

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2021****Open to Public Inspection**

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](http://www.irs.gov/Form990) for instructions and the latest information.

<b>A For the 2021 calendar year, or tax year beginning</b> , 2021, and ending , 20			
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FAIRVIEW HEALTH SERVICES</b>		<b>D</b> Employer identification number <b>41-0991680</b>
	Doing business as		<b>E</b> Telephone number <b>(612) 672-4976</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2450 RIVERSIDE AVENUE</b>		
	City or town, state or province, country, and ZIP or foreign postal code <b>MINNEAPOLIS, MN 55454</b>		
	<b>F</b> Name and address of principal officer: <b>JAMES HEREFORD</b> <b>SAME AS C ABOVE</b>		<b>G</b> Gross receipts \$ <b>4,659,405,445</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. <b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ <b>WWW.FAIRVIEW.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1906</b>	<b>M</b> State of legal domicile: <b>MN</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>FAIRVIEW IS DRIVEN TO HEAL, DISCOVER AND EDUCATE FOR LONGER, HEALTHIER LIVES.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>17</b>
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>32,054</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>840</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>173,016,682</b>
	<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>6,398,575</b>
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	98,666,047	63,718,499
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,443,901,457	3,660,930,632
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	139,394,074	208,120,737
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	220,531,757	184,009,612
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,902,493,335	4,116,779,480
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	627,088	174,531
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	1,804,080,755	1,825,829,845
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0</b>	0	0
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,993,636,234	1,885,946,989
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,798,344,077	3,711,951,365
<b>Net Assets or Fund Balances</b>	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	104,149,258	404,828,115
	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	5,390,468,971	5,451,049,538
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	2,722,722,233	2,632,690,764
			2,667,746,738	2,818,358,774

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>JAMES HEREFORD, PRESIDENT/CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JESSICA WAGENER</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <b>P01622613</b>
	Firm's name ▶ <b>ERNST &amp; YOUNG U.S.LLP</b>	Firm's EIN ▶ <b>34-6565596</b>			
	Firm's address ▶ <b>155 N. WACKER DRIVE, CHICAGO, IL 60606</b>	Phone no. <b>(312) 879-2000</b>			

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2021)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

MISSION: FAIRVIEW IS DRIVEN TO HEAL, DISCOVER AND EDUCATE FOR LONGER, HEALTHIER LIVES.

VISION: FAIRVIEW IS DRIVING A HEALTHIER FUTURE.

(CONTINUED ON SCHEDULE O)

**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 \$ 1,933,408,844 including grants of \$ 174,531 ) (Revenue \$ 2,452,058,601 )

FAIRVIEW HEALTH SERVICES IS AN INDUSTRY-LEADING, AWARD-WINNING, NONPROFIT, INTEGRATED HEALTH SYSTEM PROVIDING EXCEPTIONAL HEALTH CARE ACROSS THE FULL SPECTRUM OF HEALTH CARE SERVICES.

FOUNDED IN 1906, FAIRVIEW SERVES THE TWELVE-COUNTY MINNEAPOLIS/ST. PAUL METRO AREA, AS WELL AS COMMUNITIES THROUGHOUT GREATER MINNESOTA AND PORTIONS OF NORTHERN IOWA AND WESTERN WISCONSIN AND IS ONE OF THE MOST COMPREHENSIVE AND GEOGRAPHICALLY ACCESSIBLE SYSTEMS IN MINNESOTA.

FAIRVIEW, THE UNIVERSITY OF MINNESOTA AND THE UNIVERSITY OF MINNESOTA PHYSICIANS APPROVED AN AGREEMENT WHICH BECAME EFFECTIVE IN LATE 2018 (THE "M HEALTH FAIRVIEW AGREEMENT"). WHILE THE PARTIES MAINTAIN THEIR SEPARATE GOVERNANCE, THE M HEALTH FAIRVIEW AGREEMENT FURTHER INTEGRATED OPERATIONS ACROSS THE CLINICAL DELIVERY SYSTEM AND ENHANCES RESEARCH AND EDUCATION BY CREATING A JOINT CLINICAL ENTERPRISE AMONG THE PARTIES. THE M HEALTH FAIRVIEW AGREEMENT BRINGS TOGETHER NOT ONLY UMMC AND ITS RELATED SERVICE LINES, BUT ALSO FAIRVIEW'S OTHER HOSPITALS, PRIMARY CARE  
(CONTINUED ON SCHEDULE O)**4b** (Code: ) (Expenses \$ 1,013,647,951 including grants of \$ ) (Revenue \$ 1,193,547,875 )  
COST OF PARTICIPATING IN GOVERNMENT PROGRAMS:

FAIRVIEW IS COMMITTED TO SERVING THE HEALTH CARE NEEDS OF MEMBERS OF ITS COMMUNITY. TO SUPPORT FULL ACCESS TO SERVICES, FAIRVIEW PARTICIPATES IN THE FOLLOWING PUBLIC HEALTH CARE PROGRAMS: MEDICARE, MEDICAID, AND MINNESOTA CARE. REIMBURSEMENT FROM THESE PROGRAMS FOR SERVICES RENDERED, GENERALLY FALLS BELOW THE COST OF PROVIDING THE CARE. TO COMPENSATE FOR THE UNDER FUNDING BY GOVERNMENT PROGRAMS, FAIRVIEW MAKES A SIGNIFICANT FINANCIAL INVESTMENT TO OFFSET THESE LOSSES.

IN 2021, FAIRVIEW INCURRED \$57,646,309 OF TAXES AND SURCHARGE COSTS IN HEALTH CARE SERVICES THAT EXCEEDED THE REIMBURSEMENT RECEIVED BY PUBLIC PROGRAMS, SURCHARGE, TAXES AND FEES RELATED TO THESE PROGRAMS AND NOT INCLUDING MEDICARE.

(CONTINUED ON SCHEDULE O)

**4c** (Code: ) (Expenses \$ 113,370,993 including grants of \$ ) (Revenue \$ 15,324,156 )

THE PRIMARY PURPOSE OF OUR EDUCATIONAL AND RESEARCH PROGRAMS IS TO BENEFIT PATIENTS AND THE COMMUNITY AT LARGE BY EDUCATING HEALTH PROFESSIONALS BOTH WITHIN FAIRVIEW AND IN THE BROADER COMMUNITY, AND BY FOSTERING ADVANCES IN KNOWLEDGE AND EVIDENCE-BASED IMPROVEMENTS TO CLINICAL TREATMENTS AND APPROACHES TO HEALTH CARE DELIVERY.

IN PARTNERSHIP WITH THE UNIVERSITY OF MINNESOTA ACADEMIC HEALTH CENTER AND UNIVERSITY OF MINNESOTA PHYSICIANS, FAIRVIEW HAS A STRONG AND ABIDING COMMITMENT TO RESEARCH AND EDUCATION. TOGETHER, WE VIEW RESEARCH AS AN INTEGRAL AND CRITICAL COMPONENT IN PROVIDING EXCEPTIONAL CARE TO PATIENTS AND THE COMMUNITY. WE SEEK TO BE A NATIONAL LEADER IN CLINICAL RESEARCH AND A REGIONAL CENTER FOR CLINICAL RESEARCH ACTIVITIES.

(CONTINUED ON SCHEDULE O)

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **3,060,427,788**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> ✓	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<b>2</b> ✓	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>3</b>	✓
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b> ✓	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b>	✓
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	<b>6</b>	✓
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	<b>7</b>	✓
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	✓
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	<b>9</b>	✓
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b> ✓	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> ✓	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	<b>11b</b> ✓	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	<b>11c</b>	✓
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	<b>11d</b>	✓
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b> ✓	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	<b>11f</b> ✓	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<b>12a</b>	✓
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	<b>12b</b> ✓	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	✓
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b> ✓	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	<b>14b</b> ✓	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .	<b>15</b>	✓
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .	<b>16</b>	✓
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions . . . . .	<b>17</b>	✓
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<b>18</b>	✓
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<b>19</b>	✓
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b> ✓	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b> ✓	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	<b>21</b> ✓	

**Part IV Checklist of Required Schedules** (continued)

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

**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 . . . . . ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	490
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	✓

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No			
<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>	32,054			
<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>		✓		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<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>		✓		
<b>b</b>	If "Yes," enter the name of the foreign country <b>CJ</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>			✓	
<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>			✓	
<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>			✓	
<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</b>	<b>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</b>	<b>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>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>					
<b>a</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</b>	<b>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</b>	<b>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</b>	<b>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</b>	<b>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>			✓	
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<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 the instructions and file Form 4720, Schedule N.	<b>15</b>		✓		
<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>			✓	
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>				



**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 . . . . . <b>1a</b> <span style="float: right;">18</span> 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 on Schedule O.		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent . . . . . <b>1b</b> <span style="float: right;">17</span>		
<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? . . . . .	<b>2</b>	<input checked="" type="checkbox"/>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .	<b>3</b>	<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>	<input checked="" type="checkbox"/>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>	<input checked="" type="checkbox"/>
<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? . . . . .	<b>7a</b>	<input checked="" type="checkbox"/>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>	<input checked="" type="checkbox"/>
<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? . . . . .	<b>8a</b>	<input checked="" type="checkbox"/>
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	<input checked="" type="checkbox"/>
<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 on Schedule O . . . . .	<b>9</b>	<input checked="" type="checkbox"/>

**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? . . . . .	<b>10a</b>	<input checked="" type="checkbox"/>
<b>b</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>10b</b>	
<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? . . . . .	<b>11a</b>	<input checked="" type="checkbox"/>
<b>b</b> Describe on 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 . . . . .	<b>12a</b>	<input checked="" type="checkbox"/>
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	<b>12c</b>	<input checked="" type="checkbox"/>
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	<input checked="" type="checkbox"/>
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	<input checked="" type="checkbox"/>
<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>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	<input checked="" type="checkbox"/>
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>	<input checked="" type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process on 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? . . . . .	<b>16a</b>	<input checked="" type="checkbox"/>
<b>b</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? . . . . .	<b>16b</b>	<input checked="" type="checkbox"/>

**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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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 on Schedule O)

**19** Describe on 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 ►  
DAWN KSEPKA, 1700 UNIVERSITY AVENUE W, ST PAUL, MN 55104, (612) 672-4986

**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and 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.

See the instructions for the order in which to list the persons above.

☐ 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(1) JAMES HEREFORD PRESIDENT/CEO	40.0 2.0	✓		✓				2,262,435	0	512,663
(2) MICHAEL CAMPOLI, MD PHYSICIAN	40.0 0.0					✓		1,835,309	0	42,501
(3) ROHANN LALL, MD PHYSICIAN	40.0 0.0					✓		1,752,757	0	41,635
(4) LAURA REED, RN COO/CNO	40.0 2.0			✓				1,085,509	0	157,567
(5) JOHN BATSON CHIEF FINANCIAL OFF	40.0 2.0			✓				1,047,259	0	149,411
(6) MARK WELTON, MD CHIEF MEDICAL OFFICE	40.0 2.0			✓				889,454	0	140,103
(7) ROBERT BEACHER CHIEF SHARED CLINIC	40.0 2.0			✓				827,814	0	141,184
(8) DAVID CROSBY CHIEF VALUE BASED SOLUTIONS	40.0 2.0			✓				432,632	453,236	74,781
(9) TRUDI TRYSLA CHIEF LEGAL COUNSEL	40.0 2.0			✓				799,805	0	152,560
(10) SAMEER BADLANI CHF INFORMATION OFF	40.0 2.0			✓				783,708	0	120,111
(11) MARY NEASE CHIEF PEOPLE OFFICER	40.0 2.0			✓				701,028	0	115,764
(12) SRIJOY MAHAPATRA CHF STRATEGY OFFICER	40.0 2.0			✓				797,074	0	13,939
(13) MICHAEL TRAN, MD PHYSICIAN	40.0 0.0					✓		759,313	0	48,511
(14) WILLIAM OMILE, MD PHYSICIAN	40.0 0.0					✓		745,392	0	48,511

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**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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(15) ANDREW PORTIS, MD PHYSICIAN	40.0 0.0					✓		743,509	0	48,511
(16) SCOTT WEBER CHF MKTG COMM & DIG	40.0 2.0			✓				491,713	0	88,867
(17) ANDREA MOKROS EVP & CHF PUBLIC AFF	40.0 2.0			✓				477,461	0	89,462
(18) JOHN DOHERTY FORMER OFFICER	0.0 0.0						✓	242,131	0	0
(19) RICH OSTLUND CHAIR	2.0 0.0	✓		✓				35,000	0	0
(20) ANN LOWRY, MD VICE CHAIR	2.0 0.0	✓		✓				25,000	0	0
(21) KAREN GRABOW SECRETARY	2.0 0.0	✓		✓				25,000	0	0
(22) JODI RICHARD DIRECTOR	2.0 0.0	✓						25,000	0	0
(23) JOHN HEINMILLER DIRECTOR	2.0 0.0	✓						25,000	0	0
(24) MICHAEL CONNLY DIRECTOR	2.0 1.0	✓						25,000	0	0
(25) (SEE STATEMENT)										
<b>1b Subtotal</b>								16,834,305	453,236	1,986,081
<b>c Total from continuation sheets to Part VII, Section A</b>								155,000	0	0
<b>d Total (add lines 1b and 1c)</b>								16,989,305	453,236	1,986,081
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization								5,609		

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	✓	
<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>	✓	
<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>		✓

**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
U OF M PHYSICIANS, 420 DELAWARE ST NE, SUITE 200, MINNEAPOLIS, MN 55455	MEDICAL SERVICES	688,519,037
U OF M HEALTH CLINICS & SURGERY CENTER, 720 WASHINGTON AVE SE, SUITE 200, MINNEAPOLIS, MN 55414	MEDICAL SERVICES	124,826,161
REGENTS OF THE UNIVERSITY OF MINNESOTA, 420 DELAWARE ST NE, MINNEAPOLIS, MN 55455	EDUCATION	121,912,009
RIGHTSOURCING INC., 999 STEWART AVE, SUITE 100, BETHANY, NY 11714	STAFFING	75,007,827
CUSHMAN & WAKEFIELD OF MN INC., 3500 AMERICAN BLVD W, BLOOMINGTON, MN 55431	REAL ESTATE SERVICES	43,429,986
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 ►		52



**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>	9,661,587			
	<b>e</b>	Government grants (contributions)	<b>1e</b>	54,056,912			
	<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>1g</b>	\$ 146,189			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		63,718,499			
<b>Program Service Revenue</b>				Business Code			
	<b>2a</b>	MEDICARE-MEDICAID PATIENT CARE	622110	1,193,547,876	1,193,547,876		
	<b>b</b>	PHARMACY	446110	995,651,285	995,651,285		
	<b>c</b>	PATIENT CARE SERVICES	622110	750,943,093	750,943,093		
	<b>d</b>	LABORATORY	621500	669,193,779	653,139,344	16,054,435	
	<b>e</b>	PARKING	812930	10,580,123	10,580,123		
	<b>f</b>	All other program service revenue . . . . .	722514	41,014,476	40,989,997	(55,440)	79,919
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		3,660,930,632			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .			47,170,941		47,170,941
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents . . . . .	(i) Real 27,452,215	(ii) Personal			
	<b>b</b>	Less: rental expenses	460,290				
	<b>c</b>	Rental income or (loss)	26,991,925	0			
	<b>d</b>	Net rental income or (loss) . . . . .			26,991,925		26,991,925
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities 156,134,753	(ii) Other 8,413,406			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .		3,598,363			
	<b>c</b>	Gain or (loss) . . . . .	156,134,753	4,815,043			
	<b>d</b>	Net gain or (loss) . . . . .			160,949,796		160,949,796
	<b>8a</b>	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a				
	<b>b</b>	Less: direct expenses . . . . .	8b				
	<b>c</b>	Net income or (loss) from fundraising events . . . . .					
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	9a				
	<b>b</b>	Less: direct expenses . . . . .	9b				
	<b>c</b>	Net income or (loss) from gaming activities . . . . .					
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	10a	695,584,999			
<b>b</b>	Less: cost of goods sold . . . . .	10b	538,567,312				
<b>c</b>	Net income or (loss) from sales of inventory . . . . .			157,017,687	157,017,687		
<b>Miscellaneous Revenue</b>				Business Code			
	<b>11a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue . . . . .			0	0	0
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			0			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			4,116,779,480	3,644,851,718	173,016,682	235,192,581

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	174,531	174,531		
<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, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	12,346,566		12,346,566	
<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) . . . . .	242,131		242,131	
<b>7</b> Other salaries and wages . . . . .	1,436,468,093	1,095,273,833	341,194,260	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	75,314,925	59,323,062	15,991,863	
<b>9</b> Other employee benefits . . . . .	205,106,900	157,252,668	47,854,232	
<b>10</b> Payroll taxes . . . . .	96,351,230	72,838,249	23,512,981	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .	46,798,310	19,362,886	27,435,424	
<b>b</b> Legal . . . . .	3,627,446	52,071	3,575,375	
<b>c</b> Accounting . . . . .	948,087	3,868	944,219	
<b>d</b> Lobbying . . . . .	742,610	742,610		
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .	5,743,395		5,743,395	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	213,522,919	213,522,919	0	0
<b>12</b> Advertising and promotion . . . . .	1,308,825	20,654	1,288,171	
<b>13</b> Office expenses . . . . .	82,845,774	58,642,013	24,203,761	
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .	720	720		
<b>16</b> Occupancy . . . . .	60,299,321	50,174,872	10,124,449	
<b>17</b> Travel . . . . .	1,227	736	491	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	3,590,226	2,688,137	902,089	
<b>20</b> Interest . . . . .	33,540,901	33,197,436	343,465	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	111,559,793	73,399,846	38,159,947	
<b>23</b> Insurance . . . . .	4,889,287	4,413,598	475,689	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on 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 SUPPLIES . . . . .	1,115,905,439	1,113,106,037	2,799,402	
<b>b</b> LICENSES . . . . .	103,636,234	23,681,108	79,955,126	
<b>c</b> TAXES-MEDICAL . . . . .	57,646,308	57,646,308		
<b>d</b> UTILITIES, REPAIRS, MAINT . . . . .	15,561,203	14,510,373	1,050,830	
<b>e</b> All other expenses . . . . .	23,778,964	10,399,253	13,379,711	0
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	3,711,951,365	3,060,427,788	651,523,577	0
<b>26</b> <b>Joint costs.</b> 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 X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	11,578,213	<b>1</b>	10,712,312
	<b>2</b> Savings and temporary cash investments . . . . .	571,873,692	<b>2</b>	488,741,075
	<b>3</b> Pledges and grants receivable, net . . . . .	18,835,402	<b>3</b>	18,630,786
	<b>4</b> Accounts receivable, net . . . . .	1,874,012,851	<b>4</b>	2,136,470,778
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	106,628,308	<b>8</b>	116,319,208
	<b>9</b> Prepaid expenses and deferred charges . . . . .	33,713,630	<b>9</b>	48,618,773
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 2,293,395,121		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 1,397,163,650		
	<b>11</b> Investments—publicly traded securities . . . . .	862,646,614	<b>10c</b>	896,231,471
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	1,374,840,056	<b>11</b>	1,152,564,058
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	341,710,742	<b>12</b>	320,638,555
	<b>14</b> Intangible assets . . . . .	19,723,137	<b>13</b>	40,621,110
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	174,906,326	<b>15</b>	221,501,412	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	5,390,468,971	<b>16</b>	5,451,049,538
	<b>18</b> Grants payable . . . . .	660,695,873	<b>17</b>	571,989,655
	<b>19</b> Deferred revenue . . . . .		<b>18</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>19</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	819,266,763	<b>20</b>	981,976,782
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>21</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>22</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	507,015,000	<b>23</b>	494,455,000
	<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 . . . . .		<b>24</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	735,744,597	<b>25</b>	584,269,327
	<b>27</b> <b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>	2,722,722,233	<b>26</b>	2,632,690,764
<b>28</b> Net assets without donor restrictions . . . . .				
<b>29</b> Net assets with donor restrictions . . . . .				
<b>30</b> <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
<b>31</b> Capital stock or trust principal, or current funds . . . . .		<b>27</b>		
<b>32</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	2,623,623,726	<b>28</b>	2,774,440,379	
<b>33</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	44,123,012	<b>29</b>	43,918,395	
<b>34</b> <b>Total net assets or fund balances.</b> Add lines 27 through 33 . . . . .		<b>30</b>		
<b>35</b> Total liabilities and net assets/fund balances . . . . .		<b>31</b>		
<b>36</b> Total net assets or fund balances . . . . .	2,667,746,738	<b>32</b>	2,818,358,774	
<b>37</b> Total liabilities and net assets/fund balances . . . . .	5,390,468,971	<b>33</b>	5,451,049,538	

Form **990** (2021)

**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>	4,116,779,480
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	3,711,951,365
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	404,828,115
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	2,667,746,738
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	(29,800,118)
<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 on Schedule O) . . . . .	<b>9</b>	(224,415,961)
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	<b>10</b>	2,818,358,774

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
<b>c</b> 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 on Schedule O.	✓	
<b>3a</b> 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>b</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 on Schedule O and describe any steps taken to undergo such audits . . . . .	✓	

Form **990** (2021)

**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 (Check all that apply)						(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			
(25) TIMOTHY MARX ----- DIRECTOR	2.0 ----- 0.0	✓						25,000	0	0
(26) BARCLAY BERDAN ----- DIRECTOR	2.0 ----- 0.0	✓						20,000	0	0
(27) BRAD WALLIN ----- DIRECTOR	2.0 ----- 1.0	✓						20,000	0	0
(28) JULIE CAUSEY ----- DIRECTOR	2.0 ----- 0.0	✓						20,000	0	0
(29) KENNETH ROERING ----- DIRECTOR	2.0 ----- 0.0	✓						20,000	0	0
(30) SHAWNTERA HARDY ----- DIRECTOR	2.0 ----- 0.0	✓						20,000	0	0
(31) DAVID LEVY ----- DIRECTOR, NEW 2-2021	2.0 ----- 0.0	✓						15,000	0	0
(32) STEPHEN SWENSEN ----- DIRECTOR, BEGAN 2-2021	2.0 ----- 1.0	✓						15,000	0	0
(33) BRIAN BURNETT ----- DIRECTOR, END 1-2021	2.0 ----- 0.0	✓						0	0	0
(34) JAKUB TOLAR, MD ----- VICE CHAIR	2.0 ----- 0.0	✓						0	0	0
(35) MELISSA GELLER, MD ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(36) MYRON FRANS ----- DIRECTOR, BEGAN 2-2021	2.0 ----- 0.0	✓						0	0	0



**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► 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

**2021**

**Open to Public  
Inspection**

Name of the organization

FAIRVIEW HEALTH SERVICES

Employer identification number

41-0991680

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 11285F

Schedule A (Form 990) 2021

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33<sup>1</sup>/<sub>3</sub>% support test—2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2021.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2020.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>2a</b>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D—Distributions		Current Year	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>	
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>	
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>	

  

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016 . . . . .			
<b>b</b> From 2017 . . . . .			
<b>c</b> From 2018 . . . . .			
<b>d</b> From 2019 . . . . .			
<b>e</b> From 2020 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017 . . .			
<b>b</b> Excess from 2018 . . .			
<b>c</b> Excess from 2019 . . .			
<b>d</b> Excess from 2020 . . .			
<b>e</b> Excess from 2021 . . .			

Schedule A (Form 990) 2021

**SCHEDULE C**  
**(Form 990)**

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

**2021**

**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 organization <b>FAIRVIEW HEALTH SERVICES</b>	Employer identification number <b>41-0991680</b>
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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)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 50084S

Schedule C (Form 990) 2021

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	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? . . . . .	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>													

**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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(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					

Schedule C (Form 990) 2021

**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?	✓		742,610
<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			742,610
<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>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	<b>3</b>	

**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.

SEE NEXT PAGE



# 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 - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	<p>DURING 2021 FAIRVIEW HEALTH SERVICES (FAIRVIEW) OFFICIALS HAD MEETINGS AND CONTACTS WITH BOTH FEDERAL AND STATE GOVERNMENT OFFICIALS, CONGRESSIONAL STAFF AND REPRESENTATIVES TO DISCUSS VARIOUS HEALTH CARE REFORM AND MEDICARE PROPOSALS AND PROPOSED LEGISLATION. FAIRVIEW HAS CORRESPONDED WITH REPRESENTATIVES, STAFF AND GOVERNMENT OFFICIALS OUTLINING CONCERNS AND RECOMMENDATIONS REGARDING HEALTH CARE REFORM AND OTHER HEALTH CARE RELATED TOPICS. MANY OF THESE ACTIVITIES WERE CONDUCTED BY EMPLOYEES OF FAIRVIEW AND THE EXPENDITURES FOR THIS ACTIVITY TOTALED APPROXIMATELY \$140,727. ADDITIONALLY, FAIRVIEW PAID APPROXIMATELY \$601,883 TO OUTSIDE LOBBYISTS IN THE TAX YEAR. THIS AMOUNT INCLUDES AN AMOUNT OF MINNESOTA HOSPITAL ASSOCIATION DUES THAT WAS DETERMINED TO BE USED FOR LOBBYING ACTIVITIES. FAIRVIEW ALSO PROVIDED INFORMATION AND/OR EXPRESSED ITS CONCERN TO LEGISLATIVE BODIES AND GOVERNMENT OFFICIALS ON MATTERS DIRECTLY RELATED TO HEALTH, THE DELIVERY OF HEALTH CARE AND MEDICAL EDUCATION AND/OR RESEARCH. SUCH ACTIVITY IS NORMALLY AT THE REQUEST OF A LEGISLATIVE BODY, COMMITTEE OR MEMBER. DURING THE TAX YEAR, FAIRVIEW REPRESENTATIVES HAD MEETINGS WITH MEMBERS OF THE LEGISLATIVE/EXECUTIVE BRANCHES OF GOVERNMENT TO DISCUSS ISSUES RELATING TO HEALTH CARE AND HEALTH CARE REFORM. FAIRVIEW MAY ALSO MEET WITH MEMBERS OF GOVERNMENT TO DISCUSS ISSUES DEALING WITH FAIRVIEW'S TAX EXEMPT STATUS AND HEALTH CARE ISSUES INCLUDING SALES TAX EXEMPTION, STATE HEALTH CARE REFORM, REAL ESTATE TAX ISSUES, MEDICAID, PHYSICIAN LICENSING, ETC. FAIRVIEW BELIEVES THESE INFORMATIONAL MEETINGS ARE ESSENTIAL TO SUPPORT OUR CHARITABLE PURPOSE AND DO NOT CONSTITUTE ATTEMPTS TO INFLUENCE SPECIFIC LEGISLATION.</p>

**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 instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

FAIRVIEW HEALTH SERVICES

Employer identification number

41-0991680

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> 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.	
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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 FASB 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 FASB 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 FASB 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 make 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 program  
**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>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**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 on 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	5,600,949	5,865,076	5,757,124	1,575,829	1,512,011
<b>b</b> Contributions		217,899	148,110	4,641,157	52,144
<b>c</b> Net investment earnings, gains, and losses		39,894		(461,060)	12,253
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	746,889	364,552			
<b>f</b> Administrative expenses		157,368	40,158	(1,198)	579
<b>g</b> End of year balance	4,854,060	5,600,949	5,865,076	5,757,124	1,575,829

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ☐ 0.00 %  
**b** Permanent endowment ☐ 27.52 %  
**c** Term endowment ☐ 72.48 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
<b>(i)</b> Unrelated organizations	<b>3a(i)</b>	<input checked="" type="checkbox"/>
<b>(ii)</b> Related organizations	<b>3a(ii)</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<b>3b</b>	<input checked="" type="checkbox"/>

**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		23,373,811		23,373,811
<b>b</b> Buildings		1,334,669,141	716,824,294	617,844,847
<b>c</b> Leasehold improvements		23,988,416	19,814,488	4,173,928
<b>d</b> Equipment		752,986,735	597,438,853	155,547,882
<b>e</b> Other		158,377,018	63,086,015	95,291,003
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				896,231,471

**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) OTHER SECURITIES . . . . .	320,638,555	COST
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . .	320,638,555	

**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	
(2) OTHER LT LIABILITIES	451,852,041
(3) WORK COMP RESERVE	48,479,064
(4) INTERCOMPANY PAYABLE	41,412,245
(5) DERIVATIVE FINANCIAL INSTRUMENTS	18,673,069
(6) INS SUB CLAIMS RESERVE	15,268,063
(7) POST RETIREMENT	6,046,789
(8) DEFERRED RENT	2,538,056
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	584,269,327

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 FASB 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.

[SEE STATEMENT](#)



# 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 - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE INTENDED USES FOR THE ENDOWMENT FUNDS IS FOR EDUCATIONAL GRANTS AND AWARDS THAT ARE GIVEN THROUGH THE FAIRVIEW FOUNDATION.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	FAIRVIEW RECOGNIZES ALL TAX POSITIONS, INCLUDING THOSE POSITIONS IN A PREVIOUSLY FILED TAX RETURN OR A POSITION EXPECTED TO BE TAKEN IN A FUTURE TAX FILING THAT IS REFLECTED IN MEASURING CURRENT OR DEFERRED INCOME TAX ASSETS AND LIABILITIES, WHEN IT IS MORE LIKELY THAN NOT (LIKELIHOOD OF GREATER THAN 50%) THAT, BASED ON TECHNICAL MERITS, THE POSITION WILL BE SUSTAINED UPON EXAMINATION. THERE ARE \$14,540 AND \$0 UNCERTAIN TAX POSITIONS RECORDED ON THE CONSOLIDATED BALANCE SHEETS AS OF DECEMBER 31, 2021 AND 2020, RESPECTIVELY. FAIRVIEW HAS MADE REASONABLE ESTIMATES OF THE PROVISION FOR INCOME TAXES AND ON EXISTING DEFERRED TAX BALANCES BASED ON ACCOUNTING GUIDANCE INCLUDED IN ASC 740, INCOME TAXES. FAIRVIEW DOES NOT EXPECT THAT THERE WILL BE A SIGNIFICANT CHANGE IN THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS WITHIN THE NEXT 12 MONTHS.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

- **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**  
 ► **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

**2021**

**Open to Public  
Inspection**

Name of the organization

FAIRVIEW HEALTH SERVICES

Employer identification number

41-0991680

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ **Yes** ☐ **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	1	PROGRAM SERVICES	SELF INSURANCE	16,971,926
(2) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		231,345,124
(3) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	INVESTMENTS		55,581,422
(4) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		81,482,229
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Subtotal</b> . . . . .	0	1			385,380,701
<b>b Total from continuation sheets to Part I</b> . . . . .	0	0			0
<b>c Totals (add lines 3a and 3b)</b>	0	1			385,380,701

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50082W

Schedule F (Form 990) 2021

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ►

**3** Enter total number of other organizations or entities . . . . . ►

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . . ☒ **Yes** ☐ **No**
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . . ☐ **Yes** ☒ **No**
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* . . . . . ☒ **Yes** ☐ **No**
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . . ☐ **Yes** ☒ **No**
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . . ☒ **Yes** ☐ **No**
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . . ☐ **Yes** ☒ **No**

Schedule F (Form 990) 2021

**Part V**

**Supplemental Information.** Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL, ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
► **Attach to Form 990.**  
► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

FAIRVIEW HEALTH SERVICES

Employer identification number

41 0991680

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	✓	
<b>b</b> If "Yes," was it a written policy? . . . . .	✓	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____%	✓	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____%	✓	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	✓	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	✓	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	✓	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		✓
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	✓	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	✓	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			24,509,643	9,296,586	15,213,057	0.41
<b>b</b> Medicaid (from Worksheet 3, column a)			540,894,356	396,060,277	144,834,079	3.90
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .					0	0.00
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs	0	0	565,403,999	405,356,863	160,047,136	4.31
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			7,092,168		7,092,168	0.19
<b>f</b> Health professions education (from Worksheet 5) . . . . .			113,370,993	15,324,156	98,046,837	2.64
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			57,086,883	48,207,438	8,879,445	0.24
<b>h</b> Research (from Worksheet 7) . . . . .			5,648,724	2,747,446	2,901,278	0.08
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			219,053		219,053	0.01
<b>j Total.</b> Other Benefits . . . . .	0	0	183,417,821	66,279,040	117,138,781	3.16
<b>k Total.</b> Add lines 7d and 7j . . . . .	0	0	748,821,820	471,635,903	277,185,917	7.47

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule H (Form 990) 2021



**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0.00
2 Economic development					0	0.00
3 Community support					0	0.00
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 Total	0	0	0	0	0	0.00

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	✓	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount . . . . .	2	33,518,738	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . .	3	670,375	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	797,487,598
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	953,444,476
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	(155,956,878)
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

9a Did the organization have a written debt collection policy during the tax year? . . . . .	9a	✓	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI . . . . .	9b	✓	

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size, from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? 5

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
<b>1</b> UNIVERSITY OF MINNESOTA MEDICAL CENTER 2450 RIVERSIDE AVENUE, MINNEAPOLIS, MN 55454-1450 <a href="https://mhealthfairview.org/locations/mhealth-fairview-university-of-minnesota">HTTPS://MHEALTHFAIRVIEW.ORG/LOCATIONS/M-HEALTH-FAIRVIEW-UNIVERSITY-OF-MINNESOTA</a> (SEE STATEMENT)	✓	✓	✓	✓		✓	✓			
<b>2</b> FAIRVIEW SOUTHDAL E HOSPITAL 6401 FRANCE AVENUE S, EDINA, MN 55435-2104 <a href="https://mhealthfairview.org/locations/mhealth-fairview-southdale-hospital">HTTPS://MHEALTHFAIRVIEW.ORG/LOCATIONS/M-HEALTH-FAIRVIEW-SOUTHDAL E-HOSPITAL</a> STATE LICENSE NO. : 406101	✓	✓					✓			
<b>3</b> FAIRVIEW RIDGES HOSPITAL 201 E. NICOLLET BLVD, BURNSVILLE, MN 55337-5714 <a href="https://mhealthfairview.org/locations/mhealth-fairview-ridges-hospital">HTTPS://MHEALTHFAIRVIEW.ORG/LOCATIONS/M-HEALTH-FAIRVIEW-RIDGES-HOSPITAL</a> STATE LICENSE NO. : 406103	✓	✓					✓			
<b>4</b> FAIRVIEW LAKES REGIONAL MEDICAL CTR 5200 FAIRVIEW BLVD, WYOMING, MN 55092-8013 <a href="https://mhealthfairview.org/locations/mhealth-fairview-lakes-medical-center">HTTPS://MHEALTHFAIRVIEW.ORG/LOCATIONS/M-HEALTH-FAIRVIEW-LAKES-MEDICAL-CENTER--</a> WYOMING STATE LICENSE NO. : 406104	✓	✓					✓			
<b>5</b> FAIRVIEW NORTHLAND REGIONAL HOSP 911 NORTHLAND DR., PRINCETON, MN 55371-2172 <a href="https://mhealthfairview.org/locations/mhealth-fairview-northland-medical-center">HTTPS://MHEALTHFAIRVIEW.ORG/LOCATIONS/M-HEALTH-FAIRVIEW-NORTHLAND-MEDICAL-CENTER</a> STATE LICENSE NO. : 406378	✓	✓					✓			
<b>6</b>										
<b>7</b>										
<b>8</b>										
<b>9</b>										
<b>10</b>										

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION A, LINE 1 - NAME, ADDRESS, PRIMARY WEBSITE ADDRESS, AND STATE LICENSE NUMBER (AND IF A GROUP RETURN, THE NAME AND EIN OF THE SUBORDINATE HOSPITAL ORGANIZATION THAT OPERATES THE HOSPITAL FACILITY)	-MEDICAL-CENTER---EAST-BANK STATE LICENSE NO. : 406106

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

**Name of hospital facility or letter of facility reporting group** UNIVERSITY OF MINNESOTA MEDICAL CENTER**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 1

	Yes	No
<b>Community Health Needs Assessment</b>		
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	✓
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	✓
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . .	<b>3</b>	✓
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: <u>20 21</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	✓
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	✓
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	✓
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . .	<b>7</b>	✓
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Section C, Line 7d</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b>	✓
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 22</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b>	✓
<b>a</b> If "Yes," (list url): <u>See Section C, Line 7d</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	✓
<b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group UNIVERSITY OF MINNESOTA MEDICAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	<b>13</b> ✓	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2</u> <u>0</u> <u>0</u> % and FPG family income limit for eligibility for discounted care of <u>3</u> <u>0</u> <u>0</u> %		
<b>b</b> <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients?	<b>14</b> ✓	
<b>15</b> Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	<b>15</b> ✓	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	<b>16</b> ✓	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group UNIVERSITY OF MINNESOTA MEDICAL CENTER

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> ✓	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	✓
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> ✓	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)****Name of hospital facility or letter of facility reporting group** UNIVERSITY OF MINNESOTA MEDICAL CENTER

	Yes	No
<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b> <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .	<b>23</b>	✓
If "Yes," explain in Section C.		
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .	<b>24</b>	✓
If "Yes," explain in Section C.		

