

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization: HEALTHPARTNERS INC
Doing business as:
Number and street (or P O box if mail is not delivered to street address) Room/suite: 8170 33RD AVENUE SOUTH PO BOX 1309
City or town, state or province, country, and ZIP or foreign postal code: MINNEAPOLIS, MN 554401309
F Name and address of principal officer: DAVE A DZIUK, 8170 33RD AVENUE SOUTH PO BOX 1309, MINNEAPOLIS, MN 554401309

D Employer identification number: 41-1693838
E Telephone number: (952) 883-6584
G Gross receipts \$ 1,715,031,459

I Tax-exempt status: 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527
J Website: WWW.HEALTHPARTNERS.COM

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1984
M State of legal domicile: MN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O - EXEMPT PURPOSE AND ACHIEVEMENTS				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12		
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0		
	6 Total number of volunteers (estimate if necessary)	6	135		
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0		
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0		
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	0	Current Year	0
	9 Program service revenue (Part VIII, line 2g)	1,420,351,342	1,368,646,219		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,978,319	10,555,899		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,917,297	6,430,742		
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,434,246,958	1,385,632,860		
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0	
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	115,291,803	93,572,789	
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0					
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,241,133,941	1,266,694,124		
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,356,425,744	1,360,266,913			
19 Revenue less expenses Subtract line 18 from line 12	77,821,214	25,365,947			
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	883,878,995	End of Year	859,228,924
	21 Total liabilities (Part X, line 26)	318,981,324	276,234,361		
	22 Net assets or fund balances Subtract line 21 from line 20	564,897,671	582,994,563		

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
Signature of officer: _____ Date: 2017-11-14
DAVE A DZIUK SVP-FINANCE & CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: MONROE JORDAN GIERL
Preparer's signature: MONROE JORDAN GIERL
Date: _____
Check if self-employed
PTIN: P01413237
Firm's name: KPMG LLP
Firm's EIN: 13-5665207
Firm's address: 4200 WELLS FARGO CTR 90 S 7TH STREET, MINNEAPOLIS, MN 55402
Phone no: (612) 305-5000

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

HEALTHPARTNERS' MISSION IS TO IMPROVE HEALTH AND WELL-BEING IN PARTNERSHIP WITH OUR MEMBERS, PATIENTS AND COMMUNITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,283,086,310 including grants of \$) (Revenue \$ 1,368,646,219)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 1,283,086,310

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> 🗑️		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> 🗑️	Yes	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 🗑️		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗑️		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 🗑️		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 🗑️		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 🗑️		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 🗑️	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 🗑️	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 🗑️		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 🗑️		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 🗑️	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 🗑️	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 🗑️		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 🗑️	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question ID, question text, sub-questions (1a-13b), Yes, and No. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total	0	26,347,184	5,807,600
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► **0**

	Yes	No	
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a-1f \$ _____				
	h Total. Add lines 1a-1f				

Program Service Revenue			Business Code				
	2a EARNED MEDICAL PREMIUM		524114	666,202,143	666,202,143		
b MEDICARE & MEDICAID PA		524114	635,023,863	635,023,863			
c EARNED DENTAL PREMIUMS		524114	57,456,306	57,456,306			
d OTHER REVENUE		524114	9,963,907	9,963,907			
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f			1,368,646,219				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			6,819,899			6,819,899
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		9,495,341					
	b Less rental expenses	3,064,599					
	c Rental income or (loss)	6,430,742					
	d Net rental income or (loss)			6,430,742			6,430,742
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		330,070,000					
	b Less cost or other basis and sales expenses	326,334,000					
	c Gain or (loss)	3,736,000					
	d Net gain or (loss)			3,736,000			3,736,000
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			1,385,632,860	1,368,646,219	0	16,986,641	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	72,157,557	35,505,019	36,652,538	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,353,801	2,460,180	2,893,621	
9 Other employee benefits	12,492,230	5,740,447	6,751,783	
10 Payroll taxes	3,569,201	1,640,120	1,929,081	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	867,544	600,126	267,418	
12 Advertising and promotion	1,463,395	1,037,130	426,265	
13 Office expenses	501,285	355,268	146,017	
14 Information technology	130,707	92,634	38,073	
15 Royalties				
16 Occupancy	5,075,117	3,336,539	1,738,578	
17 Travel	21,196	15,022	6,174	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,156	3,654	1,502	
20 Interest	1,956,422	360,349	1,596,073	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,755,000	1,502,000	9,253,000	
23 Insurance	309,595	219,879	89,716	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SERVICES	1,189,656,675	1,189,656,675		
b TAXES AND SURCHARGES	37,886,556	37,882,849	3,707	
c MEDICAL/PHARMACY SUPPLI	16,527,593	1,851,165	14,676,428	
d MAINTENANCE & REPAIR	27,627	19,580	8,047	
e All other expenses	1,510,256	807,674	702,582	
25 Total functional expenses. Add lines 1 through 24e	1,360,266,913	1,283,086,310	77,180,603	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,160,691	1	2,694,554
	2 Savings and temporary cash investments	200,026,843	2	154,539,707
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	302,173,693	4	220,465,253
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	41,337,500	7	41,337,500
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,448,243	9	6,721,695
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	35,782,281		
	b Less accumulated depreciation	12,994,698		
	11 Investments—publicly traded securities	258,183,000	11	346,264,000
	12 Investments—other securities See Part IV, line 11	47,200,000	12	62,905,542
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	1,518,436	15	1,513,090
16 Total assets. Add lines 1 through 15 (must equal line 34)	883,878,995	16	859,228,924	
Liabilities	17 Accounts payable and accrued expenses	64,634,876	17	31,326,094
	18 Grants payable		18	
	19 Deferred revenue	68,517,945	19	69,939,092
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	95,026,200	23	89,725,334
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	90,802,303	25	85,243,841
	26 Total liabilities. Add lines 17 through 25	318,981,324	26	276,234,361
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	564,897,671	27	582,994,563
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	564,897,671	33	582,994,563
	34 Total liabilities and net assets/fund balances	883,878,995	34	859,228,924

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,385,632,860
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,360,266,913
3	Revenue less expenses Subtract line 2 from line 1	3	25,365,947
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	564,897,671
5	Net unrealized gains (losses) on investments	5	2,747,920
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-10,016,975
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	582,994,563

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a		No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 41-1693838

Name: HEALTHPARTNERS INC

Form 990 (2016)

Form 990, Part III, Line 4a:

SEE SCHEDULE O - EXEMPT PURPOSE AND ACHIEVEMENTS FOR A DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D)	(E)	(F)
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
THOMAS BRINSKO DIRECTOR	3 70	X						0	25,000	0		
JUDITH CORSON DIRECTOR	3 10	X						0	28,000	0		
LUZ MARIA FRIAS DIRECTOR	3 20	X						0	28,000	0		
SUSAN HOYT DIRECTOR	3 70	X						0	28,000	0		
DONALD LEWIS DIRECTOR & CHAIR	5 00	X						0	40,000	0		
JAMES MALECHA DIRECTOR & TREASURER	3 50	X						0	25,000	0		
RUTH MICKELSEN DIRECTOR & VICE CHAIR	3 90	X						0	29,750	0		
LAURA OBERST DIRECTOR	2 80	X						0	28,000	0		
GREGORY STRONG DIRECTOR	3 30	X						0	28,000	0		
RICHARD STRUTHERS DIRECTOR	1 50	X						0	25,000	0		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRIS TASHJIAN MD DIRECTOR	3 00	X						0	28,000	0
KEN THOME DIRECTOR & SECRETARY	3 90	X						0	28,000	0
JEFFREY MENDELOFF MD DIRECTOR	0 50 63 50	X						0	822,402	65,282
BRIAN H RANK MD DIRECTOR & MEDICAL DIRECTOR	1 00 51 00	X		X				0	2,376,909	258,672
ERIC SCHNED MD DIRECTOR	0 50 49 50	X						0	268,398	49,485
CHARLES J ABRAHAMSON VP-NETWORK MGMT & PROVIDER RELATIONS	9 80 30 20			X				0	319,999	49,050
ALAN V ABRAMSON SRVP & CIO	7 90 39 10			X				0	600,956	158,013
SCOTT A AEBISCHER SR VP CUSTOMER SERV/PRODUC	12 40 37 60			X				0	650,767	150,356
CALVIN U ALLEN SR VP STRAT PLANNING/HR	4 90 45 10			X				0	586,066	160,644
FELIX ANKEL MD EXEC DIR - HEALTH PROFESSI	0 50 49 50			X				0	498,767	88,923

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D)	(E)	(F)
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
BABETTE A APLAND SR VP, MELROSE INSTITUTE & BEHAVIORAL HEALTH	0 50 49 50			X				0	463,254	127,474		
SHANNON B BEAUDIN-KLEIN VP MARKETING & COMMUNICATIONS	14 90 45 10			X				0	300,578	75,411		
COURTNEY BIBEE VP CARE GROUP COMPLIANCE OFFICER	0 50 39 50			X				0	183,064	36,551		
MARY K BRAINERD PRESIDENT & CEO	12 80 37 20			X				0	2,506,070	525,742		
RICK J BRUZEK VP PHARMACY SERVICES	7 80 37 20			X				0	282,282	91,038		
STEVEN D BUNDE VP INTERNAL AUDIT, INTEGRITY & COMPLIANCE	9 10 40 90			X				0	256,530	79,407		
DAVID BUSCH VP PHARMACY SERVICES	12 80 42 20			X				0	248,279	68,312		
KATHLEEN M COONEY EXECUTIVE VP & CAO	12 70 42 80			X				0	931,838	294,094		
ROBERT B CUMMING SR VP ACTUARIAL/UNDERWRITING	9 90 25 10			X				0	556,375	141,724		
TRICIA L DEGE VP FINANCE & PLANNING	0 50 49 50			X				0	370,881	72,004		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICIA S DENNIS SR VP HEALTH & CARE ENGAGEMENT	0 50 54 50			X				0	443,478	40,531
AMY L DEWANE VP - CARE SYSTEMS GROWTH & PARTNERSHIP CARE GROUP	0 50 49 50			X				0	301,917	48,788
LESLIE DOCKAN VP, PRIMARY CARE & CLINIC OPERTIONS	0 50 49 50			X				0	147,320	27,129
DAVID A DZIUK SR VP & CHIEF FINANCIAL OFFICER	12 90 42 10			X				0	638,260	204,665
CHARLES J FAZIO MD HEALTH PLAN MEDICAL DIRECTOR	12 20 37 80			X				0	520,124	102,715
JASON GALLAGHER VP,HEALTH INFORMATICS	12 20 37 80			X				0	264,392	68,725
DAVID S GESKO SR VP - DENTAL DIRECTOR	0 50 54 50			X				0	594,370	96,919
TIM M HALEY VP BROKER SALES	8 80 36 20			X				0	254,050	86,002
MARK HANSBERRY VP, BUSINESS DEVELOPMENT INITIATIVES	0 50 39 50			X				0	182,518	30,381
SUSAN M KNUDSON VP HEALTH INFORMATICS	12 20 37 80			X				0	438,155	122,006

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D)	(E)	(F)
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
STEVEN C HOUSH VP ORTHOPEDIC SERVICES	0 50 54 50			X				0	381,642	49,944		
GEORGE J ISHAM MD MS SENIOR ADVISOR	2 40 7 60			X				0	157,911	49,098		
KIM R LAREAU VP IS&T CARE DELIVERY	8 60 41 40			X				0	376,715	84,409		
VINI T MANCHANDA VP - SUPPLY CHAIN SERVICES	1 70 48 30			X				0	289,131	67,009		
NANCY A MCCLURE CHIEF OPERATING OFFICER	0 50 49 50			X				0	804,655	227,296		
FRANK P MCQUILLAN VP - TREASURY & REAL ESTATE	7 60 42 40			X				0	315,103	102,772		
FRANK MULLER VP - TECHNOLOGY & INFRASTR	8 30 41 70			X				0	253,122	77,598		
PEGGY S NEALE VP - NATIONAL ACCOUNT HLTH SOLUTIONS	0 30 49 70			X				0	321,436	72,296		
ANDREW F NELSON VP - HPI EXECUTIVE DIRECTOR	0 50 53 50			X				0	280,092	102,811		
JEFFREY OGDEN VP - HP DENTAL PLAN	0 50 44 50			X				0	73,616	17,332		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D)	(E)	(F)
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
KEVIN J PALATTAO VP CLINIC PATIENT CARE SYSTEM	0 50 54 50			X				0	352,492	84,885		
NICO PRONK PHD VP & HEALTH SCIENCE OFFICER	12 20 41 80			X				0	347,920	86,607		
KEVIN R RONNEBERG VP - ASSOCIATE MEDICAL DIRECTOR	39 50 0 50			X				0	386,480	50,605		
KATIE B SAYRE SR VP HLTH PLAN OPS & GOV PROGS	13 30 36 70			X				0	482,605	165,540		
SCOTT A SCHNUCKLE SR VP PHARMACY & BUSINESS	8 10 41 90			X				0	443,021	115,584		
DOUG N SMITH SR VP SALES	9 80 50 20			X				0	486,644	139,186		
ELIZABETH L SWANSON VP HUMAN RESOURCES	3 90 36 10			X				0	281,421	81,937		
TOBI TANZER VP CORPORATE INTEGRITY	10 70 39 30			X				0	345,983	84,184		
BARBARA E TRETHERWAY SR VP GENERAL COUNSEL	13 10 41 90			X				0	729,217	168,232		
ANDREA M WALSH EXEC VP & CHIEF MARKETING	14 70 40 30			X				0	816,842	240,458		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BETH A WATERMAN CHIEF IMPROVEMENT OFFICER	12 20 37 80			X				0	375,921	98,436
DONNA J ZIMMERMAN SR VP GOVT & COMMUNITY RELATIONS	15 40 39 60			X				0	380,862	116,054
PAMELA S ZOELLER VP - SPECIALTY CARE & CLINIC OPERATIONS	0 50 49 50			X				0	299,443	49,491
DENNIS M ZUZEK VP - HEALTH PLAN & ENTERPRISE SYS	7 80 37 20			X				0	285,315	48,547
GREGG DAHLGREN VP DENTAL PLAN	0 50 39 50						X	0	264,912	61,298
ROBERT H VAN WHY SR VP PRIMARY CARE/CLINIC	0 50 39 50						X	0	465,934	45,948

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
 ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization HEALTHPARTNERS INC	Employer identification number 41-1693838
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV	▶	\$	_____
2 Political expenditures	▶	\$	_____
3 Volunteer hours			_____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955	▶	\$	_____
2 Enter the amount of any excise tax incurred by organization managers under section 4955	▶	\$	_____
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No
4a Was a correction made?			<input type="checkbox"/> Yes <input type="checkbox"/> No
b If "Yes," describe in Part IV			

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶	\$	_____
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶	\$	_____
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶	\$	_____
4 Did the filing organization file Form 1120-POL for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV			

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity</i>				
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	Yes
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	Yes
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a
a	Current year	2b
b	Carryover from last year	2c
c	Total	3
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5
5	Taxable amount of lobbying and political expenditures (see instructions)	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
------------------	-------------

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (HEALTHPARTNERS INC) and Employer identification number (41-1693838)

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-4 and 5-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, and Held at the End of the Year (2a-2d). Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a-1b and 2 regarding art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|---------------|----|
| | Yes | No |
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		33,216,517	10,428,934	22,787,583
c Leasehold improvements				
d Equipment		2,417,710	2,417,710	0
e Other		148,054	148,054	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				22,787,583

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) INVESTMENT IN HEALTHPARTNERS ADMINISTRATORS, INC	53,700,000	C
(B) INVESTMENT IN HEALTHPARTNERS UNITYPOINT HEALTH, INC	9,205,542	C
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	62,905,542	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
CLAIMS PAYABLE	85,243,841
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	85,243,841

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 41-1693838

Name: HEALTHPARTNERS INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	HEALTHPARTNERS, INC (HP) CONSOLIDATED AUDITED FINANCIAL STATEMENT FOOTNOTES CONTAIN THE FOLLOWING EXPLANATION HP'S ACCOUNTING POLICY PROVIDES THAT A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS HP RECORDED NO LIABILITIES AT DECEMBER 31, 2016 OR 2015 FOR UNRECOGNIZED TAX BENEFITS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 ▶ **Attach to Form 990.**

