

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
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- 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): 8170 33RD AVENUE SOUTH PO BOX 1309
Room/suite
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 \$ 2,157,380,496

F Name and address of principal officer: TODD HOFHEINS, 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
H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c)(4) 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: HEALTHPARTNERS' MISSION IS TO IMPROVE HEALTH AND WELL-BEING IN PARTNERSHIP WITH OUR MEMBERS, PATIENTS AND COMMUNITY
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: 15
4 Number of independent voting members of the governing body: 12
5 Total number of individuals employed in calendar year 2018: 0
6 Total number of volunteers (estimate if necessary): 135
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

Table with 4 columns: Description, Prior Year, Current Year, and Net Assets or Fund Balances. Rows include Revenue (8-12), Expenses (13-19), and Net Assets or Fund Balances (20-22).

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 (TODD HOFHEINS CFO) and Date (2019-11-13)

Paid Preparer Use Only: Preparer's name (KPMG LLP), signature, date, firm's name, address, and PTIN (P01413237).

**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 \$ 1,802,845,213 including grants of \$ ) (Revenue \$ 1,948,577,692 )  
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 ▶ 1,802,845,213

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and other IRS requirements.

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 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	0		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b>2b</b>			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		<b>3a</b>		No	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i>		<b>3b</b>			
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		<b>4a</b>		No	
<b>b</b> If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		<b>5a</b>		No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>		No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		<b>5c</b>			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		<b>6a</b>		No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		<b>7a</b>			
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		<b>7b</b>			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<b>7c</b>			
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>			
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		<b>7f</b>			
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		<b>8</b>			
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter					
<b>a</b> Gross income from members or shareholders . . . . .		<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .		<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year		<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		<b>13a</b>			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .		<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .		<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b>		No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i>		<b>14b</b>			
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .		<b>15</b>		No	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .		<b>16</b>		No	

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?	Yes	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		No
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	Yes	
<b>15b</b>	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	Yes	

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed: MN

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 ▶ KEVIN J BRANDT DIRECTOR OF FINANCIAL REPORTING 8170 33RD AVE S PO BOX 1309 MINNEAPOLIS, MN 554401309 (952) 883-6584

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

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

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

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

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

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

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

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

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

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

<b>1b Sub-Total</b> . . . . .			
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .			
<b>1d Total (add lines 1b and 1c)</b> . . . . .	0	29,071,887	5,996,343

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

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

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**

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

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

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> MEDICARE & MEDICAID PA		524114	1,078,491,964	1,078,491,964		
	<b>b</b> EARNED MEDICAL PREMIUM		524114	766,363,754	766,363,754		
	<b>c</b> EARNED DENTAL PREMIUMS		524114	95,813,806	95,813,806		
	<b>d</b> OTHER REVENUE		524114	7,906,838	7,906,838		
	<b>e</b> _____						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f . . . . .			1,948,576,362				

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			700,009			700,009	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .							
	<b>5</b> Royalties . . . . .							
	<b>6a</b> Gross rents	(i) Real	(ii) Personal					
			8,233,716					
		<b>b</b> Less rental expenses		2,074,868				
		<b>c</b> Rental income or (loss)		6,158,848				
	<b>d</b> Net rental income or (loss) . . . . .			6,158,848			6,158,848	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			199,869,079					
		<b>b</b> Less cost or other basis and sales expenses		198,798,991				
		<b>c</b> Gain or (loss)		1,070,088				
	<b>d</b> Net gain or (loss) . . . . .			1,070,088			1,070,088	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>						
	<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from fundraising events . . . . .								
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>							
<b>b</b> Less direct expenses . . . . .	<b>b</b>							
<b>c</b> Net income or (loss) from gaming activities . . . . .								
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>							
<b>c</b> Net income or (loss) from sales of inventory . . . . .								
Miscellaneous Revenue	Business Code							
<b>11a</b> MISCELLANEOUS REVENUE			1,330	1,330				
<b>b</b> _____								
<b>c</b> _____								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			1,330					
<b>12 Total revenue.</b> See Instructions . . . . .			1,956,506,637	1,948,577,692	0		7,928,945	

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	86,836,080	38,136,040	48,700,040	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,855,480	3,010,740	3,844,740	
<b>9</b> Other employee benefits	15,996,120	7,025,060	8,971,060	
<b>10</b> Payroll taxes	4,570,320	2,007,160	2,563,160	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	275,644	275,644		
<b>12</b> Advertising and promotion	1,995,983	934,149	1,061,834	
<b>13</b> Office expenses	1,007,689	471,613	536,076	
<b>14</b> Information technology	211,902	99,173	112,729	
<b>15</b> Royalties				
<b>16</b> Occupancy	7,103,525	2,220,753	4,882,772	
<b>17</b> Travel	62,122	29,074	33,048	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	13,416	6,279	7,137	
<b>20</b> Interest	8,618,605	4,180,584	4,438,021	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	11,955,000	1,890,000	10,065,000	
<b>23</b> Insurance	535,599	250,668	284,931	
<b>24</b> 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.)				
<b>a</b> MEDICAL SERVICES	1,682,631,658	1,682,631,658		
<b>b</b> TAXES AND SURCHARGES	45,097,337	45,093,541	3,796	
<b>c</b> DUES & FEES	32,070,443	14,448,280	17,622,163	
<b>d</b> BAD DEBT	153,282	71,613	81,669	
<b>e</b> All other expenses	135,004	63,184	71,820	
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,906,125,209	1,802,845,213	103,279,996	0
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	3,716,857	<b>1</b>	5,097,796
	<b>2</b> Savings and temporary cash investments . . . . .	253,994,197	<b>2</b>	279,056,544
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	194,430,429	<b>4</b>	243,322,439
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	45,875,250	<b>7</b>	68,358,917
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	6,405,316	<b>9</b>	7,472,341
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 28,690,630		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 14,241,802	15,199,102	<b>10c</b> 14,448,828
	<b>11</b> Investments—publicly traded securities . . . . .	346,264,000	<b>11</b>	341,945,576
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	61,194,407	<b>12</b>	60,402,046
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	1,510,358	<b>15</b>	2,233,980
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	928,589,916	<b>16</b>	1,022,338,467	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	48,634,224	<b>17</b>	52,001,754
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	105,420,515	<b>19</b>	99,419,044
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	84,148,977	<b>23</b>	128,281,250
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	128,174,386	<b>25</b>	139,511,666
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	366,378,102	<b>26</b>	419,213,714
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	562,211,814	<b>27</b>	603,124,753
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	562,211,814	<b>33</b>	603,124,753	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	928,589,916	<b>34</b>	1,022,338,467	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,956,506,637
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,906,125,209
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	50,381,428
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	562,211,814
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	6,596
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-9,475,085
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	603,124,753

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  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  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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
- 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?
- 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

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## **Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 41-1693838

**Name:** HEALTHPARTNERS INC

Form 990 (2018)

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**Form 990, Part III, Line 4a:**

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

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**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 ..... 64 00	X						0	947,899	70,786
RAE ANN WILLIAMS MD ..... DIRECTOR	1 00 ..... 39 00	X						0	339,691	103,520
DONALD LEWIS ..... DIRECTOR	3 10 .....	X						0	28,000	0
RUTH MICKELSEN ..... DIRECTOR & CHAIR	5 70 .....	X		X				0	40,000	0
JAMES MALECHA ..... DIRECTOR & VICE CHAIR	3 90 .....	X		X				0	28,000	0
THOMAS BRINSKO ..... DIRECTOR & TREASURER	4 60 .....	X		X				0	28,000	0
LUZ MARIA FRIAS ..... DIRECTOR & SECRETARY	1 30 .....	X		X				0	28,000	0
SUSAN HOYT ..... DIRECTOR	2 50 .....	X						0	28,000	0
MORRIS GOODWIN ..... DIRECTOR	3 40 .....	X						0	28,000	0
DEBORAH HOPP ..... DIRECTOR	3 50 .....	X						0	28,000	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	2 90 .....	X						0	28,000	0
AMY LANGER ..... DIRECTOR	3 70 .....	X						0	28,000	0
PHILIP DONALDSON ..... DIRECTOR	2 70 .....	X						0	25,000	0
CHRISTOPHER H TASHJIAN MD FAAFP ..... DIRECTOR	3 20 .....	X						0	25,000	0
BRIAN H RANK MD ..... DIRECTOR & MEDICAL DIRECTO	3 20 ..... 66 80	X		X				0	1,008,439	277,863
CHARLES J ABRAHAMSON ..... VP-NETWORK MGMT & PROVIDER	9 80 ..... 30 20			X				0	341,290	123,158
ALAN V ABRAMSON ..... SRVP & CIO	7 90 ..... 39 10			X				0	690,578	104,425
SCOTT A AEBISCHER ..... SR VP CUSTOMER SERV/PROD	12 40 ..... 37 60			X				0	577,788	171,990
FELIX ANKEL MD ..... EXEC DIR - HEALTH PROFESSI	0 50 ..... 49 50			X				0	547,921	97,785
COURTNEY BIBEE ..... VP CARE GROUP COMPLIANCE O	0 50 ..... 39 50			X				0	266,059	51,879

**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			
MARY K BRAINERD ..... PRESIDENT & CEO	12 80 ..... 37 20			X				0	264,192	43,748
JULIE BUNDE ..... VP PRODUCT AND MARKET INNOVATIONS	7 80 ..... 37 20			X				0	207,476	80,108
STEVEN D BUNDE ..... VP INTERNAL AUDIT, INTEGRI	9 10 ..... 40 90			X				0	279,490	58,588
DAVID BUSCH ..... VP PHARMACY SERVICES	17 80 ..... 42 20			X				0	299,300	81,584
ANAHITA CAMERON ..... SR VP HUMAN RESOURCES	0 50 ..... 40 50			X				0	415,706	63,084
KATHLEEN M COONEY ..... EXECUTIVE VP & CAO	12 70 ..... 42 80			X				0	690,077	35,497
ROBERT B CUMMING ..... SR VP ACTUARIAL/UNDERWRITI	8 90 ..... 25 10			X				0	540,988	101,968
TRICIA L DEGE ..... VP FINANCE & PLANNING	0 50 ..... 39 50			X				0	432,420	79,524
AMY L DEWANE ..... VP - CARE SYSTEMS GROWTH	0 50 ..... 49 50			X				0	378,147	53,505
LESLIE DOCKAN ..... VP, PRIMARY CARE & CLINIC	0 50 ..... 49 50			X				0	375,556	53,467



**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			
DAVID A DZIUK ..... SR VP & CHIEF FINANCIAL OF	12 90 ..... 42 10			X				0	678,446	237,019
JAMES EPPEL ..... EXECUTIVE VP & CAO	0 50 ..... 54 50			X				0	958,908	199,463
CHARLES J FAZIO MD ..... HEALTH PLAN MEDICAL DIRECT	12 20 ..... 41 80			X				0	662,008	122,786
JASON GALLAGHER ..... VP,HEALTH INFORMATICS	12 20 ..... 37 80			X				0	347,842	76,664
YOUNG FRIED ..... VP PHARMACY SERVICES	39 50 ..... 0 50			X				0	289,648	52,296
DAVID S GESKO ..... SR VP - DENTAL DIRECTOR	0 50 ..... 59 50			X				0	668,868	109,514
TIM M HALEY ..... VP BROKER SALES	8 80 ..... 36 20			X				0	322,660	100,314
MARK HANSBERRY ..... VP, BUSINESS DEVELOPMENT I	0 50 ..... 49 50			X				0	517,570	110,371
CHAD HEIM ..... VP - HEALTH INFORMATICS	49 50 ..... 0 50			X				0	344,038	84,660
TODD HOFHEINS ..... EVP & CFO	15 00 ..... 40 00			X				0	871,800	141,354

**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			
STEVEN C HOUSH ..... VP ORTHOPEDIC SERVICES	0 50 ..... 59 50			X				0	414,425	54,031
CARA HULL ..... CHIEF QUALTY OFFICER	39 50 ..... 0 50			X				0	465,615	38,568
GEORGE J ISHAM MD MS ..... SENIOR ADVISOR	2 40 ..... 37 60			X				0	63,460	5,155
SUSAN KNUDSON ..... SR - VP HEALTH CARE ENGAGEMENT & HEALTH INFORMATICS	0 50 ..... 39 50			X				0	519,303	154,115
KIM R LAREAU ..... VP IS&T CARE DELIVERY	8 60 ..... 41 40			X				0	260,006	35,417
VINI T MANCHANDA ..... VP - SUPPLY CHAIN SERVICES	1 70 ..... 48 30			X				0	296,225	73,389
NANCY A MCCLURE ..... CHIEF OPERATING OFFICER	0 50 ..... 49 50			X				0	958,471	267,467
FRANK P MCQUILLAN ..... VP - TREASURY & REAL ESTAT	7 60 ..... 42 40			X				0	335,414	113,144
FRANK MULLER ..... VP - TECHNOLOGY & INFRASTR	8 30 ..... 38 70			X				0	274,732	84,284
JENNIFER MYSTER ..... VP - HOME CARE, HOSPICE AND COMMUNITY SENIOR CARE	0 50 ..... 39 50			X				0	55,682	8,578

**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			
PEGGY S NEALE ..... VP - NATIONAL ACCOUNT HEAL	0 30 ..... 44 70			X				0	356,311	82,783
ANDREW F NELSON ..... VP - INST EXECUTIVE DIREC	0 50 ..... 53 50			X				0	155,574	35,931
JEFFREY OGDEN ..... VP - HP DENTAL PLAN	0 50 ..... 39 50			X				0	287,494	52,190
KEVIN J PALATTAO ..... VP CLINIC PATIENT CARE SYS	0 50 ..... 54 50			X				0	449,268	137,757
NICO PRONK PHD ..... VP & HEALTH SCIENCE OFFICE	12 20 ..... 44 80			X				0	428,815	101,922
VINCE RIVARD ..... VP - COMMUNICATIONS	0 50 ..... 39 50			X				0	235,732	66,456
KEVIN R RONNEBERG ..... VP - ASSOCIATE MEDICAL DIR	39 50 ..... 0 50			X				0	396,184	52,756
KATIE B SAYRE ..... SR VP HLTH PLAN OPS & GOV	13 30 ..... 36 70			X				0	543,571	187,919
SCOTT A SCHNUCKLE ..... SR VP PHARMACY & BUSINESS	8 10 ..... 41 90			X				0	487,374	130,867
DOUG N SMITH ..... SR VP SALES	9 80 ..... 50 20			X				0	547,602	168,494

**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			
ELIZABETH L SWANSON ..... VP HUMAN RESOURCES	3 90 ..... 36 10			X				0	330,380	96,186
TOBI TANZER ..... VP CORPORATE INTEGRITY	10 70 ..... 39 30			X				0	369,573	92,442
KARI TOFT ..... VP , IS&T CARE DELIVERY SYSTEM	0 50 ..... 39 50			X				0	106,920	20,113
BARBARA E TRETHERWAY ..... SR VP GENERAL COUNSEL	13 10 ..... 41 90			X				0	1,850,381	219,600
ANDREA M WALSH ..... EXEC VP & CHIEF MARKETING	14 70 ..... 40 30			X				0	1,633,158	457,722
BETH A WATERMAN ..... CHIEF IMPROVEMENT OFFICER	12 20 ..... 37 80			X				0	81,407	7,703
BECKY WOODY ..... VP - HEALTH SOLUTIONS SALES, HPUPH	0 50 ..... 39 50			X				0	72,277	14,129
DONNA J ZIMMERMAN ..... SR VP GOVT & COMMUNITY REL	15 40 ..... 39 60			X				0	407,818	146,885
PAMELA S ZOELLER ..... VP - SPECIALTY CARE & CLIN	0 50 ..... 54 50			X				0	388,730	54,466
DENNIS M ZUZEK ..... VP - HEALTH PLAN & ENTERPR	7 80 ..... 37 20			X				0	327,279	51,757

**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				
CALVIN U ALLEN ..... SR VP STRAT PLANNING/HR	4 90 ..... 45 10						X	0	731,538	49,992	
BABETTE A APLAND ..... SR VP, MELROSE INSTITUTE	0 50 ..... 49 50						X	0	634,363	47,205	

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**  
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C  
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B  
 ● Section 527 organizations Complete Part I-A only  
**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**  
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B  
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A  
**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**  
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization HEALTHPARTNERS INC	<b>Employer identification number</b> 41-1693838
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**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b> 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			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b> Yes	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b> Yes	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year	<b>2a</b>
<b>b</b> Carryover from last year	<b>2b</b>
<b>c</b> Total	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>
<b>4</b> 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?	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>

**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
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**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.**  
**► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> 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	
<b>6</b> 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	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**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 |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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
- |  |     |    |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | Yes | No |
| <b>(ii)</b> related organizations . . . . .  |     |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |
- 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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .		26,124,866	11,676,038	14,448,828
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		2,417,710	2,417,710	0
<b>e</b> Other . . . . .		148,054	148,054	0
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				14,448,828

**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	6,702,046	C
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	60,402,046	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	139,511,666
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	139,511,666

**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.

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

**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.

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 41-1693838

**Name:** HEALTHPARTNERS INC

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	HEALTHPARTNERS, INC (HP) CONSOLIDATED AUDITED FINANCIAL STATEMENT FOOTNOTES CONTAIN THE FOLLOWING EXPLANATION HP'S ACCOUNTING POLICY PROVIDES THAT A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS HP RECORDED NO LIABILITIES AT DECEMBER 31, 2018 OR 2017 FOR UNRECOGNIZED TAX BENEFITS

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
HEALTHPARTNERS INC

Employer identification number  
41-1693838

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> 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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</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>	<b>1b</b>				
<p><b>2</b> 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>	<b>2</b>				
<p><b>3</b> 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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> 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><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>	Yes			
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	Yes			
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>					
<p><b>5</b> 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><b>a</b> The organization?</p>	<b>5a</b>		No		
<p><b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5b</b>		No		
<p><b>6</b> 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><b>a</b> The organization?</p>	<b>6a</b>		No		
<p><b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6b</b>	Yes			
<p><b>7</b> 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>	<b>7</b>		No		
<p><b>8</b> 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>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				

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

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

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

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



**Part III Supplemental Information**

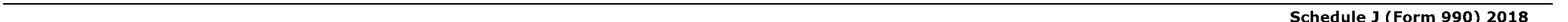
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 3	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.

