

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
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- 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

D Employer identification number
41-1693838

E Telephone number
(952) 883-6584

G Gross receipts \$ 1,962,464,747

F Name and address of principal officer
DAVE A DZIUK
8170 33RD AVENUE SOUTH PO BOX 1309
MINNEAPOLIS, MN 554401309

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 ▶

I Tax-exempt status 501(c)(3) 501(c) (4) ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW HEALTHPARTNERS COM

K Form of organization Corporation Trust Association Other ▶

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O - EXEMPT PURPOSE AND ACHIEVEMENTS

2 Check this box 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)	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	12
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	0
6 Total number of volunteers (estimate if necessary)	133
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	1,368,646,219	1,694,602,532
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,555,899	12,655,846
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,430,742	5,142,369
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,385,632,860	1,712,400,747
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)	93,572,789	101,721,026
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)	1,266,694,124	1,642,341,393
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,360,266,913	1,744,062,419
19 Revenue less expenses Subtract line 18 from line 12	25,365,947	-31,661,672

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	859,228,924	928,589,916
21 Total liabilities (Part X, line 26)	276,234,361	366,378,102
22 Net assets or fund balances Subtract line 21 from line 20	582,994,563	562,211,814

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 2018-11-13
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 ▶ 13-5565207
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 \$ 1,652,485,418 including grants of \$) (Revenue \$ 1,694,602,532)
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 ▶ 1,652,485,418

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>	Yes	
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, charitable 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 (States), 18 (Public inspection), 19 (Documents), 20 (Person with books and records).

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 MEDICARE & MEDICAID PA	524114	880,230,913	880,230,913		
	b EARNED MEDICAL PREMIUM	524114	749,693,114	749,693,114		
	c EARNED DENTAL PREMIUMS	524114	57,827,244	57,827,244		
	d OTHER REVENUE	524114	6,851,261	6,851,261		
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f ▶		1,694,602,532				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		8,013,318		8,013,318	
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real				
		6,689,723				
		b Less rental expenses	1,547,354			
		c Rental income or (loss)	5,142,369			
	d Net rental income or (loss) ▶		5,142,369		5,142,369	
	7a Gross amount from sales of assets other than inventory	(i) Securities	244,814,174	8,345,000		
		b Less cost or other basis and sales expenses	241,806,027	6,710,619		
		c Gain or (loss)	3,008,147	1,634,381		
		d Net gain or (loss) ▶		4,642,528		4,642,528
	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 ▶		1,712,400,747	1,694,602,532	0	17,798,215	

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	78,510,866	34,782,746	43,728,120	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,802,540	2,350,320	3,452,220	
9 Other employee benefits	13,539,260	5,484,080	8,055,180	
10 Payroll taxes	3,868,360	1,566,880	2,301,480	
11 Fees for services (non-employees)				
a Management				
b Legal	5,733		5,733	
c Accounting	19,200		19,200	
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)	553,879	5,188	548,691	
12 Advertising and promotion	2,679,839	893,807	1,786,032	
13 Office expenses	1,459,742	486,868	972,874	
14 Information technology	243,936	81,360	162,576	
15 Royalties				
16 Occupancy	8,510,157	680,694	7,829,463	
17 Travel	54,232	18,088	36,144	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,083	5,364	10,719	
20 Interest	5,487,941	4,083,236	1,404,705	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,827,853	2,511,853	9,316,000	
23 Insurance	605,702	202,020	403,682	
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	1,566,292,018	1,566,292,018	0	
b TAXES AND SURCHARGES	25,397,620	25,395,730	1,890	
c DUES & FEES	18,807,355	7,333,323	11,474,032	
d MEDICAL/PHARMACY SUPPLI	277,773	277,773		
e All other expenses	102,330	34,070	68,260	
25 Total functional expenses. Add lines 1 through 24e	1,744,062,419	1,652,485,418	91,577,001	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	2,694,554	1	3,716,857
	2 Savings and temporary cash investments	154,539,707	2	253,994,197
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	220,465,253	4	194,430,429
	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	45,875,250
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,721,695	9	6,405,316
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	28,577,105		
	b Less accumulated depreciation	13,378,003		
	11 Investments—publicly traded securities	346,264,000	11	346,264,000
	12 Investments—other securities See Part IV, line 11	62,905,542	12	61,194,407
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	1,513,090	15	1,510,358
16 Total assets. Add lines 1 through 15 (must equal line 34)	859,228,924	16	928,589,916	
Liabilities	17 Accounts payable and accrued expenses	31,326,094	17	48,634,224
	18 Grants payable		18	
	19 Deferred revenue	69,939,092	19	105,420,515
	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	89,725,334	23	84,148,977
	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	85,243,841	25	128,174,386
	26 Total liabilities. Add lines 17 through 25	276,234,361	26	366,378,102
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	582,994,563	27	562,211,814
	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	582,994,563	33	562,211,814
	34 Total liabilities and net assets/fund balances	859,228,924	34	928,589,916

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	1,712,400,747
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,744,062,419
3	Revenue less expenses Subtract line 2 from line 1	3	-31,661,672
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	582,994,563
5	Net unrealized gains (losses) on investments	5	15,618,176
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	-4,739,253
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	562,211,814

Part XII Financial Statements and Reporting

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

		Yes	No
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		
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		No
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	Yes	
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	Yes	
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?		No
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		

Additional Data

Software ID:

Software Version:

EIN: 41-1693838

Name: HEALTHPARTNERS INC

Form 990 (2017)

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

(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			
JEFF MENDELOFF MD DIRECTOR	1 00	X						0	1,053,807	70,095
ERIC SCHNED MD DIRECTOR	2 90	X						0	83,366	17,485
DONALD LEWIS DIRECTOR	20 00	X						0	28,000	0
RUTH MICKELSEN DIRECTOR & CHAIR	5 00	X						0	40,000	0
JAMES MELACHA DIRECTOR & VICE CHAIR	3 10	X						0	28,000	0
THOMAS BRINSKO DIRECTOR & TREASURER	4 70	X						0	30,000	0
LUZ MARIA FRIAS DIRECTOR & SECRETARY	3 70	X						0	28,000	0
SUSAN HOYT DIRECTOR	4 20	X						0	28,000	0
MORRIS GOODWIN DIRECTOR	3 30	X						0	28,000	0
DEBORAH HOPP DIRECTOR	3 30	X						0	26,000	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			
LAURA SCHMALTZ OBERST DIRECTOR	3 00	X						0	28,000	0
AMY LANGER DIRECTOR	3 90	X						0	25,000	0
PHILIP DONALDSON DIRECTOR	3 10	X						0	22,917	0
CHRISTOPHER H TASHJIAN MD FAAFP DIRECTOR	2 80	X						0	25,000	0
KEN THOME DIRECTOR	0 50	X						0	2,333	0
BRIAN H RANK MD DIRECTOR & MEDICAL DIRECTO	3 20 66 80	X		X				0	960,750	111,150
CHARLES J ABRAHAMSON VP-NETWORK MGMT & PROVIDER	9 80 30 20			X				0	323,928	50,751
ALAN V ABRAMSON SRVP & CIO	7 90 39 10			X				0	618,526	131,640
SCOTT A AEBISCHER SR VP CUSTOMER SERV/PROD	12 40 37 60			X				0	742,896	160,633
CALVIN U ALLEN SR VP STRAT PLANNING/HR	4 90 45 10			X				0	683,082	192,419

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			
FELIX ANKEL MD EXEC DIR - HEALTH PROFESSI	0 50 49 50			X				0	500,853	92,679
BABETTE A APLAND SR VP, MELROSE INSTITUTE	0 50 49 50			X				0	397,668	87,061
SHANNON B BEAUDIN-KLEIN VP MARKETING & COMMUNICATI	14 90 45 10			X				0	112,386	13,415
COURTNEY BIBEE VP CARE GROUP COMPLIANCE O	0 50 39 50			X				0	248,405	49,069
MARY K BRAINERD PRESIDENT & CEO	12 80 37 20			X				0	1,625,970	83,812
RICK J BRUZEK VP PHARMACY SERVICES	7 80 37 20			X				0	227,779	41,578
STEVEN D BUNDE VP INTERNAL AUDIT, INTEGRI	9 10 40 90			X				0	261,841	88,561
DAVID BUSCH VP PHARMACY SERVICES	17 80 42 20			X				0	286,043	77,510
KATHLEEN M COONEY EXECUTIVE VP & CAO	12 70 42 80			X				0	991,272	229,887
ROBERT B CUMMING SR VP ACTUARIAL/UNDERWRITI	8 90 25 10			X				0	557,406	144,904

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			
TRICIA L DEGE VP FINANCE & PLANNING	0 50 39 50			X				0	356,403	74,800
PATRICIA S DENNIS SR VP HEALTH & CARE ENGAGE	0 50 54 50			X				0	328,165	23,380
AMY L DEWANE VP - CARE SYSTEMS GROWTH	0 50 49 50			X				0	352,955	51,172
LESLIE DOCKAN VP, PRIMARY CARE & CLINIC	0 50 49 50			X				0	347,771	51,096
DAVID A DZIUK SR VP & CHIEF FINANCIAL OF	12 90 42 10			X				0	654,806	223,250
JAMES EPEL EXECUTIVE VP & CAO	0 50 54 50			X				0	443,129	89,467
CHARLES J FAZIO MD HEALTH PLAN MEDICAL DIRECT	12 20 41 80			X				0	545,389	105,486
JASON GALLAGHER VP, HEALTH INFORMATICS	12 20 37 80			X				0	308,296	72,529
YOUNG FRIED VP PHARMACY SERVICES	39 50 0 50			X				0	224,076	40,599
DAVID S GESKO SR VP - DENTAL DIRECTOR	0 50 59 50			X				0	629,698	103,363

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			
TIM M HALEY VP BROKER SALES	8 80 36 20			X				0	352,797	91,842
MARK HANSBERRY VP, BUSINESS DEVELOPMENT I	0 50 49 50			X				0	422,303	73,131
SUSAN M KNUDSON VP HEALTH INFORMATICS	12 20 37 80			X				0	458,397	130,147
CHAD HEIM VP - HEALTH INFORMATICS	49 50 0 50			X				0	304,566	80,127
STEVEN C HOUSH VP ORTHOPEDIC SERVICES	0 50 59 50			X				0	395,015	51,781
CARA HULL CHIEF QUALTY OFFICER	39 50 0 50			X				0	352,362	88,328
GEORGE J ISHAM MD MS SENIOR ADVISOR	2 40 37 60			X				0	214,355	18,901
KIM R LAREAU VP IS&T CARE DELIVERY	8 60 41 40			X				0	386,862	88,159
VINI T MANCHANDA VP - SUPPLY CHAIN SERVICES	1 70 48 30			X				0	275,708	69,649
NANCY A MCCLURE CHIEF OPERATING OFFICER	0 50 49 50			X				0	1,988,548	127,082

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			
FRANK P MCQUILLAN VP - TREASURY & REAL ESTAT	7 60 42 40			X				0	318,499	107,489
FRANK MULLER VP - TECHNOLOGY & INFRASTR	8 30 38 70			X				0	260,751	79,975
PEGGY S NEALE VP - NATIONAL ACCOUNT HEAL	0 30 44 70			X				0	281,359	77,787
ANDREW F NELSON VP - INST EXECUTIVE DIREC	0 50 53 50			X				0	280,104	106,887
JEFFREY OGDEN VP - HP DENTAL PLAN	0 50 39 50			X				0	229,340	47,035
KEVIN J PALATTAO VP CLINIC PATIENT CARE SYS	0 50 54 50			X				0	361,797	92,813
NICO PRONK PHD VP & HEALTH SCIENCE OFFICE	12 20 44 80			X				0	398,375	96,698
KEVIN R RONNEBERG VP - ASSOCIATE MEDICAL DIR	39 50 0 50			X				0	373,077	50,521
KATIE B SAYRE SR VP HLTH PLAN OPS & GOV	13 30 36 70			X				0	535,083	175,306
SCOTT A SCHNUCKLE SR VP PHARMACY & BUSINESS	8 10 41 90			X				0	459,235	121,497

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			
DOUG N SMITH SR VP SALES	9 80 50 20			X				0	490,746	150,245
ELIZABETH L SWANSON VP HUMAN RESOURCES	3 90 36 10			X				0	298,330	91,135
TOBI TANZER VP CORPORATE INTEGRITY	10 70 39 30			X				0	351,677	87,878
BARBARA E TRETHERWAY SR VP GENERAL COUNSEL	13 10 41 90			X				0	720,111	189,660
ANDREA M WALSH EXEC VP & CHIEF MARKETING	14 70 40 30			X				0	1,085,956	312,168
BETH A WATERMAN CHIEF IMPROVEMENT OFFICER	12 20 37 80			X				0	313,475	42,546
DONNA J ZIMMERMAN SR VP GOVT & COMMUNITY REL	15 40 39 60			X				0	392,093	120,057
PAMELA S ZOELLER VP - SPECIALTY CARE & CLIN	0 50 54 50			X				0	328,601	51,592
DENNIS M ZUZEK VP - HEALTH PLAN & ENTERPR	7 80 37 20			X				0	315,796	50,633

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2017

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection

▶ **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.**

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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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? Yes No
- 4a Was a correction made? Yes 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? Yes 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-
1				
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) 2014	(b) 2015	(c) 2016	(d) 2017	(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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
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).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
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?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ 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.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
HEALTHPARTNERS INC

