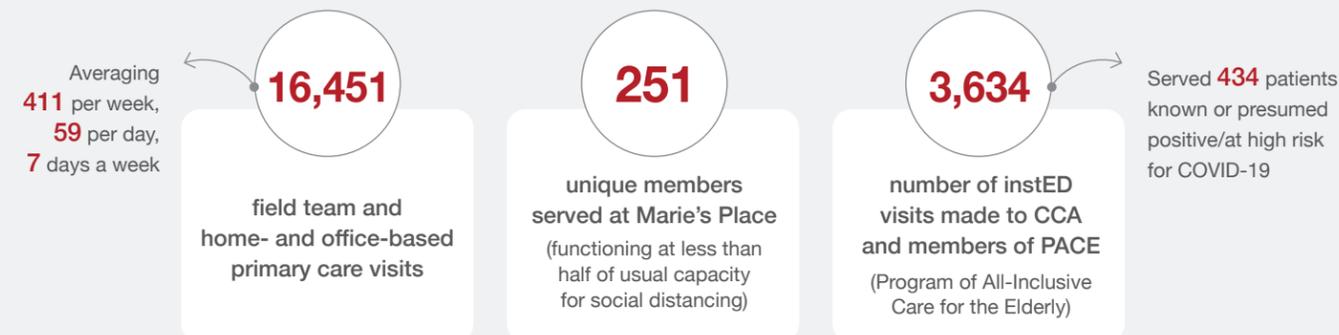
## Care management and coordination

Our goal was to proactively engage and problem-solve with every single member. During the pandemic, CCA Health Outreach Workers quickly mobilized to address health disparities by increasing members' access to the goods and services they need in the community.



## In-person care delivery and engagement

Our primary care clinics, instED mobile integrated health service and Marie's Place® crisis stabilization unit continued their operations through the pandemic. Additionally, to help prevent community exposure and avoidable transfers to acute settings, we created an interdisciplinary field team to provide needed medical and behavioral health care, in-home and in-person.



## Workforce investments

As CCA transitioned to remote working, our wide-ranging support for employees' physical and emotional wellness – including virtual fitness classes, counseling, training and skills development – garnered national attention in *Modern Healthcare* magazine which featured a CCA case study, “A good investment in our workforce.”



## Enhanced government partnership

With our “how-can-we-help” attitude and “can-do” culture, CCA emerged during COVID-19 as a true partner to governments and a leader among our federal- and state-based health plan associations, sharing best practices and advocating for the comprehensive, integrated care that all high-risk populations need.

- **Isolation and recovery sites.** The Massachusetts COVID-19 Command Center contacted CCA to get our assistance in caring for its COVID-positive, marginally housed population. We collaborated with state regulators to develop – and then manage – a program to temporarily house these individuals in hotel sites across the state that were transformed into COVID-19 Isolation and Recovery Centers. Guests were able to safely recover from the virus and access behavioral health and other services before discharge.
  - Served 1,336 guests with an average stay of 11 days
- **Home-based vaccination protocols.** It's no surprise that we were the first integrated plan in Massachusetts to begin vaccinating our own members. Long before COVID-19 vaccines were actually approved, CCA had begun planning to administer them effectively and equitably to our members, patients, and staff.
  - Acquired refrigeration units across the Commonwealth
  - Developed some of the first protocols for home vaccination
  - Partnered with local hospitals that acquired vaccines early to begin vaccinating our patient-facing staff

### State-wide vaccination program for homebound residents.

As a result of this advance planning, and building on our long track record of government partnership, CCA was retained by the Commonwealth to develop and implement the state's vaccination program for its homebound population, estimated at 25,000 individuals. CCA will provide important coordination functions, including building a network of qualified vaccinators across the state (in partnership with local boards of health and local providers), providing a technological infrastructure, conducting patient outreach and scheduling, and overseeing distribution logistics.