Return Reference	Explanation
PART I, LINES 4A-B	<p>TOTAL COMPENSATION IN COLUMN E OF SCHEDULE J, PART II INCLUDES AMOUNTS FROM SEVERANCE FOR THE FOLLOWING DIRECTORS AND OFFICERS CALVIN ALLEN \$ 455,573 DEFERRED COMPENSATION IN COLUMN C OF SCHEDULE J, PART II INCLUDES AMOUNTS FROM A NONQUALIFIED 457(F) PLAN FOR THE FOLLOWING DIRECTORS AND OFFICERS CHARLES ABRAHAMSON \$ 20,402 SCOTT A AEBISCHER \$ 17,651 ANAHITA CAMERON \$ 10,955 ROBERT B CUMMING \$ 17,045 DAVID A DZIUK \$ 44,618 JAMES EPEL \$ 86,270 CHARLES J FAZIO \$ 37,619 DAVID S GESKO \$ 25,392 MARK HANSBERRY \$ 36,398 TODD HOFHEINS \$ 55,462 SUSAN M KNUDSON \$ 16,016 NANCY MCCLURE \$ 38,076 KEVIN PALATTAO \$ 12,086 BRIAN RANK, MD \$ 40,862 KATHERINE B SAYRE \$ 35,997 SCOTT A SCHNUCKLE \$ 13,799 DOUGLAS N SMITH \$ 18,044 BARBARA E TRETHERWAY \$ 31,694 ANDREA M WALSH \$ 139,884 DONNA J ZIMMERMAN \$ 26,732</p>

<b>Return Reference</b>	<b>Explanation</b>
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

Return Reference	Explanation
FORM 990, SCHEDULE J, PART II - PRIOR REPORTED COMPENSATION	<p>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 \$ 107,742 SCOTT AEBISCHER \$ 36,797 CALVIN U ALLEN \$ 46,259 FELIX ANKEL \$ 29,411 BABETTE A APLAND \$ 554,862 KATHLEEN M COONEY \$ 319,601 ROBERT B CUMMING \$ 21,110 DAVID A DZIUK \$ 47,394 CHARLES FAZIO \$ 129,012 DAVID GESKO, DDS \$ 27,135 CARA HULL \$ 33,556 GEORGE ISHAM \$ 57,460 SUSAN KNUDSON \$ 14,580 NANCY A MCCLURE \$ 124,125 BRIAN H RANK, MD \$ 133,873 KATIE B SAYRE \$ 33,228 SCOTT A SCHNUCKLE \$ 13,645 DOUG A SMITH \$ 15,941 BARBARA E TRETHERWAY \$1,110,660 ANDREA M WALSH \$ 74,283 DONNA J ZIMMERMAN \$ 27,783 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</p>



**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				
JEFF MENDELOFF MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	856,995	34,923	55,981	25,498	45,288	1,018,685	0
RAE ANN WILLIAMS MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	299,208	20,500	19,983	71,198	32,322	443,211	0
BRIAN H RANK MD DIRECTOR & MEDICAL DIRECTO	(i)	0	0	0	0	0	0	0
	(ii)	638,373	209,655	160,411	235,844	42,019	1,286,302	133,873
CHARLES J ABRAHAMSON VP-NETWORK MGMT & PROVIDER	(i)	0	0	0	0	0	0	0
	(ii)	266,042	68,269	6,979	91,560	31,598	464,448	0
ALAN V ABRAMSON SRVP & CIO	(i)	0	0	0	0	0	0	0
	(ii)	416,186	136,555	137,837	67,015	37,410	795,003	107,742
SCOTT A AEBISCHER SR VP CUSTOMER SERV/PROD	(i)	0	0	0	0	0	0	0
	(ii)	388,769	127,680	61,339	136,615	35,375	749,778	36,797
FELIX ANKEL MD EXEC DIR - HEALTH PROFESSI	(i)	0	0	0	0	0	0	0
	(ii)	403,080	103,708	41,133	62,444	35,341	645,706	29,411
COURTNEY BIBEE VP CARE GROUP COMPLIANCE O	(i)	0	0	0	0	0	0	0
	(ii)	200,264	54,243	11,552	20,625	31,254	317,938	0
MARY K BRAINERD PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	0	264,192	0	31,956	11,792	307,940	0
JULIE BUNDE VP PRODUCT AND MARKET INNOVATIONS	(i)	0	0	0	0	0	0	0
	(ii)	174,583	26,224	6,669	61,894	18,214	287,584	0
STEVEN D BUNDE VP INTERNAL AUDIT, INTEGRI	(i)	0	0	0	0	0	0	0
	(ii)	222,420	54,786	2,284	39,128	19,460	338,078	0
DAVID BUSCH VP PHARMACY SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	235,290	60,278	3,732	49,848	31,736	380,884	0
ANAHITA CAMERON SR VP HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	313,453	100,000	2,253	35,639	27,445	478,790	0
KATHLEEN M COONEY EXECUTIVE VP & CAO	(i)	0	0	0	0	0	0	0
	(ii)	88,912	266,006	335,159	13,750	21,747	725,574	319,601
ROBERT B CUMMING SR VP ACTUARIAL/UNDERWRITI	(i)	0	0	0	0	0	0	0
	(ii)	316,829	175,304	48,855	68,040	33,928	642,956	21,110
TRICIA L DEGE VP FINANCE & PLANNING	(i)	0	0	0	0	0	0	0
	(ii)	323,997	106,095	2,328	45,857	33,667	511,944	0
AMY L DEWANE VP - CARE SYSTEMS GROWTH	(i)	0	0	0	0	0	0	0
	(ii)	294,705	74,844	8,598	20,625	32,880	431,652	0
LESLIE DOCKAN VP, PRIMARY CARE & CLINIC	(i)	0	0	0	0	0	0	0
	(ii)	298,528	75,272	1,756	20,625	32,842	429,023	0
DAVID A DZIUK SR VP & CHIEF FINANCIAL OF	(i)	0	0	0	0	0	0	0
	(ii)	461,334	157,584	59,528	199,785	37,234	915,465	47,394
JAMES EPEL EXECUTIVE VP & CAO	(i)	0	0	0	0	0	0	0
	(ii)	767,308	191,250	350	158,162	41,301	1,158,371	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				
CHARLES J FAZIO MD HEALTH PLAN MEDICAL DIRECT	(i)	0	0	0	0	0	0	0
	(ii)	370,968	132,826	158,214	86,800	35,986	784,794	129,012
JASON GALLAGHER VP, HEALTH INFORMATICS	(i)	0	0	0	0	0	0	0
	(ii)	254,446	88,918	4,478	44,150	32,514	424,506	0
YOUNG FRIED VP PHARMACY SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	229,678	50,400	9,570	20,625	31,671	341,944	0
DAVID S GESKO SR VP - DENTAL DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	441,229	177,093	50,546	72,419	37,095	778,382	27,135
TIM M HALEY VP BROKER SALES	(i)	0	0	0	0	0	0	0
	(ii)	252,464	68,751	1,445	69,249	31,065	422,974	0
MARK HANSBERRY VP, BUSINESS DEVELOPMENT I	(i)	0	0	0	0	0	0	0
	(ii)	396,539	119,280	1,751	75,396	34,975	627,941	0
CHAD HEIM VP - HEALTH INFORMATICS	(i)	0	0	0	0	0	0	0
	(ii)	247,871	88,918	7,249	53,285	31,375	428,698	0
TODD HOFHEINS EVP & CFO	(i)	0	0	0	0	0	0	0
	(ii)	692,308	100,000	79,492	114,885	26,469	1,013,154	0
STEVEN C HOUSH VP ORTHOPEDIC SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	326,469	82,217	5,739	20,625	33,406	468,456	0
CARA HULL CHIEF QUALTY OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	325,878	83,589	56,148	20,625	17,943	504,183	33,556
SUSAN KNUDSON SR - VP HEALTH CARE ENGAGEMENT & HEAL	(i)	0	0	0	0	0	0	0
	(ii)	347,939	142,144	29,220	119,189	34,926	673,418	14,580
KIM R LAREAU VP IS&T CARE DELIVERY	(i)	0	0	0	0	0	0	0
	(ii)	177,119	81,153	1,734	13,221	22,196	295,423	0
VINI T MANCHANDA VP - SUPPLY CHAIN SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	230,860	58,212	7,153	41,697	31,692	369,614	0
NANCY A MCCLURE CHIEF OPERATING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	587,739	199,065	171,667	226,173	41,294	1,225,938	124,125
FRANK P MCQUILLAN VP - TREASURY & REAL ESTAT	(i)	0	0	0	0	0	0	0
	(ii)	266,820	65,970	2,624	80,884	32,260	448,558	0
FRANK MULLER VP - TECHNOLOGY & INFRASTR	(i)	0	0	0	0	0	0	0
	(ii)	212,995	54,801	6,936	53,914	30,370	359,016	0
PEGGY S NEALE VP - NATIONAL ACCOUNT HEAL	(i)	0	0	0	0	0	0	0
	(ii)	234,752	119,883	1,676	51,704	31,079	439,094	0
ANDREW F NELSON VP - INST EXECUTIVE DIREC	(i)	0	0	0	0	0	0	0
	(ii)	144,270	0	11,304	8,069	27,862	191,505	0
JEFFREY OGDEN VP - HP DENTAL PLAN	(i)	0	0	0	0	0	0	0
	(ii)	230,773	55,793	928	20,625	31,565	339,684	0
KEVIN J PALATTAO VP CLINIC PATIENT CARE SYS	(i)	0	0	0	0	0	0	0
	(ii)	316,245	108,018	25,005	103,846	33,911	587,025	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				
NICO PRONK PHD VP & HEALTH SCIENCE OFFICE	(i)	0	0	0	0	0	0	0
	(ii)	336,127	84,420	8,268	68,233	33,689	530,737	0
VINCE RIVARD VP - COMMUNICATIONS	(i)	0	0	0	0	0	0	0
	(ii)	185,002	50,384	346	35,641	30,815	302,188	0
KEVIN R RONNEBERG VP - ASSOCIATE MEDICAL DIR	(i)	0	0	0	0	0	0	0
	(ii)	308,624	79,815	7,745	20,625	32,131	448,940	0
KATIE B SAYRE SR VP HLTH PLAN OPS & GOV	(i)	0	0	0	0	0	0	0
	(ii)	372,308	127,008	44,255	152,641	35,278	731,490	33,228
SCOTT A SCHNUCKLE SR VP PHARMACY & BUSINESS	(i)	0	0	0	0	0	0	0
	(ii)	344,010	113,377	29,987	96,403	34,464	618,241	13,645
DOUG N SMITH SR VP SALES	(i)	0	0	0	0	0	0	0
	(ii)	327,230	181,716	38,656	134,167	34,327	716,096	15,941
ELIZABETH L SWANSON VP HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	254,098	61,035	15,247	63,999	32,187	426,566	0
TOBI TANZER VP CORPORATE INTEGRITY	(i)	0	0	0	0	0	0	0
	(ii)	293,969	73,977	1,627	59,687	32,755	462,015	0
BARBARA E TRETHERWAY SR VP GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	537,528	176,535	1,136,318	177,613	41,987	2,069,981	1,110,660
ANDREA M WALSH EXEC VP & CHIEF MARKETING	(i)	0	0	0	0	0	0	0
	(ii)	1,137,914	413,350	81,894	407,655	50,067	2,090,880	74,283
DONNA J ZIMMERMAN SR VP GOVT & COMMUNITY REL	(i)	0	0	0	0	0	0	0
	(ii)	278,656	94,194	34,968	113,575	33,310	554,703	27,783
PAMELA S ZOELLER VP - SPECIALTY CARE & CLIN	(i)	0	0	0	0	0	0	0
	(ii)	302,986	75,600	10,144	21,433	33,033	443,196	0
DENNIS M ZUZEK VP - HEALTH PLAN & ENTERPR	(i)	0	0	0	0	0	0	0
	(ii)	256,503	66,512	4,264	20,625	31,132	379,036	0
CALVIN U ALLEN SR VP STRAT PLANNING/HR	(i)	0	0	0	0	0	0	0
	(ii)	11,885	216,300	503,353	12,759	37,233	781,530	46,259
BABETTE A APLAND SR VP, MELROSE INSTITUTE	(i)	0	0	0	0	0	0	0
	(ii)	9,286	70,215	554,862	29,472	17,733	681,568	554,862



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. Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization HEALTHPARTNERS INC

Employer identification number 41-1693838

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

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

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

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

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

Total \$

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

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

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) VIBRANT HEALTH FAMILY CLINICS (VHFC)	CHRIS TASHJIAN, MD, IS A PHYSICIAN OWNER OF VHFC IS ON THE BOD	118,555	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)**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018****Open to Public  
Inspection**

Department of the Treasury

Name of the organization  
HEALTHPARTNERS INC

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 FR OM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(4) AND IS THE PAREN T ENTITY OF HEALTHPARTNERS ORGANIZATIONS REFERRED TO COLLECTIVELY AS "HEALTHPARTNERS" FOU NDED IN 1957, AND IS PART OF THE HEALTHPARTNERS ORGANIZATION ("HEALTHPARTNERS") FOUNDED I N 1957, HEALTHPARTNERS IS AN INTEGRATED HEALTH CARE ORGANIZATION, PROVIDING HEALTH CARE SE RVICES AND HEALTH PLAN FINANCING AND ADMINISTRATION, AND IS THE LARGEST CONSUMER-GOVERNED NONPROFIT HEALTH CARE ORGANIZATION IN THE COUNTRY HEALTHPARTNERS' MISSION IS TO IMPROVE H EALTH AND WELL-BEING IN PARTNERSHIP WITH OUR MEMBERS, PATIENTS AND COMMUNITY HEALTHPARTNE RS 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 MA INTAINING AFFORDABILITY HEALTHPARTNERS INCLUDES AN ARRAY OF TAX-EXEMPT AND TAXABLE ORGANI ZATIONS WITH HEALTH CARE ACTIVITIES PRIMARILY OPERATING IN MINNESOTA, WESTERN WISCONSIN AN D EXPANDING INTO OTHER MIDWESTERN STATES HEALTHPARTNERS PROVIDES A FULL RANGE OF HEALTH C ARE DELIVERY AND HEALTH PLAN SERVICES INCLUDING INSURANCE, PATIENT CARE, ADMINISTRATION AN D HEALTH AND WELL-BEING PROGRAMS HEALTHPARTNERS HEALTH PLANS SERVE MORE THAN 1 8 MILLION MEDICAL AND DENTAL MEMBERS NATIONWIDE HEALTHPARTNERS MEDICAL CARE SYSTEM INCLUDES MORE TH AN 1,800 PHYSICIANS AND DENTISTS, SEVEN OWNED HOSPITALS WITH OVER 1,000 ACUTE CARE BEDS, O VER 100 OWNED AND LEASED PRIMARY AND SPECIALTY CARE MEDICAL FACILITIES AND 25 DENTAL FACIL ITIES WITH PRACTICES IN MINNESOTA AND WESTERN WISCONSIN HEALTHPARTNERS ALSO CONTRACTS WIT H OTHER PRIMARY AND SPECIALTY MEDICAL FACILITIES AND DENTAL FACILITIES, PHYSICIAN GROUPS, HOSPITALS AND RELATED HEALTHCARE PROVIDERS LOCATED PRIMARILY IN MINNESOTA, WESTERN WISCONSIN AND EXPANDING INTO OTHER MIDWESTERN STATES HEALTHPARTNERS ALSO PROVIDES MEDICAL EDUCAT ION AND TRAINING TO MEDICAL PROFESSIONALS AND CONDUCTS RESEARCH AND FUNDRAISING ACTIVITIES THAT SUPPORT THE HEALTH CARE DELIVERY SYSTEM A COMPLETE LISTING OF ALL ORGANIZATIONS WIT HIN HEALTHPARTNERS, AND THE RELATIONSHIP BETWEEN THEM, CAN BE FOUND ON SCHEDULE R WITHIN T HIS 990 RETURN DETAILED INFORMATION ABOUT THE COMMUNITY BENEFIT ACTIVITIES AND ACCOMPLISH MENTS OF EACH TAX-EXEMPT ORGANIZATION CAN BE FOUND IN THE INDIVIDUAL FORM 990 RETURN FOR T HAT ORGANIZATION HEALTHPARTNERS IS DRIVING CHANGE THAT HELPS OUR MEMBERS AND PATIENTS LIV E HEALTHIER LIVES HEALTHPARTNERS COLLABORATES WITH OTHER PLANS, CARE PROVIDERS AND OTHER COMMUNITY AND BUSINESS ORGANIZATIONS IN THE REGION AND THROUGHOUT THE NATION TO INCREASE A CCESS, CREATE AND SHARE QUALITY MEASURES AND INITIATIVES, PARTICIPATE IN DEVELOPMENT OF PU BLIC POLICY, AND COLLABORATE IN IMPROVEMENTS THAT SUPPORT THE TRIPLE AIM AMONG HEALTHPART NERS' SIGNATURE INITIATIVES CO</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	<p>NTINUING IN 2018 ARE TOTAL COST OF CARE MEASUREMENTS (DEVELOPMENT OF A NATIONALLY RECOGNIZ ED METRIC, ENDORSED BY THE NATIONAL QUALITY FORUM, ENABLING MEASUREMENT AND INCENTIVES BAS ED ON COORDINATION AND EVIDENCE-BASED PRACTICES), MENTAL HEALTH (REDUCING STIGMA, AND ASSU RING ACCESS TO HIGH QUALITY CARE IN THE MOST APPROPRIATE SETTINGS), CHILDREN'S HEALTH (IMP ROVING CHILD HEALTH BY PROMOTING EARLY BRAIN DEVELOPMENT, PROVIDING FAMILY CENTERED CARE, AND STRENGTHENING COMMUNITIES), AND SUSTAINABILITY (ENERGY EFFICIENCY, WASTE REDUCTION, AN D RESOURCE MANAGEMENT) HPI IS THE PARENT ENTITY OF HEALTHPARTNERS AND IS A MINNESOTA NON-PROFIT CORPORATION AND LICENSED HEALTH MAINTENANCE ORGANIZATION (HMO) RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(4) HPI IS THE SOLE CORPORATE MEMBER OF HPI-RAMSEY, A MINNESOTA NON-PROFIT CORPORATION RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TA X UNDER IRC SECTION 501(C)(3) IN TURN, HPI-RAMSEY IS THE SOLE CORPORATE MEMBER OF RIHS AN D ITS SISTER ORGANIZATIONS, REGIONS HOSPITAL (REGIONS), REGIONS HOSPITAL FOUNDATION, RH-WI SCONSIN, INC , STILLWATER HEALTH SYSTEM (LAKEVIEW HEALTH), AND CAPITOL VIEW TRANSITIONAL C ARE CENTER, ALL OF WHICH ARE NON-PROFIT CORPORATIONS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C) (3) MEMBERSHIP HPI MEMBERS RECEIVE A FULL RANGE OF PREPAID HEALTH CARE SERVICES, INCLUDING PROFESSIONAL CARE IN HOSPITALS AND PHYSICIAN OFFICES, IMAGING AND LAB ORATORY SERVICES, VARIOUS THERAPIES, PREVENTIVE SERVICES, HEALTH EDUCATION, AND CERTAIN PR ESCRIPTION DRUGS HPI PROVIDES THESE SERVICES TO ITS MEMBERS THROUGH A BROAD NETWORK OF PH YSICIANS AND HOSPITALS THIS NETWORK INCLUDES CLINICS STAFFED BY GROUP HEALTH PLAN, INC ( GHI) AND PARK NICOLLET CLINIC (PNC) EMPLOYED PHYSICIANS AND SEVEN HEALTHPARTNERS HOSPITALS REGIONS HOSPITAL (REGIONS), A LEVEL I ADULT AND PEDIATRIC CENTER IN ST PAUL, MINNESOTA, WESTFIELDS HOSPITAL, A CRITICAL ACCESS HOSPITAL IN NEW RICHMOND, WISCONSIN, HUDSON HOSPIT AL, A CRITICAL ACCESS HOSPITAL IN HUDSON, WISCONSIN, AMERY REGIONAL MEDICAL CENTER, A CRIT ICAL ACCESS HOSPITAL IN AMERY, WISCONSIN, LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION (LAKEVIEW HOSPITAL), A COMMUNITY HOSPITAL IN STILLWATER, MINNESOTA, HUTCHINSON HEALTH A COMMUNITY H OSPITAL IN HUTCHINSON MINNESOTA, AND PARK NICOLLET METHODIST HOSPITAL, A LEADER IN CANCER, CARDIOVASCULAR AND MATERNITY CARE IN ST LOUIS PARK, MINNESOTA IN ADDITION, HEALTHPARTNE RS MEMBERS RECEIVE HEALTH CARE SERVICES THROUGH HEALTHPARTNERS' EXTENSIVE NETWORK OF OWNED AND CONTRACTED MEDICAL AND DENTAL PROVIDERS, INCLUDING OVER 100 MULTI-SPECIALTY CLINICS O WNE D AND OPERATED BY GHI, KNOWN AS HEALTH PARTNERS MEDICAL GROUP (HPMG), PNC CLINICS, STIL LWATER MEDICAL GROUP CLINICS, AND PHYSICIANS NECK AND BACK CLINICS HPI, GHI AND HPIC PROV IDE COMMERCIAL GROUP, COMMERCIAL INDIVIDUAL, MEDICARE AND MEDICAID MANAGED CARE PRODUCTS T O THEIR MEMBERS IN 2018, THESE ORGANIZATIONS PROVIDED COMPREHENSIVE, PREPAID HEALTH CARE SERVICES TO 1,112,626 FULLY IN</p>