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for 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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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		26,011,341	10,812,239	15,199,102
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)) . . . ▶				15,199,102

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	7,494,407	C
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	61,194,407	

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
CLAIMS PAYABLE	128,174,386
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	128,174,386

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	

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, 2017 OR 2016 FOR UNRECOGNIZED TAX BENEFITS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047
2017
Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
HEALTHPARTNERS INC

Employer identification number
41-1693838

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)									
<p>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</p>	1b									
<p>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?</p>	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 checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a	Yes								
	4b	Yes								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No								
	5b	No								
<p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	No								
	6b	Yes								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p>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</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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	TOTAL COMPENSATION IN COLUMN E OF SCHEDULE J, PART II INCLUDES AMOUNTS FROM SEVERANCE FOR THE FOLLOWING DIRECTORS AND OFFICERS PATRICIA DENNIS \$ 161,124 DEFERRED COMPENSATION IN COLUMN C OF SCHEDULE J, PART II INCLUDES AMOUNTS FROM A NONQUALIFIED 457(F) PLAN FOR THE FOLLOWING DIRECTORS AND OFFICERS SCOTT A AEBISCHER \$ 15,340 CALVIN U ALLEN \$ 58,382 KATHLEEN M COONEY \$ 59,031 ROBERT B CUMMING \$ 18,641 DAVID A DZIUK \$ 42,301 JAMES EPEL \$ 39,704 CHARLES J FAZIO \$ 35,583 DAVID S GESKO \$ 23,695 MARK HANSBERRY \$ 9,304 SUSAN M KNUDSON \$ 12,390 KATHERINE B SAYRE \$ 33,647 SCOTT A SCHNUCKLE \$ 12,396 DOUGLAS N SMITH \$ 14,631 BARBARA E TRETHEWAY \$ 29,051 ANDREA M WALSH \$ 91,631 DONNA J ZIMMERMAN \$ 25,370
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 \$ 63,610 SCOTT AEBISCHER \$ 243,159 CALVIN U ALLEN \$ 45,414 BABETTE A APLAND \$ 12,032 MARY K BRAINERD \$ 578,092 KATHLEEN M COONEY \$ 129,768 ROBERT B CUMMING \$ 21,035 DAVID A DZIUK \$ 55,672 CHARLES FAZIO \$ 35,233 DAVID GESKO, DDS \$ 18,187 GEORGE ISHAM \$ 88,671 SUSAN KNUDSON \$ 12,762 NANCY A MCCLURE \$ 1,199,775 BRIAN H RANK, MD \$ 131,318 KATIE B SAYRE \$ 58,620 SCOTT A SCHNUCKLE \$ 12,433 DOUG A SMITH \$ 16,274 BARBARA E TRETHEWAY \$ 27,628 ANDREA M WALSH \$ 68,020 DONNA J ZIMMERMAN \$ 27,391 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				
1JEFF MENDELOFF MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	872,372	29,392	152,043	24,976	45,119	1,123,902	0
1BRIAN H RANK MD DIRECTOR & MEDICAL DIRECTO	(i)	0	0	0	0	0	0	0
	(ii)	613,703	179,316	167,731	71,415	39,735	1,071,900	131,318
2CHARLES J ABRAHAMSON VP-NETWORK MGMT & PROVIDER	(i)	0	0	0	0	0	0	0
	(ii)	264,150	58,681	1,097	20,250	30,501	374,679	0
3ALAN V ABRAMSON SRVP & CIO	(i)	0	0	0	0	0	0	0
	(ii)	393,345	117,379	107,802	96,868	34,772	750,166	63,610
4SCOTT A AEBISCHER SR VP CUSTOMER SERV/PROD	(i)	0	0	0	0	0	0	0
	(ii)	365,607	103,924	273,365	124,486	36,147	903,529	243,159
5CALVIN U ALLEN SR VP STRAT PLANNING/HR	(i)	0	0	0	0	0	0	0
	(ii)	484,091	146,977	52,014	156,711	35,708	875,501	45,414
6FELIX ANKEL MD EXEC DIR - HEALTH PROFESSI	(i)	0	0	0	0	0	0	0
	(ii)	398,590	89,128	13,135	59,613	33,066	593,532	0
7BABETTE A APLAND SR VP, MELROSE INSTITUTE	(i)	0	0	0	0	0	0	0
	(ii)	290,328	72,422	34,918	67,008	20,053	484,729	12,032
8COURTNEY BIBEE VP CARE GROUP COMPLIANCE O	(i)	0	0	0	0	0	0	0
	(ii)	194,872	42,735	10,798	19,663	29,406	297,474	0
9MARY K BRAINERD PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	503,641	521,378	600,951	44,080	39,732	1,709,782	578,092
10RICK J BRUZEK VP PHARMACY SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	176,900	23,088	27,791	11,744	29,834	269,357	0
11STEVEN D BUNDE VP INTERNAL AUDIT, INTEGRI	(i)	0	0	0	0	0	0	0
	(ii)	209,357	47,086	5,398	58,900	29,661	350,402	0
12DAVID BUSCH VP PHARMACY SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	226,344	51,060	8,639	47,559	29,951	363,553	0
13KATHLEEN M COONEY EXECUTIVE VP & CAO	(i)	0	0	0	0	0	0	0
	(ii)	597,250	228,611	165,411	189,710	40,177	1,221,159	129,768
14ROBERT B CUMMING SR VP ACTUARIAL/UNDERWRITI	(i)	0	0	0	0	0	0	0
	(ii)	341,896	165,080	50,430	110,957	33,947	702,310	21,035
15TRICIA L DEGE VP FINANCE & PLANNING	(i)	0	0	0	0	0	0	0
	(ii)	289,784	65,401	1,218	43,828	30,972	431,203	0
16PATRICIA S DENNIS SR VP HEALTH & CARE ENGAGE	(i)	0	0	0	0	0	0	0
	(ii)	33,464	95,386	199,315	6,953	16,427	351,545	0
17AMY L DEWANE VP - CARE SYSTEMS GROWTH	(i)	0	0	0	0	0	0	0
	(ii)	288,698	63,403	854	20,250	30,922	404,127	0
18LESLIE DOCKAN VP, PRIMARY CARE & CLINIC	(i)	0	0	0	0	0	0	0
	(ii)	295,322	49,325	3,124	20,250	30,846	398,867	0
19DAVID A DZIUK SR VP & CHIEF FINANCIAL OF	(i)	0	0	0	0	0	0	0
	(ii)	454,588	135,428	64,790	187,952	35,298	878,056	55,672

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				
21JAMES EPEL EXECUTIVE VP & CAO	(i)	0	0	0	0	0	0	0
	(ii)	346,154	95,000	1,975	68,263	21,204	532,596	0
1CHARLES J FAZIO MD HEALTH PLAN MEDICAL DIRECT	(i)	0	0	0	0	0	0	0
	(ii)	376,181	113,598	55,610	82,200	23,286	650,875	35,233
2JASON GALLAGHER VP,HEALTH INFORMATICS	(i)	0	0	0	0	0	0	0
	(ii)	226,895	78,840	2,561	42,194	30,335	380,825	0
3YOUNG FRIED VP PHARMACY SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	198,462	10,000	15,614	14,943	25,656	264,675	0
4DAVID S GESKO SR VP - DENTAL DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	432,750	156,434	40,514	68,368	34,995	733,061	18,187
5TIM M HALEY VP BROKER SALES	(i)	0	0	0	0	0	0	0
	(ii)	245,816	0	106,981	60,862	30,980	444,639	0
6MARK HANSBERRY VP, BUSINESS DEVELOPMENT I	(i)	0	0	0	0	0	0	0
	(ii)	351,231	41,440	29,632	41,143	31,988	495,434	0
7SUSAN M KNUDSON VP HEALTH INFORMATICS	(i)	0	0	0	0	0	0	0
	(ii)	303,415	127,734	27,248	97,696	32,451	588,544	12,762
8CHAD HEIM VP - HEALTH INFORMATICS	(i)	0	0	0	0	0	0	0
	(ii)	219,989	78,840	5,737	50,849	29,278	384,693	0
9STEVEN C HOUSH VP ORTHOPEDIC SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	318,331	70,656	6,028	20,250	31,531	446,796	0
10CARA HULL CHIEF QUALITY OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	292,020	60,270	72	52,876	35,452	440,690	0
11GEORGE J ISHAM MD MS SENIOR ADVISOR	(i)	0	0	0	0	0	0	0
	(ii)	123,561	0	90,794	7,906	10,995	233,256	88,671
12KIM R LAREAU VP IS&T CARE DELIVERY	(i)	0	0	0	0	0	0	0
	(ii)	304,133	68,083	14,646	56,746	31,413	475,021	0
13VINI T MANCHANDA VP - SUPPLY CHAIN SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	219,234	49,284	7,190	39,847	29,802	345,357	0
14NANCY A MCCLURE CHIEF OPERATING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	591,131	170,269	1,227,148	72,444	54,638	2,115,630	1,199,775
15FRANK P MCQUILLAN VP - TREASURY & REAL ESTAT	(i)	0	0	0	0	0	0	0
	(ii)	250,638	56,708	11,153	77,067	30,422	425,988	0
16FRANK MULLER VP - TECHNOLOGY & INFRASTR	(i)	0	0	0	0	0	0	0
	(ii)	208,328	46,428	5,995	51,333	28,642	340,726	0
17PEGGY S NEALE VP - NATIONAL ACCOUNT HEAL	(i)	0	0	0	0	0	0	0
	(ii)	219,666	0	61,693	49,335	28,452	359,146	0
18ANDREW F NELSON VP - INST EXECUTIVE DIREC	(i)	0	0	0	0	0	0	0
	(ii)	216,314	51,787	12,003	77,022	29,865	386,991	0
19JEFFREY OGDEN VP - HP DENTAL PLAN	(i)	0	0	0	0	0	0	0
	(ii)	202,218	15,170	11,952	17,906	29,129	276,375	0

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 KEVIN J PALATTAO VP CLINIC PATIENT CARE SYS	(i)	0	0	0	0	0	0	0
	(ii)	285,782	64,768	11,247	61,763	31,050	454,610	0
1 NICO PRONK PHD VP & HEALTH SCIENCE OFFICE	(i)	0	0	0	0	0	0	0
	(ii)	327,490	62,937	7,948	65,057	31,641	495,073	0
2 KEVIN R RONNEBERG VP - ASSOCIATE MEDICAL DIR	(i)	0	0	0	0	0	0	0
	(ii)	288,464	68,598	16,015	20,250	30,271	423,598	0
3 KATIE B SAYRE SR VP HLTH PLAN OPS & GOV	(i)	0	0	0	0	0	0	0
	(ii)	349,872	104,577	80,634	141,744	33,562	710,389	58,620
4 SCOTT A SCHNUCKLE SR VP PHARMACY & BUSINESS	(i)	0	0	0	0	0	0	0
	(ii)	310,434	97,432	51,369	89,034	32,463	580,732	12,433
5 DOUG N SMITH SR VP SALES	(i)	0	0	0	0	0	0	0
	(ii)	305,868	134,645	50,233	118,268	31,977	640,991	16,274
6 ELIZABETH L SWANSON VP HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	221,442	59,958	16,930	61,005	30,130	389,465	0
7 TOBI TANZER VP CORPORATE INTEGRITY	(i)	0	0	0	0	0	0	0
	(ii)	276,351	63,590	11,736	56,975	30,903	439,555	0
8 BARBARA E TRETHERWAY SR VP GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	514,179	146,179	59,753	164,692	24,968	909,771	27,628
9 ANDREA M WALSH EXEC VP & CHIEF MARKETING	(i)	0	0	0	0	0	0	0
	(ii)	795,442	204,117	86,397	271,560	40,608	1,398,124	68,020
10 BETH A WATERMAN CHIEF IMPROVEMENT OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	211,745	85,599	16,131	13,500	29,046	356,021	0
11 DONNA J ZIMMERMAN SR VP GOVT & COMMUNITY REL	(i)	0	0	0	0	0	0	0
	(ii)	268,608	80,969	42,516	106,461	13,596	512,150	27,391
12 PAMELA S ZOELLER VP - SPECIALTY CARE & CLIN	(i)	0	0	0	0	0	0	0
	(ii)	266,002	55,221	7,378	21,023	30,569	380,193	0
13 DENNIS M ZUZEK VP - HEALTH PLAN & ENTERPR	(i)	0	0	0	0	0	0	0
	(ii)	242,670	57,165	15,961	20,250	30,383	366,429	0

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.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

1	(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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶	\$					

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

(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)	CHRIS TASHJIAN, MD, IS A PHYSICIAN OWNER OF VHFC IS ON THE BOD	1,753,064	VHFC RECEIVED PAYMENTS FOR MEDICAL SERVICES DELIVERED TO HPI HEALTH PLAN MEMBERS		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