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**Supplemental Information.** Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY</p>	<p>FAIRVIEW IS COMMITTED TO TRANSPARENCY AND ACCOUNTABILITY IN ALL WE DO, INCLUDING OUR EFFORTS TO ASSESS - AND RESPOND TO - OUR COMMUNITY'S MOST PRESSING HEALTH NEEDS. THE COMMUNITY BENEFIT WORK THAT WE DO ACROSS FAIRVIEW MUST REFLECT OUR COMMUNITY'S ACTUAL NEEDS, NOT OUR ASSUMPTIONS ABOUT WHAT THOSE NEEDS MIGHT OR SHOULD BE.</p> <p>BECAUSE WE UNDERSTAND THAT CHANGE CANNOT HAPPEN WHEN WE WORK IN SILOS, AND IT CANNOT HAPPEN IN A SINGLE YEAR, WE GROUNDED OUR 2021 CHNA PROCESS IN ALIGNMENT WITH OUR 2018 CHNA NEEDS, EXISTING DATA, AND THE VOICES OF COMMUNITY MEMBERS AND COMMUNITY PARTNERS. ONCE WE HAD COLLECTED, ANALYZED, AND SYNTHESIZED THE INFORMATION WE RECEIVED FROM BOTH PRIMARY AND SECONDARY DATA SOURCES, WE ESTABLISHED A PRIORITIZATION PROCESS THROUGH WHICH WE COULD IDENTIFY THE COMMUNITY HEALTH NEEDS THAT, IF EFFECTIVELY ADDRESSED, WOULD HAVE THE GREATEST POSITIVE IMPACT ON OUR COMMUNITIES AND PARTICULARLY ON OUR PRIORITY POPULATIONS. HAVING A CONSISTENT, DEFINED PROCESS HELPS REDUCE THE SKEWING EFFECT OF CONSCIOUS AND UNCONSCIOUS BIASES AND ENABLES US TO DEFINE PRIORITY NEED AREAS THAT REFLECT OUR COMMUNITY'S TOP HEALTH NEEDS RATHER THAN OUR PERCEPTION OF THOSE NEEDS.</p> <p>WE EVALUATED AREAS OF NEED BASED ON FOUR BROAD CRITERIA:</p> <ul style="list-style-type: none"> <li>-HAS THIS NEED BEEN VOICED BY THE COMMUNITY? HAS THIS NEED BEEN VETTED BY THE COMMUNITY?</li> <li>-DOES THIS NEED ALIGN WITH FAIRVIEW'S STRATEGIES AND PRIORITIES?</li> <li>-DOES THIS NEED ALIGN WITH EXISTING PUBLIC HEALTH STRATEGIES AND COMMUNITY HEALTH ASSESSMENTS?</li> <li>-DOES THIS NEED BUILD UPON FAIRVIEW'S 2018 CHNA PRIORITY NEEDS?</li> </ul> <p>OUR PROCESS RESULTED IN THE IDENTIFICATION OF THREE PRIORITY NEED AREAS. THEY ARE:</p> <ul style="list-style-type: none"> <li>-NAVIGATING AND ACCESSING CARE AND RESOURCES</li> <li>-HEALING, CONNECTEDNESS, AND MENTAL HEALTH</li> <li>-ADDRESSING STRUCTURAL RACISM AND BARRIERS TO ACHIEVING HEALTH EQUITY.</li> </ul>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: UNIVERSITY OF MINNESOTA MEDICAL CENTER</p> <p>DESCRIPTION: THE ASSESSMENT PROCESS AND DATA COLLECTION METHODS WE USED DURING THIS CHNA CYCLE WERE DIFFERENT THAN EVER BEFORE DUE TO THE COVID-19 PANDEMIC. COVID-19 CAUSED DELAYS IN DATA COLLECTION AMONG LOCAL, STATE, AND NATIONAL ORGANIZATIONS. AS A RESULT OF THESE DELAYS, THE U.S. CENSUS BUREAU HAD NOT YET RELEASED FINALIZED DATA FROM THE 2020 U.S. CENSUS BY THE TIME WE BEGAN THE CHNA PROCESS. AS A RESULT, WE USED 2015-2019 AMERICAN COMMUNITY SURVEY DATA. LOCAL PUBLIC HEALTH AGENCIES ALSO WERE NOT ABLE TO PROVIDE UPDATED DATA AS THEY HAVE IN THE PAST. WE ACKNOWLEDGE THAT, DUE TO THESE SETBACKS, THE DATA WE USED IS LESS RECENT THAN DESIRED.</p> <p>ADDITIONALLY, COVID-19 REQUIRED US TO ADD NEW SAFETY PRECAUTIONS TO OUR METHOD OF GATHERING COMMUNITY VOICE DATA. FOR EXAMPLE, ALL CONVERSATIONS AND INTERVIEWS, WHICH HAD PREVIOUSLY BEEN IN-PERSON MEETINGS, TOOK PLACE IN A VIRTUAL FORMAT INSTEAD.</p> <p>WE COLLECTED ADDITIONAL COMMUNITY VOICE DATA BY CONVENING A BROAD ARRAY OF STAKEHOLDERS, WITH SPECIAL FOCUS ON THE PRIORITY POPULATIONS. THE PROCESS INCLUDED DISCUSSIONS WITH COMMUNITY BENEFIT AND ASSESSMENT COMMITTEES, OUR COMMUNITY ADVISORY COUNCIL, THE HOPE COMMISSION LISTENING AND LEARNING SESSIONS, AND KEY STAKEHOLDER INTERVIEWS. THROUGHOUT THIS PROCESS, COMMUNITY MEMBERS, LOCAL BUSINESS LEADERS, GOVERNMENT REPRESENTATIVES, NONPROFIT AND COMMUNITY ORGANIZATIONS, AND CONTENT EXPERTS SHARED THEIR VOICES AND PERSPECTIVES ABOUT THEIR COMMUNITY'S HEALTH NEEDS.</p> <p>EACH HOSPITAL WITHIN FAIRVIEW HAS A COMMUNITY BENEFIT AND ASSESSMENT COMMITTEE THAT IS INVOLVED IN THE CHNA PROCESS THROUGHOUT THE THREE-YEAR CYCLE. EACH COMMITTEE IS COMPRISED OF LOCAL COMMUNITY AND ORGANIZATIONAL LEADERS AND STAFFED BY THE FAIRVIEW COMMUNITY ADVANCEMENT DEPARTMENT. COMMUNITY BENEFIT AND ASSESSMENT COMMITTEES MET FOUR TIMES BETWEEN APRIL AND OCTOBER IN 2021, THREE OF WHICH WERE INDIVIDUAL COMMITTEE MEETINGS AND ONE OF WHICH WAS A SYSTEM-WIDE COMMUNITY IMPACT SUMMIT THAT BROUGHT ALL THE COMMITTEES TOGETHER. EACH COMMITTEE MEETING CONSISTED OF FACILITATED DISCUSSIONS THROUGH WHICH OUR TEAM GATHERED INPUT ABOUT TOP COMMUNITY NEEDS.</p> <p>THE FAIRVIEW COMMUNITY ADVISORY COUNCIL, COMPOSED OF KEY COMMUNITY LEADERS AND STAFFED BY COMMUNITY ADVANCEMENT, REVIEWS THE CHNA REPORT AND WRITTEN IMPLEMENTATION STRATEGY AND RECOMMENDS IT TO THE PATIENT CARE AND EXPERIENCE COMMITTEE OF THE FAIRVIEW BOARD OF DIRECTORS FOR REVIEW AND ADOPTION. EACH MEMBER REPRESENTS THE MEMBER'S RESPECTIVE COMMUNITY, AND MEMBERS REPRESENT A BROAD RANGE OF SECTORS, AMONG THEM COMMUNITY ORGANIZATIONS SERVING CULTURAL COMMUNITIES, HIGHER EDUCATION ORGANIZATIONS, BANKS, AND A NONPROFIT ELECTRIC COMPANY. THE COMMUNITY ADVISORY COUNCIL MET FROM MAY THROUGH NOVEMBER 2021 TO PARTICIPATE IN THE CHNA PROCESS, GIVE FEEDBACK, AND ULTIMATELY RECOMMEND THE CHNA AND IMPLEMENTATION STRATEGY FOR ADOPTION.</p> <p>THE HOPE COMMISSION IS A MULTI-YEAR TRANSFORMATIONAL CHANGE EFFORT OF M HEALTH FAIRVIEW TO DRIVE MORE EQUITABLE OUTCOMES AND INCLUSIVE ENVIRONMENTS AND EXPERIENCES FOR OUR PATIENTS, EMPLOYEES, AND COMMUNITIES. THE COMMISSION CONDUCTED A SERIES OF LISTENING AND LEARNING SESSIONS IN 2020 AND 2021. THE OBJECTIVE WAS TO HOLD A MIRROR TO FAIRVIEW TO ASSESS WHERE WE ARE NOW AND HOW WE CAN MAKE LASTING CHANGE. PART OF BEING AN ANTI-RACIST HEALTH SYSTEM IS DEVELOPING A CANDID UNDERSTANDING OF OUR SHORTCOMINGS. WE PARTICULARLY SOUGHT TO HEAR PERSPECTIVES AND IDEAS FROM THE MOST IMPACTED POPULATIONS: BIPOC EMPLOYEES AND PATIENTS, FRONT-LINE WORKERS WHO CARE FOR UNDERSERVED AND MARGINALIZED PATIENTS, AND THOSE PATIENTS THEMSELVES. A SURVEY WAS ALSO MADE AVAILABLE EACH YEAR TO GATHER INSIGHTS AND SUGGESTIONS FROM EMPLOYEES AND PATIENTS WHO COULD NOT DIRECTLY PARTICIPATE IN A LISTENING AND LEARNING SESSION.</p> <p>IN 2020, THE COMMISSION CONVENED 32 VIRTUAL LISTENING AND LEARNING SESSIONS AND TWO TOWN HALLS INVOLVING MORE THAN 1,500 PARTICIPANTS ACROSS FAIRVIEW SITES. THE SESSIONS FOCUSED ON EMPLOYEES BUT INCLUDED PATIENTS AND COMMUNITY MEMBERS AS WELL. IN SEPTEMBER 2021, THE HOPE COMMISSION CONTINUED THE LISTENING AND LEARNING SESSIONS FOLLOWING THE SAME MODEL. IN THIS ITERATION, HOWEVER, THE FOCUS WAS PRIMARILY ON GATHERING INPUT FROM PATIENTS (AND EMPLOYEES AS PATIENTS). IN BOTH 2020 AND 2021'S LISTENING AND LEARNING SESSIONS, THE FACILITATORS AND NOTE TAKERS REFLECTED THE COMMUNITY REPRESENTED BY THE SESSION'S GROUP TO THE GREATEST DEGREE POSSIBLE.</p> <p>IN AUGUST AND SEPTEMBER 2021, FAIRVIEW'S COMMUNITY ADVANCEMENT TEAM CONDUCTED A SERIES OF INTERVIEWS WITH STAFF MEMBERS WHO WORK WITH COMMUNITIES. EACH CONVERSATION FOLLOWED A CONSISTENT INTERVIEW PROTOCOL DEVELOPED FOR THIS PURPOSE, AND EACH INTERVIEW WAS CAPTURED BY MEANS OF DETAILED NOTES. THE GOAL OF THESE INTERVIEWS WAS TO DRAW ON STAFF EXPERTISE TO GAIN A DEEPER UNDERSTANDING OF OUR PRIORITY NEEDS AND TO DETERMINE WHETHER THERE ARE ANY EMERGING NEEDS THAT WE SHOULD BE CONSIDERING. BETWEEN AUG. 31 AND SEPT. 17, 2021, WE CONDUCTED 17 INTERVIEWS.</p> <p>IN AUGUST 2021, WE HELD TWO FOCUS GROUPS IN PARTNERSHIP WITH OTHER ORGANIZATIONS. WE CONVENED THE FIRST FOCUS GROUP IN PARTNERSHIP WITH HEALTHPARTNERS AND ALLINA HEALTH, AND THE PARTICIPANTS WERE FAITH COMMUNITY NURSES. WE CONVENED THE SECOND FOCUS GROUP IN PARTNERSHIP WITH THE ORGANIZATIONS THAT ARE A PART OF THE EAST SIDE HEALTH AND WELL-BEING COLLABORATIVE. THIS MEETING'S FOCUS WAS ON ACCESSING CARE AND RESOURCES FOR DIFFERENT CULTURAL COMMUNITIES.</p> <p>FAIRVIEW ALSO PARTICIPATED IN TWO LARGE SURVEYS. KRC RESEARCH CONDUCTED A SURVEY AROUND HEALTH AND HEALTH CARE NEEDS IN ST. PAUL BETWEEN JUNE 8 AND JULY 7, 2021, AND ADMINISTERED IT TO COMMUNITY MEMBERS, FAIRVIEW EMPLOYEES, PATIENTS, AND COMMUNITY PARTNERS. RESPONSES WERE RECEIVED FROM 294 RESIDENTS, MORE THAN 1,000 EMPLOYEES, 221 PATIENTS, AND 20 PARTNERS. THE</p>

Return Reference - Identifier	Explanation
	<p>SURVEY WAS OFFERED ONLINE AND BY PHONE AND IN FIVE LANGUAGES: ENGLISH, SPANISH, HMONG, SOMALI, AND KAREN.</p> <p>FAIRVIEW ALSO SUPPORTED AND WAS A PARTNER ORGANIZATION IN BRIDGE TO HEALTH, A SURVEY THAT ASSESSES THE HEALTH NEEDS OF NORTHERN MINNESOTA RESIDENTS. THE BRIDGE TO HEALTH SURVEY WAS ADMINISTERED BETWEEN AUG.28 AND OCT. 23, 2020. THE GEOGRAPHIC AREAS THAT WERE SAMPLED INCLUDED AITKIN, CARLTON, COOK, ITASCA, KOOSKICHING, LAKE, ST. LOUIS, AND PINE COUNTIES IN MINNESOTA, AS WELL AS DOUGLAS COUNTY IN WISCONSIN.</p> <p>AS A FOUNDATIONAL PART OF PROGRAM PLANNING AND EVALUATION, COMMUNITY ADVANCEMENT STAFF ARE CONTINUOUSLY SOLICITING FEEDBACK FROM COMMUNITY PARTNERS AND PROGRAM PARTICIPANTS. WE CAPTURE THIS INFORMATION ON AN ONGOING BASIS AND USE IT TO PROVIDE VALUABLE CONTEXT AND DRIVE INSIGHTS INTO THE NEEDS OF THE COMMUNITIES WE SERVE.</p> <p>FAIRVIEW STAFF DEVELOPED STANDARDIZED TOOLS, PROCESSES, INSTRUCTIONS, AND FACILITATOR, INTERVIEWER, AND NOTE-TAKER PROTOCOLS AND TRAINING. ALL PRIMARY DATA WAS COMPILED, CLEANED, AND ANALYZED. COMMUNITY CONVERSATIONS LASTED VARIOUS LENGTHS FROM 30-120 MINUTES. ALL COMMUNITY INPUT WAS CAPTURED BY A NOTE-TAKER.</p> <p>THE FAIRVIEW TEAM CONTRACTED WITH THE FOLLOWING GROUPS TO SUPPORT OUR ASSESSMENT PROCESS:</p> <ul style="list-style-type: none"> <li>-LOREN BLINDE, PHD OF WRITING POWER, A COPYWRITER AND CONTENT STRATEGIST, ON THE WRITING OF THE REPORT.</li> <li>-KRISTI FORDYCE, AN INDEPENDENT CONTRACTOR, FOR ANALYSIS SUPPORT.</li> <li>-WEBER SHANDWICK, FOR DATA COLLECTION AND ANALYSIS OF FOCUS GROUPS AND STAKEHOLDER INTERVIEWS FOCUSED ON ST. PAUL.</li> <li>-KRC RESEARCH FOR THE ADMINISTRATION AND ANALYSIS OF THE ST. PAUL COMMUNITY SURVEY</li> </ul>
<p>SCHEDULE H, PART V, SECTION B, LINE 7D - OTHER METHODS CHNA REPORT MADE WIDELY AVAILABLE</p>	<p>FACILITY NAME: UNIVERSITY OF MINNESOTA MEDICAL CENTER</p> <p>DESCRIPTION: THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT FOR UNIVERSITY OF MINNESOTA MEDICAL CENTER ARE LOCATED AT: <a href="https://stcr-prd-cd.fairview.org/-/media/files/local-health-needs/read-full-reports/2021-CHNA-report-ummc-and-masonic-childrens-hospital2125.pdf?_ga=2.182784742.1916792193.1654267916-176052540.1594916074">HTTPS://STCR-PRD-CD.FAIRVIEW.ORG/-/MEDIA/FILES/LOCAL-HEALTH-NEEDS/READ-FULL-REPORTS/2021-CHNA-REPORT-UMMC-AND-MASONIC-CHILDRENS-HOSPITAL2125.PDF?_GA=2.182784742.1916792193.1654267916-176052540.1594916074</a></p> <p>THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY FOR UNIVERSITY OF MINNESOTA MEDICAL CENTER ARE LOCATED AT: <a href="https://stcr-prd-cd.fairview.org/-/media/files/local-health-needs/chna-implementation-strategy-report-20222024-ummcummch.pdf?_ga=2.122632907.1916792193.1654267916-176052540.1594916074">HTTPS://STCR-PRD-CD.FAIRVIEW.ORG/-/MEDIA/FILES/LOCAL-HEALTH-NEEDS/CHNA-IMPLEMENTATION-STRATEGY-REPORT-20222024-UMMCUMMCH.PDF?_GA=2.122632907.1916792193.1654267916-176052540.1594916074</a></p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: UNIVERSITY OF MINNESOTA MEDICAL CENTER</p> <p>DESCRIPTION: OVER THE COURSE OF 2021, FAIRVIEW'S HOSPITALS AND MEDICAL CENTERS, INCLUDING THE UNIVERSITY OF MINNESOTA MEDICAL CENTER AND MASONIC CHILDREN'S HOSPITAL, CONDUCTED OUR COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS TO DETERMINE OUR PRIORITY NEEDS AND OUR RESPONSE. AS PART OF THIS PROCESS, WE LISTENED AND LEARNED MUCH ABOUT OUR COMMUNITY'S MOST PRESSING NEEDS. THROUGH THOSE CONVERSATIONS, AND SUPPORTED BY COMMUNITY DATA, WE PRIORITIZED THE FOLLOWING NEEDS: NAVIGATING AND ACCESSING CARE AND RESOURCES; HEALING, CONNECTEDNESS; AND MENTAL HEALTH, AND ADDRESSING STRUCTURAL RACISM AND BARRIERS TO ACHIEVING HEALTH EQUITY.</p> <p>THE CHNA IMPLEMENTATION STRATEGY REPORT OUTLINES THE MAJOR STRATEGIES AND ACTIONS WE WILL DEPLOY THROUGHOUT THE 2022-2024 ASSESSMENT CYCLE. THE CURRENT GENERATION WILL BE THE FIRST GENERATION IN AMERICAN HISTORY TO EXPERIENCE SHORTER LIFE EXPECTANCY THAN THEIR PARENTS DID.<sup>1</sup> OVER THE PAST DECADE, RATES OF POVERTY, FOOD INSECURITY, ISOLATION, MENTAL ILLNESS, ADDICTION, AND OTHER DETERMINANTS OF POOR HEALTH HAVE CONTINUED TO RISE AND THESE DO NOT IMPACT EVERYONE EQUALLY - MINNESOTA HAS SOME OF THE NATION'S LARGEST RACIAL, ETHNIC, AND GEOGRAPHIC HEALTH INEQUITIES. TO IMPACT THESE DEVASTATING TRENDS, WE MUST RESPOND IN WAYS THAT ALIGN WITH THE FACTORS THAT RESEARCH HAS SHOWN TO HAVE A SIGNIFICANT EFFECT ON AN INDIVIDUAL'S HEALTH AND WELLBEING. STUDIES ESTIMATE THAT EIGHTY PERCENT OF A PERSON'S HEALTH OUTCOMES ARE INFLUENCED BY FACTORS OUTSIDE A HEALTHCARE SETTING.<sup>2</sup> AND A PERSON'S ZIP CODE MATTERS MORE THAN THEIR GENETIC CODE WHEN IT COMES TO LONG-TERM HEALTH.<sup>3</sup> GIVEN THESE REALITIES, OUR RESPONSE MUST REACH OUTSIDE THE HEALTH SYSTEM'S WALLS AND MUST FOCUS ON THOSE EXPERIENCING HEALTH INEQUITIES TO BE MOST EFFECTIVE. SINCE THE 2010 PASSAGE OF THE AFFORDABLE CARE ACT, OUR HEALTH SYSTEM HAS ENGAGED IN FOUR CHNA CYCLES. DURING EACH CYCLE, WE HAVE FOUND THE SAME OR SIMILAR NEEDS HAVE EXISTED FOR OUR COMMUNITIES. THIS MEANS THAT OUR COMMUNITIES HAVE LARGELY FACED THE SAME CHALLENGES FOR MORE THAN A DECADE - AND THAT DESPITE OUR EFFORTS TO ADDRESS THESE ISSUES, THESE PROBLEMS ARE NOT RELENTING. IN FACT, IN MANY CASES, THESE CONDITIONS HAVE WORSENERED OVER THE PAST DECADE. OVER THE PAST 10 YEARS OF RESPONDING TO OUR COMMUNITIES' BIGGEST NEEDS WE HAVE LEARNED IMPORTANT LESSONS WHICH HAVE GUIDED US IN THE DEVELOPMENT OF OUR FAIRVIEW HEALTH SERVICES 2022-2024 IMPLEMENTATION STRATEGIES.</p> <p>AN ESSENTIAL PART OF THE 2018 CHNA PROCESS WAS THE IDENTIFICATION OF PRIORITY NEEDS IN THE LOCAL COMMUNITY. THE HOSPITALS AND/OR MEDICAL CENTERS IDENTIFIED THE FOLLOWING PRIORITY NEEDS FOR UNIVERSITY OF MINNESOTA MEDICAL CENTER AND UNIVERSITY OF MINNESOTA MASONIC CHILDREN'S HOSPITAL: MENTAL HEALTH AND WELL-BEING, HEALTHY LIFESTYLES, ACCESS TO CARE AND SERVICES.</p> <p>EACH HOSPITAL AND/OR MEDICAL CENTER DEVELOPED A HOSPITAL SPECIFIC IMPLEMENTATION PLAN AROUND ITS PRIORITY HEALTH ISSUES ALONG WITH A SYSTEM FOCUS ON POLICY, SYSTEM, AND ENVIRONMENTAL (PSE) CHANGE TO ADDRESS THEIR IDENTIFIED PRIORITY NEEDS.</p> <p>EACH PROGRAM IS EVALUATED ON AN ANNUAL BASIS AGAINST PROGRAM SPECIFIC ANTICIPATED IMPACTS. AS PART OF THE EVALUATION PROCESS EACH PROGRAM INDICATOR IS ASSIGNED A VALUE OF "GREEN", "YELLOW" OR "RED" BASED UPON THE CRITERIA THAT FOLLOWS. A RATING OF "GREEN" MEANS THAT THE PROGRAM (A) MET, OR EXCEEDED, 2020 HOSPITAL GOAL/S AS WRITTEN IN HOSPITAL IMPLEMENTATION PLAN (B) IT HAS COUNT DATA TIED TO BOTH GOAL/S AND ANTICIPATED IMPACT/S (C) THERE IS AN EVALUATION TOOL WITH MEASURE TIED TO ANTICIPATED IMPACT/S. A RATING OF "YELLOW" MEANS THAT THE PROGRAM (A) HAD PARTIAL COMPLETION OF 2020 HOSPITAL GOAL/S AS WRITTEN IN HOSPITAL IMPLEMENTATION PLAN (B) IT HAS COUNT DATA TIED TO EITHER GOAL/S OR ANTICIPATED IMPACT/S BUT NOT BOTH (C) THERE IS AN EVALUATION TOOL WITHOUT MEASURE TIED TO ANTICIPATED IMPACT/S. A RATING OF "RED" MEANS THAT THE PROGRAM (A) DID NOT COMPLETE THE 2020 HOSPITAL GOAL/S WRITTEN IN HOSPITAL IMPLEMENTATION PLAN (B) THERE WAS NO COUNT DATA (C) THERE WAS NO EVALUATION TOOL/S.</p> <p>POLICY, SYSTEM, AND ENVIRONMENTAL (PSE) CHANGE INITIATIVES OFTEN TAKE MULTIPLE YEARS TO PLAN AND IMPLEMENT. USING A CDC EVALUATION FRAMEWORK EACH PSE INITIATIVE IS MONITORED AND EVALUATED ANNUALLY AGAINST ANTICIPATED ACTIVITIES AND MILESTONES LINKED TO THE SIX CONNECTED PSE EVALUATION STEPS. THE SIX CONNECTED STEPS OF PSE CHANGE WE TRACKED FOR MONITORING AND EVALUATION PURPOSES ARE (1) ENGAGE STAKEHOLDERS, (2) DESCRIBE THE PROGRAM, (3) FOCUS THE EVALUATION DESIGN, (4) GATHER CREDIBLE EVIDENCE, (5) JUSTIFY CONCLUSIONS, AND (6) ENSURE USE AND SHARE LESSONS LEARNED.</p> <p>PRIORITY: MENTAL HEALTH AND WELLBEING: THE UNIVERSITY OF MINNESOTA MEDICAL CENTER OFFERED THE EVIDENCE-BASED MENTAL HEALTH FIRST AID PROGRAM. THE PROGRAM INTRODUCES RISK FACTORS AND WARNING SIGNS OF COMMON MENTAL HEALTH AND SUBSTANCE USE DISORDERS, BUILDS UNDERSTANDING OF THEIR IMPACT, AND REVIEWS SUPPORT OPTIONS. THE INTERACTIVE COURSE TEACHES PARTICIPANTS HOW TO OFFER INITIAL HELP TO AN INDIVIDUAL WHO MAY BE EXPERIENCING A MENTAL HEALTH CONCERN OR CRISIS AND CONNECT THEM TO THE APPROPRIATE RESOURCES. YOUTH MENTAL HEALTH FIRST AID IS THE SECOND CORE PROGRAM WHICH FOCUSES ON MENTAL HEALTH CONCERNS AMONG YOUTH AGES 12-18. THE ANTICIPATED IMPACT FOR THE MENTAL HEALTH FIRST AID PROGRAMS WAS AN INCREASE IN PARTICIPANTS' ABILITY TO RECOGNIZE AND CORRECT MISCONCEPTIONS ABOUT MENTAL HEALTH AND MENTAL ILLNESS. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN".</p> <p>2021 IMPACT: GREEN - OUTCOME: OUTCOME: 30% INCREASE FROM PRE-SURVEY (70%) TO POST-SURVEY (100%) IN RESPONSE TO THE FOLLOWING: I STRONGLY AGREE OR AGREE THAT I CAN RECOGNIZE AND CORRECT MISCONCEPTIONS ABOUT MENTAL HEALTH, SUBSTANCE USE AND MENTAL ILLNESS AS I ENCOUNTER THEM. EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL. THE UNIVERSITY OF MINNESOTA MEDICAL CENTER OFFERED THE EVIDENCE-BASED STRESS REDUCTION SUITE WHICH INCLUDED TWO PROGRAMS (1) FLOURISH A RESTORATIVE FOUR-WEEK SERIES, THAT LETS PARTICIPANTS EXPERIENCE A VARIETY OF MIND-BODY PRACTICES DESIGNED TO PROMOTE A SENSE OF CALM, JOY, CONNECTION, AND INNER STRENGTH. A FEW OF THE PRACTICES EXPLORED ARE MOVING MEDITATION, JOURNALING, GUIDED IMAGERY, AND MINDFULNESS. (2) RESILIENCY AND</p>

Return Reference - Identifier	Explanation
	<p>STRESS MANAGEMENT TRAINING SERIES A RESTORATIVE SIX-WEEK SERIES, BASED ON CENTER MIND BODY MEDICINE, 90-MINUTE SESSIONS. PARTICIPANTS EXPERIENCE A VARIETY OF MIND-BODY PRACTICES DESIGNED TO PROMOTE A SENSE OF CALM, JOY, CONNECTION, AND INNER STRENGTH. A FEW OF THE PRACTICES EXPLORED BY PARTICIPANTS INCLUDE MOVING MEDITATION, JOURNALING, GUIDED IMAGERY, AND MINDFULNESS. THIS MIND BODY SERIES IS A PROVEN METHOD TO REDUCE STRESS, INCREASE SELF-ESTEEM, AND IMPROVE A PERSON'S OVERALL QUALITY OF LIFE. THE 2020 ANTICIPATED IMPACT FOR THE STRESS REDUCTION SUITE WAS A DECREASE IN PARTICIPANTS' PERCEIVED STRESS. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN".</p> <p>2021 IMPACT: GREEN - OUTCOME: .20 POINTS DECREASE FROM PRE-PROGRAM-SURVEY TO POST-PROGRAM-SURVEY IN RESPONSE TO THE FOLLOWING METRIC: PARTICIPANTS' PERCEIVED STRESS. AVERAGE CHANGE (DECREASE) IN PARTICIPANTS' PERCEIVED STRESS ON A 10 POINT SCALE - THE HIGHER THE SCORE, THE MORE THE PERCEIVED STRESS. EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL.</p>



Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: UNIVERSITY OF MINNESOTA MEDICAL CENTER-CONTINUED</p> <p>DESCRIPTION: THE UNIVERSITY OF MINNESOTA MEDICAL CENTER OFFERED SERVICES AT HEALTH COMMONS - CEDAR RIVERSIDE, A HEALTH AND WELLNESS DROP-IN CENTER LOCATED IN THE CEDAR RIVERSIDE NEIGHBORHOOD OF MINNEAPOLIS. HEALTH COMMONS IS OPEN FIVE DAYS A WEEK FOR TWO TO THREE HOURS AND PROVIDES THE FOLLOWING SERVICES: HEALTH CONSULTATIONS, NUTRITION AND PHYSICAL ACTIVITY CLASSES, MASSAGE AND HEALING TOUCH SERVICES, AND RESOURCES AND REFERRALS. THE ANTICIPATED IMPACT FOR HEALTH COMMONS - CEDAR RIVERSIDE WAS AN INCREASE IN PARTICIPANTS' SELF-REPORTED SOCIAL CONNECTEDNESS. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN". 2021 IMPACT: GREEN - OUTCOME: 100% OF PARTICIPANTS THAT RESPONDED TO THE CONVENIENCE SAMPLE SURVEY INDICATED THAT THEY STRONGLY AGREE OR AGREE THAT HEALTH COMMONS HAS MADE THEM FEEL MORE CONNECTED TO OTHERS. THE UNIVERSITY OF MINNESOTA MEDICAL CENTER OFFERED SERVICES AT HEALTH COMMONS - THE LIVING ROOM, A HEALTH AND WELLNESS DROP-IN CENTER LOCATED IN NORTH MINNEAPOLIS. HEALTH COMMONS IS OPEN TWO DAYS A WEEK FOR THREE TO FOUR HOURS AND PROVIDES THE FOLLOWING SERVICES: HEALTH CONSULTATIONS, BLOOD PRESSURE CHECKS, HEALTH EDUCATION CLASSES, MASSAGE AND HEALING TOUCH SERVICES, AND RESOURCES AND REFERRALS. THE ANTICIPATED IMPACT FOR HEALTH COMMONS - THE LIVING ROOM WAS AN INCREASE IN PARTICIPANTS' SELF-REPORTED SOCIAL CONNECTEDNESS. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN". 2021 IMPACT: GIVEN COVID AND SOCIAL DISTANCING IN 2021, SURVEY WAS UNABLE TO BE COMPLETED. THE UNIVERSITY OF MINNESOTA MEDICAL CENTER OFFERED THE TRAUMA INFORMED CONGREGATIONS PROGRAM, THE IMPLEMENTATION OF THE RISKING CONNECTION IN FAITH COMMUNITIES CURRICULUM ACROSS FAITH COMMUNITIES. RISKING CONNECTION HELPS CLERGY UNDERSTAND THE NATURE OF TRAUMA, ITS IMPACT ON PEOPLE AND HOW FAITH LEADERS CAN SUPPORT AND BRING HEALING TO TRAUMA SURVIVORS. THE ANTICIPATED IMPACT FOR THE TRAUMA INFORMED CONGREGATIONS PROGRAM WAS AN INCREASE IN CLERGY/LEADER UNDERSTANDING OF THE IMPACT OF TRAUMA ON TRAUMA SURVIVORS. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN". 2021 IMPACT: GREEN - OUTCOME: 100% OF PARTICIPANTS REPORTED THEY UNDERSTAND THE IMPACT TRAUMA CAN HAVE ON THEIR CLIENTS. EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL. THE UNIVERSITY OF MINNESOTA MEDICAL CENTER OFFERED YOUTH GRIEF SERVICES SESSIONS AND CAMPS. YOUTH GRIEF SERVICES (YGS) PROVIDES A SAFE AND NURTURING PLACE WHERE FAMILIES CAN TURN FOR HELP AFTER A LOVED ONE DIES. YGS ASSISTS IN THE HEALING PROCESS THROUGH A NETWORK OF PROGRAMS AND SERVICES THAT SUPPORT, EDUCATE, AND CONNECT GRIEVING FAMILIES. THE ANTICIPATED IMPACT FOR YOUTH GRIEF SERVICES WAS AN INCREASE IN YOUTH PARTICIPANTS' KNOWLEDGE OF HEALTHY COPING STRATEGIES IN RESPONSE TO GRIEF. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "RED". 2021 OUTCOME: OWNERSHIP OF YOUTH GRIEF SERVICES TRANSFERRED FROM FAIRVIEW HEALTH SERVICES TO BRIGHTER DAYS GRIEF CENTER IN DECEMBER 2020, PROVIDING A SEAMLESS TRANSITION OF THE PROGRAM FOR PARTICIPANTS. THE UNIVERSITY OF MINNESOTA MEDICAL CENTER COLLABORATED IN POLICY, SYSTEMS AND ENVIRONMENTAL (PSE) CHANGE AROUND RESPONDING TO TRAUMA IN SETTINGS SUCH AS SCHOOLS AND FAITH COMMUNITIES. THIS INITIATIVE INCLUDES ACTIVITIES AND MILESTONES LINKED TO PSE EVALUATION STEPS (1) ENGAGE STAKEHOLDERS, (2) DESCRIBE THE PROGRAM, AND (3) FOCUS THE EVALUATION DESIGN. 2021 IMPACT: GREEN - OPENED MINNESOTA'S FIRST EMPATH UNIT- OR EMERGENCY PSYCHIATRIC ASSESSMENT, TREATMENT, AND HEALING- A PIONEERING APPROACH TO EMERGENCY MENTAL HEALTH THAT OFFERS RAPID, COMPREHENSIVE CARE IN A CALMING ENVIRONMENT AT FAIRVIEW SOUTHDAL E HOSPITAL. PLANNING UNDERWAY FOR OPENING A SECOND UNIT AT UNIVERSITY OF MINNESOTA MEDICAL CENTER. CONDUCTED HOPE LISTENING AND LEARNING SESSIONS AND A SURVEY, TO ASSESS THE EXPERIENTIAL NEEDS OF PATIENTS AND CAREGIVERS WHEN ACCESSING CARE IN OUR SYSTEM. PLANNING FOR VIRTUAL HEALTH HUBS THAT WILL BREAK DOWN BARRIERS AND ALLOW PEOPLE TO ACCESS MENTAL HEALTH CARE DESPITE PHYSICAL LOCATION. MEMBER PARTNER OF BOTH THE MENTAL WELL BEING TASK FORCE FOR THE HENNEPIN COUNTY COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP (CHIP) AND RAMSEY COUNTY MENTAL HEALTH AND WELLNESS ACTION TEAM (MHWAT). IN PARTNERSHIP WITH EBENEZER SENIOR LIVING, DEVELOPED A NEW QUARTERLY SPEAKING SERIES CALLED HOPE, THAT ADDRESS TOPICS SUCH AS ADVERSE CHILDHOOD EXPERIENCES (ACES), TRAUMA, AND PANDEMIC FATIGUE. IN THE DEVELOPMENT/PLANNING STAGE FOR A WELLNESS HUB THAT WILL INCLUDE PROVIDING COMPREHENSIVE MENTAL HEALTH CARE IN A CALMING, RELAXING SPACE. PRIORITY: HEALTHY LIFESTYLES: THE M HEALTH FAIRVIEW UNIVERSITY OF MINNESOTA MEDICAL CENTER OFFERED THE EVIDENCE-BASED FALLS PREVENTION SUITE WHICH INCLUDED TWO PROGRAMS (1) MATTER OF BALANCE A PROGRAM DESIGNED TO REDUCE THE FEAR OF FALLING AND INCREASE ACTIVITY LEVELS AMONG OLDER ADULTS. IT INCLUDES 8 SESSIONS FOR A SMALL GROUP OF 8-12 PARTICIPANTS LED BY TWO TRAINED FACILITATORS. PARTICIPANTS LEARN TO VIEW FALLS AND FEAR OF FALLING AS CONTROLLABLE, SET REALISTIC GOALS TO INCREASE ACTIVITY, CHANGE THEIR ENVIRONMENT TO REDUCE FALL RISK FACTORS, AND EXERCISE TO INCREASE STRENGTH AND BALANCE. (2) TAI JI QUAN A RESEARCH-BASED 12-WEEK PROGRAM THAT IS DESIGNED TO KEEP OLDER ADULTS MOBILE AND INDEPENDENT. THE PROGRAM MEETS TWICE A WEEK FOR ONE HOUR. THE CLASSES WILL HELP PARTICIPANTS IMPROVE BALANCE, STRENGTHEN MUSCLES, AND REDUCE THE RISK OF FALLING. THE ANTICIPATED IMPACT FOR THE FALLS PREVENTION SUITE WAS AN INCREASE IN PARTICIPANTS' COMFORT TALKING TO THEIR HEALTH CARE PROVIDER ABOUT MEDICATIONS AND OTHER POSSIBLE RISKS OF FALLING. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN". 2021 IMPACT: GREEN - OUTCOME: 14% DECREASE FROM PRE-SURVEY (86%) TO POST-SURVEY (73%) IN PARTICIPANTS THAT RESPONDED WITH A LITTLE, SOMEWHAT, OR A LOT TO THE FOLLOWING: HOW FEARFUL ARE YOU OF FALLING? EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL. THE UNIVERSITY OF MINNESOTA MEDICAL CENTER OFFERED THE EVIDENCE-BASED</p>

Return Reference - Identifier	Explanation
	<p>LIVING WELL SUITE WHICH INCLUDED THREE PROGRAMS THAT WERE DEVELOPED BY STANFORD UNIVERSITY'S PATIENT EDUCATION RESEARCH CENTER. (1) CHRONIC DISEASE SELF-MANAGEMENT IS A WORKSHOP GIVEN 2.5 HOURS ONCE A WEEK, FOR SIX WEEKS OFFERED TO INDIVIDUALS AND THEIR CAREGIVERS WHO ARE LIVING WITH CHRONIC CONDITIONS. SUBJECTS ADDRESSED INCLUDE MEDICATION USE, COMMUNICATION WITH DOCTORS AND CAREGIVERS, NUTRITION, AND FITNESS- WITH PRACTICAL EXERCISES AND ADVICE DESIGNED TO MEET PARTICIPANTS' NEEDS. (2) CHRONIC PAIN SELF-MANAGEMENT IS A WORKSHOP GIVEN 2 HOURS ONCE A WEEK, FOR SIX WEEKS, IN COMMUNITY SETTINGS. THE WORKSHOP HELPS PARTICIPANTS, AND THEIR SUPPORT PERSON, DEAL WITH THE ONGOING ISSUES ASSOCIATED WITH CHRONIC PAIN. (3) DIABETES SELF-MANAGEMENT IS A 6 WEEK ONCE A WEEK PROGRAM DEVELOPED TO HELPS THOSE LIVING WITH DIABETES OR PRE-DIABETES TO IMPROVE THEIR GENERAL HEALTH. THE ANTICIPATED IMPACT FOR THE LIVING WELL SUITE WAS AN INCREASE PARTICIPANTS' PERCEPTION OF POSITIVE LIFESTYLE CHANGES. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN".</p> <p>2021 IMPACT: GREEN - OUTCOME: 89% OF PARTICIPANTS THAT RESPONDED TO THE POST PROGRAM SURVEY INDICATED THAT THEY STRONGLY AGREE OR AGREE WITH THE FOLLOWING STATEMENT: THE PROGRAM HAS HELPED THEM MANAGE CHRONIC CONDITION(S). EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL.</p>



Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: UNIVERSITY OF MINNESOTA MEDICAL CENTER-CONTINUED</p> <p>DESCRIPTION: THE UNIVERSITY OF MINNESOTA MEDICAL CENTER OFFERED SERVICES AT HEALTH COMMONS - CEDAR RIVERSIDE, A HEALTH AND WELLNESS DROP-IN CENTER LOCATED IN THE CEDAR RIVERSIDE NEIGHBORHOOD OF MINNEAPOLIS. HEALTH COMMONS IS OPEN FIVE DAYS A WEEK FOR TWO TO THREE HOURS AND PROVIDES THE FOLLOWING SERVICES: HEALTH CONSULTATIONS, NUTRITION AND PHYSICAL ACTIVITY CLASSES, MASSAGE AND HEALING TOUCH SERVICES, AND RESOURCES AND REFERRALS. THE ANTICIPATED IMPACT FOR HEALTH COMMONS - CEDAR RIVERSIDE WAS AN INCREASE IN PARTICIPANTS' PERCEPTION OF POSITIVE LIFESTYLE CHANGES. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN". 2021 IMPACT: GREEN - OUTCOME: 100% OF PARTICIPANTS THAT RESPONDED TO THE CONVENIENCE SAMPLE SURVEY INDICATED THAT BECAUSE OF HEALTH COMMONS, THEY ARE MAKING POSITIVES CHANGES TOWARD A HEALTHIER LIFESTYLE. THE UNIVERSITY OF MINNESOTA MEDICAL CENTER OFFERED SERVICES AT HEALTH COMMONS - THE LIVING ROOM, A HEALTH AND WELLNESS DROP-IN CENTER LOCATED IN NORTH MINNEAPOLIS. HEALTH COMMONS IS OPEN TWO DAYS A WEEK FOR THREE TO FOUR HOURS AND PROVIDES THE FOLLOWING SERVICES: HEALTH CONSULTATIONS, BLOOD PRESSURE CHECKS, HEALTH EDUCATION CLASSES, MASSAGE AND HEALING TOUCH SERVICES, AND RESOURCES AND REFERRALS. THE ANTICIPATED IMPACT FOR HEALTH COMMONS - THE LIVING ROOM WAS AN INCREASE IN PARTICIPANTS' SELF-REPORTED SOCIAL CONNECTEDNESS. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN". 2021 OUTCOME: GIVEN COVID AND SOCIAL DISTANCING IN 2021, SURVEY WAS UNABLE TO BE COMPLETED. THE UNIVERSITY OF MINNESOTA MEDICAL CENTER OFFERED VEGGIE RX A PROGRAM INTENDED TO DECREASE FOOD INSECURITY BY DISTRIBUTING VEGETABLES TO POPULATIONS OF COLOR AND THOSE EXPERIENCING POVERTY WHO ARE FOOD INSECURE, HAVE DIET RELATED CHRONIC DISEASE AND WOULD BENEFIT FROM INCREASED ACCESS TO NUTRITIOUS FOOD. THE HMONG AMERICAN FARMERS ASSOCIATION (HAFSA) PROVIDES CSA (COMMUNITY SHARED AGRICULTURE) SHARES FOR THIS PROGRAM. THE ANTICIPATED IMPACT FOR VEGGIE RX WAS AN INCREASE VEGETABLE CONSUMPTION IN FOOD INSECURE PATIENTS. 2021 IMPACT: YELLOW - OUTCOME: 3% DECREASE FROM PRE-SURVEY (42%) TO POST-SURVEY (39%) IN RESPONSE TO THE FOLLOWING QUESTION: I CONSUME THREE OR MORE SERVINGS OF VEGETABLE PER DAY. THE UNIVERSITY OF MINNESOTA MEDICAL CENTER COLLABORATED IN POLICY, SYSTEMS AND ENVIRONMENTAL (PSE) CHANGE AROUND HEALTHY FOOD TRANSFORMATION ADDRESSING ISSUES SUCH AS FOOD INSECURITY, FOOD ACCESS, AND CHANGES TO CAFETERIA MENUS. THIS INITIATIVE INCLUDES ACTIVITIES AND MILESTONES LINKED TO PSE EVALUATION STEPS (1) ENGAGE STAKEHOLDERS, (2) DESCRIBE THE PROGRAM, AND (3) FOCUS THE EVALUATION DESIGN. 2021 IMPACT: GREEN - OUTCOME: STRENGTHENED PARTNERSHIPS WITH LOCAL FOOD ORGANIZATIONS SUCH AS SECOND HARVEST HEARTLAND AND SANNEH FOUNDATION. INCLUDES PLANNING FOR A WELLNESS HUB THAT WILL BE A NEW DISTRIBUTION SITE FOR FOOD AND PROVIDE WORKFORCE DEVELOPMENT OPPORTUNITIES FOR YOUTH IN THE FOOD SECTOR. CONTINUE TO SERVE AS A BACKBONE PARTNER IN THE FOOD JUSTICE NETWORK. EXPANDED COMMUNITY SUPPORTED AGRICULTURE (CSA) PROGRAM TO NEW CSA FARMS TO MEET THE DIFFERING NEEDS OF CLINIC PARTICIPANTS AND SUPPORT NEW FARMER PARTNERS. PLANNING TO OFFER, IN PARTNERSHIP WITH KEYSTONE COMMUNITY SERVICES, A MOBILE FOOD PANTRY AT CLINICS. SIGNED CONTACT FOR NOW POW WHICH WILL SCREEN PATIENTS FOR SOCIAL DETERMINANTS SUCH AS FOOD SECURITY AND PROVIDE RESOURCES AND REFERRALS. PRIORITY: ACCESS TO CARE AND RESOURCES: THE UNIVERSITY OF MINNESOTA MEDICAL CENTER CONDUCTED MINNESOTA IMMUNIZATION NETWORK INITIATIVE (MINI) CLINICS. MINI IS A MULTI-SECTOR, COMMUNITY COLLABORATION PROVIDING FREE FLU SHOTS TO UNINSURED, UNDERSERVED, AND MINORITY POPULATIONS. THE MINI CLINICS BRING FLU VACCINE, EDUCATIONAL MATERIALS, AND VOLUNTEERS TO COMMUNITY LOCATIONS SUCH AS CHURCHES OR COMMUNITY CENTERS AND WITH ITS PARTNERS, ENSURE A CULTURALLY AND LINGUISTICALLY APPROPRIATE EXPERIENCE IN A SAFE AND TRUSTED ENVIRONMENT. THE ANTICIPATED IMPACT FOR THE MINI CLINICS WAS AN INCREASE IN THE NUMBER OF CLINICS WITH CULTURALLY AND/OR LINGUISTICALLY APPROPRIATE MATERIALS AROUND ACCESSING CARE AND RESOURCES. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN". 2021 IMPACT: GREEN - OUTCOME: 31% OF NEW PARTNER CLINIC SITES HAD CULTURALLY AND/OR LINGUISTICALLY APPROPRIATE MATERIALS AROUND ACCESSING CARE AND RESOURCES. THE UNIVERSITY OF MINNESOTA MEDICAL CENTER OFFERED THE EVIDENCE-BASED FALLS PREVENTION SUITE WHICH INCLUDED TWO PROGRAMS (1) MATTER OF BALANCE A PROGRAM DESIGNED TO REDUCE THE FEAR OF FALLING AND INCREASE ACTIVITY LEVELS AMONG OLDER ADULTS. IT INCLUDES 8 SESSIONS FOR A SMALL GROUP OF 8-12 PARTICIPANTS LED BY TWO TRAINED FACILITATORS. PARTICIPANTS LEARN TO VIEW FALLS AND FEAR OF FALLING AS CONTROLLABLE, SET REALISTIC GOALS TO INCREASE ACTIVITY, CHANGE THEIR ENVIRONMENT TO REDUCE FALL RISK FACTORS, AND EXERCISE TO INCREASE STRENGTH AND BALANCE. (2) TAI JI QUAN A RESEARCH-BASED 12-WEEK PROGRAM THAT IS DESIGNED TO KEEP OLDER ADULTS MOBILE AND INDEPENDENT. THE PROGRAM MEETS TWICE A WEEK FOR ONE HOUR. THE CLASSES WILL HELP PARTICIPANTS IMPROVE BALANCE, STRENGTHEN MUSCLES, AND REDUCE THE RISK OF FALLING. THE ANTICIPATED IMPACT FOR THE FALLS PREVENTION SUITE WAS AN INCREASE IN PARTICIPANTS' COMFORT TALKING TO THEIR HEALTH CARE PROVIDER ABOUT MEDICATIONS AND OTHER POSSIBLE RISKS OF FALLING. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN". 2021 IMPACT: GREEN - * OUTCOME: 67% OF PARTICIPANTS THAT RESPONDED TO THE POST PROGRAM SURVEY INDICATED THAT THEY STRONGLY AGREE OR AGREE WITH THE FOLLOWING STATEMENT: I FEEL MORE COMFORTABLE TALKING TO MY HEALTH CARE PROVIDER ABOUT MY MEDICATIONS AND OTHER POSSIBLE RISKS FOR FALLING. EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL. THE UNIVERSITY OF MINNESOTA MEDICAL CENTER OFFERED THE EVIDENCE-BASED</p>

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	<p>LIVING WELL SUITE WHICH INCLUDED THREE PROGRAMS THAT WERE DEVELOPED BY STANFORD UNIVERSITY'S PATIENT EDUCATION RESEARCH CENTER. (1) CHRONIC DISEASE SELF-MANAGEMENT IS A WORKSHOP GIVEN 2.5 HOURS ONCE A WEEK, FOR SIX WEEKS OFFERED TO INDIVIDUALS AND THEIR CAREGIVERS WHO ARE LIVING WITH CHRONIC CONDITIONS. SUBJECTS ADDRESSED INCLUDE MEDICATION USE, COMMUNICATION WITH DOCTORS AND CAREGIVERS, NUTRITION, AND FITNESS- WITH PRACTICAL EXERCISES AND ADVICE DESIGNED TO MEET PARTICIPANTS' NEEDS. (2) CHRONIC PAIN SELF-MANAGEMENT IS A WORKSHOP GIVEN 2 HOURS ONCE A WEEK, FOR SIX WEEKS, IN COMMUNITY SETTINGS. THE WORKSHOP HELPS PARTICIPANTS, AND THEIR SUPPORT PERSON, DEAL WITH THE ONGOING ISSUES ASSOCIATED WITH CHRONIC PAIN. (3) DIABETES SELF-MANAGEMENT IS A 6 WEEK ONCE A WEEK PROGRAM DEVELOPED TO HELPS THOSE LIVING WITH DIABETES OR PRE-DIABETES TO IMPROVE THEIR GENERAL HEALTH. THE ANTICIPATED IMPACT FOR THE LIVING WELL SUITE WAS AN INCREASE IN PARTICIPANTS WHO AGREE THAT THE PROGRAM HELPS THEM WORK WITH THEIR HEALTH CARE PROVIDERS. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN".</p> <p>2021 IMPACT: GREEN - * OUTCOME: 86% OF PARTICIPANTS THAT RESPONDED TO THE POST PROGRAM SURVEY INDICATED THAT THEY STRONGLY AGREE OR AGREE WITH THE FOLLOWING STATEMENT: THE PROGRAM HAS HELPED THEM WORK WITH HEALTHCARE PROFESSIONALS. EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL.</p> <p>THE UNIVERSITY OF MINNESOTA MEDICAL CENTER OFFERED THE EVIDENCE-BASED MENTAL HEALTH FIRST AID PROGRAM. THE PROGRAM INTRODUCES RISK FACTORS AND WARNING SIGNS OF COMMON MENTAL HEALTH AND SUBSTANCE USE DISORDERS, BUILDS UNDERSTANDING OF THEIR IMPACT, AND REVIEWS SUPPORT OPTIONS. THE INTERACTIVE COURSE TEACHES PARTICIPANTS HOW TO OFFER INITIAL HELP TO AN INDIVIDUAL WHO MAY BE EXPERIENCING A MENTAL HEALTH CONCERN OR CRISIS AND CONNECT THEM TO THE APPROPRIATE RESOURCES. YOUTH MENTAL HEALTH FIRST AID IS THE SECOND CORE PROGRAM WHICH FOCUSES ON MENTAL HEALTH CONCERNS AMONG YOUTH AGES 12-18. THE ANTICIPATED IMPACT FOR THE MENTAL HEALTH FIRST AID PROGRAMS WAS INCREASE PARTICIPANTS' CONFIDENCE IN ASSISTING SOMEONE TO CONNECT WITH PROFESSIONAL RESOURCES. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN".</p> <p>2021 IMPACT: GREEN - OUTCOME: 31% INCREASE FROM PRE-SURVEY (67%) TO POST-SURVEY (98%) IN RESPONSE TO THE FOLLOWING: I STRONGLY AGREE OR AGREE THAT I CAN ASSIST SOMEONE WHO MAY BE DEALING WITH A MENTAL HEALTH PROBLEM, SUBSTANCE USE CHALLENGE OR CRISIS IN SEEKING PROFESSIONAL HELP. EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL.</p>

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	<p>FACILITY NAME: UNIVERSITY OF MINNESOTA MEDICAL CENTER-CONTINUED</p> <p>DESCRIPTION: THE UNIVERSITY OF MINNESOTA MEDICAL CENTER OFFERED SERVICES AT HEALTH COMMONS - CEDAR RIVERSIDE, A HEALTH AND WELLNESS DROP-IN CENTER LOCATED IN THE CEDAR RIVERSIDE NEIGHBORHOOD OF MINNEAPOLIS. HEALTH COMMONS IS OPEN FIVE DAYS A WEEK FOR TWO TO THREE HOURS AND PROVIDES THE FOLLOWING SERVICES: HEALTH CONSULTATIONS, NUTRITION AND PHYSICAL ACTIVITY CLASSES, MASSAGE AND HEALING TOUCH SERVICES, AND RESOURCES AND REFERRALS. THE ANTICIPATED IMPACT FOR HEALTH COMMONS - CEDAR RIVERSIDE WAS AN INCREASE IN PARTICIPANTS' ACCESS TO COMMUNITY RESOURCES. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN". 2021 IMPACT: GREEN - OUTCOME: 100% OF PARTICIPANTS THAT RESPONDED TO THE CONVENIENCE SAMPLE SURVEY INDICATED THAT THEY STRONGLY AGREE OR AGREE THAT THEY HAVE GAINED MORE ACCESS TO COMMUNITY RESOURCES BECAUSE OF HEALTH COMMONS. THE UNIVERSITY OF MINNESOTA MEDICAL CENTER OFFERED SERVICES AT HEALTH COMMONS - THE LIVING ROOM, A HEALTH AND WELLNESS DROP-IN CENTER LOCATED IN NORTH MINNEAPOLIS. HEALTH COMMONS IS OPEN TWO DAYS A WEEK FOR THREE TO FOUR HOURS AND PROVIDES THE FOLLOWING SERVICES: HEALTH CONSULTATIONS, BLOOD PRESSURE CHECKS, HEALTH EDUCATION CLASSES, MASSAGE AND HEALING TOUCH SERVICES, AND RESOURCES AND REFERRALS. THE ANTICIPATED IMPACT FOR HEALTH COMMONS - THE LIVING ROOM WAS AN INCREASE IN PARTICIPANTS' ACCESS TO COMMUNITY RESOURCES. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN". 2021 OUTCOME: GIVEN COVID AND SOCIAL DISTANCING IN 2021, SURVEY WAS UNABLE TO BE COMPLETED. THE UNIVERSITY OF MINNESOTA MEDICAL CENTER OFFERED VEGGIE RX A PROGRAM INTENDED TO DECREASE FOOD INSECURITY BY DISTRIBUTING VEGETABLES TO POPULATIONS OF COLOR AND THOSE EXPERIENCING POVERTY WHO ARE FOOD INSECURE, HAVE DIET RELATED CHRONIC DISEASE AND WOULD BENEFIT FROM INCREASED ACCESS TO NUTRITIOUS FOOD. THE HMONG AMERICAN FARMERS ASSOCIATION (HAF) PROVIDES CSA (COMMUNITY SHARED AGRICULTURE) SHARES FOR THIS PROGRAM. THE 2020 ANTICIPATED IMPACT FOR VEGGIE RX WAS AN INCREASE PARTICIPANTS' KNOWLEDGE ABOUT WHERE TO BUY LOCALLY GROWN PRODUCE. 2021 IMPACT: GREEN - OUTCOME: 79% OF PARTICIPANTS REPORTED THEY STRONGLY AGREE OR AGREE TO THE FOLLOWING: WHERE TO BUY LOCALLY GROWN PRODUCE IN YOUR AREA.</p> <p>NEEDS IDENTIFIED BUT NOT ADDRESSED: ALTHOUGH THE FOLLOWING HEALTH NEEDS WERE NOT SELECTED AS PRIORITY NEEDS, M HEALTH FAIRVIEW WILL CONTINUE TO SUPPORT WORK ALIGNED WITH ADDRESSING THESE NEEDS AS APPROPRIATE PARTICULARLY WHEN DOING SO WOULD ADDRESS THE SOCIAL DETERMINANTS OF HEALTH AND/OR THE LEADING CAUSES OF PREMATURE DEATH. CHILDCARE: THIS ISSUE IS BEYOND WHAT M HEALTH FAIRVIEW RESOURCES CAN SUPPORT AT THIS TIME. CHRONIC LOWER RESPIRATORY DISEASE: THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY. CLINIC HOURS: THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY. COST ASSOCIATED WITH CARE: THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY. HEALTH LITERACY: THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY. SAFE NEIGHBORHOODS: THIS ISSUE IS BEYOND WHAT M HEALTH FAIRVIEW RESOURCES CAN SUPPORT AT THIS TIME. STROKE: THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY. THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY. HEALTH LITERACY: THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY. SAFE NEIGHBORHOODS: THIS ISSUE IS BEYOND WHAT M HEALTH FAIRVIEW RESOURCES CAN SUPPORT AT THIS TIME. STROKE: THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY. TRANSPORTATION: THIS ISSUE IS BEYOND WHAT M HEALTH FAIRVIEW RESOURCES CAN SUPPORT AT THIS TIME.</p>
SCHEDULE H, PART V, SECTION B, LINE 13B - ELIGIBILITY FOR FREE OR DISCOUNTED CARE	<p>FACILITY NAME: UNIVERSITY OF MINNESOTA MEDICAL CENTER</p> <p>DESCRIPTION: THE MINNESOTA ATTORNEY GENERAL AGREEMENT WAS USED IN THE DETERMINATION OF THE ELIGIBILITY FOR FINANCIAL ASSISTANCE.</p>
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	<a href="https://www.fairview.org/billing/financial-assistance">https://www.fairview.org/billing/financial-assistance</a>
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	<a href="http://www.fvfiles.com/2266.pdf">http://www.fvfiles.com/2266.pdf</a>
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	<a href="https://www.fairview.org/billing/financial-assistance">https://www.fairview.org/billing/financial-assistance</a>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 16J - OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY</p>	<p>FACILITY NAME: UNIVERSITY OF MINNESOTA MEDICAL CENTER</p> <p>DESCRIPTION: THE ORGANIZATION ATTACHES A SUMMARY OF THE POLICY TO BILLING INVOICES AND ALSO COMMUNICATES TO PATIENTS DURING ADMISSION, FINANCIAL COUNSELING AND COLLECTION CALLS THAT THERE IS A FINANCIAL ASSISTANCE PROGRAM AND THAT AN APPLICATION CAN BE PROVIDED TO THEM.</p> <p>A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS POSTED IN VARIOUS LOCATIONS IN THE HOSPITAL.</p>

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

**Name of hospital facility or letter of facility reporting group** FAIRVIEW SOUTHDAL HOSPITAL**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 2

	Yes	No
<b>Community Health Needs Assessment</b>		
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	✓
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	✓
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . .	<b>3</b>	✓
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: <u>20 21</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	✓
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	✓
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	✓
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . .	<b>7</b>	✓
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Section C, Line 7d</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b>	✓
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 22</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b>	✓
<b>a</b> If "Yes," (list url): <u>See Section C, Line 7d</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	✓
<b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group FAIRVIEW SOUTHDAL E HOSPITAL

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	<b>13</b> ✓	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2</u> <u>0</u> <u>0</u> % and FPG family income limit for eligibility for discounted care of <u>3</u> <u>0</u> <u>0</u> %		
<b>b</b> <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients?	<b>14</b> ✓	
<b>15</b> Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	<b>15</b> ✓	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	<b>16</b> ✓	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group FAIRVIEW SOUTHDALE HOSPITAL

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> ✓	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	✓
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> ✓	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)****Name of hospital facility or letter of facility reporting group** FAIRVIEW SOUTHDALDE HOSPITAL

		Yes	No
<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b>	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b>	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .	<b>23</b>	✓
If "Yes," explain in Section C.			
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .	<b>24</b>	✓
If "Yes," explain in Section C.			