2015
Open to Public Inspection

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization HEALTHPARTNERS INC	Employer identification number 41-1693838
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Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	Yes								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes								
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No								
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	No								
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No								
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	No								
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	Yes								
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINES 4A-B	THE AMOUNT OF SEVERANCE COMPENSATION PROVIDED TO EACH OF THE INDIVIDUALS ON SEVERANCE DURING 2016 IS AS FOLLOWS GREGG DAHLGREN \$ 105,606 ROBERT H VAN WHY \$ 305,587 DEFERRED COMPENSATION IN COLUMN C OF SCHEDULE J, PART II INCLUDES AMOUNTS FROM A NONQUALIFIED 457(F) PLAN FOR THE FOLLOWING DIRECTORS AND OFFICERS ALAN ABRAMSON \$ 18,207 SCOTT A AEBISCHER \$ 13,871 CALVIN U ALLEN \$ 40,400 BABETTE APLAND \$ 12,409 MARY K BRAINERD \$148,306 KATHLEEN M COONEY \$ 58,834 ROBERT B CUMMING \$ 18,536 DAVID A DZIUK \$ 41,532 CHARLES J FAZIO \$ 34,997 DAVID S GESKO \$ 21,556 SUSAN M KNUDSON \$ 11,841 NANCY A MCCLURE \$ 34,487 BRIAN H RANK \$ 37,165 KATHERINE B SAYRE \$ 32,071 SCOTT A SCHNUCKLE \$ 11,437 DOUGLAS N SMITH \$ 14,588 BARBARA E TRETHERWAY \$ 27,308 ANDREA M WALSH \$ 67,979 DONNA J ZIMMERMAN \$ 24,967
PART I, LINE 6	HEALTHPARTNERS, INC 'S OFFICERS AND HIGHEST COMPENSATED EMPLOYEES MAY RECEIVE COMPENSATION BASED ON THE MANAGEMENT INCENTIVE PROGRAM (PROGRAM) OF GROUP HEALTH PLAN INC , A RELATED ORGANIZATION THE PROGRAM INCENTS AND REWARDS BUSINESS LEADERS WHO HELP THE ORGANIZATION ACHIEVE STATED BUSINESS AND/OR HEALTH IMPROVEMENT GOALS FOR A SPECIFIC FISCAL YEAR THE PROGRAM IS A KEY ELEMENT OF THE PARTICIPANT'S TOTAL COMPENSATION PACKAGE THE PROGRAM REWARDS ARE BASED ON POSITION IN THE ORGANIZATION (E G SENIOR VICE PRESIDENT, VICE PRESIDENT, DIRECTOR, MANAGER, OTHER SPECIFICALLY IDENTIFIED LEADERS) AND THE ACHIEVEMENT OF BUSINESS AND HEALTH IMPROVEMENT GOALS ESTABLISHED IN A VARIETY OF AREAS GOALS WILL BE RELATED TO THE ORGANIZATION'S STRATEGIC PLAN AND WILL BE BALANCED THESE AREAS MAY INCLUDE BUT ARE NOT LIMITED TO PATIENT SATISFACTION, EMPLOYEE SATISFACTION, WORK ENVIRONMENT, EMPLOYEE AND/OR LEADERSHIP DEVELOPMENT, CARE DELIVERY, PATIENT EDUCATION, TRIPLE AIM, MARKET SHARE, STRATEGIC CAPABILITIES, FINANCIAL PERFORMANCE (NET MARGIN), ETC , AND WILL BE DEFINED ANNUALLY FOR EACH YEAR'S PROGRAM A NET MARGIN THRESHOLD MUST BE MET FOR ANY PAYMENT TO BE MADE FROM THE PROGRAM AND THERE IS A CAP ON THE MAXIMUM INCENTIVE POTENTIALLY AVAILABLE TO EACH PARTICIPANT
FORM 990, SCHEDULE J, PART II - PRIOR REPORTED COMPENSATION	COLUMN (F) INCLUDES AMOUNTS PAID TO PARTICIPANTS IN THE CURRENT YEAR, WHICH WERE PREVIOUSLY REPORTED IN COLUMN (C) OF PRIOR YEARS' 990'S, AS RETIREMENT AND DEFERRED COMPENSATION, FOR THE FOLLOWING DIRECTORS, OFFICERS, AND FORMER OFFICERS ALAN V ABRAMSON \$ 58,537 SCOTT AEBISCHER \$ 172,257 CALVIN U ALLEN \$ 19,591 BABETTE A APLAND \$ 9,408 MARY K BRAINERD \$ 592,699 KATHLEEN M COONEY \$ 53,743 ROBERT B CUMMING \$ 21,347 PATRICA DENNIS \$ 7,179 DAVID A DZIUK \$ 49,042 CHARLES FAZIO \$ 18,378 DAVID GESKO, DDS \$ 14,205 NANCY A MCCLURE \$ 29,263 BRIAN H RANK, MD \$ 1,563,465 KATIE B SAYRE \$ 28,382 SCOTT A SCHNUCKLE \$ 10,161 DOUG A SMITH \$ 13,764 BARBARA E TRETHERWAY \$ 63,735 ROBERT H VAN WHY \$ 9,272 ANDREA M WALSH \$ 62,553 DONNA J ZIMMERMAN \$ 22,584 ANY ANALYSIS OF EARNINGS FOR THE CURRENT YEAR, FOR THESE PARTICIPANTS OF THE PLAN, SHOULD EXCLUDE THE AMOUNT IN COLUMN F AS PART OF THE ANALYSIS SINCE THOSE EARNINGS WERE ALREADY REPORTED IN COLUMN (C) OF PREVIOUS YEARS' 990'S

Additional Data

Software ID:
Software Version:
EIN: 41-1693838
Name: HEALTHPARTNERS INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JEFFREY MENDELOFF MD DIRECTOR	(i)	0	0	0	0	0	0
	(ii)	740,917	29,273	52,212	24,843	40,439	887,684
1BRIAN H RANK MD DIRECTOR & MEDICAL DIRECTOR	(i)	0	0	0	0	0	0
	(ii)	614,649	184,069	1,578,191	199,672	59,000	2,635,581
2ERIC SCHNED MD DIRECTOR	(i)	0	0	0	0	0	0
	(ii)	224,842	5,670	37,886	24,789	24,696	317,883
3CHARLES J ABRAHAMSON VP-NETWORK MGMT & PROVIDER RELATIONS	(i)	0	0	0	0	0	0
	(ii)	253,353	59,281	7,365	19,875	29,175	369,049
4ALAN V ABRAMSON SRVP & CIO	(i)	0	0	0	0	0	0
	(ii)	395,346	118,580	87,030	124,764	33,249	758,969
5SCOTT A AEBISCHER SR VP CUSTOMER SERV/PRODUC	(i)	0	0	0	0	0	0
	(ii)	363,892	104,987	181,888	117,052	33,304	801,123
6CALVIN U ALLEN SR VP STRAT PLANNING/HR	(i)	0	0	0	0	0	0
	(ii)	396,477	163,514	26,075	127,611	33,033	746,710
7FELIX ANKEL MD EXEC DIR - HEALTH PROFESSI	(i)	0	0	0	0	0	0
	(ii)	385,754	90,040	22,973	57,156	31,767	587,690
8BABETTE A APLAND SR VP, MELROSE INSTITUTE & BEHAVIORA	(i)	0	0	0	0	0	0
	(ii)	329,195	107,562	26,497	107,039	20,435	590,728
9SHANNON B BEAUDIN-KLEIN VP MARKETING & COMMUNICATIONS	(i)	0	0	0	0	0	0
	(ii)	236,650	55,599	8,329	46,518	28,893	375,989
10COURTNEY BIBEE VP CARE GROUP COMPLIANCE OFFICER	(i)	0	0	0	0	0	0
	(ii)	177,910	0	5,154	0	36,551	219,615
11MARY K BRAINERD PRESIDENT & CEO	(i)	0	0	0	0	0	0
	(ii)	1,305,446	564,364	636,260	468,540	57,202	3,031,812
12RICK J BRUZEK VP PHARMACY SERVICES	(i)	0	0	0	0	0	0
	(ii)	217,821	56,246	8,215	62,410	28,628	373,320
13STEVEN D BUNDE VP INTERNAL AUDIT, INTEGRITY & COMPL	(i)	0	0	0	0	0	0
	(ii)	202,900	47,568	6,062	51,324	28,083	335,937
14DAVID BUSCH VP PHARMACY SERVICES	(i)	0	0	0	0	0	0
	(ii)	205,889	31,056	11,334	40,177	28,135	316,591
15KATHLEEN M COONEY EXECUTIVE VP & CAO	(i)	0	0	0	0	0	0
	(ii)	608,106	234,671	89,061	256,047	38,047	1,225,932
16ROBERT B CUMMING SR VP ACTUARIAL/UNDERWRITING	(i)	0	0	0	0	0	0
	(ii)	346,960	167,641	41,774	109,293	32,431	698,099
17TRICIA L DEGE VP FINANCE & PLANNING	(i)	0	0	0	0	0	0
	(ii)	268,358	66,070	36,453	42,091	29,913	442,885
18PATRICIA S DENNIS SR VP HEALTH & CARE ENGAGEMENT	(i)	0	0	0	0	0	0
	(ii)	326,637	96,362	20,479	19,875	20,656	484,009
19AMY L DEWANE VP - CARE SYSTEMS GROWTH & PARTNERSH	(i)	0	0	0	0	0	0
	(ii)	266,850	21,560	13,507	19,875	28,913	350,705

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 LESLIE DOCKAN VP, PRIMARY CARE & CLINIC OPERATIONS	(i)	0	0	0	0	0	0	
	(ii)	97,430	32,500	17,390	11,035	16,094	174,449	
1 DAVID A DZIUK SR VP & CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	
	(ii)	424,044	136,814	77,402	170,875	33,790	842,925	
2 CHARLES J FAZIO MD HEALTH PLAN MEDICAL DIRECTOR	(i)	0	0	0	0	0	0	
	(ii)	351,751	117,173	51,200	80,620	22,095	622,839	
3 JASON GALLAGHER VP, HEALTH INFORMATICS	(i)	0	0	0	0	0	0	
	(ii)	199,651	56,604	8,137	40,528	28,197	333,117	
4 DAVID S GESKO SR VP - DENTAL DIRECTOR	(i)	0	0	0	0	0	0	
	(ii)	421,375	146,116	26,879	63,937	32,982	691,289	
5 TIM M HALEY VP BROKER SALES	(i)	0	0	0	0	0	0	
	(ii)	237,509	6,201	10,340	57,955	28,047	340,052	
6 MARK HANSBERRY VP, BUSINESS DEVELOPMENT INITIATIVES	(i)	0	0	0	0	0	0	
	(ii)	179,536	0	2,982	10,570	19,811	212,899	
7 SUSAN M KNUDSON VP HEALTH INFORMATICS	(i)	0	0	0	0	0	0	
	(ii)	301,391	127,780	8,984	91,118	30,888	560,161	
8 STEVEN C HOUSH VP ORTHOPEDIC SERVICES	(i)	0	0	0	0	0	0	
	(ii)	304,704	66,628	10,310	19,875	30,069	431,586	
9 GEORGE J ISHAM MD MS SENIOR ADVISOR	(i)	0	0	0	0	0	0	
	(ii)	156,000	0	1,911	39,461	9,637	207,009	
10 KIM R LAREAU VP IS&T CARE DELIVERY	(i)	0	0	0	0	0	0	
	(ii)	285,669	74,193	16,853	54,412	29,997	461,124	
11 VINI T MANCHANDA VP - SUPPLY CHAIN SERVICES	(i)	0	0	0	0	0	0	
	(ii)	212,583	69,781	6,767	38,282	28,727	356,140	
12 NANCY A MCCLURE CHIEF OPERATING OFFICER	(i)	0	0	0	0	0	0	
	(ii)	561,860	174,783	68,012	191,093	36,203	1,031,951	
13 FRANK P MCQUILLAN VP - TREASURY & REAL ESTATE	(i)	0	0	0	0	0	0	
	(ii)	246,545	57,288	11,270	73,668	29,104	417,875	
14 FRANK MULLER VP - TECHNOLOGY & INFRASTR	(i)	0	0	0	0	0	0	
	(ii)	199,583	46,903	6,636	48,802	28,796	330,720	
15 PEGGY S NEALE VP - NATIONAL ACCOUNT HLTH SOLUTIONS	(i)	0	0	0	0	0	0	
	(ii)	207,826	96,940	16,670	43,005	29,291	393,732	
16 ANDREW F NELSON VP - HPI EXECUTIVE DIRECTOR	(i)	0	0	0	0	0	0	
	(ii)	216,371	52,318	11,403	73,624	29,187	382,903	
17 KEVIN J PALATTAO VP CLINIC PATIENT CARE SYSTEM	(i)	0	0	0	0	0	0	
	(ii)	275,151	65,431	11,910	55,239	29,646	437,377	
18 NICO PRONK PHD VP & HEALTH SCIENCE OFFICER	(i)	0	0	0	0	0	0	
	(ii)	276,149	63,581	8,190	57,198	29,409	434,527	
19 KEVIN R RONNEBERG VP - ASSOCIATE MEDICAL DIRECTOR	(i)	0	0	0	0	0	0	
	(ii)	282,006	87,750	16,724	19,875	30,730	437,085	

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41 KATIE B SAYRE SR VP HLTH PLAN OPS & GOV PROGS	(i)	0	0	0	0	0	0	
	(ii)	326,927	105,644	50,034	134,007	31,533	648,145	
1 SCOTT A SCHNUCKLE SR VP PHARMACY & BUSINESS	(i)	0	0	0	0	0	0	
	(ii)	315,452	98,429	29,140	84,625	30,959	558,605	
2 DOUG N SMITH SR VP SALES	(i)	0	0	0	0	0	0	
	(ii)	313,872	145,613	27,159	107,004	32,182	625,830	
3 ELIZABETH L SWANSON VP HUMAN RESOURCES	(i)	0	0	0	0	0	0	
	(ii)	212,158	50,715	18,548	53,321	28,616	363,358	
4 TOBI TANZER VP CORPORATE INTEGRITY	(i)	0	0	0	0	0	0	
	(ii)	272,320	64,241	9,422	54,632	29,552	430,167	
5 BARBARA E TRETHERWAY SR VP GENERAL COUNSEL	(i)	0	0	0	0	0	0	
	(ii)	499,666	151,511	78,040	143,941	24,291	897,449	
6 ANDREA M WALSH EXEC VP & CHIEF MARKETING	(i)	0	0	0	0	0	0	
	(ii)	508,137	209,528	99,177	204,177	36,281	1,057,300	
7 BETH A WATERMAN CHIEF IMPROVEMENT OFFICER	(i)	0	0	0	0	0	0	
	(ii)	269,032	86,475	20,414	68,452	29,984	474,357	
8 DONNA J ZIMMERMAN SR VP GOVT & COMMUNITY RELATIONS	(i)	0	0	0	0	0	0	
	(ii)	262,892	81,797	36,173	103,161	12,893	496,916	
9 PAMELA S ZOELLER VP - SPECIALTY CARE & CLINIC OPERATI	(i)	0	0	0	0	0	0	
	(ii)	233,115	55,787	10,541	20,614	28,877	348,934	
10 DENNIS M ZUZEK VP - HEALTH PLAN & ENTERPRISE SYS	(i)	0	0	0	0	0	0	
	(ii)	235,100	33,688	16,527	19,875	28,672	333,862	
11 GREGG DAHLGREN VP DENTAL PLAN	(i)	0	0	0	0	0	0	
	(ii)	104,780	49,264	110,868	33,168	28,130	326,210	
12 ROBERT H VAN WHY SR VP PRIMARY CARE/CLINIC	(i)	0	0	0	0	0	0	
	(ii)	37,667	95,197	333,070	15,998	29,950	511,882	

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization HEALTHPARTNERS INC

Employer identification number 41-1693838

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) VIBRANT HEALTH FAMILY CLINICS (VHFC)	MEMBER OF VHFC WAS A BOARD MEMBER OF HEALTHPARTNERS, INC	1,346,573	MEDICAL SERVICE CLAIM PAYMENTS		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
HEALTHPARTNERS INC