2017

Open to Public Inspection

Employer identification number

41-1693838

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	<p>CORPORATE STRUCTURE, PURPOSE, GOVERNANCE HEALTHPARTNERS, INC (HPI) IS A MINNESOTA NON-PRO FIT CORPORATION AND LICENSED HEALTH MAINTENANCE ORGANIZATION (HMO) RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(4) AND IS THE PARENT ENTITY OF THE FAMILY OF HEALTHPARTNERS ORGANIZATIONS REFERRED TO COLLECTIVELY AS "HEALTH PARTNERS" FOUNDED IN 1957, HEALTHPARTNERS IS AN INTEGRATED SYSTEM OF HEALTH CARE DELIVERY AND HEALTH CARE FINANCING ORGANIZATIONS, AND IS ONE OF THE LARGEST CONSUMER-GOVERNED ORGANIZATIONS IN THE COUNTRY HEALTHPARTNERS' MISSION IS TO IMPROVE HEALTH AND WELL-BEING IN PARTNERSHIP WITH OUR MEMBERS, PATIENTS AND COMMUNITY HEALTHPARTNERS SEEKS TO TRANSFORM HEALTH CARE THROUGH A RELENTLESS 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 OPERATING IN MINNESOTA, WESTERN WISCONSIN AND EXPANDING TO SEVERAL OTHER MIDWESTERN STATES 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 18 MILLION MEDICAL AND DENTAL MEMBERS NATIONWIDE HEALTHPARTNERS MEDICAL CARE SYSTEM INCLUDES MORE THAN 1,800 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 25 DENTAL FACILITIES WITH PRACTICES IN MINNESOTA AND WESTERN WISCONSIN HEALTHPARTNERS ALSO CONTRACTS WITH OTHER PRIMARY AND SPECIALTY MEDICAL FACILITIES AND DENTAL FACILITIES, PHYSICIAN GROUPS, HOSPITALS AND RELATED HEALTHCARE PROVIDERS LOCATED PRIMARILY IN MINNESOTA, WESTERN WISCONSIN AND EXPANDING TO OTHER MIDWESTERN STATES HEALTHPARTNERS ALSO PROVIDES MEDICAL EDUCATION AND TRAINING TO MEDICAL PROFESSIONALS AND CONDUCTS RESEARCH AND FUND RAISING ACTIVITIES THAT SUPPORT THE HEALTH CARE DELIVERY SYSTEM A COMPLETE LISTING OF ALL ORGANIZATIONS WITHIN THE HEALTHPARTNERS FAMILY, AND THE RELATIONSHIP BETWEEN THEM, CAN BE FOUND ON SCHEDULE R WITHIN THIS 990 RETURN DETAILED INFORMATION ABOUT THE COMMUNITY BENEFIT ACTIVITIES AND ACCOMPLISHMENTS OF EACH TAX-EXEMPT ORGANIZATION 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 HEALTHPARTNERS COLLABORATES WITH OTHER PLANS, CARE PROVIDERS AND OTHER COMMUNITY AND BUSINESS ORGANIZATIONS 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 CONTINUING IN 2017 ARE TOTAL COST OF CARE MEASUREMENTS (DEVELOPMENT OF A NATIONALLY RECOGNIZED METRIC,</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS</p>	<p>ENDORSED BY THE NATIONAL QUALITY FORUM, ENABLING MEASUREMENT AND INCENTIVES BASED ON COORDINATION AND EVIDENCE-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 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 REGIONAL 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 HEALTHPARTNERS 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, MEDICARE, AND MEDICAID MANAGED CARE PRODUCTS TO THEIR MEMBERS IN 2017, THESE ORGANIZATIONS PROVIDED COMPREHENSIVE, PREPAID HEALTH CARE SERVICES TO 1,111,627 FULLY INSURED MEMBERS, ENCOMPASSING BOTH MEDICAL AND DENTAL PRODUCTS THESE MEMBERS FIT WITHIN THE FOLLOWING CATEGORIES 329,105 FULLY INSURED COMMERCIAL GROUP MEDICAL MEMBERS, 59,020 FULLY INSURED INDIVIDUAL MEMBERS, 59,652 MEDICARE (INCLUDES COST, SUPPLEMENT/SELECT, AND MEDICARE ADVANTAGE PLAN, BOTH GROUP AND INDIVIDUAL) MEMBERS, 165,460 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 498,390 DENTAL MEMBERS IN ADDITION, HEALTHPARTNERS ALSO PROVIDES ADMINISTRATIVE SERVICES, THROUGH HEALTHPARTNERS ADMINISTRATORS, INC (HPAI), TO 473,071 SELF-INSURED COMMERCIAL MEMBERS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>BENEFIT TO THE COMMUNITY COMMUNITY HEALTH SERVICES SMOKE-FREE HOUSING POLICY HPD TEAMED UP WITH THE DAKOTA COUNTY HEALTH DEPT ON TOBACCO POLICY UNDER THE STATEWIDE HEALTH IMPROVEMENT PARTNERSHIP HEALTHPARTNERS PROVIDED A CTTs (CERTIFIED TOBACCO TREATMENT SPECIALIST), TO ASSIST AT PUBLIC HOUSING BUILDINGS WHICH ARE CONVERTING TO BE SMOKE-FREE IN COMPLIANCE WITH NEW PUBLIC HOUSING POLICY THE SMOKE-FREE HOUSING POLICY MANDATED BY HUD PROHIBITS THE USE OF TOBACCO PRODUCTS INSIDE PUBLIC HOUSING UNITS, AND WITHIN 25 FEET OF THE BUILDING THIS POLICY CHANGE IS DESIGNED TO IMPROVE AIR QUALITY FOR ALL RESIDENTS AND LOWER THE RISK OF FIRE OUR COACH HELPED FACILITATE GENERAL INFORMATION SESSIONS ABOUT THE POLICY CHANGE, AND PROVIDED RESIDENTS WITH EDUCATION AND RESOURCES TO HELP THEM QUIT TOBACCO THESE INCLUDED EDUCATIONAL MATERIAL AND REFERRALS TO QUIT PLAN, THE STATE QUIT LINE AFTER LEARNING THAT RESIDENTS PREFERRED TO WORK ON TOBACCO CESSATION WITH A COACH ONSITE RATHER THAN OVER THE PHONE, HEALTHPARTNERS PROVIDED 20 HOURS OF GROUP COACHING TO RESIDENTS, WHICH WILL CONTINUE IN 2018 TOBACCO 21 HEALTHPARTNERS IS SUPPORTING COMMUNITY EFFORTS TO PASS TOBACCO 21 POLICIES SO THAT THE AGE TO PURCHASE TOBACCO IS INCREASED TO AGE 21 OUR STAFFS DONATED 10 HOURS TO SHAPE THE STRATEGY WITH STAKEHOLDER GROUPS, MEET AND EDUCATE CITIZENS, AND PARTICIPATE IN PUBLIC HEARING DISCUSSIONS THE POLICY WAS ADOPTED PRESENTATION AT THE GOOD MORNING MINNEAPOLIS WORKPLACE WELLNESS HOSTED BY THE CHAMBER IN PARTNERSHIP WITH THE MINNEAPOLIS DOWNTOWN COUNCIL AND MET MINNEAPOLIS A HEALTHPARTNERS WELL-BEING CLIENT MANAGER PRESENTED ALONGSIDE A HOST OF OTHER HEALTH PROFESSIONALS ON WORKPLACE WELL-BEING INITIATIVES AND EASY TO IMPLEMENT FIRST STEPS FOR GETTING IDEAS OFF THE GROUND DEVYNE INVESTED FIVE HOURS IN PREPARING AND PRESENTING AT THIS EVENT CLINIC HEALTH CLUB HEALTH PROMOTION DEPARTMENT (HPD) HAS INCORPORATED CLINIC HEALTH CLUB INITIATIVES AT THREE CLINIC LOCATIONS THAT OFFER 50+ FREE HEALTH AND WELL-BEING PROGRAMS AND EVENTS FOR PATIENT/COMMUNITY MEMBERS HP COVERS THE COST OF THE 0.8 FTE AND OTHER RESOURCES REQUIRED TO DELIVER SERVICES MENTAL HEALTH COMMUNITY AWARENESS CAMPAIGN IN PARTNERSHIP WITH 48 OTHER EMPLOYER GROUPS SEVERAL EVENTS AND COMMUNICATIONS ARE TAKING PLACE THROUGHOUT THE COMMUNITY HEALTHPARTNERS EMPLOYEES SPENT 25 HOURS IN 2017 TO LEVERAGE MAKE IT OK TOBACCO CESSATION CHALLENGE IN PARTNERSHIP WITH ST LOUIS COUNTY, CITY OF DULUTH AND FOUR OTHER COMMUNITY EMPLOYERS HEALTHPARTNERS EMPLOYEES SPENT 25 HOURS TO LEAD TRAININGS ON COMMUNICATIONS, EVENTS AND EMPLOYER COMMITMENT TOBACCO PRESENTATION HEALTHPARTNERS PRESENTED AT THE TOBACCO HEALTH SYSTEMS CHANGE WORKSHOP ON 2/21/17 THIS WAS A ONE HOUR PRESENTATION/DISCUSSION AND EXERCISES ABOUT INCORPORATING MOTIVATIONAL INTERVIEWING INTO THE CLINIC VISIT PROCESS ASKING ABOUT TOBACCO USE CAN HELP IMPROVE PATIENT ENGAGEMENT WITH TOBACCO CESSATION RESOURCES THE TEAM SPENT OVER 15 HOURS DEVELOPING</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>G AND REFINING MOTIVATIONAL INTERVIEWING SCRIPTING CALLED "HOW TO TALK ABOUT SMOKING WITHO UT STARTING A FIRE " COMMUNITY HEALTH CONFERENCE PRESENTATION HEALTHPARTNERS USED "HOW TO TALK ABOUT SMOKING WITHOUT STARTING A FIRE" TO DELIVER A ONE HOUR PRESENTATION AND OUTCOM ES UPDATE ON THE SCRIPTING USE AT THE MANY FACES OF COMMUNITY HEALTH CONFERENCE IN 2017 T HE WORKSHOP EDUCATED CLINICIANS ON HOW TO UTILIZE MOTIVATIONAL INTERVIEWING WHEN ASKING AB OUT TOBACCO USE SO THAT A PATIENT IS LESS LIKELY TO BE DEFENSIVE AND MORE LIKELY TO USE TO BACCO CESSATION RESOURCES FINANCIAL CONTRIBUTIONS PEDOMETER DONATION THE HEALTH PROMOTI ON DEPARTMENT DONATED 100 PEDOMETERS, VALUED AT \$16 50 EACH TO CHEROKEE HEIGHTS 2ND GRADE STUDENTS TOTAL VALUE OF DONATION IS \$1,650 00 PROVISION OF MANAGED CARE TO STATE PUBLIC PROGRAMS BENEFICIARIES HPI CONTRACTS WITH THE STATE OF MINNESOTA TO PROVIDE MANAGED CARE SERVICES FOR THE FOLLOWING PROGRAMS PRE-PAID MEDICAL ASSISTANCE PLAN (PMAP), A STATE- AND FEDERALLY-FUNDED PLAN FOR LOW-INCOME FAMILIES WITH CHILDREN (141,776 MEMBERS), MINNESOTAC ARE, A STATE- AND FEDERALLY-FUNDED PLAN FOR RESIDENTS WHO DO NOT HAVE ACCESS TO AFFORDABLE HEALTH CARE COVERAGE (22,759 MEMBERS), MINNESOTA SENIOR CARE PLUS (MSC+), A STATE- AND FE DERALLY-FUNDED PLAN FOR INDIVIDUALS OVER AGE 65 (2,161 MEMBERS), MINNESOTA SENIOR HEALTH O PTIONS (MSHO), A STATE- AND FEDERALLY-FUNDED PLAN THAT PROVIDES COORDINATED MEDICAL AND DR UG BENEFITS FOR INDIVIDUALS OVER AGE 65 (3,041 MEMBERS), AND SPECIAL NEEDS BASIC CARE (SNB C), A STATE- AND FEDERALLY-FUNDED PLAN FOR INDIVIDUALS WITH DISABILITIES WHO ARE 18-64 YEA RS OLD (4,600 MEMBERS) HPI SUPPORTS STATE PUBLIC PROGRAM MEMBERS BY PROVIDING INFORMATION ABOUT PLAN RESOURCES AND BENEFITS TO COUNTY EMPLOYEES, NURSING HOMES, HEALTH AND HOUSING ADVOCATES, FINANCIAL WORKERS AND COMMUNITY ORGANIZATIONS THROUGH A VARIETY OF COMMUNITY EV ENTS AND PROGRAMS INCLUDING DEPARTMENT OF HUMAN SERVICES AGE AND DISABILITIES ODYSSEY MIN NESOTA ASSOCIATION OF COUNTIES ANNUAL CONFERENCE MINNESOTA FINANCIAL WORKER AND CASE AIDE ASSOCIATION MINNESOTA PUBLIC HEALTH ASSOCIATION MINNESOTA SOCIAL SERVICES ASSOCIATION HMON G MENTAL HEALTH PROFESSIONAL CONFERENCE VARIOUS COUNTY AND COMMUNITY HEALTH FAIRS HPI PROM OTES PREVENTIVE SERVICES FOR STATE PUBLIC PROGRAM PLAN MEMBERS THROUGH INCENTIVE PROGRAMS HPI INVESTED A TOTAL OF \$418,242 FOR THESE INCENTIVE PROGRAMS IN 2017 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 PARENTS OF MEMBERS BORN BEFORE APRIL 1, 2017, RECEIVE A \$10 GIFT CARD FOR EACH COMPLETE WELL CHILD VISIT WITHIN THE FIRST 15 MONTHS OF LIFE PARENTS OF MEMBERS BORN APRIL 1, 2017 OR AFTER RE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	RECEIVE A \$25 GIFT CARD AFTER THE FIRST THREE VISITS, AND A \$50 GIFT CARD UPON THE COMPLETION OF ALL SIX HPV DISTRIBUTED 13,326 GIFT CARDS AND INVESTED \$164,930 ON THIS PROGRAM IN 2017 THE PRE-TEEN IMMUNIZATIONS INCENTIVE PROGRAM THE PRE-TEEN IMMUNIZATION PROGRAM ENCOURAGES PMAP AND MNCARE YOUTH TO GET THEIR HPV, MENINGOCOCCAL AND TDAP IMMUNIZATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>ONCE HEALTHPARTNERS RECEIVES THE CLAIM FOR THESE VACCINES, MEMBERS RECEIVE A \$25 GIFT CARD IN THE MAIL HPI DISTRIBUTED 1,456 GIFT CARDS AND INVESTED \$36,400 IN THIS PROGRAM IN 2017 POSTPARTUM INCENTIVE PMAP AND MNCARE MEMBERS WHO RECEIVE A POSTPARTUM EXAM THREE TO EIGHT WEEKS AFTER THE BIRTH OF THEIR CHILD RECEIVE A \$25 GIFT CARD HPI DISTRIBUTED 223 GIFT CARDS AND INVESTED \$5,575 IN THIS PROGRAM IN 2017 MSHO INCENTIVES TO ENCOURAGE PREVENTATIVE SCREENING IN OUR SENIOR POPULATION, MSHO MEMBERS WHO RECEIVE A COLORECTAL, MAMMOGRAPHY, OR OSTEOPOROSIS SCREENING RECEIVE A \$15 GIFT CARD HPI DISTRIBUTED 1,018 GIFT CARDS AND INVESTED \$14,252 IN THIS PROGRAM IN 2017 SNBC INCENTIVES TO ENCOURAGE AN ANNUAL 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 HPI DISTRIBUTED 491 GIFT CARDS AND INVESTED \$12,275 IN THESE TWO PROGRAMS IN 2017 CAR SEAT PROGRAM PMAP AND MNCARE MEMBERS AGES EIGHT AND YOUNGER OR WOMEN WHO ARE AT LEAST SIX MONTHS PREGNANT ARE ELIGIBLE TO RECEIVE A CAR SEAT WITH THE COMPLETION OF A CAR SEAT SAFETY AND EDUCATION COURSE HPI DISTRIBUTED CAR SEATS AND INVESTED 184,810 IN 2017 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 HEALTH PLAN AND CLINIC 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 RESPITE CAPACITY FOR PATIENTS LEAVING THE HOSPITAL, AND CREATED A PROGRAM TO OFFER VERY SPECIALIZED CARE MANAGEMENT AND SUPPORT FOR THE HIGHEST USERS OF SHELTER BEDS IN THE EAST METRO A 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 FOLLOWED A YEAR OF WORK WITH THE SCIENCE MUSEUM AND IS PART OF A FIVE-YEAR PARTNERSHIP CHILDREN'S HEALTH INITIATIVE READ, TALK, SING - TO BUILD ON OUR ORGANIZATION-WIDE IMPLEMENTATION OF REACH OUT & READ, WE NOW GIVE EXPECTING MOTHERS A BOOK AT THEIR 32-WEEK OB VISIT THIS STARTED THE CONVERSATION ABOUT BOOSTING A CHILD'S BRAIN POWER EARLIER WITH READING, TALKING AND SINGING ACROSS OUR ORGANIZATION, WE GAVE OUT OVER 70,000 BOOKS IN 2017 DEVELOPMENTAL AND SOCIAL EMOTIONAL SCREENING - WE HAVE EXPANDED EARLY CHILDHOOD SCREENING ACROSS ALL PRIMARY CARE CLINICS AT REGULAR INTERVALS USING CONSISTENT TOOLS EARLY DETECTION AND INTERVENTIONS HAVE THE GREATEST POTENTIAL IMPACT ON ADDRESSING THE EFFECTS OF CHILDHOOD TRAUMA AND MENTAL HEALTH DEVELOPMENT IN 2018, WE</p>