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**Supplemental Information.** Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY</p>	<p>FAIRVIEW IS COMMITTED TO TRANSPARENCY AND ACCOUNTABILITY IN ALL WE DO, INCLUDING OUR EFFORTS TO ASSESS - AND RESPOND TO - OUR COMMUNITY'S MOST PRESSING HEALTH NEEDS. THE COMMUNITY BENEFIT WORK THAT WE DO ACROSS FAIRVIEW MUST REFLECT OUR COMMUNITY'S ACTUAL NEEDS, NOT OUR ASSUMPTIONS ABOUT WHAT THOSE NEEDS MIGHT OR SHOULD BE.</p> <p>BECAUSE WE UNDERSTAND THAT CHANGE CANNOT HAPPEN WHEN WE WORK IN SILOS, AND IT CANNOT HAPPEN IN A SINGLE YEAR, WE GROUNDED OUR 2021 CHNA PROCESS IN ALIGNMENT WITH OUR 2018 CHNA NEEDS, EXISTING DATA, AND THE VOICES OF COMMUNITY MEMBERS AND COMMUNITY PARTNERS. ONCE WE HAD COLLECTED, ANALYZED, AND SYNTHESIZED THE INFORMATION WE RECEIVED FROM BOTH PRIMARY AND SECONDARY DATA SOURCES, WE ESTABLISHED A PRIORITIZATION PROCESS THROUGH WHICH WE COULD IDENTIFY THE COMMUNITY HEALTH NEEDS THAT, IF EFFECTIVELY ADDRESSED, WOULD HAVE THE GREATEST POSITIVE IMPACT ON OUR COMMUNITIES AND PARTICULARLY ON OUR PRIORITY POPULATIONS. HAVING A CONSISTENT, DEFINED PROCESS HELPS REDUCE THE SKEWING EFFECT OF CONSCIOUS AND UNCONSCIOUS BIASES AND ENABLES US TO DEFINE PRIORITY NEED AREAS THAT REFLECT OUR COMMUNITY'S TOP HEALTH NEEDS RATHER THAN OUR PERCEPTION OF THOSE NEEDS.</p> <p>WE EVALUATED AREAS OF NEED BASED ON FOUR BROAD CRITERIA:</p> <ul style="list-style-type: none"> <li>-HAS THIS NEED BEEN VOICED BY THE COMMUNITY? HAS THIS NEED BEEN VETTED BY THE COMMUNITY?</li> <li>-DOES THIS NEED ALIGN WITH FAIRVIEW'S STRATEGIES AND PRIORITIES?</li> <li>-DOES THIS NEED ALIGN WITH EXISTING PUBLIC HEALTH STRATEGIES AND COMMUNITY HEALTH ASSESSMENTS?</li> <li>-DOES THIS NEED BUILD UPON FAIRVIEW'S 2018 CHNA PRIORITY NEEDS?</li> </ul> <p>OUR PROCESS RESULTED IN THE IDENTIFICATION OF THREE PRIORITY NEED AREAS. THEY ARE:</p> <ul style="list-style-type: none"> <li>-NAVIGATING AND ACCESSING CARE AND RESOURCES</li> <li>-HEALING, CONNECTEDNESS, AND MENTAL HEALTH</li> <li>-ADDRESSING STRUCTURAL RACISM AND BARRIERS TO ACHIEVING HEALTH EQUITY.</li> </ul>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: FAIRVIEW SOUTHDALE HOSPITAL</p> <p>DESCRIPTION: THE ASSESSMENT PROCESS AND DATA COLLECTION METHODS WE USED DURING THIS CHNA CYCLE WERE DIFFERENT THAN EVER BEFORE DUE TO THE COVID-19 PANDEMIC. COVID-19 CAUSED DELAYS IN DATA COLLECTION AMONG LOCAL, STATE, AND NATIONAL ORGANIZATIONS. AS A RESULT OF THESE DELAYS, THE U.S. CENSUS BUREAU HAD NOT YET RELEASED FINALIZED DATA FROM THE 2020 U.S. CENSUS BY THE TIME WE BEGAN THE CHNA PROCESS. AS A RESULT, WE USED 2015-2019 AMERICAN COMMUNITY SURVEY DATA. LOCAL PUBLIC HEALTH AGENCIES ALSO WERE NOT ABLE TO PROVIDE UPDATED DATA AS THEY HAVE IN THE PAST. WE ACKNOWLEDGE THAT, DUE TO THESE SETBACKS, THE DATA WE USED IS LESS RECENT THAN DESIRED.</p> <p>ADDITIONALLY, COVID-19 REQUIRED US TO ADD NEW SAFETY PRECAUTIONS TO OUR METHOD OF GATHERING COMMUNITY VOICE DATA. FOR EXAMPLE, ALL CONVERSATIONS AND INTERVIEWS, WHICH HAD PREVIOUSLY BEEN IN-PERSON MEETINGS, TOOK PLACE IN A VIRTUAL FORMAT INSTEAD.</p> <p>WE COLLECTED ADDITIONAL COMMUNITY VOICE DATA BY CONVENING A BROAD ARRAY OF STAKEHOLDERS, WITH SPECIAL FOCUS ON THE PRIORITY POPULATIONS. THE PROCESS INCLUDED DISCUSSIONS WITH COMMUNITY BENEFIT AND ASSESSMENT COMMITTEES, OUR COMMUNITY ADVISORY COUNCIL, THE HOPE COMMISSION LISTENING AND LEARNING SESSIONS, AND KEY STAKEHOLDER INTERVIEWS. THROUGHOUT THIS PROCESS, COMMUNITY MEMBERS, LOCAL BUSINESS LEADERS, GOVERNMENT REPRESENTATIVES, NONPROFIT AND COMMUNITY ORGANIZATIONS, AND CONTENT EXPERTS SHARED THEIR VOICES AND PERSPECTIVES ABOUT THEIR COMMUNITY'S HEALTH NEEDS.</p> <p>EACH HOSPITAL WITHIN FAIRVIEW HAS A COMMUNITY BENEFIT AND ASSESSMENT COMMITTEE THAT IS INVOLVED IN THE CHNA PROCESS THROUGHOUT THE THREE-YEAR CYCLE. EACH COMMITTEE IS COMPRISED OF LOCAL COMMUNITY AND ORGANIZATIONAL LEADERS AND STAFFED BY THE FAIRVIEW COMMUNITY ADVANCEMENT DEPARTMENT. COMMUNITY BENEFIT AND ASSESSMENT COMMITTEES MET FOUR TIMES BETWEEN APRIL AND OCTOBER IN 2021, THREE OF WHICH WERE INDIVIDUAL COMMITTEE MEETINGS AND ONE OF WHICH WAS A SYSTEM-WIDE COMMUNITY IMPACT SUMMIT THAT BROUGHT ALL THE COMMITTEES TOGETHER. EACH COMMITTEE MEETING CONSISTED OF FACILITATED DISCUSSIONS THROUGH WHICH OUR TEAM GATHERED INPUT ABOUT TOP COMMUNITY NEEDS.</p> <p>THE FAIRVIEW COMMUNITY ADVISORY COUNCIL, COMPOSED OF KEY COMMUNITY LEADERS AND STAFFED BY COMMUNITY ADVANCEMENT, REVIEWS THE CHNA REPORT AND WRITTEN IMPLEMENTATION STRATEGY AND RECOMMENDS IT TO THE PATIENT CARE AND EXPERIENCE COMMITTEE OF THE FAIRVIEW BOARD OF DIRECTORS FOR REVIEW AND ADOPTION. EACH MEMBER REPRESENTS THE MEMBER'S RESPECTIVE COMMUNITY, AND MEMBERS REPRESENT A BROAD RANGE OF SECTORS, AMONG THEM COMMUNITY ORGANIZATIONS SERVING CULTURAL COMMUNITIES, HIGHER EDUCATION ORGANIZATIONS, BANKS, AND A NONPROFIT ELECTRIC COMPANY. THE COMMUNITY ADVISORY COUNCIL MET FROM MAY THROUGH NOVEMBER 2021 TO PARTICIPATE IN THE CHNA PROCESS, GIVE FEEDBACK, AND ULTIMATELY RECOMMEND THE CHNA AND IMPLEMENTATION STRATEGY FOR ADOPTION.</p> <p>THE HOPE COMMISSION IS A MULTI-YEAR TRANSFORMATIONAL CHANGE EFFORT OF M HEALTH FAIRVIEW TO DRIVE MORE EQUITABLE OUTCOMES AND INCLUSIVE ENVIRONMENTS AND EXPERIENCES FOR OUR PATIENTS, EMPLOYEES, AND COMMUNITIES. THE COMMISSION CONDUCTED A SERIES OF LISTENING AND LEARNING SESSIONS IN 2020 AND 2021. THE OBJECTIVE WAS TO HOLD A MIRROR TO FAIRVIEW TO ASSESS WHERE WE ARE NOW AND HOW WE CAN MAKE LASTING CHANGE. PART OF BEING AN ANTI-RACIST HEALTH SYSTEM IS DEVELOPING A CANDID UNDERSTANDING OF OUR SHORTCOMINGS. WE PARTICULARLY SOUGHT TO HEAR PERSPECTIVES AND IDEAS FROM THE MOST IMPACTED POPULATIONS: BIPOC EMPLOYEES AND PATIENTS, FRONT-LINE WORKERS WHO CARE FOR UNDERSERVED AND MARGINALIZED PATIENTS, AND THOSE PATIENTS THEMSELVES. A SURVEY WAS ALSO MADE AVAILABLE EACH YEAR TO GATHER INSIGHTS AND SUGGESTIONS FROM EMPLOYEES AND PATIENTS WHO COULD NOT DIRECTLY PARTICIPATE IN A LISTENING AND LEARNING SESSION.</p> <p>IN 2020, THE COMMISSION CONVENED 32 VIRTUAL LISTENING AND LEARNING SESSIONS AND TWO TOWN HALLS INVOLVING MORE THAN 1,500 PARTICIPANTS ACROSS FAIRVIEW SITES. THE SESSIONS FOCUSED ON EMPLOYEES BUT INCLUDED PATIENTS AND COMMUNITY MEMBERS AS WELL. IN SEPTEMBER 2021, THE HOPE COMMISSION CONTINUED THE LISTENING AND LEARNING SESSIONS FOLLOWING THE SAME MODEL. IN THIS ITERATION, HOWEVER, THE FOCUS WAS PRIMARILY ON GATHERING INPUT FROM PATIENTS (AND EMPLOYEES AS PATIENTS). IN BOTH 2020 AND 2021'S LISTENING AND LEARNING SESSIONS, THE FACILITATORS AND NOTE TAKERS REFLECTED THE COMMUNITY REPRESENTED BY THE SESSION'S GROUP TO THE GREATEST DEGREE POSSIBLE.</p> <p>IN AUGUST AND SEPTEMBER 2021, FAIRVIEW'S COMMUNITY ADVANCEMENT TEAM CONDUCTED A SERIES OF INTERVIEWS WITH STAFF MEMBERS WHO WORK WITH COMMUNITIES. EACH CONVERSATION FOLLOWED A CONSISTENT INTERVIEW PROTOCOL DEVELOPED FOR THIS PURPOSE, AND EACH INTERVIEW WAS CAPTURED BY MEANS OF DETAILED NOTES. THE GOAL OF THESE INTERVIEWS WAS TO DRAW ON STAFF EXPERTISE TO GAIN A DEEPER UNDERSTANDING OF OUR PRIORITY NEEDS AND TO DETERMINE WHETHER THERE ARE ANY EMERGING NEEDS THAT WE SHOULD BE CONSIDERING. BETWEEN AUG. 31 AND SEPT. 17, 2021, WE CONDUCTED 17 INTERVIEWS.</p> <p>IN AUGUST 2021, WE HELD TWO FOCUS GROUPS IN PARTNERSHIP WITH OTHER ORGANIZATIONS. WE CONVENED THE FIRST FOCUS GROUP IN PARTNERSHIP WITH HEALTHPARTNERS AND ALLINA HEALTH, AND THE PARTICIPANTS WERE FAITH COMMUNITY NURSES. WE CONVENED THE SECOND FOCUS GROUP IN PARTNERSHIP WITH THE ORGANIZATIONS THAT ARE A PART OF THE EAST SIDE HEALTH AND WELL-BEING COLLABORATIVE. THIS MEETING'S FOCUS WAS ON ACCESSING CARE AND RESOURCES FOR DIFFERENT CULTURAL COMMUNITIES.</p> <p>FAIRVIEW ALSO PARTICIPATED IN TWO LARGE SURVEYS. KRC RESEARCH CONDUCTED A SURVEY AROUND HEALTH AND HEALTH CARE NEEDS IN ST. PAUL BETWEEN JUNE 8 AND JULY 7, 2021, AND ADMINISTERED IT TO COMMUNITY MEMBERS, FAIRVIEW EMPLOYEES, PATIENTS, AND COMMUNITY PARTNERS. RESPONSES WERE RECEIVED FROM 294 RESIDENTS, MORE THAN 1,000 EMPLOYEES, 221 PATIENTS, AND 20 PARTNERS. THE</p>

Return Reference - Identifier	Explanation
	<p>SURVEY WAS OFFERED ONLINE AND BY PHONE AND IN FIVE LANGUAGES: ENGLISH, SPANISH, HMONG, SOMALI, AND KAREN.</p> <p>FAIRVIEW ALSO SUPPORTED AND WAS A PARTNER ORGANIZATION IN BRIDGE TO HEALTH, A SURVEY THAT ASSESSES THE HEALTH NEEDS OF NORTHERN MINNESOTA RESIDENTS. THE BRIDGE TO HEALTH SURVEY WAS ADMINISTERED BETWEEN AUG.28 AND OCT. 23, 2020. THE GEOGRAPHIC AREAS THAT WERE SAMPLED INCLUDED AITKIN, CARLTON, COOK, ITASCA, KOOSKICHING, LAKE, ST. LOUIS, AND PINE COUNTIES IN MINNESOTA, AS WELL AS DOUGLAS COUNTY IN WISCONSIN.</p> <p>AS A FOUNDATIONAL PART OF PROGRAM PLANNING AND EVALUATION, COMMUNITY ADVANCEMENT STAFF ARE CONTINUOUSLY SOLICITING FEEDBACK FROM COMMUNITY PARTNERS AND PROGRAM PARTICIPANTS. WE CAPTURE THIS INFORMATION ON AN ONGOING BASIS AND USE IT TO PROVIDE VALUABLE CONTEXT AND DRIVE INSIGHTS INTO THE NEEDS OF THE COMMUNITIES WE SERVE.</p> <p>FAIRVIEW STAFF DEVELOPED STANDARDIZED TOOLS, PROCESSES, INSTRUCTIONS, AND FACILITATOR, INTERVIEWER, AND NOTE-TAKER PROTOCOLS AND TRAINING. ALL PRIMARY DATA WAS COMPILED, CLEANED, AND ANALYZED. COMMUNITY CONVERSATIONS LASTED VARIOUS LENGTHS FROM 30-120 MINUTES. ALL COMMUNITY INPUT WAS CAPTURED BY A NOTE-TAKER.</p> <p>THE FAIRVIEW TEAM CONTRACTED WITH THE FOLLOWING GROUPS TO SUPPORT OUR ASSESSMENT PROCESS:</p> <ul style="list-style-type: none"> <li>-LOREN BLINDE, PHD OF WRITING POWER, A COPYWRITER AND CONTENT STRATEGIST, ON THE WRITING OF THE REPORT.</li> <li>-KRISTI FORDYCE, AN INDEPENDENT CONTRACTOR, FOR ANALYSIS SUPPORT.</li> <li>-WEBER SHANDWICK, FOR DATA COLLECTION AND ANALYSIS OF FOCUS GROUPS AND STAKEHOLDER INTERVIEWS FOCUSED ON ST. PAUL.</li> <li>-KRC RESEARCH FOR THE ADMINISTRATION AND ANALYSIS OF THE ST. PAUL COMMUNITY SURVEY</li> </ul>
<p>SCHEDULE H, PART V, SECTION B, LINE 7D - OTHER METHODS CHNA REPORT MADE WIDELY AVAILABLE</p>	<p>FACILITY NAME: FAIRVIEW SOUTHDAL HOSPITAL</p> <p>DESCRIPTION: THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT FOR FAIRVIEW SOUTHDAL HOSPITAL ARE LOCATED AT: <a href="https://stcr-prd-cd.fairview.org/-/media/files/local-health-needs/read-full-reports/2021-chna-report-southdale-hospital2125.pdf?_ga=2.119413833.1916792193.1654267916-176052540.1594916074">HTTPS://STCR-PRD-CD.FAIRVIEW.ORG/-/MEDIA/FILES/LOCAL-HEALTH-NEEDS/READ-FULL-REPORTS/2021-CHNA-REPORT-SOUTHDAL HOSPITAL2125.PDF?_GA=2.119413833.1916792193.1654267916-176052540.1594916074</a></p> <p>THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY FOR FAIRVIEW SOUTHDAL HOSPITAL ARE LOCATED AT: <a href="https://stcr-prd-cd.fairview.org/-/media/files/local-health-needs/chna-implementation-strategy-report-20222024-southdale.pdf?_ga=2.182926182.1916792193.1654267916-176052540.1594916074">HTTPS://STCR-PRD-CD.FAIRVIEW.ORG/-/MEDIA/FILES/LOCAL-HEALTH-NEEDS/CHNA-IMPLEMENTATION-STRATEGY-REPORT-20222024-SOUTHDAL.PDF?_GA=2.182926182.1916792193.1654267916-176052540.1594916074</a></p>
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: FAIRVIEW SOUTHDAL HOSPITAL</p> <p>DESCRIPTION: OVER THE COURSE OF 2021, FAIRVIEW'S HOSPITALS AND MEDICAL CENTERS, INCLUDING THE SOUTHDAL HOSPITAL, CONDUCTED OUR COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS TO DETERMINE OUR PRIORITY NEEDS AND OUR RESPONSE. AS PART OF THIS PROCESS, WE LISTENED AND LEARNED MUCH ABOUT OUR COMMUNITY'S MOST PRESSING NEEDS. THROUGH THOSE CONVERSATIONS, AND SUPPORTED BY COMMUNITY DATA, WE PRIORITIZED THE FOLLOWING NEEDS: NAVIGATING AND ACCESSING CARE AND RESOURCES; HEALING, CONNECTEDNESS, AND MENTAL HEALTH; AND ADDRESSING STRUCTURAL RACISM AND BARRIERS TO ACHIEVING HEALTH EQUITY.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: FAIRVIEW SOUTHDAL E HOSPITAL - CONTINUED</p> <p>DESCRIPTION: THE CHNA IMPLEMENTATION STRATEGY REPORT OUTLINES THE MAJOR STRATEGIES AND ACTIONS WE WILL DEPLOY THROUGHOUT THE 2022-2024 ASSESSMENT CYCLE. THE CURRENT GENERATION WILL BE THE FIRST GENERATION IN AMERICAN HISTORY TO EXPERIENCE SHORTER LIFE EXPECTANCY THAN THEIR PARENTS DID.<sup>1</sup> OVER THE PAST DECADE, RATES OF POVERTY, FOOD INSECURITY, ISOLATION, MENTAL ILLNESS, ADDICTION, AND OTHER DETERMINANTS OF POOR HEALTH HAVE CONTINUED TO RISE AND THESE DO NOT IMPACT EVERYONE EQUALLY - MINNESOTA HAS SOME OF THE NATION'S LARGEST RACIAL, ETHNIC, AND GEOGRAPHIC HEALTH INEQUITIES. TO IMPACT THESE DEVASTATING TRENDS, WE MUST RESPOND IN WAYS THAT ALIGN WITH THE FACTORS THAT RESEARCH HAS SHOWN TO HAVE A SIGNIFICANT EFFECT ON AN INDIVIDUAL'S HEALTH AND WELLBEING. STUDIES ESTIMATE THAT EIGHTY PERCENT OF A PERSON'S HEALTH OUTCOMES ARE INFLUENCED BY FACTORS OUTSIDE A HEALTHCARE SETTING.<sup>2</sup> AND A PERSON'S ZIP CODE MATTERS MORE THAN THEIR GENETIC CODE WHEN IT COMES TO LONG-TERM HEALTH.<sup>3</sup> GIVEN THESE REALITIES, OUR RESPONSE MUST REACH OUTSIDE THE HEALTH SYSTEM'S WALLS AND MUST FOCUS ON THOSE EXPERIENCING HEALTH INEQUITIES TO BE MOST EFFECTIVE. SINCE THE 2010 PASSAGE OF THE AFFORDABLE CARE ACT, OUR HEALTH SYSTEM HAS ENGAGED IN FOUR CHNA CYCLES. DURING EACH CYCLE, WE HAVE FOUND THE SAME OR SIMILAR NEEDS HAVE EXISTED FOR OUR COMMUNITIES. THIS MEANS THAT OUR COMMUNITIES HAVE LARGELY FACED THE SAME CHALLENGES FOR MORE THAN A DECADE - AND THAT DESPITE OUR EFFORTS TO ADDRESS THESE ISSUES, THESE PROBLEMS ARE NOT RELENTING. IN FACT, IN MANY CASES, THESE CONDITIONS HAVE WORSENERED OVER THE PAST DECADE. OVER THE PAST 10 YEARS OF RESPONDING TO OUR COMMUNITIES' BIGGEST NEEDS WE HAVE LEARNED IMPORTANT LESSONS WHICH HAVE GUIDED US IN THE DEVELOPMENT OF OUR FAIRVIEW HEALTH SERVICES 2022-2024 IMPLEMENTATION STRATEGIES.</p> <p>AN ESSENTIAL PART OF THE 2018 CHNA PROCESS WAS THE IDENTIFICATION OF PRIORITY NEEDS IN THE LOCAL COMMUNITY. THE HOSPITALS AND/OR MEDICAL CENTERS IDENTIFIED THE FOLLOWING PRIORITY NEEDS FOR FAIRVIEW SOUTHDAL E HOSPITAL: MENTAL HEALTH AND WELL-BEING, HEALTHY LIFESTYLES, ACCESS TO CARE AND SERVICES.</p> <p>EACH HOSPITAL AND/OR MEDICAL CENTER DEVELOPED A HOSPITAL SPECIFIC IMPLEMENTATION PLAN AROUND ITS PRIORITY HEALTH ISSUES ALONG WITH A SYSTEM FOCUS ON POLICY, SYSTEM, AND ENVIRONMENTAL (PSE) CHANGE TO ADDRESS THEIR IDENTIFIED PRIORITY NEEDS.</p> <p>EACH PROGRAM IS EVALUATED ON AN ANNUAL BASIS AGAINST PROGRAM SPECIFIC ANTICIPATED IMPACTS. AS PART OF THE EVALUATION PROCESS EACH PROGRAM INDICATOR IS ASSIGNED A VALUE OF "GREEN", "YELLOW" OR "RED" BASED UPON THE CRITERIA THAT FOLLOWS. A RATING OF "GREEN" MEANS THAT THE PROGRAM (A) MET, OR EXCEEDED, 2021 HOSPITAL GOAL/S AS WRITTEN IN HOSPITAL IMPLEMENTATION PLAN (B) IT HAS COUNT DATA TIED TO BOTH GOAL/S AND ANTICIPATED IMPACT/S (C) THERE IS AN EVALUATION TOOL WITH MEASURE TIED TO ANTICIPATED IMPACT/S. A RATING OF "YELLOW" MEANS THAT THE PROGRAM (A) HAD PARTIAL COMPLETION OF 2021 HOSPITAL GOAL/S AS WRITTEN IN HOSPITAL IMPLEMENTATION PLAN (B) IT HAS COUNT DATA TIED TO EITHER GOAL/S OR ANTICIPATED IMPACT/S BUT NOT BOTH (C) THERE IS AN EVALUATION TOOL WITHOUT MEASURE TIED TO ANTICIPATED IMPACT/S. A RATING OF "RED" MEANS THAT THE PROGRAM (A) DID NOT COMPLETE THE 2021 HOSPITAL GOAL/S WRITTEN IN HOSPITAL IMPLEMENTATION PLAN (B) THERE WAS NO COUNT DATA (C) THERE WAS NO EVALUATION TOOL/S.</p> <p>POLICY, SYSTEM, AND ENVIRONMENTAL (PSE) CHANGE INITIATIVES OFTEN TAKE MULTIPLE YEARS TO PLAN AND IMPLEMENT. USING A CDC EVALUATION FRAMEWORK EACH PSE INITIATIVE IS MONITORED AND EVALUATED ANNUALLY AGAINST ANTICIPATED ACTIVITIES AND MILESTONES LINKED TO THE SIX CONNECTED PSE EVALUATION STEPS. THE SIX CONNECTED STEPS OF PSE CHANGE WE TRACKED FOR MONITORING AND EVALUATION PURPOSES ARE (1) ENGAGE STAKEHOLDERS, (2) DESCRIBE THE PROGRAM, (3) FOCUS THE EVALUATION DESIGN, (4) GATHER CREDIBLE EVIDENCE, (5) JUSTIFY CONCLUSIONS, AND (6) ENSURE USE AND SHARE LESSONS LEARNED. OUR 2021 EVALUATION OF THE PSE INITIATIVES NOTE THE SPECIFIC PSE STEP/S FOR THAT INITIATIVES BASED ON THE ACTIVITIES. IN 2021 WE ARE IDENTIFYING PSE INITIATIVE SPECIFIC METRICS RELATED TO EACH STEP TO DEEPEN OUR EVALUATION OF OUTCOMES IN FUTURE YEARS.</p> <p>ANY PROGRAMMATIC ANTICIPATED IMPACT THAT RECEIVED A RATING OF "YELLOW" OR "RED" HAS A CORRESPONDING BRIEF EXPLANATION AND 2021 ACTION PLAN. IN 2021 WE WILL CONTINUE REFINING THE RATING SYSTEM AND CORRESPONDING PROGRAMMATIC AND PSE EVALUATION AS PART OF OUR COMMITMENT TO CONTINUOUS PROCESS IMPROVEMENT. DETAILED RESULTS AND ACTION PLANS ON PROGRAM AND PSE INITIATIVES ARE AVAILABLE UPON REQUEST.</p> <p>AN ESSENTIAL PART OF THE 2018 CHNA PROCESS WAS THE IDENTIFICATION OF PRIORITY NEEDS IN THE LOCAL COMMUNITY. THE HOSPITALS AND/OR MEDICAL CENTERS IDENTIFIED THE FOLLOWING PRIORITY NEEDS FOR FAIRVIEW SOUTHDAL E HOSPITAL: MENTAL HEALTH AND WELL-BEING, HEALTHY LIFESTYLES, ACCESS TO CARE AND SERVICES.</p> <p>EACH HOSPITAL AND/OR MEDICAL CENTER DEVELOPED A HOSPITAL SPECIFIC IMPLEMENTATION PLAN AROUND ITS PRIORITY HEALTH ISSUES ALONG WITH A SYSTEM FOCUS ON POLICY, SYSTEM, AND ENVIRONMENTAL (PSE) CHANGE TO ADDRESS THEIR IDENTIFIED PRIORITY NEEDS.</p> <p>EACH PROGRAM IS EVALUATED ON AN ANNUAL BASIS AGAINST PROGRAM SPECIFIC ANTICIPATED IMPACTS. AS PART OF THE EVALUATION PROCESS EACH PROGRAM INDICATOR IS ASSIGNED A VALUE OF "GREEN", "YELLOW" OR "RED" BASED UPON THE CRITERIA THAT FOLLOWS. A RATING OF "GREEN" MEANS THAT THE PROGRAM (A) MET, OR EXCEEDED, 2021 HOSPITAL GOAL/S AS WRITTEN IN HOSPITAL IMPLEMENTATION PLAN (B) IT HAS COUNT DATA TIED TO BOTH GOAL/S AND ANTICIPATED IMPACT/S (C) THERE IS AN EVALUATION TOOL WITH MEASURE TIED TO ANTICIPATED IMPACT/S. A RATING OF "YELLOW" MEANS THAT THE PROGRAM (A) HAD PARTIAL COMPLETION OF 2021 HOSPITAL GOAL/S AS WRITTEN IN HOSPITAL IMPLEMENTATION PLAN (B) IT HAS COUNT DATA TIED TO EITHER GOAL/S OR ANTICIPATED IMPACT/S BUT NOT BOTH (C) THERE IS AN EVALUATION TOOL WITHOUT MEASURE TIED TO ANTICIPATED IMPACT/S. A RATING OF "RED" MEANS THAT THE PROGRAM (A) DID NOT COMPLETE THE 2021 HOSPITAL GOAL/S WRITTEN IN HOSPITAL IMPLEMENTATION PLAN (B) THERE WAS NO COUNT DATA (C) THERE WAS NO EVALUATION TOOL/S.</p> <p>POLICY, SYSTEM, AND ENVIRONMENTAL (PSE) CHANGE INITIATIVES OFTEN TAKE</p>

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	<p>MULTIPLE YEARS TO PLAN AND IMPLEMENT. USING A CDC EVALUATION FRAMEWORK EACH PSE INITIATIVE IS MONITORED AND EVALUATED ANNUALLY AGAINST ANTICIPATED ACTIVITIES AND MILESTONES LINKED TO THE SIX CONNECTED PSE EVALUATION STEPS. THE SIX CONNECTED STEPS OF PSE CHANGE WE TRACKED FOR MONITORING AND EVALUATION PURPOSES ARE (1) ENGAGE STAKEHOLDERS, (2) DESCRIBE THE PROGRAM, (3) FOCUS THE EVALUATION DESIGN, (4) GATHER CREDIBLE EVIDENCE, (5) JUSTIFY CONCLUSIONS, AND (6) ENSURE USE AND SHARE LESSONS LEARNED. OUR 2021 EVALUATION OF THE PSE INITIATIVES NOTE THE SPECIFIC PSE STEP/S FOR THAT INITIATIVES BASED ON THE ACTIVITIES. IN 2021 WE ARE IDENTIFYING PSE INITIATIVE SPECIFIC METRICS RELATED TO EACH STEP TO DEEPEN OUR EVALUATION OF OUTCOMES IN FUTURE YEARS.</p> <p>ANY PROGRAMMATIC ANTICIPATED IMPACT THAT RECEIVED A RATING OF "YELLOW" OR "RED" HAS A CORRESPONDING BRIEF EXPLANATION AND 2021 ACTION PLAN. IN 2021 WE WILL CONTINUE REFINING THE RATING SYSTEM AND CORRESPONDING PROGRAMMATIC AND PSE EVALUATION AS PART OF OUR COMMITMENT TO CONTINUOUS PROCESS IMPROVEMENT. DETAILED RESULTS AND ACTION PLANS ON PROGRAM AND PSE INITIATIVES ARE AVAILABLE UPON REQUEST.</p> <p>PRIORITY: MENTAL HEALTH AND WELLBEING</p> <p>M HEALTH FAIRVIEW SOUTHDALE HOSPITAL OFFERED THE EVIDENCE-BASED MENTAL HEALTH FIRST AID PROGRAM. THE PROGRAM INTRODUCES RISK FACTORS AND WARNING SIGNS OF COMMON MENTAL HEALTH AND SUBSTANCE USE DISORDERS, BUILDS UNDERSTANDING OF THEIR IMPACT, AND REVIEWS SUPPORT OPTIONS. THE INTERACTIVE COURSE TEACHES PARTICIPANTS HOW TO OFFER INITIAL HELP TO AN INDIVIDUAL WHO MAY BE EXPERIENCING A MENTAL HEALTH CONCERN OR CRISIS AND CONNECT THEM TO THE APPROPRIATE RESOURCES. YOUTH MENTAL HEALTH FIRST AID IS THE SECOND CORE PROGRAM WHICH FOCUSES ON MENTAL HEALTH CONCERNS AMONG YOUTH AGES 12-18. THE 2021 ANTICIPATED IMPACT FOR THE MENTAL HEALTH FIRST AID PROGRAMS WAS AN INCREASE IN PARTICIPANTS' ABILITY TO RECOGNIZE AND CORRECT MISCONCEPTIONS ABOUT MENTAL HEALTH AND MENTAL ILLNESS. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN".</p> <p>2021 IMPACT: GREEN - OUTCOME: OUTCOME: 30% INCREASE FROM PRE-SURVEY (70%) TO POST-SURVEY (100%) IN RESPONSE TO THE FOLLOWING: I STRONGLY AGREE OR AGREE THAT I CAN RECOGNIZE AND CORRECT MISCONCEPTIONS ABOUT MENTAL HEALTH, SUBSTANCE USE AND MENTAL ILLNESS AS I ENCOUNTER THEM. EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL.</p>