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

41-1693838

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS</p>	<p>CORPORATE STRUCTURE, PURPOSE, GOVERNANCE HEALTHPARTNERS, INC (HPI) IS A MINNESOTA NON-PRO FIT CORPORATION AND LICENSED HEALTH MAINTENANCE ORGANIZATION (HMO) RECOGNIZED AS EXEMPT FR OM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(4) AND IS THE PAREN T ENTITY OF THE FAMILY OF HEALTHPARTNERS ORGANIZATIONS "HEALTHPARTNERS" FOUNDED IN 1957, HEALTHPARTNERS IS AN INTEGRATED SYSTEM OF HEALTH CARE DELIVERY AND HEALTH CARE FINANCING O RGANIZATIONS, AND IS ONE OF THE LARGEST CONSUMER-GOVERNED ORGANIZATIONS IN THE COUNTRY HE ALTHPARTNERS' MISSION IS TO IMPROVE HEALTH AND WELL-BEING IN PARTNERSHIP WITH OUR MEMBERS, PATIENTS AND COMMUNITY HEALTHPARTNERS SEEKS TO TRANSFORM HEALTH CARE THROUGH A RELENTLES S FOCUS ON THE TRIPLE AIM - PROVIDING EXCEPTIONAL EXPERIENCE FOR THE INDIVIDUAL, IMPROVING THE HEALTH OF THE POPULATION, AND MAINTAINING AFFORDABILITY HEALTHPARTNERS INCLUDES AN ARRAY OF TAX-EXEMPT AND TAXABLE ORGANIZATIONS WITH HEALTH CARE ACTIVITIES PRIMARILY OPERATI NG IN MINNESOTA AND WESTERN WISCONSIN HEALTHPARTNERS PROVIDES A FULL RANGE OF HEALTH CARE DELIVERY AND HEALTH PLAN SERVICES, INCLUDING INSURANCE, PATIENT CARE, ADMINISTRATION AND HEALTH AND WELL-BEING PROGRAMS HEALTHPARTNERS HEALTH PLANS SERVE MORE THAN 1 6 MILLION ME DICAL AND DENTAL MEMBERS NATIONWIDE HEALTHPARTNERS MEDICAL CARE SYSTEM INCLUDES MORE THAN 1,700 PHYSICIANS AND DENTISTS, SIX OWNED HOSPITALS WITH OVER 1,000 ACUTE CARE BEDS, OVER 100 OWNED AND LEASED PRIMARY AND SPECIALTY CARE MEDICAL FACILITIES AND 24 DENTAL FACILITIE S WITH PRACTICES IN MINNESOTA AND WESTERN WISCONSIN HEALTHPARTNERS ALSO CONTRACTS WITH OT HER PRIMARY AND SPECIALTY MEDICAL FACILITIES AND DENTAL FACILITIES, PHYSICIAN GROUPS, HOSP ITALS AND RELATED HEALTH CARE PROVIDERS LOCATED PRIMARILY IN MINNESOTA AND WESTERN WISCONSIN HEALTHPARTNERS ALSO PROVIDES MEDICAL EDUCATION AND TRAINING TO MEDICAL PROFESSIONALS AND CONDUCTS RESEARCH AND FUNDRAISING ACTIVITIES THAT SUPPORT THE HEALTH CARE DELIVERY SYST EM A COMPLETE LISTING OF ALL ORGANIZATIONS WITHIN THE HEALTHPARTNERS FAMILY, AND THE RELA TIONSHIP BETWEEN THEM, CAN BE FOUND ON SCHEDULE R WITHIN THIS 990 RETURN DETAILED INFORMA TION ABOUT THE COMMUNITY BENEFIT ACTIVITIES AND ACCOMPLISHMENTS OF EACH TAX-EXEMPT ORGANIZ ATION CAN BE FOUND IN THE INDIVIDUAL FORM 990 RETURN FOR THAT ORGANIZATION HEALTHPARTNERS IS DRIVING CHANGE THAT HELPS OUR MEMBERS AND PATIENTS LIVE HEALTHIER LIVES HEALTHPARTNER S COLLABORATES WITH OTHER PLANS, CARE PROVIDERS AND OTHER COMMUNITY AND BUSINESS ORGANIZ ATIONS IN THE REGION AND THROUGHOUT THE NATION TO INCREASE ACCESS, CREATE AND SHARE QUALITY MEASURES AND INITIATIVES, PARTICIPATE IN DEVELOPMENT OF PUBLIC POLICY, AND COLLABORATE IN IMPROVEMENTS THAT SUPPORT THE TRIPLE AIM AMONG HEALTHPARTNERS' SIGNATURE INITIATIVES CONT INUING IN 2016 ARE TOTAL COST OF CARE MEASUREMENTS (DEVELOPMENT OF A NATIONALLY RECOGNIZED METRIC, ENDORSED BY THE NATIONAL QUALITY FORUM, ENABLING MEASUREMENT AND INCENTIVES BASED ON COORDINATION AND EVIDENCE-</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	<p> BASED PRACTICES), MENTAL HEALTH (REDUCING STIGMA, AND ASSURING ACCESS TO HIGH QUALITY CARE IN THE MOST APPROPRIATE SETTINGS), CHILDREN'S HEALTH (IMPROVING CHILD HEALTH BY PROMOTING EARLY BRAIN DEVELOPMENT, PROVIDING FAMILY CENTERED CARE, AND STRENGTHENING COMMUNITIES), AND SUSTAINABILITY (ENERGY EFFICIENCY, WASTE REDUCTION, AND RESOURCE MANAGEMENT) MEMBERSHIP HPI MEMBERS RECEIVE A FULL RANGE OF PREPAID HEALTH CARE SERVICES, INCLUDING PROFESSIONAL CARE IN HOSPITALS AND PHYSICIAN OFFICES, IMAGING AND LABORATORY SERVICES, VARIOUS THERAPIES, PREVENTIVE SERVICES, HEALTH EDUCATION, AND CERTAIN PRESCRIPTION DRUGS HPI PROVIDES THESE SERVICES TO ITS MEMBERS AND PATIENTS THROUGH A BROAD NETWORK OF PHYSICIANS AND HOSPITALS THIS NETWORK INCLUDES CLINICS STAFFED BY GROUP HEALTH PLAN, INC (GHI) AND PARK NICOLLET CLINIC (PNC) EMPLOYED PHYSICIANS AND SIX HEALTHPARTNERS HOSPITALS' REGIONS HOSPITAL, A LEVEL I ADULT AND PEDIATRIC CENTER IN ST. PAUL, MINNESOTA, WESTFIELDS HOSPITAL, A CRITICAL ACCESS HOSPITAL IN NEW RICHMOND, WISCONSIN, HUDSON HOSPITAL, A CRITICAL ACCESS HOSPITAL IN HUDSON, WISCONSIN, AMERY REGIONAL MEDICAL CENTER, A CRITICAL ACCESS HOSPITAL IN AMERY, WISCONSIN, LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, A COMMUNITY HOSPITAL IN STILLWATER, MINNESOTA, AND PARK NICOLLET METHODIST HOSPITAL, A LEADER IN CANCER, CARDIOVASCULAR AND MATERNITY CARE IN ST. LOUIS PARK, MINNESOTA IN ADDITION, HEALTHPARTNERS MEMBERS RECEIVE HEALTH CARE SERVICES THROUGH HEALTHPARTNERS' EXTENSIVE NETWORK OF OWNED AND CONTRACTED MEDICAL AND DENTAL PROVIDERS, INCLUDING OVER 93 MULTI-SPECIALTY CLINICS OWNED AND OPERATED BY GHI, KNOWN AS HEALTH PARTNERS MEDICAL GROUP (HPMG), PNC CLINICS, STILLWATER MEDICAL GROUP CLINICS, AND PHYSICIANS NECK AND BACK CLINICS HPI, GHI AND HEALTHPARTNERS INSURANCE COMPANY (HPIC) PROVIDE COMMERCIAL GROUP, COMMERCIAL INDIVIDUAL, MEDICAID, AND MEDICAID MANAGED CARE PRODUCTS TO THEIR MEMBERS IN 2016, THESE ORGANIZATIONS PROVIDED COMPREHENSIVE, PREPAID HEALTH CARE SERVICES TO 980,170 FULLY INSURED MEMBERS, ENCOMPASSING BOTH MEDICAL AND DENTAL PRODUCTS THESE MEMBERS FIT WITHIN THE FOLLOWING CATEGORIES 312,181 FULLY INSURED COMMERCIAL GROUP MEDICAL MEMBERS, 70,180 FULLY INSURED INDIVIDUAL MEMBERS, 55,474 MEDICARE (INCLUDES COST, SUPPLEMENT/SELECT, AND MEDICARE ADVANTAGE PLAN, BOTH GROUP AND INDIVIDUAL) MEMBERS, 98,599 PREPAID STATE HEALTH CARE PROGRAM MEMBERS, INCLUDING HMO PRODUCTS FOR MEDICARE /MEDICAID DUAL ELIGIBLE, LOW-INCOME PREGNANT WOMEN, FAMILIES WITH CHILDREN, AND LOW-INCOME ADULTS, AND 443,736 DENTAL MEMBERS IN ADDITION, HEALTHPARTNERS ALSO PROVIDES ADMINISTRATIVE SERVICES, THROUGH HEALTHPARTNERS ADMINISTRATORS, INC (HPAI), TO 487,435 SELF-INSURED COMMERCIAL MEMBERS HEALTHPARTNERS DENTAL GROUP (HPDG) HPDG, AN OPERATING DIVISION OF GHI, IS A GROUP PRACTICE OF MORE THAN 60 DENTISTS HPDG DENTAL CLINICS OFFERS A WIDE RANGE OF INDIVIDUALIZED, INNOVATIVE SERVICES, FROM BASIC PREVENTIVE DENTISTRY TO HIGHLY SPECIALIZED CARE INCLUDING SPECIALISTS I </p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	<p>N ORTHODONTICS, ORAL SURGERY, PERIODONTICS, PROSTHODONTICS AND PEDIATRIC DENTISTRY HPDG D ENTISTS PRACTICE IN 24 DENTAL CLINICS OWNED AND OPERATED BY GHI FOR MORE THAN 30 YEARS, H PDG HAS BEEN RECOGNIZED AS A LEADER IN INNOVATIVE DENTISTRY TODAY HPDG REMAINS COMMITTED TO FINDING THE MOST EFFECTIVE WAYS TO IMPROVE OUR PATIENTS' DENTAL HEALTH HPDG IS ONE OF THE FEW DENTAL PRACTICES THAT CONDUCTS A RISK ASSESSMENT FOR PATIENTS, WHICH ALLOWS US TO CREATE AN INDIVIDUALIZED PROGRAM OF TRUE PREVENTIVE DENTAL CARE BASED ON PATIENT NEEDS AND DESIRES THE DIVERSITY OF THE PATIENTS WE SERVE ENCOURAGED HEALTHPARTNERS TO OPEN A DENTA L CLINIC IN THE HEART OF ST PAUL IN 2005 THE HEALTHPARTNERS MIDWAY DENTAL CLINIC FOCUSES ON SERVING NEW AMERICANS AND PROVIDES ASSISTANCE TO PATIENTS ENROLLING INTO MINNESOTA PUB LIC PROGRAMS BENEFIT TO THE COMMUNITY COMMUNITY HEALTH SERVICES HEALTHPARTNERS, THROUGH HPI, PARTICIPATED IN SEVERAL STATE PUBLIC HEALTH PROGRAMS, INCLUDING PRE-PAID MEDICAL AS SISTANCE PLAN (PMAP), A STATE- AND FEDERALLY-FUNDED PLAN FOR LOW-INCOME FAMILIES WITH CHIL DREN (74,143 MEMBERS), MINNESOTACARE, A STATE-FUNDED PLAN FOR RESIDENTS WHO DO NOT HAVE AC CESS TO AFFORDABLE HEALTH CARE COVERAGE (15,796 MEMBERS), MINNESOTA SENIOR CARE PLUS (MSC+), A STATE- AND FEDERALLY-FUNDED PLAN FOR INDIVIDUALS OVER AGE 65 (2,009 MEMBERS), AND MIN NESOTA SENIOR HEALTH OPTIONS (MSHO), A STATE- AND FEDERALLY-FUNDED PLAN THAT PROVIDES COOR DINATED MEDICAL AND DRUG BENEFITS FOR INDIVIDUALS OVER AGE 65 (3,223 MEMBERS) IN JULY OF 2016, HEALTHPARTNERS LAUNCHED SPECIAL NEEDS BASIC CARE (SNBC), A STATE- AND FEDERALLY-FUND ED PLAN FOR INDIVIDUALS WITH DISABILITIES WHO ARE 18-64 YEARS OLD (3,428 MEMBERS)</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>THE HEALTHPARTNERS GOVERNMENT PROGRAMS DEPARTMENT SUPPORTS STATE PUBLIC PROGRAM MEMBERS BY PROVIDING INFORMATION ABOUT PLAN RESOURCES AND BENEFITS TO COUNTY EMPLOYEES, NURSING HOME S, HEALTH AND HOUSING ADVOCATES, FINANCIAL WORKERS AND COMMUNITY ORGANIZATIONS THROUGH A V ARIETY OF COMMUNITY EVENTS AND PROGRAMS INCLUDING MINNESOTA SOCIAL SERVICES ASSOCIATION M INNESOTA RURAL HEALTH CONFERENCE MINNESOTA FINANCIAL WORKER AND CASE AIDE ASSOCIATION VARI OUS COUNTY AND COMMUNITY HEALTH FAIRS AT THESE EVENTS, HEALTHPARTNERS DISTRIBUTED ID HOLDE RS AND CELL PHONE CARD HOLDERS AS GIVEAWAYS, TOTALING \$500 FOR 500 GIVEAWAYS HEALTHPARTNE RS GOVERNMENT PROGRAMS PROMOTES PREVENTIVE SERVICES THROUGH INCENTIVE PROGRAMS HEALTHPART NERS INVESTED A TOTAL OF \$282,387 FOR THESE INCENTIVE PROGRAMS IN 2016 THE WELL BABY INCE NTIVE PROGRAM THE WELL BABY INCENTIVE PROGRAM WAS ESTABLISHED AS AN OUTREACH PROGRAM AIME D AT CHILDREN ENROLLED IN PMAP OR MNCARE TO ENCOURAGE CAREGIVERS TO BRING INFANTS AGES 0 T O 15 MONTHS IN FOR ALL SIX WELL CHILD EXAMS KEEPING UP TO DATE ON THESE VISITS NOT ONLY K EEPS THE CHILD UP TO DATE ON IMMUNIZATIONS, BUT SUPPORTS ONGOING PREVENTIVE CARE THROUGHOU T THE CHILD'S LIFE A \$10 GIFT CARD IS SENT TO MEMBERS WHO HAVE A COMPLETE WELL CHILD VISI T WITHIN THE FIRST 15 MONTHS OF LIFE A MEMBER IS ELIGIBLE FOR UP TO SIX GIFT CARDS HEALT HPARTNERS DISTRIBUTED 11,422 GIFT CARDS AND INVESTED \$131,410 ON THIS PROGRAM IN 2016 THE PRE-TEEN IMMUNIZATIONS INCENTIVE PROGRAM THE PRE-TEEN IMMUNIZATION PROGRAM ENCOURAGES PM AP AND MNCARE YOUTH TO GET THEIR MENINGOCOCCAL AND TDAP IMMUNIZATIONS ONCE HEALTHPARTNERS RECEIVES THE CLAIM FOR BOTH OF THESE VACCINES, MEMBERS RECEIVE A \$25 GIFT CARD IN THE MAIL HEALTHPARTNERS DISTRIBUTED 2,447 GIFT CARDS AND INVESTED \$62,662 ON THIS PROGRAM IN 201 6 POSTPARTUM INCENTIVE PMAP AND MNCARE MEMBERS WHO RECEIVE A POSTPARTUM EXAM 3 TO 8 WEEK S AFTER THE BIRTH OF THEIR CHILD RECEIVE A \$25 GIFT CARD HEALTHPARTNERS DISTRIBUTED 216 G IFT CARDS AND INVESTED \$3,664 ON THIS PROGRAM IN 2016 MSHO INCENTIVES TO ENCOURAGE PREVE NTATIVE SCREENING IN OUR SENIOR POPULATION, MSHO MEMBERS WHO RECEIVE A COLORECTAL, MAMMOGR APHY, OR OSTEOPOROSIS SCREENING RECEIVE A \$15 GIFT CARD HEALTHPARTNERS DISTRIBUTED 138 GI FT CARDS AND INVESTED \$2,070 ON THIS PROGRAM IN 2016 SNBC INCENTIVES TO ENCOURAGE AN ANN UAL PRIMARY CARE VISIT, SNBC MEMBERS WHO COMPLETE THEIR ANNUAL PRIMARY VISIT RECEIVE A \$25 GIFT CARD MEMBERS ALSO RECEIVE A \$25 GIFT CARD FOR DOING A CERVICAL CANCER SCREENING HE ALTHPARTNERS DISTRIBUTED 150 GIFT CARDS AND INVESTED \$4,189 FOR THESE TWO PROGRAMS IN 2016 CAR SEAT PROGRAM PMAP AND MNCARE MEMBERS AGES 8 AND YOUNGER OR WOMEN WHO ARE AT LEAST S IX MONTHS PREGNANT ARE ELIGIBLE TO RECEIVE A CAR SEAT WITH THE COMPLETION OF A CAR SEAT SA FETY AND EDUCATION COURSE HEALTHPARTNERS DISTRIBUTED 1,071 CAR SEATS AND INVESTED \$78,392 IN 2016 ADVOCACY OUR LEADING PARTNERSHIP WORK ON IMPROVING HEALTH IS VERY ALIGNED WITH A ND LINKED TO EFFORTS IN PUBLIC</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>ADVOCACY OUR PUBLIC POLICY PLATFORM, BASED ON TRIPLE AIM GOALS, ADDRESSES THE CHALLENGES IN ACCESS, IMPROVING COMMUNITY HEALTH AND AFFORDABILITY FOR CONSUMERS OUR WORK IN MEDICARE TO ASSURE CHOICES AS A FIVE STAR PLAN CONTINUES TO BE IMPORTANT AS WE GROW IN NEW AREAS WE ARE ALSO THE ONLY MEDICARE NEXT GENERATION ACCOUNTABLE CARE ORGANIZATION IN MINNESOTA , AND ONE OF ONLY 19 NATIONWIDE WE WORK IN LEADERSHIP ROLES WITH COALITIONS AND ASSOCIATIONS, SUCH AS THE ALLIANCE OF COMMUNITY HEALTH PLANS AND THE MN COUNCIL OF HEALTH PLANS TO ACHIEVE ADVOCACY AIMS, AND MOST IMPORTANTLY, THROUGH RELATIONSHIP BUILDING WITH OUR REGULATORY AGENCY STAFF AND POLICY MAKERS THROUGHOUT THE YEAR TO PROVIDE TECHNICAL ASSISTANCE AND INFORMATION IN THE 2016 MINNESOTA LEGISLATIVE SESSION, WE PROTECTED OUR IMPORTANT ROLE AS A DENTAL SAFETY NET PROVIDER FOR PERSONS ENROLLED IN STATE PUBLIC PROGRAMS WE ALSO HELPED SUPPORT NEW FUNDING FOR COMMUNITY MENTAL HEALTH PROGRAMS AND A MODEST INCREASE IN FUNDING FOR MEDICAL EDUCATION WE WORKED WITH POLICYMAKERS AND OTHER CLINIC GROUPS AND PLANS TO ENSURE THAT HEALTH PLANS MAY CONTINUE TO WORK WITH PATIENTS AND PROVIDERS ON SAFETY, AFFORDABILITY AND ACCESS TO THERAPIES AND PRESCRIPTION DRUGS WE ALSO WORKED VERY CLOSELY WITH STATE AND FEDERAL REGULATORS AND POLICY MAKERS THROUGHOUT 2016 TO ADDRESS THE REAL CONCERNS WITH THE INDIVIDUAL MARKET AND OFFER SHORT AND LONG TERM IDEAS FOR AFFORDABILITY AND SUSTAINABILITY WE CONTINUED OUR WORK ON STATE TASK FORCES AND WITH OUR INTEGRATED HEALTH PARTNERSHIP WITH ALLINA AS EXAMPLES OF OUR HEALTH REFORM WORK IN MINNESOTA COMMUNITY PARTNERSHIPS FOR HEALTH OUR COMMUNITY PARTNERSHIP WORK FOCUSED ON CHILDREN'S HEALTH INITIATIVES , PROMOTING HEALTHY LIFESTYLES, AND MENTAL HEALTH THROUGHOUT THOSE PROGRAMS AND OTHER CLINICAL INITIATIVES, WE ALSO WORK TO ADDRESS THE SOCIOECONOMIC DETERMINANTS OF HEALTH THROUGH WORK IN OUR CLINICS, HOSPITALS, AND IN THE COMMUNITY THE EAST METRO ROUNDTABLE, A GROUP OF PUBLIC AND PRIVATE LEADERS, WORKED THIS YEAR TO CREATE ADDITIONAL RESPIRE CAPACITY FOR PATIENTS LEAVING THE HOSPITAL AT CATHOLIC CHARITIES, AND CREATED A PROGRAM TO OFFER VERY SPECIALIZED CARE MANAGEMENT AND SUPPORT FOR THE HIGHEST USERS OF SHELTER BEDS IN THE EAST METRO OUR NEW PARTNERSHIP WITH THE SCIENCE MUSEUM LAUNCHED IN 2016, CREATING A WONDERFUL SPORTSOLOGY EXHIBIT THAT FEATURES THE SCIENCE OF SPORTS ALONG WITH OUR EXPERTISE IN HEALTH CLINICIANS FROM ACROSS OUR ORGANIZATION ARE FEATURED AT THE EXHIBIT WITH FUN AND INTERESTING MESSAGES ON TOPICS RANGING FROM CONCUSSION PREVENTION TO HEALTHY EATING FOR SPORTS IT FOLLOWS A YEAR OF WORK WITH THE SCIENCE MUSEUM AND IS PART OF A FIVE-YEAR PARTNERSHIP CHILDREN'S HEALTH INITIATIVE PROMOTE EARLY BRAIN DEVELOPMENT READ, TALK, SING - WE MOVED THE POWER OF READ, TALK, SING UPSTREAM TO BUILD ON WHAT WE'VE DONE WITH REACH OUT AND READ, WE STARTED GIVING EXPECTING MOTHERS A BOOK AT THEIR 32-WEEK OB VISIT THIS STARTED THE CONVERSATION ABOUT BOOSTING A CH</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>ILD'S BRAIN POWER EARLIER WITH READING, TALKING AND SINGING IN LATE 2016, WE ALSO CO-HOST ED A COMMUNITY EVENT IN PARTNERSHIP WITH THE GREATER TWIN CITIES UNITED WAY, BRIGHT FUTURE S BEGIN AT BIRTH, TO IGNITE COMMUNITY ACTION AROUND EARLY BRAIN DEVELOPMENT AND THE IMPORT ANCE OF THE FIRST 90 DAYS THIS EVENT IS A CATALYST FOR FURTHER PARTNERSHIP WORK TO ENGAGE FAMILIES AND COMMUNITIES AROUND THE STATE IN FURTHER WORK TO ENSURE CHILDREN HAVE A GREAT START WORK IS UNDERWAY WITH COMMUNITY PARTNERS, INCLUDING THE YMCA SOCIAL EMOTIONAL - WE HAVE EXPANDED EARLY CHILDHOOD SCREENING ACROSS ALL PRIMARY CARE CLINICS AT REGULAR INTER VALS USING CONSISTENT TOOLS EARLY DETECTION AND INTERVENTIONS HAVE THE GREATEST POTENTIAL IMPACT ON ADDRESSING THE EFFECTS OF CHILDHOOD TRAUMA AND MENTAL HEALTH DEVELOPMENT IN 20 17, WE WILL CONTINUE REFINING WORKFLOWS AND CONNECTING WITH THOSE IN THE COMMUNITY (DAYCAR ES, SCHOOLS, NON-PROFITS, ETC) WHO ALSO HAVE A ROLE IN THIS WORK READ MORE ON OUR INTERN AL BLOG HEALTHY BEGINNINGS - ALL HEALTHPARTNERS AND PARK NICOLLET CLINICS ARE UNIVERSALLY SCREENING WOMEN FOR SUBSTANCE USE AT THEIR INITIAL OB VISIT THOSE WHO SCREEN POSITIVE AR E OFFERED THE 1 1 SUPPORT OF A HEALTHY BEGINNINGS SPECIALIST, WHO HELPS THE PATIENT REACH HER SOBRIETY GOALS STILLWATER MEDICAL GROUP ROLLED OUT THIS PROGRAM IN EARLY 2017 BRIGHT FUTURES - WE BEGAN A PARTNERSHIP WITH THE GREATER TWIN CITIES UNITED WAY IN 2016, HOSTING A BRIGHT FUTURES "READ, TALK, SING" INITIATIVE TO ENCOURAGE EARLY READING AND INTERACTION TO IMPROVE INFANT HEALTH AND DEVELOPMENT OUR FOCUS WILL BE ON BUILDING A MEDIA AND COMMU NITY GRASSROOTS APPROACH TO ENCOURAGE PARENTS AND CAREGIVERS TO SPEND TIME INTERACTING WIT H THEIR BABIES IN THE FIRST THREE MONTHS OF LIFE FAMILY CENTERED CARE PROMOTE BREASTFEEDI NG - REGIONS HOSPITAL WAS ACCREDITED BY BABY-FRIENDLY USA IN JANUARY 2015 METHODIST HOSPI TAL IS ON TRACK TO ACHIEVE DESIGNATION IN 2017 AND LAKEVIEW HOSPITAL IN 2018 IN 2016, LAK EVIEW MEMORIAL HOSPITAL ASSOCIATION ALSO RECEIVED A WASHINGTON COUNTY STATE HEALTH IMPROVE MENT PROGRAM (SHIP) GRANT TO ENHANCE THE DESIGNATED LACTATION SPACE AND MAKE MILK EXPRESSI ON FOR TRAVELING EMPLOYEES EASIER WE'VE ALSO LAUNCHED A WEEKLY BREASTFEEDING SUPPORT GROU P, CALLED THE MOM & BABY CAF , AT COMO CLINIC (MODELED AFTER OUR EXISTING SUCCESSFUL PROGR AM AT METHODIST HOSPITAL) AS WELL AS THE PARTNERS IN BREASTFEEDING PRENATAL BREASTFEEDING EDUCATION CLASS AT THE HPMG ST PAUL CLINIC IN ADDITION, 45 DESIGNATED LACTATION LOUNGES ARE AVAILABLE TO PATIENTS AND EMPLOYEES ACROSS OUR ORGANIZATION OUR CARELINE AND BABYLINE TEAM MEMBERS ARE AVAILABLE TO PROVIDE 24/7 LACTATION SUPPORT FOR MOTHERS OVER THE PHONE</p>

