uncommon vision
uncommon compassion
uncommon care®

commonwealth care alliance®

Our mission

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

What We Do

uncommon care®

A focus on complex care for high-need individuals

CCA's model of care is at the core of our mission. It grows out of a culture that values meaningful care partnerships, ensuring that every individual is treated as a whole person, and respecting each person's dignity, autonomy, voice and choice. And it is based on our deep understanding of what puts people at risk, together with our unmatched ability to find and engage hard-to-reach individuals.

Community focus to ensure the most appropriate site of care
- Address unmet social determinants of health (SDOH), behavioral health and medical needs
- Integrate environmental and community supports
- Coordinate long-term services and supports
- Provide acute care through community paramedicine program
- Engage Crisis Stabilization Units

Seamless integration of care coordination, care delivery and care partnership
- Eliminate gaps in care by coordinating SDOH, transportation, Rx management and more
- Deliver comprehensive medical and behavioral health care
- Partner with members, providers and others across the continuum
- Leverage embedded relationships with external providers
- Provide interdisciplinary team-based care and communication

Innovation to address members' unmet needs
- Invest in transformative technologies
- Advance predictive analytics for data-powered decision-making
- Augment direct care with virtual care, telehealth, videoconferencing and remote patient monitoring
- Foster a culture of continuous improvement

Social Determinants of Health Strategy

While CCA clinical and non-clinical functional areas are very active in addressing social risk factors, CCA does not have a clearly articulated comprehensive strategy or roadmap to serve as the basis for setting priorities and allocating resources across the many different opportunities we have to impact social risk factors and unmet social needs. Given the growing evidence of the value of such efforts in terms of improved health and financial outcomes and decreased disparities in health outcomes and quality of care, now is a good time for the development of an enterprise-wide strategy to guide our efforts.

Goal: Develop a proposed CCA enterprise-wide strategy to address social risk factors and unmet social needs among our members.

22,385 members received CCA assistance with at least one social support in 2019

SDOH Supports	CCA Members Impacted	Total Impact
Transportation	**15,905** total number of distinct members who were provided rides	**1,026,289** total number of transportation trips provided to members
Physical Environment	**6,209** members provided with home modifications or environmental controls	**65,917** total home modifications or environmental controls provided to members (including air conditioners)
Food	**3,088** members helped by meal-delivery program	**731,250** medically and non-medically tailored meals
Health Outreach	**4,860** members served through non-traditional supports	**47,907** non-traditional care services (includes peer support groups, acupuncture, massage therapy, and in-home behavioral health therapy)

Social Determinants of Health Approach

Workgroup Activities: CCA will convene a cross-functional workgroup to perform the following activities:

1. Assess the risk factors and unmet social needs of the populations served by CCA and specifically among CCA members; Review and analyze CCA data to identify disparities in healthcare and
2. Document and evaluate CCA's current efforts to assess, document, analyze, and address social risk factors and unmet social needs among our members
3. Create a clinical-informed training plan and curricula to expand CCA clinical team capacity and capabilities to provide culturally informed care to CCA members

Findings from the workgroup will then be presented to a Steering Committee made up of CCA leadership to develop an over CCA strategy and program proposal to address social risk factors and unmet social needs among our members.

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

2019 membership: 22,513*

For a fourth consecutive year, CCA's One Care program was recognized as a top-rated Medicare-Medicaid Plan in the nation**

Growth and Achievements

Once again, in 2019 Commonwealth Care Alliance One Care was the fastest-growing plan of its kind in Massachusetts, based on net enrollment volume. CCA was also a leader nationally, with the second-highest net enrollment growth among all MMPs, making it the second-largest MMP demonstration plan in the country.*** In Massachusetts, CCA expanded our leadership in the west through an agreement with Valley Medical Group in Hampshire and Franklin Counties, enabling One Care access to their eligible patients in these two rural areas. Expanding in the south, we secured approval from Centers for Medicare and Medicaid Services and the Massachusetts Executive Office of Health and Human Services to fully enter Barnstable County with its first-ever One Care plan. Through our agreement with Cape Cod Health Care system, CCA will begin serving Barnstable's eligible residents in 2020.

Clinical Results

CCA's uncommon care® 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.

All-cause 30-day readmission rate
for CCA One Care members from 2018 to 2019
↓7.5%

Emergency Department visits
Rate per 1,000 for CCA One Care members from 2018 to 2019
↓3.1%

Acute admissions
Per 1,000 for CCA One Care members from 2018 to 2019
↓1.8%

* As of 12/1/2019
** Based on the 2016, 2017, 2018 and 2019 Medicare Advantage and Prescription Drug Plan CAHPS surveys conducted by the U.S. Centers for Medicare & Medicaid Services
*** CMS enrollment data reports (Monthly Enrollment by Contract) from 12/1/2018 and 12/1/2019: https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Monthly-Enrollment-by-Contract

Who are our members?