## CCA One Care

### An integrated approach to care 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

★ For five consecutive years, CCA's One Care plan earned a top rating in a consumer survey conducted by the Centers for Medicare & Medicaid Services (CMS), scoring 93% in 2020.<sup>1</sup>

### Growth and Achievements

In 2020, Commonwealth Care Alliance One Care was the fastest-growing plan of its kind by net enrollment volume – not only in Massachusetts, but in all of the U.S. – accounting for nearly half of all category growth. It was once again the second-largest MMP plan in the nation.<sup>2</sup> One out of four One Care members are managed through CCA Health Homes, where we partner with community providers to advance high-quality care for those with complex needs. Forging new or expanded provider agreements, we became the value-based partner of choice for integrated delivery systems, Federally Qualified Health Centers, and urgent care centers state-wide. We officially entered Barnstable County, and, in an important milestone for the Commonwealth, became the first MMP plan approved to serve Berkshire County, solidifying our position as the only truly state-wide One Care plan. We are proud that the Commonwealth has reaffirmed its confidence in our validated care model by selecting CCA to participate in One Care 2.0 beginning in 2022.

### Clinical Results

CCA's *uncommon care*<sup>®</sup> model has demonstrated success in building care partnerships with hard-to-reach members and improving care for people with significant needs, while also lowering the long-term costs of care by reducing avoidable hospital readmissions and institutional care.



### Who are our members?

2020 membership: **26,656**<sup>3</sup>

**76.1%**  
have a physical and/or behavioral health disability

**69.8%**  
have severe mental illness, such as schizophrenia, bipolar disorder, or severe depression (excluding substance-use disorder)

**31.9%**  
have a substance-use disorder (excluding tobacco and nicotine)

**8.9%**  
have a major physical disability (such as paralysis, spinal cord injury, multiple sclerosis, muscular dystrophy, cerebral palsy, or ventilator dependency)

**7.1%**  
have been documented as homeless during their enrollment

**7x**  
the average cost of care required for One Care-eligible population averaged \$3,217 per month, seven times the average for MassHealth MCO patients in Massachusetts

<sup>1</sup>Based on the 2016, 2017, 2018, 2019, and 2020 Medicare Advantage and Prescription Drug Plan CAHPS surveys conducted by the U.S. Centers for Medicare & Medicaid Services

<sup>2</sup>CMS enrollment data reports (Monthly Enrollment by Contract) from 12/1/2019 and 12/1/2020:

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDenrolData/Monthly-Enrollment-by-Contract>

<sup>3</sup>As of 12/1/2020

## Who are our members?

2020 membership: **12,007**<sup>1</sup>

**71.4%**

of CCA Senior Care Options members are nursing home certifiable, yet are able to live safely and independently at home with our care and support

**65.7%**

have four or more chronic conditions

**60.3%**

have a physical and/or behavioral health disability

**59.8%**

primarily speak a language other than English

**53.2%**

have diabetes

**9.4%**

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



Senior Care Options member Isaira has been receiving care from CCA since 2012

## CCA Senior Care Options

### Helping seniors live independently at home, despite chronic needs

A HMO Special Needs Plan for people who are 65 and older and eligible for MassHealth Standard

★ The Centers for Medicare & Medicaid Services (CMS) awarded CCA's Senior Care Options Plan 4.5 out of 5 stars for 2021, which included 5-star ratings for "Care for Older Adults" and "Member's Rating of the Health and Drug Plan."<sup>2</sup>