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FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	SURED MEMBERS, ENCOMPASSING BOTH MEDICAL AND DENTAL PRODUCTS THESE MEMBERS FIT WITH THE FOLLOWING CATEGORIES 302,319 FULLY INSURED COMMERCIAL GROUP MEDICAL MEMBERS, 58,667 FULLY INSURED INDIVIDUAL MEMBERS, 65,298 MEDICARE (INCLUDES COST, SUPPLEMENTAL, AND MEDICARE ADVANTAGE PLAN, BOTH GROUP AND INDIVIDUAL) MEMBERS, 160,953 PREPAID STATE HEALTHCARE PROGRAM MEMBERS, INCLUDING HMO PRODUCTS FOR MEDICARE/MEDICAID DUAL ELIGIBLE, LOW-INCOME ADULTS, AND 525,389 DENTAL MEMBERS IN ADDITION, HEALTHPARTNERS ALSO PROVIDES ADMINISTRATIVE SERVICES, THROUGH HPAI, TO 504,136 SELF-INSURED COMMERCIAL MEMBERS

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<p>FORM 990, PART III, LINE 4A</p>	<p>BENEFIT TO THE COMMUNITY COMMUNITY HEALTH SERVICES HEALTH PROMOTIONS DEPARTMENT WHEN THE U S DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) REQUIRED ALL PUBLIC HOUSING TO GO SMOKE FREE BY JULY 2018. DAKOTA COUNTY PUBLIC HOUSING AGENCIES EXPRESSED CONCERNS TO THEIR PARTNERS AT THE DAKOTA COUNTY PUBLIC HEALTH DEPARTMENT AND NONPROFIT PARTNER, LIVE SMOKE FREE, BECAUSE THE MANDATE FROM HUD DID NOT INCLUDE FUNDING TO SUPPORT PUBLIC HOUSING RESIDENTS WHO WISHED TO QUIT SMOKING ALTHOUGH MINNESOTA OFFERS A FREE PHONE/INTERNET BASED CESSATION PROGRAM (QUITPLAN SERVICES). THERE ARE A NUMBER OF BARRIERS FOR USE THAT PUBLIC HOUSING RESIDENTS FACE, INCLUDING LIMITED OR NO PHONE/INTERNET ACCESS AFTER SURVEYING RESIDENTS, PUBLIC HOUSING AGENCIES (PHAS) IN DAKOTA COUNTY WISHED TO OFFER ON-SITE, IN-PERSON CESSATION PROGRAMMING FOR THEIR RESIDENTS HEALTHPARTNERS STEPPED UP TO MEET THIS NEED IN 2018, AT NO COST, HPI PROVIDED CESSATION PROGRAMMING AT THREE PUBLIC HOUSING BUILDINGS IN DAKOTA COUNTY PROGRAMMING INCLUDED INFORMATIONAL MEETINGS FOR RESIDENTS AND NUMEROUS OTHERS DURING THE SMOKE FREE CELEBRATIONS/HEALTH FAIR EVENTS ONE ON-SITE GROUP COACHING SESSION THAT FOCUSED ON QUIT STRATEGIES AND GOAL SETTING INCLUDED SEVEN PARTICIPANTS FIVE SPRING CESSATION SUPPORT SESSIONS FOCUSED ON ONE-ON-ONE SUPPORT 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 (126,793 MEMBERS), MINNESOTACARE, A STATE- AND FEDERALLY-FUNDED PLAN FOR RESIDENTS WHO DO NOT HAVE ACCESS TO AFFORDABLE HEALTH CARE COVERAGE (22,285 MEMBERS), MINNESOTA SENIOR CARE PLUS (MSC+), A STATE- AND FEDERALLY-FUNDED PLAN FOR INDIVIDUALS OVER AGE 65 (2,641 MEMBERS), MINNESOTA SENIOR HEALTH OPTIONS (MSHO), A STATE- AND FEDERALLY-FUNDED PLAN THAT PROVIDES COORDINATED MEDICAL AND DRUG BENEFITS FOR INDIVIDUALS OVER AGE 65 (3,319 MEMBERS), AND SPECIAL NEEDS BASIC CARE (SNBC), A STATE- AND FEDERALLY-FUNDED PLAN FOR INDIVIDUALS WITH DISABILITIES WHO ARE 18-64 YEARS OLD (5,915 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 EVENTS AND PROGRAMS INCLUDING MINNESOTA FINANCIAL WORKER AND CASE AIDE ASSOCIATION MINNESOTA PUBLIC HEALTH ASSOCIATION MINNESOTA SOCIAL SERVICES ASSOCIATION VARIOUS COUNTY AND COMMUNITY HEALTH FAIRS HPI PROMOTES PREVENTIVE SERVICES FOR STATE PUBLIC PROGRAM PLAN MEMBERS THROUGH INCENTIVE PROGRAMS HPI INVESTED A TOTAL OF \$360,250 IN THESE INCENTIVE PROGRAMS IN 2018 THE WELL BABY INCENTIVE PROGRAM THE WELL BABY INCENTIVE PROGRAM WAS ESTABLISHED AS AN OUTREACH PROGRAM AIMED AT CHILDREN ENROLLED IN PMAP OR MNCARE TO ENCOURAGE CAREGIVERS TO BRING INFANTS AG</p>

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<p>FORM 990, PART III, LINE 4A</p>	<p>ES 0 TO 15 MONTHS IN FOR ALL SIX WELL-CHILD EXAMS KEEPING UP TO DATE ON THESE VISITS NOT ONLY KEEPS THE CHILD CURRENT ON IMMUNIZATIONS, IT SUPPORTS PREVENTIVE CARE THROUGHOUT THE CHILD'S LIFE MEMBERS RECEIVE A \$25 GIFT CARD AFTER THE FIRST THREE VISITS, AND A \$50 GIFT CARD UPON COMPLETION OF ALL SIX HPI DISTRIBUTED 8,572 GIFT CARDS AND INVESTED \$20,971 IN THIS PROGRAM IN 2018 THE PRE-TEEN IMMUNIZATIONS INCENTIVE PROGRAM THE PRE-TEEN IMMUNIZATION PROGRAM ENCOURAGES PMAP AND MNCARE YOUTH TO GET THEIR HPV, MENINGOCOCCAL AND TDAP IMMUNIZATIONS ONCE HPI RECEIVES THE CLAIM FOR THESE VACCINES, MEMBERS RECEIVE A \$25 GIFT CARD IN THE MAIL HPI DISTRIBUTED 519 GIFT CARDS AND INVESTED \$25,216 IN THIS PROGRAM IN 2018 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 307 GIFT CARDS AND INVESTED \$7,472 IN THIS PROGRAM IN 2018 MSHO INCENTIVES TO ENCOURAGE PREVENTATIVE SCREENING IN OUR SENIOR POPULATION, MSHO MEMBERS WHO RECEIVE AN ANNUAL WELLNESS VISIT, COLORECTAL, MAMMOGRAPHY, OR OSTEOPOROSIS SCREENING RECEIVE A \$25 GIFT CARD HPI DISTRIBUTED 1,583 GIFT CARDS AND INVESTED \$39,571 IN THIS PROGRAM IN 2018 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 677 GIFT CARDS AND INVESTED \$19,244 IN THESE TWO PROGRAMS IN 2018 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 AT SAFETY AND EDUCATION COURSE HPI DISTRIBUTED CAR SEATS AND INVESTED \$243,566 IN 2018 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 RESPIRE 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 THE EXHIBIT 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 O</p>



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<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4A	<p>UT &amp; READ, HPI NOW GIVES EXPECTANT MOTHERS A BOOK AT THEIR 32-WEEK OB VISIT THIS STARTS THE CONVERSATION ABOUT BOOSTING A CHILD'S BRAIN POWER EARLIER WITH READING, TALKING AND SINGING ACROSS OUR ORGANIZATION, WE GAVE OUT OVER 95,000 BOOKS IN 2018 DEVELOPMENTAL AND SOCIAL EMOTIONAL SCREENING - HPI HAS 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, HPI IMPLEMENTED STANDARDIZED WELL-CHILD CHECK SMARTSETS IN EPIC THAT HELP CLINICS ENSURE THEY ARE COMPLETING THE APPROPRIATE SCREEN AND ALLOW THE ORGANIZATION TO TRACK AND REVIEW THE DATA THROUGH AN EQUITY LENS THE GROUP WILL ALSO CONTINUE TO CONNECT WITH THOSE IN THE COMMUNITY (DAYCARES, SCHOOLS, NON-PROFITS, ETC ) WHO ALSO HAVE A ROLE IN THIS WORK POSTPARTUM DEPRESSION SCREENING - ALL HEALTHPARTNERS CLINICS NOW SCREEN NEW MOTHERS FOR POSTPARTUM 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 BREASTFEEDING - THE CHI BREASTFEEDING WORK GROUP PARTNERED WITH THE INSTITUTE FOR THE ADVANCEMENT OF BREASTFEEDING AND LACTATION EDUCATION ( IABLE) TO TRAIN STAFF AS AN OUTPATIENT BREASTFEEDING CHAMPION (OBC) IN EFFORTS TO EXPAND OUR LACTATION SUPPORT ACROSS OUR CLINICS IN 2018, CHI HOSTED TWO TRAININGS WHICH WERE ATTENDED BY 90 STAFF, INCLUDING OUR WIC COMMUNITY PARTNERS WE PLAN TO HOST TWO MORE TRAININGS IN 2019, WHICH WOULD THEN ENSURE WE HAVE AN OBC AT EACH OF OUR PEDS AND OB CLINICS, GIVING PATIENTS THE IMMEDIATE SUPPORT AND EDUCATION THEY MAY NEED TO CONTINUE TO SUCCESSFULLY BREASTFEED HEALTHY BEGINNINGS - ALL HEALTHPARTNERS 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</p>

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FORM 990, PART III, LINE 4A	<p>ADOLESCENT SEXUAL HEALTH - THE CHI ADOLESCENT SEXUAL HEALTH WORK GROUP IMPLEMENTED THE TEE N QUESTIONNAIRE IN CLINICS AND DEVELOPED RESOURCES TO SUPPORT CLINICIANS HAVING CONVERSATIONS WITH ADOLESCENTS AND PARENTS ABOUT SEXUAL HEALTH (IN PARTNERSHIP WITH THE ANNEX TEEN CLINIC) IN 2018 THE GROUP WILL CONTINUE TO WORK ON EXPANDING ACCESS TO LONG ACTING REVERSIBLE CONTRACEPTION BY IMPLEMENTING TRAINING OPPORTUNITIES ACROSS HEALTHPARTNERS CLINICS, AND WORK WITH THE PATIENT PRIVACY WORK GROUP TO SUPPORT CLINICAL GUIDANCE FOR MINOR CONSENT BRIGHT FUTURES - HPI BEGAN A PARTNERSHIP WITH THE GREATER TWIN CITIES UNITED WAY IN 2016, HOSTING A BRIGHT FUTURES "READ, TALK, SING" INITIATIVE TO ENCOURAGE EARLY INTERACTION AND READING TO OPTIMIZE EARLY BRAIN DEVELOPMENT AND CHILD HEALTH OUR FOCUS IS ON BUILDING A MEDIA AND COMMUNITY GRASSROOTS APPROACH TO ENCOURAGE PARENTS AND CAREGIVERS TO SPEND TIME INTERACTING WITH THEIR BABIES, ESPECIALLY IN THE FIRST THREE YEARS OF LIFE IN 2018, WE HELD OUR THIRD BRIGHT FUTURES/NOW LITTLE MOMENTS COUNT (LMC) COMMUNITY EDUCATION EVENT, IN ST PAUL, MINNESOTA OVER THE PAST THREE YEARS, HPI HAS PLANNED AND FUNDED THREE ANNUAL CONVENINGS ON THE TOPIC OF EARLY BRAIN DEVELOPMENT A FOURTH IS PLANNED FOR FALL 2019 NOW CALLED LITTLE MOMENTS COUNT, THE PROGRAM CONTINUES TO STRENGTHEN COMMUNITY PARTNERSHIPS, INCLUDING WORKING WITH THE THINK SMALL PARENT POWERED TEXTING PROGRAM TO ENCOURAGE PARENTS TO EASILY ENGAGE WITH THEIR CHILDREN TO OPTIMIZE EARLY BRAIN DEVELOPMENT LMC FITS UNDER CHI'S EARLY BRAIN DEVELOPMENT FOCUS AND IS ALSO PROMOTED THROUGH OUR REACH OUT AND READ PROGRAM AT WELL CHILD CHECKS LITTLE MOMENTS COUNT IS A STATEWIDE AWARENESS BUILDING CAMPAIGN TO ENCOURAGE PARENTS AND CARETAKERS OF YOUNG CHILDREN TO PRACTICE FREQUENT SERVE AND RETURN INTERACTION TO HELP A CHILD'S BRAIN OPTIMALLY DEVELOP OPTIMAL BRAIN DEVELOPMENT HELPS BUILD THE PARENT/CARETAKER-CHILD RELATIONSHIP AND PAVE THE WAY FOR FUTURE READING AND MATH ACADEMIC SUCCESS, MENTAL WELL-BEING, HIGH SCHOOL GRADUATION AND OTHER MARKERS OF SUCCESS OPTIMAL EARLY BRAIN DEVELOPMENT ALSO HELPS MITIGATE TOXIC STRESS FOR THE CHILD AND IS AN IMPORTANT UPSTREAM FACTOR THAT HELPS REDUCE FUTURE CHRONIC DISEASE AND MENTAL AND SUBSTANCE HEALTH RISKS HPI IS THE CONVENER FOR THE STATEWIDE LITTLE MOMENTS COUNT WORK, HOSTING LITTLE MOMENTS COUNT LEADERSHIP COUNCIL MEETINGS SIX TIMES EACH YEAR WITH 25 OTHER COMMUNITY AND STATE-FOCUSED ORGANIZATIONS HPI ALSO CONVENES AN EARLY BRAIN DEVELOPMENT CULTURAL CONSULTING GROUP AND BRINGS LARGE HEALTH CARE SYSTEMS FROM ACROSS MINNESOTA TO PLAN COLLECTIVE ACTION ON EARLY BRAIN DEVELOPMENT OTHER LITTLE MOMENTS COUNT FACTS HPI WAS A CO-SPONSOR IN JANUARY 2019 OF THE NO SMALL MATTER PREMIERE SCREENING - A FILM CREATED TO ELEVATE THE NEED AND IMPORTANCE OF ACTION AND FUNDING FOR EARLY BRAIN DEVELOPMENT FROM THAT SCREENING, MINNESOTA PUBLIC RADIO CREATED A RECORDING OF THE PANEL DISCUSSION THAT AIRED IN MARCH 2019 OUR LMC CULTURAL CONSUL</p>