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Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>WILL CONTINUE REFINING WORKFLOWS, LOOKING AT OUR DATA WITH AN EQUITY LENS, AND CONNECTING WITH THOSE IN THE COMMUNITY (DAYCARES, SCHOOLS, NON-PROFITS, ETC) WHO ALSO HAVE A ROLE I N THIS WORK POSTPARTUM DEPRESSION SCREENING - ALL CLINICS NOW SCREEN NEW MOTHERS FOR POST PARTUM DEPRESSION AT THEIR INFANT WELL-CHILD VISIT IN ADDITION TO EXISTING OB SCREENINGS MOTHERS WHO SCREEN POSITIVE ARE OFFERED SUPPORT THROUGH CARE COORDINATION OR MENTAL HEALTH RESOURCES HEALTHY BEGINNINGS - ALL HEALTHPARTNERS, PARK NICOLLET AND STILLWATER MEDICAL GROUP CLINICS ARE UNIVERSALLY SCREENING WOMEN FOR SUBSTANCE USE AT THEIR INITIAL OB VISIT THOSE WHO SCREEN POSITIVE ARE OFFERED THE 1 1 SUPPORT OF A HEALTHY BEGINNINGS SPECIALIST, WHO HELPS THE PATIENT REACH HER SOBRIETY GOALS ADOLESCENT SEXUAL HEALTH - AN ORGANIZATIO N-WIDE GROUP HAS BEEN WORKING THROUGHOUT 2017 TO PILOT A TEEN QUESTIONNAIRE IN CLINICS, DE VELOP RESOURCES TO SUPPORT CLINICIANS HAVING CONVERSATIONS WITH ADOLESCENTS AND PARENTS AB OUT SEXUAL HEALTH (IN PARTNERSHIP WITH THE ANNEX TEEN CLINIC), EXPAND ACCESS TO LONG ACTIN G REVERSIBLE CONTRACEPTION, AND SUPPORT CLINICAL GUIDANCE FOR MINOR CONSENT BRIGHT FUTURE S - WE BEGAN A PARTNERSHIP WITH THE GREATER TWIN CITIES UNITED WAY IN 2016, HOSTING A BRIG HT FUTURES "READ, TALK, SING" INITIATIVE TO ENCOURAGE EARLY READING AND INTERACTION TO IMP ROVE INFANT HEALTH AND DEVELOPMENT OUR FOCUS WILL BE ON BUILDING A MEDIA AND COMMUNITY GR ASSROOTS APPROACH TO ENCOURAGE PARENTS AND CAREGIVERS TO SPEND TIME INTERACTING WITH THEIR BABIES IN THE FIRST THREE MONTHS OF LIFE IN 2017, WE HELD OUT SECOND BRIGHT FUTURES EVEN T IN ST PAUL, MN FAMILY CENTERED CARE PROMOTE BREASTFEEDING - REGIONS HOSPITAL WAS ACCRE DITED BY BABY-FRIENDLY USA IN JANUARY 2015 METHODIST HOSPITAL IS ON TRACK TO ACHIEVE DESI GNATION IN 2017 AND LAKEVIEW HOSPITAL IN 2018 IN 2016, LAKEVIEW MEMORIAL HOSPITAL ASSOCIA TION ALSO RECEIVED A WASHINGTON COUNTY STATE HEALTH IMPROVEMENT PROGRAM (SHIP) GRANT TO EN HANCE THE DESIGNATED LACTATION SPACE AND MAKE MILK EXPRESSION FOR TRAVELING EMPLOYEES EASI ER WE'VE ALSO LAUNCHED A WEEKLY BREASTFEEDING SUPPORT GROUP, CALLED THE MOM & BABY CAFE, AT COMO CLINIC (MODELED AFTER OUR EXISTING SUCCESSFUL PROGRAM AT METHODIST HOSPITAL) AS WE LL AS THE PARTNERS IN BREASTFEEDING PRENATAL BREASTFEEDING EDUCATION CLASS AT THE HEALTHPA RTNERS ST PAUL CLINIC IN ADDITION, 45 DESIGNATED LACTATION LOUNGES ARE AVAILABLE TO PATI ENTS AND EMPLOYEES ACROSS OUR ORGANIZATION OUR CARELINE AND BABYLINE TEAM MEMBERS ARE AVA ILABLE TO PROVIDE 24/7 LACTATION SUPPORT FOR MOTHERS OVER THE PHONE OB-PEDIATRIC-FAMILY M EDICINE 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 CAR E FOR FAMILIES ACROSS SPECIALTIES</p>

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FORM 990, PART III, LINE 4A	<p>CHILDREN'S HOSPITAL PARTNERSHIP OUR PARTNERSHIP WITH CHILDREN'S HOSPITAL AND CLINICS FOCUS ED ON TWO COMMUNITIES WHITE BEAR LAKE AND THE PHILLIPS NEIGHBORHOOD IN MINNEAPOLIS THE B EARPOWER INITIATIVE IN WHITE BEAR INVOLVES OUR CLINICS, WHITE BEAR PUBLIC SCHOOLS, FESTIVA L FOODS AND THE YMCA TO FEATURE A COMMUNITY/SCHOOL APPROACH TO HEALTHY EATING AND PHYSICAL ACTIVITY FOR CHILDREN BEARPOWER BEARPOWER IS A COMMUNITY MOVEMENT HELPING FAMILIES EAT W ELL AND BE ACTIVE THE INITIATIVE WAS BORN FROM A PARTNERSHIP BETWEEN THE WHITE BEAR LAKE AREA SCHOOLS (ISD 624), THE WHITE BEAR AREA YMCA, CHILDREN'S AND HEALTHPARTNERS A COMMUNI TY ADVISORY TEAM WAS CREATED AND CONSISTS OF LEADERS FROM THESE ORGANIZATIONS, ALONG WITH LOCAL BUSINESS LEADERS, PARENTS, TEACHERS, LOCAL GOVERNMENT OFFICIALS AND OTHER COMMUNITY MEMBERS THE TEAM WORKED TOGETHER TO IDENTIFY LOCAL STRATEGIES FOR CHANGE AND IS CURRENTLY IMPLEMENTING INITIAL EFFORTS ENGAGING COMMUNITY LEADERS AND MEMBERS IN A SHARED VISION F OR CHANGE, BEARPOWER PROMOTES THE BELIEF THAT EATING WELL AND BEING ACTIVE CAN BE FUN POW ERUP POWERUP IS A COMMUNITY-WIDE HEALTH INITIATIVE THAT INSPIRES AND ENGAGES THE ENTIRE CO MMUNITY TO PROMOTE BETTER EATING AND ACTIVE LIVES SO YOUTH CAN REACH THEIR FULL POTENTIAL THROUGH COMMUNITY OUTREACH, CLASSES, EVENTS AND PROGRAMS, POWERUP ENGAGES MORE THAN 70,00 0 PEOPLE ANNUALLY THROUGHOUT THE ST CROIX VALLEY AREA AND IS A COMMUNITY-WIDE EFFORT TO M AKE 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 PARTNERING WITH LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION AND LAKEVIEW MEMORIAL HOSPITAL FOUNDATION IN A LONG-TERM EFFORT TO CHANGE BEHAVIOR AND HEALTH BY CREATING A HEALTHIER ENVIRONMENT FOR KI DS, WITH A PRIMARY FOCUS ON THE GEOGRAPHIC AREAS SERVED BY THE LAKEVIEW HEALTH SYSTEM POW E RUP USES A COMPREHENSIVE STRATEGY FOR COMMUNITY CHANGE FOCUSED ON BUILDING ON WHAT IS ALR EADY WORKING ON A NATIONAL AND LOCAL LEVEL, WHILE INNOVATING TO FIND NEW APPROACHES FORMI NG POSITIVE PARTNERSHIPS WITH FAMILIES, SCHOOLS, BUSINESSES, HEALTH CARE, FOOD RETAILERS, FAITH COMMUNITIES AND THE COMMUNITY, INCLUDING ADVISORY COMMITTEES, WITH BROAD LAKEVIEW AN D COMMUNITY PARTICIPATION WORKING ON MULTIPLE LEVELS TO IMPROVE EATING AND ACTIVITY ENVIR ONMENTS, 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 P ARTNERS INSTITUTE (INSTITUTE) PROVIDES CONTINUING EDUCATION THAT SUPPORTS THE IMPROVEMENT OF THE COMPETENCE OF PHYSICIANS AND HEALTH CARE PROFESSIONALS, HEALTH CARE PRACTICE, AND T HE HEALTH OF OUR PATIENTS AND COMMUNITY CONTINUING EDUCATION ACTIVITIES ARE TARGETED TO L OCAL, REGIONAL, AND NATIONAL A</p>