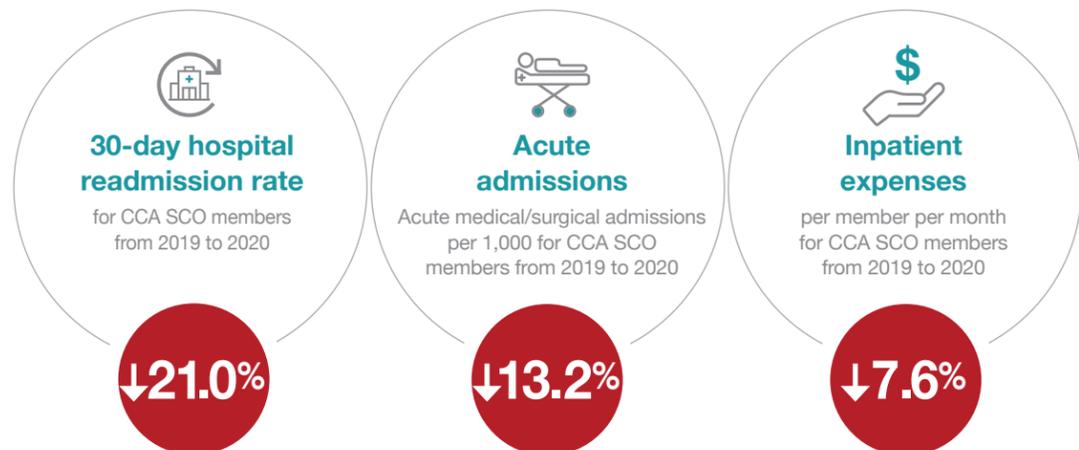
### Growth and Achievements

In 2020, Commonwealth Care Alliance Senior Care Options (SCO) was once again one of the fastest-growing plans of its kind, based on net enrollment volume. Given that 27% of our SCO members are care-managed through CCA-delegated sites, we worked closely with these sites throughout the pandemic to formulate new workflows to ensure members' safety and security. We significantly enlarged our SCO provider network, signing new or expanded agreements to become the value-based partner of choice for integrated delivery systems, FQHCs, and urgent care centers across the Commonwealth. As a Medicare Advantage organization serving special needs populations within a SCO program, CCA was invited by the CMS Innovation Center (CMMI) to apply for a new demonstration project – Hospice Value-Based Insurance Design (VBID). In May we were proud to receive notification that CCA was one of only nine organizations in the nation, and the only one in Massachusetts, named to participate in VBID.

### Clinical Results

By successfully engaging SCO members in our *uncommon care*<sup>®</sup> model, CCA SCO improves their quality of life while also reducing long-term costs attributed to hospital admissions and ambulatory care.

**91.1%** of SCO members who received CCA care and support for at least 9 years are still living in their home or community 



<sup>1</sup> As of 12/1/2020

<sup>2</sup> Each year Medicare evaluates health plans using a 5-star rating system.

## Care Delivery

### CCA PRIMARY CARE

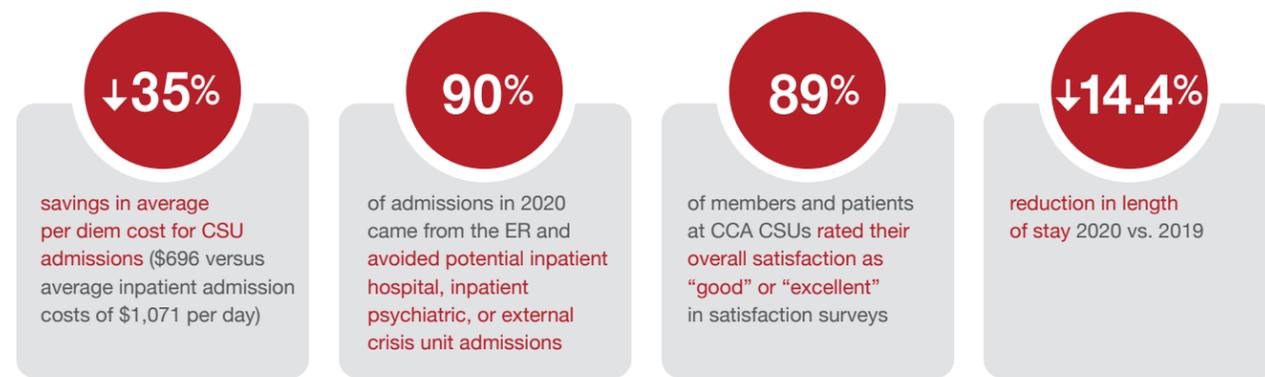
Formerly known as Commonwealth Community Care, CCA Primary Care is the clinical affiliate of Commonwealth Care Alliance. It is a mission-aligned practice providing specialized, comprehensive care tailored to the complex needs of our health plan members. During the pandemic, CCA not only kept these clinics open, but also increased our census by almost 20% to 1,447 patients. We maintained our level of productivity by shifting many appointments to telehealth visits; of our 11,510 total visits (8 visits per unique patient), 39% were virtual. We exceeded the CDC's COVID-19 safety guidelines and managed to avoid any cases of transmission between patients and staff. Looking to 2021, our facilities will not only be re-branded, but re-imagined. CCA Primary Care will expand and enhance its care design, featuring new engagement centers where patients will find wellness education, peer support, and community.