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FORM 990, PART III, LINE 4A	<p>TING GROUP HAS REPRESENTATIVES FROM THE AFRICAN AMERICAN, HMONG, SOMALI AND LATIN AMERICAN COMMUNITIES HEALTHPARTNERS CEO ANDREA WALSH IS LEADING COORDINATED HEALTH CARE SYSTEMS ACTION, HAVING CONVENED THREE SYSTEM CEO MEETINGS TO DATE A SEPARATE OPERATIONS-FOCUSED SYSTEM GROUP IS ALSO MEETING TO SUPPORT COORDINATED ACTION AND IMPLEMENTATION ACROSS OUR STATE FAMILY AND COMMUNITY CONNECTIONS - IN MINNESOTA AND NATIONWIDE, LARGE DISPARITIES IN CARE AND HEALTH OUTCOMES EXIST FOR NEW BABIES AND MOMS IN LOW INCOME AND MINORITY POPULATIONS PRENATAL AND EARLY CHILDHOOD HOME VISITING PROGRAMS HAVE PROVEN SUCCESSFUL IN REDUCING THESE DISPARITIES BY IMPROVING HEALTH AND SOCIAL OUTCOMES DUE TO ELIGIBILITY LIMITATIONS OF MANY OF THESE PROGRAMS, NOT ALL OF OUR PATIENTS/MEMBERS HAVE ACCESS TO HOME VISITING PROGRAMS IN 2018, A SYSTEM-WIDE COMMITTEE WAS FORMED TO ASSESS AND POSSIBLY EXPAND ON METHUEN'S MATERNAL NEWBORN HOME VISIT PROGRAM THE COMMITTEE HAS RECEIVED A RED GRANT THAT WILL ALLOW IT TO PARTNER WITH THE RESEARCH INSTITUTE TO COMPLETE THIS ASSESSMENT THIS COMMITTEE WILL ALSO BE LOOKING AT HOW WE CAN STRENGTHEN OUR CURRENT COMMUNITY PARTNERSHIPS TO ENSURE OUR PATIENTS RECEIVE THE RESOURCES THEY NEED REDUCING DISPARITIES IN MATERNAL AND CHILD HEALTH - IN EFFORTS TO IMPROVE QUALITY AND REDUCE HEALTH DISPARITIES, A SYSTEM-WIDE PERINATAL MEASUREMENT COMMITTEE WAS FORMED TO REVIEW CURRENT STATE PERINATAL SAFETY MEASURES, DEVELOP CONSISTENT DEFINITIONS AND ESTABLISH BEST PRACTICE IN THE IDENTIFICATION, METHOD OF TREATMENT AND PREVENTION MODELS TO REDUCE COSTS AND COMPLICATION RATES FAMILY CENTERED CARE BREASTFEEDING SUPPORT AND OPTIMIZATION IS CONSIDERED A KEY ISSUE WITHIN OUR ORGANIZATION REGIONS WAS ACCREDITED BY BABY-FRIENDLY USA IN JANUARY 2015 AND LAKEVIEW MEMORIAL HOSPITAL WAS ACCREDITED IN 2018 ALTHOUGH NOT DESIGNATED, METHODIST HOSPITAL COMPLETED ALL THE BABY-FRIENDLY USA PATHWAY AND PREPARATION ACTION IN 2017 IN 2016, WE LAUNCHED A WEEKLY BREASTFEEDING SUPPORT GROUP, CALLED THE MOM &amp; BABY CAFE, AT COMO CLINIC (MODELED AFTER OUR EXISTING SUCCESSFUL PROGRAM AT METHODIST HOSPITAL) WE ALSO LAUNCHED THE PARTNERS IN BREASTFEEDING PRENATAL BREASTFEEDING EDUCATION CLASS AT THE HEALTHPARTNERS ST PAUL CLINIC IN ADDITION, 45 DESIGNATED LACTATION LOUNGES ARE AVAILABLE TO PATIENTS AND EMPLOYEES ACROSS OUR ORGANIZATION HEALTHPARTNERS CARELINE AND BABYLINE TEAM MEMBERS ARE AVAILABLE TO PROVIDE 24/7 LACTATION SUPPORT FOR MOTHERS OVER THE PHONE ON THE HEALTH PLAN SIDE, HPI HAS PROVIDED EMPLOYER SUPPORT TO OPTIMIZE BREASTFEEDING ENVIRONMENTS IN THE COMMUNITY INTERNALLY, HEALTHPARTNERS HAS WORKED WITH MDH AND HAS BECOME A BREASTFEEDING-FRIENDLY DESIGNATED EMPLOYER HP HAS ALSO CREATED CONTENT ON THE BUSINESS CASE, BEST PRACTICES AND LAWS THAT SUPPORT BREASTFEEDING OTHER SUPPORTS DEVELOPED INCLUDE A WAY TO PURCHASE WORKSITE LACTATION ROOM EQUIPMENT THROUGH OUR DURABLE MEDICAL EQUIPMENT (DME) TEAM, A ROOM EVALUATION GRID AND SEVERAL PRESENTATIONS FO</p>

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FORM 990, PART III, LINE 4A	<p>R COMPANIES TO USE TO GET STARTED IN 2016, LAKEVIEW MEMORIAL HOSPITAL ALSO RECEIVED A WAS HINGTON COUNTY STATE HEALTH IMPROVEMENT PROGRAM (SHIP) GRANT TO ENHANCE THE DESIGNATED LACTATION SPACE AND MAKE MILK EXPRESSION FOR TRAVELING EMPLOYEES EASIER MN WIC HAS IDENTIFIED FORMULA SUPPLEMENTATION OF BABIES OF COLOR IN HOSPITALS AS A KEY ISSUE TO ADDRESS THROUGH OUR PARTNERSHIP WITH MN WIC, IT HAS PROVIDED OUR HP HOSPITAL-SPECIFIC WIC INFANT OF COLOR SUPPLEMENTATION DATA FOR OUR REVIEW THIS IS CO-MONITORED OVER TIME HEALTHPARTNERS HAS ELIMINATED NON-MEDICAL NEED FORMULA DISTRIBUTION ACROSS OUR ORGANIZATIONS GIVING NON-MEDICALLY NEEDED SAMPLES HAS BEEN SHOWN TO DECREASE A FAMILY'S CONFIDENCE IN THE ABILITY TO PRODUCE ENOUGH MILK FOR THEIR BABY AND SIGNIFICANTLY INCREASE THE LIKELIHOOD FOR A BABY TO BE PROVIDED NON-MEDICALLY NEEDED SUPPLEMENTS HEALTHPARTNERS ALSO PROVIDED FREE HEALTHPARTNERS MARKET RESOURCE TEAM HOURS TO HELP CREATE A METRO OUTPATIENT CLINIC SURVEY ON NON-MEDICAL NEED FORMULA DISTRIBUTION PRACTICES AND EDUCATION NEEDED IN 2017, HPI WAS A KEY SUPPORT FOR STARTING A TWIN CITIES REGIONAL BREASTFEEDING COALITION TO ADDRESS EQUITY AND CREATE AN IMPROVED BREASTFEEDING CARE CONTINUUM FOR THE COMMUNITY HPI ALSO PLAYS AN ACTIVE ROLE ON THE STATEWIDE BREASTFEEDING COALITION, AS WELL AS MANY COUNTY COALITIONS</p>

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FORM 990, PART III, LINE 4A	<p>IN 2018, HPI PROVIDED DIRECTION AND HMONG EQUITY STAFF RESOURCE TO SUPPORT A MDH CDC-FUNDE D HMONG BREASTFEEDING RATE IMPROVEMENT PROJECT BREASTFEEDING OPTIMIZATION AND SUPPORT IS IDENTIFIED AS ONE OF OUR KEY CHILDREN'S HEALTH INITIATIVE (CHI) PRIORITIES GIVEN THIS, MA NY INTERNAL STREAMS OF CONSISTENCY AND QUALITY IMPROVEMENT WORK ARE UNDERWAY, WITH THE OVE RALL GOAL TO HELP OPTIMIZE BREASTFEEDING IN OUR ORGANIZATION AND THE COMMUNITY ACROSS OUR SYSTEM, BREASTFEEDING PATIENT EDUCATION HAS BEEN EDITED AND CONSISTENT MESSAGES ARE NOW B EING USED HPI HAS ROLLED OUT A NEW CLINICAL OUTPATIENT BREASTFEEDING SUPPORT ROLE - THE O UTPATIENT BREASTFEEDING CONSULTANT (OBC) THIS ROLE IS MEANT TO BE AN ON-THE-SPOT TRIAGE A ND BASIC SUPPORT ASSIST IN EVERY OUTPATIENT CLINIC SETTING THAT SEES POSTNATAL MOMS AND BA BIES TELEPHONIC POSTNATAL BREASTFEEDING SUPPORT IS BEING TESTED/PILOTED ACROSS OUR MIDWIF E TEAMS TO ATTEMPT TO PROVIDE TIMELY SUPPORT TO INCREASE EXCLUSIVITY AND DURATION IN THE I MEDIATE POSTPARTUM A SIGNIFICANT IMPACT HAS BEEN SEEN IN PATIENTS OF COLOR THIS MODEL I S NOW BEING LOOKED AT TO SEE HOW IT CAN BE IMPLEMENTED SYSTEM-WIDE AND HAS BEEN PRESENTED AT SEVERAL STATEWIDE FORUMS TO ENCOURAGE OTHER SYSTEMS TO IMPLEMENT IT OB-PEDIATRIC-FAMIL Y MEDICINE COLLABORATION - HPI PROGRESS IN THE OTHER NINE AREAS OF FOCUS WOULD NOT HAVE BE EN POSSIBLE WITHOUT STRONG COLLABORATION AMONG OB, PEDIATRICS AND FAMILY MEDICINE WE HAVE A GROUP OF DEDICATED CLINICIANS MEETING REGULARLY WITH THE GOAL OF PROVIDING COORDINATED CARE FOR FAMILIES ACROSS SPECIALTIES CHILDREN'S HOSPITAL PARTNERSHIP OUR PARTNERSHIP WITH CHILDREN'S HOSPITAL AND CLINICS FOCUSED ON TWO COMMUNITIES WHITE BEAR LAKE AND THE PHILL IPS NEIGHBORHOOD IN MINNEAPOLIS THE BEARPOWER INITIATIVE IN WHITE BEAR INVOLVES OUR CLINI CS, WHITE BEAR PUBLIC SCHOOLS, FESTIVAL FOODS AND THE YMCA TO FEATURE A COMMUNITY/SCHOOL A PPROACH TO HEALTHY EATING AND PHYSICAL ACTIVITY FOR CHILDREN BEARPOWER BEARPOWER IS A COM MUNITY MOVEMENT HELPING FAMILIES EAT WELL AND BE ACTIVE THE INITIATIVE WAS BORN FROM A PA RTNERSHIP BETWEEN THE WHITE BEAR LAKE AREA SCHOOLS (ISD 624), THE WHITE BEAR AREA YMCA, CH ILDREN'S HOSPITAL AND HEALTHPARTNERS A COMMUNITY ADVISORY TEAM WAS CREATED OF LEADERS FRO M THESE ORGANIZATIONS, ALONG WITH LOCAL BUSINESS LEADERS, PARENTS, TEACHERS, LOCAL GOVERN M ENT OFFICIALS AND OTHER COMMUNITY MEMBERS THE TEAM WORKED TO IDENTIFY LOCAL STRATEGIES FO R CHANGE AND IS CURRENTLY IMPLEMENTING ITS INITIAL EFFORTS ENGAGING COMMUNITY LEADERS AND MEMBERS IN A SHARED VISION FOR CHANGE, BEARPOWER PROMOTES THE BELIEF THAT EATING WELL AND BEING ACTIVE CAN BE FUN POWERUP POWERUP IS A COMMUNITY-WIDE HEALTH INITIATIVE THAT INSPI RES AND ENGAGES THE ENTIRE COMMUNITY TO PROMOTE BETTER EATING AND ACTIVE LIVES SO YOUTH CA N REACH THEIR FULL POTENTIAL THROUGH COMMUNITY OUTREACH, CLASSES, EVENTS AND PROGRAMS, PO WERUP ENGAGES MORE THAN 70,000 PEOPLE ANNUALLY THROUGHOUT THE ST CROIX VALLEY AREA AND IS A COMMUNITY-WIDE EFFORT TO MA</p>

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<p>FORM 990, PART III, LINE 4A</p>	<p>MAKE IT EASY, FUN AND POPULAR FOR KIDS AND FAMILIES TO EAT BETTER AND BE ACTIVE ST CROIX RIVER VALLEY PARENTS, SCHOOLS, HEALTH CARE ORGANIZATIONS AND THE COMMUNITY ARE PARTNERING WITH LAKEVIEW HOSPITAL AND LAKEVIEW HEALTH FOUNDATION IN A LONG-TERM EFFORT TO CHANGE BEHAVIOR AND HEALTH BY CREATING A HEALTHIER ENVIRONMENT FOR KIDS, WITH A PRIMARY FOCUS ON THE GEOGRAPHIC AREAS SERVED BY THE LAKEVIEW HEALTH FOR MORE DETAILS ABOUT POWERUP, SEE LAKEVIEW MEMORIAL HOSPITAL FOUNDATION 990 CONTINUING EDUCATION HEALTH PARTNERS INSTITUTE (INSTITUTE), A RELATED ORGANIZATION OF HPI, PROVIDES CONTINUING EDUCATION THAT SUPPORTS THE IMPROVEMENT OF THE COMPETENCE OF PHYSICIANS AND HEALTH CARE PROFESSIONALS, HEALTH CARE PRACTICE, AND THE HEALTH OF OUR PATIENTS AND COMMUNITY CONTINUING EDUCATION ACTIVITIES ARE TARGETED TO LOCAL, REGIONAL, AND NATIONAL AUDIENCES IN PARTNERSHIP WITH THE UNIVERSITY OF MINNESOTA MEDICAL SCHOOL, THE INSTITUTE TRAINS MORE THAN 500 RESIDENT PHYSICIANS (130 FTES) ANNUALLY IN 22 PROGRAMS AT REGIONS AND HPMG FOR A FULL REPORT ON THE INSTITUTE'S 2018 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 2018, HEALTHPARTNERS WAS A GOLD SPONSOR OF MINNESOTA'S NAMI WALK, AN EVENT TO RAISE AWARENESS AND REDUCE THE STIGMA ASSOCIATED WITH MENTAL ILLNESS IN 2018, HEALTHPARTNERS EMPLOYEES CONTRIBUTED OVER \$25,000 TOWARD THE WALK 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 2018, 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 2018 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 STEERING COMMITTEE FOR MAKE IT OK CONTINUES TO USE THE WEB ANALYTICS AND THE INFORMATION AVAILABLE THROUGH THOSE UPGRADES TO MEASURE OUR IMPACT AND CREATE NEW STRATEGIES WORK IS PROGRESSING TO ENGAGE A PROMINENT AFRICAN AMERICAN FAITH GROUP, THE MINNESOTA STATE BAPTIST CONVENTION, WHICH REPRESENTS 28 AFRICAN AMERICAN CHURCHES IN MINNESOTA WITH PLANNING COMPLETED FOR 2019 INITIATIVES AT T</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>HE 134TH NATIONAL BAPTIST CONVENTION IN SEPTEMBER 2018, HEALTHPARTNERS WAS RECOGNIZED FOR OUR OUTSTANDING WORK IN DEVELOPING MAKE IT OK AND REACHING OUT TO AFRICAN AMERICAN CHURCHES IN MINNESOTA SEVERAL OF OUR TOP LEADERS, INCLUDING ANDREA WALSH PRESIDENT AND CEO OF HEALTHPARTNERS WERE IN ATTENDANCE, ALONG WITH JOYCE COLEMAN, LADC AND KAREN LLOYD, PHD LP, WHO PROVIDED THREE YEARS OF ONGOING EDUCATION AND OUTREACH TO THESE CHURCHES 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 THE SUCCESSFUL PODCASTS CONTINUED IN 2018, WITH THE ADDITION OF MUSICIANS AND ACTORS SUCH AS AIMEE MANN, JEFF TWEEDY AND JULIE KLAUSNER SHARING THEIR EXPERIENCE WITH DEPRESSION</p> <p>MENTAL HEALTH DRUG ASSISTANCE PROGRAM (MHDAP) HEALTHPARTNERS WAS A FOUNDER OF THE MENTAL HEALTH DRUG ASSISTANCE PROGRAM (MHDAP), WHICH HELPS ALLEVIATE OR AVERT MANY PSYCHIATRIC CRISES IN THE EAST METRO AREA BY COVERING THE FULL COST OR CO-PAYS OF MEDICATIONS FOR UN-INSURED 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 MHDAP WAS ESTABLISHED IN 2008 AS A COLLABORATIVE BETWEEN UNICITY, ST JOSEPH'S, AND REGIONS HOSPITAL IN ST PAUL, THE CRISIS SERVICES OF RAMSEY, DAKOTA AND WASHINGTON COUNTIES, AND THE MENTAL HEALTH CRISIS ALLIANCE PARTICIPATING ORGANIZATIONS WORK WITH A GROUP OF EAST METRO PHARMACIES THAT FILL PRESCRIPTIONS, WAIVING THE FULL PRICE OR CO-PAY AS NECESSARY THE PHARMACIES THEN BILL MHDAP FOR THE PRESCRIPTIONS OR CO-PAYS, AND THE GROUP PAYS FOR THEM USING FUNDS RAISED PATIENTS CAN RECEIVE A TOTAL OF THREE MONTHS' WORTH OF ASSISTANCE SOCIAL WORKERS AND CARE PROVIDERS ENSURE THAT PATIENTS APPLY FOR OTHER ASSISTANCE PROGRAMS BEFORE RECEIVING PRESCRIPTIONS IN THIS WAY, PATIENTS HAVE ACCESS TO ONGOING FUNDING FOR MEDICATIONS IN 2018, 308 INDIVIDUALS RECEIVED MEDICATIONS ASSISTANCE TOTALING \$36,672 IN ASSISTANCE THE PROGRAM HELPED THESE INDIVIDUALS OBTAIN 851 PRESCRIPTIONS PROGRAM RECORDS DOCUMENTING PATIENTS APPROVED FOR SUBSIDIES HAVE SHOWN THAT LESS THAN ONE PERCENT DO NOT ACCESS THEIR SUBSIDIZED MENTAL HEALTH MEDICATIONS</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>IMPROVING BEHAVIORAL HEALTH OUTCOMES THROUGH SUPPORTS FOR TREATMENT ADHERENCE HEALTHPARTNERS IS HIGHLY EFFECTIVE AT SUPPORTING MEMBERS IN INCREASING TREATMENT ADHERENCE. THE FOUR CLASSES OF PSYCHIATRIC MEDICATION THAT HEALTHPARTNERS SUPPORTS THROUGH MAILED REMINDER LETTERS FOR REFILLS ARE ANTIDEPRESSANTS, ANTIPSYCHOTICS, MOOD STABILIZERS AND ANTI-CRAVING MEDICATIONS (USED IN THE TREATMENT OF ADDICTIONS). OUR PROGRAM TARGETING A FIFTH CATEGORY OF MEDICATION SEEKS TO REDUCE BENZODIAZEPINE USE AMONG MEMBERS WITH ANXIETY DISORDERS. IN 2018 THERE WERE OVER 227,000 COMMUNICATIONS WITH HEALTHPARTNERS MEMBERS REGARDING MEDICATION REFILLS, HEALTH EDUCATION AND WITH THEIR PRESCRIBERS REGARDING OVERDUE 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 66,500 MEMBERS TO HELP SUPPORT ADHERENCE TO BEHAVIORAL HEALTH MEDICATIONS FOR DEPRESSION, BIPOLAR DISORDER, SCHIZOPHRENIA, CHEMICAL DEPENDENCY AND ANXIETY DISORDERS. A PROGRAM HELPS MEMBERS WITH ANXIETY DISORDERS AVOID PROLONGED USE OF BENZODIAZEPINES AND PROMOTES COGNITIVE BEHAVIOR THERAPY AS AN ALTERNATIVE TO THESE POTENTIALLY ADDICTING MEDICATIONS. PHONE CALLS WERE PLACED TO SELECTED HIGH RISK PATIENTS SERVED WITHIN HPMG, TO ASSIST THEM WITH GETTING MEDICATIONS. THE TOTAL COST OF THIS PROGRAM WAS APPROXIMATELY \$183,000. REDUCING PSYCHIATRIC HOSPITALIZATIONS. HEALTHPARTNERS PLANS EMPLOY STAFF TO PROVIDE BEHAVIORAL HEALTH COACHING AND CARE COORDINATION TO SUPPORT APPROXIMATELY 13,000 NEW HIGH-RISK MEMBERS TO PREVENT CRISES THAT LEAD TO EMERGENCY HOSPITALIZATION. HEALTHPARTNERS ALSO HELPS THOSE LEAVING THE HOSPITAL GET PROMPT TREATMENT FROM AN OUTPATIENT MENTAL HEALTH PROVIDER. THE 2018 ANALYSIS INDICATES A 2.7 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% USED FOR 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. THE CALLS HELP COORDINATE THEIR CARE AND ENCOURAGE THEM TO ATTEND OUTPATIENT AFTERCARE APPOINTMENTS. HEALTHPARTNERS INVESTED NEARLY \$348,000 IN THIS PROGRAM DURING 2018 AND SUPPORTED OVER 4,068 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 THE 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 P</p>