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FORM 990, PART III, LINE 4A	<p>POSTPARTUM DEPRESSION - ALREADY IN PLACE AT OUR PARK NICOLLET CLINICS, WE SUCCESSFULLY PILOTTED EXPANDING A MODEL TO SCREEN MOTHERS FOR POSTPARTUM DEPRESSION DURING PEDIATRIC VISITS AT FOUR HPMG CLINICS AND ONE STILLWATER MEDICAL GROUP CLINIC. ORGANIZATION-WIDE ROLLOUT IS PLANNED FOR EARLY 2017. STANDARD WORKFLOWS - A HIGH-FUNCTIONING PEDIATRIC WORKGROUP WAS FORMED WITH CLINICIAN REPRESENTATION FROM ALL MEDICAL GROUPS. THEY'RE MEETING TO STANDARDIZE THE INTERVALS, SCREENING TOOLS AND AFTER-VISIT SUMMARIES OF WELL CHILD CHECKS ACROSS THE ORGANIZATION. PLANS TO IMPLEMENT THESE NEW TOOLS ARE SET FOR LATE 2017. OB-PEDIATRIC-FAMILY MEDICINE COLLABORATION - OUR PROGRESS IN THE OTHER NINE AREAS OF FOCUS WOULD NOT HAVE BEEN POSSIBLE WITHOUT STRONG COLLABORATION AMONG OB, PEDIATRICS AND FAMILY MEDICINE. WE HAVE A GROUP OF DEDICATED CLINICIANS MEETING REGULARLY WITH THE GOAL OF PROVIDING COORDINATED CARE FOR FAMILIES ACROSS SPECIALTIES. STRENGTHEN COMMUNITIES. TEEN PREGNANCY PREVENTION - IN 2016, WE LAUNCHED THREE WORKGROUPS FOCUSING ON CLINICAL STANDARDS FOR ADOLESCENT SEXUAL HEALTH, TEEN CONFIDENTIALITY AND LONG-TERM REVERSIBLE BIRTH CONTROL ACCESSIBILITY. WE ALSO OPENED OUR FOURTH PARK NICOLLET SCHOOL-BASED HEALTH CENTER IN EARLY 2016. OUR HEALTH CENTERS ADDRESSED 632 TEEN SEXUAL HEALTH ISSUES IN 2016. SUPPORT HIGH-RISK FAMILIES - WE CONTINUE TO EXPAND OUR COLLABORATION WITH COMMUNITY PARTNERS TO FURTHER SUPPORT OUR MOST VULNERABLE PATIENTS AND MEMBERS. FOR EXAMPLE, WORK IS UNDERWAY TO SYSTEMICALLY IDENTIFY AND CONNECT MORE OF OUR ELIGIBLE MOTHERS WITH NURSE FAMILY PARTNERSHIP, A COUNTY NURSE HOME VISITING PROGRAM. EARLY CHILDHOOD EXPERIENCE - WE CONTINUE TO EXPLORE THE RESEARCH AND PILOTS AROUND THE COUNTRY ON ADVERSE CHILDHOOD EXPERIENCES (ACES). WE'RE FACILITATING "LISTENING SESSIONS" AT ORGANIZATIONS WHO HAVE A STAKE IN THIS WORK, SUCH AS LIFETRACK, ST. DAVID'S CENTER AND THE AFRICAN AMERICAN LEADERSHIP FORUM - HEALTH SUBGROUP TO DETERMINE HOW OUR ORGANIZATION CAN BE MOST SUPPORTIVE AND COLLABORATIVE. ST. PAUL PROMISE NEIGHBORHOOD (SPPN) AND FREEDOM SCHOOL - WE CONTINUE TO WORK WITH COMMUNITY-BASED ORGANIZATIONS THAT FOCUS ON THE SOCIAL DETERMINANTS OF HEALTH, SUCH AS THE AFRICAN AMERICAN LEADERSHIP FORUM AND THE ST. PAUL PROMISE NEIGHBORHOOD AS PARTNERS IN REDUCING HEALTH DISPARITIES. THE PROMISE NEIGHBORHOOD (WILDER FOUNDATION, RAMSEY COUNTY, AND ST. PAUL PUBLIC SCHOOLS) IS A COMMUNITY-WIDE INITIATIVE TO PROVIDE ACADEMIC, SOCIAL AND HEALTH SUPPORTS CHILDREN NEED TO SUCCEED IN SCHOOL AND LIFE. THE FOCUS IS ON FAMILIES WITH CHILDREN FROM BIRTH TO AGE 5. HEALTHPARTNERS IS A PARTNER ON THE ADVISORY COUNCIL AND HEALTH AND WELLNESS COMMITTEE. IN THE SECOND HALF OF 2016, HEALTHPARTNERS PROVIDED A SPECIAL GRANT SUPPORTING THE DESIGN AND LAUNCH OF A COMMUNITY-GENERATED HEALTH INITIATIVE. HEALTHPARTNERS ALSO LEADS AN ANNUAL RESOURCE FAIR FOR THE FAMILIES PARTICIPATING IN THE SUMMER FREEDOM SCHOOL PROGRAM. IN 2016, REGIONAL HOSPITAL EMS PRESENTED A BASIC FIRST</p>

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FORM 990, PART III, LINE 4A	<p>AID PRESENTATION TO FAMILIES THE PROMISE NEIGHBORHOOD FAMILIES ARE MAKING STRONG PROGRESS SPPN WENT FROM REACHING 1,451 CHILDREN AND THEIR FAMILIES IN 2015 TO 2,249 CHILDREN AND THEIR FAMILIES IN 2016 HEALTHPARTNERS AND CHILDREN'S HOSPITAL HEALTHY KIDS PARTNERSHIP HE ALTHPARTNERS AND CHILDREN'S HOSPITAL AND CLINICS OF MINNESOTA (CHILDREN'S) ARE COLLABORATI NG WITH COMMUNITY STAKEHOLDERS TO HELP PROMOTE CHILDHOOD HEALTH AND PREVENT OBESITY PHYSI CIAN CHAMPIONS IN THREE CLINICS ARE CONNECTING WITH SCHOOLS, COMMUNITY CENTERS, LOCAL BUSI NESSES AND PUBLIC HEALTH BY WORKING IN PARTNERSHIP, WE HOPE TO PROMOTE AND SUSTAIN CHANGE IN THE PLACES OUR KIDS LIVE, LEARN AND PLAY IN AN EFFORT TO PREVENT AND MANAGE CHILDHOOD OBESITY CHILDREN'S AND HEALTHPARTNERS HAVE TEAMED UP IN THREE NEIGHBORHOODS PHILLIPS- MI NNEAPOLIS, RIVERSIDE-MINNEAPOLIS AND WHITE BEAR LAKE THIS INITIATIVE FOCUSES ON SPECIFIC ETHNIC COMMUNITIES IN MINNEAPOLIS - LATINO IN THE PHILLIPS NEIGHBORHOOD AND SOMALI IN RIVE RSIDE - AND THE WHITE BEAR LAKE COMMUNITY AS A WHOLE CHILDREN'S HOSPITAL PARTNERSHIP OUR PARTNERSHIP WITH CHILDREN'S HOSPITAL AND CLINICS FOCUSED ON TWO COMMUNITIES WHITE BEAR LA KE AND THE PHILLIPS NEIGHBORHOOD IN MINNEAPOLIS THE BEARPOWER INITIATIVE IN WHITE BEAR IN VOLVES OUR CLINICS, WHITE BEAR PUBLIC SCHOOLS, FESTIVAL FOODS AND THE YMCA TO FEATURE A CO MMUNITY/SCHOOL APPROACH TO HEALTHY EATING AND PHYSICAL ACTIVITY FOR CHILDREN BEARPOWER BE ARPOWER IS A COMMUNITY MOVEMENT HELPING FAMILIES EAT WELL AND BE ACTIVE THE INITIATIVE WA S BORN FROM A PARTNERSHIP BETWEEN THE WHITE BEAR LAKE AREA SCHOOLS (ISD 624), THE WHITE BE AR AREA YMCA, CHILDREN'S AND HEALTHPARTNERS A COMMUNITY ADVISORY TEAM WAS CREATED AND CON SISTS OF LEADERS FROM THESE ORGANIZATIONS, ALONG WITH LOCAL BUSINESS LEADERS, PARENTS, TEA CHERS, LOCAL GOVERNMENT OFFICIALS AND OTHER COMMUNITY MEMBERS THE TEAM WORKED TOGETHER TO IDENTIFY LOCAL STRATEGIES FOR CHANGE AND IS CURRENTLY IMPLEMENTING INITIAL EFFORTS ENGAG ING COMMUNITY LEADERS AND MEMBERS IN A SHARED VISION FOR CHANGE, BEARPOWER PROMOTES THE BE LIEF THAT EATING WELL AND BEING ACTIVE CAN BE FUN POWERUP POWERUP IS A COMMUNITY-WIDE EFF ORT TO MAKE IT EASY, FUN AND POPULAR FOR KIDS AND FAMILIES TO EAT BETTER AND BE ACTIVE ST CROIX RIVER VALLEY PARENTS, SCHOOLS, HEALTH CARE ORGANIZATIONS AND THE COMMUNITY ARE PAR TNERING WITH LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION AND LAKEVIEW MEMORIAL HOSPITAL FOUNDAT ION IN A LONG-TERM EFFORT TO CHANGE BEHAVIOR AND HEALTH BY CREATING A HEALTHIER ENVIRONMEN T FOR KIDS, WITH A PRIMARY FOCUS ON THE GEOGRAPHIC AREAS SERVED BY THE LAKEVIEW HEALTH SYS TEM THIS INCLUDES THE STILLWATER, MAHTOMEDI, HUDSON, SOMERSET, NEW RICHMOND AND AMERY SCH OOL DISTRICTS POWERUP PROMOTES CHANGE THROUGHOUT THE ST CROIX VALLEY AREA POWERUP USES A COMPREHENSIVE STRATEGY FOR COMMUNITY CHANGE FOCUSED ON BUILDING ON WHAT IS ALREADY WORK ING ON A NATIONAL AND LOCAL LEVEL, WHILE INNOVATING TO FIND NEW APPROACHES FORMING POSITIV E PARTNERSHIPS WITH FAMILIES,</p>

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FORM 990, PART III, LINE 4A	<p>SCHOOLS, BUSINESSES, HEALTH CARE, FOOD RETAILERS, FAITH COMMUNITIES AND THE COMMUNITY, INCLUDING ADVISORY COMMITTEES, WITH BROAD LAKEVIEW AND COMMUNITY PARTICIPATION WORKING ON MULTIPLE LEVELS TO IMPROVE EATING AND ACTIVITY ENVIRONMENTS, ENGAGE THE COMMUNITY, DELIVER EFFECTIVE PROGRAMS AND PROVIDE RESOURCES TO HEALTH CARE PROVIDERS MEASURING RESULTS ALONG THE WAY WITH AN EVALUATION FRAMEWORK, AND TRACKING AND MEASURING OF PARTICIPATION AND RESULTS MORE INFORMATION ABOUT POWERUP IS INCLUDED IN THE LAKEVIEW MEMORIAL HOSPITAL FOUNDATION FORM 990 RETURN CONTINUING EDUCATION HEALTH PARTNERS INSTITUTE (INSTITUTE) PROVIDES CONTINUING EDUCATION THAT SUPPORTS THE IMPROVEMENT OF THE COMPETENCE OF PHYSICIANS AND HEALTH CARE PROFESSIONALS, HEALTH CARE PRACTICE, AND THE HEALTH OF OUR PATIENTS AND COMMUNITY THE INSTITUTE AND PARK NICOLLET INSTITUTE CONTINUING MEDICAL EDUCATION TEAMS COMBINED IN 2014 PARK NICOLLET INSTITUTE IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION (ACCME) TO PROVIDE CONTINUING MEDICAL EDUCATION CONTINUING EDUCATION ACTIVITIES ARE TARGETED TO LOCAL, REGIONAL, AND NATIONAL AUDIENCES IN PARTNERSHIP WITH THE UNIVERSITY OF MINNESOTA MEDICAL SCHOOL, THE INSTITUTE TRAINS MORE THAN 500 RESIDENT PHYSICIANS (130 FTES) ANNUALLY IN 22 PROGRAMS AT REGIONS HOSPITAL AND THE HPMG FOR A FULL REPORT ON THE INSTITUTE'S 2016 RESEARCH, PLEASE SEE THE INSTITUTE'S FORM 990 RETURN SUBSIDIZED HEALTH SERVICES NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) FOR THE PAST SEVERAL YEARS, HEALTHPARTNERS BEHAVIORAL HEALTH PERSONNEL HAVE BEEN ON THE BOARD OF THE LEADING MINNESOTA MENTAL HEALTH ADVOCACY ORGANIZATION, NATIONAL ALLIANCE ON MENTAL ILLNESS - MINNESOTA (NAMI) AGAIN IN 2016, HEALTHPARTNERS WAS A GOLD SPONSOR OF MINNESOTA'S NAMI WALK, AN EVENT TO RAISE AWARENESS AND REDUCE THE STIGMA ASSOCIATED WITH MENTAL ILLNESS AS AN INTERNAL COMMUNITY EFFORT, HEALTHPARTNERS EMPLOYEES CONTRIBUTED \$21,890 PRIMARILY IN INDIVIDUAL DONATIONS MAKE IT OK HEALTHPARTNERS TEAMED WITH THE NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) MINNESOTA, TWIN CITIES PUBLIC TV AND PRESTON KELLY, A CREATIVE ADVERTISING AGENCY TO CREATE A CAMPAIGN TO ELIMINATE STIGMA ABOUT MENTAL ILLNESSES THE ORGANIZATIONS INVOLVED HAVE COMMITMENT TO CHANGE THE MISPERCEPTIONS OF MENTAL ILLNESSES BY ENCOURAGING OPEN CONVERSATIONS AND EDUCATION ON THE TOPIC IN 2016, HEALTHPARTNERS REFRESHED AND REFINED THE MAKE IT OK ORG WEBSITE AND PRODUCED NEW CONTENT AND FEATURES HEALTHPARTNERS ALSO CONTINUED FUNDING FOR A 0.5FTE STAFF PERSON DURING 2016 TO SUPPORT COMMUNITY ORGANIZATIONS IN THEIR IMPLEMENTATION OF MAKE IT OK CAMPAIGNS TO RAISE AWARENESS AND DECREASE STIGMA</p>