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<p>FORM 990, PART III, LINE 4A</p>	<p>UDIENCES 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 HPMG FOR A FULL REPORT ON THE INSTITUTE'S 2017 RESEARCH, PLEASE SEE THE INSTITUTE 'S FORM 990 RETURN SUBSIDIZED HEALTH SERVICES SUPPORTING NAMI MN HEALTHPARTNERS HAS A LONG RELATIONSHIP WITH NATIONAL ALLIANCE ON MENTAL ILLNESS, MINNESOTA CHAPTER FOR OVER 10 YEARS, HEALTHPARTNERS EMPLOYEES HAVE DONATED TIME BY BEING NAMI BOARD MEMBERS HEALTHPARTNERS ALSO HELPED ORGANIZE AND SUPPORT THE FIRST NAMI GALA AND THE FIRST NAMI WALK AGAIN IN 2017, HEALTHPARTNERS WAS A GOLD SPONSOR OF MINNESOTA'S NAMI WALK, AN EVENT TO RAISE AWARENESS AND REDUCE THE STIGMA ASSOCIATED WITH MENTAL ILLNESS IN 2017 HEALTHPARTNERS CONTRIBUTED OVER \$23,000 TOWARD THE WALK, PRIMARILY INDIVIDUAL DONATIONS FROM EMPLOYEES MAKE IT OK AND HILARIOUS WORLD OF DEPRESSION HEALTHPARTNERS TEAMED WITH THE NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) MINNESOTA AND TWIN CITIES PUBLIC TV TO CREATE A CAMPAIGN TO ELIMINATE STIGMA ABOUT MENTAL ILLNESSES THE ORGANIZATIONS INVOLVED ARE COMMITTED TO CHANGE THE MISPERCEPTIONS OF MENTAL ILLNESSES BY ENCOURAGING OPEN CONVERSATIONS AND EDUCATION ON THE TOPIC IN 2017, HEALTHPARTNERS ADDED FUNCTIONALITY TO THE MAKE IT OK ORG WEBSITE TO ACCEPT PERSONAL STORIES FROM VISITORS WHO WISH TO SHARE THEIR EXPERIENCES WITH STIGMA AND ELIMINATING IT HEALTHPARTNERS ALSO CONTINUED FUNDING FOR A 0.5 FTE STAFF PERSON DURING 2017 TO SUPPORT COMMUNITY ORGANIZATIONS IN THEIR IMPLEMENTATION OF MAKE IT OK CAMPAIGNS TO RAISE AWARENESS AND DECREASE STIGMA WEB ENHANCEMENTS WERE ADDED IN 2017 TO HELP MONITOR WEBSITE USE AND CREATE MORE INFORMED STRATEGIC PLANS TO INCREASE THE VISIBILITY AND USE OF THE WEBSITE THE NEW FUNCTIONALITY ALLOWS DATA COLLECTION, INCLUDING THE FACT THAT 6% OF VISITORS COME THROUGH SOCIAL MEDIA, 31% THROUGH PAID MEDIA BUYS BY HEALTHPARTNERS, 37% OF VISITORS USED A SEARCH ENGINE TO FIND MAKE IT OK BY LOOKING FOR INFORMATION TO DECREASE STIGMA ABOUT MENTAL ILLNESS ALSO NEW IN 2017 IS A HEALTHPARTNERS FACEBOOK PAGE FOR MAKE IT OK, WHICH HAS OVER 500 FOLLOWERS THE NEW ANALYTIC TOOLS ALSO SHOW THAT 84% OF TRAFFIC TO THE HOME PAGE WENT TO THE "WHAT TO SAY" PAGE WHILE 6% WENT TO THE TOOL KITS OR INSTRUCTIONS ON HOW TO HOST A PRESENTATION FINALLY, 3% WENT TO THE "TAKE THE PLEDGE" PAGE MAJOR INITIATIVES TO RAISE AWARENESS AND PUBLICIZE THE MAKE IT OK WEBSITE WERE CONDUCTED IN 2017 AT LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION IN STILLWATER, MINNESOTA AND IN AMERY REGIONAL MEDICAL CENTER IN WISCONSIN TO HELP ALL HEALTH CARE PROFESSIONALS AND HOSPITAL PATIENTS UNDERSTAND THE VALUE OF ELIMINATING STIGMA INTENSIVE COMMUNITY COLLABORATION SUPPORTING MAKE IT OK CONTINUE IN GOODHUE COUNTY, IN THE ST. CROIX VALLEY AND WORK IS PROGRESSING TO ENGAGE A PROMINENT AFRICAN AMERICAN FAITH GROUP, THE MINNESOTA STATE BAPTIST CONVENTION, WHICH REPRESENTS 28 AFRICAN AMERICAN CHURCHES IN M</p>

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FORM 990, PART III, LINE 4A	<p>MINNESOTA WITH PLANNING COMPLETED FOR 2018 INITIATIVES THE BIGGEST ANNUAL UPTICK IN ACTIVITY IN 2017 WAS IN ST CROIX VALLEY, WHERE 250 MAKE IT OK AMBASSADORS WERE TRAINED AND A MONTHLY NEWSLETTER TO AMBASSADORS WAS INITIATED IN ADDITION TO A VARIETY OF COMMUNICATIVE PRESENTATIONS AND CONVERSATIONS IN 2017 HEALTHPARTNERS SPONSORED MINNESOTA PUBLIC RADIO'S FIRST SEASON OF THE HILARIOUS WORLD OF DEPRESSION, WHICH CONSISTED OF PODCASTS OF COMEDIANS TALKING ABOUT THEIR EXPERIENCES OF COPING WITH DEPRESSION WHILE THIS LAUNCHED IN DECEMBER 2016, THE MAJORITY OF THE PODCASTS CAME OUT IN 2017 WITHIN THE FIRST 60 DAYS THERE WERE OVER A MILLION DOWNLOADS OF THE HILARIOUS WORLD OF DEPRESSION EACH OF THESE PODCASTS ALSO INTRODUCES THE MAKE IT OK WEBSITE IN A SNAPSHOT COMPARISON OF THE MAKE IT OK WEB TRAFFIC INCREASE, WHICH WAS DRIVEN BY THE HILARIOUS WORLD OF DEPRESSION PODCASTS, THE 12 MONTH PERIODS ENDING IN SEPTEMBER IN 2014, 2015 AND 2016 HAD 24K TO 36K VISITORS THE 12 MONTHS ENDING SEPTEMBER 2017 JUMPED TO OVER 100K WEBSITE VISITORS! THE TIE-IN BETWEEN THE PODCASTS AND THE WEBSITE HAS CLEARLY CONTRIBUTED TO GETTING THE MESSAGE TO A BROADER AUDIENCE THE FIRST MAKE IT OK IMPACT SURVEY WAS CONDUCTED IN 2017 THIS SURVEY GATHERED RESPONSES FROM SIX COMMUNITIES RED WIND, SOUTH METRO, ST CROIX, HENNEPIN AND RAMSEY COUNTIES, STILLWATER AND WHITE BEAR LAKE THERE WERE 5,424 RESPONDENTS, WITH 52% OF RESPONDENTS BEING FEMALE AND WITH AN AVERAGE AGE OF 46 YEARS OLD SURVEY RESULTS 51% HAVE A CLOSE FRIEND OR FAMILY MEMBER WITH MENTAL ILLNESS 31% WERE AWARE OF A PROGRAM OR CAMPAIGN IN THEIR COMMUNITY THAT HELPS RAISE AWARENESS ABOUT MENTAL ILLNESS 90% SAY MENTAL HEALTH IS A LARGE OR VERY LARGE FACTOR IN OVERALL HEALTH 90% SAY MAKE IT OK GOALS ARE IMPORTANT 65% ARE COMFORTABLE TALKING ABOUT MENTAL ILLNESS 33% WOULD SEE THEMSELVES AS WEAK IF THEY HAD A MENTAL ILLNESS PROMPTED AWARENESS OF MAKE IT OK 16% IN ST CROIX VALLEY 12% IN STILLWATER 11% IN RED WING 10% IN SOUTH METRO 9% IN HENNEPIN & RAMSEY COUNTIES 7% IN WHITE BEAR LAKE THESE RESULTS INDICATE THAT THE MAKE IT OK PROGRAM IS REACHING MANY HOMES AND THAT COMMUNITY COLLABORATION HELPS RAISE THE PROFILE OF THE PROGRAM MAKE IT OK AND HILARIOUS WORLD OF DEPRESSION - WINNERS OF THE 2016 WEBBY AWARDS FOR BEST ACTIVISM AND COMEDY CATEGORIES ON MARCH 28, JOHN MOE WELCOMED MORE THAN 160 COMMUNITY LEADERS TO ENGAGE IN MAKE IT OK AT THE PHIPPS CENTER IN HUDSON</p>

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FORM 990, PART III, LINE 4A	<p>MENTAL HEALTH DRUG ASSISTANCE PROGRAM (MHDAP) HEALTHPARTNERS HELPED FOUND THE MENTAL HEALTH DRUG ASSISTANCE PROGRAM (MHDAP), WHICH HELPS TO ALLEVIATE OR AVERT MANY PSYCHIATRIC CRISES IN THE EAST METRO AREA BY COVERING THE FULL COST OR CO-PAYS OF MEDICATIONS FOR UNINSURED AND UNDER-INSURED PATIENTS WHO CANNOT AFFORD THEIR MEDICATIONS KEY SOCIAL WORKERS AND CARE PROVIDERS IN THE EAST METRO'S THREE LARGEST 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 AFFORDABLE MEDICATIONS SINCE ITS INCEPTION IN 2008 BY THE EAST METRO MENTAL HEALTH ROUNDTABLE (CHAIRD BY HEALTHPARTNERS CEO AND THE MAYOR OF ST PAUL), 2,729 PERSONS HAVE BEEN GIVEN NECESSARY MEDICATIONS OF THE INITIALLY UNINSURED, 73 PERCENT HAD INSURANCE COVERAGE INCLUDING MEDICATION COVERAGE WHEN LEAVING THE PROGRAM IN 90 DAYS DONORS IN 2016 WERE HEALTHPARTNERS / REGIONS HOSPITAL, ST PAUL FOUNDATION THROUGH RAMSEY COUNTY MENTAL HEALTH CRISIS ALLIANCE, DHS, HEALTHEAST AND ALLINA SINCE INCEPTION THE PROGRAM HAS PROVIDED APPROXIMATELY \$207,000 PER YEAR IN PRESCRIPTION ASSISTANCE IN 2017 ALONE, THERE WERE 210 PARTICIPANTS AND 652 INDIVIDUAL MEDICATION CLAIMS FOR A TOTAL OF \$22,328 FROM 1/1/17 THROUGH 10/31/17 IMPROVING BEHAVIORAL HEALTH OUTCOMES THROUGH SUPPORTS FOR TREATMENT ADHERENCE HEALTHPARTNERS IS HIGHLY EFFECTIVE IN SUPPORTING MEMBERS IN INCREASING TREATMENT ADHERENCE THE FOUR CLASSES OF PSYCHIATRIC MEDICATION THAT HPI SUPPORTS THROUGH MAILED REMINDER LETTERS FOR REFILLS ARE ANTIDEPRESSANTS, ANTIPSYCHOTICS, MOOD STABILIZERS AND ANTI-CRAVING MEDICATIONS (USED IN THE TREATMENT OF ADDICTIONS) OUR PROGRAM TARGETING A FIFTH CATEGORY OF MEDICATION SEEKS TO REDUCE BENZODIAZEPINE USE AMONG MEMBERS SUFFERING WITH ANXIETY DISORDERS IN 2017 THERE WERE A TOTAL OF 156,885 COMMUNICATIONS WITH MEMBER REGARDING MEDICATION REFILLS, HEALTH EDUCATION AND WITH THEIR PRESCRIBERS REGARDING OVER DUE REFILLS THE PROGRAMS EACH HAVE DIFFERENT CONTENT BASED ON THE CONDITION BEING TARGETED AND THE OUTCOME GOALS MEDICATION REFILL REMINDER LETTERS AND HEALTH EDUCATION NEWSLETTERS WERE SENT TO OVER 27,000 MEMBERS TO HELP SUPPORT ADHERENCE TO BEHAVIORAL HEALTH MEDICATIONS FOR THE CONDITIONS OF DEPRESSION, BIPOLAR DISORDER, SCHIZOPHRENIA, CHEMICAL DEPENDENCY AND ANXIETY DISORDERS A PROGRAM TO HELP MEMBERS WITH ANXIETY DISORDERS AVOID PROLONGED USE OF BENZODIAZEPINES AND TO PROMOTE COGNITIVE BEHAVIOR THERAPY AS AN ALTERNATIVE TO THESE POTENTIALLY ADDICTING 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 \$180,000 REDUCING PSYCHIATRIC HOSPITALIZATIONS HEALTHPARTNERS PLANS EMPLOY STAFF TO PROVIDE BEHAVIORAL HEALTH COACHING AND CARE COORDINATION TO SUPPORT APPROXIMATELY 13,025 NEW HIGH-RISK MEMBERS TO PREVENT CRISES THAT LEAD TO EMERGENCY HOSPITALIZATION</p>