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FORM 990, PART III, LINE 4A	<p>PHYSICIANS SIMULTANEOUSLY THE 2018 COSTS OF THE PROGRAM WERE NEARLY \$200,000 RESEARCH INSTITUTE FOR CLINICAL SYSTEMS IMPROVEMENT (ICSI) A TRUSTED INFLUENCER IN HEALTH CARE FOR OVER 25 YEARS, ICSI CONVENES ORGANIZATIONS TO FIND SOLUTIONS TO HEALTH CARE'S TOUGHEST CHALLENGES AS ICSI, HEALTH CARE LEADERS WORK TOGETHER TO FIND WAYS TO INITIATE POSITIVE CHANGE AND IMPROVE HEALTH OUTCOMES ICSI IS ACTIVATED BY AN INDEPENDENT, OBJECTIVE NON-PROFIT ORGANIZATION WITH ONE CLEAR GOAL - IMPROVING HEALTH TOGETHER FOR MORE INFORMATION VISIT 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 ONE (FORMERLY 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 GLBTQ, STROKE, AIDS, CHOLESTEROL, BLOOD PRESSURE, IMMUNIZATIONS AND MORE COMMUNITY EVENTS MARCH FOR BABIES (APRIL 28, 2018) - HEALTHPARTNERS WALK TEAM INCLUDED 120 WALKERS WHO RAISED \$11,441 FOR MOMS AND BABIES OUR MARKETING ENGAGEMENT INCLUDED AN ART ACTIVITY AREA WHERE 104 CARDS WERE DECORATED BY PARTICIPANTS AND DONATED TO MARCH OF DIMES, 276 COLORING BOOKS WERE HANDED OUT, 110 POLAROID PICTURES WERE TAKEN OF WALK ATTENDEES AND FIVE PET THERAPY DOGS AND THEIR HANDLERS VOLUNTEERED THEIR TIME ON SITE NAMI WALK (SEPTEMBER 22, 2018) - HEALTHPARTNERS HAS HAD A LONG RELATIONSHIP WITH NAMI AND HAS BEEN ONE OF THE FIRST SPONSORS SINCE ITS INAUGURAL WALK IN 2007 IN 2018, HEALTHPARTNERS ORGANIZATIONS RAISED OVER \$23,700 AND HAD 428 REGISTERED WALKERS TWENTY HEALTHPARTNERS EMPLOYEES VOLUNTEERED A TOTAL OF 44 HOURS AT THE PICNIC AND THE INTERACTIVE BOOTH POWERUP BIKE DEPLOYMENT - POWERUP BIKES WERE DEPLOYED TO SEVEN LOCATIONS THROUGHOUT THE YEAR TO PROMOTE BETTER-FOR-YOU SNACKS FOR KIDS THE EVENTS INCLUDED CYCLEHEALTH KIDAROD, KENNY FESTIVAL, CYCLEHEALTH BREAKAWAY, ARDEN HILLS FAMILY FEST, WASHBURN GAMES, CYCLEHEALTH RESILINATOR AND THE MINNESOTA ZOO JACK-O-LANTERN SPECTACULAR VOLUNTEERS HANDED OUT 11,365 POWERUP SNACKS THAT INCLUDED APPLES, BANANAS, CARROTS AND CHEESE STICKS WALK TO END ALZHEIMERS - SEPTEMBER IS NATIONAL ALZHEIMER'S AWARENESS MONTH EACH YEAR A WALK IS HOSTED AT TARGET CENTER TO RAISE AWARENESS AND DONATIONS SUPPORTING RESEARCH, CARE AND SUPPORT HEALTHPARTNERS CENTER FOR MEMORY AND AGING INCLUDED 15 WALKERS WHO RAISED \$3,170 FOR THIS EVENT ST PAUL PUBLIC LIBRARY BOOKMOBILE EVENTS - FOR 100 YEARS, THE ST</p>

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FORM 990, PART III, LINE 4A	<p>PAUL BOOKMOBILE HAS BEEN THE ONLY URBAN BOOKMOBILE IN MINNESOTA THE BOOKMOBILE IS A BELOV ED AND VISIBLE AMBASSADOR FOR THE POWER OF READING AND LEARNING HEALTHPARTNERS HAS SPONSO RED THE ST PAUL BOOKMOBILE SINCE 2014 OVER 135,000 PEOPLE VISIT THE BOOKMOBILE EACH YEAR IN 2018, HEALTHPARTNERS PARTICIPATED AT THE PEACE FESTIVAL, RONDO DAY PARADE AND RICE ST REET FESTIVAL PARADE THE THREE EVENTS REACHED OVER 5,000 ST PAUL COMMUNITY MEMBERS FORT Y-FIVE VOLUNTEERS GAVE AWAY POWERUP MAGAZINES, COLORING BOOKS AND FRISBEES AT THE EVENTS CAMP 5210 - CAMP 5210 FOCUSES ON LIFESTYLE CHANGES AND THE PREVENTION OF CHRONIC DISEASE, SUCH AS TYPE 2 DIABETES, CARDIOVASCULAR DISEASE AND ORTHOPEDIC PROBLEMS WITH CHILDREN AGES 7-17 SEVENTY-NINE CAMPERS REGISTERED TO EXPERIENCE FIVE DAYS OF PHYSICAL ACTIVITIES, NUT RITION EDUCATION AND COUNSELING SESSIONS PARK NICOLLET AND HEALTHPARTNERS TEAMS DEVELOPED AND IMPLEMENTED THE CAMP CURRICULUM HALLOWEEN CANDY TRADE-IN - HEALTHPARTNERS DENTAL LOC ATIONS ACCEPTED HALLOWEEN CANDY DONATIONS FROM PATIENTS AND COMMUNITY MEMBERS A TOTAL OF 2,100 POUNDS OF CANDY, 700 TOOTHBRUSHES AND TOOTHPASTE AND 268 HAND WRITTEN CARDS WERE DON ATED OVERSEAS TO THE SPARTANNASH, MINNESOTA ARMY NATIONAL GUARD, OPERATION GRATITUDE MINN ESOTA STATE FAIR HEALTHY LOCAL FOOD EXHIBIT - HEALTHPARTNERS CREATED AND LAUNCHED A POWERU P PLAY AREA THAT WELCOMED FAMILIES DURING ALL 12 DAYS OF THE STATE FAIR POWERUP ACTIVITIE S INCLUDED IN THE PLAY AREA WERE A VEGGIE GUESSING GAME, HOPSCOTCH, A VEGGIE GRAND PRIX RA CE, PHOTO OPPORTUNITY AND A SPINNER WHEEL FEATURING HEALTHY LIFESTYLE QUESTIONS TWENTY HE ALTHPARTNERS VOLUNTEERS HELPED MAKE THIS A FUN AND INTERACTIVE AREA FOR FAIR GOERS AND THE IR KIDS MENTAL HEALTH AWARENESS DAY - FOR THE FIRST TIME, THE MINNESOTA STATE FAIR DEDICA TED A DAY TO FOCUS ON MENTAL HEALTH AWARENESS VISITORS WERE ABLE TO EXPLORE MENTAL HEALTH AND WELLNESS RESOURCES THROUGH INSPIRING STAGE PERFORMANCES, MUSIC, AND DEMONSTRATIONS O VER 30 ORGANIZATIONS PARTICIPATED IN THE DAY'S ACTIVITIES NAMI AND THE MINNESOTA STATE AD VISORY COUNCIL LED THIS EFFORT ON MENTAL HEALTH &amp; SUBCOMMITTEE ON CHILDREN'S MENTAL HEALTH HEALTHPARTNERS HAD 31 VOLUNTEERS FOR THIS ACTIVITY</p>

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FORM 990, PART III, LINE 4A	<p>PRIDE FESTIVAL - HEALTHPARTNERS HAS BEEN A LONGTIME ADVOCATE OF THE PRIDE FESTIVAL IN 2018, HEALTHPARTNERS RECEIVED THE CORPORATE CHAMPION OF PRIDE AWARD THE AWARD RECOGNIZED HEALTHPARTNERS EMPLOYEES' WORK TO END THE LGBTQ HEALTH DISPARITIES THE EFFORTS INCLUDED MANY INITIATIVES AND PARTNERSHIPS IN HEALTHPARTNERS GENDER SERVICES, ONGOING INTERNAL EMPLOYEE EDUCATION AND SUPPORT AND CONTINUED RELATIONSHIPS WITH LGBTQ ORGANIZATIONS AND EFFORTS ADDITIONALLY, 96 VOLUNTEERS WALKED THE PRIDE PARADE AND OVER 60 VOLUNTEERS INTERACTED WITH OVER 4,000 ATTENDEES AT THE HEALTHPARTNERS BOOTH MN AIDS WALK - THE MINNESOTA AIDS PROJECT (MAP) AND RAINBOW HEALTH INITIATIVE HAVE JOINED FORCES TO FORM JUSTUS HEALTH, A LEADER IN HIV PREVENTION, ADVOCACY, AWARENESS, AND SERVICES THE MINNESOTA AIDS WALK EVENT HELPS EDUCATE AND ENGAGE COMMUNITY MEMBERS AS WELL AS PROVIDE NECESSARY RESOURCES IN THE FIGHT AGAINST HIV AND AIDS FOR THE SECOND TIME THIS YEAR (PREVIOUS WALK WAS HELD IN FEB 2018), HEALTHPARTNERS PARTICIPATED IN THE AIDS WALK WITH A FUNDRAISING GOAL OF \$50,000, JUSTUS HEALTH EXCEEDED ITS GOAL FOR THE 30TH ANNUAL MINNESOTA AIDS WALK MENTAL HEALTH AWARENESS MONTH - HEALTHPARTNERS CONTINUES TO WORK TO REDUCE MENTAL ILLNESS STIGMA MENTAL ILLNESSES WILL AFFECT ONE IN FIVE PEOPLE, BUT MANY PEOPLE WON'T SEEK TREATMENT FOR YEARS BECAUSE THEY FEEL SHAME FOR 2018'S MAY MENTAL HEALTH MONTH, HEALTHPARTNERS PARTNERED WITH THE SCIENCE MUSEUM ON EXHIBIT CALLED MIND MATTERS A MINNESOTA PUBLIC RADIO (MPD) DISCUSSION WAS ALSO HOSTED ON MAY 16 IN ADDITION, OUR REAL MEN WEAR GOWNS CAMPAIGN HAD A MENTAL HEALTH FOCUS FOR POSTPARTUM DEPRESSION, INFERTILITY STRUGGLES AND SLEEP APNEA OUR MENTAL HEALTH AWARENESS MONTH COMMUNICATIONS REACHED 4.3 MILLION IMPRESSIONS GENERATED BY PAID DIGITAL MEDIA, 21,000+ VISITS TO THE MAKE IT OK WEBSITE AND 80,000+ VIEWS OF MAKE IT OK VIDEOS ON YOUTUBE FREEDOM SCHOOL HEALTH AND WELLNESS RESOURCE FAIR SINCE 2013, HEALTHPARTNERS, AS A COMMUNITY PARTNER OF SAINT PAUL PROMISE NEIGHBORHOOD, HAS COORDINATED AN ANNUAL HEALTH AND WELLNESS FAIR FOR THE CHILDREN AND FAMILIES WHO PARTICIPATE IN THE SAINT PAUL PUBLIC SCHOOLS AND THE CHILDREN'S DEFENSE FUND FREEDOM SCHOOLS PROGRAM WE HAD OVER 20 PARTNER ORGANIZATIONS FAMILIES WERE PROVIDED \$10 TOWARDS PRODUCE WITH OUR FRUIT AND VEGGIE RX PROGRAM SAINT PAUL PUBLIC SCHOOLS AND THE CHILDREN'S DEFENSE FUND FREEDOM SCHOOLS PROGRAM PROVIDES COMPREHENSIVE, CULTURALLY-RELEVANT SUMMER AND AFTER-SCHOOL ENRICHMENT TO CHILDREN IN HIGH-POVERTY AREAS THE PROGRAM HELPS CHILDREN FALL IN LOVE WITH READING, INCREASES THEIR SELF-ESTEEM, GENERATES MORE POSITIVE ATTITUDES TOWARD LEARNING AND CONNECTS THEIR FAMILIES WITH NEEDED RESOURCES IN THE COMMUNITY THE FREEDOM SCHOOLS PROGRAM IS PROVEN TO CURB SUMMER LEARNING LOSS AND HELP CLOSE THE OPPORTUNITY GAP OVER 500 CHILDREN IN GRADES K-8 PARTICIPATED IN THE SUMMER OF 2018 STUDENTS READ FROM A WIDE SELECTION OF BOOKS, WHICH REFLECT THEIR OWN IMAGES, AND HELPS STRENGTHEN</p>

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FORM 990, PART III, LINE 4A	<p>N SELF-ESTEEM FREEDOM SCHOOLS ALSO HELP CHILDREN IMPROVE THEIR ACADEMIC SKILLS, INTERACT WITH ROLE MODELS WHO LOOK LIKE THEM, UNDERSTAND THE VALUE OF SOCIAL ACTION, PROMOTE THEIR CHARACTER-BUILDING SKILLS AND GAIN ACCESS TO NUTRITIOUS MEALS' RONDO COMMEMORATIVE PLAZA A ND RONDO PARADE IN THE 1930S, THE RONDO NEIGHBORHOOD WAS A THRIVING AND VIBRANT COMMUNITY BY THE 1950S ABOUT 85% OF SAINT PAUL'S AFRICAN-AMERICAN POPULATION LIVED IN THE NEIGHBORHOOD THE COMMUNITY BOND WAS STRONG, LOCAL BUSINESSES WERE THRIVING, AND RESIDENTS WERE GAINING FINANCIAL STABILITY THAT COMES WITH HOME OWNERSHIP IN THE 1960S, HOWEVER, THE NEIGHBORHOOD OF RONDO WAS REMOVED FROM THE MAP FOR THE CONSTRUCTION OF INTERSTATE 94 SIX HUNDRED D FAMILIES LOST THEIR HOMES AND NUMEROUS BUSINESSES AND INSTITUTIONS WERE DESTROYED IN THE SUMMER OF 2018, THE RONDO COMMEMORATIVE PLAZA WAS INSTALLED TO CAPTURE THE HISTORY OF LOSS ENDURED, LESSONS LEARNED AND THE WILL TO RECONNECT HEALTHPARTNERS INVESTED \$20,000 TO SPONSOR 10 PANELS THAT SHOW PHOTOS AND STORIES SHARED BY RESIDENTS THIRTY-FIVE YEARS AGO, THE COMMUNITY WORKED TO HEAL RONDO WITH THE RONDO DAYS PARADE IT TAKES PLACE EACH YEAR IN JULY TO SHARE THE CONTRIBUTIONS OF AFRICAN AMERICANS, WITH MANY IMMIGRANTS CELEBRATING RONDO'S MULTI-CULTURAL HERITAGE AND BOND MAXIMIZING OUR PARTNERSHIP WITH THE ST PAUL PUBLIC LIBRARY BOOKMOBILE, OUR 21 VOLUNTEERS WALKED IN THE PARADE HABITAT FOR HUMANITY WHEN HEALTHPARTNERS AND PARK NICOLLET COMBINED IN 2012, OUR ORGANIZATIONS USED VOLUNTEERISM AS A MEANS TO LEARN ABOUT EACH OTHER AND SHARE OUR VALUES PARK NICOLLET HAD A HISTORY OF BUILDING HOMES WITH H4H SINCE 2002, AND HEALTHPARTNERS HAD A HISTORY SINCE 2010 SO SWEATING TOGETHER TO BUILD A HOME FOR FAMILY WAS A NATURAL, BECAUSE HOUSING AND HEALTH GO HAND IN HAND ACCORDING TO THE POSITIVE IMPACTS OF AFFORDABLE HOUSING ON HEALTH A RESEARCH SUMMARY, WHEN FAMILIES PAY EXCESSIVE AMOUNTS OF THEIR INCOME FOR HOUSING, THEY OFTEN HAVE INSUFFICIENT FUNDS REMAINING TO MEET OTHER ESSENTIAL NEEDS, INCLUDING FOOD, MEDICAL INSURANCE AND HEALTH CARE IN 2018, WE HAD TWO HABITAT FOR HUMANITY BUILDS OUR SPRING BUILD WAS HELD TOWARDS THE END OF MAY AND HAD 80 VOLUNTEERS, TOTALING 640 HOURS OUR FALL BUILD WAS HELD DURING THE LAST WEEK OF AUGUST AND HAD 79 VOLUNTEERS, TOTALING 632 HOURS COLON CANCER AWARENESS FOR THIS YEAR'S COLON CANCER AWARENESS, OUR GOAL WAS TO INCREASE COLON CANCER AWARENESS IN THE COMMUNITIES WHERE WE SERVE ELEVEN OF OUR HEALTHPARTNERS LOCATIONS WERE LIT BLUE TO PROMOTE COLON CANCER AWARENESS FOR THE MONTH OF MARCH THROUGH OUR OVERALL ORGANIZATION EFFORTS ON COLON CANCER AWARENESS, WE SENT 25,977 COLORECTAL CANCER SCREENING REMINDER LETTERS MAILED DIRECTLY TO MEMBERS AND OUR SOCIAL MEDIA EFFORTS REACHED 92,525 IMPRESSIONS BREAST HEALTH MONTH OUR EFFORTS TO INCREASE BREAST HEALTH AWARENESS INCLUDED 13 HEALTHPARTNERS LOCATIONS LIGHTED UP IN PINK THROUGHOUT THE MONTH WE ALSO HAD FOUR EVENTS 1) COUNTRY MUSIC CONCERT PART OF JAMES</p>