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FORM 990, PART III, LINE 4A	<p>MAJOR INITIATIVES TO RAISE AWARENESS AND PUBLICIZE THE MAKE IT OK WEBSITE WERE CONDUCTED I N 2016 AT LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION IN STILLWATER, MINNESOTA AND IN AMERY REG IONAL MEDICAL CENTER IN WISCONSIN TO HELP ALL HEALTH CARE PROFESSIONALS AND HOSPITAL PATIE NTS UNDERSTAND THE VALUE OF ELIMINATING STIGMA EARNED MEDIA IMPRESSIONS IN 2016 WERE 3,76 2,881 TPT DOCUMENTARY BROADCAST VIEWS = 137,237, MAKE IT OK WEBSITE UNIQUE VISITS WERE 16 ,626, FACEBOOK LIKES WERE 2,400 AND 138 NEW TRAINERS WERE RECRUITED AND TRAINED FOR THE MA KE IT OK AMBASSADOR PROGRAM DUE TO THE HIGH QUALITY OF THE CONTENT AND THE ABILITY TO REA CH THE PUBLIC TO MAKE A POSITIVE DIFFERENCE, MAKE IT OK WAS NOMINATED FOR A WEBBY AWARD IN 2016 FINALLY, A NEW RELATED INITIATIVE TO ELIMINATE STIGMA ABOUT DEPRESSION WAS PURSUED BY HEALTHPARTNERS, MINNESOTA PUBLIC RADIO AND NAMI CALLED THE HILARIOUS WORLD OF DEPRESSIO N PLANNING AND PRODUCTION WAS DONE IN 2016 AND THESE PODCASTS OF COMEDIANS TALKING ABOUT THEIR OWN EXPERIENCES OF COPING WITH DEPRESSION WERE LAUNCHED IN DECEMBER 2016 WITHIN THE FIRST 60 DAYS THERE WERE OVER A MILLION DOWNLOADS AND USA TODAY SELECTED THE HILARIOUS WO RLD OF DEPRESSION AS A PODCAST PICK WE TRIPLED TRAFFIC TO THE MAKE IT OK WEBSITE AND OVER 10,000 PEOPLE HAVE NOW TAKEN THE PLEDGE TO REDUCE STIGMA WE HAVE HAD INQUIRIES FROM AROU ND THE COUNTRY FROM PEOPLE INTERESTED IN THE CAMPAIGN OR IN SHARING THEIR OWN STORIES WE ALSO LAUNCHED MAKE IT OK INITIATIVE IN OUR ST CROIX VALLEY AREA HOSPITALS AND CLINICS, SC HOOLS, BUSINESSES AND PUBLIC HEALTH AGENCIES MENTAL HEALTH DRUG ASSISTANCE PROGRAM (MHDAP) HEALTHPARTNERS HELPED FOUND THE MENTAL HEALTH DRUG ASSISTANCE PROGRAM (MHDAP), WHICH HEL PS TO ALLEVIATE OR AVERT MANY PSYCHIATRIC CRISES IN THE EAST METRO AREA BY COVERING THE FU LL COST OR CO-PAYS OF MEDICATIONS FOR UN-INSURED AND UNDER-INSURED PATIENTS WHO CANNOT AFF ORD THEIR MEDICATIONS KEY SOCIAL WORKERS AND CARE PROVIDERS IN THE EAST METRO'S THREE LAR GEST EMERGENCY ROOMS AND SELECT MENTAL HEALTH CLINICS ARE GIVEN THE ABILITY TO DISTRIBUTE PRESCRIPTIONS TO PATIENTS WITH SEVERE MENTAL ILLNESS WHO LACK IMMEDIATE ACCESS TO AFFORDAB LE MEDICATIONS SINCE ITS INCEPTION IN 2008, BY THE EAST METRO MENTAL HEALTH ROUNDTABLE (C HAired BY HEALTHPARTNERS CEO MARY BRAINERD AND THE MAYOR OF ST PAUL), 2,729 PERSONS HAVE BEEN GIVEN NECESSARY MEDICATIONS OF THE INITIALLY UNINSURED, 73 PERCENT HAD INSURANCE COV ERAGE INCLUDING MEDICATION COVERAGE WHEN LEAVING THE PROGRAM IN 90 DAYS DONORS IN 2016 WE RE HEALTHPARTNERS / REGIONS HOSPITAL, ST PAUL FOUNDATION THROUGH RAMSEY COUNTY MENTAL HEA LTH CRISIS ALLIANCE, DHS, HEALTHEAST AND ALLINA SINCE INCEPTION THE PROGRAM HAS PROVIDED APPROXIMATELY \$207,000 PER YEAR IN PRESCRIPTION ASSISTANCE IMPROVING BEHAVIORAL HEALTH OU TCOMES THROUGH SUPPORTS FOR TREATMENT ADHERENCE HEALTHPARTNERS IS HIGHLY EFFECTIVE IN SUPP ORTING MEMBERS IN INCREASING TREATMENT ADHERENCE HEALTHPARTNERS SCORED IN THE TOP TEN PER CENT NATIONALLY IN FOLLOWING B</p>

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FORM 990, PART III, LINE 4A	<p>EST PRACTICES GUIDELINES FOR TREATMENT OF DEPRESSION INCLUDING MEDICATION MANAGEMENT AND SUPPORT FOR MEMBERS WHO ARE BATTLING DEPRESSION THE FOUR CLASSES OF PSYCHIATRIC MEDICATION THAT HEALTHPARTNERS SUPPORTS THROUGH MAILED REMINDER LETTERS FOR REFILLS ARE ANTIDEPRESSANTS, ANTIPSYCHOTICS, MOOD STABILIZERS AND ANTI-CRAVING MEDICATIONS (USED IN THE TREATMENT OF ADDICTIONS) IN 2016 THERE WERE 157,937 REFILL REMINDER LETTERS AND HEALTH EDUCATION NEWSLETTERS SENT TO SOME 25,000 MEMBERS TO HELP SUPPORT MEDICATION ADHERENCE TO BEHAVIORAL HEALTH MEDICATIONS FOR THE CONDITIONS OF DEPRESSION, BIPOLAR DISORDER, SCHIZOPHRENIA AND CHEMICAL DEPENDENCY IN ADDITION, TELEPHONE OUTREACH BY A BEHAVIORAL HEALTH PROFESSIONAL WAS MADE TO MEMBERS WHEN THE PATIENT WAS OVERDUE IN FILLING THEIR BEHAVIORAL HEALTH MEDICATIONS (ANTIDEPRESSANT, ANTIPSYCHOTIC OR MOOD STABILIZER MEDICATION) FOR SELECTED HIGH RISK PATIENTS SERVED WITHIN HEALTHPARTNERS MEDICAL GROUP, PHONE CALLS WERE PLACED TO MEMBERS TO ASSIST THEM WITH GETTING MEDICATIONS THE TOTAL COST OF THIS PROGRAM WAS APPROXIMATELY \$185,000 REDUCING PSYCHIATRIC HOSPITALIZATIONS HEALTHPARTNERS STAFF PROVIDED BEHAVIORAL HEALTH COACHING AND CARE COORDINATION TO SUPPORT APPROXIMATELY 13,000 NEW HIGH-RISK MEMBERS TO PREVENT CRISES THAT LEAD TO EMERGENCY HOSPITALIZATION HEALTHPARTNERS ALSO HELPS THOSE LEAVING THE HOSPITAL GET PROMPT TREATMENT FROM AN OUTPATIENT MENTAL HEALTH PROVIDER THE 2016 ANALYSIS INDICATES A 31 TO 26 TO 1 RETURN ON INVESTMENT WITH NET SAVINGS OF APPROXIMATELY \$7-9M DUE TO FEWER HOSPITALIZATIONS THE COST OF THIS PROGRAM WAS \$3,146,088 WITH 94% BEING SALARIES AND BENEFITS FOR STAFF IMPROVING PATIENT SAFETY AND REDUCING INPATIENT PSYCHIATRIC READMISSIONS HEALTHPARTNERS STAFF PROVIDES AFTERCARE COORDINATION, WHICH CONSISTS OF PHONE CALLS TO MEMBERS AFTER THEY ARE DISCHARGED FROM INPATIENT PSYCHIATRY UNITS TO HELP COORDINATE THEIR CARE AND ENCOURAGE THEM TO ATTEND OUTPATIENT AFTERCARE APPOINTMENTS HEALTHPARTNERS INVESTED APPROXIMATELY \$293,000 IN THIS PROGRAM AND SUPPORTED 1,619 MEMBERS IMPROVING PATIENT SAFETY AND REDUCING DRUG RELATED OVERUSE AND MISUSE HEALTHPARTNERS BEHAVIORAL HEALTH RESTRICTED RECIPIENT PROGRAM WAS ESTABLISHED SOME 8 YEARS AGO AND IS DESIGNED TO REDUCE MEDICATION OVERUSE AND MISUSE FOLLOWING SPECIFIC PROGRAM PROTOCOLS FROM MINNESOTA DEPARTMENT OF HUMAN SERVICES, HEALTHPARTNERS PROVIDED OVERSIGHT AND GUIDANCE FOR 235 MEMBERS IN 2016 WHO WERE RESTRICTED TO A SINGLE PHYSICIAN, PHARMACY AND HOSPITAL IN ORDER TO MINIMIZE MEDICATION SEEKING FROM MULTIPLE PHYSICIANS SIMULTANEOUSLY THE 2016 COSTS OF THE PROGRAM WERE \$201,236 RESEARCH INSTITUTE FOR CLINICAL SYSTEMS IMPROVEMENT (ICSI) HEALTHPARTNERS IS A FOUNDING MEMBER OF ICSI, WHICH ESTABLISHES BEST PRACTICE HEALTH CARE GUIDELINES FOR THE PREVENTION, DIAGNOSIS, TREATMENT AND MANAGEMENT OF NUMEROUS DISEASES AND HEALTH CONDITIONS ICSI ALSO WORKS TO IMPROVE THE QUALITY AND LOWER THE COST OF CARE DELIVERED BY ITS 50 MEDICAL GROUP,</p>

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FORM 990, PART III, LINE 4A	<p>HOSPITAL AND INTEGRATED HEALTH CARE DELIVERY SYSTEM MEMBERS IN MINNESOTA AND SURROUNDING AREAS ICSI HELPS HEALTH CARE DELIVERY SYSTEMS APPLY EVIDENCE-BASED PRACTICES AND ALSO BRING CLINICAL PRACTICE LESSONS BACK FOR SYSTEMS CHANGE IMPROVEMENT IN 2016, HEALTHPARTNERS CONTINUED TO CONTRIBUTE TIME AND EXPERTISE TO ICSI INITIATIVES MORE INFORMATION ABOUT HEALTHPARTNERS AND ICSI'S WORK TOGETHER CAN BE FOUND AT WWW.ICSI.ORG FINANCIAL CONTRIBUTIONS HEALTHPARTNERS GIVES PRIORITY TO FUNDING PARTNERSHIPS AND PROJECTS THAT ARE CONSISTENT WITH ITS STRATEGIC HEALTH PROMOTION INITIATIVES, FOCUS ON ACTIVITIES THAT PREVENT HEALTH PROBLEMS, ADDRESS THE NEEDS OF PEOPLE IN OUR SERVICE AREA, AND/OR DISPLAY UNDERSTANDING OF THE DIVERSE NEEDS OF OUR POPULATION AND INDICATE HOW THEY WILL REDUCE DISPARITIES IN HEALTH OUTCOMES HEALTHPARTNERS EMPLOYEES GAVE WITH THEIR MILLION DOLLAR HEARTS TO THE COMMUNITY AND OUR FOUNDATION MISSIONS THROUGH THE COMMUNITY GIVING AND SHARING AT WORK CAMPAIGNS, AS WELL AS OUR WALK ENGAGEMENTS ADDITIONALLY, HEALTHPARTNERS PARTICIPATED IN COMMUNITY FESTIVALS AND EVENTS PROVIDING OUTREACH AND EDUCATION RESOURCES TO THE COMMUNITY ON A VARIETY OF HEALTH TOPICS, INCLUDING BODY MASS INDEX, HEALTHY EATING, SMOKING CESSATION, CHOLESTEROL, BLOOD PRESSURE, IMMUNIZATIONS AND MORE FUNDRAISING WALKS AMERICAN HEART WALK (MAY 14, 2016) - 437 REGISTERED WALKERS PLUS FRIENDS AND FAMILY RAISED \$34,609 MARCH FOR BABIES (APRIL 30, 2016) - 27 REGISTERED WALKERS PLUS FRIENDS AND FAMILY RAISED \$3,712 NAMI WALK (SEPTEMBER 26, 2016) - 260 REGISTERED WALKERS PLUS FRIENDS AND FAMILY RAISED OVER \$17,000 FESTIVALS AND HEALTH FAIRS FREEDOM SCHOOL SOMALI INDEPENDENCE DAY RONDO DAYS FIESTA LATINA FAIR NATIVE AMERICAN INDIAN HEALTH FAIR HMONG HEALTH FAIR AT JULY 4TH SOCCER TOURNAMENT HMONG MENTAL HEALTH CONFERENCE, "KOJPUAS NYOB ZOO" BRIGHT FUTURES PARTNERSHIP WITH GREATER TWIN CITIES UNITED WAY BARAZA POWER TO END STROKE TWIN CITIES PRIDE FESTIVAL LOCAL HEALTHY FOODS EXHIBIT AT THE MINNESOTA STATE FAIR HABITAT FOR HUMANITY HEALTHPARTNERS SPONSORED A TWO-WEEK BUILD IN SAINT PAUL THIS YEAR OUR 116 VOLUNTEERS CONTRIBUTED 826 HOURS OF BUILD SERVICE</p>

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FORM 990, PART III, LINE 4A	<p>SPEED VOLUNTEERING SPEED VOLUNTEERING ARE VOLUNTEERING OPPORTUNITIES ORGANIZED BY HEALTHPARTNERS COMMUNITY RELATIONS TO CONTINUE OUR EMPLOYEE ENGAGEMENT WITH OUR COMMUNITY ORGANIZATIONS TWO-HOUR DROP-IN VOLUNTEERING SESSIONS ARE ORGANIZED ON SITE AND EMPLOYEES DONATE THEIR TIME TO SUPPORT THE VOLUNTEER ACTIVITY VOLUNTEER TIMES HAVE RANGED ANYWHERE FROM FIVE MINUTES UP TO 120 MINUTES DEPENDING ON THE EMPLOYEE VOLUNTEER AVAILABILITY MARTIN LUTHER KING, JR DAY OF SERVICE - 1/18 - 384 POUNDS OF FOOD DONATED, 1,348 POUNDS OF PERSONAL HYGIENE, 330 SNACK PACKS AND 138 DETERGENT BAGS WERE DONATED TO COMMUNITY ORGANIZATIONS WITH OVER 40 VOLUNTEERS AND A TOTAL OF 25 HOURS DONATED FOR THIS EVENT GARDENING MATTERS - 3/10, 4/27 - SINCE 2008, GARDENING MATTERS HAS BEEN DEDICATED TO THE SUCCESS AND SUSTAINABILITY OF COMMUNITY GARDENS THIS IS A GO-TO ORGANIZATION FOR ALL THINGS COMMUNITY GARDENING-RELATED GARDENING MATTERS PROVIDES RESOURCES, TRAINING, REFERRALS, AND MUCH MORE HEALTHPARTNERS EMPLOYEES DONATED OVER 30 HOURS TO THIS EVENT AND REPACKAGED HUNDREDS OF SEEDS! CARD COLORING PARTNERSHIP WITH MINNESOTA BRAIN INJURY ALLIANCE - 6/22 - THE MINNESOTA BRAIN INJURY ALLIANCE OFFERS SUPPORT TO MINNESOTANS AFFECTED BY BRAIN INJURY THROUGH ADVOCACY AND PUBLIC POLICY AND RESOURCE FACILITATION SERVICES, WHICH PROVIDE PERSONAL ONE-ON-ONE CONNECTION TO INFORMATION AND RESOURCES HEALTHPARTNERS HAD 16 VOLUNTEERS WHO COLORED OVER 80 CARDS FOR THIS EVENT AND TOOLED 11 HOURS DONATED DONATIONS HEALTHPARTNERS HAS HAD A WONDERFUL PARTNERSHIP WITH THE FOOD GROUP THE FOOD GROUP IS A FULL-SERVICE FOOD BANK WITH OVER 200 HUNGER RELIEF PARTNERS STATEWIDE PROVIDING FREE FOOD, ACCESS TO BULK FOOD PURCHASING, AND FORMALIZED FOOD DRIVE PROGRAMS WE ALSO OFFER FOOD SHELVES FREE DELIVERY, AND OUTREACH AND ADVOCACY OPPORTUNITIES UNLIKE SOME FOOD BANKS, WE DO NOT CHARGE MEMBERSHIP OR HANDLING FEES TO OUR NETWORK OF HUNGER-RELIEF PROGRAMS IN 2016, HEALTHPARTNERS CONTRIBUTED 1,348 POUNDS OF NON-FOOD ITEMS THAT INCLUDES PERSONAL HYGIENE ITEMS AND 2,532 NONFOOD ITEMS EMPLOYEE GIVING HEALTHPARTNERS' COMMITMENT TO IMPROVING THE HEALTH OF THE COMMUNITY EXTENDS BEYOND ITS DOORS ADDRESSING DISPARITIES IS ONE OF THE REASONS HEALTHPARTNERS HAS A COMMITMENT TO WORKPLACE GIVING A COMPREHENSIVE EMPLOYEE GIVING CAMPAIGN IS A KEY WAY TO PROVIDE A SAFETY NET OF SERVICES AND SUPPORT TO IMPROVE THE HEALTH OF THE COMMUNITY TWICE A YEAR, HEALTHPARTNERS EMPLOYEES HAVE THE OPPORTUNITY TO MAKE DONATIONS THAT BENEFIT HEALTHPARTNERS PROGRAMS INTERNALLY AND THEIR OVERALL COMMUNITIES EXTERNALLY THESE OPPORTUNITIES ARE THE SHARING AT WORK CAMPAIGN, WHICH OCCURS DURING THE SPRING, AND THE COMMUNITY GIVING CAMPAIGN, WHICH OCCURS DURING THE FALL IN 2016, REGIONS HOSPITAL AND OTHER HEALTHPARTNERS ORGANIZATION EMPLOYEES DONATED \$498,042 TO THE FOUNDATION'S ANNUAL SHARING AT WORK CAMPAIGN, WHICH RAISES FUNDS FOR PATIENT CARE, RESEARCH AND MEDICAL EDUCATION WITH A HEALTHPARTNERS MATCH, THE CAMPAIGN RAI</p>