### CRISIS STABILIZATION UNIT (CSU)

CCA originally opened two facilities – in Dorchester and Brighton, MA – to offer members with behavioral health disorders a therapeutic alternative to inpatient psychiatric admissions that keeps them in the community. The pandemic impacted operations significantly in 2020. Our unit at Carney Hospital in Dorchester had to be returned to inpatient use for COVID-related treatment, and our Marie's Place® CSU in Brighton had to reduce capacity by providing each patient with a private room to mitigate transmission of the virus. Despite these challenges, Marie's Place® remains the only unit of its kind in Massachusetts and amassed 2,088 patient days among 400 members in 2020.

#### Results



### PALLIATIVE CARE

Created to address the special ongoing needs of CCA members with serious or life-limiting illnesses, the CCA Palliative Care program adapted swiftly to the challenges these members faced during 2020's COVID-19 crisis. During the March–May surge, we implemented a telephonic palliative care program that achieved a 98% reach rate. We identified members most at risk of adverse outcomes if infected and enrolled 50% of those contacted in the palliative care program. During 2020, the Palliative Care team, which consists of palliative care-certified physicians, advanced practitioners, nurses, and social workers, engaged with 670 members in 8,585 encounters across the state. And we are now developing advanced analytics that use machine learning to reveal members most likely to benefit from interventions beyond the current palliative care model.

#### Results



### COMPLEX TRANSITIONAL CARE

CCA's high-need members may present to the emergency department and be admitted to the hospital for issues that could be treated successfully at home. When they do need admission to a hospital for medical or surgical care, their complex needs require specialized attention—both in the hospital and when they transition back to the community. Our one-of-a-kind Complex Transitional Care Program is designed to mitigate these problems by co-locating CCA physicians and health outreach workers in four of the state's busiest hospitals. There they can integrate our members' social needs into medical decision-making and transition them home for ongoing care when appropriate. In 2020 the program served more than 7,500 patients in our four partner hospitals, with initial observations showing significant reductions in ED re-presentations, transfer rates to inpatient and observation beds, and readmission rates.

## Health Solutions

### COMPLEX CARE COORDINATION AND DELIVERY

Just 5% of patients with chronic conditions account for 50% of all U.S. healthcare spending, and individuals with multiple chronic conditions cost up to seven times more than those with only one chronic condition.\* CCA leverages its highly regarded expertise in complex care to help risk-bearing entities improve their performance among these historically challenging populations. Our expertise goes beyond conventional care management to deliver the only care model designed—and proven effective—for patients with complex medical, behavioral health, and social needs. Since 2017 CCA has partnered with Mass General Brigham (MGB) to provide home-based care, care coordination, and access to enhanced services for patients that Medicaid Partners ACO deems at highest risk. In 2020 we once again extended our MGB partnership, providing nearly 17,000 encounters (in-person, telehealth and telephonic) for 307 patients by year end. Our continuing collaboration has produced outstanding results for this complex population, significantly reducing emergency department (ED) and hospital utilization and lowering the overall cost of care.



### instED MOBILE INTEGRATED HEALTH

ED over-utilization continues to be a major factor contributing to rising healthcare costs. It is estimated that as much as 67% of all ED visits are avoidable.\* That's why CCA created instED, an innovative and comprehensive mobile integrated health solution that responds to patients' urgent care needs by providing high-intensity care in the comfort of the patient's home. In 2020, instED expanded to provide service across the Commonwealth, receiving an emergency COVID-19 waiver from the Massachusetts Department of Health that allowed us to partner with all PACE programs state-wide. For the year, instED paramedics completed 4,500 in-home visits in response to the urgent care needs of over 2,221 patients – tripling our instED visits over 2019.