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FORM 990, PART III, LINE 4A	<p>J HILL DAYS EVENT - KICK OFF FOR SELLING COUNTRY 4 A CAUSE TICKETS WHERE WE HANDED OUT PIN K GLOW STICKS WITH BUZN 102 9, 2) A BREAKFAST TO BENEFIT THE JANE BRATTAIN BREAST CENTER ( JBBC) AT WAYZATA COUNTRY CLUB (HOSTED BY PARK NICOLLET FOUNDATION), WHICH HAD OVER 300 ATT ENDEES AND RAISED \$120,000 FOR JBBC, 3) LADIES NIGHT OUT, A WOMEN'S HEALTH EVENT HOSTED BY SMG AT OAK GLEN GOLF COURSE IN STILLWATER THAT WAS ATTENDED BY 100 PEOPLE AND 4) COUNTRY 4 A CAUSE CONCERT AT THE MYTH FEATURING NEW ARTISTS BENEFITTING JBBC AT THE MYTH IN MAPLEWOOD THAT WAS ATTENDED BY 2,200 PEOPLE AND RAISED \$13,000 FOR JBBC OUR SOCIAL MEDIA EFFORTS HAD A REACH OF OVER 23,000 BOTH PAID AND ORGANIC POSTS DROP-IN VOLUNTEERING &amp; MARTIN LUTHER KING, JR DAY OF SERVICE DROP-IN VOLUNTEERING ARE VOLUNTEERING OPPORTUNITIES ORGANIZED BY HEALTHPARTNERS COMMUNITY RELATIONS TO CONTINUE OUR EMPLOYEE ENGAGEMENT WITH OUR COMMUNITY ORGANIZATIONS ONE-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 IN 2018, OVER 40 COLLEAGUES PARTICIPATED IN THE 5TH ANNUAL DROP-IN VOLUNTEERING EVENT, IN HONOR OF MARTIN LUTHER KING, JR DAY OF SERVICE, SPONSORED IN PARTNERSHIP BY HEALTHPARTNERS AND SEIU HEALTHCARE MINNESOTA PARTICIPANTS CONTRIBUTED OVER 16 VOLUNTEER HOURS, REPACKAGED 589 BAGS OF TWO-LOAD LAUNDRY DETERGENT (1,178 LOADS), UPCYCLED 45 T-SHIRTS INTO REUSABLE GROCERY BAGS AND HANDMADE OVER 30 THOUGHTFUL CARDS FOR FAMILIES THESE ITEMS WERE DONATED TO THE SHERIDAN STORY, THE FOOD GROUP, ONE HEARTLAND AND THE MINNESOTA BRAIN INJURY ALLIANCE HEALTHPARTNERS CLINICS ALSO HOSTED A FOOD DONATION DRIVE IN PARTNERSHIP WITH THE SHERIDAN STORY, WHOSE MISSION IS TO FIGHT CHILD HUNGER MANY COLLEAGUES WHO WERE NOT ABLE TO STAY AT THE EVENT CONTRIBUTED BY DROPPING OFF BAGS OF FOOD WE COLLECTED OVER 2,000 POUNDS OF FOOD, WHICH PROVIDES 435 CHILDREN WITH A WEEK'S WORTH OF FOOD! THE SHERIDAN STORY BEGAN BY PROVIDING ONE BAG OF NON-PERISHABLE FOOD TO 27 KINDERGARTENERS EACH WEEKEND IN 2010 TODAY, THE SHERIDAN STORY HAS SEEN INCREDIBLE GROWTH IN ITS IMPACT AND SERVES MORE THAN 5,400 STUDENTS IN 144 SCHOOLS</p>

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FORM 990, PART III, LINE 4A	<p>DONATIONS &amp; 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 HUNGER-RELIEF PROGRAMS IN 2018, HEALTHPARTNERS CONTRIBUTED 1,888 POUNDS OF DONATIONS AND \$911.98 THIRTY-THREE VOLUNTEERS FROM HEALTHPARTNERS CONTRIBUTED A TOTAL OF 67 HOURS AND PACKED 12,130 POUNDS OF FOOD 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 ONE (FORMERLY SHARING AT WORK) CAMPAIGN, WHICH OCCURS DURING THE SPRING AND THE COMMUNITY GIVING CAMPAIGN, WHICH OCCURS DURING THE FALL IN 2018, EMPLOYEES FROM HEALTHPARTNERS ORGANIZATIONS DONATED \$1,215,256 TO THE ONE CAMPAIGN, WHICH RAISES FUNDS FOR PATIENT CARE, RESEARCH AND MEDICAL EDUCATION THE TOTAL INCLUDED A \$500,000 HEALTHPARTNERS MATCH THE ONE CAMPAIGN ALSO RAISED MONEY FOR HEALTHPARTNERS HOSPICE AND PALLIATIVE CARE AND OTHER ORGANIZATIONS WITHIN HEALTHPARTNERS, INCLUDING ITS SIX HOSPITAL FOUNDATIONS - REGIONS HOSPITAL FOUNDATION, LAKEVIEW MEMORIAL HOSPITAL FOUNDATION, AMERY REGIONAL HOSPITAL FOUNDATION, HUDSON HOSPITAL FOUNDATION, AND WESTFIELDS HOSPITAL FOUNDATION 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 2018, HEALTHPARTNERS' COMMUNITY GIVING CAMPAIGN RAISED \$274,061, 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 2018, HEALTHPARTNERS DONATED OFFICE SUPPLIES AND FURNITURE TO LOCAL ORGANIZATIONS INCLUDING FURNISH OFFICE AND HOME IN ADDITION, HEALTHPARTNERS PROVIDES TIME AND OPPORTUNITIES FOR EMPLOYEES TO COORDINATE DRIVES FOR FOOD, CLOTHING, BOOKS AND TOYS ON LO</p>

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FORM 990, PART III, LINE 4A	<p>CATION AT THE WORK PLACE TOYS FOR TOTS RECEIVED BOXES OF TOYS FROM OUR ANNUAL TOY DRIVE O VER 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 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</p>

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FORM 990, PART III, LINE 4A	<p>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 INCENTIVIZES PROVIDERS THROUGH ITS TCOC PROGRAM TO ACHIEVE THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S TRIPLE AIM: IMPROVING THE HEALTH OF THE POPULATION, ENHANCING THE PATIENTS EXPERIENCE AND MAKING HEALTH CARE MORE AFFORDABLE. HEALTHPARTNERS HAS BEEN DEVELOPING HEALTH CARE COST OF CARE AND RESOURCE USE MEASURES SINCE 1995. 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 AND IN THE COMMUNITY. 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 &amp; CLINIC, LAKEVIEW HOSPITAL, METHODIST HOSPITAL, REGIONS, WESTFIELDS HOSPITAL &amp; CLINIC, AMERY HOSPITAL &amp; CLINIC, THE PARK NICOLLET MAIN CAMPUS CLINIC COMPLEX IN ST. LOUIS PARK AND SEVERAL OF OUR CLINICS. IN 2018, HEALTHPARTNERS SPONSORED AN ENTERPRISE-WIDE EARTH DAY EVENT WHERE WE HELD PUBLIC SHOE COLLECTION EVENTS AT SEVERAL OF OUR SITES ACROSS THE ORGANIZATION. WE PARTNERED WITH GOOD IN THE HOOD, A LOCAL NON-PROFIT THAT PROVIDES FOOTWEAR AND FOOD FOR THOSE IN NEED. WE COLLECTED OVER 4,800 PAIRS OF SHOES FROM OUR COLLEAGUES AND THE PUBLIC, ENOUGH TO PROVIDE OVER 16,500 DAYS' WORTH OF GROCERIES FOR THOSE IN NEED.</p>



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FORM 990, PART III, LINE 4A	<p>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 IN 2018, WE DEPLOYED AN ADDITIONAL 14 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 2018, HEALTHPARTNERS COLLECTED OVER 7,300 POUNDS OF MEDICATION FROM THE PUBLIC THROUGH THIS PROGRAM SINCE 2011, WE HAVE COLLECTED OVER 22,000 POUNDS OF MEDICINES TO DATE THE ORGANIZATION HAS SPENT ABOUT \$80,000 OR \$3.60 PER POUND FOR PROPER DISPOSAL OF MEDICINES IN 2018, OUR SOLAR PANELS PRODUCED THE EQUIVALENT OF OVER 740 HOUSES' WORTH OF ELECTRICITY, AND WE HAVE SIGNED AGREEMENTS THAT WILL PRODUCE OVER 2,000 HOUSES' WORTH OF SOLAR ELECTRICITY STARTING IN 2019 HEALTHPARTNERS WON A 2018 SUSTAINABILITY AWARD FOR EXEMPLARY SUSTAINABILITY STRATEGY FOR THE FOURTH YEAR IN A ROW FROM PRACTICE GREENHEALTH, THE LEADING HEALTH CARE SUSTAINABILITY ORGANIZATION IN NORTH AMERICA HEALTHPARTNERS HAS RECEIVED ADDITIONAL HIGH HONORS NATIONALLY FROM PRACTICE GREENHEALTH, WINNING 19 AWARDS IN 2018 AMERY REGIONAL MEDICAL CENTER, HUDSON HOSPITAL AND WESTFIELDS HOSPITAL HAVE ALL RECEIVED A GREEN MASTERS AWARD FROM THE WISCONSIN SUSTAINABLE BUSINESS COUNCIL IN 2018, SIX OF OUR HOSPITALS WERE NAMED TO THE BECKER'S GREENEST HOSPITAL IN AMERICA LIST HEALTHY EQUITY SPONSOR GROUP OUR HEALTH EQUITY SPONSOR GROUP PROVIDES STRATEGIC LEADERSHIP IN PLANNING AND EXECUTING ACTIVITIES AIMED AT IMPROVING HEALTH EQUITY THROUGH REDUCING HEALTH CARE DISPARITIES, IMPROVING ACCESS, AND SUPPORTING AN INCLUSIVE CULTURE THE GROUP ALIGNS HEALTH EQUITY ACTIVITIES ACROSS THE ORGANIZATION THROUGH INCLUSION IN ANNUAL PLANS, AND SUPPORTS TRACKING AND MONITORING OF PROGRESS THE HEALTH EQUITY SPONSOR GROUP PROVIDES ORGANIZATION-WIDE APPROACH TO MEASURE AND REDUCE HEALTH CARE DISPARITIES SUPPORTS WORKFORCE DEVELOPMENT INITIATIVES AIMED AT REINFORCING CULTURAL HUMILITY AND RESPECT, AND INCREASING AWARENESS OF CULTURAL ISSUES IMPROVES CARE AND SERVICE FOR PERSONS WHO HAVE LIMITED ENGLISH PROFICIENCY AND PATIENTS WHO ARE HEARING IMPAIRED INVOLVES PATIENTS AND MEMBERS IN THE PLANNING AND IMPLEMENTATION OF HEALTH EQUITY APPROACHES ENGAGES COMMUNITIES IN STRATEGIES AND PARTNERSHIPS TO PROMOTE HEALTH EQUITY PROVIDES RECOMMENDATIONS AND DIRECTION FOR DATA COLLECTION, ANALYSIS AND REPORTING ACROSS THE ORGANIZATION COMMUNICATES PROGRESS ON INITIATIVES ACROSS THE ORGANIZATION, AND EXTERNALLY AS APPROPRIATE COMMUNITY COLLABORATION TO GAIN INSIGHTS AND ENGAGE COMMUNITY WE HAVE BUILT A CULTURE OF HEALTH EQUITY IN OUR ORGANIZATION THROUGH PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS OUR 2018 COMMUNITY HEALTH NEEDS ASSESSMENTS AND PLANS, CONDUCTED BY EACH OF OUR HOSPITALS, FRAMED HEALTH EQUITY</p>

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FORM 990, PART III, LINE 4A	<p>ITY AS AN UNDERLYING DRIVER FOR ALL OF THE HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLANS DURING THAT PROCESS, WE ENGAGED COMMUNITY MEMBERS, PUBLIC HEALTH, AND OUR OWN CLINICIANS TO MORE DEEPLY UNDERSTAND HOW WE MIGHT IMPACT THE HEALTH OF OUR COMMUNITY COMMUNITY PARTNERSHIP DEVELOPMENT IS A CORE STRATEGY IN OUR WORK TO PROMOTE HEALTH EQUITY WE INVEST IN SIX GENERAL AREAS HEALTHY CHILDREN, MENTAL HEALTH, NUTRITION AND FITNESS, HEALTH EQUITY, WELLNESS AND PREVENTION AND RESEARCH AND EDUCATION WE ALSO HAVE LARGER, MULTI-YEAR PARTNERSHIPS AND CAMPAIGNS WITH COMMUNITY-BASED ORGANIZATIONS TO IMPACT HEALTH DETERMINANTS, SUCH AS THE MAKEITOK CAMPAIGN, POWERUP AND LITTLE MOMENTS COUNT EXAMPLES OF PARTNERS INCLUDE ORGANIZATIONS SUCH AS THE WILDER FOUNDATION/ ST PAUL PROMISE NEIGHBORHOOD, THE YWCA, NORTHSIDE ACHIEVEMENT ZONE, NAMI, OVER 60 SCHOOLS THROUGHOUT THE REGION, HUNGER SOLUTIONS, AND MANY OTHERS WE CONTINUE OUR WORK WITH THE ITASCA PROJECT THIS IS AN EMPLOYER-LED ALLIANCE TO ADDRESS REGIONAL ISSUES THAT AFFECT OUR FUTURE COMPETITIVENESS AND QUALITY OF LIFE A MAJOR FOCUS OF THE ITASCA PROJECT IS CLOSING THE GAP ON SOCIOECONOMIC DISPARITIES IN THE REGION THROUGH COLLECTIVE ACTION BY BUSINESSES HEALTHPARTNERS SPONSORED THE TWIN CITIES PUBLIC TELEVISION PRODUCTION, "OUT NORTH," THE FIRST-EVER FILM TO HONOR OUR STATE'S LGBTQ HISTORY THE FULL-LENGTH FILM FEATURES THE STORIES OF MANY LGBTQ MINNESOTANS, SHEDS LIGHT ON THE PAST AND PRESENT OF MINNESOTA'S LESBIAN, GAY, BISEXUAL AND TRANSGENDER COMMUNITY, AND INSPIRES DIVERSITY AND INCLUSION THE FILM DEBUTED ON MONDAY, OCTOBER 16, 2017 THE DOCUMENTARY AND RESOURCES ARE STILL AVAILABLE TO THE COMMUNITY AT <a href="https://www.tpt.org/out-no-rth/video/out-north-mn-lgbtq-history-06spot/">HTTPS://WWW.TPT.ORG/OUT-NO RTH/VIDEO/OUT-NORTH-MNLGTBQ-HISTORY-06SPOT /</a> FOR MANY YEARS, HEALTHPARTNERS HAS BEEN A SPONSOR OF THE YWCA OF MINNEAPOLIS' IT'S TIME TO TALK FORUMS ON RACE OVER 1,000 DIVERSE LEADERS FROM BUSINESS, EDUCATION, ARTS AND COMMUNITY SERVICE CAME TOGETHER TO MOVE MINNESOTA FORWARD THROUGH HONEST CONVERSATION ABOUT RACE THE FOCUS OF THIS EVENT WAS TO EDUCATE ABOUT FACETS OF RACISM, EQUITY AND INCLUSION, ENGAGE IN DIALOGUE, DISCUSSION AND SELF-REFLECTION, AND EMPOWER COMMUNITIES TO LEAD SUSTAINABLE CHANGE IN LATE 2018 AND INTO 2019, HEALTHPARTNERS SPONSORED AND PARTNERED WITH THE YWCA MINNEAPOLIS TO MOVE FROM CONVERSATION TO ACTION WITH A FOUR PART SERIES CALLED IT'S TIME TO ACT THE SERIES FOCUSED ON HONEST CONVERSATIONS TO EMPOWER PARTICIPANTS TO ENGAGE IN DEEPER CONVERSATIONS AROUND RACE, EQUITY, FAITH AND SOCIAL JUSTICE TOPICS INCLUDED SYSTEMIC RACISM IDENTIFYING IT AND DISMANTLING IT WITH DR NELL IRVIN PAINTER, WHITE FRAGILITY UNPACKING PRIVILEGE WITH DR ROBIN DIANGELO , BEFORE JESUS WAS WHITE UNLEARNING OUR TRUTHS WITH REV DR CURTISS DE YOUNG AND ANTHONY GALLOWAY, AND RACISM AND SEXISM REVEALING THE INTERSECTIONALITY WITH JOHN BIEWEN FOR THE SECOND YEAR, OUR CROSS CULTURAL LEADERSHIP NETWORK PARTNERED WITH GIRLS SCOUTS TO INTRODUCE GIRLS (AGES 10 TO 12) TO CA</p>