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FORM 990, PART III, LINE 4A	<p>ALIZATION HEALTHPARTNERS ALSO HELPS THOSE LEAVING THE HOSPITAL GET PROMPT TREATMENT FROM AN OUTPATIENT MENTAL HEALTH PROVIDER THE 2016 ANALYSIS INDICATES A 2.6 TO 1 RETURN ON INVESTMENT WITH GROSS SAVINGS OF \$10.7M AND NET SAVINGS OF APPROXIMATELY \$6.3M DUE TO FEWER HOSPITALIZATIONS THE COST OF THIS PROGRAM WAS APPROXIMATELY \$4.4M WITH 94% BEING SALARIES AND BENEFITS FOR STAFF IMPROVING PATIENT SAFETY AND REDUCING INPATIENT PSYCHIATRIC READMISSIONS HEALTHPARTNERS PLANS EMPLOY STAFF TO PROVIDE 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 NEARLY \$348,000 IN THIS PROGRAM DURING 2017 AND SUPPORTED OVER 1,600 MEMBERS IMPROVING PATIENT SAFETY AND REDUCING DRUG RELATED OVER USE AND MISUSE HEALTHPARTNERS BEHAVIORAL HEALTH RESTRICTED RECIPIENT PROGRAM WAS ESTABLISHED SOME EIGHT YEARS AGO AND IS DESIGNED TO REDUCE MEDICATION OVERUSE AND MISUSE FOLLOWING SPECIFIC PROGRAM PROTOCOLS FROM MINNESOTA DEPARTMENT OF HUMAN SERVICES, HEALTHPARTNERS PLANS PROVIDED OVERSIGHT AND GUIDANCE FOR OVER 200 MEMBERS WHO WERE RESTRICTED TO A SINGLE PHYSICIAN, PHARMACY AND HOSPITAL IN ORDER TO MINIMIZE MEDICATION SEEKING FROM MULTIPLE PHYSICIANS SIMULTANEOUSLY THE 2017 COSTS OF THE PROGRAM WERE NEARLY \$200K RESEARCH INSTITUTE FOR CLINICAL SYSTEMS IMPROVEMENT (ICSI) HPI 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, 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 BRINGS CLINICAL PRACTICE LESSONS BACK FOR SYSTEMS CHANGE IMPROVEMENT HEALTHPARTNERS CONTINUES 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 PARTICIPATING IN FUNDRAISING WALKS 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</p>

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FORM 990, PART III, LINE 4A	ON, CHOLESTEROL, BLOOD PRESSURE, IMMUNIZATIONS AND MORE FUNDRAISING WALKS MARCH FOR BABIE S (APRIL 2017) - HEALTHPARTNERS WALK TEAM INCLUDED 88 WALKERS WHO RAISED \$6,300 OUR MARKE TING ENGAGEMENT INCLUDED AN ART ACTIVITY AREA AND PET THERAPY DOGS FOR OVER 10,000 PARTICI PANTS NAMI WALK (SEPTEMBER 2017) - 276 WALKERS RAISING \$18,000 FESTIVALS AND WALKS BARAZ A BRIGHT FUTURES PARTNERSHIP WITH GREATER TWIN CITIES UNITED WAY CINCO DE MAYO PARADE- WIT H ST PAUL PUBLIC LIBRARIES BOOKMOBILE FIESTA LATINA FAIR FREEDOM SCHOOL HEALTH FAIR GRAND OLD DAY PARADE- WITH ST PAUL PUBLIC LIBRARIES BOOKMOBILE HABITAT FOR HUMANITY HMONG HEAL TH FAIR AT JULY 4TH SOCCER TOURNAMENT HMONG STROKE PROGRAM WITH REGIONS HOSPITAL STROKE CE NTER MN AIDS WALK - CHAMPIONED BY HEALTHPARTNERS GLBTQ BUSINESS ENGAGEMENT GROUP

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<p>FORM 990, PART III, LINE 4A</p>	<p>MINNESOTA STATE FAIR - HEALTHY LOCAL FOOD EXHIBIT - WORKED WITH CARE DELIVERY MARKETING TO EXECUTE AN ENTIRELY NEW AND FULLY-BRANDED HEALTHPARTNERS BETTER EATING EXPERIENCE WITHIN THE RENEWING THE COUNTRYSIDE ECO EXPERIENCE BUILDING STATE FAIR SPACE OVER 10,000 VISITORS TOUCHED DURING THE 10-DAY FAIR RUN MOST POWERFUL VOICES GOSPEL CONCERT NOKOMIS FARMER'S MARKET - COLLABORATED ACROSS OUR ORGANIZATION AND EXTERNALLY WITH CARE DELIVERY MARKETING, COMMUNICATIONS, DR JON SHELVER, NOKOMIS CLINIC AND NEIGHBORHOOD ROOTS TO COORDINATE THE HEALTHPARTNERS AT THE NOKOMIS FARMER'S MARKET NIGHT EVENT ON 8/23 THE EVENT OFFERED BIKE SAFETY EDUCATION AND RODEO, CLINIC INFO, AND A SPORTSOLOGY AND YUMPOWER EXPERIENCE THE EVENT HOSTED OVER 350 VISITORS HEALTHPARTNERS SPONSORED A TWO-WEEK BUILD IN ST PAUL THIS YEAR OUR 95 VOLUNTEERS CONTRIBUTED TO 712 HOURS OF VOLUNTEER WORK DURING OUR SPRING BUILD AND ANOTHER 100 VOLUNTEERS CONTRIBUTED TO THE 750 HOURS OF VOLUNTEER WORK DURING OUR FALL BUILD NATIVE AMERICAN INDIAN HEALTH FAIR POWER TO END STROKE RONDO DAYS- WITH ST PAUL PUBLIC LIBRARIES BOOKMOBILE SOMALI INDEPENDENCE DAY TWIN CITIES PRIDE FESTIVAL - OVER 100 VOLUNTEERS AS PARADE OR BOOTH AMBASSADORS 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 - 1/16 - CONTINUING OUR CROSS-DEPARTMENT COLLABORATION WITH HUMAN RESOURCES, WE COORDINATED A BABY ITEMS DRIVE AND SPEED VOLUNTEER ACTIVITY AND ASSEMBLED OVER 60 BABY ITEM BAGS AND HAND MADE OVER 65 WELCOME CARDS FOR PARENTS AND BABIES DONATED TO DAKOTA HEALTHY FAMILIES, 1,605 BAGS OF TWO-LOAD LAUNDRY DETERGENT DONATED TO THE FOOD GROUP, OVER 50 COLLEAGUES CONTRIBUTED TO OVER 25 HOURS TOTAL OF VOLUNTEER HOURS BETWEEN 11 A.M AND 1 P.M LUNCH TIME LEARNING AND SPEED VOLUNTEERING - 4/17 WITH MINNESOTA ENVIRONMENTAL FUND & IZAAK WALTON LEAGUE OF MINNESOTA IN COLLABORATION WITH SUSTAINABILITY TEAM FOR EARTH WEEK, TOPIC ENERGY, HEALTH AND YOU YOUR CLEAN ENERGY CHOICES 5/25 - LUNCH AND LEARN IN PARTNERSHIP WITH SUSTAINABILITY TEAM, TOPIC BIKE SAFETY 10/11 - LUNCH AND LEARN IN PARTNERSHIP WITH THE ANNEX - "IT'S THAT EASY" DONATIONS & VOLUNTEERISM ACTIVITIES THE FOOD GROUP HEALTHPARTNERS HAS HAD A WONDERFUL PARTNERSHIP WITH THE FOOD GROUP, 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 THE FOOD GROUP ALSO OFFERS FOOD SHELVES FREE DELIVERY, AND OUTREACH AND ADVOCACY OPPORTUNITIES UNLIKE SOME FOOD BANKS, THE FOOD GROUP DOES NOT CHARGE MEMBERSHIP OR HANDLING FEES TO OUR NETWORK OF HUNG</p>

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FORM 990, PART III, LINE 4A	ER-RELIEF PROGRAMS IN 2017, HEALTHPARTNERS CONTRIBUTED 3,048 POUNDS OF DONATIONS AND \$1,092 NINETEEN VOLUNTEERS FROM HEALTHPARTNERS CONTRIBUTED A TOTAL OF 38 HOURS AND PACKED 2,440 POUNDS OF FOOD OPEN ARMS VOLUNTEER ACTIVITIES ON 5/3, 5/5, 5/11 & 5/12 25 MEALS DELIVERED TO CLIENTS 61 CLIENT BAGS DECORATED 150 BROCHURES FOLDED 275 PLANTS TRANSPLANTED 225 ASIAN ENTREES PACKAGED 429 SOUPS PACKAGED 65 LBS OF PRODUCE CHOPPED BIKE FLEET PARTNERSHIP DEVELOPED WITH MN BIKE ALLIANCE AND ERIK'S BIKE SHOP BIKE BUILD WITH BIKE MN AND ERIK'S BIKE SHOP MAY 25 100 VOLUNTEERS ASSEMBLED 20 BIKES COLLABORATED WITH SUSTAINABILITY DEPARTMENT AND HP GREEN TEAM IN SUPPORTING SUSTAINABILITY EFFORTS FOR A DROP-IN VOLUNTEERING EVENT FOR CLOTHING SORT ON 9/29 FEED MY STARVING CHILDREN AND VEAP IN DECEMBER THE HPD STAFF VOLUNTEERED TIME TO TWO LOCAL ORGANIZATIONS AT FEED MY STARVING CHILDREN, WE SENT 35 EMPLOYEES WHO EACH DONATED TWO HOURS ON PACKAGING NUTRITIOUS MEALS FOR HUNGRY CHILDREN AROUND THE WORLD AT VEAP WE SENT 18 EMPLOYEES WHO EACH DONATED TWO HOURS PACKAGING FRESH PRODUCE FOR THEIR FOOD PANTRY HPD VOLUNTEERED 106 HOURS

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FORM 990, PART III, LINE 4A	<p>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 2017, EMPLOYEES FROM REGIONS AND OTHER HEALTHPARTNERS ORGANIZATIONS DONATED \$484,870 TO THE FOUNDATION'S ANNUAL ONE CAMPAIGN, WHICH RAISES FUNDS FOR PATIENT CARE, RESEARCH AND MEDICAL EDUCATION. WITH A HEALTHPARTNERS MATCH, THE CAMPAIGN RAISED \$817,644. PATIENT CARE FUNDS FROM THE CAMPAIGN WERE SPLIT BETWEEN WISHING WELL, INTEGRATIVE MEDICINE, PATIENT EDUCATION MATERIALS, REGIONS HOSPITAL'S DRUG ASSISTANCE PROGRAM, AN EMPLOYEE ASSISTANCE FUND, CARE CHANNELS IN HOSPITAL ROOMS, NEWSPAPERS FOR PATIENTS AND CARE IMPROVEMENT GRANTS. TWENTY-TWO PROGRAMS RECEIVED PATIENT CARE GRANT SUPPORT FOR A TOTAL OF \$137,924 WORTH OF ASSISTANCE. THE 2017 ONE CAMPAIGN ALSO RAISED MONEY FOR HEALTHPARTNERS HOSPICE AND PALLIATIVE CARE AND OTHER ORGANIZATIONS WITHIN HEALTHPARTNERS, INCLUDING AMERY HOSPITAL FOUNDATION, HUDSON HOSPITAL FOUNDATION, AND WESTFIELDS. THE FUNDS RAISED THROUGH THE COMMUNITY GIVING CAMPAIGN SUPPORTED EIGHT 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, COMMUNITY HEALTH FUND AND THE MINNESOTA ENVIRONMENTAL FUND. IN 2017, HEALTHPARTNERS' COMMUNITY GIVING CAMPAIGN RAISED \$347,562, 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 2017, HEALTHPARTNERS DONATED OFFICE SUPPLIES AND FURNITURE TO LOCAL ORGANIZATIONS INCLUDING COMPANIES TO CLASSROOMS, FURNISH OFFICE AND HOME. IN ADDITION, HEALTHPARTNERS PROVIDES TIME AND OPPORTUNITIES FOR EMPLOYEES TO COORDINATE DRIVES FOR FOOD, CLOTHING, BOOKS AND TOYS ON LOCATION AT THE WORKPLACE. TOYS FOR TOTS RECEIVED BOXES OF TOYS FROM OUR ANNUAL TOY DRIVE OVER THE HOLIDAY SEASON. 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</p>

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FORM 990, PART III, LINE 4A	<p>ZATIONS 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 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, MEMBER EXPERIENCE AND AFFORDABILITY TOTAL COST OF CARE TOTAL COST OF CARE (TCOC), IS A METHOD 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 EXPERIMENTED WITH TCOC MODELS IN RECENT YEARS HEALTHPARTNERS' TOTAL COST OF CARE AND RESOURCE USE (TCOC) FRAMEWORK ADDRESSES ONE OF THE MOST FUNDAMENTAL PROBLEMS RELATED TO POPULATION HEALTH 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 ACCOUNTS FOR 100 PERCENT OF THE CARE PROVIDED TO A PATIENT ADDITIONALLY, IT SUPPLIES A REPORTING 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 RESOURCES USED IN PROVIDING THAT CARE (OR "TOTAL RESOURCE USE INDEX") WHEN USED IN COMBINATION, THESE MEASURES YIELD MORE COMPREHENSIVE, REVEALING AND ACTIONABLE RESULTS THAN COST MEASURES ALONE USING THIS SYSTEM, WHICH HAS BEEN MORE THAN A DECADE IN DEVELOPMENT AND STAGED-IN USE, HEALTHPARTNERS HAS OUTPERFORMED MINNESOTA, REGIONAL AND NATIONAL RISK-ADJUSTED COST OF CARE BENCHMARKS FOR MANY YEARS HEALTHPARTNERS FINANCIALLY INCENTS PROVIDERS THROUGH ITS TCOC PROGRAM TO ACHIEVE TH</p>