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FORM 990, PART III, LINE 4A	<p>SED \$996,084 PATIENT CARE FUNDS FROM THE CAMPAIGN WERE SPLIT BETWEEN WISHING WELL, REACH OUT AND READ AND CARE IMPROVEMENT GRANTS THIRTY PROGRAMS RECEIVED PATIENT CARE GRANT SUPPORT FOR A TOTAL OF \$172,141 WORTH OF ASSISTANCE THE 2016 SHARING AT WORK CAMPAIGN ALSO RAISED MONEY FOR HEALTHPARTNERS HOSPICE AND PALLIATIVE CARE AND OTHER ORGANIZATIONS WITHIN HEALTHPARTNERS, INCLUDING AMERY REGIONAL MEDICAL CENTER FOUNDATION, HUDSON HOSPITAL FOUNDATION, WESTFIELDS HOSPITAL FOUNDATION AND LAKEVIEW MEMORIAL HOSPITAL FOUNDATION THE FUNDS RAISED THROUGH THE COMMUNITY GIVING CAMPAIGN SUPPORTS SEVEN LOCAL FEDERATIONS GREATER TWIN CITIES UNITED WAY, UNITED WAY OF WASHINGTON COUNTY-EAST, ST CROIX VALLEY UNITED WAY, AND UNITED WAY OF CENTRAL MINNESOTA, COMMUNITY SHARES MINNESOTA, COMMUNITY HEALTH CHARITIES-MINNESOTA AND THE MINNESOTA ENVIRONMENTAL FUND IN 2016, HEALTHPARTNERS' COMMUNITY GIVING CAMPAIGN RAISED \$341,708, WHICH INCLUDED EMPLOYEE PLEDGES THROUGH AUTOMATIC PAYROLL DEDUCTIONS, \$60,000 FROM HEALTHPARTNERS THAT WAS DISTRIBUTED TO ALL FEDERATIONS, AND ADDITIONAL EMPLOYEE FUNDRAISING DOLLARS THROUGH SPECIAL EVENTS ACROSS THE ORGANIZATION IN-KIND DONATIONS HEALTHPARTNERS SUPPORTS AND CONTRIBUTES TO NUMEROUS NON-PROFIT ORGANIZATIONS THROUGHOUT THE YEAR BY PROVIDING MEETING SPACE AND DONATING USED EQUIPMENT IN 2016, HEALTHPARTNERS DONATED OFFICE SUPPLIES AND FURNITURE TO LOCAL ORGANIZATIONS IN ADDITION, HEALTHPARTNERS PROVIDES TIME AND OPPORTUNITIES FOR EMPLOYEES TO COORDINATE DRIVES FOR FOOD, CLOTHING, BOOKS AND TOYS ON LOCATION AT THE WORK PLACE COMMUNITY-BUILDING ACTIVITIES TRIPLE AIM HEALTHPARTNERS IS WORKING TO TRANSFORM HEALTH CARE BY DELIVERING OUTSTANDING CARE AND SERVICE THAT IS CONSISTENT WITH THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S "TRIPLE AIM" INITIATIVE HEALTHPARTNERS IS ONE OF 12 ORGANIZATIONS PARTICIPATING IN THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S TRIPLE AIM PROJECT, AN INTERNATIONAL INITIATIVE TO DEVELOP MODELS OF CARE THAT SIMULTANEOUSLY OPTIMIZE THE HEALTH OF THE POPULATION AND THE EXPERIENCE OF EACH INDIVIDUAL, AND REDUCE PER CAPITA HEALTH CARE COSTS THE INSTITUTE FOR HEALTHCARE IMPROVEMENT (IHI) SELECTED HEALTHPARTNERS IN 2007 FOR THIS MULTI-YEAR PROJECT BASED ON INITIATIVES HEALTHPARTNERS HAD IN PLACE THAT SUPPORT THE TRIPLE AIM BEING PART OF AN INTEGRATED ORGANIZATION ALLOWS ENTITIES TO ADOPT AND SHARE IMPROVEMENTS SUCH AS BEST PRACTICES AND PATIENT EDUCATION MATERIALS ACROSS THE SYSTEM HEALTHPARTNERS CONTINUES TO WORK WITH THE TRIPLE AIM AS WE WORK TOWARDS EXCELLENCE IN HEALTH CARE HEALTHPARTNERS IS DRIVING CHANGE THAT HELPS OUR MEMBERS LIVE HEALTHIER LIVES AND LOWERS COSTS THROUGH OUR UNIQUE WELLNESS PROGRAMS, ADVOCACY EFFORTS AND INNOVATIVE PAYMENT APPROACHES WHICH INCENT AND REWARD QUALITY, WE ARE ABLE TO PROVIDE BETTER VALUE FOR OUR CUSTOMERS WE COLLABORATE WITH OTHER PLANS, CARE PROVIDERS AND NON-PROFIT ORGANIZATIONS IN THE REGION AND THROUGHOUT THE NATION TO INCREASE ACCESS, CREATE AND DISSEMINATE QUALITY</p>

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FORM 990, PART III, LINE 4A	<p>Y MEASURES AND INITIATIVES, PARTICIPATE IN DEVELOPMENT OF PUBLIC POLICY AND COLLABORATE ON SYSTEM IMPROVEMENTS BY PARTNERING WITH PROVIDERS, MEMBERS, PURCHASERS, AND THE COMMUNITY , WE ARE LEVERAGING OUR PLAN CAPABILITIES TO DEVELOP INITIATIVES, WHICH IMPROVE HEALTH, ME MBER EXPERIENCE AND AFFORDABILITY TOTAL COST OF CARE TOTAL COST OF CARE (TCOC) IS A METHO D OF MEASURING HEALTH CARE AFFORDABILITY TCOC MEASURES ARE POWERFUL ANALYTICAL TOOLS FOR HEALTH PLANS, PROVIDERS, MEDICAL GROUPS, GOVERNMENT AGENCIES, EMPLOYERS AND OTHERS WITH A STAKE IN REDUCING HEALTH CARE COST TRENDS THEY CAN HELP PINPOINT WAYS TO MAKE HEALTH CARE MORE AFFORDABLE WITHOUT SACRIFICING QUALITY OR EXPERIENCE MANY ORGANIZATIONS HAVE EXPERI MENTED WITH TCOC MODELS IN RECENT YEARS HEALTHPARTNERS' TOTAL COST OF CARE AND RESOURC E USE (TCOC) FRAMEWORK ADDRESSES ONE OF THE MOST FUNDAMENTAL PROBLEMS RELATED TO POPULATION H EALTH RISING HEALTH CARE COSTS HEALTHPARTNERS HAS DEVELOPED A TCOC MODEL THAT IS UNIQUE IN A SIGNIFICANT WAY IT IS A FULL-POPULATION, PERSON-CENTERED MEASUREMENT TOOL THAT ACCOU NTS FOR 100 PERCENT OF THE CARE PROVIDED TO A PATIENT ADDITIONALLY, IT SUPPLIES A REPORTI NG SUITE TO SUPPORT MULTIPLE LEVELS OF ANALYSIS, CONSIDERING THE COST OF CARE PROVIDED TO A PATIENT (OR "TOTAL COST INDEX"), AND INCORPORATES AN INNOVATIVE APPROACH TO MEASURING RE SOURCES USED IN PROVIDING THAT CARE (OR "TOTAL RESOURCE USE INDEX") WHEN USED IN COMBINAT ION, THESE MEASURES YIELD MORE COMPREHENSIVE, REVEALING AND ACTIONABLE RESULTS THAN COST M EASURES ALONE USING THIS SYSTEM, WHICH HAS BEEN IN DEVELOPMENT AND STAGED-IN USE FOR MORE THAN A DECADE, HEALTHPARTNERS HAS OUTPERFORMED MINNESOTA, REGIONAL AND NATIONAL RISK-ADJU STED COST OF CARE BENCHMARKS FOR MANY YEARS HEALTHPARTNERS FINANCIALLY INCENTS PROVIDERS THROUGH ITS TCOC PROGRAM TO ACHIEVE THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S TRIPLE AIM IMPROVING THE HEALTH OF THE POPULATION, ENHANCING THE PATIENTS EXPERIENCE AND MAKING HEAL TH CARE MORE AFFORDABLE HEALTHPARTNERS HAS BEEN DEVELOPING HEALTH CARE COST OF CARE AND R ESOURCE USE MEASURES SINCE 1995 IN JANUARY 2012, THE NATIONAL QUALITY FORUM ENDORSED HEAL THPARTNERS' TOTAL COST INDEX (TCI) AND RESOURCE USE INDEX (RUI)</p>

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FORM 990, PART III, LINE 4A	<p>SUSTAINABILITY OUR SUSTAINABILITY PROGRAM IS IN ALIGNMENT WITH AND FULLY SUPPORTS THE MISSION OF OUR ORGANIZATION THE SUSTAINABILITY DEPARTMENT IS RESPONSIBLE FOR MONITORING AND MAKING RECOMMENDATIONS FOR IMPROVING ENERGY EFFICIENCY, MINIMIZING WASTE, PURCHASING ENVIRONMENTALLY PREFERRED MATERIALS WHEN APPROPRIATE, AND INTERACTING WITH THE INTERESTED STAKEHOLDERS OF THE ORGANIZATION HEALTHPARTNERS IS COMMITTED TO CARING FOR THE PLACES WHERE WE LIVE AND WORK SO WE CAN PROVIDE A HEALTHIER AND CLEANER COMMUNITY FOR OUR EMPLOYEES, MEMBERS, PATIENTS AND FUTURE GENERATIONS OUR SUSTAINABILITY GOALS WILL BE TO EXPAND THE USE OF SUSTAINABLE AND EARTH-FRIENDLY PRACTICES THAT HELP US WORK SMARTER, BE HEALTHIER AND SAVE MONEY ENCOURAGE EMPLOYEES TO PARTICIPATE IN AND CHAMPION OR SUPPORT SUSTAINABILITY PRACTICES, BOTH AT WORK AND AT HOME MEASURE AND MONITOR OUR PROGRESS TOWARD OUR SUSTAINABILITY GOALS HEALTHPARTNERS HAS NINE GREEN TEAMS ACROSS OUR ORGANIZATION THAT WORK HARD ON LEADING OUR SUSTAINABILITY INITIATIVES GREEN TEAMS ARE BASED AT OUR HEALTHPARTNERS HEADQUARTERS IN BLOOMINGTON, HUDSON HOSPITAL & CLINIC, LAKEVIEW HOSPITAL, METHODIST HOSPITAL, REGIONS HOSPITAL, WESTFIELDS HOSPITAL & CLINIC, AMERY HOSPITAL & CLINIC AND THE MAIN CAMPUS CLINIC COMPLEX IN ST LOUIS PARK WE HAVE ONE GREEN TEAM FOR OUR CLINICS IN 2016, HEALTHPARTNERS SPONSORED AN ENTERPRISE-WIDE EARTH DAY EVENT WHERE WE HELD PUBLIC ELECTRONIC WASTE COLLECTION EVENTS AT NINE OF OUR SITES ACROSS THE ORGANIZATION WE PARTNERED WITH TECHDUMP, A LOCAL NON-PROFIT THAT PROVIDES JOBS AND TRAINING FOR DISADVANTAGED INDIVIDUALS WE COLLECTED OVER 16 TONS OF E-WASTE FROM THE PUBLIC, ENOUGH TO PROVIDE EMPLOYMENT FOR ONE INDIVIDUAL AT TECHDUMP FULL TIME FOR ONE YEAR HEALTHPARTNERS HAS ALSO BEEN A PIONEER IN REDUCING THE AMOUNT OF MEDICATION WASTE IN THE COMMUNITY BY CREATING A MEDICINE-TAKE-BACK PROGRAM THIS TAKE-BACK PROGRAM, WHICH IS OPERATIONAL AT 25 HEALTHPARTNERS LOCATIONS, BEGAN IN 2011 TO COLLECT UNNEEDED AND UNUSED MEDICATION FROM COMMUNITY MEMBERS FOR FREE HEALTHPARTNERS IS ABLE TO PROPERLY DISPOSE OF THESE MEDICATIONS SO THEY ARE NOT DISCHARGED TO THE ENVIRONMENT OR END UP BEING MISUSED IN 2016, HEALTHPARTNERS COLLECTED OVER 3,500 POUNDS FROM THE PUBLIC THROUGH THIS PROGRAM SINCE 2011, WE HAVE COLLECTED OVER 11,000 POUNDS OF MEDICINES FROM OVER 10,000 PEOPLE THIS WAS DONE AT A COST TO THE ORGANIZATION AND TO DATE WE HAVE SPENT ABOUT \$28,000 OR \$2.50 PER POUND FOR PROPER DISPOSAL OF MEDICINES IN 2016, OUR SOLAR PANELS PRODUCED THE EQUIVALENT OF OVER EIGHT HOUSES' WORTH OF ELECTRICITY, AND WE HAVE SIGNED AGREEMENTS THAT WILL PRODUCE OVER 2,000 HOUSES' WORTH OF SOLAR ELECTRICITY STARTING IN 2017 HEALTHPARTNERS WON A 2016 SUSTAINABILITY AWARD FOR EXEMPLARY SUSTAINABILITY STRATEGY FOR THE SECOND YEAR IN A ROW HEALTHPARTNERS HAS RECEIVED HIGH HONORS NATIONALLY FROM PRACTICE GREENHEALTH, THE LEADING HEALTH CARE SUSTAINABILITY ORGANIZATION IN NORTH AMERICA, WINNING 15 AWARDS IN 2016</p>

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FORM 990, PART III, LINE 4A	<p>REGIONS HOSPITAL RECEIVED THE XCEL ENERGY 2011, 2012 AND 2013 ENERGY EFFICIENCY PARTNER AWARD, AND THE SUSTAINABLE SAINT PAUL AWARD IN 2014 AND AGAIN IN 2016 HUDSON HOSPITAL & CLINIC AND WESTFIELDS HOSPITAL & CLINIC HAVE BOTH RECEIVED A GREEN MASTERS AWARD FROM THE WISCONSIN SUSTAINABLE BUSINESS COUNCIL, WITH AMERY HOSPITAL & CLINIC WINNING THE GREEN PROFESSIONAL DESIGNATION FROM THE SAME ORGANIZATION IN 2016 AND IN EARLY 2016, METHODIST HOSPITAL RECEIVED A GRANT FROM HENNEPIN COUNTY TO ESTABLISH AN ORGANICS COLLECTION PROGRAM AT THE HOSPITAL EQUITABLE CARE HEALTHPARTNERS HAS A LONGSTANDING COMMITMENT TO IMPROVING THE HEALTH OF THE DIVERSE COMMUNITIES WE SERVE HEALTHPARTNERS CREATED A CROSS CULTURAL CARE AND SERVICE TASK FORCE IN 2001 TO LAY THE FOUNDATION FOR DELIVERING EQUITABLE CARE AND REDUCING DISPARITIES ORGANIZATION-WIDE PROGRAMMING FOR EQUITABLE CARE AND SERVICE ENCOMPASSES THE HEALTHPARTNERS HEALTH PLANS, HEALTHPARTNERS MEDICAL GROUP AND HEALTHPARTNERS DENTAL GROUP CLINICS AND REGIONS HOSPITAL EQUITABLE CARE CHAMPIONS IN 2016, THE EQUITABLE CARE CHAMPION WAS LAUNCHED (PREVIOUSLY KNOWN AS THE EQUITABLE CARE FELLOWS PROGRAM) "A CHAMPION IS A PERSON WHO VOLUNTARILY TAKES EXTRAORDINARY INTEREST IN THE ADOPTION, IMPLEMENTATION AND SUCCESS OF A CAUSE, POLICY OR PROGRAM THROUGHOUT AN ORGANIZATION ALSO CALLED CHANGE ADVOCATE, CHANGE AGENT OR IDEA CHAMPION " THIS IS HOW WE DEFINE OUR EQUITABLE CARE CHAMPIONS ACROSS THE HEALTHPARTNERS ORGANIZATION 2016 ACCOMPLISHMENTS INCLUDE PARTICIPATION OF 170 EQUITABLE CHAMPIONS ORG WIDE 650 SUBSCRIBERS TO THE CULTURE ROOTS NEWSLETTER HOSTED ANNUAL EQUITABLE CARE CHAMPIONS EVENT LAUNCHED THE QUARTERLY EDUCATIONAL OPPORTUNITIES NEWSLETTER OFFERED NEW CHAMPION ORIENTATIONS IN EARLY 2016, DIVERSITY & INCLUSION COMMITTEE WAS FORMED WITH REPRESENTATIVES FROM HR, PRIMARY CARE CLINICS AND CLINICAL PROJECTS IN SEPTEMBER 2016, PRIMARY CARE SERVICE LINE KICKED OFF EMBRACING DIVERSITY WITH SCENARIO-BASED ACTIVITIES CULTURE ROOTS IS A BIMONTHLY SERIES OF SHORT ARTICLES FOCUSED ON EQUITABLE CARE TOPICS EQUITABLE CARE IS GENERALLY DEFINED AS A STATE IN WHICH EVERY PERSON CAN ACHIEVE HIS OR HER HIGHEST POSSIBLE LEVEL OF HEALTH THESE ARTICLES CAN HELP US IMPROVE THE CULTURE OF HEALTH CARE FOR PATIENTS AND MEMBERS WHO MAY FACE DISCRIMINATION OR MARGINALIZATION IN SOCIETY EACH ARTICLE PRESENTS A SCENARIO, PROVIDES BACKGROUND ON ITS RELATED CONCEPTS AND SUGGESTS ACTION STEPS TOWARD REMOVING THE BARRIERS TO FAIR AND EQUITABLE CARE WE HAVE BUILT A CULTURE OF EQUITABLE CARE IN OUR ORGANIZATION THROUGH PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS COMMUNITY PARTNERSHIP DEVELOPMENT IS A CORE STRATEGY IN OUR WORK TO PROMOTE EQUITABLE CARE THOSE CONSIST OF LARGER, MULTI-YEAR PARTNERSHIPS, SUCH AS THE ST PAUL PROMISE NEIGHBORHOOD, THE YWCA, IT'S TIME TO TALK SERIES, THE AFRICAN AMERICAN LEADERSHIP FORUM, OUR SCHOOL BASED CLINICS AND THE YUMPOWER SCHOOL CHALLENGE, AS WELL AS MANY OTHER PROGRAMS AND SERVICES AS HIGHLIGHTED IN</p>

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FORM 990, PART III, LINE 4A	<p>THIS SECTION IN 2016, WE INITIATED A SERIES OF CONVERSATIONS ON EMBRACING DIFFERENCES ACROSS THE ORGANIZATION AND WITH OUR BOARDS OF DIRECTORS THROUGH OUR DIVERSITY AND INCLUSION EFFORTS "BREAKING ICE" PROGRAM, IN PARTNERSHIP WITH THE PILLSBURY THEATER WORKPLACE DIVERSITY HEALTHPARTNERS ACTIVELY SEEKS TO HIRE A DIVERSE STAFF AND OUR RECRUITMENT TEAM PARTICIPATED IN SEVERAL CAREER FAIRS THAT FOCUSED ON DIVERSITY THESE EVENTS PARTNER WITH LOCAL COMMUNITY ORGANIZATIONS TO PROMOTE THEIR EVENTS AND PROVIDE AN OPPORTUNITY FOR RECRUITERS TO MEET WITH COMMUNITY MEMBERS IN AN EFFORT TO INCREASE DIVERSE HIRING WE ARE A SPONSOR OF THE UNIVERSITY OF ST THOMAS COLLEGE AND TWIN CITIES BLACK MBA 'THE FORUM ON WORKPLACE INCLUSION,' WHICH OFFERS WORKSHOPS ON CULTURAL COMPETENCE AND WORKPLACE DIVERSITY HEALTHPARTNERS COLLABORATED WITH THE AFRICAN AMERICAN LEADERSHIP FORUM ON BARRAZA - A BLACK WOMAN'S HEALTH GATHERING BARAZA IS AN ANNUAL HEALTH CONFERENCE TARGETING AFRICAN AMERICAN WOMEN HEALTHPARTNERS IS A PROUD SPONSOR OF THE BLACK WOMAN'S HEALTH GATHERING AT ST PAUL COLLEGE CAREER FAIRS MLK JOB FAIR THE FORUM CAREER FAIR VETERAN'S CAREER FAIR DIVERSITY CAREER FAIR HONORING WOMEN WORLDWIDE HEALTHPARTNERS PARTICIPATED IN THIS MENTORING PROGRAM FOR ONE INDIVIDUAL THIS PROGRAM FOCUSES ON LEVERAGING WOMEN'S UNTAPPED LEADERSHIP CAPABILITIES, BUILDING COMMUNITY ACROSS CULTURES AND CREATING UNIQUE GLOBAL EDUCATION THIS PROGRAM IS MULTICULTURAL, MULTIGENERATIONAL AND MULTIFACETED WE WORKED WITH MINNEAPOLIS PUBLIC SCHOOLS AND THEIR STEP-UP ACHIEVE INTERNSHIP PROGRAM TO PROVIDE SUMMER INTERNSHIPS, MENTORING AND CAREER COACHING FOR 13 DIVERSE STUDENTS IN 2016 IN ADDITION, WE OFFERED TRAINING ON MICROSOFT OUTLOOK AND RESUME BUILDING DATA COLLECTION HEALTHPARTNERS SYSTEMATICALLY COLLECTS DATA ON RACE, ETHNICITY AND LANGUAGE PREFERENCES DIRECTLY FROM PATIENTS AND MEMBERS IN A VARIETY OF WAYS, ALL OF THEM VOLUNTARY DATA IS COLLECTED THROUGH HEALTHPARTNERS.COM, TELEPHONE CONTACTS WITH DEPARTMENTS SUCH AS MEMBER SERVICES AND CASE MANAGEMENT AND ONLINE THROUGH HEALTH ASSESSMENTS HEALTHPARTNERS USES THE ELECTRONIC MEDICAL RECORDS IN OUR CARE DELIVERY SYSTEM TO CAPTURE THIS DATA FACE-TO-FACE WITH PATIENTS THE DATA IS USED TO CONTINUALLY MONITOR THE QUALITY OF CARE DELIVERED AND PATIENT EXPERIENCE BY RACE AND LANGUAGE, AS WELL AS IDENTIFY STRATEGIES TO REDUCE HEALTH DISPARITIES IN TREATMENT, OUTCOMES AND SERVICE LANGUAGE ASSISTANCE HEALTHPARTNERS OFFERED TRAINING AND LANGUAGE ASSISTANCE THROUGHOUT THE ORGANIZATION, PROVIDING INTERPRETER SERVICES IN ALL KEY LANGUAGES SPOKEN BY MEMBERS AND PATIENTS MORE THAN 150 OTHER LANGUAGES WERE AVAILABLE THROUGH TELEPHONE AND VIDEO REMOTE INTERPRETER SERVICES</p>