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FORM 990, PART III, LINE 4A	<p>REERS IN HEALTH CARE MORE THAN 30 GIRLS ATTENDED TO LISTEN, ENGAGE, AND ASK QUESTIONS ABOUT THIS YEAR'S THEME "G I R L GO-GETTER, INNOVATOR, RISK-TAKER AND LEADER " WE CONTINUE TO EXPAND OUR COLLABORATION WITH COMMUNITY PARTNERS TO FURTHER SUPPORT OUR MOST VULNERABLE PATIENTS AND MEMBERS WE WORK TO IDENTIFY AND REFER OUR ELIGIBLE MOTHERS WHO ARE PATIENTS OR MEMBERS TO NURSE FAMILY PARTNERSHIP AND OTHER COUNTY PUBLIC HEALTH NURSE HOME VISITING PROGRAMS HEALTHPARTNERS SPONSORS AND IS A KEY PLAYER IN THE GREATER MINNEAPOLIS/ST PAUL INITIATIVE CALLED MAKE IT MSP, WHICH IS AN INITIATIVE TO HELP MAKE THE MINNEAPOLIS/ST PAUL REGION A TOP PERFORMER IN ATTRACTING AND RETAINING PEOPLE AS PART OF THIS INITIATIVE, WE HAVE REPRESENTATION ON (1) THE MAKE IT MSP PEOPLE OF COLOR COHORT, WHICH IS FOCUSING ON RECRUITING AND RETAINING PEOPLE OF COLOR TO POSITIONS IN THE REGION AND (2) THE ENTERPRISE TALENT TEAM, WHICH FOCUSES ON RECRUITMENT INTO THE REGION HEALTHPARTNERS ATTENDED BIT CON2018 (BLACKS IN TECHNOLOGY, NOW TECHQUITY) <a href="https://www.bitcon2018.com/">HTTPS //WWW BITCON2018 COM/</a>), HOSTING A SPONSOR TABLE AT THE EVENT FOR RECRUITING 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 EQUITABLE CARE CHAMPIONS MEETS ANNUALLY DATA COLLECTION HEALTHPARTNERS SYSTEMATICALLY COLLECTS DATA ON RACE, ETHNICITY AND LANGUAGE PREFERENCES DIRECTLY FROM PATIENTS AND MEMBERS IN A VARIETY OF WAYS, ALL OF THEM VOLUNTARY DATA IS COLLECTED THROUGH HEALTHPARTNERS COM, TELEPHONE CONTACTS WITH DEPARTMENTS SUCH AS MEMBER SERVICES AND CASE MANAGEMENT AND ONLINE THROUGH HEALTH ASSESSMENTS HEALTHPARTNERS USES THE ELECTRONIC MEDICAL RECORDS IN OUR CARE DELIVERY SYSTEM TO CAPTURE THIS DATA FACE -TO-FACE WITH PATIENTS THE DATA IS USED TO CONTINUALLY MONITOR THE QUALITY OF CARE DELIVERED AND PATIENT EXPERIENCE BY RACE AND LANGUAGE, AS WELL AS IDENTIFY STRATEGIES TO REDUCE HEALTH DISPARITIES IN TREATMENT, OUTCOMES AND SERVICE</p>

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FORM 990, PART III, LINE 4A	<p>LANGUAGE ASSISTANCE WE PROVIDE INTERPRETER SERVICES IN ALL KEY LANGUAGES SPOKEN BY PATIENT S AND HAVE ACCESS TO OVER 200 LANGUAGES THROUGH TELEPHONE AND THE USE OF VIDEO REMOTE INTERPRETATION WE CONSISTENTLY PROVIDE HIGH QUALITY FACE-TO-FACE (INCLUDING DEDICATED STAFF I N HIGH-VOLUME LOCATIONS), TELEPHONE AND VIDEO REMOTE INTERPRETER SERVICES TO OUR PATIENTS IN THEIR PREFERRED LANGUAGE FOR HEALTH CARE 100% OF EMPLOYED INTERPRETERS AT HEALTHPARTNERS HAVE A MINIMUM OF 40 HOURS OF PROFESSIONAL TRAINING AND 66% HOLD SOME NATIONAL CERTIFICATION UPDATED ANNUALLY, OUR LANGUAGE ASSISTANCE PLAN SETS ORGANIZATIONAL BEST PRACTICES AND EXPECTATIONS, AND IS ACCOMPANIED BY THE PRACTICAL YOUR GUIDE TO INTERPRETER SERVICES Y OUR GUIDE PROVIDES ANSWERS TO QUESTIONS SUCH AS HOW TO ACCESS AN INTERPRETER AND HOW TO TALK WITH PATIENTS WHO WISH TO RELY ON FAMILY MEMBERS TO INTERPRET TRAINING IS CONDUCTED ON THESE TOOLS TO SUPPORT CONTINUED IMPROVEMENT IN HEALTH AND EXPERIENCE OUTCOMES MOST RECENTLY, IT HAS BEEN UPDATED TO REFLECT THE VIDEO REMOTE TECHNOLOGY WE USE FOR INTERPRETATION SERVICES, THE FEDERAL GOVERNMENT GUIDANCE ON NOTIFICATION TO MEMBERS AND PATIENTS ON THEIR RIGHT TO LANGUAGE SERVICES (ACA 1557), AND STATE (MINNESOTA DEPARTMENT OF HUMAN SERVICES ) GUIDANCE ON HEALTH PLAN LANGUAGE ASSISTANCE PLANS OUR BIENNIAL INTERPRETER SATISFACTION SURVEY ALLOWS STAFF AND PROVIDERS TO GIVE FEEDBACK ON ALL INTERPRETER TYPES (AGENCY, STAFF, TELEPHONIC, VIDEO) THE RESULTS OF THESE SURVEYS ARE REVIEWED AND ACTED UPON TO SUPPORT IMPROVEMENT MEETINGS ARE HELD QUARTERLY WITH ALL CONTRACTED INTERPRETER AGENCIES TO REVIEW SATISFACTION SURVEYS AND PERFORMANCE, AND TO CONTINUE AGENCY ENGAGEMENT AND OUTCOMES THAT SUPPORT THE TRIPLE AIM VOCERA UNITS HAVE BEEN ACTIVATED AND DUAL HANDSET PHONES DEPLOYED AT ADMISSION AT OUR LARGEST HOSPITAL TO SUPPORT IMPROVED ACCESS TO AND USE OF TELEPHONIC LANGUAGE SERVICES SEVERAL CLINIC SITES ALSO MADE IMPROVEMENTS TO THEIR INFRASTRUCTURE AND WORK FLOW TO OFFER IMPROVED TELEPHONIC LANGUAGE SERVICES, AND VIDEO REMOTE SERVICES ARE AVAILABLE WIDELY THROUGHOUT OUR HOSPITALS AND CLINICS INTERPRETER AWARENESS EDUCATION CONTINUES TO BE OFFERED IN MULTIPLE NEW EMPLOYEE SETTINGS AS A REGULAR PART OF THE AGENDA, INCLUDING PROVIDER NEO AT HEALTHPARTNERS, HSC NEW, REGIONS NEO, AND NEW RESIDENT ORIENTATION HEALTHPARTNERS MEMBER SERVICES, SALES, CASE MANAGEMENT AND OTHER REPRESENTATIVES ALSO ARE TRAINED IN HOW TO USE TELEPHONIC INTERPRETER SERVICES HEALTHPARTNERS AND PARK NICOLLET ALSO SPONSOR SEVERAL INTERPRETER CONTINUING EDUCATION WORKSHOPS EACH YEAR FOR BOTH EMPLOYED AND CONTRACTED INTERPRETERS IN 2018, WORKSHOPS WERE OFFERED ON (1) NOTETAKING FOR HEALTH CARE INTERPRETERS, (2) CARDIOVASCULAR DISORDERS, DIAGNOSTIC TESTS AND TREATMENT, (3) OB /GYN TOPICS, INCLUDING RACE AND PREGNANCY, THE ROLE OF NURSE MIDWIVES, HYSTERECTOMIES, AND PRENATAL TESTING FOR CONGENITAL ANOMALIES, AND 4) SEXUAL ASSAULT NURSING EXAMS FOR AMERICAN SIGN LANGUAGE INTERPRETERS</p>

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FORM 990, PART III, LINE 4A	<p>HEALTHPARTNERS INTERPRETERS ARE INVOLVED IN A SIGNIFICANT NUMBER OF ACTIVITIES THAT BENEFIT OUR PATIENTS, MEMBERS AND COMMUNITY. IN 2018, THESE ACTIVITIES INCLUDED PROVIDING INTERPRETING OPPORTUNITIES FOR INTERPRETING STUDENTS FROM CENTURY COLLEGE (SPOKEN LANGUAGE) AND ST CATHERINE UNIVERSITY (AMERICAN SIGN LANGUAGE). PARTICIPATING IN COMMUNITY BENEFIT AND ORGANIZATIONAL DEVELOPMENT ACTIVITIES, INCLUDING PROVIDING CULTURAL AND LINGUISTIC EXPERTISE IN PROGRAM OR RESEARCH DESIGN, PRESENTING AT CAREER FAIRS, PROVIDING CULTURAL EDUCATION TO HEALTH CARE PROVIDERS, REVIEWING TRANSLATED STROKE EDUCATION MATERIALS TO ENSURE CULTURAL AND LINGUISTIC APPROPRIATENESS. TWENTY-SIX STAFF INTERPRETERS TRAINED IN SIMULTANEOUS INTERPRETING BEGAN PROVIDING SERVICES IN SEVEN LANGUAGES FOR MENTAL HEALTH GROUP THERAPY SESSIONS IN EARLY 2017. SERVICES WERE AIMED AT IMPROVING LIMITED ENGLISH PROFICIENT (LEP) PATIENT ACCESS TO THE FULL ARRAY OF AVAILABLE INPATIENT THERAPIES, WITH AN ULTIMATE GOAL OF REDUCING EXCESS INPATIENT DAYS FOR LEP PATIENTS. THIS NEW PROGRAM CONTRIBUTED TO A FOUR-DAY IMPROVEMENT IN LENGTH OF STAY FOR LEP PATIENTS FROM PROGRAM INCEPTION THROUGH 2018. THROUGH OUR PARTNERSHIP WITH HEALTHWISE, MORE THAN 3,600 PATIENT INSTRUCTIONS ARE NOW AVAILABLE IN EPIC IN ENGLISH AND SPANISH. THESE INSTRUCTIONS CAN BE ADDED TO THE AFTER VISIT SUMMARY/DISCHARGE INSTRUCTIONS AND PRINTED FOR PATIENTS. MINNESOTA HEALTH LITERACY PARTNERSHIP HEALTHPARTNERS IS A MEMBER OF THE MINNESOTA HEALTH LITERACY PARTNERSHIP (THE PARTNERSHIP), A COLLABORATIVE OF HOSPITALS, CLINIC SYSTEMS, HEALTH PLANS AND COMMUNITY AGENCIES THAT SHARE INFORMATION AND ENGAGE IN JOINT PLANNING ON HEALTH LITERACY ISSUES. RESEARCH SHOWS THAT NEARLY HALF OF AMERICANS HAVE TROUBLE UNDERSTANDING AND USING HEALTH INFORMATION, WHICH HAS HUGE IMPLICATIONS FOR HEALTH OUTCOMES, QUALITY, PATIENT SAFETY, AND COST-EFFECTIVENESS OF CARE. MULTILINGUAL HEALTH RESOURCES EXCHANGE (EXCHANGE) THE EXCHANGE IS A COLLABORATION AMONG MANY MINNESOTA ORGANIZATIONS (INCLUDING HOSPITALS, CLINIC SYSTEMS, HEALTH PLANS, PUBLIC HEALTH AGENCIES, AND COMMUNITY GROUPS) TO SHARE TRANSLATED HEALTH MATERIALS AND INFORMATION TO MEET THE HEALTH EDUCATION AND INFORMATION NEEDS OF PEOPLE WITH LIMITED ENGLISH PROFICIENCY (LEP). HEALTHPARTNERS WAS INSTRUMENTAL IN STARTING THE EXCHANGE IN 2001. EACH MEMBER OF THE EXCHANGE CONTRIBUTES MATERIALS TRANSLATED BY THEIR ORGANIZATION TO THE EXCHANGE WEBSITE, WHERE ALL PARTNER ORGANIZATIONS CAN DOWNLOAD IT FOR USE WITH THEIR CLIENTS AND PATIENTS. THIS GREATLY INCREASES THE AMOUNT OF HEALTH EDUCATION AVAILABLE IN LANGUAGES OTHER THAN ENGLISH FOR ALL PARTICIPATING ORGANIZATIONS. MEMBER MATERIALS &amp; COMMUNICATIONS MEMBER MATERIALS ARE CREATED USING A CONSUMER-FRIENDLY CHECKLIST TO ENSURE THAT COMMUNICATIONS ARE UNDERSTANDABLE, CONVERSATIONAL AND CONSISTENT. BENEFIT SUMMARIES ARE AVAILABLE IN SPANISH, HMONG AND SOMALI, OR OTHER LANGUAGES AS NEEDED, UPON REQUEST. PROMOTIONAL MATERIALS REFLECT THE DEMOGRAPHICS THAT</p>

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FORM 990, PART III, LINE 4A	<p>T EXIST IN THE POPULATION, MAKING PHOTOS RACIALLY, ETHNICALLY AND AGE DIVERSE MANY CUSTOM COMMUNICATIONS DEVELOPED FOR EMPLOYER GROUPS HAVE BEEN TRANSLATED TO BETTER SERVE OUR SPANISH-SPEAKING MEMBERS OPEN ENROLLMENT MATERIALS FOR COMMERCIAL PRODUCTS ARE AVAILABLE IN SPANISH AND ENGLISH WE MAINTAIN A SPANISH-LANGUAGE MICROSITE (HEALTHPARTNERS COM/ESPANOL) TO BETTER SERVE OUR SPANISH-SPEAKING MEMBERS HEALTHPARTNERS CARE AND MSHO LANGUAGE BLOCK S WE USE A LANGUAGE BLOCK TEMPLATE OUR ORGANIZATION DEVELOPED IN COMPLIANCE WITH SECTION 1557 OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA) THIS DOCUMENT INCLUDES A REVISED LANGUAGE BLOCK THAT ADDS LANGUAGES, UPDATES THE DISCRIMINATION LANGUAGE, INCLUDES INFORMATION ON WHERE DISCRIMINATION COMPLAINTS CAN BE FILED, AND PROVIDES INFORMATION ON FREE LANGUAGE ASSISTANCE AND AUXILIARY AIDS AND SERVICES THE LANGUAGE BLOCK IS USED ON HEALTH PARTNERS CARE AND MSHO MEMBER MATERIALS AND COMMUNICATIONS WHEN MODEL REQUIRES IT THE HPC ARE AND MSHO MATERIALS ARE TRANSLATED UPON REQUEST, INCLUDING THE MEDICAID/MSHO/SNBC WELCOME SHEET AND WELCOME LETTER THE MSHO SALES COVER LETTER IS TRANSLATED UPON REQUEST THE AFFORDABLE CARE ACT SECTION 1557 NON-DISCRIMINATION NOTICE AND TAGLINES ARE PROVIDED TO ALL MEMBERS 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</p>

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FORM 990, PART III, LINE 4A	<p>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 PHYSICAL ACTIVITY AND WELLNESS HEALTHPARTNERS OFFERED INCENTIVES IN 2018 FOR GETTING PHYSICALLY ACTIVE AND STAYING FIT THROUGH THE HEALTHPARTNERS FREQUENT FITNESS PROGRAM 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 2017 AND GOT REIMBURSED POWERUP (FORMERLY YUMPOWER) AND POWER UP 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 POWERUP SCHOOL CHALLENGE THE GOALS OF THE POWERUP 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 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, 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 THE SCHOOL CHALLENGE REACHES NEARLY 25,000 KIDS EACH YEAR THE PROGRAM ENGAGES WITH OVER 5</p>

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<p>FORM 990, PART III, LINE 4A</p>	<p>0 SCHOOLS TO ENCOURAGE 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 OF FAMILIES AND MORE THAN 85 PERCENT OF SCHOOL STAFF OBSERVED THAT KIDS ARE 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 EVIDENCED-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 MORE INFO ABOUT POWERUP AT THIS LINK <a href="https://www.healthpartners.com/hp/healthy-living/powerup-teacher/index">HTTPS://WWW.HEALTHPARTNERS.COM/HP/HEALTHY-LIVING/POWERUP-TEACHER/INDEX</a> FRUIT AND VEGGIE RX WE CONTINUED TO EXPAND THE FRUIT AND VEGGIE PRESCRIPTION PROGRAM (FRUITS AND VEGGIE RX) THE NUMBER OF FRUIT AND VEGETABLE "PRESCRIPTIONS" (VOUCHERS) WE DISTRIBUTED INCREASED FROM 16,550 IN 2016 TO 29,758 IN 2018 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 METRO AREA FOR THE FRUIT AND VEGGIE VOUCHER REDEMPTION OUR DISTRIBUTION CONTINUES TO GROW EACH YEAR, AS DOES THE NUMBER OF LOCATIONS WHERE WE WILL USE THE VOUCHERS EXPANSION HAS INCLUDED SCHOOL-BASED CLINICS AND OUR WELL@WORK CLINICS 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, LAKEVIEW HOSPITAL, HUDSON HOSPITAL, WESTFIELDS HOSPITAL, AMERY REGIONAL MEDICAL CENTER, AND PARK NICOLLET METHODIST HOSPITAL) BY COMMUNITY HOSPITAL CONSULTING TO DETERMINE THE GREATEST HEALTH NEEDS IN THE COMMUNITIES THEY SERVE THESE HOSPITALS SERVE SIMILAR COMMUNITIES AND HAVE OVERLAPPING STUDY AREAS THE SYSTEM'S STUDY AREA IS DEFINED AS DAKOTA, HENNEPIN, RAMSEY, SCOTT, AND WASHINGTON COUNTIES IN MINNESOTA AND POLK AND ST CROIX COUNTIES IN WISCONSIN DATA ELEMENTS REGARDING ALL SEVEN COUNTIES IN THE SYSTEM'S STUDY AREA ARE INCLUDED IN THIS REPORT FOR COMPARISON, AND ARE ALSO PROVIDED AS AN OPPORTUNITY FOR THE HOSPITALS TO WORK TOGETHER TO MEET THE NEEDS IDENTIFIED IN THE OVERLAPPING COUNTIES - DEMOGRAPHICS CHC CONSULTING ANALYZED THE MOST CURRENT DEMOGRAPHICS OF RESIDENTS IN RAMSEY, WASHINGTON, AND DAKOTA COUNTIES INCLUDING OVERALL POPULATION, POPULATION BY RACE AND ETHNICITY, MEDIAN AGE, MEDIAN HOUSEHOLD INCOME, POVERTY LEVELS, FOOD INSECURITY, AND EDUCATIONAL ATTAINMENT - HEALTH DATA COLLECTION CHC CONSULTING ANALYZED THE MOST CURRENT HEALTH DATA AVAILABLE PERTAINING TO RESIDENTS IN RAMSEY, WASHINGTON, AND DAKOTA COUNTIES</p>