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FORM 990, PART III, LINE 4A	<p>E INSTITUTE FOR HEALTHCARE IMPROVEMENT'S TRIPLE AIM IMPROVING THE HEALTH OF THE POPULATION, ENHANCING THE PATIENTS EXPERIENCE AND MAKING HEALTH CARE MORE AFFORDABLE HEALTHPARTNERS HAS BEEN DEVELOPING HEALTH CARE COST OF CARE AND RESOURCE USE MEASURES SINCE 1995 AS OF 2017, 200 ORGANIZATIONS ARE USING OUR TOTAL COST OF CARE AND RESOURCE USE MEASURES, WHICH WERE RECENTLY RE-ENDORSED BY THE NATIONAL QUALITY FORUM HEALTHPARTNERS HAS BEEN DEVELOPING AND USING THE MEASURES FOR MORE THAN 15 YEARS 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, MINIMIZING OUR IMPACT ON THE NATURAL ENVIRONMENT 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, CLEANER AND MORE LIVABLE ENVIRONMENT 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, CHAMPION OR SUPPORT SUSTAINABILITY PRACTICES, BOTH AT WORK AND AT HOME MEASURE AND MONITOR OUR PROGRESS TOWARD OUR SUSTAINABILITY GOALS LEAD, ADVOCATE OR IMPLEMENT INITIATIVES THAT IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE SERVE HEALTHPARTNERS HAS MANY 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, LAKE VIEW HOSPITAL, METHODIST HOSPITAL, REGIONS HOSPITAL, WESTFIELDS HOSPITAL & CLINIC, AMERY HOSPITAL & CLINIC, THE MAIN CAMPUS CLINIC COMPLEX IN ST LOUIS PARK AND SEVERAL OF OUR CLINICS IN 2017, HEALTHPARTNERS SPONSORED AN ENTERPRISE-WIDE EARTH DAY EVENT WHERE WE HELD PUBLIC ELECTRONIC WASTE COLLECTION EVENTS AT SEVEN 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 10,500 POUNDS OF E-WASTE FROM THE PUBLIC, ENOUGH TO PROVIDE EMPLOYMENT FOR AN INDIVIDUAL AT TECHDUMP 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 BEGAN IN 2011 TO COLLECT UNNEEDED AND UNUSED MEDICATION FROM COMMUNITY MEMBERS FOR FREE</p>

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FORM 990, PART III, LINE 4A	<p>IN 2017, WE DEPLOYED 11 MEDICINE TAKE-BACK KIOSKS. THESE KIOSKS CAN ACCEPT CONTROLLED SUBSTANCES AND OTHER MEDICATIONS. HEALTHPARTNERS IS ABLE TO PROPERLY DISPOSE OF THESE MEDICATIONS SO THEY ARE NOT DISCHARGED TO THE ENVIRONMENT OR END UP BEING MISUSED. IN 2017, HEALTH PARTNERS COLLECTED OVER 3,700 POUNDS FROM THE PUBLIC THROUGH THIS PROGRAM. SINCE 2011, WE HAVE COLLECTED OVER 15,000 POUNDS OF MEDICINES. THIS WAS DONE AT A COST TO THE ORGANIZATION AND TO DATE WE HAVE SPENT ABOUT \$45,000 OR \$3.00 PER POUND FOR PROPER DISPOSAL OF MEDICINES. IN 2017, OUR SOLAR PANELS PRODUCED THE EQUIVALENT OF OVER 16 HOUSES' WORTH OF ELECTRICITY, AND WE HAVE SIGNED AGREEMENTS THAT WILL PRODUCE OVER 2,000 HOUSES' WORTH OF SOLAR ELECTRICITY STARTING IN 2018. HEALTHPARTNERS WON A 2017 SUSTAINABILITY AWARD FOR EXEMPLARY SUSTAINABILITY STRATEGY FOR THE THIRD YEAR IN A ROW FROM PRACTICE GREENHEALTH, THE LEADING HEALTH CARE SUSTAINABILITY ORGANIZATION IN NORTH AMERICA. IN ADDITION, HEALTHPARTNERS HAS RECEIVED HIGH HONORS NATIONALLY FROM PRACTICE GREENHEALTH, WINNING 18 AWARDS IN 2017. 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. AMERY HOSPITAL & CLINIC, HUDSON HOSPITAL & CLINIC AND WESTFIELDS HOSPITAL & CLINIC HAVE ALL RECEIVED A GREEN MASTER S AWARD FROM THE WISCONSIN SUSTAINABLE BUSINESS COUNCIL. AND IN 2017, OUR HOSPITALS AND CLINICS RECEIVED OVER \$42,000 IN GRANTS FROM LOCAL GOVERNMENTS TO AID IN THE REDUCTION OF SOLID WASTE.</p> <p>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, HPMG AND HPDG 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. 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 THEIR 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.</p>

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FORM 990, PART III, LINE 4A	<p>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 THIS SECTION DAT A COLLECTION HEALTHPARTNERS SYSTEMATICALLY COLLECTS DATA ON RACE, ETHNICITY AND LANGUAGE P REFERENCES 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 DELIVE RED 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 INTERPRETE R SERVICES IN ALL KEY LANGUAGES SPOKEN BY MEMBERS AND PATIENTS MORE THAN 150 OTHER LANGUA GES WERE AVAILABLE THROUGH TELEPHONE AND VIDEO REMOTE INTERPRETER SERVICES HEALTH PLAN OP EN ENROLLMENT MATERIALS WERE PRODUCED BOTH IN ENGLISH AND SPANISH, AND A SPANISH MICRO WEB SITE WAS CREATED TO BETTER SERVE OUR SPANISH-SPEAKING MEMBERS HEALTHPARTNERS ALSO LICENSE D WEBSITE CONTENT FROM THE HEALTHWISE ONLINE SPANISH HEALTH GUIDE AND OFFERED OPEN ENROLLM ENT MEETINGS IN SPANISH MINNESOTA HEALTH LITERACY PARTNERSHIP HEALTHPARTNERS IS A MEMBER OF THE MINNESOTA HEALTH LITERACY PARTNERSHIP (THE PARTNERSHIP), A COLLABORATIVE OF HOSPITA LS, 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 H EALTH OUTCOMES, QUALITY, PATIENT SAFETY, AND COST-EFFECTIVENESS OF CARE MULTILINGUAL HEAL TH RESOURCES EXCHANGE (EXCHANGE) THE EXCHANGE IS A COLLABORATION AMONG MANY MINNESOTA ORGA NIZATIONS (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) HEALTHPA RTNERS WAS INSTRUMENTAL IN STARTING THE EXCHANGE IN 2001 EACH MEMBER OF THE EXCHANGE CONT RIBUTES MATERIALS TRANSLATED BY THEIR ORGANIZATION TO THE EXCHANGE WEBSITE WHERE ALL PARTN ER ORGANIZATIONS CAN DOWNLOAD IT FOR USE WITH THEIR CLIENTS AND PATIENTS THIS GREATLY INC REASES THE AMOUNT OF HEALTH EDUCATION AVAILABLE IN LANGUAGES OTHER THAN ENGLISH FOR ALL PA RTICIPATING ORGANIZATIONS HEA</p>

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<p>FORM 990, PART III, LINE 4A</p>	<p>LTHPARTNERS 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 PRACTITIONERS, CLINICS, HOSPITALS AND HEALTH PLANS 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 VIDEOS, TEXT AND WEB RESOURCES TO SUPPORT COMMUNITY DISCUSSIONS HEALTHPARTNERS IS AN ONGOING 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 WITH THE TWIN CITIES MEDICAL SOCIETY AND MINNESOTA PUBLIC RADIO'S CATHY WURZER, ALONG WITH KARE 11, TO SPONSOR COMMUNITY CONVERSATIONS AROUND THE STATE THAT HELP FAMILIES AND COMMUNITIES HAVE DISCUSSIONS ABOUT MEANINGFUL LIVING AND ADVANCED CARE PLANNING PHYSICAL ACTIVITY AND WELLNESS HEALTHPARTNERS OFFERED INCENTIVES IN 2017 FOR GETTING PHYSICALLY ACTIVE AND STAYING FIT THROUGH HEALTHPARTNERS FREQUENT FITNESS AND FREQUENT FITNESS CHALLENGE PROGRAMS THE FREQUENT FITNESS PROGRAM PROVIDES FULLY INSURED MEMBERS THE OPPORTUNITY TO EARN A REIMBURSEMENT OF UP TO \$20 ON THEIR MONTHLY FITNESS CLUB DUES AT OVER 5,000 HEALTH CLUB LOCATIONS IF THEY ACHIEVE AT LEAST 12 WORKOUTS IN THE MONTH (SELF-INSURED MEMBERS HAD ACCESS 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 2016 AND GOT REIMBURSED THE FREQUENT FITNESS CHALLENGE OFFERS MEMBERS AN ADDITIONAL INCENTIVE BY AWARDING THEM FOR MEETING THEIR VISIT CRITERIA AND GETTING REIMBURSED FOR EIGHT OUT OF 12 MONTHS</p>

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FORM 990, PART III, LINE 4A	<p>YUMPOWER & YUMPOWER SCHOOL CHALLENGE IN 2011, HEALTHPARTNERS LAUNCHED YUMPOWER, 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 WEBSITE WITH MANY BETTER-FOR-YOU EATING TOOLS, TIPS, AND COOKING VIDEOS, AS WELL AS A FREE SMART PHONE APP THAT HELPS PEOPLE FIND BETTER OPTIONS AT COMMONLY CHOSEN RESTAURANTS. HEALTHPARTNERS 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 MOVEMENT 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, REPLACING HIGH-CALORIE, ENERGY DENSE FOODS, SUCH AS SOFT DRINKS AND CANDY, HELP TO SUPPORT CULTURAL CHANGE OF BETTER EATING IN THE SCHOOLS. SCHOOL CHALLENGE THE SCIENCE IS CLEAR THAT HABITS FORMED IN CHILDHOOD LAST A LIFETIME. EATING AT LEAST FIVE FRUITS AND VEGGIES AND BEING PHYSICALLY ACTIVE EVERY DAY IS THE BEST WAY FOR KIDS TO BE HEALTHY AND HEALTHY STUDENTS ARE BETTER LEARNERS AND ACADEMIC SUCCESS IS STRONGLY LINKED TO GOOD HEALTH IN ADULTHOOD. THE SCHOOL CHALLENGE ENCOURAGES STUDENTS FROM KINDERGARTEN THROUGH FIFTH GRADE TO TRY TO EAT FIVE FRUITS AND VEGGIES AND TO BE PHYSICALLY ACTIVE EVERY DAY. IN 2017, NEARLY 25,000 CHILDREN IN MINNESOTA AND WISCONSIN JOINED THE SCHOOL CHALLENGE IN 54 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 PROGRAM. SURVEYS SHOWED THAT 70 PERCENT FAMILIES AND MORE THAN 83 PERCENT OF SCHOOL STAFF OBSERVED THAT KIDS WERE MORE INTERESTED IN TRYING OR EATING FRUITS AND VEGGIES AS A RESULT OF THE THREE-WEEK SCHOOL CHALLENGE. SCHOOLS IN THE EAST METROPOLITAN AREA ARE GOING EVEN FURTHER TO CREATE A CULTURE OF HEALTH AT SCHOOL AND IN THE COMMUNITY. SCHOOLS FOCUS ON EVIDENCE-BASED STRATEGIES TO MAKE LASTING CHANGE. HERE ARE SOME EXAMPLES OF WHAT SCHOOLS ARE DOING: USE PHYSICAL ACTIVITY AS A REWARD, REDUCE OR ELIMINATE SUGARY BEVERAGES IN SCHOOL AND AT SCHOOL EVENTS, INCLUDE A PHYSICAL ACTIVITY BREAK IN CLASSROOMS EVERY DAY, LIMIT SCREEN TIME TO SCHOOL WORK, PROMOTE ACTIVITY-BASED CELEBRATIONS, FUNDRAISERS AND EVENTS. 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 T</p>