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FORM 990, PART III, LINE 4A	<p>HEALTH PLAN OPEN ENROLLMENT MATERIALS WERE PRODUCED BOTH IN ENGLISH AND SPANISH, AND A SPANISH MICRO WEBSITE WAS CREATED TO BETTER SERVE OUR SPANISH-SPEAKING MEMBERS HEALTHPARTNERS ALSO LICENSED WEBSITE CONTENT FROM THE HEALTHWISE ONLINE SPANISH HEALTH GUIDE AND OFFERED OPEN ENROLLMENT MEETINGS IN SPANISH MINNESOTA HEALTH LITERACY PARTNERSHIP HEALTHPARTNERS IS A MEMBER OF THE MINNESOTA HEALTH LITERACY PARTNERSHIP (THE PARTNERSHIP), A COLLABORATIVE OF HOSPITALS, CLINIC SYSTEMS, HEALTH PLANS AND COMMUNITY AGENCIES THAT SHARE INFORMATION AND ENGAGE IN JOINT PLANNING ON HEALTH LITERACY ISSUES RESEARCH SHOWS THAT NEARLY HALF OF AMERICANS HAVE TROUBLE UNDERSTANDING AND USING HEALTH INFORMATION, WHICH HAS HUGE IMPLICATIONS FOR HEALTH OUTCOMES, QUALITY, PATIENT SAFETY, AND COST-EFFECTIVENESS OF CARE MULTILINGUAL HEALTH RESOURCES EXCHANGE (EXCHANGE) THE EXCHANGE IS A COLLABORATION AMONG MANY MINNESOTA ORGANIZATIONS (INCLUDING HOSPITALS, CLINIC SYSTEMS, HEALTH PLANS, PUBLIC HEALTH AGENCIES, AND COMMUNITY GROUPS) TO SHARE TRANSLATED HEALTH MATERIALS AND INFORMATION TO MEET THE HEALTH EDUCATION AND INFORMATION NEEDS OF PEOPLE WITH LIMITED ENGLISH PROFICIENCY (LEP) HEALTHPARTNERS WAS INSTRUMENTAL IN STARTING THE EXCHANGE IN 2001 EACH MEMBER OF THE EXCHANGE CONTRIBUTES MATERIALS TRANSLATED BY THEIR ORGANIZATION TO THE EXCHANGE WEBSITE WHERE ALL PARTNER ORGANIZATIONS CAN DOWNLOAD IT FOR USE WITH THEIR CLIENTS AND PATIENTS THIS GREATLY INCREASES THE AMOUNT OF HEALTH EDUCATION AVAILABLE IN LANGUAGES OTHER THAN ENGLISH FOR ALL PARTICIPATING ORGANIZATIONS HEALTHPARTNERS CONTRIBUTES \$2,750 ANNUALLY TO THE EXCHANGE MINNESOTA COUNCIL OF HEALTH PLANS DELEGATION COLLABORATIVE THE MINNESOTA COUNCIL OF HEALTH PLANS DELEGATION COLLABORATIVE PROVIDES EFFICIENCY FOR DELEGATED MEDICAL GROUPS THROUGH A SINGLE ANNUAL ON-SITE CREDENTIALING FILE REVIEW AND SHARING OF FILE DATA AND POLICIES AND PROCEDURES HEALTHPARTNERS CONTINUES TO SUPPORT COLLABORATIVE DELEGATED CREDENTIALING OVERSIGHT APPLYSMART SYSTEM THE APPLYSMART SYSTEM WAS PURCHASED BY APERTURE IN 2016 AND CONTINUES TO BE A WEB-BASED SECURE CREDENTIALING APPLICATION (APPLYSMART) FOR ALL PRACTITIONERS, CLINICS, HOSPITALS AND HEALTH PLANS TO UTILIZE ALL MINNESOTA-BASED HEALTH PLANS AND SEVERAL HOSPITALS USE THE SYSTEM DENTAL APPLICATION COLLABORATION THE MN UNIFORM CREDENTIALING APPLICATION WAS STREAMLINED THROUGH COLLABORATION BETWEEN HEALTHPARTNERS AND DELTA DENTAL SO IT WAS MORE USER FRIENDLY FOR DENTISTS THE RESULT IS A SHORTENED, MORE STREAMLINED APPLICATION THAT WILL BE USED BY DENTISTS JOINING HEALTHPARTNERS OR DELTA DENTAL NETWORKS IN 2016, HEALTHPARTNERS IMPLEMENTED THE NEW COMMON CREDENTIALING APPLICATION FOR DENTISTS HONORING CHOICES HEALTHPARTNERS CONTINUES TO SUPPORT HONORING CHOICES, A COMMUNITY INITIATIVE LED BY THE TWIN CITIES MEDICAL SOCIETY THIS INITIATIVE PROMOTES COMMUNITY-BASED CONVERSATIONS REGARDING END-OF-LIFE CARE PLANNING OUTSIDE THE TRADITIONAL HEALTH CARE SYSTEM THE PROGRAM USES</p>

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FORM 990, PART III, LINE 4A	<p>VIDEOS, TEXT AND WEB RESOURCES TO SUPPORT COMMUNITY DISCUSSIONS HEALTHPARTNERS IS AN ONGO ING SPONSOR OF THIS INITIATIVE, ALONG WITH TWIN CITIES PUBLIC TELEVISION AND THE CITIZENS LEAGUE HEALTHPARTNERS ALSO PROVIDED EDUCATION AND INFORMATIONAL RESOURCES ABOUT HONORING CHOICES AT HEALTH FAIR EVENTS HEALTHPARTNERS IN PARTNERSHIP WITH ALLINA ARE WORKING TOGET HER WITH THE TWIN CITIES MEDICAL SOCIETY, AND MINNESOTA PUBLIC RADIO'S CATHY WURZER, ALONG WITH KARE 11, TO SPONSOR COMMUNITY CONVENINGS AROUND THE STATE THAT HELP FAMILIES AND COM MUNITIES HAVE DISCUSSIONS ABOUT MEANINGFUL LIVING AND ADVANCED CARE PLANNING PHYSICAL ACT IVITY AND WELLNESS HEALTHPARTNERS OFFERED INCENTIVES IN 2016 FOR GETTING PHYSICALLY ACTIVE AND STAYING FIT THROUGH HEALTHPARTNERS FREQUENT FITNESS AND FREQUENT FITNESS CHALLENGE PR OGRAMS THE FREQUENT FITNESS PROGRAM PROVIDES FULLY INSURED MEMBERS THE OPPORTUNITY TO EAR N A REIMBURSEMENT OF UP TO \$20 ON THEIR MONTHLY FITNESS CLUB DUES AT OVER 5,000 HEALTH CLU B LOCATIONS IF THEY ACHIEVE AT LEAST 12 WORKOUTS IN THE MONTH (SELF-INSURED MEMBERS HAD AC CESS TO THE FREQUENT FITNESS PROGRAM IF THEIR EMPLOYER ELECTED TO OFFER THE PROGRAM) MORE THAN ONE OUT OF THREE MEMBERS ENROLLED IN THE PROGRAM MET THE MONTHLY WORKOUT GOAL IN 201 6 AND GOT REIMBURSED THE FREQUENT FITNESS CHALLENGE OFFERS MEMBERS AN ADDITIONAL INCENTIV E BY AWARDING THEM FOR MEETING THEIR VISIT CRITERIA AND GETTING REIMBURSED FOR EIGHT OUT O F 12 MONTHS YUMPOWER & YUMPOWER SCHOOL CHALLENGE IN 2011, HEALTHPARTNERS LAUNCHED YUMPOWE R, A COMMUNITY-BASED INITIATIVE TO PROMOTE INTAKE OF FRUITS AND VEGETABLES AND BETTER-FOR- YOU FOOD CHOICES AS PART OF THIS LAUNCH, HEALTHPARTNERS CREATED WWW YUMPOWER COM, A WEBSI TE WITH MANY BETTER-FOR-YOU EATING TOOLS, TIPS, AND COOKING VIDEOS, AS WELL AS A FREE SMAR T PHONE APP THAT HELPS PEOPLE FIND BETTER OPTIONS AT COMMONLY CHOSEN RESTAURANTS HEALTHPA RTNERS YUMPOWER WAS CREATED TO HELP MEMBERS OF OUR COMMUNITY EAT BETTER AND, IN TURN, HELP IMPROVE HEALTH HEALTHPARTNERS YUMPOWER IS DESIGNED TO BE A CATALYST IN CREATING A SOCIAL MOVEMENT AROUND EATING BETTER WE KNOW A MAJOR FACTOR IN PREVENTING MANY CHRONIC DISEASES IS IMPROVING THE FOOD THAT WE EAT HEALTHPARTNERS IS COMMITTED TO CREATING A CULTURAL MOV EMENT TOWARD BETTER EATING IN OUR SCHOOLS THROUGH ITS YUMPOWER SCHOOL CHALLENGE THE GOALS OF THE YUMPOWER SCHOOL CHALLENGE PROGRAM ARE TO - INCREASE FRUIT AND VEGETABLE INTAKE BY ELEMENTARY AGE STUDENTS - SUPPORT BEHAVIOR CHANGE TO EAT MORE FRUITS AND VEGETABLES, REP LACING HIGH-CALORIE, ENERGY DENSE FOODS, SUCH AS SOFT DRINKS AND CANDY - HELP TO SUPPORT CULTURAL CHANGE OF BETTER EATING IN THE SCHOOLS SCHOOL CHALLENGE OVER 23,000 CHILDREN IN MINNESOTA AND WISCONSIN JOINED THE SCHOOL CHALLENGE IN 60 ELEMENTARY SCHOOLS THE PROGRAM ENGAGED KIDS TO "TRY FOR 5" FRUITS AND VEGETABLES, INCLUDING SAMPLING VEGGIES RIGHT IN THE CLASSROOM SCHOOL PARTICIPATION RATES REMAINED HIGH, EVEN AFTER MULTIPLE YEARS OF THE PRO GRAM SURVEYS SHOWED THAT 73 P</p>

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FORM 990, PART III, LINE 4A	<p>ERCENT FAMILIES AND MORE THAN 83 PERCENT OF SCHOOL STAFF OBSERVED THAT KIDS TRY MORE FRUITS AND VEGGIES AS A RESULT OF THE THREE-WEEK SCHOOL CHALLENGE NINETY-FIVE PERCENT OF THOSE RESPONDING TO A COMMUNITY SURVEY INDICATED THAT POWER UP WAS VERY IMPORTANT FOR THE COMMUNITY IN ADDITION, WE DISSEMINATED THE MODEL WORK WE HAVE DONE WITH THE VALLEY FOOD SHELF IN STILLWATER, TO HELP OTHER FOOD SHELF ORGANIZATIONS OFFER HEALTHY CHOICES AT A MORE AFFORDABLE COST TO FAMILIES FRUIT AND VEGGIE RX WE EXPANDED THE FRUIT AND VEGGIE PRESCRIPTION PROGRAM FROM 15 CLINICS IN 2015 TO 57 CLINICS IN 2016 THE PROGRAM IS POPULAR WITH FAMILIES AND OUR CLINICIANS, WITH THE MESSAGE TO TRY NEW FRUITS AND VEGETABLES CUB FOODS IS OUR PARTNER IN THE PROGRAM, PROVIDING COUPONS FOR FRUITS AND VEGETABLES IN THEIR STORES COMMUNITY BENEFIT OPERATIONS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2015, A COMPREHENSIVE, SIX-STEP COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") COLLABORATION WAS CONDUCTED FOR HEALTH PARTNERS AND ITS HOSPITALS (REGIONS HOSPITAL, LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, HUDSON HOSPITAL, WESTFIELDS HOSPITAL, AMERY REGIONAL MEDICAL CENTER, AND PARK NICOLLET METHODIST HOSPITAL) BY COMMUNITY HOSPITAL CONSULTING TO DETERMINE THE GREATEST HEALTH NEEDS IN THE COMMUNITIES THEY SERVE THESE HOSPITALS SERVE SIMILAR COMMUNITIES AND HAVE OVERLAPPING STUDY AREAS THE SYSTEM'S STUDY AREA IS DEFINED AS DAKOTA, HENNEPIN, RAMSEY, SCOTT, AND WASHINGTON COUNTIES IN MINNESOTA AND POLK AND ST CROIX COUNTIES IN WISCONSIN DATA ELEMENTS REGARDING ALL SEVEN COUNTIES IN THE SYSTEM'S STUDY AREA ARE INCLUDED IN THIS REPORT FOR COMPARISON, AND ARE ALSO PROVIDED AS AN OPPORTUNITY FOR THE HOSPITALS TO WORK TOGETHER TO MEET THE NEEDS IDENTIFIED IN THE OVERLAPPING COUNTIES - DEMOGRAPHICS CHC CONSULTING ANALYZED THE MOST CURRENT DEMOGRAPHICS OF RESIDENTS IN RAMSEY, WASHINGTON, AND DAKOTA COUNTIES INCLUDING OVERALL POPULATION, POPULATION BY RACE AND ETHNICITY, MEDIAN AGE, MEDIAN HOUSEHOLD INCOME, POVERTY LEVELS, FOOD INSECURITY, AND EDUCATIONAL ATTAINMENT - HEALTH DATA COLLECTION CHC CONSULTING ANALYZED THE MOST CURRENT HEALTH DATA AVAILABLE PERTAINING TO RESIDENTS IN RAMSEY, WASHINGTON, AND DAKOTA COUNTIES INCLUDING MORTALITY RATES, CHRONIC CONDITIONS, HEALTH BEHAVIORS, MENTAL HEALTH, COMMUNICABLE DISEASES, PREVENTION AND NATALITY - COMMUNITY INPUT AS A PART OF COUNTY-WIDE ASSESSMENTS, SURVEYS AND LISTENING SESSIONS WERE CONDUCTED TO GATHER INPUT FROM COMMUNITY RESIDENTS IN ADDITION, REGIONS HOSPITAL CONDUCTED COMMUNITY CONVERSATIONS ON JUNE 16, 2015 AND JULY 14, 2015 TO GAIN INSIGHT SURROUNDING SIGNIFICANT HEALTH NEEDS FINAL PRIORITIZED NEEDS - MENTAL AND BEHAVIORAL HEALTH - ACCESS AND AFFORDABILITY - CHRONIC DISEASE AND ILLNESS PREVENTION - EQUITABLE CARE</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>CENTER FOR COMMUNITY HEALTH (CCH) CCH IS A COLLABORATIVE WITH HEALTH PLANS, HOSPITALS AND LOCAL PUBLIC HEALTH AGENCIES IN THE SEVEN-COUNTY METRO AREA IN MINNESOTA CCH WAS FORMED FOR TWO PURPOSES 1) TO ALIGN THE PROCESSES OF THE COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA) THAT ARE REQUIRED OF LOCAL PUBLIC HEALTH AGENCIES AND HOSPITALS, AND 2) TO COLLECTIVELY ACT TO IMPACT A SHARED PUBLIC HEALTH PRIORITY CCH HAS TWO WORK GROUPS TO ACCOMPLISH THOSE OBJECTIVES THE COLLECTIVE ACTION WORKGROUP WAS TASKED WITH DEVELOPING AND IMPLEMENTING A CTIVITIES THAT ADDRESS A SHARED PUBLIC HEALTH PRIORITY AREA BASED ON CHNAS THE COLLECTIVE ACTION WORKGROUP MEETS ONCE EACH MONTH AT THE MINNESOTA COUNCIL OF HEALTH PLANS ITS MEMBERS INCLUDE REPRESENTATIVES FROM THE HOSPITALS, HEALTH PLAN, AND PUBLIC HEALTH SECTORS THE ASSESSMENT ALIGNMENT WORKGROUP WAS TASKED WITH ASSESSING AND DEVELOPING A FRAMEWORK WITH COMMON LANGUAGE AND PROCESSES TO GUIDE MEMBERS IN CONDUCTING FUTURE COMMUNITY HEALTH NEEDS ASSESSMENTS AND ALLOWS FOR AGGREGATE ANALYSIS OF COMMUNITY HEALTH NEEDS ACROSS THE TWIN CITIES SEVEN-COUNTY METRO AREA ADDITIONALLY, THE GROUP WILL DETERMINE MORE EFFECTIVE USE OF DATA BY IDENTIFYING OPPORTUNITIES FOR COLLABORATIVE DATA COLLECTION AND ANALYSIS AND ELIMINATING BARRIERS TO DATA SHARING AMONG MEMBERS ITS MEMBERS INCLUDE REPRESENTATIVES FROM THE HOSPITALS, HEALTH PLAN, AND PUBLIC HEALTH SECTORS ORGANIZATION AWARDS AND ACHIEVEMENTS IN 2016, HEALTHPARTNERS RECEIVED A NUMBER OF AWARDS THAT RECOGNIZE OUR COMMITMENT TO PROVIDING HIGH-QUALITY CARE, COVERAGE AND SERVICE FOR OUR MEMBERS AND PATIENTS THE RANGE OF AWARDS IS ASTOUNDING, FROM THOSE THAT RECOGNIZE TOP-NOTCH CUSTOMER SERVICE TO THOSE THAT HONOR INNOVATION, HEALTH OUTCOMES AND PATIENT SAFETY WE RECEIVED MORE THAN 50 AWARDS AND RECOGNITION FROM THIRD-PARTY ORGANIZATIONS IN 2016 THROUGH SUCH RECOGNITION, WE KNOW THAT WE ARE LEADING THE WAY AND MAKING PROGRESS TOWARD OUR MISSION - TO IMPROVE HEALTH AND WELL-BEING IN PARTNERSHIP WITH OUR MEMBERS, PATIENTS AND COMMUNITY SEVERAL AWARDS AND HONORS FROM THE LAST YEAR ARE OUTLINED BELOW THE MINNESOTA BUSINESS ETHICS AWARD, WHICH IS GIVEN TO ORGANIZATIONS THAT EXEMPLIFY HIGH ETHICAL STANDARDS IN BUSINESS BEING NAMED THE TOP-RATED PRIVATE HEALTH PLAN IN MINNESOTA BY THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE FOR THE 12TH YEAR IN A ROW! HAVING OUR REGIONS HOSPITAL "STREET TO TREAT" STROKE PROGRAM NAMED "INNOVATION OF THE YEAR IN PATIENT CARE" BY THE MINNESOTA HOSPITAL ASSOCIATION RECEIVING MORE THAN A DOZEN PRACTICE GREENHEALTH "ENVIRONMENTAL EXCELLENCE" AWARDS FOR HEALTHPARTNERS, HUDSON HOSPITAL AND WESTFIELDS HOSPITAL, WHICH RECOGNIZE OUR SUSTAINABILITY EFFORTS OTHER AWARDS INCLUDE J D POWER AND ASSOCIATES TOP HEALTH PLAN IN MINNESOTA AND WISCONSIN REGION MINNEAPOLIS ST PAUL BUSINESS JOURNAL EUREKA! INNOVATION AWARD (MAKE IT OK) HUMAN RIGHTS CAMPAIGN 2016 LGBT HEALTHCARE EQUALITY LEADER (METHODIST, REGIONS AND LAKEVIEW HOSPITALS) FORBES AMERICA'S BEST EMP</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	LOYER (PARK NICOLLET HEALTH SERVICES) MINNEAPOLIS ST PAUL BUSINESS JOURNAL 40 UNDER 40 (DR DREW ZINKEL) HEALTH DATA MANAGEMENT MOST POWERFUL WOMEN IN HEALTHCARE IT (MARY BRAINERD) CITY OF ST PAUL SUSTAINABLE ST PAUL AWARDS (REGIONS HOSPITAL) MINNESOTA SAFETY COUNCIL GOVERNOR'S WORKPLACE SAFETY AWARD (PARK NICOLLET) MPLS ST PAUL MAGAZINE TOP DOCTORS MINNE SOTA MONTHLY BEST DOCTORS HOSPITAL AND HEALTH NETWORK MAGAZINE'S MOST WIRED (HEALTHPARTNER S) MODERN HEALTHCARE 100 MOST INFLUENTIAL PEOPLE IN HEALTHCARE (MARY BRAINERD) MINNESOTA P HYSICIAN TOP 100 LEADERS IN HEALTH CARE (MARY BRAINERD, DR BRIAN RANK, DR STEVE CONNELLY , MEGAN REMARK) MINNESOTA BUSINESS MAGAZINE LEADERS IN HEALTH CARE AWARDS (DR DREW ZINKEL) CENTERS FOR MEDICARE AND MEDICAID SERVICES CMS 5 STAR RATING (MEDICARE PLANS) ASSOCIATIO N OF COMMUNITY CANCER CENTERS INNOVATOR AWARD (FRAUENSHUH CANCER CENTER) BECKER'S HOSPITAL REVIEW 130 WOMEN HOSPITAL AND HEALTH SYSTEM LEADERS TO KNOW (MARY BRAINERD)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	HPI MEMBERS ARE EACH CONTRACT HOLDER OF HPI OR ITS RELATED ORGANIZATIONS EACH MEMBER HAS ONE VOTE BYLAWS, SECTION 1 1