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FORM 990, PART III, LINE 4A	<p>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 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 2018, WE WORKED ON OUR NEXT CYCLE OF CHNA FOR 2019-2021. CHNA PRIORITIZATION - FIVE PRIORITY AREAS: ACCESS TO CARE, ACCESS TO CARE REFERS TO HAVING EQUITABLE ACCESS TO APPROPRIATE, CONVENIENT AND AFFORDABLE HEALTH CARE. THIS INCLUDES FACTORS SUCH AS PROXIMITY TO CARE, ACCESS TO PROVIDERS, COST, INSURANCE COVERAGE, MEDICAL TRANSPORTATION, CARE COORDINATION WITHIN THE HEALTH CARE SYSTEM AND CULTURAL SENSITIVITY AND RESPONSIVENESS. ACCESS TO HEALTH ACCESS TO HEALTH CARE REFERS TO THE SOCIAL AND ENVIRONMENTAL CONDITIONS THAT DIRECTLY AND INDIRECTLY AFFECT PEOPLE'S HEALTH SUCH AS HOUSING, INCOME, EMPLOYMENT, EDUCATION AND MORE. THESE FACTORS, ALSO REFERRED TO AS SOCIAL DETERMINANTS OF HEALTH, DISPROPORTIONATELY IMPACT LOW INCOME COMMUNITIES AND COMMUNITIES OF COLOR. MENTAL HEALTH AND WELL-BEING. MENTAL HEALTH AND WELL-BEING REFERS TO THE INTERCONNECTION BETWEEN MENTAL ILLNESS, MENTAL HEALTH, MENTAL WELL-BEING AND THE ASSOCIATED STIGMA. POOR MENTAL HEALTH IS ASSOCIATED WITH POOR QUALITY OF LIFE, HIGHER RATES OF CHRONIC DISEASE AND A SHORTER LIFESPAN. NUTRITION AND PHYSICAL ACTIVITY. NUTRITION AND PHYSICAL ACTIVITY REFERS TO EQUITABLE ACCESS TO NUTRITION, PHYSICAL ACTIVITY AND FOOD AND FEEDING CHOICES. POOR NUTRITION AND PHYSICAL INACTIVITY ARE MAJOR CONTRIBUTORS TO OBESITY AND CHRONIC DISEASES SUCH AS DIABETES, HEART DISEASE AND STROKE, WHICH DISPROPORTIONALLY IMPACT LOW INCOME COMMUNITIES AND COMMUNITIES OF COLOR. SUBSTANCE ABUSE. SUBSTANCE ABUSE AND ADDICTION ARE THE EXCESSIVE USE OF SUBSTANCES INCLUDING ALCOHOL, TOBACCO, PRESCRIPTION DRUGS, OPIOIDS AND OTHER DRUGS IN A MANNER THAT IS HARMFUL TO HEALTH AND WELL-BEING. HEALTHPARTNERS DISCUSSED AND CONSIDERED ADDITIONAL OR ALTERNATIVE PRIORITIES DURING THE PRIORITIZATION PROCESS, INCLUDING OLDER ADULT HEALTH/AGING, MATERNAL AND CHILD HEALTH, ENVIRONMENTAL HEALTH AND INJURY AND VIOLENCE. THESE NEEDS WERE NOT SELECTED AS TOP FIVE PRIORITIES IN THE CONSENSUS BUILDING PROCESS, HOWEVER, THESE NEEDS WILL BE CONSIDERED IN THE IMPLEMENTATION OF THE SELECTED PRIORITY AREAS. HEALTHPARTNER'S APPROACH TO EQUITY.</p>

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FORM 990, PART III, LINE 4A	<p>AT HEALTHPARTNERS, A TOP PRIORITY IS TO MAKE SURE EVERYONE HAS EQUAL ACCESS TO EXCELLENT AND RELIABLE HEALTH CARE AND SERVICES, TO WORK TOWARD A DAY WHERE EVERY PERSON, REGARDLESS OF THEIR SOCIAL CIRCUMSTANCES, HAS THE CHANCE TO REACH THEIR BEST HEALTH. THIS REQUIRES US TO IDENTIFY AND WORK TOWARDS ELIMINATING HEALTH DISPARITIES, DEFINED BY THE CDC AS "PREVENTABLE DIFFERENCES IN THE BURDEN OF DISEASE, INJURY, VIOLENCE OR INOPPORTUNITIES TO ACHIEVE OPTIMAL HEALTH EXPERIENCED BY SOCIALLY DISADVANTAGED RACIAL, ETHNIC, AND OTHER POPULATION GROUPS AND COMMUNITIES." OUR COMMITMENT TO HEALTH EQUITY SHAPED OUR APPROACH TO OUR CHNA AND WILL CONTINUE TO SHAPE OUR APPROACH AS WE DEVELOP AN IMPLEMENTATION PLAN TO ADDRESS COMMUNITY HEALTH NEEDS IN PARTNERSHIP WITH OUR COMMUNITY. THIS INCLUDES CONSIDERING FACTORS SUCH AS RACE, ETHNICITY, AGE, GENDER IDENTITY, SOCIOECONOMIC STATUS AND EDUCATION LEVELS WHEN SETTING PRIORITIES AND DEVELOPING IMPLEMENTATION PLANS. NEXT STEPS - IMPLEMENTATION PLAN REPORT OUR HOSPITALS AND HEALTHPARTNERS WILL CONTINUE TO WORK COLLABORATIVELY WITH THE COMMUNITY TO DEVELOP SHARED GOALS AND ACTIONS THAT ADDRESS THE TOP FIVE PRIORITY NEEDS IDENTIFIED IN THE CHNA. THESE SHARED GOALS AND ACTIONS WILL BE PRESENTED IN OUR IMPLEMENTATION STRATEGY, WHICH IS A REQUIRED COMPANION REPORT TO THE CHNA. EACH NEED ADDRESSED WILL BE TAILORED TO THE HOSPITAL'S PROGRAMS, RESOURCES, PRIORITIES, PLANS AND/OR COLLABORATION WITH GOVERNMENTAL, NON-PROFIT OR OTHER HEALTH CARE ORGANIZATIONS. WHILE THE HEALTHPARTNERS HOSPITALS JOINTLY PRIORITIZED SYSTEMS-LEVEL NEEDS, THE U.S. DEPARTMENT OF THE TREASURY AND THE IRS REQUIRE A HOSPITAL ORGANIZATION TO SEPARATELY DOCUMENT THE IMPLEMENTATION STRATEGY FOR EACH OF ITS HOSPITAL FACILITIES. THE BOARD OF EACH HOSPITAL MUST APPROVE THE IMPLEMENTATION STRATEGY BY MAY 2019. 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, WHO'S 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 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</p>

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FORM 990, PART III, LINE 4A	<p>ANALYSIS AND ELIMINATING BARRIERS TO DATA SHARING AMONG MEMBERS ITS MEMBERS INCLUDE REPR ESENTATIVES FROM THE HOSPITALS, HEALTH PLAN, AND PUBLIC HEALTH SECTORS THE WORKGROU MEET S ONCE EACH MONTH AND ITS MEMBERS INCLUDE REPRESENTATIVES FROM THE HOSPITALS, HEALTH PLAN, AND PUBLIC HEALTH SECTORS MORE ABOUT CCH AT WWW MNMETROCCH ORG WORKPLACE DIVERSITY HEALT HPARTNERS 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 WI TH COMMUNITY MEMBERS IN AN EFFORT TO INCREASE DIVERSE HIRING MORE ABOUT WORKPLACE DIVERSI TY CAN BE FOUND ON THE 2018 GROUP HEALTH PLAN, INC 990 ORGANIZATION AWARDS AND ACHIEVEME NTS IN 2018, HEALTHPARTNERS RECEIVED NUMEROUS AWARDS THAT RECOGNIZE OUR COMMITMENT TO PROV IDING HIGH-QUALITY CARE, COVERAGE AND SERVICE FOR OUR MEMBERS AND PATIENTS AND FOR OUR EFF ORTS TO IMPROVE ENERGY EFFICIENCY AND REDUCE WASTE THE RANGE OF AWARDS IS ASTOUNDING, FRO M 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 FOR TWO YEARS IN A ROW, IBM WATSON HEALTH NAMED HEALTHP ARTNERS A TOP 15 HEALTH SYSTEM FOR PREVENTING INFECTIONS AND COMPLICATIONS, SHORTER EMERGE NCY WAIT TIMES, LOWER SPENDING AND HIGHER PATIENT SATISFACTION FOR 14 YEARS THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE HAS RECOGNIZED HEALTHPARTNERS AS THE HIGHEST OR ONE OF THE HIGHEST PERFORMING COMMERCIAL HEALTH PLANS IN MINNESOTA FOR CARE AND CUSTOMER SATISFACTIO N HEALTHPARTNERS IS THE HIGHEST RANKED PLAN IN OVERALL MEMBER SATISFACTION IN THE MINNESO TAWISCONSIN REGION, ACCORDING TO THE J D POWER 2018 U S COMMERCIAL MEMBER HEALTH PLAN S TUDY HIGH-QUALITY CLINICAL CARE HEALTHGRADES NAMED REGIONS HOSPITAL ONE OF AMERICA'S 50 B EST HOSPITALS (2016-2019) PUTTING IT IN THE TOP 1 PERCENT OF HOSPITALS FOR CLINICAL EXCELL ENCE METHODIST IS AMONG AMERICA'S 100 BEST HOSPITALS (2017-2018) PUTTING IT IN THE TOP 2 PERCENT OF HOSPITALS FOR CLINICAL EXCELLENCE HEALTHPARTNERS IS ONE OF THE TOP-RATED PRIVA TE COMMERCIAL HEALTH PLANS IN THE STATE AND ONE OF THE HIGHEST-RATED HEALTH PLANS IN THE N ATION WITH A RATING OF 4 5 OUT OF 5, ACCORDING TO THE NATIONAL COMMITTEE FOR QUALITY ASSUR ANCE (NCQA) * THE AMERICAN HOSPITAL ASSOCIATION (AHA) NAMED METHODIST HOSPITAL A 2018 CITA TION OF MERIT AWARD RECIPIENT AS PART OF THE ANNUAL QUEST FOR QUALITY LEADERSHIP MODERN H EALTHCARE 100 MOST INFLUENTIAL PEOPLE IN HEALTHCARE - ANDREA WALSH MINNEAPOLIS/ST PAUL BU SINESS JOURNAL WOMEN IN BUSINESS - ANDREA WALSH TWIN CITIES BUSINESS MAGAZINE OUTSTANDING DIRECTOR - DONALD LEWIS MINNEA</p>

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FORM 990, PART III, LINE 4A	<p>POLIS ST PAUL BUSINESS JOURNAL CFO OF THE YEAR - DAVE DZUIK MINNESOTA MONTHLY 500 MOST POWERFUL BUSINESS EXECUTIVES - ANDREA WALSH, STEVE CONNELLY, MEGAN REMARK MODERN HEALTHCARE TOP 25 COOS IN HEALTHCARE - NANCE MCCLURE THOMAS KOTTKE, MD, A HEALTHPARTNERS CARDIOLOGIST AND EPIDEMIOLOGIST AND MEDICAL DIRECTOR FOR WELL-BEING, IS THE RECIPIENT OF THE 2018 PRESIDENT'S AWARD FROM THE MINNESOTA MEDICAL ASSOCIATION THE AWARD RECOGNIZES DR KOTTKE'S WORK TO IMPROVE HEALTH IN OUR COMMUNITY BY PROMOTING PUBLIC HEALTH MEASURES INCLUDING TOBACCO CESSATION, TEEN PREGNANCY PREVENTION, BIKE SAFETY AND GUN VIOLENCE PREVENTION SUSTAINABILITY HEALTHPARTNERS RECEIVED EIGHT CIRCLES OF EXCELLENCE AWARDS IN SEVEN DIFFERENT CATEGORIES FROM PRACTICE GREENHEALTH, THE NATION'S LEADING ORGANIZATION DEDICATED TO ENVIRONMENTAL SUSTAINABILITY IN HEALTH CARE BECKER'S GREENEST HOSPITALS INCLUDED AMERY HOSPITAL &amp; CLINIC, METHODIST HOSPITAL, REGIONS HOSPITAL, HUDSON HOSPITAL &amp; CLINIC, LAKEVIEW HOSPITAL AND WESTFIELDS HOSPITAL &amp; CLINIC RECOGNIZED MEDICARE MODEL FOR TWO YEARS, BECKER'S HOSPITAL REVIEW, A HIGHLY RESPECTED HEALTH CARE PUBLICATION, IS RECOGNIZING PARK NICOLLET AS ONE OF THE ACCOUNTABLE CARE ORGANIZATIONS TO KNOW THIS RECOGNITION IS BASED ON FACTORS INCLUDING QUALITY AND COST HEALTHPARTNERS IS THE TOP-RATED MEDICARE PLAN IN MINNESOTA, ACCORDING TO THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) HEALTHPARTNERS FREEDOM (COST) PLAN RECEIVED A RATING OF 5 OUT OF 5 FROM NCQA PHARMACY THE PHARMACY QUALITY ALLIANCE (PQA) ANNOUNCED THAT HEALTHPARTNERS WAS AMONG TEN MEDICARE PLANS TO RECEIVE A PQA QUALITY AWARD FOR HIGH ACHIEVEMENT OR SIGNIFICANT IMPROVEMENT IN PQA MEASURES OF MEDICATION SAFETY AND APPROPRIATE USE HEALTHPARTNERS IS BEING RECOGNIZED FOR A PROGRAM THAT PROVIDES INFUSIONS FOR BIOLOGIC MEDICATIONS IN A PATIENT'S HOME, CLINICS OR OTHER LOWER COST SITES THE PROGRAM WAS ONE OF JUST EIGHT TO RECEIVE AN EXCELLENCE AWARD FROM THE PHARMACY BENEFIT MANAGEMENT INSTITUTE AT ITS ANNUAL CONFERENCE ON MARCH 6 HEALTHPARTNERS' PROGRAM WAS THE ONLY WINNER IN THE COST CONTAINMENT CATEGORY CANCER CARE THE MINNESOTA CHAPTER OF THE AMERICAN CANCER SOCIETY HAS NAMED HEALTHPARTNERS AS THE CRC ORGANIZATION OF THE YEAR FOR ITS EXCEPTIONAL EFFORTS SURROUNDING COLORECTAL CANCER SCREENINGS</p>

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<b>Return Reference</b>	<b>Explanation</b>
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

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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

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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.

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<b>Return Reference</b>	<b>Explanation</b>
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 ASKED 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 ENDING WITH A REMINDER TO COVERED PERSONS OF 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**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	EQUITY TRANSFER TO AFFILIATED ORGANIZATIONS -6,606,524 EARNINGS IN AFFILIATED ORGANIZATION -2,792,360 FASB 124 FAIR MARKET VALUATION ADJUSTMENT -76,201

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**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.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

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
<b>(1)</b> HEALTHPARTNERS EAST SIDE HOLDING LLC 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309 20-1282428	REAL ESTATE HOLDING COMPANY	DE			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
<b>(1)</b> HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	N/A	C				Yes	
<b>(2)</b> 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
<b>(3)</b> 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
<b>(4)</b> 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
<b>(5)</b> DENTAL SPECIALTIES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 45-1297583	PROFESSIONAL DENTAL SERVICES	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
<b>(6)</b> 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
<b>(7)</b> 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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b> Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b> Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b> Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b> Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b> Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b> Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	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 VII**   **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>

**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
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	
8171 33RD AVE S PO BOX 1309 MPLS, MN 554401309 20-2287016	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 41-1670163	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 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 INC	Yes	
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1279567	PROVIDE SUPPORT TO HOSPITAL AND 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 SUPPORT TO HOSPITAL AND COMMUNITY HEALTH	MN	501(C)(3)	509(A)(3) TYPE II	LAKEVIEW HEALTH	Yes	
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0811697	HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(VI)	LAKEVIEW HEALTH	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	LAKEVIEW HEALTH	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)(VI)	RH-WISCONSIN INC	Yes	
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1770913	PROVIDE SUPPORT TO HOSPITAL AND COMMUNITY HEALTH	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 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 INC	Yes	
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1726539	PROVIDE SUPPORT TO HOSPITAL AND COMMUNITY HEALTH	WI	501(C)(3)	170(B)(1) (A)(VI)	AMERY REGIONAL MEDICAL CENTER INC	Yes	
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 84-1715908	HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(III)	PARK NICOLLET HEALTH SERVICES	Yes	
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 36-3317820	PROVIDE SUPPORT TO HOSPITAL	MN	501(C)(3)	509(A)(3) TYPE III	HUTCHINSON HEALTH	Yes	

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

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

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	GROUP HEALTH PLAN INC - CLAIMSHEALTHCARE SERVICES	P	72,398,592	
(1)	HUDSON HOSPITAL INC - CLAIMSHEALTHCARE SERVICES	P	1,034,950	
(2)	PHYSICIANS NECK AND BACK CLINICS - CLAIMSHEALTHCARE SERVICES	P	670,218	
(3)	RAMSEY INTEGRATED HEALTH SERVICES - CLAIMSHEALTHCARE SERVICES	P	232,920	
(4)	LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION INC - CLAIMSHEALTHCARE SERVICES	P	5,027,202	
(5)	REGIONS HOSPITAL - CLAIMSHEALTHCARE SERVICES	P	71,279,830	
(6)	WESTFIELDS HOSPITAL INC - CLAIMSHEALTHCARE SERVICES	P	567,174	
(7)	CAPITOL VIEW TRANSITIONAL CARE CENTER - CLAIMSHEALTHCARE SERVICES	P	97,025	
(8)	REGIONS HOSPITAL - RENT	Q	806,000	
(9)	GROUP HEALTH PLAN INC - MANAGEMENT & HEALTHCARE SUPPORT SERVICES	M	189,019,637	
(10)	AMERY REGIONAL MEDICAL CENTER INC - CLAIMSHEALTHCARE SERVICES	P	245,865	
(11)	PARK NICOLLET METHODIST HOSPITAL - CLAIMSHEALTHCARE SERVICES	P	75,292,336	
(12)	PARK NICOLLET CLINIC - CLAIMSHEALTHCARE SERVICES	P	43,620,419	
(13)	HPI-RAMSEY - NET ASSET TRANSFER	B	5,656,524	