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<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: FAIRVIEW SOUTHDAL HOSPITAL - CONTINUED</p> <p>DESCRIPTION: M HEALTH FAIRVIEW SOUTHDAL HOSPITAL OFFERED THE EVIDENCE-BASED STRESS REDUCTION SUITE WHICH INCLUDED TWO PROGRAMS (1) FLOURISH A RESTORATIVE FOUR-WEEK SERIES, THAT LETS PARTICIPANTS EXPERIENCE A VARIETY OF MIND-BODY PRACTICES DESIGNED TO PROMOTE A SENSE OF CALM, JOY, CONNECTION, AND INNER STRENGTH. A FEW OF THE PRACTICES EXPLORED ARE MOVING MEDITATION, JOURNALING, GUIDED IMAGERY, AND MINDFULNESS. (2) RESILIENCY AND STRESS MANAGEMENT TRAINING SERIES A RESTORATIVE SIX-WEEK SERIES, BASED ON CENTER MIND BODY MEDICINE, 90-MINUTE SESSIONS. PARTICIPANTS EXPERIENCE A VARIETY OF MIND-BODY PRACTICES DESIGNED TO PROMOTE A SENSE OF CALM, JOY, CONNECTION, AND INNER STRENGTH. A FEW OF THE PRACTICES EXPLORED BY PARTICIPANTS INCLUDE MOVING MEDITATION, JOURNALING, GUIDED IMAGERY, AND MINDFULNESS. THIS MIND BODY SERIES IS A PROVEN METHOD TO REDUCE STRESS, INCREASE SELF-ESTEEM, AND IMPROVE A PERSON'S OVERALL QUALITY OF LIFE. THE 2021 ANTICIPATED IMPACT FOR THE STRESS REDUCTION SUITE WAS A DECREASE IN PARTICIPANTS' PERCEIVED STRESS. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN". 2021 IMPACT: GREEN - OUTCOME: .20 POINTS DECREASE FROM PRE-PROGRAM-SURVEY TO POST-PROGRAM-SURVEY IN RESPONSE TO THE FOLLOWING METRIC: PARTICIPANTS' PERCEIVED STRESS. AVERAGE CHANGE (DECREASE) IN PARTICIPANTS' PERCEIVED STRESS ON A 10 POINT SCALE - THE HIGHER THE SCORE, THE MORE THE PERCEIVED STRESS. EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL. M HEALTH FAIRVIEW SOUTHDAL HOSPITAL OFFERED THE TRAUMA INFORMED CONGREGATIONS PROGRAM, THE IMPLEMENTATION OF THE RISKING CONNECTION IN FAITH COMMUNITIES CURRICULUM ACROSS FAITH COMMUNITIES. RISKING CONNECTION HELPS CLERGY UNDERSTAND THE NATURE OF TRAUMA, ITS IMPACT ON PEOPLE AND HOW FAITH LEADERS CAN SUPPORT AND BRING HEALING TO TRAUMA SURVIVORS. THE 2021 ANTICIPATED IMPACT FOR THE TRAUMA INFORMED CONGREGATIONS PROGRAM WAS AN INCREASE IN CLERGY/LEADER UNDERSTANDING OF THE IMPACT OF TRAUMA ON TRAUMA SURVIVORS. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN". 2021 IMPACT: GREEN - OUTCOME: 100% OF PARTICIPANTS REPORTED THEY UNDERSTAND THE IMPACT TRAUMA CAN HAVE ON THEIR CLIENTS. EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL. M HEALTH FAIRVIEW SOUTHDAL HOSPITAL OFFERED YOUTH GRIEF SERVICES SESSIONS AND CAMPS. YOUTH GRIEF SERVICES (YGS) PROVIDES A SAFE AND NURTURING PLACE WHERE FAMILIES CAN TURN FOR HELP AFTER A LOVED ONE DIES. YGS ASSISTS IN THE HEALING PROCESS THROUGH A NETWORK OF PROGRAMS AND SERVICES THAT SUPPORT, EDUCATE, AND CONNECT GRIEVING FAMILIES. THE 2021 ANTICIPATED IMPACT FOR YOUTH GRIEF SERVICES WAS AN INCREASE IN YOUTH PARTICIPANTS' KNOWLEDGE OF HEALTHY COPING STRATEGIES IN RESPONSE TO GRIEF. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "RED". 2021 OUTCOME: OWNERSHIP OF YOUTH GRIEF SERVICES TRANSFERRED FROM FAIRVIEW HEALTH SERVICES TO BRIGHTER DAYS GRIEF CENTER IN DECEMBER 2020, PROVIDING A SEAMLESS TRANSITION OF THE PROGRAM FOR PARTICIPANTS. M HEALTH FAIRVIEW SOUTHDAL HOSPITAL COLLABORATED IN POLICY, SYSTEMS AND ENVIRONMENTAL (PSE) CHANGE AROUND RESPONDING TO TRAUMA IN SETTINGS SUCH AS SCHOOLS AND FAITH COMMUNITIES. THIS INITIATIVE INCLUDES ACTIVITIES AND MILESTONES LINKED TO PSE EVALUATION STEPS (1) ENGAGE STAKEHOLDERS, (2) DESCRIBE THE PROGRAM, AND (3) FOCUS THE EVALUATION DESIGN. 2021 IMPACT: GREEN - OPENED MINNESOTA'S FIRST EMPATH UNIT- OR EMERGENCY PSYCHIATRIC ASSESSMENT, TREATMENT, AND HEALING- A PIONEERING APPROACH TO EMERGENCY MENTAL HEALTH THAT OFFERS RAPID, COMPREHENSIVE CARE IN A CALMING ENVIRONMENT AT FAIRVIEW SOUTHDAL HOSPITAL. PLANNING UNDERWAY FOR OPENING A SECOND UNIT AT UNIVERSITY OF MINNESOTA MEDICAL CENTER. CONDUCTED HOPE LISTENING AND LEARNING SESSIONS AND A SURVEY, TO ASSESS THE EXPERIENTIAL NEEDS OF PATIENTS AND CAREGIVERS WHEN ACCESSING CARE IN OUR SYSTEM. PLANNING FOR VIRTUAL HEALTH HUBS THAT WILL BREAK DOWN BARRIERS AND ALLOW PEOPLE TO ACCESS MENTAL HEALTH CARE DESPITE PHYSICAL LOCATION. MEMBER PARTNER OF BOTH THE MENTAL WELL BEING TASK FORCE FOR THE HENNEPIN COUNTY COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP (CHIP) AND RAMSEY COUNTY MENTAL HEALTH AND WELLNESS ACTION TEAM (MHWAT). IN PARTNERSHIP WITH EBENEZER SENIOR LIVING, DEVELOPED A NEW QUARTERLY SPEAKING SERIES CALLED HOPE, THAT ADDRESS TOPICS SUCH AS ADVERSE CHILDHOOD EXPERIENCES (ACES), TRAUMA, AND PANDEMIC FATIGUE. IN THE DEVELOPMENT/PLANNING STAGE FOR A WELLNESS HUB THAT WILL INCLUDE PROVIDING COMPREHENSIVE MENTAL HEALTH CARE IN A CALMING, RELAXING SPACE. PRIORITY: HEALTHY LIFESTYLES: M HEALTH FAIRVIEW SOUTHDAL HOSPITAL OFFERED THE EVIDENCE-BASED FALLS PREVENTION SUITE WHICH INCLUDED TWO PROGRAMS (1) MATTER OF BALANCE A PROGRAM DESIGNED TO REDUCE THE FEAR OF FALLING AND INCREASE ACTIVITY LEVELS AMONG OLDER ADULTS. IT INCLUDES 8 SESSIONS FOR A SMALL GROUP OF 8-12 PARTICIPANTS LED BY TWO TRAINED FACILITATORS. PARTICIPANTS LEARN TO VIEW FALLS AND FEAR OF FALLING AS CONTROLLABLE, SET REALISTIC GOALS TO INCREASE ACTIVITY, CHANGE THEIR ENVIRONMENT TO REDUCE FALL RISK FACTORS, AND EXERCISE TO INCREASE STRENGTH AND BALANCE. (2) TAI JI QUAN A RESEARCH-BASED 12-WEEK PROGRAM THAT IS DESIGNED TO KEEP OLDER ADULTS MOBILE AND INDEPENDENT. THE PROGRAM MEETS TWICE A WEEK FOR ONE HOUR. THE CLASSES WILL HELP PARTICIPANTS IMPROVE BALANCE, STRENGTHEN MUSCLES, AND REDUCE THE RISK OF FALLING. THE 2021 ANTICIPATED IMPACT FOR THE FALLS PREVENTION SUITE WAS A DECREASE PARTICIPANTS' FEAR OF FALLING. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN". 2021 IMPACT: GREEN - OUTCOME: 14% DECREASE FROM PRE-SURVEY (86%) TO POST-SURVEY (73%) IN PARTICIPANTS THAT RESPONDED WITH A LITTLE, SOMEWHAT, OR A LOT TO THE FOLLOWING: HOW FEARFUL ARE YOU OF FALLING? EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL. M HEALTH FAIRVIEW SOUTHDAL HOSPITAL OFFERED THE EVIDENCE-BASED LIVING WELL SUITE WHICH INCLUDED THREE PROGRAMS THAT WERE DEVELOPED BY STANFORD UNIVERSITY'S PATIENT EDUCATION RESEARCH CENTER. (1) CHRONIC DISEASE SELF-MANAGEMENT IS A WORKSHOP GIVEN 2.5 HOURS ONCE A WEEK, FOR SIX WEEKS OFFERED</p>

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	<p>TO INDIVIDUALS AND THEIR CAREGIVERS WHO ARE LIVING WITH CHRONIC CONDITIONS. SUBJECTS ADDRESSED INCLUDE MEDICATION USE, COMMUNICATION WITH DOCTORS AND CAREGIVERS, NUTRITION, AND FITNESS- WITH PRACTICAL EXERCISES AND ADVICE DESIGNED TO MEET PARTICIPANTS' NEEDS. (2) CHRONIC PAIN SELF-MANAGEMENT IS A WORKSHOP GIVEN 2 HOURS ONCE A WEEK, FOR SIX WEEKS, IN COMMUNITY SETTINGS. THE WORKSHOP HELPS PARTICIPANTS, AND THEIR SUPPORT PERSON, DEAL WITH THE ONGOING ISSUES ASSOCIATED WITH CHRONIC PAIN. (3) DIABETES SELF-MANAGEMENT IS A 6 WEEK ONCE A WEEK PROGRAM DEVELOPED TO HELPS THOSE LIVING WITH DIABETES OR PRE-DIABETES TO IMPROVE THEIR GENERAL HEALTH. THE 2021 ANTICIPATED IMPACT FOR THE LIVING WELL SUITE WAS AN INCREASE PARTICIPANTS' PERCEPTION OF POSITIVE LIFESTYLE CHANGES. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN".</p> <p>2021 IMPACT: GREEN - OUTCOME: 89% OF PARTICIPANTS THAT RESPONDED TO THE POST PROGRAM SURVEY INDICATED THAT THEY STRONGLY AGREE OR AGREE WITH THE FOLLOWING STATEMENT: THE PROGRAM HAS HELPED THEM MANAGE CHRONIC CONDITION(S). EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL.</p> <p>M HEALTH FAIRVIEW SOUTHDAL HOSPITAL COLLABORATED IN POLICY, SYSTEMS AND ENVIRONMENTAL (PSE) CHANGE AROUND HEALTHY FOOD TRANSFORMATION ADDRESSING ISSUES SUCH AS FOOD INSECURITY, FOOD ACCESS, AND CHANGES TO CAFETERIA MENUS. THIS INITIATIVE INCLUDES ACTIVITIES AND MILESTONES LINKED TO PSE EVALUATION STEPS (1) ENGAGE STAKEHOLDERS, (2) DESCRIBE THE PROGRAM, AND (3) FOCUS THE EVALUATION DESIGN.</p> <p>2021 IMPACT: GREEN - OUTCOME: STRENGTHENED PARTNERSHIPS WITH LOCAL FOOD ORGANIZATIONS SUCH AS SECOND HARVEST HEARTLAND AND SANNEH FOUNDATION. INCLUDES PLANNING FOR A WELLNESS HUB THAT WILL BE A NEW DISTRIBUTION SITE FOR FOOD AND PROVIDE WORKFORCE DEVELOPMENT OPPORTUNITIES FOR YOUTH IN THE FOOD SECTOR. CONTINUE TO SERVE AS A BACKBONE PARTNER IN THE FOOD JUSTICE NETWORK. EXPANDED COMMUNITY SUPPORTED AGRICULTURE (CSA) PROGRAM TO NEW CSA FARMS TO MEET THE DIFFERING NEEDS OF CLINIC PARTICIPANTS AND SUPPORT NEW FARMER PARTNERS. PLANNING TO OFFER, IN PARTNERSHIP WITH KEYSTONE COMMUNITY SERVICES, A MOBILE FOOD PANTRY AT CLINICS. SIGNED CONTACT FOR NOW POW WHICH WILL SCREEN PATIENTS FOR SOCIAL DETERMINANTS SUCH AS FOOD SECURITY AND PROVIDE RESOURCES AND REFERRALS.</p>



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<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: FAIRVIEW SOUTHDAL HOSPITAL - CONTINUED</p> <p>DESCRIPTION: PRIORITY: ACCESS TO CARE AND RESOURCES: M HEALTH FAIRVIEW SOUTHDAL HOSPITAL CONDUCTED MINNESOTA IMMUNIZATION NETWORK INITIATIVE (MINI) CLINICS. MINI IS A MULTI-SECTOR, COMMUNITY COLLABORATION PROVIDING FREE FLU SHOTS TO UNINSURED, UNDERSERVED, AND MINORITY POPULATIONS. THE MINI CLINICS BRING FLU VACCINE, EDUCATIONAL MATERIALS, AND VOLUNTEERS TO COMMUNITY LOCATIONS SUCH AS CHURCHES OR COMMUNITY CENTERS AND WITH ITS PARTNERS, ENSURE A CULTURALLY AND LINGUISTICALLY APPROPRIATE EXPERIENCE IN A SAFE AND TRUSTED ENVIRONMENT. THE 2021 ANTICIPATED IMPACT FOR THE MINI CLINICS WAS AN INCREASE IN THE NUMBER OF CLINICS WITH CULTURALLY AND/OR LINGUISTICALLY APPROPRIATE MATERIALS AROUND ACCESSING CARE AND RESOURCES. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN". 2021 IMPACT: GREEN - OUTCOME: 31% OF NEW PARTNER CLINIC SITES HAD CULTURALLY AND/OR LINGUISTICALLY APPROPRIATE MATERIALS AROUND ACCESSING CARE AND RESOURCES.</p> <p>M HEALTH FAIRVIEW SOUTHDAL HOSPITAL OFFERED THE EVIDENCE-BASED FALLS PREVENTION SUITE WHICH INCLUDED TWO PROGRAMS (1) MATTER OF BALANCE A PROGRAM DESIGNED TO REDUCE THE FEAR OF FALLING AND INCREASE ACTIVITY LEVELS AMONG OLDER ADULTS. IT INCLUDES 8 SESSIONS FOR A SMALL GROUP OF 8-12 PARTICIPANTS LED BY TWO TRAINED FACILITATORS. PARTICIPANTS LEARN TO VIEW FALLS AND FEAR OF FALLING AS CONTROLLABLE, SET REALISTIC GOALS TO INCREASE ACTIVITY, CHANGE THEIR ENVIRONMENT TO REDUCE FALL RISK FACTORS, AND EXERCISE TO INCREASE STRENGTH AND BALANCE. (2) TAI JI QUAN A RESEARCH-BASED 12-WEEK PROGRAM THAT IS DESIGNED TO KEEP OLDER ADULTS MOBILE AND INDEPENDENT. THE PROGRAM MEETS TWICE A WEEK FOR ONE HOUR. THE CLASSES WILL HELP PARTICIPANTS IMPROVE BALANCE, STRENGTHEN MUSCLES, AND REDUCE THE RISK OF FALLING. THE 2021 ANTICIPATED IMPACT FOR THE FALLS PREVENTION SUITE WAS AN INCREASE IN PARTICIPANTS' COMFORT TALKING TO THEIR HEALTH CARE PROVIDER ABOUT MEDICATIONS AND OTHER POSSIBLE RISKS OF FALLING. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN". 2021 IMPACT: GREEN - * OUTCOME: 67% OF PARTICIPANTS THAT RESPONDED TO THE POST PROGRAM SURVEY INDICATED THAT THEY STRONGLY AGREE OR AGREE WITH THE FOLLOWING STATEMENT: I FEEL MORE COMFORTABLE TALKING TO MY HEALTH CARE PROVIDER ABOUT MY MEDICATIONS AND OTHER POSSIBLE RISKS FOR FALLING. EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL.</p> <p>M HEALTH FAIRVIEW SOUTHDAL HOSPITAL OFFERED THE EVIDENCE-BASED LIVING WELL SUITE WHICH INCLUDED THREE PROGRAMS THAT WERE DEVELOPED BY STANFORD UNIVERSITY'S PATIENT EDUCATION RESEARCH CENTER. (1) CHRONIC DISEASE SELF-MANAGEMENT IS A WORKSHOP GIVEN 2.5 HOURS ONCE A WEEK, FOR SIX WEEKS OFFERED TO INDIVIDUALS AND THEIR CAREGIVERS WHO ARE LIVING WITH CHRONIC CONDITIONS. SUBJECTS ADDRESSED INCLUDE MEDICATION USE, COMMUNICATION WITH DOCTORS AND CAREGIVERS, NUTRITION, AND FITNESS- WITH PRACTICAL EXERCISES AND ADVICE DESIGNED TO MEET PARTICIPANTS' NEEDS. (2) CHRONIC PAIN SELF-MANAGEMENT IS A WORKSHOP GIVEN 2 HOURS ONCE A WEEK, FOR SIX WEEKS, IN COMMUNITY SETTINGS. THE WORKSHOP HELPS PARTICIPANTS, AND THEIR SUPPORT PERSON, DEAL WITH THE ONGOING ISSUES ASSOCIATED WITH CHRONIC PAIN. (3) DIABETES SELF-MANAGEMENT IS A 6 WEEK ONCE A WEEK PROGRAM DEVELOPED TO HELPS THOSE LIVING WITH DIABETES OR PRE-DIABETES TO IMPROVE THEIR GENERAL HEALTH. THE 2021 ANTICIPATED IMPACT FOR THE LIVING WELL SUITE WAS AN INCREASE IN PARTICIPANTS WHO AGREE THAT THE PROGRAM HELPS THEM WORK WITH THEIR HEALTH CARE PROVIDERS. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN". 2021 IMPACT: GREEN - * OUTCOME: 86% OF PARTICIPANTS THAT RESPONDED TO THE POST PROGRAM SURVEY INDICATED THAT THEY STRONGLY AGREE OR AGREE WITH THE FOLLOWING STATEMENT: THE PROGRAM HAS HELPED THEM WORK WITH HEALTHCARE PROFESSIONALS. EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL.</p> <p>M HEALTH FAIRVIEW SOUTHDAL HOSPITAL OFFERED THE EVIDENCE-BASED MENTAL HEALTH FIRST AID PROGRAM. THE PROGRAM INTRODUCES RISK FACTORS AND WARNING SIGNS OF COMMON MENTAL HEALTH AND SUBSTANCE USE DISORDERS, BUILDS UNDERSTANDING OF THEIR IMPACT, AND REVIEWS SUPPORT OPTIONS. THE INTERACTIVE COURSE TEACHES PARTICIPANTS HOW TO OFFER INITIAL HELP TO AN INDIVIDUAL WHO MAY BE EXPERIENCING A MENTAL HEALTH CONCERN OR CRISIS AND CONNECT THEM TO THE APPROPRIATE RESOURCES. YOUTH MENTAL HEALTH FIRST AID IS THE SECOND CORE PROGRAM WHICH FOCUSES ON MENTAL HEALTH CONCERNS AMONG YOUTH AGES 12-18. THE 2021 ANTICIPATED IMPACT FOR THE MENTAL HEALTH FIRST AID PROGRAMS WAS INCREASE PARTICIPANTS' CONFIDENCE IN ASSISTING SOMEONE TO CONNECT WITH PROFESSIONAL RESOURCES. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN". 2021 IMPACT: GREEN - OUTCOME: 31% INCREASE FROM PRE-SURVEY (67%) TO POST-SURVEY (98%) IN RESPONSE TO THE FOLLOWING: I STRONGLY AGREE OR AGREE THAT I CAN ASSIST SOMEONE WHO MAY BE DEALING WITH A MENTAL HEALTH PROBLEM, SUBSTANCE USE CHALLENGE OR CRISIS IN SEEKING PROFESSIONAL HELP. EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL.</p> <p>NEEDS IDENTIFIED BUT NOT ADDRESSED: ALTHOUGH THE FOLLOWING HEALTH NEEDS WERE NOT SELECTED AS PRIORITY NEEDS, M HEALTH FAIRVIEW WILL CONTINUE TO SUPPORT WORK ALIGNED WITH ADDRESSING THESE NEEDS AS APPROPRIATE PARTICULARLY WHEN DOING SO WOULD ADDRESS THE SOCIAL DETERMINANTS OF HEALTH AND/OR THE LEADING CAUSES OF PREMATURE DEATH. CHILDCARE: THIS ISSUE IS BEYOND WHAT M HEALTH FAIRVIEW RESOURCES CAN SUPPORT AT THIS TIME. CHRONIC LOWER RESPIRATORY DISEASE: THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY. CLINIC HOURS: THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY. COST ASSOCIATED WITH CARE: THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS</p>

Return Reference - Identifier	Explanation
	<p>OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY.</p> <p>HEALTH LITERACY: THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY.</p> <p>SAFE NEIGHBORHOODS: THIS ISSUE IS BEYOND WHAT M HEALTH FAIRVIEW RESOURCES CAN SUPPORT AT THIS TIME.</p> <p>STROKE: THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY. THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY.</p> <p>HEALTH LITERACY: THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY.</p> <p>SAFE NEIGHBORHOODS: THIS ISSUE IS BEYOND WHAT M HEALTH FAIRVIEW RESOURCES CAN SUPPORT AT THIS TIME.</p> <p>STROKE: THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY.</p> <p>TRANSPORTATION: THIS ISSUE IS BEYOND WHAT M HEALTH FAIRVIEW RESOURCES CAN SUPPORT AT THIS TIME.</p>
SCHEDULE H, PART V, SECTION B, LINE 13B - ELIGIBILITY FOR FREE OR DISCOUNTED CARE	<p>FACILITY NAME: FAIRVIEW SOUTHDAL HOSPITAL</p> <p>DESCRIPTION: THE MINNESOTA ATTORNEY GENERAL AGREEMENT WAS USED IN THE DETERMINATION OF THE ELIGIBILITY FOR FINANCIAL ASSISTANCE.</p>
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	<a href="https://www.fairview.org/billing/financial-assistance">https://www.fairview.org/billing/financial-assistance</a>
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	<a href="http://www.fvfiles.com/2266.pdf">ttp://www.fvfiles.com/2266.pdf</a>
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	<a href="https://www.fairview.org/billing/financial-assistance">https://www.fairview.org/billing/financial-assistance</a>
SCHEDULE H, PART V, SECTION B, LINE 16J - OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY	<p>FACILITY NAME: FAIRVIEW SOUTHDAL HOSPITAL</p> <p>DESCRIPTION: A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS POSTED IN VARIOUS LOCATIONS IN THE HOSPITAL.</p>

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

**Name of hospital facility or letter of facility reporting group** FAIRVIEW RIDGES HOSPITAL**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 3

	Yes	No
<b>Community Health Needs Assessment</b>		
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	✓
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	✓
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . .	<b>3</b>	✓
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: <u>20 21</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	✓
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	✓
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	✓
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . .	<b>7</b>	✓
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Section C, Line 7d</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b>	✓
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 22</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b>	✓
<b>a</b> If "Yes," (list url): <u>See Section C, Line 7d</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	✓
<b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group FAIRVIEW RIDGES HOSPITAL

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	<b>13</b> ✓	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2</u> <u>0</u> <u>0</u> % and FPG family income limit for eligibility for discounted care of <u>3</u> <u>0</u> <u>0</u> %		
<b>b</b> <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients?	<b>14</b> ✓	
<b>15</b> Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	<b>15</b> ✓	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	<b>16</b> ✓	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group FAIRVIEW RIDGES HOSPITAL

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> ✓	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	✓
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> ✓	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group FAIRVIEW RIDGES HOSPITAL

	Yes	No
<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b> <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .	<b>23</b>	✓
If "Yes," explain in Section C.		
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .	<b>24</b>	✓
If "Yes," explain in Section C.		

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**Supplemental Information.** Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY	<p>FAIRVIEW IS COMMITTED TO TRANSPARENCY AND ACCOUNTABILITY IN ALL WE DO, INCLUDING OUR EFFORTS TO ASSESS - AND RESPOND TO - OUR COMMUNITY'S MOST PRESSING HEALTH NEEDS. THE COMMUNITY BENEFIT WORK THAT WE DO ACROSS FAIRVIEW MUST REFLECT OUR COMMUNITY'S ACTUAL NEEDS, NOT OUR ASSUMPTIONS ABOUT WHAT THOSE NEEDS MIGHT OR SHOULD BE.</p> <p>BECAUSE WE UNDERSTAND THAT CHANGE CANNOT HAPPEN WHEN WE WORK IN SILOS, AND IT CANNOT HAPPEN IN A SINGLE YEAR, WE GROUNDED OUR 2021 CHNA PROCESS IN ALIGNMENT WITH OUR 2018 CHNA NEEDS, EXISTING DATA, AND THE VOICES OF COMMUNITY MEMBERS AND COMMUNITY PARTNERS. ONCE WE HAD COLLECTED, ANALYZED, AND SYNTHESIZED THE INFORMATION WE RECEIVED FROM BOTH PRIMARY AND SECONDARY DATA SOURCES, WE ESTABLISHED A PRIORITIZATION PROCESS THROUGH WHICH WE COULD IDENTIFY THE COMMUNITY HEALTH NEEDS THAT, IF EFFECTIVELY ADDRESSED, WOULD HAVE THE GREATEST POSITIVE IMPACT ON OUR COMMUNITIES AND PARTICULARLY ON OUR PRIORITY POPULATIONS. HAVING A CONSISTENT, DEFINED PROCESS HELPS REDUCE THE SKEWING EFFECT OF CONSCIOUS AND UNCONSCIOUS BIASES AND ENABLES US TO DEFINE PRIORITY NEED AREAS THAT REFLECT OUR COMMUNITY'S TOP HEALTH NEEDS RATHER THAN OUR PERCEPTION OF THOSE NEEDS.</p> <p>WE EVALUATED AREAS OF NEED BASED ON FOUR BROAD CRITERIA:</p> <ul style="list-style-type: none"> <li>-HAS THIS NEED BEEN VOICED BY THE COMMUNITY? HAS THIS NEED BEEN VETTED BY THE COMMUNITY?</li> <li>-DOES THIS NEED ALIGN WITH FAIRVIEW'S STRATEGIES AND PRIORITIES?</li> <li>-DOES THIS NEED ALIGN WITH EXISTING PUBLIC HEALTH STRATEGIES AND COMMUNITY HEALTH ASSESSMENTS?</li> <li>-DOES THIS NEED BUILD UPON FAIRVIEW'S 2018 CHNA PRIORITY NEEDS?</li> </ul> <p>OUR PROCESS RESULTED IN THE IDENTIFICATION OF THREE PRIORITY NEED AREAS. THEY ARE:</p> <ul style="list-style-type: none"> <li>-NAVIGATING AND ACCESSING CARE AND RESOURCES</li> <li>-HEALING, CONNECTEDNESS, AND MENTAL HEALTH</li> <li>-ADDRESSING STRUCTURAL RACISM AND BARRIERS TO ACHIEVING HEALTH EQUITY.</li> </ul>



Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: FAIRVIEW RIDGES HOSPITAL</p> <p>DESCRIPTION: THE ASSESSMENT PROCESS AND DATA COLLECTION METHODS WE USED DURING THIS CHNA CYCLE WERE DIFFERENT THAN EVER BEFORE DUE TO THE COVID-19 PANDEMIC. COVID-19 CAUSED DELAYS IN DATA COLLECTION AMONG LOCAL, STATE, AND NATIONAL ORGANIZATIONS. AS A RESULT OF THESE DELAYS, THE U.S. CENSUS BUREAU HAD NOT YET RELEASED FINALIZED DATA FROM THE 2020 U.S. CENSUS BY THE TIME WE BEGAN THE CHNA PROCESS. AS A RESULT, WE USED 2015-2019 AMERICAN COMMUNITY SURVEY DATA. LOCAL PUBLIC HEALTH AGENCIES ALSO WERE NOT ABLE TO PROVIDE UPDATED DATA AS THEY HAVE IN THE PAST. WE ACKNOWLEDGE THAT, DUE TO THESE SETBACKS, THE DATA WE USED IS LESS RECENT THAN DESIRED.</p> <p>ADDITIONALLY, COVID-19 REQUIRED US TO ADD NEW SAFETY PRECAUTIONS TO OUR METHOD OF GATHERING COMMUNITY VOICE DATA. FOR EXAMPLE, ALL CONVERSATIONS AND INTERVIEWS, WHICH HAD PREVIOUSLY BEEN IN-PERSON MEETINGS, TOOK PLACE IN A VIRTUAL FORMAT INSTEAD.</p> <p>WE COLLECTED ADDITIONAL COMMUNITY VOICE DATA BY CONVENING A BROAD ARRAY OF STAKEHOLDERS, WITH SPECIAL FOCUS ON THE PRIORITY POPULATIONS. THE PROCESS INCLUDED DISCUSSIONS WITH COMMUNITY BENEFIT AND ASSESSMENT COMMITTEES, OUR COMMUNITY ADVISORY COUNCIL, THE HOPE COMMISSION LISTENING AND LEARNING SESSIONS, AND KEY STAKEHOLDER INTERVIEWS. THROUGHOUT THIS PROCESS, COMMUNITY MEMBERS, LOCAL BUSINESS LEADERS, GOVERNMENT REPRESENTATIVES, NONPROFIT AND COMMUNITY ORGANIZATIONS, AND CONTENT EXPERTS SHARED THEIR VOICES AND PERSPECTIVES ABOUT THEIR COMMUNITY'S HEALTH NEEDS.</p> <p>EACH HOSPITAL WITHIN FAIRVIEW HAS A COMMUNITY BENEFIT AND ASSESSMENT COMMITTEE THAT IS INVOLVED IN THE CHNA PROCESS THROUGHOUT THE THREE-YEAR CYCLE. EACH COMMITTEE IS COMPRISED OF LOCAL COMMUNITY AND ORGANIZATIONAL LEADERS AND STAFFED BY THE FAIRVIEW COMMUNITY ADVANCEMENT DEPARTMENT. COMMUNITY BENEFIT AND ASSESSMENT COMMITTEES MET FOUR TIMES BETWEEN APRIL AND OCTOBER IN 2021, THREE OF WHICH WERE INDIVIDUAL COMMITTEE MEETINGS AND ONE OF WHICH WAS A SYSTEM-WIDE COMMUNITY IMPACT SUMMIT THAT BROUGHT ALL THE COMMITTEES TOGETHER. EACH COMMITTEE MEETING CONSISTED OF FACILITATED DISCUSSIONS THROUGH WHICH OUR TEAM GATHERED INPUT ABOUT TOP COMMUNITY NEEDS.</p> <p>THE FAIRVIEW COMMUNITY ADVISORY COUNCIL, COMPOSED OF KEY COMMUNITY LEADERS AND STAFFED BY COMMUNITY ADVANCEMENT, REVIEWS THE CHNA REPORT AND WRITTEN IMPLEMENTATION STRATEGY AND RECOMMENDS IT TO THE PATIENT CARE AND EXPERIENCE COMMITTEE OF THE FAIRVIEW BOARD OF DIRECTORS FOR REVIEW AND ADOPTION. EACH MEMBER REPRESENTS THE MEMBER'S RESPECTIVE COMMUNITY, AND MEMBERS REPRESENT A BROAD RANGE OF SECTORS, AMONG THEM COMMUNITY ORGANIZATIONS SERVING CULTURAL COMMUNITIES, HIGHER EDUCATION ORGANIZATIONS, BANKS, AND A NONPROFIT ELECTRIC COMPANY. THE COMMUNITY ADVISORY COUNCIL MET FROM MAY THROUGH NOVEMBER 2021 TO PARTICIPATE IN THE CHNA PROCESS, GIVE FEEDBACK, AND ULTIMATELY RECOMMEND THE CHNA AND IMPLEMENTATION STRATEGY FOR ADOPTION.</p> <p>THE HOPE COMMISSION IS A MULTI-YEAR TRANSFORMATIONAL CHANGE EFFORT OF M HEALTH FAIRVIEW TO DRIVE MORE EQUITABLE OUTCOMES AND INCLUSIVE ENVIRONMENTS AND EXPERIENCES FOR OUR PATIENTS, EMPLOYEES, AND COMMUNITIES. THE COMMISSION CONDUCTED A SERIES OF LISTENING AND LEARNING SESSIONS IN 2020 AND 2021. THE OBJECTIVE WAS TO HOLD A MIRROR TO FAIRVIEW TO ASSESS WHERE WE ARE NOW AND HOW WE CAN MAKE LASTING CHANGE. PART OF BEING AN ANTI-RACIST HEALTH SYSTEM IS DEVELOPING A CANDID UNDERSTANDING OF OUR SHORTCOMINGS. WE PARTICULARLY SOUGHT TO HEAR PERSPECTIVES AND IDEAS FROM THE MOST IMPACTED POPULATIONS: BIPOC EMPLOYEES AND PATIENTS, FRONT-LINE WORKERS WHO CARE FOR UNDERSERVED AND MARGINALIZED PATIENTS, AND THOSE PATIENTS THEMSELVES. A SURVEY WAS ALSO MADE AVAILABLE EACH YEAR TO GATHER INSIGHTS AND SUGGESTIONS FROM EMPLOYEES AND PATIENTS WHO COULD NOT DIRECTLY PARTICIPATE IN A LISTENING AND LEARNING SESSION.</p> <p>IN 2020, THE COMMISSION CONVENED 32 VIRTUAL LISTENING AND LEARNING SESSIONS AND TWO TOWN HALLS INVOLVING MORE THAN 1,500 PARTICIPANTS ACROSS FAIRVIEW SITES. THE SESSIONS FOCUSED ON EMPLOYEES BUT INCLUDED PATIENTS AND COMMUNITY MEMBERS AS WELL. IN SEPTEMBER 2021, THE HOPE COMMISSION CONTINUED THE LISTENING AND LEARNING SESSIONS FOLLOWING THE SAME MODEL. IN THIS ITERATION, HOWEVER, THE FOCUS WAS PRIMARILY ON GATHERING INPUT FROM PATIENTS (AND EMPLOYEES AS PATIENTS). IN BOTH 2020 AND 2021'S LISTENING AND LEARNING SESSIONS, THE FACILITATORS AND NOTE TAKERS REFLECTED THE COMMUNITY REPRESENTED BY THE SESSION'S GROUP TO THE GREATEST DEGREE POSSIBLE.</p> <p>IN AUGUST AND SEPTEMBER 2021, FAIRVIEW'S COMMUNITY ADVANCEMENT TEAM CONDUCTED A SERIES OF INTERVIEWS WITH STAFF MEMBERS WHO WORK WITH COMMUNITIES. EACH CONVERSATION FOLLOWED A CONSISTENT INTERVIEW PROTOCOL DEVELOPED FOR THIS PURPOSE, AND EACH INTERVIEW WAS CAPTURED BY MEANS OF DETAILED NOTES. THE GOAL OF THESE INTERVIEWS WAS TO DRAW ON STAFF EXPERTISE TO GAIN A DEEPER UNDERSTANDING OF OUR PRIORITY NEEDS AND TO DETERMINE WHETHER THERE ARE ANY EMERGING NEEDS THAT WE SHOULD BE CONSIDERING. BETWEEN AUG. 31 AND SEPT.17, 2021, WE CONDUCTED 17 INTERVIEWS.</p> <p>IN AUGUST 2021, WE HELD TWO FOCUS GROUPS IN PARTNERSHIP WITH OTHER ORGANIZATIONS. WE CONVENED THE FIRST FOCUS GROUP IN PARTNERSHIP WITH HEALTHPARTNERS AND ALLINA HEALTH, AND THE PARTICIPANTS WERE FAITH COMMUNITY NURSES. WE CONVENED THE SECOND FOCUS GROUP IN PARTNERSHIP WITH THE ORGANIZATIONS THAT ARE A PART OF THE EAST SIDE HEALTH AND WELL-BEING COLLABORATIVE. THIS MEETING'S FOCUS WAS ON ACCESSING CARE AND RESOURCES FOR DIFFERENT CULTURAL COMMUNITIES.</p> <p>FAIRVIEW ALSO PARTICIPATED IN TWO LARGE SURVEYS. KRC RESEARCH CONDUCTED A SURVEY AROUND HEALTH AND HEALTH CARE NEEDS IN ST. PAUL BETWEEN JUNE 8 AND JULY 7, 2021, AND ADMINISTERED IT TO COMMUNITY MEMBERS, FAIRVIEW EMPLOYEES, PATIENTS, AND COMMUNITY PARTNERS. RESPONSES WERE RECEIVED FROM 294 RESIDENTS, MORE THAN 1,000 EMPLOYEES, 221 PATIENTS, AND 20 PARTNERS. THE</p>