#### Results



\* Stanton, M. W., & Rutherford, M. K. (2005). The high concentration of U.S. health care expenditures. Agency for Healthcare Research and Quality, 19, 06-0060. Retrieved from <http://archive.ahrq.gov/research/findings/factsheets/costs/expriach/>

## Health Ventures



### WINTER STREET VENTURES AND CCA INNOVATION

Winter Street Ventures (WSV) is the CCA healthcare investment subsidiary that – along with the CCA Innovation team – identifies, accelerates, and brings to scale innovations that advance our core mission to improve the health and well-being of individuals with significant needs. As the COVID-19 pandemic struck, CCA Innovation moved swiftly to identify and scale member-focused technology platforms to help CCA clinical teams pivot from in-person care to a primarily virtual care model. Going forward, the newly formed Virtual Care Team is working to reduce health disparities by ensuring that members who lack internet access, devices, or technical support have improved access to virtual care.



With home visits severely restricted during the pandemic, CCA looked to LifePod, a WSV portfolio company, to leverage its member engagement and remote monitoring technology to help keep members safe. In April, CCA led a \$5 million funding round in LifePod, seeking to deploy LifePod units to provide additional support for CCA members and bolster an over-stretched care team.



Another WSV portfolio company, Cityblock Health, achieved a significant milestone in December by raising \$160 million in Series C financing at a \$1.1 billion valuation. Cityblock aims to deliver better care to neighborhoods with poor access to health care services by partnering with community-based organizations, health plans, and other risk-bearing providers. Launched in 2017 by two former CCA colleagues, Cityblock now serves 70,000 individuals in four major metropolitan markets across the U.S.

## Our Commitment to Community

### CCA'S \$1.05 MILLION QUALITY INITIATIVE PROGRAM

Federally Qualified Health Centers (FQHCs) – community-based providers that operate in underserved areas – are long-standing partners of CCA. Nearly 25% of our 38,000+ members, including one third of our SCO members, receive primary or specialized care at FQHCs in communities across Massachusetts. In 2020, CCA launched a Quality Initiative Program that is offering up to \$1.05 million in funds to Massachusetts FQHCs for initiatives aimed at improving seniors' access to preventive care, flu vaccination, and COVID-19 vaccination during the pandemic.

By investing in these initiatives, we are supporting mission-aligned providers to advance improved outcomes for at-risk individuals throughout the Commonwealth. We are also helping to identify inequities that impact elderly patients and creating strategies our healthcare system can use to rectify them.



### COMMUNITY ENGAGEMENT

In 2020, when the COVID-19 pandemic made community engagement even more critical, CCA fielded a new Community Outreach team to help foster social responsibility and reduce health disparities. To help combat food insecurity, CCA donated over \$100,000 to food banks across the state and joined forces with Lynn Community Health Center to co-sponsor a monthly mobile food market where volunteers – CCA team members included – distribute food to over 400 families in the community each month. During COVID-19 the team attended 500+ community events, hosted approximately 200 more, and distributed 8,000+ care packages (food and/or personal hygiene) to individuals living in low-income housing.



### A NEW WORCESTER OFFICE SERVING THE CENTRAL MASSACHUSETTS COMMUNITY

Late in 2020, CCA opened a new office in Worcester that serves as a home base for 60 CCA clinical and administrative team members in central Massachusetts. This new facility is evidence of our commitment to enhance community partnerships in Worcester and promote our localized model of care delivery. It offers new opportunities to bring our clinical and administrative staff closer to members and provider partners throughout the region.

## Prioritizing Social Determinants of Health

Since the inception of our health plans, social determinants of health (SDOH) have been at the core of CCA's nationally recognized care model, which prioritizes unmet social and behavioral health needs. Depending on each member's needs, care plans may be individualized to address behavioral health, food and housing security, accessing community resources, crisis support, transportation, and more.