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FORM 990, PART III, LINE 4A	<p>HEIR STORES COMMUNITY BENEFIT OPERATIONS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2015, A COMPREHENSIVE, SIX-STEP COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") COLLABORATION WAS CONDUCTED FOR HEALTHPARTNERS AND ITS HOSPITALS (REGIONS HOSPITAL, LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, HUDSON HOSPITAL, WESTFIELDS HOSPITAL, AMERY REGIONAL MEDICAL CENTER, AND P ARK 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 PER TRAINING 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 IN 2017, WE STARTED OUR CHNA FOR 2018 AND THE IMPLEMENTATION PLAN FOR (2019-2021) 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, WHOSE NAME WAS CHANGED TO COLLECTIVE ACTION MAKING A COLLECTIVE IMPACT (CACI), WAS TASKED WITH DEVELOPING AND IMPLEMENTING ACTIVITIES THAT ADDRESS A SHARED PUBLIC HEALTH PRIORITY AREA BASED ON CHNAS THEIR FOCUS HAS BEEN ON MENTAL HEALTH 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>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. THE WORKGROUPS MEETS ONCE EACH MONTH AND ITS MEMBERS INCLUDE REPRESENTATIVES FROM THE HOSPITALS, HEALTH PLAN, AND PUBLIC HEALTH SECTORS. 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 PREMIER 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. MORE ABOUT WORKPLACE DIVERSITY CAN BE FOUND ON THE 2017 GROUP HEALTH PLAN, INC. 990 ORGANIZATION AWARDS AND ACHIEVEMENTS IN 2017, 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 RECOGNIZED TOP-NOTCH CUSTOMER SERVICE TO THOSE THAT HONOR INNOVATION, HEALTH OUTCOMES AND PATIENT SAFETY. 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. TOP HEALTH SYSTEM HEALTHPARTNERS WAS NAMED A WATSON HEALTH TOP 15 HEALTH SYSTEM (FORMERLY TRUVEN HEALTH ANALYTICS) HIGH-QUALITY CLINICAL CARE HEALTHPARTNERS, PARK NICOLLET AND STILLWATER MEDICAL GROUP WERE RATED AMONG THE HIGHEST QUALITY CLINICAL CARE BY MN COMMUNITY MEASUREMENT. RECOGNIZED MEDICARE MODEL PARK NICOLLET IS NAMED ONE OF BECKER HOSPITAL REVIEW'S 110 ACCOUNTABLE CARE ORGANIZATIONS GENERATION ACO. THE NEXT GENERATION ACO MODEL WAS LAUNCHED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) INNOVATION CENTER IN 2016. PATIENTS WITH DIABETES, VASCULAR DISEASE OR CLINICAL DEPRESSION ARE GETTING SOME OF THE BEST POSSIBLE CARE AT DOZENS OF HEALTHPARTNERS AND PARK NICOLLET CLINICS. THESE CLINICS ONCE AGAIN EARNED HIGH MARKS FROM THE 2017 MINNESOTA BRIDGES TO EXCELLENCE (MNBTE) PROGRAM.</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>TOP-RATED HEALTH PLANS HEALTHPARTNERS IS THE TOP-RATED PRIVATE (COMMERCIAL) PLAN IN MINNESOTA AND IS ONE OF THE HIGHEST-RATED PLANS IN THE NATION, WITH A RATING OF 4.5 OUT OF 5 ACCORDING TO THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE PRIVATE HEALTH INSURANCE PLAN RATINGS 2017-2018. NCQA GAVE OUR FREEDOM MEDICARE PLAN A 5 OUT OF 5 RATING AWARD-WINNING TECHNOLOGY FOR MORE THAN A DECADE, HEALTHPARTNERS HAS BEEN NAMED A MOST WIRED HEALTH SYSTEM BY HOSPITALS & HEALTH NETWORK FOR USING TECHNOLOGY TO IMPROVE PATIENT CARE, SERVICE, QUALITY AND COMMUNICATION THROUGH THE ELECTRONIC HEALTH RECORD AND OTHER TOOLS SUCH AS TELEHEALTH AND SMARTPHONES. PHARMACY OUR PROGRAM TO HELP CURE HEPATITIS C RECEIVED THE PHARMACY BENEFIT MANAGEMENT INSTITUTE'S EXCELLENCE AWARD. OUR MEDICATION THERAPY MANAGEMENT PROGRAM EARNED THE AMERICAN PHARMACISTS ASSOCIATION PINNACLE AWARD. BEST HOSPITALS REGIONS HOSPITAL IS AMONG HEALTHGRADES AMERICA'S 50 BEST HOSPITALS (2016-2018). METHODIST HOSPITAL IS AMONG HEALTHGRADES AMERICA'S 100 BEST HOSPITALS (2017-2018). CANCER CARE FRAUENSHUH CANCER CENTER RECEIVED THE EUREKA INNOVATION AWARD FROM THE MINNEAPOLIS/ST. PAUL BUSINESS JOURNAL FOR REDUCING PAIN AND AVOIDING OPIOIDS. ORTHOPEDICS METHODIST AND REGIONS HOSPITALS WERE NAMED OWN THE BONE STAR PERFORMERS FOR PREVENTING FRACTURES. SAFETY REGIONS AND METHODIST HOSPITALS EARNED THE MINNESOTA HOSPITAL ASSOCIATION'S CHAIN AWARD FOR EXCELLENCE FOR INFECTION PREVENTION. SUSTAINABILITY WESTFIELDS HOSPITAL & CLINIC AND AMERY HOSPITAL & CLINIC HAVE BEEN RECOGNIZED WITH A GREEN MASTERS AWARD FROM THE WISCONSIN SUSTAINABLE BUSINESS COUNCIL. BECKER'S HOSPITAL REVIEW HAS NAMED REGIONS HOSPITAL, METHODIST HOSPITAL, LAKEVIEW HOSPITAL AND HUDSON HOSPITAL & CLINIC AMONG ITS 60 GREENEST HOSPITALS IN AMERICA. ALL SIX HOSPITALS IN THE HEALTHPARTNERS SYSTEM HAVE RECEIVED THIS YEAR'S GREENING THE OR AWARD FOR PRACTICE GREENHEALTH. AMERY HOSPITAL & CLINIC, HUDSON HOSPITAL & CLINIC, LAKEVIEW HOSPITAL, METHODIST HOSPITAL, REGIONS HOSPITAL AND WESTFIELDS HOSPITAL & CLINIC WERE HONORED FOR THEIR WORK TO REDUCE THE ENVIRONMENTAL FOOTPRINT OF THEIR OPERATING ROOMS. LEADERSHIP MARY BRAINERD, PRESIDENT AND CHIEF EXECUTIVE OFFICER OF HEALTHPARTNERS, WAS NAMED ONE OF THE "TOP 25 WOMEN IN HEALTHCARE" BY MODERN HEALTHCARE. THIS HONOR IS PRESENTED TO FEMALE EXECUTIVES FROM AROUND THE UNITED STATES WHO ARE DEVELOPING POLICY, LEADING CHANGE AND GUIDING THE DELIVERY OF HEALTH CARE. 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) MINNEAPOLIS ST. PAUL MAGAZINE TOP DOCTORS MINNESOTA MONTHLY BEST DOCTORS HOSPITAL AND HEALTH NETWORK MAGAZINE'S MOST WIRED (HEALTHPARTNERS) MODERN HEALTHCARE 100 MOST INFLUENTIAL PEOPLE IN HEALTHCARE (MARY BRAINERD) MINNESOTA PHYSICIAN TOP 100 LEADERS IN HEALTH CARE (MARY BRAINERD, DR. BRIAN RANK, DR. ST. EVE CONNELLY, MEGAN REMARK) MI</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	MINNESOTA BUSINESS MAGAZINE LEADERS IN HEALTH CARE AWARDS (DR DREW ZINKEL) CENTERS FOR MEDICARE AND MEDICAID SERVICES CMS 5 STAR RATING (MEDICARE PLANS) ASSOCIATION 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	EACH HPI DIRECTOR IS ALSO A CONTRACT HOLDER OF HPI HEALTH PLAN OR A HEALTH PLAN OFFERED OR ADMINISTERED BY A 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 THE MAJORITY OF THE HPI BOARD OF DIRECTORS WHO SERVE AS MEMBER-ELECTED DIRECTORS AND WHO ALSO MUST BE CONTRACT HOLDERS AS EXPLAINED IN LINE 6A 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	THE HPI BOARD MONITORS POTENTIAL CONFLICTS OF INTEREST ON THE PART OF ITS BOARD MEMBERS, PRINCIPAL OFFICERS, MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS, AND KEY EMPLOYEES ("COVERED PERSONS") BY MAINTAINING A CONFLICT OF INTEREST POLICY UNDER THE POLICY, COVERED PERSONS ANNUALLY ARE PROVIDED WITH A COPY OF THE POLICY AND REQUESTED TO COMPLETE A QUESTIONNAIRE IDENTIFYING ANY POTENTIAL CONFLICTS OF INTERESTS THE LEGAL DEPARTMENT OF HEALTHPARTNERS REVIEWS THE QUESTIONNAIRE RESPONSES AND DEVELOPS A REPORT DETAILING ANY POTENTIALLY MATERIAL CONFLICTS FOR THE PRESIDENT AND CHAIR OF THE BOARD A VERBAL SUMMARY IS ALSO GIVEN TO THE FULL BOARD OR APPROPRIATE COMMITTEE, AND REINFORCES THE POLICY'S MANDATE THAT EACH PERSON IS OBLIGATED TO DISCLOSE ANY NEW POTENTIAL CONFLICTS AS THEY MAY ARISE THROUGHOUT THE YEAR 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>

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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 -10,717,017 EARNINGS IN AFFILIATED ORGANIZATION -1,711,136 FASB 124 FAIR MARKET VALUATION ADJUSTMENT -1,312,100 ST FRANCIS FUND BALANCE TRANSFER 9,001,000

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**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		No
b	Gift, grant, or capital contribution to related organization(s)	Yes	
c	Gift, grant, or capital contribution from related organization(s)		No
d	Loans or loan guarantees to or for related organization(s)		No
e	Loans or loan guarantees by related organization(s)		No
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)		No
k	Lease of facilities, equipment, or other assets from related organization(s)		No
l	Performance of services or membership or fundraising solicitations for related organization(s)		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o	Sharing of paid employees with related organization(s)	Yes	
p	Reimbursement paid to related organization(s) for expenses	Yes	
q	Reimbursement paid by related organization(s) for expenses	Yes	
r	Other transfer of cash or property to related organization(s)		No
s	Other transfer of cash or property from related organization(s)		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)

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
8171 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	
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	HEALTHPARTNERS INC	Yes	
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)	HEALTHPARTNERS INC	Yes	
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1670163	HEALTHCARE EDUCATION AND RESEARCH	MN	501(C)(3)	509(A)(3) TYPE I	HEALTHPARTNERS INC	Yes	
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-2011453	TRANSITIONAL CARE SERVICES, STEP DOWN FROM INPATIENT HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(III)	HPI - RAMSEY	Yes	
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	
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1888902	PROVIDE SUPPORT TO HOSPITAL AND IMPORVE COMMUNITY HEALTH	MN	501(C)(3)	170(B)(1) (A)(VI)	HPI - RAMSEY	Yes	
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1891928	HEALTHCARE STAFFING AND INTENSE REHAB SERVICES	MN	501(C)(3)	509(A)(3) TYPE II	HPI - RAMSEY	Yes	
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	
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	
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1279567	PROVIDE SUPPORT TO HOSPITAL AND IMPORVE COMMUNITY HEALTH	WI	501(C)(3)	170(B)(1) (A)(VI)	HUDSON HOSPITAL INC	Yes	
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	
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1386635	HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(III)	STILLWATER HEALTH SYSTEM	Yes	
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 83-0379473	CLINIC STAFF AND FACILITIES	MN	501(C)(3)	509(A)(3) TYPE I	STILLWATER HEALTH SYSTEM	Yes	
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	
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	
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1770913	PROVIDE HOSPITAL PROGRAM FINANCIAL SUPPORT	WI	501(C)(3)	170(B)(1) (A)(VI)	WESTFIELDS HOSPITAL INC	Yes	
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1503090	HOME CARE AND HOSPICE	MN	501(C)(3)	509(A)(2)	HPI - RAMSEY	Yes	
6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 36-3465840	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(2)	HEALTHPARTNERS INC	Yes	
6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 23-7346465	SUPPORT TO RELATED ENTITIES AND COMMUNITY TO IMPROVE HEALTH	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
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	
6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 01-0638901	DURABLE MEDICAL EQUIPMENT , PHARMACY AND OTHER HEALTH CARE RETAIL SALES	MN	501(C)(3)	509(A)(3) TYPE I	PARK NICOLLET HEALTH SERVICES	Yes	
6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-0834920	CLINIC SERVICES	MN	501(C)(3)	170(B)(1) (A)(III)	PARK NICOLLET HEALTH SERVICES	Yes	
6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1741792	HEALTHCARE REAL ESTATE	MN	501(C)(3)	509(A)(3) TYPE I	PARK NICOLLET HEALTH SERVICES	Yes	
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	
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1726539	PROVIDE SUPPORT TO HOSPITAL AND IMPORVE 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
HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	N/A	C				Yes	
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
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
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
DENTAL SPECIALTIES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 45-1297583	PROFESSIONAL DENTAL SERVICES	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
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
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
GROUP HEALTH PLAN INC - CLAIMSHEALTHCARE SERVICES	P	58,556,699	
HUDSON HOSPITAL INC - CLAIMSHEALTHCARE SERVICES	P	957,643	
PHYSICIANS NECK AND BACK CLINICS - CLAIMSHEALTHCARE SERVICES	P	687,485	
RAMSEY INTEGRATED HEALTH SERVICES - CLAIMSHEALTHCARE SERVICES	P	848,652	
LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION INC - CLAIMSHEALTHCARE SERVICES	P	4,402,933	
REGIONS HOSPITAL - CLAIMSHEALTHCARE SERVICES	P	67,357,484	
WESTFIELDS HOSPITAL INC - CLAIMSHEALTHCARE SERVICES	P	568,321	
CAPITOL VIEW TRANSITIONAL CARE CENTER - CLAIMSHEALTHCARE SERVICES	P	128,279	
REGIONS HOSPITAL - RENT	Q	640,000	
GROUP HEALTH PLAN INC - MANAGEMENT & HEALTHCARE SUPPORT SERVICES	M	132,556,696	
AMERY REGIONAL MEDICAL CENTER INC - CLAIMSHEALTHCARE SERVICES	P	305,193	
PARK NICOLLET METHODIST HOSPITAL - CLAIMSHEALTHCARE SERVICES	P	30,233,406	
PARK NICOLLET CLINIC - CLAIMSHEALTHCARE SERVICES	P	91,751,225	
HPI-RAMSEY - NET ASSET TRANSFER	B	756,017	