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	<p>SURVEY WAS OFFERED ONLINE AND BY PHONE AND IN FIVE LANGUAGES: ENGLISH, SPANISH, HMONG, SOMALI, AND KAREN.</p> <p>FAIRVIEW ALSO SUPPORTED AND WAS A PARTNER ORGANIZATION IN BRIDGE TO HEALTH, A SURVEY THAT ASSESSES THE HEALTH NEEDS OF NORTHERN MINNESOTA RESIDENTS. THE BRIDGE TO HEALTH SURVEY WAS ADMINISTERED BETWEEN AUG.28 AND OCT. 23, 2020. THE GEOGRAPHIC AREAS THAT WERE SAMPLED INCLUDED AITKIN, CARLTON, COOK, ITASCA, KOOSKICHING, LAKE, ST. LOUIS, AND PINE COUNTIES IN MINNESOTA, AS WELL AS DOUGLAS COUNTY IN WISCONSIN.</p> <p>AS A FOUNDATIONAL PART OF PROGRAM PLANNING AND EVALUATION, COMMUNITY ADVANCEMENT STAFF ARE CONTINUOUSLY SOLICITING FEEDBACK FROM COMMUNITY PARTNERS AND PROGRAM PARTICIPANTS. WE CAPTURE THIS INFORMATION ON AN ONGOING BASIS AND USE IT TO PROVIDE VALUABLE CONTEXT AND DRIVE INSIGHTS INTO THE NEEDS OF THE COMMUNITIES WE SERVE.</p> <p>FAIRVIEW STAFF DEVELOPED STANDARDIZED TOOLS, PROCESSES, INSTRUCTIONS, AND FACILITATOR, INTERVIEWER, AND NOTE-TAKER PROTOCOLS AND TRAINING. ALL PRIMARY DATA WAS COMPILED, CLEANED, AND ANALYZED. COMMUNITY CONVERSATIONS LASTED VARIOUS LENGTHS FROM 30-120 MINUTES. ALL COMMUNITY INPUT WAS CAPTURED BY A NOTE-TAKER.</p> <p>THE FAIRVIEW TEAM CONTRACTED WITH THE FOLLOWING GROUPS TO SUPPORT OUR ASSESSMENT PROCESS:</p> <ul style="list-style-type: none"> <li>-LOREN BLINDE, PHD OF WRITING POWER, A COPYWRITER AND CONTENT STRATEGIST, ON THE WRITING OF THE REPORT.</li> <li>-KRISTI FORDYCE, AN INDEPENDENT CONTRACTOR, FOR ANALYSIS SUPPORT.</li> <li>-WEBER SHANDWICK, FOR DATA COLLECTION AND ANALYSIS OF FOCUS GROUPS AND STAKEHOLDER INTERVIEWS FOCUSED ON ST. PAUL.</li> <li>-KRC RESEARCH FOR THE ADMINISTRATION AND ANALYSIS OF THE ST. PAUL COMMUNITY SURVEY</li> </ul>
<p>SCHEDULE H, PART V, SECTION B, LINE 7D - OTHER METHODS CHNA REPORT MADE WIDELY AVAILABLE</p>	<p>FACILITY NAME: FAIRVIEW RIDGES HOSPITAL</p> <p>DESCRIPTION: THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT FOR FAIRVIEW RIDGES HOSPITAL ARE LOCATED AT: <a href="https://stcr-prd-cd.fairview.org/-/media/files/local-health-needs/read-full-reports/2021-CHNA-report-ridges-hospital2125.pdf?_ga=2.80614103.1916792193.1654267916-176052540.1594916074">HTTPS://STCR-PRD-CD.FAIRVIEW.ORG/-/MEDIA/FILES/LOCAL-HEALTH-NEEDS/READ-FULL-REPORTS/2021-CHNA-REPORT-RIDGES-HOSPITAL2125.PDF?_GA=2.80614103.1916792193.1654267916-176052540.1594916074</a></p> <p>THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY FOR FAIRVIEW RIDGES HOSPITAL ARE LOCATED AT: <a href="https://stcr-prd-cd.fairview.org/-/media/files/local-health-needs/chna-implementation-strategy-report-20222024-ridges.pdf?_ga=2.80614103.1916792193.1654267916-176052540.1594916074">HTTPS://STCR-PRD-CD.FAIRVIEW.ORG/-/MEDIA/FILES/LOCAL-HEALTH-NEEDS/CHNA-IMPLEMENTATION-STRATEGY-REPORT-20222024-RIDGES.PDF?_GA=2.80614103.1916792193.1654267916-176052540.1594916074</a></p>
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: FAIRVIEW RIDGES HOSPITAL</p> <p>DESCRIPTION: OVER THE COURSE OF 2021, FAIRVIEW'S HOSPITALS AND MEDICAL CENTERS, INCLUDING THE FAIRVIEW RIDGES HOSPITAL, CONDUCTED OUR COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS TO DETERMINE OUR PRIORITY NEEDS AND OUR RESPONSE. AS PART OF THIS PROCESS, WE LISTENED AND LEARNED MUCH ABOUT OUR COMMUNITY'S MOST PRESSING NEEDS. THROUGH THOSE CONVERSATIONS, AND SUPPORTED BY COMMUNITY DATA, WE PRIORITIZED THE FOLLOWING NEEDS: NAVIGATING AND ACCESSING CARE AND RESOURCES; HEALING, CONNECTEDNESS, AND MENTAL HEALTH; AND ADDRESSING STRUCTURAL RACISM AND BARRIERS TO ACHIEVING HEALTH EQUITY.</p> <p>THE CHNA IMPLEMENTATION STRATEGY REPORT OUTLINES THE MAJOR STRATEGIES AND ACTIONS WE WILL DEPLOY THROUGHOUT THE 2022-2024 ASSESSMENT CYCLE. THE CURRENT GENERATION WILL BE THE FIRST GENERATION IN AMERICAN HISTORY TO EXPERIENCE SHORTER LIFE EXPECTANCY THAN THEIR PARENTS DID.<sup>1</sup> OVER THE PAST DECADE, RATES OF POVERTY, FOOD INSECURITY, ISOLATION, MENTAL ILLNESS, ADDICTION, AND OTHER DETERMINANTS OF POOR HEALTH HAVE CONTINUED TO RISE AND THESE DO NOT IMPACT EVERYONE EQUALLY - MINNESOTA HAS SOME OF THE NATION'S LARGEST RACIAL, ETHNIC, AND GEOGRAPHIC HEALTH INEQUITIES. TO IMPACT THESE DEVASTATING TRENDS, WE MUST RESPOND IN WAYS THAT ALIGN WITH THE FACTORS THAT RESEARCH HAS SHOWN TO HAVE A SIGNIFICANT EFFECT ON AN INDIVIDUAL'S HEALTH AND WELLBEING. STUDIES ESTIMATE THAT EIGHTY PERCENT OF A PERSON'S HEALTH OUTCOMES ARE INFLUENCED BY FACTORS OUTSIDE A HEALTHCARE SETTING,<sup>2</sup> AND A PERSON'S ZIP CODE MATTERS MORE THAN THEIR GENETIC CODE WHEN IT COMES TO LONG-TERM HEALTH.<sup>3</sup> GIVEN THESE REALITIES, OUR RESPONSE MUST REACH OUTSIDE THE HEALTH SYSTEM'S WALLS AND MUST FOCUS ON THOSE EXPERIENCING HEALTH INEQUITIES TO BE MOST EFFECTIVE. SINCE THE 2010 PASSAGE OF THE AFFORDABLE CARE ACT, OUR HEALTH SYSTEM HAS ENGAGED IN FOUR CHNA CYCLES. DURING EACH CYCLE, WE HAVE FOUND THE SAME OR SIMILAR NEEDS HAVE EXISTED FOR OUR COMMUNITIES. THIS MEANS THAT OUR COMMUNITIES HAVE LARGELY FACED THE SAME CHALLENGES FOR MORE THAN A DECADE - AND THAT DESPITE OUR EFFORTS TO ADDRESS THESE ISSUES, THESE PROBLEMS ARE NOT RELENTING. IN FACT, IN MANY CASES, THESE CONDITIONS HAVE WORSENERED OVER THE PAST DECADE. OVER THE PAST 10 YEARS OF RESPONDING TO OUR COMMUNITIES' BIGGEST NEEDS WE HAVE LEARNED IMPORTANT LESSONS WHICH HAVE GUIDED US IN THE DEVELOPMENT OF OUR FAIRVIEW HEALTH SERVICES 2022-2024 IMPLEMENTATION STRATEGIES.</p>

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<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: FAIRVIEW RIDGES HOSPITAL - CONTINUED</p> <p>DESCRIPTION: AN ESSENTIAL PART OF THE 2018 CHNA PROCESS WAS THE IDENTIFICATION OF PRIORITY NEEDS IN THE LOCAL COMMUNITY. THE HOSPITALS AND/OR MEDICAL CENTERS IDENTIFIED THE FOLLOWING PRIORITY NEEDS FOR FAIRVIEW RIDGES HOSPITAL: MENTAL HEALTH AND WELL-BEING, HEALTHY LIFESTYLES, ACCESS TO CARE AND SERVICES. EACH HOSPITAL AND/OR MEDICAL CENTER DEVELOPED A HOSPITAL SPECIFIC IMPLEMENTATION PLAN AROUND ITS PRIORITY HEALTH ISSUES ALONG WITH A SYSTEM FOCUS ON POLICY, SYSTEM, AND ENVIRONMENTAL (PSE) CHANGE TO ADDRESS THEIR IDENTIFIED PRIORITY NEEDS.</p> <p>EACH PROGRAM IS EVALUATED ON AN ANNUAL BASIS AGAINST PROGRAM SPECIFIC ANTICIPATED IMPACTS. AS PART OF THE EVALUATION PROCESS EACH PROGRAM INDICATOR IS ASSIGNED A VALUE OF "GREEN", "YELLOW" OR "RED" BASED UPON THE CRITERIA THAT FOLLOWS. A RATING OF "GREEN" MEANS THAT THE PROGRAM (A) MET, OR EXCEEDED, 2021 HOSPITAL GOAL/S AS WRITTEN IN HOSPITAL IMPLEMENTATION PLAN (B) IT HAS COUNT DATA TIED TO BOTH GOAL/S AND ANTICIPATED IMPACT/S (C) THERE IS AN EVALUATION TOOL WITH MEASURE TIED TO ANTICIPATED IMPACT/S. A RATING OF "YELLOW" MEANS THAT THE PROGRAM (A) HAD PARTIAL COMPLETION OF 2021 HOSPITAL GOAL/S AS WRITTEN IN HOSPITAL IMPLEMENTATION PLAN (B) IT HAS COUNT DATA TIED TO EITHER GOAL/S OR ANTICIPATED IMPACT/S BUT NOT BOTH (C) THERE IS AN EVALUATION TOOL WITHOUT MEASURE TIED TO ANTICIPATED IMPACT/S. A RATING OF "RED" MEANS THAT THE PROGRAM (A) DID NOT COMPLETE THE 2021 HOSPITAL GOAL/S WRITTEN IN HOSPITAL IMPLEMENTATION PLAN (B) THERE WAS NO COUNT DATA (C) THERE WAS NO EVALUATION TOOL/S.</p> <p>POLICY, SYSTEM, AND ENVIRONMENTAL (PSE) CHANGE INITIATIVES OFTEN TAKE MULTIPLE YEARS TO PLAN AND IMPLEMENT. USING A CDC EVALUATION FRAMEWORK EACH PSE INITIATIVE IS MONITORED AND EVALUATED ANNUALLY AGAINST ANTICIPATED ACTIVITIES AND MILESTONES LINKED TO THE SIX CONNECTED PSE EVALUATION STEPS. THE SIX CONNECTED STEPS OF PSE CHANGE WE TRACKED FOR MONITORING AND EVALUATION PURPOSES ARE (1) ENGAGE STAKEHOLDERS, (2) DESCRIBE THE PROGRAM, (3) FOCUS THE EVALUATION DESIGN, (4) GATHER CREDIBLE EVIDENCE, (5) JUSTIFY CONCLUSIONS, AND (6) ENSURE USE AND SHARE LESSONS LEARNED. OUR 2021 EVALUATION OF THE PSE INITIATIVES NOTE THE SPECIFIC PSE STEP/S FOR THAT INITIATIVES BASED ON THE ACTIVITIES. IN 2021 WE ARE IDENTIFYING PSE INITIATIVE SPECIFIC METRICS RELATED TO EACH STEP TO DEEPEN OUR EVALUATION OF OUTCOMES IN FUTURE YEARS.</p> <p>ANY PROGRAMMATIC ANTICIPATED IMPACT THAT RECEIVED A RATING OF "YELLOW" OR "RED" HAS A CORRESPONDING BRIEF EXPLANATION AND 2021 ACTION PLAN. IN 2021 WE WILL CONTINUE REFINING THE RATING SYSTEM AND CORRESPONDING PROGRAMMATIC AND PSE EVALUATION AS PART OF OUR COMMITMENT TO CONTINUOUS PROCESS IMPROVEMENT. DETAILED RESULTS AND ACTION PLANS ON PROGRAM AND PSE INITIATIVES ARE AVAILABLE UPON REQUEST.</p> <p>PRIORITY: MENTAL HEALTH AND WELLBEING</p> <p>M HEALTH FAIRVIEW RIDGES HOSPITAL OFFERED THE EVIDENCE-BASED MENTAL HEALTH FIRST AID PROGRAM. THE PROGRAM INTRODUCES RISK FACTORS AND WARNING SIGNS OF COMMON MENTAL HEALTH AND SUBSTANCE USE DISORDERS, BUILDS UNDERSTANDING OF THEIR IMPACT, AND REVIEWS SUPPORT OPTIONS. THE INTERACTIVE COURSE TEACHES PARTICIPANTS HOW TO OFFER INITIAL HELP TO AN INDIVIDUAL WHO MAY BE EXPERIENCING A MENTAL HEALTH CONCERN OR CRISIS AND CONNECT THEM TO THE APPROPRIATE RESOURCES. YOUTH MENTAL HEALTH FIRST AID IS THE SECOND CORE PROGRAM WHICH FOCUSES ON MENTAL HEALTH CONCERNS AMONG YOUTH AGES 12-18. THE 2021 ANTICIPATED IMPACT FOR THE MENTAL HEALTH FIRST AID PROGRAMS WAS AN INCREASE IN PARTICIPANTS' ABILITY TO RECOGNIZE AND CORRECT MISCONCEPTIONS ABOUT MENTAL HEALTH AND MENTAL ILLNESS. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN".</p> <p>2021 IMPACT: GREEN - OUTCOME: OUTCOME: 30% INCREASE FROM PRE-SURVEY (70%) TO POST-SURVEY (100%) IN RESPONSE TO THE FOLLOWING: I STRONGLY AGREE OR AGREE THAT I CAN RECOGNIZE AND CORRECT MISCONCEPTIONS ABOUT MENTAL HEALTH, SUBSTANCE USE AND MENTAL ILLNESS AS I ENCOUNTER THEM. EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL.</p> <p>M HEALTH FAIRVIEW RIDGES HOSPITAL OFFERED THE TRAUMA INFORMED CONGREGATIONS PROGRAM, THE IMPLEMENTATION OF THE RISKING CONNECTION IN FAITH COMMUNITIES CURRICULUM ACROSS FAITH COMMUNITIES. RISKING CONNECTION HELPS CLERGY UNDERSTAND THE NATURE OF TRAUMA, ITS IMPACT ON PEOPLE AND HOW FAITH LEADERS CAN SUPPORT AND BRING HEALING TO TRAUMA SURVIVORS. THE 2021 ANTICIPATED IMPACT FOR THE TRAUMA INFORMED CONGREGATIONS PROGRAM WAS AN INCREASE IN CLERGY/LEADER UNDERSTANDING OF THE IMPACT OF TRAUMA ON TRAUMA SURVIVORS. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN".</p> <p>2021 IMPACT: GREEN - OUTCOME: 100% OF PARTICIPANTS REPORTED THEY UNDERSTAND THE IMPACT TRAUMA CAN HAVE ON THEIR CLIENTS. EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL.</p> <p>M HEALTH FAIRVIEW RIDGES HOSPITAL OFFERED YOUTH GRIEF SERVICES SESSIONS AND CAMPS. YOUTH GRIEF SERVICES (YGS) PROVIDES A SAFE AND NURTURING PLACE WHERE FAMILIES CAN TURN FOR HELP AFTER A LOVED ONE DIES. YGS ASSISTS IN THE HEALING PROCESS THROUGH A NETWORK OF PROGRAMS AND SERVICES THAT SUPPORT, EDUCATE, AND CONNECT GRIEVING FAMILIES. THE 2021 ANTICIPATED IMPACT FOR YOUTH GRIEF SERVICES WAS AN INCREASE IN YOUTH PARTICIPANTS' KNOWLEDGE OF HEALTHY COPING STRATEGIES IN RESPONSE TO GRIEF. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "RED".</p> <p>2021 OUTCOME: OWNERSHIP OF YOUTH GRIEF SERVICES TRANSFERRED FROM FAIRVIEW HEALTH SERVICES TO BRIGHTER DAYS GRIEF CENTER IN DECEMBER 2020, PROVIDING A SEAMLESS TRANSITION OF THE PROGRAM FOR PARTICIPANTS.</p> <p>M HEALTH FAIRVIEW RIDGES HOSPITAL OFFERED THE MOBILE SUBSTANCE USE DISORDER SUPPORT PROGRAM, SERVING ADULT RESIDENTS (18+) IN RAMSEY, DAKOTA, AND WASHINGTON COUNTIES WHO HAVE SUBSTANCE USE ISSUES THROUGH MOBILE SUDS TEAM WHO ARE PROFESSIONAL PEER RECOVERY SPECIALISTS AND CLINICAL STAFF WHO COLLABORATE TO DEVELOP INDIVIDUAL RECOVERY PLANS. THE 2021 ANTICIPATED</p>

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	<p>IMPACT FOR THE MOBILE SUBSTANCE USE DISORDER SUPPORT PROGRAM WAS AN INCREASE IN THE NUMBER OF ACTIVE PARTICIPANTS IN THE RECOVERY PROGRAM. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "RED".</p> <p>2021 IMPACT: RED - THE PROGRAM WAS DISCONTINUED IN 2021. A SIMILAR PROGRAM WILL BE DEVELOPED WITHIN THE MENTAL HEALTH &amp; ADDICTION TRANSITION CLINIC FOR SHORT-TERM TREATMENT OF PATIENTS AFTER AN EMERGENCY ROOM VISIT.</p> <p>M HEALTH FAIRVIEW RDGES HOSPITAL COLLABORATED IN POLICY, SYSTEMS AND ENVIRONMENTAL (PSE) CHANGE AROUND RESPONDING TO TRAUMA IN SETTINGS SUCH AS SCHOOLS AND FAITH COMMUNITIES. THIS INITIATIVE INCLUDES ACTIVITIES AND MILESTONES LINKED TO PSE EVALUATION STEPS (1) ENGAGE STAKEHOLDERS, (2) DESCRIBE THE PROGRAM, AND (3) FOCUS THE EVALUATION DESIGN.</p> <p>2021 IMPACT: GREEN - OPENED MINNESOTA'S FIRST EMPATH UNIT- OR EMERGENCY PSYCHIATRIC ASSESSMENT, TREATMENT, AND HEALING- A PIONEERING APPROACH TO EMERGENCY MENTAL HEALTH THAT OFFERS RAPID, COMPREHENSIVE CARE IN A CALMING ENVIRONMENT AT FAIRVIEW SOUTHDAL E HOSPITAL. PLANNING UNDERWAY FOR OPENING A SECOND UNIT AT UNIVERSITY OF MINNESOTA MEDICAL CENTER. CONDUCTED HOPE LISTENING AND LEARNING SESSIONS AND A SURVEY, TO ASSESS THE EXPERIENTIAL NEEDS OF PATIENTS AND CAREGIVERS WHEN ACCESSING CARE IN OUR SYSTEM. PLANNING FOR VIRTUAL HEALTH HUBS THAT WILL BREAK DOWN BARRIERS AND ALLOW PEOPLE TO ACCESS MENTAL HEALTH CARE DESPITE PHYSICAL LOCATION. MEMBER PARTNER OF BOTH THE MENTAL WELL BEING TASK FORCE FOR THE HENNEPIN COUNTY COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP (CHIP) AND RAMSEY COUNTY MENTAL HEALTH AND WELLNESS ACTION TEAM (MHWAT). IN PARTNERSHIP WITH EBENEZER SENIOR LIVING, DEVELOPED A NEW QUARTERLY SPEAKING SERIES CALLED HOPE, THAT ADDRESS TOPICS SUCH AS ADVERSE CHILDHOOD EXPERIENCES (ACES), TRAUMA, AND PANDEMIC FATIGUE. IN THE DEVELOPMENT/PLANNING STAGE FOR A WELLNESS HUB THAT WILL INCLUDE PROVIDING COMPREHENSIVE MENTAL HEALTH CARE IN A CALMING, RELAXING SPACE.</p>

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<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: FAIRVIEW RIDGES HOSPITAL - CONTINUED</p> <p>DESCRIPTION: PRIORITY: HEALTHY LIFESTYLES M HEALTH FAIRVIEW RIDGES HOSPITAL OFFERED THE EVIDENCE-BASED FALLS PREVENTION SUITE WHICH INCLUDED TWO PROGRAMS (1) MATTER OF BALANCE A PROGRAM DESIGNED TO REDUCE THE FEAR OF FALLING AND INCREASE ACTIVITY LEVELS AMONG OLDER ADULTS. IT INCLUDES 8 SESSIONS FOR A SMALL GROUP OF 8-12 PARTICIPANTS LED BY TWO TRAINED FACILITATORS. PARTICIPANTS LEARN TO VIEW FALLS AND FEAR OF FALLING AS CONTROLLABLE, SET REALISTIC GOALS TO INCREASE ACTIVITY, CHANGE THEIR ENVIRONMENT TO REDUCE FALL RISK FACTORS, AND EXERCISE TO INCREASE STRENGTH AND BALANCE. (2) TAI JI QUAN A RESEARCH-BASED 12-WEEK PROGRAM THAT IS DESIGNED TO KEEP OLDER ADULTS MOBILE AND INDEPENDENT. THE PROGRAM MEETS TWICE A WEEK FOR ONE HOUR. THE CLASSES WILL HELP PARTICIPANTS IMPROVE BALANCE, STRENGTHEN MUSCLES, AND REDUCE THE RISK OF FALLING. THE 2021 ANTICIPATED IMPACT FOR THE FALLS PREVENTION SUITE WAS A DECREASE PARTICIPANTS' FEAR OF FALLING. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN". 2021 IMPACT: GREEN - OUTCOME: 14% DECREASE FROM PRE-SURVEY (86%) TO POST-SURVEY (73%) IN PARTICIPANTS THAT RESPONDED WITH A LITTLE, SOMEWHAT, OR A LOT TO THE FOLLOWING: HOW FEARFUL ARE YOU OF FALLING? EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL. M HEALTH FAIRVIEW RIDGES HOSPITAL OFFERED THE EVIDENCE-BASED LIVING WELL SUITE WHICH INCLUDED THREE PROGRAMS THAT WERE DEVELOPED BY STANFORD UNIVERSITY'S PATIENT EDUCATION RESEARCH CENTER. (1) CHRONIC DISEASE SELF-MANAGEMENT IS A WORKSHOP GIVEN 2.5 HOURS ONCE A WEEK, FOR SIX WEEKS OFFERED TO INDIVIDUALS AND THEIR CAREGIVERS WHO ARE LIVING WITH CHRONIC CONDITIONS. SUBJECTS ADDRESSED INCLUDE MEDICATION USE, COMMUNICATION WITH DOCTORS AND CAREGIVERS, NUTRITION, AND FITNESS- WITH PRACTICAL EXERCISES AND ADVICE DESIGNED TO MEET PARTICIPANTS' NEEDS. (2) CHRONIC PAIN SELF-MANAGEMENT IS A WORKSHOP GIVEN 2 HOURS ONCE A WEEK, FOR SIX WEEKS, IN COMMUNITY SETTINGS. THE WORKSHOP HELPS PARTICIPANTS, AND THEIR SUPPORT PERSON, DEAL WITH THE ONGOING ISSUES ASSOCIATED WITH CHRONIC PAIN. (3) DIABETES SELF-MANAGEMENT IS A 6 WEEK ONCE A WEEK PROGRAM DEVELOPED TO HELPS THOSE LIVING WITH DIABETES OR PRE-DIABETES TO IMPROVE THEIR GENERAL HEALTH. THE 2021 ANTICIPATED IMPACT FOR THE LIVING WELL SUITE WAS AN INCREASE PARTICIPANTS' PERCEPTION OF POSITIVE LIFESTYLE CHANGES. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN". 2021 IMPACT: GREEN - OUTCOME: 89% OF PARTICIPANTS THAT RESPONDED TO THE POST PROGRAM SURVEY INDICATED THAT THEY STRONGLY AGREE OR AGREE WITH THE FOLLOWING STATEMENT: THE PROGRAM HAS HELPED THEM MANAGE CHRONIC CONDITION(S). EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL. M HEALTH FAIRVIEW RIDGES HOSPITAL COLLABORATED IN POLICY, SYSTEMS AND ENVIRONMENTAL (PSE) CHANGE AROUND HEALTHY FOOD TRANSFORMATION ADDRESSING ISSUES SUCH AS FOOD INSECURITY, FOOD ACCESS, AND CHANGES TO CAFETERIA MENUS. THIS INITIATIVE INCLUDES ACTIVITIES AND MILESTONES LINKED TO PSE EVALUATION STEPS (1) ENGAGE STAKEHOLDERS, (2) DESCRIBE THE PROGRAM, AND (3) FOCUS THE EVALUATION DESIGN. 2021 IMPACT: GREEN - OUTCOME: STRENGTHENED PARTNERSHIPS WITH LOCAL FOOD ORGANIZATIONS SUCH AS SECOND HARVEST HEARTLAND AND SANNEH FOUNDATION. INCLUDES PLANNING FOR A WELLNESS HUB THAT WILL BE A NEW DISTRIBUTION SITE FOR FOOD AND PROVIDE WORKFORCE DEVELOPMENT OPPORTUNITIES FOR YOUTH IN THE FOOD SECTOR. CONTINUE TO SERVE AS A BACKBONE PARTNER IN THE FOOD JUSTICE NETWORK. EXPANDED COMMUNITY SUPPORTED AGRICULTURE (CSA) PROGRAM TO NEW CSA FARMS TO MEET THE DIFFERING NEEDS OF CLINIC PARTICIPANTS AND SUPPORT NEW FARMER PARTNERS. PLANNING TO OFFER, IN PARTNERSHIP WITH KEYSTONE COMMUNITY SERVICES, A MOBILE FOOD PANTRY AT CLINICS. SIGNED CONTACT FOR NOW POW WHICH WILL SCREEN PATIENTS FOR SOCIAL DETERMINANTS SUCH AS FOOD SECURITY AND PROVIDE RESOURCES AND REFERRALS. PRIORITY: ACCESS TO CARE AND RESOURCES M HEALTH FAIRVIEW RIDGES HOSPITAL CONDUCTED MINNESOTA IMMUNIZATION NETWORK INITIATIVE (MINI) CLINICS. MINI IS A MULTI-SECTOR, COMMUNITY COLLABORATION PROVIDING FREE FLU SHOTS TO UNINSURED, UNDERSERVED, AND MINORITY POPULATIONS. THE MINI CLINICS BRING FLU VACCINE, EDUCATIONAL MATERIALS, AND VOLUNTEERS TO COMMUNITY LOCATIONS SUCH AS CHURCHES OR COMMUNITY CENTERS AND WITH ITS PARTNERS, ENSURE A CULTURALLY AND LINGUISTICALLY APPROPRIATE EXPERIENCE IN A SAFE AND TRUSTED ENVIRONMENT. THE 2021 ANTICIPATED IMPACT FOR THE MINI CLINICS WAS AN INCREASE IN THE NUMBER OF CLINICS WITH CULTURALLY AND/OR LINGUISTICALLY APPROPRIATE MATERIALS AROUND ACCESSING CARE AND RESOURCES. 2021 IMPACT: RED - OUTCOME: NO NEW CLINICS WERE ADDED. M HEALTH FAIRVIEW RIDGES HOSPITAL OFFERED THE EVIDENCE-BASED FALLS PREVENTION SUITE WHICH INCLUDED TWO PROGRAMS (1) MATTER OF BALANCE A PROGRAM DESIGNED TO REDUCE THE FEAR OF FALLING AND INCREASE ACTIVITY LEVELS AMONG OLDER ADULTS. IT INCLUDES 8 SESSIONS FOR A SMALL GROUP OF 8-12 PARTICIPANTS LED BY TWO TRAINED FACILITATORS. PARTICIPANTS LEARN TO VIEW FALLS AND FEAR OF FALLING AS CONTROLLABLE, SET REALISTIC GOALS TO INCREASE ACTIVITY, CHANGE THEIR ENVIRONMENT TO REDUCE FALL RISK FACTORS, AND EXERCISE TO INCREASE STRENGTH AND BALANCE. (2) TAI JI QUAN A RESEARCH-BASED 12-WEEK PROGRAM THAT IS DESIGNED TO KEEP OLDER ADULTS MOBILE AND INDEPENDENT. THE PROGRAM MEETS TWICE A WEEK FOR ONE HOUR. THE CLASSES WILL HELP PARTICIPANTS IMPROVE BALANCE, STRENGTHEN MUSCLES, AND REDUCE THE RISK OF FALLING. THE 2021 ANTICIPATED IMPACT FOR THE FALLS PREVENTION SUITE WAS AN INCREASE IN PARTICIPANTS' COMFORT TALKING TO THEIR HEALTH CARE PROVIDER ABOUT MEDICATIONS AND OTHER POSSIBLE RISKS OF FALLING. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN". 2021 IMPACT: GREEN - * OUTCOME: 67% OF PARTICIPANTS THAT RESPONDED TO THE POST PROGRAM SURVEY INDICATED THAT THEY STRONGLY AGREE OR AGREE WITH THE FOLLOWING STATEMENT: I FEEL MORE COMFORTABLE TALKING TO MY HEALTH CARE PROVIDER ABOUT MY MEDICATIONS AND OTHER POSSIBLE RISKS FOR FALLING. EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL.</p>