75.6% have a physical and/or behavioral health disability

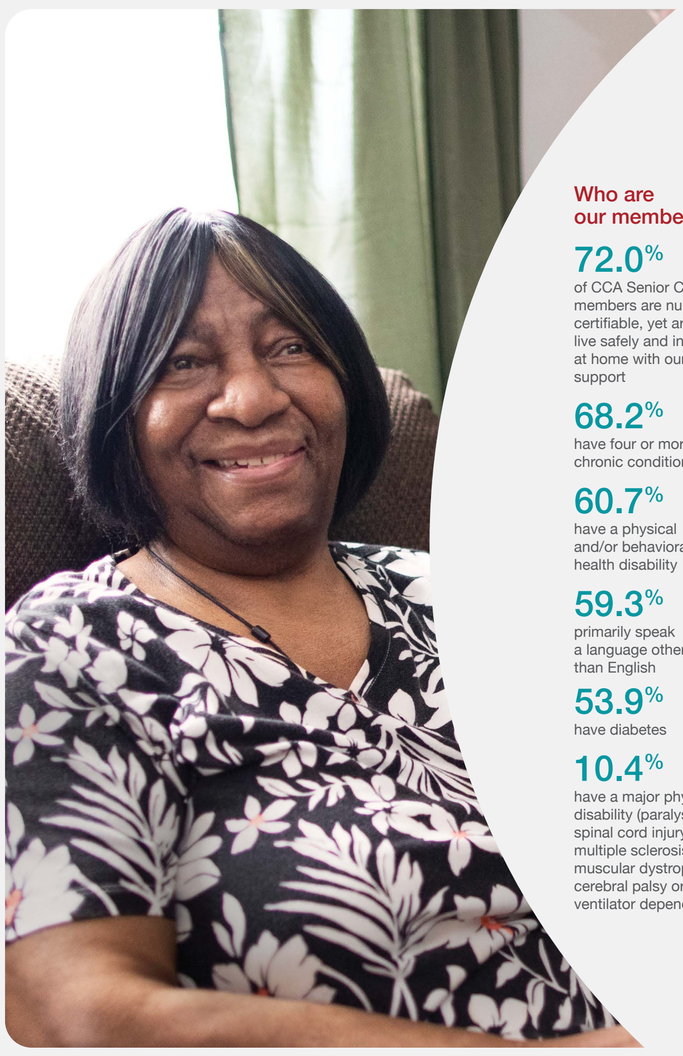
68.8% have severe mental illness, such as schizophrenia, bipolar disorder or severe depression (excluding substance-use disorder)

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

9.3% have a major physical disability (such as paralysis, spinal cord injury, multiple sclerosis, muscular dystrophy, cerebral palsy, or ventilator dependency)

7.6% have been documented as homeless during their enrollment

7x the average cost of care required for One Care–eligible population averaged $3,306 per month, seven times the average for MassHealth MCO patients in Massachusetts



CCA Senior Care Options

Helping seniors with chronic health needs live safely at home

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

2019 membership: 11,390*

Growth and Achievements

In 2019, Commonwealth Care Alliance Senior Care Options (SCO) was once again one of the fastest-growing brands of its kind, based on net enrollment volume. Outpacing SCO category growth, CCA grew market share and maintained its dominance in Western Massachusetts. We expanded our partnership with UMass Memorial Health System in Worcester that will enhance our SCO program in Central Massachusetts, adding approximately 200 primary care providers to our SCO network, an essential step for organizational growth in this key region. We also added a SCO contract to our existing South Shore Hospital arrangement, ensuring continued growth and expanded access for members in eastern Norfolk and Plymouth Counties.

Clinical Results

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

Who are our members?

72.0% 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

68.2% have four or more chronic conditions

60.7% have a physical and/or behavioral health disability

59.3% primarily speak a language other than English

53.9% have diabetes

10.4% have a major physical disability (paralysis, spinal cord injury, multiple sclerosis, muscular dystrophy, cerebral palsy or ventilator dependency)

90.1% of SCO members who received CCA care and support for at least 9 years are still living in their home or community

30-day hospital readmission rate
for CCA SCO members from 2018 to 2019
↓18.2%

Acute admissions
per 1,000 for CCA SCO members from 2018 to 2019
↓6.1%

Inpatient expenses
per member per month for CCA SCO members from 2018 to 2019
↓6.1%

* As of 12/1/2019