**22,550** members received CCA assistance with at least one social support in 2020

	SDOH Supports	CCA Members Impacted	Total Impact
	Transportation	<b>18,897</b> total number of distinct members who were provided rides	<b>645,093</b> total number of transportation trips provided to members
	Physical Environment	<b>6,434</b> members provided with home modifications or environmental controls	<b>71,723</b> total home modifications or environmental controls provided to members (including air conditioners)
	Food	<b>3,724</b> members helped by meal-delivery program	<b>880,938</b> medically and non-medically tailored meals
	Health Outreach	<b>4,968</b> members served through non-traditional supports	<b>47,658</b> non-traditional care services (includes peer support groups, acupuncture, massage therapy, and in-home behavioral health therapy)

### HOW SDOH POWERS PREDICTIVE ANALYTICS AT CCA

CCA has pioneered the development and deployment of a cloud-based analytics platform specifically tailored for individuals with complex care needs, including SDOH. The platform produces specially designed dashboards, commonly referred to as "action boards," that provide patient-specific insights to guide the actions of our clinicians.

With predictive analytics, CCA Data Science has built a bridge from data and technology to the care of vulnerable populations. The automatic delivery of valuable, actionable data allows our frontline clinicians to more powerfully implement our *uncommon care*® model, reduce healthcare spending, and improve health outcomes for our at-risk patients and members.

#### 2020 MEDIA HIGHLIGHT

**Looker for Google Cloud Platform**

**CCA data analytics: Using data to monitor, react and help patients with COVID-19**

[Read More](#)

## Toward a Diverse, Inclusive Workplace

This year's twin crises of COVID-19 and social unrest have thrown a glaring spotlight on the persistence of disparities and inequities in our healthcare system and in our society. That's why CCA has rededicated itself to building a diverse, inclusive, high-performance workforce based on acceptance and trust.

CCA's approach to diversity is based on a commitment from individuals at all levels in the organization to increase awareness and foster a workplace where employee contributions are continuously recognized and valued. We advocate and support social change to promote a culture of collaboration, diversity, and inclusiveness. We aim to make these values a priority for all leaders, managers, and employees, creating a workplace where engaged employees from all corners of the world will spur innovation to better fulfill our mission.



“CCA celebrates and values the harmony of our differences, identities, experiences, and cultures and backgrounds.”

Statement by CCA President and Chief Executive Officer,  
Christopher D. Palmieri

### CCA NAMED ONE OF THE TOP PLACES TO WORK BY THE BOSTON GLOBE

CCA is proud to have been named one of the *Top Places to Work* in Massachusetts in the Boston Globe's 13th annual employee-based survey. *Top Places to Work* recognizes the most admired workplaces in the state voted on by the people who know them best—their employees. The survey measures employee opinions about their company's direction, execution, connection, management, work, pay and benefits, and engagement. “This was a particularly challenging year to be a great place to work,” said the Globe's Top Places to Work editor, “and the companies that made our list went above and beyond to keep their employees safe, engaged, and cared for.”



## Leadership

### Leadership

Christopher Palmieri, President and Chief Executive Officer

Alfred Enagbare, PhD, Chief People Officer

Lisa Fleming, Chief Legal Officer

Sarah Garrity, Chief Marketing Officer

Robert MacArthur, MD, Chief Medical Officer

Courtney Murphy, Chief Operating Officer

Mihir Shah, Chief Financial Officer

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Charles Carr, Legislative Liaison, Disability Policy Consortium, and Principal, Charlie Carr Consulting

Alexandra DaCosta, Head of Environmental, Social and Governance (ESG) and Impact Investing, Cantor Fitzgerald

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Len Fishman, Director, Gerontology Institute, McCormack Graduate School of Policy and Global Studies, UMass Boston

Tejal Gandhi, MD, MPH, CPPS, Chief Safety and Transformation Officer, Press Ganey Associates LLC

Ira Gottlieb, Senior Advisor, Mazars USA LLP and Chief Lead Project Officer, United Medical Center

Rizal Hamdallah, Chief Innovation Officer, Clif Bar and Company

Leslie Kirwan, Retired Dean for Administration and Finance, Faculty of Arts and Sciences, Harvard University

David Klein, MBA, Special Advisor to the Medical Center CEO, Professor of Public Health Sciences, Executive Professor of Health Care Management, University of Rochester

Christopher Koller, President, Milbank Memorial Fund

Joseph Paduda, Principal, Health Strategy Associates, LLC

Christopher Palmieri, President and Chief Executive Officer, Commonwealth Care Alliance



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