Return Reference - Identifier	Explanation
	<p>M HEALTH FAIRVIEW RIDGES HOSPITAL OFFERED THE EVIDENCE-BASED LIVING WELL SUITE WHICH INCLUDED THREE PROGRAMS THAT WERE DEVELOPED BY STANFORD UNIVERSITY'S PATIENT EDUCATION RESEARCH CENTER. (1) CHRONIC DISEASE SELF-MANAGEMENT IS A WORKSHOP GIVEN 2.5 HOURS ONCE A WEEK, FOR SIX WEEKS OFFERED TO INDIVIDUALS AND THEIR CAREGIVERS WHO ARE LIVING WITH CHRONIC CONDITIONS. SUBJECTS ADDRESSED INCLUDE MEDICATION USE, COMMUNICATION WITH DOCTORS AND CAREGIVERS, NUTRITION, AND FITNESS- WITH PRACTICAL EXERCISES AND ADVICE DESIGNED TO MEET PARTICIPANTS' NEEDS. (2) CHRONIC PAIN SELF-MANAGEMENT IS A WORKSHOP GIVEN 2 HOURS ONCE A WEEK, FOR SIX WEEKS, IN COMMUNITY SETTINGS. THE WORKSHOP HELPS PARTICIPANTS, AND THEIR SUPPORT PERSON, DEAL WITH THE ONGOING ISSUES ASSOCIATED WITH CHRONIC PAIN. (3) DIABETES SELF-MANAGEMENT IS A 6 WEEK ONCE A WEEK PROGRAM DEVELOPED TO HELPS THOSE LIVING WITH DIABETES OR PRE-DIABETES TO IMPROVE THEIR GENERAL HEALTH. THE 2021 ANTICIPATED IMPACT FOR THE LIVING WELL SUITE WAS AN INCREASE IN PARTICIPANTS WHO AGREE THAT THE PROGRAM HELPS THEM WORK WITH THEIR HEALTH CARE PROVIDERS. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN". 2021 IMPACT: GREEN - * OUTCOME: 86% OF PARTICIPANTS THAT RESPONDED TO THE POST PROGRAM SURVEY INDICATED THAT THEY STRONGLY AGREE OR AGREE WITH THE FOLLOWING STATEMENT: THE PROGRAM HAS HELPED THEM WORK WITH HEALTHCARE PROFESSIONALS. EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL. M HEALTH FAIRVIEW RIDGES HOSPITAL OFFERED THE EVIDENCE-BASED MENTAL HEALTH FIRST AID PROGRAM. THE PROGRAM INTRODUCES RISK FACTORS AND WARNING SIGNS OF COMMON MENTAL HEALTH AND SUBSTANCE USE DISORDERS, BUILDS UNDERSTANDING OF THEIR IMPACT, AND REVIEWS SUPPORT OPTIONS. THE INTERACTIVE COURSE TEACHES PARTICIPANTS HOW TO OFFER INITIAL HELP TO AN INDIVIDUAL WHO MAY BE EXPERIENCING A MENTAL HEALTH CONCERN OR CRISIS AND CONNECT THEM TO THE APPROPRIATE RESOURCES. YOUTH MENTAL HEALTH FIRST AID IS THE SECOND CORE PROGRAM WHICH FOCUSES ON MENTAL HEALTH CONCERNS AMONG YOUTH AGES 12-18. THE 2021 ANTICIPATED IMPACT FOR THE MENTAL HEALTH FIRST AID PROGRAMS WAS INCREASE PARTICIPANTS' CONFIDENCE IN ASSISTING SOMEONE TO CONNECT WITH PROFESSIONAL RESOURCES. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN". 2021 IMPACT: GREEN - OUTCOME: 31% INCREASE FROM PRE-SURVEY (67%) TO POST-SURVEY (98%) IN RESPONSE TO THE FOLLOWING: I STRONGLY AGREE OR AGREE THAT I CAN ASSIST SOMEONE WHO MAY BE DEALING WITH A MENTAL HEALTH PROBLEM, SUBSTANCE USE CHALLENGE OR CRISIS IN SEEKING PROFESSIONAL HELP. EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL.</p>
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	<p>FACILITY NAME: FAIRVIEW RIDGES HOSPITAL - CONTINUED</p> <p>DESCRIPTION: NEEDS IDENTIFIED BUT NOT ADDRESSED: ALTHOUGH THE FOLLOWING HEALTH NEEDS WERE NOT SELECTED AS PRIORITY NEEDS, M HEALTH FAIRVIEW WILL CONTINUE TO SUPPORT WORK ALIGNED WITH ADDRESSING THESE NEEDS AS APPROPRIATE PARTICULARLY WHEN DOING SO WOULD ADDRESS THE SOCIAL DETERMINANTS OF HEALTH AND/OR THE LEADING CAUSES OF PREMATURE DEATH. CHILDCARE: THIS ISSUE IS BEYOND WHAT M HEALTH FAIRVIEW RESOURCES CAN SUPPORT AT THIS TIME. CHRONIC LOWER RESPIRATORY DISEASE: THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY. CLINIC HOURS: THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY. COST ASSOCIATED WITH CARE: THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY. HEALTH LITERACY: THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY. SAFE NEIGHBORHOODS: THIS ISSUE IS BEYOND WHAT M HEALTH FAIRVIEW RESOURCES CAN SUPPORT AT THIS TIME.</p>
SCHEDULE H, PART V, SECTION B, LINE 13B - ELIGIBILITY FOR FREE OR DISCOUNTED CARE	<p>FACILITY NAME: FAIRVIEW RIDGES HOSPITAL</p> <p>DESCRIPTION: THE MINNESOTA ATTORNEY GENERAL AGREEMENT WAS USED IN THE DETERMINATION OF THE ELIGIBILITY FOR FINANCIAL ASSISTANCE.</p>
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	<a href="https://www.fairview.org/billing/financial-assistance">https://www.fairview.org/billing/financial-assistance</a>
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	<a href="http://www.fvfiles.com/2266.pdf">http://www.fvfiles.com/2266.pdf</a>
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	<a href="https://www.fairview.org/billing/financial-assistance">https://www.fairview.org/billing/financial-assistance</a>
SCHEDULE H, PART V, SECTION B, LINE 16J - OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY	<p>FACILITY NAME: FAIRVIEW RIDGES HOSPITAL</p> <p>DESCRIPTION: A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS POSTED IN VARIOUS LOCATIONS IN THE HOSPITAL.</p>

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

**Name of hospital facility or letter of facility reporting group** FAIRVIEW LAKES REGIONAL MEDICAL CTR**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 4

	Yes	No
<b>Community Health Needs Assessment</b>		
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	✓
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	✓
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . .	<b>3</b>	✓
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: <u>20 21</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	✓
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	✓
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	✓
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . .	<b>7</b>	✓
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Section C, Line 7d</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b>	✓
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 22</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b>	✓
<b>a</b> If "Yes," (list url): <u>See Section C, Line 7d</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	✓
<b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group FAIRVIEW LAKES REGIONAL MEDICAL CTR

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	<b>13</b> ✓	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2</u> <u>0</u> <u>0</u> % and FPG family income limit for eligibility for discounted care of <u>3</u> <u>0</u> <u>0</u> %		
<b>b</b> <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients?	<b>14</b> ✓	
<b>15</b> Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	<b>15</b> ✓	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	<b>16</b> ✓	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group FAIRVIEW LAKES REGIONAL MEDICAL CTR

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> ✓	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	✓
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> ✓	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)****Name of hospital facility or letter of facility reporting group** FAIRVIEW LAKES REGIONAL MEDICAL CTR

	Yes	No
<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b> <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .	<b>23</b>	✓
If "Yes," explain in Section C.		
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .	<b>24</b>	✓
If "Yes," explain in Section C.		

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**Supplemental Information.** Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY	<p>FAIRVIEW IS COMMITTED TO TRANSPARENCY AND ACCOUNTABILITY IN ALL WE DO, INCLUDING OUR EFFORTS TO ASSESS - AND RESPOND TO - OUR COMMUNITY'S MOST PRESSING HEALTH NEEDS. THE COMMUNITY BENEFIT WORK THAT WE DO ACROSS FAIRVIEW MUST REFLECT OUR COMMUNITY'S ACTUAL NEEDS, NOT OUR ASSUMPTIONS ABOUT WHAT THOSE NEEDS MIGHT OR SHOULD BE.</p> <p>BECAUSE WE UNDERSTAND THAT CHANGE CANNOT HAPPEN WHEN WE WORK IN SILOS, AND IT CANNOT HAPPEN IN A SINGLE YEAR, WE GROUNDED OUR 2021 CHNA PROCESS IN ALIGNMENT WITH OUR 2018 CHNA NEEDS, EXISTING DATA, AND THE VOICES OF COMMUNITY MEMBERS AND COMMUNITY PARTNERS. ONCE WE HAD COLLECTED, ANALYZED, AND SYNTHESIZED THE INFORMATION WE RECEIVED FROM BOTH PRIMARY AND SECONDARY DATA SOURCES, WE ESTABLISHED A PRIORITIZATION PROCESS THROUGH WHICH WE COULD IDENTIFY THE COMMUNITY HEALTH NEEDS THAT, IF EFFECTIVELY ADDRESSED, WOULD HAVE THE GREATEST POSITIVE IMPACT ON OUR COMMUNITIES AND PARTICULARLY ON OUR PRIORITY POPULATIONS. HAVING A CONSISTENT, DEFINED PROCESS HELPS REDUCE THE SKEWING EFFECT OF CONSCIOUS AND UNCONSCIOUS BIASES AND ENABLES US TO DEFINE PRIORITY NEED AREAS THAT REFLECT OUR COMMUNITY'S TOP HEALTH NEEDS RATHER THAN OUR PERCEPTION OF THOSE NEEDS.</p> <p>WE EVALUATED AREAS OF NEED BASED ON FOUR BROAD CRITERIA:          -HAS THIS NEED BEEN VOICED BY THE COMMUNITY? HAS THIS NEED BEEN VETTED BY THE COMMUNITY?          -DOES THIS NEED ALIGN WITH FAIRVIEW'S STRATEGIES AND PRIORITIES?          -DOES THIS NEED ALIGN WITH EXISTING PUBLIC HEALTH STRATEGIES AND COMMUNITY HEALTH ASSESSMENTS?          -DOES THIS NEED BUILD UPON FAIRVIEW'S 2018 CHNA PRIORITY NEEDS?</p> <p>OUR PROCESS RESULTED IN THE IDENTIFICATION OF THREE PRIORITY NEED AREAS. THEY ARE:          -NAVIGATING AND ACCESSING CARE AND RESOURCES          -HEALING, CONNECTEDNESS, AND MENTAL HEALTH          -ADDRESSING STRUCTURAL RACISM AND BARRIERS TO ACHIEVING HEALTH EQUITY.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: FAIRVIEW LAKES REGIONAL MEDICAL CTR</p> <p>DESCRIPTION: THE ASSESSMENT PROCESS AND DATA COLLECTION METHODS WE USED DURING THIS CHNA CYCLE WERE DIFFERENT THAN EVER BEFORE DUE TO THE COVID-19 PANDEMIC. COVID-19 CAUSED DELAYS IN DATA COLLECTION AMONG LOCAL, STATE, AND NATIONAL ORGANIZATIONS. AS A RESULT OF THESE DELAYS, THE U.S. CENSUS BUREAU HAD NOT YET RELEASED FINALIZED DATA FROM THE 2020 U.S. CENSUS BY THE TIME WE BEGAN THE CHNA PROCESS. AS A RESULT, WE USED 2015-2019 AMERICAN COMMUNITY SURVEY DATA. LOCAL PUBLIC HEALTH AGENCIES ALSO WERE NOT ABLE TO PROVIDE UPDATED DATA AS THEY HAVE IN THE PAST. WE ACKNOWLEDGE THAT, DUE TO THESE SETBACKS, THE DATA WE USED IS LESS RECENT THAN DESIRED.</p> <p>ADDITIONALLY, COVID-19 REQUIRED US TO ADD NEW SAFETY PRECAUTIONS TO OUR METHOD OF GATHERING COMMUNITY VOICE DATA. FOR EXAMPLE, ALL CONVERSATIONS AND INTERVIEWS, WHICH HAD PREVIOUSLY BEEN IN-PERSON MEETINGS, TOOK PLACE IN A VIRTUAL FORMAT INSTEAD.</p> <p>WE COLLECTED ADDITIONAL COMMUNITY VOICE DATA BY CONVENING A BROAD ARRAY OF STAKEHOLDERS, WITH SPECIAL FOCUS ON THE PRIORITY POPULATIONS. THE PROCESS INCLUDED DISCUSSIONS WITH COMMUNITY BENEFIT AND ASSESSMENT COMMITTEES, OUR COMMUNITY ADVISORY COUNCIL, THE HOPE COMMISSION LISTENING AND LEARNING SESSIONS, AND KEY STAKEHOLDER INTERVIEWS. THROUGHOUT THIS PROCESS, COMMUNITY MEMBERS, LOCAL BUSINESS LEADERS, GOVERNMENT REPRESENTATIVES, NONPROFIT AND COMMUNITY ORGANIZATIONS, AND CONTENT EXPERTS SHARED THEIR VOICES AND PERSPECTIVES ABOUT THEIR COMMUNITY'S HEALTH NEEDS.</p> <p>EACH HOSPITAL WITHIN FAIRVIEW HAS A COMMUNITY BENEFIT AND ASSESSMENT COMMITTEE THAT IS INVOLVED IN THE CHNA PROCESS THROUGHOUT THE THREE-YEAR CYCLE. EACH COMMITTEE IS COMPRISED OF LOCAL COMMUNITY AND ORGANIZATIONAL LEADERS AND STAFFED BY THE FAIRVIEW COMMUNITY ADVANCEMENT DEPARTMENT. COMMUNITY BENEFIT AND ASSESSMENT COMMITTEES MET FOUR TIMES BETWEEN APRIL AND OCTOBER IN 2021, THREE OF WHICH WERE INDIVIDUAL COMMITTEE MEETINGS AND ONE OF WHICH WAS A SYSTEM-WIDE COMMUNITY IMPACT SUMMIT THAT BROUGHT ALL THE COMMITTEES TOGETHER. EACH COMMITTEE MEETING CONSISTED OF FACILITATED DISCUSSIONS THROUGH WHICH OUR TEAM GATHERED INPUT ABOUT TOP COMMUNITY NEEDS.</p> <p>THE FAIRVIEW COMMUNITY ADVISORY COUNCIL, COMPOSED OF KEY COMMUNITY LEADERS AND STAFFED BY COMMUNITY ADVANCEMENT, REVIEWS THE CHNA REPORT AND WRITTEN IMPLEMENTATION STRATEGY AND RECOMMENDS IT TO THE PATIENT CARE AND EXPERIENCE COMMITTEE OF THE FAIRVIEW BOARD OF DIRECTORS FOR REVIEW AND ADOPTION. EACH MEMBER REPRESENTS THE MEMBER'S RESPECTIVE COMMUNITY, AND MEMBERS REPRESENT A BROAD RANGE OF SECTORS, AMONG THEM COMMUNITY ORGANIZATIONS SERVING CULTURAL COMMUNITIES, HIGHER EDUCATION ORGANIZATIONS, BANKS, AND A NONPROFIT ELECTRIC COMPANY. THE COMMUNITY ADVISORY COUNCIL MET FROM MAY THROUGH NOVEMBER 2021 TO PARTICIPATE IN THE CHNA PROCESS, GIVE FEEDBACK, AND ULTIMATELY RECOMMEND THE CHNA AND IMPLEMENTATION STRATEGY FOR ADOPTION.</p> <p>THE HOPE COMMISSION IS A MULTI-YEAR TRANSFORMATIONAL CHANGE EFFORT OF M HEALTH FAIRVIEW TO DRIVE MORE EQUITABLE OUTCOMES AND INCLUSIVE ENVIRONMENTS AND EXPERIENCES FOR OUR PATIENTS, EMPLOYEES, AND COMMUNITIES. THE COMMISSION CONDUCTED A SERIES OF LISTENING AND LEARNING SESSIONS IN 2020 AND 2021. THE OBJECTIVE WAS TO HOLD A MIRROR TO FAIRVIEW TO ASSESS WHERE WE ARE NOW AND HOW WE CAN MAKE LASTING CHANGE. PART OF BEING AN ANTI-RACIST HEALTH SYSTEM IS DEVELOPING A CANDID UNDERSTANDING OF OUR SHORTCOMINGS. WE PARTICULARLY SOUGHT TO HEAR PERSPECTIVES AND IDEAS FROM THE MOST IMPACTED POPULATIONS: BIPOC EMPLOYEES AND PATIENTS, FRONT-LINE WORKERS WHO CARE FOR UNDERSERVED AND MARGINALIZED PATIENTS, AND THOSE PATIENTS THEMSELVES. A SURVEY WAS ALSO MADE AVAILABLE EACH YEAR TO GATHER INSIGHTS AND SUGGESTIONS FROM EMPLOYEES AND PATIENTS WHO COULD NOT DIRECTLY PARTICIPATE IN A LISTENING AND LEARNING SESSION.</p> <p>IN 2020, THE COMMISSION CONVENED 32 VIRTUAL LISTENING AND LEARNING SESSIONS AND TWO TOWN HALLS INVOLVING MORE THAN 1,500 PARTICIPANTS ACROSS FAIRVIEW SITES. THE SESSIONS FOCUSED ON EMPLOYEES BUT INCLUDED PATIENTS AND COMMUNITY MEMBERS AS WELL. IN SEPTEMBER 2021, THE HOPE COMMISSION CONTINUED THE LISTENING AND LEARNING SESSIONS FOLLOWING THE SAME MODEL. IN THIS ITERATION, HOWEVER, THE FOCUS WAS PRIMARILY ON GATHERING INPUT FROM PATIENTS (AND EMPLOYEES AS PATIENTS). IN BOTH 2020 AND 2021'S LISTENING AND LEARNING SESSIONS, THE FACILITATORS AND NOTE TAKERS REFLECTED THE COMMUNITY REPRESENTED BY THE SESSION'S GROUP TO THE GREATEST DEGREE POSSIBLE.</p> <p>IN AUGUST AND SEPTEMBER 2021, FAIRVIEW'S COMMUNITY ADVANCEMENT TEAM CONDUCTED A SERIES OF INTERVIEWS WITH STAFF MEMBERS WHO WORK WITH COMMUNITIES. EACH CONVERSATION FOLLOWED A CONSISTENT INTERVIEW PROTOCOL DEVELOPED FOR THIS PURPOSE, AND EACH INTERVIEW WAS CAPTURED BY MEANS OF DETAILED NOTES. THE GOAL OF THESE INTERVIEWS WAS TO DRAW ON STAFF EXPERTISE TO GAIN A DEEPER UNDERSTANDING OF OUR PRIORITY NEEDS AND TO DETERMINE WHETHER THERE ARE ANY EMERGING NEEDS THAT WE SHOULD BE CONSIDERING. BETWEEN AUG. 31 AND SEPT. 17, 2021, WE CONDUCTED 17 INTERVIEWS.</p> <p>IN AUGUST 2021, WE HELD TWO FOCUS GROUPS IN PARTNERSHIP WITH OTHER ORGANIZATIONS. WE CONVENED THE FIRST FOCUS GROUP IN PARTNERSHIP WITH HEALTHPARTNERS AND ALLINA HEALTH, AND THE PARTICIPANTS WERE FAITH COMMUNITY NURSES. WE CONVENED THE SECOND FOCUS GROUP IN PARTNERSHIP WITH THE ORGANIZATIONS THAT ARE A PART OF THE EAST SIDE HEALTH AND WELL-BEING COLLABORATIVE. THIS MEETING'S FOCUS WAS ON ACCESSING CARE AND RESOURCES FOR DIFFERENT CULTURAL COMMUNITIES.</p> <p>FAIRVIEW ALSO PARTICIPATED IN TWO LARGE SURVEYS. KRC RESEARCH CONDUCTED A SURVEY AROUND HEALTH AND HEALTH CARE NEEDS IN ST. PAUL BETWEEN JUNE 8 AND JULY 7, 2021, AND ADMINISTERED IT TO COMMUNITY MEMBERS, FAIRVIEW EMPLOYEES, PATIENTS, AND COMMUNITY PARTNERS. RESPONSES WERE RECEIVED FROM 294 RESIDENTS, MORE THAN 1,000 EMPLOYEES, 221 PATIENTS, AND 20 PARTNERS. THE</p>

Return Reference - Identifier	Explanation
	<p>SURVEY WAS OFFERED ONLINE AND BY PHONE AND IN FIVE LANGUAGES: ENGLISH, SPANISH, HMONG, SOMALI, AND KAREN.</p> <p>FAIRVIEW ALSO SUPPORTED AND WAS A PARTNER ORGANIZATION IN BRIDGE TO HEALTH, A SURVEY THAT ASSESSES THE HEALTH NEEDS OF NORTHERN MINNESOTA RESIDENTS. THE BRIDGE TO HEALTH SURVEY WAS ADMINISTERED BETWEEN AUG.28 AND OCT. 23, 2020. THE GEOGRAPHIC AREAS THAT WERE SAMPLED INCLUDED AITKIN, CARLTON, COOK, ITASCA, KOOSKIPING, LAKE, ST. LOUIS, AND PINE COUNTIES IN MINNESOTA, AS WELL AS DOUGLAS COUNTY IN WISCONSIN.</p> <p>AS A FOUNDATIONAL PART OF PROGRAM PLANNING AND EVALUATION, COMMUNITY ADVANCEMENT STAFF ARE CONTINUOUSLY SOLICITING FEEDBACK FROM COMMUNITY PARTNERS AND PROGRAM PARTICIPANTS. WE CAPTURE THIS INFORMATION ON AN ONGOING BASIS AND USE IT TO PROVIDE VALUABLE CONTEXT AND DRIVE INSIGHTS INTO THE NEEDS OF THE COMMUNITIES WE SERVE.</p> <p>FAIRVIEW STAFF DEVELOPED STANDARDIZED TOOLS, PROCESSES, INSTRUCTIONS, AND FACILITATOR, INTERVIEWER, AND NOTE-TAKER PROTOCOLS AND TRAINING. ALL PRIMARY DATA WAS COMPILED, CLEANED, AND ANALYZED. COMMUNITY CONVERSATIONS LASTED VARIOUS LENGTHS FROM 30-120 MINUTES. ALL COMMUNITY INPUT WAS CAPTURED BY A NOTE-TAKER.</p> <p>THE FAIRVIEW TEAM CONTRACTED WITH THE FOLLOWING GROUPS TO SUPPORT OUR ASSESSMENT PROCESS:</p> <ul style="list-style-type: none"> <li>-LOREN BLINDE, PHD OF WRITING POWER, A COPYWRITER AND CONTENT STRATEGIST, ON THE WRITING OF THE REPORT.</li> <li>-KRISTI FORDYCE, AN INDEPENDENT CONTRACTOR, FOR ANALYSIS SUPPORT.</li> <li>-WEBER SHANDWICK, FOR DATA COLLECTION AND ANALYSIS OF FOCUS GROUPS AND STAKEHOLDER INTERVIEWS FOCUSED ON ST. PAUL.</li> <li>-KRC RESEARCH FOR THE ADMINISTRATION AND ANALYSIS OF THE ST. PAUL COMMUNITY SURVEY</li> </ul>
<p>SCHEDULE H, PART V, SECTION B, LINE 7D - OTHER METHODS CHNA REPORT MADE WIDELY AVAILABLE</p>	<p>FACILITY NAME: FAIRVIEW LAKES REGIONAL MEDICAL CTR</p> <p>DESCRIPTION: THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT FOR FAIRVIEW LAKES MEDICAL CENTER ARE LOCATED AT: <a href="https://stcr-prd-cd.fairview.org/-/media/files/local-health-needs/read-full-reports/2021-chna-report-lakes-medical-center2125.pdf?_ga=2.144718580.1916792193.1654267916-176052540.1594916074">HTTPS://STCR-PRD-CD.FAIRVIEW.ORG/-/MEDIA/FILES/LOCAL-HEALTH-NEEDS/READ-FULL-REPORTS/2021-CHNA-REPORT-LAKES-MEDICAL-CENTER2125.PDF?_GA=2.144718580.1916792193.1654267916-176052540.1594916074</a></p> <p>THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY FOR FAIRVIEW LAKES MEDICAL CENTER ARE LOCATED AT: <a href="https://stcr-prd-cd.fairview.org/-/media/files/local-health-needs/chna-implementation-strategy-report-20222024-lakes.pdf?_ga=2.144718580.1916792193.1654267916-176052540.1594916074">HTTPS://STCR-PRD-CD.FAIRVIEW.ORG/-/MEDIA/FILES/LOCAL-HEALTH-NEEDS/CHNA-IMPLEMENTATION-STRATEGY-REPORT-20222024-LAKES.PDF?_GA=2.144718580.1916792193.1654267916-176052540.1594916074</a></p>
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: FAIRVIEW LAKES REGIONAL MEDICAL CTR</p> <p>DESCRIPTION: OVER THE COURSE OF 2021, FAIRVIEW'S HOSPITALS AND MEDICAL CENTERS, INCLUDING THE FAIRVIEW LAKES REGIONAL MEDICAL CENTER, CONDUCTED OUR COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS TO DETERMINE OUR PRIORITY NEEDS AND OUR RESPONSE. AS PART OF THIS PROCESS, WE LISTENED AND LEARNED MUCH ABOUT OUR COMMUNITY'S MOST PRESSING NEEDS. THROUGH THOSE CONVERSATIONS, AND SUPPORTED BY COMMUNITY DATA, WE PRIORITIZED THE FOLLOWING NEEDS: NAVIGATING AND ACCESSING CARE AND RESOURCES; HEALING, CONNECTEDNESS, AND MENTAL HEALTH; AND ADDRESSING STRUCTURAL RACISM AND BARRIERS TO ACHIEVING HEALTH EQUITY.</p> <p>THE CHNA IMPLEMENTATION STRATEGY REPORT OUTLINES THE MAJOR STRATEGIES AND ACTIONS WE WILL DEPLOY THROUGHOUT THE 2022-2024 ASSESSMENT CYCLE. THE CURRENT GENERATION WILL BE THE FIRST GENERATION IN AMERICAN HISTORY TO EXPERIENCE SHORTER LIFE EXPECTANCY THAN THEIR PARENTS DID.<sup>1</sup> OVER THE PAST DECADE, RATES OF POVERTY, FOOD INSECURITY, ISOLATION, MENTAL ILLNESS, ADDICTION, AND OTHER DETERMINANTS OF POOR HEALTH HAVE CONTINUED TO RISE AND THESE DO NOT IMPACT EVERYONE EQUALLY - MINNESOTA HAS SOME OF THE NATION'S LARGEST RACIAL, ETHNIC, AND GEOGRAPHIC HEALTH INEQUITIES. TO IMPACT THESE DEVASTATING TRENDS, WE MUST RESPOND IN WAYS THAT ALIGN WITH THE FACTORS THAT RESEARCH HAS SHOWN TO HAVE A SIGNIFICANT EFFECT ON AN INDIVIDUAL'S HEALTH AND WELLBEING. STUDIES ESTIMATE THAT EIGHTY PERCENT OF A PERSON'S HEALTH OUTCOMES ARE INFLUENCED BY FACTORS OUTSIDE A HEALTHCARE SETTING,<sup>2</sup> AND A PERSON'S ZIP CODE MATTERS MORE THAN THEIR GENETIC CODE WHEN IT COMES TO LONG-TERM HEALTH.<sup>3</sup> GIVEN THESE REALITIES, OUR RESPONSE MUST REACH OUTSIDE THE HEALTH SYSTEM'S WALLS AND MUST FOCUS ON THOSE EXPERIENCING HEALTH INEQUITIES TO BE MOST EFFECTIVE. SINCE THE 2010 PASSAGE OF THE AFFORDABLE CARE ACT, OUR HEALTH SYSTEM HAS ENGAGED IN FOUR CHNA CYCLES. DURING EACH CYCLE, WE HAVE FOUND THE SAME OR SIMILAR NEEDS HAVE EXISTED FOR OUR COMMUNITIES. THIS MEANS THAT OUR COMMUNITIES HAVE LARGELY FACED THE SAME CHALLENGES FOR MORE THAN A DECADE - AND THAT DESPITE OUR EFFORTS TO ADDRESS THESE ISSUES, THESE PROBLEMS ARE NOT RELENTING. IN FACT, IN MANY CASES, THESE CONDITIONS HAVE WORSENERED OVER THE PAST DECADE. OVER THE PAST 10 YEARS OF RESPONDING TO OUR COMMUNITIES' BIGGEST NEEDS WE HAVE LEARNED IMPORTANT LESSONS WHICH HAVE GUIDED US IN THE DEVELOPMENT OF OUR FAIRVIEW HEALTH SERVICES 2022-2024 IMPLEMENTATION STRATEGIES.</p>



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<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: FAIRVIEW LAKES REGIONAL MEDICAL CTR - CONTINUED</p> <p>DESCRIPTION: AN ESSENTIAL PART OF THE 2018 CHNA PROCESS WAS THE IDENTIFICATION OF PRIORITY NEEDS IN THE LOCAL COMMUNITY. THE HOSPITALS AND/OR MEDICAL CENTERS IDENTIFIED THE FOLLOWING PRIORITY NEEDS FOR FAIRVIEW LAKES MEDICAL CENTER: MENTAL HEALTH AND WELL-BEING, HEALTHY LIFESTYLES, ACCESS TO CARE AND SERVICES. EACH HOSPITAL AND/OR MEDICAL CENTER DEVELOPED A HOSPITAL SPECIFIC IMPLEMENTATION PLAN AROUND ITS PRIORITY HEALTH ISSUES ALONG WITH A SYSTEM FOCUS ON POLICY, SYSTEM, AND ENVIRONMENTAL (PSE) CHANGE TO ADDRESS THEIR IDENTIFIED PRIORITY NEEDS.</p> <p>EACH PROGRAM IS EVALUATED ON AN ANNUAL BASIS AGAINST PROGRAM SPECIFIC ANTICIPATED IMPACTS. AS PART OF THE EVALUATION PROCESS EACH PROGRAM INDICATOR IS ASSIGNED A VALUE OF "GREEN", "YELLOW" OR "RED" BASED UPON THE CRITERIA THAT FOLLOWS. A RATING OF "GREEN" MEANS THAT THE PROGRAM (A) MET, OR EXCEEDED, 2021 HOSPITAL GOAL/S AS WRITTEN IN HOSPITAL IMPLEMENTATION PLAN (B) IT HAS COUNT DATA TIED TO BOTH GOAL/S AND ANTICIPATED IMPACT/S (C) THERE IS AN EVALUATION TOOL WITH MEASURE TIED TO ANTICIPATED IMPACT/S. A RATING OF "YELLOW" MEANS THAT THE PROGRAM (A) HAD PARTIAL COMPLETION OF 2021 HOSPITAL GOAL/S AS WRITTEN IN HOSPITAL IMPLEMENTATION PLAN (B) IT HAS COUNT DATA TIED TO EITHER GOAL/S OR ANTICIPATED IMPACT/S BUT NOT BOTH (C) THERE IS AN EVALUATION TOOL WITHOUT MEASURE TIED TO ANTICIPATED IMPACT/S. A RATING OF "RED" MEANS THAT THE PROGRAM (A) DID NOT COMPLETE THE 2021 HOSPITAL GOAL/S WRITTEN IN HOSPITAL IMPLEMENTATION PLAN (B) THERE WAS NO COUNT DATA (C) THERE WAS NO EVALUATION TOOL/S.</p> <p>POLICY, SYSTEM, AND ENVIRONMENTAL (PSE) CHANGE INITIATIVES OFTEN TAKE MULTIPLE YEARS TO PLAN AND IMPLEMENT. USING A CDC EVALUATION FRAMEWORK EACH PSE INITIATIVE IS MONITORED AND EVALUATED ANNUALLY AGAINST ANTICIPATED ACTIVITIES AND MILESTONES LINKED TO THE SIX CONNECTED PSE EVALUATION STEPS. THE SIX CONNECTED STEPS OF PSE CHANGE WE TRACKED FOR MONITORING AND EVALUATION PURPOSES ARE (1) ENGAGE STAKEHOLDERS, (2) DESCRIBE THE PROGRAM, (3) FOCUS THE EVALUATION DESIGN, (4) GATHER CREDIBLE EVIDENCE, (5) JUSTIFY CONCLUSIONS, AND (6) ENSURE USE AND SHARE LESSONS LEARNED. OUR 2021 EVALUATION OF THE PSE INITIATIVES NOTE THE SPECIFIC PSE STEP/S FOR THAT INITIATIVES BASED ON THE ACTIVITIES. IN 2021 WE ARE IDENTIFYING PSE INITIATIVE SPECIFIC METRICS RELATED TO EACH STEP TO DEEPEN OUR EVALUATION OF OUTCOMES IN FUTURE YEARS.</p> <p>ANY PROGRAMMATIC ANTICIPATED IMPACT THAT RECEIVED A RATING OF "YELLOW" OR "RED" HAS A CORRESPONDING BRIEF EXPLANATION AND 2021 ACTION PLAN. IN 2021 WE WILL CONTINUE REFINING THE RATING SYSTEM AND CORRESPONDING PROGRAMMATIC AND PSE EVALUATION AS PART OF OUR COMMITMENT TO CONTINUOUS PROCESS IMPROVEMENT. DETAILED RESULTS AND ACTION PLANS ON PROGRAM AND PSE INITIATIVES ARE AVAILABLE UPON REQUEST.</p> <p>PRIORITY: MENTAL HEALTH AND WELLBEING</p> <p>M HEALTH FAIRVIEW LAKES MEDICAL CENTER OFFERED THE EVIDENCE-BASED MENTAL HEALTH FIRST AID PROGRAM. THE PROGRAM INTRODUCES RISK FACTORS AND WARNING SIGNS OF COMMON MENTAL HEALTH AND SUBSTANCE USE DISORDERS, BUILDS UNDERSTANDING OF THEIR IMPACT, AND REVIEWS SUPPORT OPTIONS. THE INTERACTIVE COURSE TEACHES PARTICIPANTS HOW TO OFFER INITIAL HELP TO AN INDIVIDUAL WHO MAY BE EXPERIENCING A MENTAL HEALTH CONCERN OR CRISIS AND CONNECT THEM TO THE APPROPRIATE RESOURCES. YOUTH MENTAL HEALTH FIRST AID IS THE SECOND CORE PROGRAM WHICH FOCUSES ON MENTAL HEALTH CONCERNS AMONG YOUTH AGES 12-18. THE 2021 ANTICIPATED IMPACT FOR THE MENTAL HEALTH FIRST AID PROGRAMS WAS AN INCREASE IN PARTICIPANTS' ABILITY TO RECOGNIZE AND CORRECT MISCONCEPTIONS ABOUT MENTAL HEALTH AND MENTAL ILLNESS. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN".</p> <p>2021 IMPACT: GREEN - OUTCOME: OUTCOME: 30% INCREASE FROM PRE-SURVEY (70%) TO POST-SURVEY (100%) IN RESPONSE TO THE FOLLOWING: I STRONGLY AGREE OR AGREE THAT I CAN RECOGNIZE AND CORRECT MISCONCEPTIONS ABOUT MENTAL HEALTH, SUBSTANCE USE AND MENTAL ILLNESS AS I ENCOUNTER THEM. EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL.</p> <p>M HEALTH FAIRVIEW LAKES MEDICAL CENTER THE TRAUMA INFORMED CONGREGATIONS PROGRAM, THE IMPLEMENTATION OF THE RISKING CONNECTION IN FAITH COMMUNITIES CURRICULUM ACROSS FAITH COMMUNITIES. RISKING CONNECTION HELPS CLERGY UNDERSTAND THE NATURE OF TRAUMA, ITS IMPACT ON PEOPLE AND HOW FAITH LEADERS CAN SUPPORT AND BRING HEALING TO TRAUMA SURVIVORS. THE 2021 ANTICIPATED IMPACT FOR THE TRAUMA INFORMED CONGREGATIONS PROGRAM WAS AN INCREASE IN CLERGY/LEADER UNDERSTANDING OF THE IMPACT OF TRAUMA ON TRAUMA SURVIVORS. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN".</p> <p>2021 IMPACT: GREEN - OUTCOME: 100% OF PARTICIPANTS REPORTED THEY UNDERSTAND THE IMPACT TRAUMA CAN HAVE ON THEIR CLIENTS. EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL.</p> <p>M HEALTH FAIRVIEW LAKES MEDICAL CENTER OFFERED YOUTH GRIEF SERVICES SESSIONS AND CAMPS. YOUTH GRIEF SERVICES (YGS) PROVIDES A SAFE AND NURTURING PLACE WHERE FAMILIES CAN TURN FOR HELP AFTER A LOVED ONE DIES. YGS ASSISTS IN THE HEALING PROCESS THROUGH A NETWORK OF PROGRAMS AND SERVICES THAT SUPPORT, EDUCATE, AND CONNECT GRIEVING FAMILIES. THE 2021 ANTICIPATED IMPACT FOR YOUTH GRIEF SERVICES WAS AN INCREASE IN YOUTH PARTICIPANTS' KNOWLEDGE OF HEALTHY COPING STRATEGIES IN RESPONSE TO GRIEF..</p> <p>2021 OUTCOME: OWNERSHIP OF YOUTH GRIEF SERVICES TRANSFERRED FROM FAIRVIEW HEALTH SERVICES TO BRIGHTER DAYS GRIEF CENTER IN DECEMBER 2020, PROVIDING A SEAMLESS TRANSITION OF THE PROGRAM FOR PARTICIPANTS. M HEALTH FAIRVIEW LAKES MEDICAL CENTER COLLABORATED IN POLICY, SYSTEMS AND ENVIRONMENTAL (PSE) CHANGE AROUND RESPONDING TO TRAUMA IN SETTINGS SUCH AS SCHOOLS AND FAITH COMMUNITIES. THIS INITIATIVE INCLUDES ACTIVITIES AND MILESTONES LINKED TO PSE EVALUATION STEPS (1) ENGAGE STAKEHOLDERS, (2) DESCRIBE THE PROGRAM, AND (3) FOCUS THE EVALUATION DESIGN.</p> <p>2021 IMPACT: GREEN - OPENED MINNESOTA'S FIRST EMPATH UNIT- OR EMERGENCY PSYCHIATRIC</p>