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS OF HPI ELECT CERTAIN MEMBERS AS "MEMBER-ELECTED DIRECTORS" OF THE HPI BOARD OF DIRECTORS OVER 75% OF MEMBER BOARD OF DIRECTORS ARE MEMBER-ELECTED DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	HPI'S 990 RETURN HAS A COMPREHENSIVE REVIEW PROCESS THAT IS FOLLOWED BEFORE IT IS PRESENTED TO THE GOVERNING BODY OF HPI. THE REVIEW PROCESS INCLUDES A LAYERED REVIEW BY THE INTERNAL TAX DEPARTMENT OF GHI, THE MANAGEMENT TEAM, THE LEGAL DEPARTMENT AND HPI'S OUTSIDE INDEPENDENT ACCOUNTANTS. EACH ONE OF THOSE AREAS HAS AN OPPORTUNITY TO REVIEW, ASK QUESTIONS AND MAKE COMMENTS BACK TO THE TAX DEPARTMENT OF GHI BEFORE THE FORM 990 IS PRESENTED TO THE GOVERNING BODY OF HPI. HPI MAKES AVAILABLE, TO THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF DIRECTORS AND TO THE FULL BOARD OF DIRECTORS, A COPY OF THE 990 FOR REVIEW AND COMMENT PRIOR TO THE FILING OF THE 990 RETURN. THIS COPY IS PROVIDED IN THE HEALTHPARTNERS BOARD EFFECT PORTAL FOR ALL BOARD MEMBERS TO REVIEW PRIOR TO THE FILING OF THE 990, AND IS AN AGENDA ITEM AT A COMMITTEE MEETING. THIS PROCESS IS NOTED AND DOCUMENTED IN THE WRITTEN COMMITTEE MINUTES OF THE MEETING. THESE MINUTES ARE PRESENTED TO THE FULL BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	HPI'S BOARD MONITORS POTENTIAL CONFLICTS OF INTEREST ON THE PART OF BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES PURSUANT TO IT'S CONFLICT OF INTEREST POLICY UNDER THE POLICY, ALL BOARD MEMBERS AND OFFICERS ANNUALLY ARE PROVIDED WITH A COPY OF THE POLICY AND REQUIRED TO COMPLETE A QUESTIONNAIRE IDENTIFYING ANY POTENTIAL CONFLICTS OF INTEREST THE GENERAL COUNSEL REVIEWS THE COMPLETED QUESTIONNAIRES AND PROVIDES A REPORT TO THE GOVERNANCE COMMITTEE OF THE BOARD THE REPORT IDENTIFIES ANY SIGNIFICANT POTENTIAL CONFLICTS DISCLOSED IN THE COMPLETED QUESTIONNAIRES A WRITTEN REPORT IS PROVIDED TO THE CHAIR AND CHIEF EXECUTIVE OFFICER (CEO) BOARD AGENDAS AND EXECUTIVE DECISIONS ARE MONITORED IN RELATION TO THIS POLICY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>HPI HAS NO EMPLOYEES ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE PAID BY GROUP HEALTH PLAN, INC ("GHI") GHI HAS AN ANNUAL PROCESS TO REVIEW THE MARKET COMPARABILITY OF THE TOTAL COMPENSATION OF ITS CEO AND ITS OTHER OFFICERS EVERY THREE YEARS, UNDER THE DIRECTION OF THE BOARD OF DIRECTORS' COMPENSATION AND LEADERSHIP DEVELOPMENT COMMITTEE (COMPENSATION COMMITTEE), A TOTAL COMPENSATION MARKET REVIEW IS COMPLETED BY AN EXTERNAL COMPENSATION CONSULTANT THE REVIEW INCLUDES ALL COMPONENTS OF COMPENSATION, BASE SALARY, ANNUAL INCENTIVES, BENEFITS AND PERQUISITES THE MARKET SURVEY RESULTS ARE PRESENTED TO, REVIEWED BY AND APPROVED BY THE INDEPENDENT COMPENSATION COMMITTEE BASED ON THIS MARKET DATA, THE COMPENSATION COMMITTEE DETERMINES MINIMUM AND MAXIMUM TOTAL COMPENSATION RANGES FOR EACH OFFICER IN INTERIM YEARS, GHI'S HUMAN RESOURCES STAFF, UNDER THE DIRECTION OF THE COMPENSATION COMMITTEE, UPDATES CHANGES IN THE SALARY STRUCTURE BASED ON THE SAME INDEPENDENT STUDIES PERFORMED BY THE COMPENSATION CONSULTANT FOR THE COMPENSATION COMMITTEE FOR THE CHIEF EXECUTIVE OFFICER AND CERTAIN OTHER POSITIONS FULL INDEPENDENT REVIEWS ARE PERFORMED TO SET SALARY RANGES BASED ON THE COMPETITIVE MARKET DATA SPECIFIC TO THOSE POSITIONS THE COMPENSATION COMMITTEE REVIEWS AND APPROVES EACH YEAR'S COMPENSATION RESULTS IN ALL CASES, COMMITTEE MEMBERS COMPLETE AN ANNUAL CONFLICT OF INTEREST SURVEY TO ASSURE THE COMPENSATION COMMITTEE MEMBERS' INDEPENDENCE AND THIS IS UPDATED AT ANY MEETING AT WHICH DECISIONS ARE BEING MADE STAFF (OTHER THAN THE SECRETARY TO THE BOARD) IS NOT IN THE ROOM DURING DELIBERATIONS OR VOTE INCLUDING EXECUTIVE SESSIONS, AND CONTEMPORANEOUS MINUTES ARE KEPT THE BOARD OF DIRECTORS HAS DELEGATED TO THE EXECUTIVE COMMITTEE THE ACCOUNTABILITY TO CONDUCT AN ANNUAL PERFORMANCE EVALUATION AND TO DETERMINE THE COMPENSATION OF THE CEO BASED ON THE PERFORMANCE REVIEW AND THE MARKET COMPARABILITY DATA, APPROVED BY THE COMPENSATION COMMITTEE THE BOARD HAS DELEGATED TO THE CEO (WITH AUTHORITY TO FURTHER DELEGATE) THE ACCOUNTABILITY TO CONDUCT ANNUAL PERFORMANCE REVIEWS AND DETERMINE THE COMPENSATION OF ALL OTHER OFFICERS WITHIN THE COMPENSATION RANGES DETERMINED BY THE COMPENSATION COMMITTEE ANY EXCEPTIONS TO COMPENSATION IN EXCESS OF THE APPROVED RANGES ARE APPROVED BY THE COMPENSATION COMMITTEE TOTAL COMPENSATION IS APPROPRIATELY DOCUMENTED ON THE FORM 990 AND W2 STATEMENTS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	HPI'S FINANCIAL STATEMENTS AND 990 RETURNS ARE MADE AVAILABLE TO ANY PERSON WHO REQUESTS THE INFORMATION FROM HPI HPI'S ARTICLES OF INCORPORATION ARE AVAILABLE TO ANY PERSON WHO REQUESTS THE INFORMATION THROUGH THE MINNESOTA SECRETARY OF STATE'S OFFICE HPI'S CONFLICT OF INTEREST POLICY CAN BE VIEWED THROUGH THE HEALTHPARTNERS COM WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECT A, COL B, AVERAGE HOURS - RELATED ORGANIZATION	ALL OFFICERS OF HPI ARE EMPLOYED AND COMPENSATED BY GHI AND PNHS REPORTED AVERAGE HOURS WORKED ARE BASED ON TOTAL COMPENSATION FOR ALL RELATED ORGANIZATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EQUITY TRANSFER TO AFFILIATED ORGANIZATIONS -8,722,517 EARNINGS IN AFFILIATED ORGANIZATION -1,294,458

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
HEALTHPARTNERS INC

Employer identification number

41-1693838

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HEALTHPARTNERS EAST SIDE HOLDING LLC 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309 20-1282428	REAL ESTATE HOLDING COMPANY	DE			N/A
(2) HEALTHPARTNERS PROPERTY DEVELOPMENT COMPANY LLC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 45-5122853	PROPERTY DEVELOPMENT	MN			N/A

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	N/A	C				Yes	
(2) HEALTHPARTNERS ASSOCIATES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 52-2365151	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(3) HEALTHPARTNERS SERVICES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683568	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(4) HEALTHPARTNERS INSURANCE COMPANY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683523	MEDICAL AND DENTAL INSURANCE	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(5) DENTAL SPECIALTIES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 45-1297583	PROFESSIONAL DENTAL SERVICES	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(6) HEALTHPARTNERS CENTRAL MINNESOTA CLINICS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1236798	MEDICAL CLINIC STAFFING	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(7) PARK NICOLLET ENTERPRISES 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1656735	REAL ESTATE FOR RELATED ORGANIZATIONS	MN	PARK NICOLLET HEALTH SERVICES	C					No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n Yes	
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference**Explanation**

Additional Data

Software ID:
Software Version:
EIN: 41-1693838
Name: HEALTHPARTNERS INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1793333	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(3) TYPE I	N/A	Yes	
(1) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0797853	STAFF MODEL HEALTH MAINTENANCE ORGANIZATION	MN	501(C)(3)	170(B)(1) (A)(III)	N/A	Yes	
(2) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1670163	HEALTHCARE EDUCATION & RESEARCH	MN	501(C)(3)	509(A)(3) TYPE I	N/A	Yes	
(3) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-2011453	POST HOSPITALIZATION PATIENT CARE	MN	501(C)(3)	170(B)(1) (A)(III)	HPI - RAMSEY	Yes	
(4) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0956618	HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(III)	HPI - RAMSEY	Yes	
(5) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1888902	PROVIDE SUPPORT TO HOSPITAL AND TO IMPROVE COMMUNITY HEALTH	MN	501(C)(3)	170(B)(1) (A)(VI)	HPI - RAMSEY	Yes	
(6) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1891928	HEALTHCARE STAFFING	MN	501(C)(3)	509(A)(3) TYPE II	N/A	Yes	
(7) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 20-2287016	CORPORATE PLANNING AND OVERSIGHT	WI	501(C)(3)	509(A)(3) TYPE I	HPI - RAMSEY	Yes	
(8) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 27-0684883	SPECIALTY PATIENT CARE	MN	501(C)(3)	509(A)(3) TYPE II	GROUP HEALTH PLAN INC	Yes	
(9) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0804125	HOSPITAL	WI	501(C)(3)	170(B)(1) (A)(III)	RH-WISCONSIN	Yes	
(10) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1279567	PROVIDE SUPPORT TO HOSPITAL AND TO IMPROVE COMMUNITY HEALTH	WI	501(C)(3)	170(B)(1) (A)(VI)	HUDSON HOSPITAL INC	Yes	
(11) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1386635	PROVIDE HOSPITAL PROGRAM FINANCIAL SUPPORT	MN	501(C)(3)	509(A)(3) TYPE II	STILLWATER HEALTH SYSTEM	Yes	
(12) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0811697	HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(III)	STILLWATER HEALTH SYSTEM	Yes	
(13) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 83-0379473	PHYSICIANS GROUP	MN	501(C)(3)	509(A)(3) TYPE I	STILLWATER HEALTH SYSTEM	Yes	
(14) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 30-0221189	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(3) TYPE II	HPI - RAMSEY	Yes	
(15) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0808442	HOSPITAL	WI	501(C)(3)	170(B)(1) (A)(III)	RH-WISCONSIN	Yes	
(16) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1770913	PROVIDE HOSPITAL PROGRAM FINANCIAL SUPPORT	WI	501(C)(3)	509(A)(3) TYPE I	WESTFIELDS HOSPITAL INC	Yes	
(17) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1503090	IN-HOME PATIENT CARE	MN	501(C)(3)	509(A)(2)	HPI - RAMSEY	Yes	
(18) 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 36-3465840	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(2)	N/A	Yes	
(19) 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 23-7346465	GRANTS TO SERVE THE COMMUNITY	MN	501(C)(3)	170(B)(1) (A)(VI)	PARK NICOLLET HEALTH SERVICES	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-0132080	HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(III)	PARK NICOLLET HEALTH SERVICES	Yes	
(1) 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 01-0638901	HEALTHCARE PRODUCTS	MN	501(C)(3)	509(A)(3) TYPE I	PARK NICOLLET HEALTH SERVICES	Yes	
(2) 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-0834920	HEALTHCARE	MN	501(C)(3)	170(B)(1) (A)(III)	PARK NICOLLET HEALTH SERVICES	Yes	
(3) 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1741792	HEALTHCARE REAL ESTATE	MN	501(C)(3)	509(A)(3) TYPE I	PARK NICOLLET CLINIC	Yes	
(4) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0908320	HOSPITAL	WI	501(C)(3)	170(B)(1) (A)(III)	RH-WISCONSIN	Yes	
(5) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1726539	PROVIDE SUPPORT TO HOSPITAL AND TO IMPROVE COMMUNITY HEALTH	WI	501(C)(3)	170(B)(1) (A)(VI)	AMERY REGIONAL MEDICAL CENTER INC	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	N/A	C				Yes	
(1) HEALTHPARTNERS ASSOCIATES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 52-2365151	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(2) HEALTHPARTNERS SERVICES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683568	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(3) HEALTHPARTNERS INSURANCE COMPANY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683523	MEDICAL AND DENTAL INSURANCE	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(4) DENTAL SPECIALTIES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 45-1297583	PROFESSIONAL DENTAL SERVICES	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(5) HEALTHPARTNERS CENTRAL MINNESOTA CLINICS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1236798	MEDICAL CLINIC STAFFING	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(6) PARK NICOLLET ENTERPRISES 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1656735	REAL ESTATE FOR RELATED ORGANIZATIONS	MN	PARK NICOLLET HEALTH SERVICES	C					No

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	GROUP HEALTH PLAN INC - CLAIMSHEALTHCARE SERVICES	P	61,344,458	
(1)	HUDSON HOSPITAL INC - CLAIMSHEALTHCARE SERVICES	P	100,147	
(2)	PHYSICIANS NECK AND BACK CLINICS - CLAIMSHEALTHCARE SERVICES	P	573,690	
(3)	RAMSEY INTEGRATED HEALTH SERVICES - CLAIMSHEALTHCARE SERVICES	P	1,350,447	
(4)	LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION INC - CLAIMSHEALTHCARE SERVICES	P	4,295,561	
(5)	STILLWATER MEDICAL GROUP - CLAIMSHEALTHCARE SERVICES	P	87,918	
(6)	REGIONS HOSPITAL - CLAIMSHEALTHCARE SERVICES	P	62,374,490	
(7)	WESTFIELDS HOSPITAL INC - CLAIMSHEALTHCARE SERVICES	P	371,543	
(8)	CAPITOL VIEW TRANSITIONAL CARE CENTER - CLAIMSHEALTHCARE SERVICES	P	299,764	
(9)	REGIONS HOSPITAL - RENT	Q	717,000	
(10)	GROUP HEALTH PLAN INC - MANAGEMENT & HEALTHCARE SUPPORT SERVICES	M	116,704,000	
(11)	AMERY REGIONAL MEDICAL CENTER INC - CLAIMSHEALTHCARE SERVICES	P	225,221	
(12)	PARK NICOLLET METHODIST HOSPITAL - CLAIMSHEALTHCARE SERVICES	P	19,376,161	
(13)	PARK NICOLLET CLINIC - CLAIMSHEALTHCARE SERVICES	P	24,890,762	
(14)	HPI-RAMSEY - NET ASSET TRANSFER	B	7,897,517	