Return Reference - Identifier	Explanation
	<p>ASSESSMENT, TREATMENT, AND HEALING- A PIONEERING APPROACH TO EMERGENCY MENTAL HEALTH THAT OFFERS RAPID, COMPREHENSIVE CARE IN A CALMING ENVIRONMENT AT FAIRVIEW SOUTHDAL E HOSPITAL. PLANNING UNDERWAY FOR OPENING A SECOND UNIT AT UNIVERSITY OF MINNESOTA MEDICAL CENTER. CONDUCTED HOPE LISTENING AND LEARNING SESSIONS AND A SURVEY, TO ASSESS THE EXPERIENTIAL NEEDS OF PATIENTS AND CAREGIVERS WHEN ACCESSING CARE IN OUR SYSTEM. PLANNING FOR VIRTUAL HEALTH HUBS THAT WILL BREAK DOWN BARRIERS AND ALLOW PEOPLE TO ACCESS MENTAL HEALTH CARE DESPITE PHYSICAL LOCATION. MEMBER PARTNER OF BOTH THE MENTAL WELL BEING TASK FORCE FOR THE HENNEPIN COUNTY COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP (CHIP) AND RAMSEY COUNTY MENTAL HEALTH AND WELLNESS ACTION TEAM (MHWAT). IN PARTNERSHIP WITH EBENEZER SENIOR LIVING, DEVELOPED A NEW QUARTERLY SPEAKING SERIES CALLED HOPE, THAT ADDRESS TOPICS SUCH AS ADVERSE CHILDHOOD EXPERIENCES (ACES), TRAUMA, AND PANDEMIC FATIGUE. IN THE DEVELOPMENT/PLANNING STAGE FOR A WELLNESS HUB THAT WILL INCLUDE PROVIDING COMPREHENSIVE MENTAL HEALTH CARE IN A CALMING, RELAXING SPACE.</p>



Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: FAIRVIEW LAKES REGIONAL MEDICAL CTR- CONTINUED</p> <p>DESCRIPTION: PRIORITY: HEALTHY LIFESTYLES M HEALTH FAIRVIEW LAKES MEDICAL CENTER OFFERED THE EVIDENCE-BASED FALLS PREVENTION SUITE WHICH INCLUDED TWO PROGRAMS (1) MATTER OF BALANCE A PROGRAM DESIGNED TO REDUCE THE FEAR OF FALLING AND INCREASE ACTIVITY LEVELS AMONG OLDER ADULTS. IT INCLUDES 8 SESSIONS FOR A SMALL GROUP OF 8-12 PARTICIPANTS LED BY TWO TRAINED FACILITATORS. PARTICIPANTS LEARN TO VIEW FALLS AND FEAR OF FALLING AS CONTROLLABLE, SET REALISTIC GOALS TO INCREASE ACTIVITY, CHANGE THEIR ENVIRONMENT TO REDUCE FALL RISK FACTORS, AND EXERCISE TO INCREASE STRENGTH AND BALANCE. (2) TAI JI QUAN A RESEARCH-BASED 12-WEEK PROGRAM THAT IS DESIGNED TO KEEP OLDER ADULTS MOBILE AND INDEPENDENT. THE PROGRAM MEETS TWICE A WEEK FOR ONE HOUR. THE CLASSES WILL HELP PARTICIPANTS IMPROVE BALANCE, STRENGTHEN MUSCLES, AND REDUCE THE RISK OF FALLING. THE 2021 PARTICIPANTS' FEAR OF FALLING. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN". 2021 IMPACT: GREEN - OUTCOME: 14% DECREASE FROM PRE-SURVEY (86%) TO POST-SURVEY (73%) IN PARTICIPANTS THAT RESPONDED WITH A LITTLE, SOMEWHAT, OR A LOT TO THE FOLLOWING: HOW FEARFUL ARE YOU OF FALLING? EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL. M HEALTH FAIRVIEW LAKES MEDICAL CENTER OFFERED THE EVIDENCE-BASED LIVING WELL SUITE WHICH INCLUDED THREE PROGRAMS THAT WERE DEVELOPED BY STANFORD UNIVERSITY'S PATIENT EDUCATION RESEARCH CENTER. (1) CHRONIC DISEASE SELF-MANAGEMENT IS A WORKSHOP GIVEN 2.5 HOURS ONCE A WEEK, FOR SIX WEEKS OFFERED TO INDIVIDUALS AND THEIR CAREGIVERS WHO ARE LIVING WITH CHRONIC CONDITIONS. SUBJECTS ADDRESSED INCLUDE MEDICATION USE, COMMUNICATION WITH DOCTORS AND CAREGIVERS, NUTRITION, AND FITNESS- WITH PRACTICAL EXERCISES AND ADVICE DESIGNED TO MEET PARTICIPANTS' NEEDS. (2) CHRONIC PAIN SELF-MANAGEMENT IS A WORKSHOP GIVEN 2 HOURS ONCE A WEEK, FOR SIX WEEKS, IN COMMUNITY SETTINGS. THE WORKSHOP HELPS PARTICIPANTS, AND THEIR SUPPORT PERSON, DEAL WITH THE ONGOING ISSUES ASSOCIATED WITH CHRONIC PAIN. (3) DIABETES SELF-MANAGEMENT IS A 6 WEEK ONCE A WEEK PROGRAM DEVELOPED TO HELPS THOSE LIVING WITH DIABETES OR PRE-DIABETES TO IMPROVE THEIR GENERAL HEALTH. THE 2021 ANTICIPATED IMPACT FOR THE LIVING WELL SUITE WAS AN INCREASE PARTICIPANTS' PERCEPTION OF POSITIVE LIFESTYLE CHANGES. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN". 2021 IMPACT: GREEN - OUTCOME: 89% OF PARTICIPANTS THAT RESPONDED TO THE POST PROGRAM SURVEY INDICATED THAT THEY STRONGLY AGREE OR AGREE WITH THE FOLLOWING STATEMENT: THE PROGRAM HAS HELPED THEM MANAGE CHRONIC CONDITION(S). EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL. M HEALTH FAIRVIEW LAKES MEDICAL CENTER COLLABORATED IN POLICY, SYSTEMS AND ENVIRONMENTAL (PSE) CHANGE AROUND HEALTHY FOOD TRANSFORMATION ADDRESSING ISSUES SUCH AS FOOD INSECURITY, FOOD ACCESS, AND CHANGES TO CAFETERIA MENUS. THIS INITIATIVE INCLUDES ACTIVITIES AND MILESTONES LINKED TO PSE EVALUATION STEPS (1) ENGAGE STAKEHOLDERS, (2) DESCRIBE THE PROGRAM, AND (3) FOCUS THE EVALUATION DESIGN. 2021 IMPACT: GREEN - OUTCOME: STRENGTHENED PARTNERSHIPS WITH LOCAL FOOD ORGANIZATIONS SUCH AS SECOND HARVEST HEARTLAND AND SANNEH FOUNDATION. INCLUDES PLANNING FOR A WELLNESS HUB THAT WILL BE A NEW DISTRIBUTION SITE FOR FOOD AND PROVIDE WORKFORCE DEVELOPMENT OPPORTUNITIES FOR YOUTH IN THE FOOD SECTOR. CONTINUE TO SERVE AS A BACKBONE PARTNER IN THE FOOD JUSTICE NETWORK. EXPANDED COMMUNITY SUPPORTED AGRICULTURE (CSA) PROGRAM TO NEW CSA FARMS TO MEET THE DIFFERING NEEDS OF CLINIC PARTICIPANTS AND SUPPORT NEW FARMER PARTNERS. PLANNING TO OFFER, IN PARTNERSHIP WITH KEYSTONE COMMUNITY SERVICES, A MOBILE FOOD PANTRY AT CLINICS. SIGNED CONTACT FOR NOW POW WHICH WILL SCREEN PATIENTS FOR SOCIAL DETERMINANTS SUCH AS FOOD SECURITY AND PROVIDE RESOURCES AND REFERRALS. PRIORITY: ACCESS TO CARE AND RESOURCES M HEALTH FAIRVIEW LAKES MEDICAL CENTER CONDUCTED MINNESOTA IMMUNIZATION NETWORK INITIATIVE (MINI) CLINICS. MINI IS A MULTI-SECTOR, COMMUNITY COLLABORATION PROVIDING FREE FLU SHOTS TO UNINSURED, UNDERSERVED, AND MINORITY POPULATIONS. THE MINI CLINICS BRING FLU VACCINE, EDUCATIONAL MATERIALS, AND VOLUNTEERS TO COMMUNITY LOCATIONS SUCH AS CHURCHES OR COMMUNITY CENTERS AND WITH ITS PARTNERS, ENSURE A CULTURALLY AND LINGUISTICALLY APPROPRIATE EXPERIENCE IN A SAFE AND TRUSTED ENVIRONMENT. THE 2021 ANTICIPATED IMPACT FOR THE MINI CLINICS WAS AN INCREASE IN THE NUMBER OF CLINICS WITH CULTURALLY AND/OR LINGUISTICALLY APPROPRIATE MATERIALS AROUND ACCESSING CARE AND RESOURCES. 2021 IMPACT: NO NEW CLINICS WERE OFFERED. M HEALTH FAIRVIEW LAKES MEDICAL CENTER OFFERED THE EVIDENCE-BASED FALLS PREVENTION SUITE WHICH INCLUDED TWO PROGRAMS (1) MATTER OF BALANCE A PROGRAM DESIGNED TO REDUCE THE FEAR OF FALLING AND INCREASE ACTIVITY LEVELS AMONG OLDER ADULTS. IT INCLUDES 8 SESSIONS FOR A SMALL GROUP OF 8-12 PARTICIPANTS LED BY TWO TRAINED FACILITATORS. PARTICIPANTS LEARN TO VIEW FALLS AND FEAR OF FALLING AS CONTROLLABLE, SET REALISTIC GOALS TO INCREASE ACTIVITY, CHANGE THEIR ENVIRONMENT TO REDUCE FALL RISK FACTORS, AND EXERCISE TO INCREASE STRENGTH AND BALANCE. (2) TAI JI QUAN A RESEARCH-BASED 12-WEEK PROGRAM THAT IS DESIGNED TO KEEP OLDER ADULTS MOBILE AND INDEPENDENT. THE PROGRAM MEETS TWICE A WEEK FOR ONE HOUR. THE CLASSES WILL HELP PARTICIPANTS IMPROVE BALANCE, STRENGTHEN MUSCLES, AND REDUCE THE RISK OF FALLING. THE 2021 ANTICIPATED IMPACT FOR THE FALLS PREVENTION SUITE WAS AN INCREASE IN PARTICIPANTS' COMFORT TALKING TO THEIR HEALTH CARE PROVIDER ABOUT MEDICATIONS AND OTHER POSSIBLE RISKS OF FALLING. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN". 2021 IMPACT: GREEN - * OUTCOME: 67% OF PARTICIPANTS THAT RESPONDED TO THE POST PROGRAM SURVEY INDICATED THAT THEY STRONGLY AGREE OR AGREE WITH THE FOLLOWING STATEMENT: I FEEL MORE COMFORTABLE TALKING TO MY HEALTH CARE PROVIDER ABOUT MY MEDICATIONS AND OTHER POSSIBLE RISKS FOR FALLING. EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: FAIRVIEW LAKES REGIONAL MEDICAL CTR - CONTINUED</p> <p>DESCRIPTION: M HEALTH FAIRVIEW LAKES MEDICAL CENTER OFFERED THE EVIDENCE-BASED LIVING WELL SUITE WHICH INCLUDED THREE PROGRAMS THAT WERE DEVELOPED BY STANFORD UNIVERSITY'S PATIENT EDUCATION RESEARCH CENTER. (1) CHRONIC DISEASE SELF-MANAGEMENT IS A WORKSHOP GIVEN 2.5 HOURS ONCE A WEEK, FOR SIX WEEKS OFFERED TO INDIVIDUALS AND THEIR CAREGIVERS WHO ARE LIVING WITH CHRONIC CONDITIONS. SUBJECTS ADDRESSED INCLUDE MEDICATION USE, COMMUNICATION WITH DOCTORS AND CAREGIVERS, NUTRITION, AND FITNESS- WITH PRACTICAL EXERCISES AND ADVICE DESIGNED TO MEET PARTICIPANTS' NEEDS. (2) CHRONIC PAIN SELF-MANAGEMENT IS A WORKSHOP GIVEN 2 HOURS ONCE A WEEK, FOR SIX WEEKS, IN COMMUNITY SETTINGS. THE WORKSHOP HELPS PARTICIPANTS, AND THEIR SUPPORT PERSON, DEAL WITH THE ONGOING ISSUES ASSOCIATED WITH CHRONIC PAIN. (3) DIABETES SELF-MANAGEMENT IS A 6 WEEK ONCE A WEEK PROGRAM DEVELOPED TO HELPS THOSE LIVING WITH DIABETES OR PRE-DIABETES TO IMPROVE THEIR GENERAL HEALTH. THE 2021 ANTICIPATED IMPACT FOR THE LIVING WELL SUITE WAS AN INCREASE IN PARTICIPANTS WHO AGREE THAT THE PROGRAM HELPS THEM WORK WITH THEIR HEALTH CARE PROVIDERS. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN". 2021 IMPACT: GREEN - * OUTCOME: 86% OF PARTICIPANTS THAT RESPONDED TO THE POST PROGRAM SURVEY INDICATED THAT THEY STRONGLY AGREE OR AGREE WITH THE FOLLOWING STATEMENT: THE PROGRAM HAS HELPED THEM WORK WITH HEALTHCARE PROFESSIONALS. EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL.</p> <p>M HEALTH FAIRVIEW LAKES MEDICAL CENTER OFFERED THE EVIDENCE-BASED MENTAL HEALTH FIRST AID PROGRAM. THE PROGRAM INTRODUCES RISK FACTORS AND WARNING SIGNS OF COMMON MENTAL HEALTH AND SUBSTANCE USE DISORDERS, BUILDS UNDERSTANDING OF THEIR IMPACT, AND REVIEWS SUPPORT OPTIONS. THE INTERACTIVE COURSE TEACHES PARTICIPANTS HOW TO OFFER INITIAL HELP TO AN INDIVIDUAL WHO MAY BE EXPERIENCING A MENTAL HEALTH CONCERN OR CRISIS AND CONNECT THEM TO THE APPROPRIATE RESOURCES. YOUTH MENTAL HEALTH FIRST AID IS THE SECOND CORE PROGRAM WHICH FOCUSES ON MENTAL HEALTH CONCERNS AMONG YOUTH AGES 12-18. THE 2021 ANTICIPATED IMPACT FOR THE MENTAL HEALTH FIRST AID PROGRAMS WAS INCREASE PARTICIPANTS' CONFIDENCE IN ASSISTING SOMEONE TO CONNECT WITH PROFESSIONAL RESOURCES. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN". 2021 IMPACT: GREEN - OUTCOME: 31% INCREASE FROM PRE-SURVEY (67%) TO POST-SURVEY (98%) IN RESPONSE TO THE FOLLOWING: I STRONGLY AGREE OR AGREE THAT I CAN ASSIST SOMEONE WHO MAY BE DEALING WITH A MENTAL HEALTH PROBLEM, SUBSTANCE USE CHALLENGE OR CRISIS IN SEEKING PROFESSIONAL HELP. EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: FAIRVIEW LAKES REGIONAL MEDICAL CTR - CONTINUED</p> <p>DESCRIPTION: NEEDS IDENTIFIED BUT NOT ADDRESSED: ALTHOUGH THE FOLLOWING HEALTH NEEDS WERE NOT SELECTED AS PRIORITY NEEDS, M HEALTH FAIRVIEW WILL CONTINUE TO SUPPORT WORK ALIGNED WITH ADDRESSING THESE NEEDS AS APPROPRIATE PARTICULARLY WHEN DOING SO WOULD ADDRESS THE SOCIAL DETERMINANTS OF HEALTH AND/OR THE LEADING CAUSES OF PREMATURE DEATH.</p> <p>CHILDCARE: THIS ISSUE IS BEYOND WHAT M HEALTH FAIRVIEW RESOURCES CAN SUPPORT AT THIS TIME.</p> <p>CHRONIC LOWER RESPIRATORY DISEASE: THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY.</p> <p>CLINIC HOURS: THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY.</p> <p>COST ASSOCIATED WITH CARE: THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY.</p> <p>HEALTH LITERACY: THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY.</p> <p>SAFE NEIGHBORHOODS: THIS ISSUE IS BEYOND WHAT M HEALTH FAIRVIEW RESOURCES CAN SUPPORT AT THIS TIME.</p> <p>STROKE: THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY. THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY.</p> <p>HEALTH LITERACY: THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY.</p> <p>SAFE NEIGHBORHOODS: THIS ISSUE IS BEYOND WHAT M HEALTH FAIRVIEW RESOURCES CAN SUPPORT AT THIS TIME.</p> <p>STROKE: THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY.</p> <p>TRANSPORTATION: THIS ISSUE IS BEYOND WHAT M HEALTH FAIRVIEW RESOURCES CAN SUPPORT AT THIS TIME.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 13B - ELIGIBILITY FOR FREE OR DISCOUNTED CARE</p>	<p>FACILITY NAME: FAIRVIEW LAKES REGIONAL MEDICAL CTR</p> <p>DESCRIPTION: THE MINNESOTA ATTORNEY GENERAL AGREEMENT WAS USED IN THE DETERMINATION OF THE ELIGIBILITY FOR FINANCIAL ASSISTANCE.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE</p>	<p><a href="https://www.fairview.org/billing/financial-assistance">https://www.fairview.org/billing/financial-assistance</a></p>

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	<a href="http://www.fvfiles.com/2266.pdf">http://www.fvfiles.com/2266.pdf</a>
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	<a href="https://www.fairview.org/billing/financial-assistance">https://www.fairview.org/billing/financial-assistance</a>
SCHEDULE H, PART V, SECTION B, LINE 16J - OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY	FACILITY NAME: FAIRVIEW LAKES REGIONAL MEDICAL CTR  DESCRIPTION: A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS POSTED IN VARIOUS LOCATIONS IN THE HOSPITAL.

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

**Name of hospital facility or letter of facility reporting group** FAIRVIEW NORTHLAND REGIONAL HOSP**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 5

	Yes	No
<b>Community Health Needs Assessment</b>		
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	✓
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	✓
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . .	<b>3</b>	✓
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: <u>20 21</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	✓
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	✓
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	✓
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . .	<b>7</b>	✓
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Section C, Line 7d</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b>	✓
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 22</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b>	✓
<b>a</b> If "Yes," (list url): <u>See Section C, Line 7d</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	✓
<b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group FAIRVIEW NORTHLAND REGIONAL HOSP

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	<b>13</b> ✓	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2</u> <u>0</u> <u>0</u> % and FPG family income limit for eligibility for discounted care of <u>3</u> <u>0</u> <u>0</u> %		
<b>b</b> <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients?	<b>14</b> ✓	
<b>15</b> Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	<b>15</b> ✓	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	<b>16</b> ✓	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group FAIRVIEW NORTHLAND REGIONAL HOSP

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> ✓	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	✓
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> ✓	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group FAIRVIEW NORTHLAND REGIONAL HOSP

		Yes	No
<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b>	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b>	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .	<b>23</b>	✓
If "Yes," explain in Section C.			
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .	<b>24</b>	✓
If "Yes," explain in Section C.			

Schedule H (Form 990) 2021



**Supplemental Information.** Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY	<p>FAIRVIEW IS COMMITTED TO TRANSPARENCY AND ACCOUNTABILITY IN ALL WE DO, INCLUDING OUR EFFORTS TO ASSESS - AND RESPOND TO - OUR COMMUNITY'S MOST PRESSING HEALTH NEEDS. THE COMMUNITY BENEFIT WORK THAT WE DO ACROSS FAIRVIEW MUST REFLECT OUR COMMUNITY'S ACTUAL NEEDS, NOT OUR ASSUMPTIONS ABOUT WHAT THOSE NEEDS MIGHT OR SHOULD BE.</p> <p>BECAUSE WE UNDERSTAND THAT CHANGE CANNOT HAPPEN WHEN WE WORK IN SILOS, AND IT CANNOT HAPPEN IN A SINGLE YEAR, WE GROUNDED OUR 2021 CHNA PROCESS IN ALIGNMENT WITH OUR 2018 CHNA NEEDS, EXISTING DATA, AND THE VOICES OF COMMUNITY MEMBERS AND COMMUNITY PARTNERS. ONCE WE HAD COLLECTED, ANALYZED, AND SYNTHESIZED THE INFORMATION WE RECEIVED FROM BOTH PRIMARY AND SECONDARY DATA SOURCES, WE ESTABLISHED A PRIORITIZATION PROCESS THROUGH WHICH WE COULD IDENTIFY THE COMMUNITY HEALTH NEEDS THAT, IF EFFECTIVELY ADDRESSED, WOULD HAVE THE GREATEST POSITIVE IMPACT ON OUR COMMUNITIES AND PARTICULARLY ON OUR PRIORITY POPULATIONS. HAVING A CONSISTENT, DEFINED PROCESS HELPS REDUCE THE SKEWING EFFECT OF CONSCIOUS AND UNCONSCIOUS BIASES AND ENABLES US TO DEFINE PRIORITY NEED AREAS THAT REFLECT OUR COMMUNITY'S TOP HEALTH NEEDS RATHER THAN OUR PERCEPTION OF THOSE NEEDS.</p> <p>WE EVALUATED AREAS OF NEED BASED ON FOUR BROAD CRITERIA:</p> <ul style="list-style-type: none"> <li>-HAS THIS NEED BEEN VOICED BY THE COMMUNITY? HAS THIS NEED BEEN VETTED BY THE COMMUNITY?</li> <li>-DOES THIS NEED ALIGN WITH FAIRVIEW'S STRATEGIES AND PRIORITIES?</li> <li>-DOES THIS NEED ALIGN WITH EXISTING PUBLIC HEALTH STRATEGIES AND COMMUNITY HEALTH ASSESSMENTS?</li> <li>-DOES THIS NEED BUILD UPON FAIRVIEW'S 2018 CHNA PRIORITY NEEDS?</li> </ul> <p>OUR PROCESS RESULTED IN THE IDENTIFICATION OF THREE PRIORITY NEED AREAS. THEY ARE:</p> <ul style="list-style-type: none"> <li>-NAVIGATING AND ACCESSING CARE AND RESOURCES</li> <li>-HEALING, CONNECTEDNESS, AND MENTAL HEALTH</li> <li>-ADDRESSING STRUCTURAL RACISM AND BARRIERS TO ACHIEVING HEALTH EQUITY.</li> </ul>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: FAIRVIEW NORTHLAND REGIONAL HOSP</p> <p>DESCRIPTION: THE ASSESSMENT PROCESS AND DATA COLLECTION METHODS WE USED DURING THIS CHNA CYCLE WERE DIFFERENT THAN EVER BEFORE DUE TO THE COVID-19 PANDEMIC. COVID-19 CAUSED DELAYS IN DATA COLLECTION AMONG LOCAL, STATE, AND NATIONAL ORGANIZATIONS. AS A RESULT OF THESE DELAYS, THE U.S. CENSUS BUREAU HAD NOT YET RELEASED FINALIZED DATA FROM THE 2020 U.S. CENSUS BY THE TIME WE BEGAN THE CHNA PROCESS. AS A RESULT, WE USED 2015-2019 AMERICAN COMMUNITY SURVEY DATA. LOCAL PUBLIC HEALTH AGENCIES ALSO WERE NOT ABLE TO PROVIDE UPDATED DATA AS THEY HAVE IN THE PAST. WE ACKNOWLEDGE THAT, DUE TO THESE SETBACKS, THE DATA WE USED IS LESS RECENT THAN DESIRED.</p> <p>ADDITIONALLY, COVID-19 REQUIRED US TO ADD NEW SAFETY PRECAUTIONS TO OUR METHOD OF GATHERING COMMUNITY VOICE DATA. FOR EXAMPLE, ALL CONVERSATIONS AND INTERVIEWS, WHICH HAD PREVIOUSLY BEEN IN-PERSON MEETINGS, TOOK PLACE IN A VIRTUAL FORMAT INSTEAD.</p> <p>WE COLLECTED ADDITIONAL COMMUNITY VOICE DATA BY CONVENING A BROAD ARRAY OF STAKEHOLDERS, WITH SPECIAL FOCUS ON THE PRIORITY POPULATIONS. THE PROCESS INCLUDED DISCUSSIONS WITH COMMUNITY BENEFIT AND ASSESSMENT COMMITTEES, OUR COMMUNITY ADVISORY COUNCIL, THE HOPE COMMISSION LISTENING AND LEARNING SESSIONS, AND KEY STAKEHOLDER INTERVIEWS. THROUGHOUT THIS PROCESS, COMMUNITY MEMBERS, LOCAL BUSINESS LEADERS, GOVERNMENT REPRESENTATIVES, NONPROFIT AND COMMUNITY ORGANIZATIONS, AND CONTENT EXPERTS SHARED THEIR VOICES AND PERSPECTIVES ABOUT THEIR COMMUNITY'S HEALTH NEEDS.</p> <p>EACH HOSPITAL WITHIN FAIRVIEW HAS A COMMUNITY BENEFIT AND ASSESSMENT COMMITTEE THAT IS INVOLVED IN THE CHNA PROCESS THROUGHOUT THE THREE-YEAR CYCLE. EACH COMMITTEE IS COMPRISED OF LOCAL COMMUNITY AND ORGANIZATIONAL LEADERS AND STAFFED BY THE FAIRVIEW COMMUNITY ADVANCEMENT DEPARTMENT. COMMUNITY BENEFIT AND ASSESSMENT COMMITTEES MET FOUR TIMES BETWEEN APRIL AND OCTOBER IN 2021, THREE OF WHICH WERE INDIVIDUAL COMMITTEE MEETINGS AND ONE OF WHICH WAS A SYSTEM-WIDE COMMUNITY IMPACT SUMMIT THAT BROUGHT ALL THE COMMITTEES TOGETHER. EACH COMMITTEE MEETING CONSISTED OF FACILITATED DISCUSSIONS THROUGH WHICH OUR TEAM GATHERED INPUT ABOUT TOP COMMUNITY NEEDS.</p> <p>THE FAIRVIEW COMMUNITY ADVISORY COUNCIL, COMPOSED OF KEY COMMUNITY LEADERS AND STAFFED BY COMMUNITY ADVANCEMENT, REVIEWS THE CHNA REPORT AND WRITTEN IMPLEMENTATION STRATEGY AND RECOMMENDS IT TO THE PATIENT CARE AND EXPERIENCE COMMITTEE OF THE FAIRVIEW BOARD OF DIRECTORS FOR REVIEW AND ADOPTION. EACH MEMBER REPRESENTS THE MEMBER'S RESPECTIVE COMMUNITY, AND MEMBERS REPRESENT A BROAD RANGE OF SECTORS, AMONG THEM COMMUNITY ORGANIZATIONS SERVING CULTURAL COMMUNITIES, HIGHER EDUCATION ORGANIZATIONS, BANKS, AND A NONPROFIT ELECTRIC COMPANY. THE COMMUNITY ADVISORY COUNCIL MET FROM MAY THROUGH NOVEMBER 2021 TO PARTICIPATE IN THE CHNA PROCESS, GIVE FEEDBACK, AND ULTIMATELY RECOMMEND THE CHNA AND IMPLEMENTATION STRATEGY FOR ADOPTION.</p> <p>THE HOPE COMMISSION IS A MULTI-YEAR TRANSFORMATIONAL CHANGE EFFORT OF M HEALTH FAIRVIEW TO DRIVE MORE EQUITABLE OUTCOMES AND INCLUSIVE ENVIRONMENTS AND EXPERIENCES FOR OUR PATIENTS, EMPLOYEES, AND COMMUNITIES. THE COMMISSION CONDUCTED A SERIES OF LISTENING AND LEARNING SESSIONS IN 2020 AND 2021. THE OBJECTIVE WAS TO HOLD A MIRROR TO FAIRVIEW TO ASSESS WHERE WE ARE NOW AND HOW WE CAN MAKE LASTING CHANGE. PART OF BEING AN ANTI-RACIST HEALTH SYSTEM IS DEVELOPING A CANDID UNDERSTANDING OF OUR SHORTCOMINGS. WE PARTICULARLY SOUGHT TO HEAR PERSPECTIVES AND IDEAS FROM THE MOST IMPACTED POPULATIONS: BIPOC EMPLOYEES AND PATIENTS, FRONT-LINE WORKERS WHO CARE FOR UNDERSERVED AND MARGINALIZED PATIENTS, AND THOSE PATIENTS THEMSELVES. A SURVEY WAS ALSO MADE AVAILABLE EACH YEAR TO GATHER INSIGHTS AND SUGGESTIONS FROM EMPLOYEES AND PATIENTS WHO COULD NOT DIRECTLY PARTICIPATE IN A LISTENING AND LEARNING SESSION.</p> <p>IN 2020, THE COMMISSION CONVENED 32 VIRTUAL LISTENING AND LEARNING SESSIONS AND TWO TOWN HALLS INVOLVING MORE THAN 1,500 PARTICIPANTS ACROSS FAIRVIEW SITES. THE SESSIONS FOCUSED ON EMPLOYEES BUT INCLUDED PATIENTS AND COMMUNITY MEMBERS AS WELL. IN SEPTEMBER 2021, THE HOPE COMMISSION CONTINUED THE LISTENING AND LEARNING SESSIONS FOLLOWING THE SAME MODEL. IN THIS ITERATION, HOWEVER, THE FOCUS WAS PRIMARILY ON GATHERING INPUT FROM PATIENTS (AND EMPLOYEES AS PATIENTS). IN BOTH 2020 AND 2021'S LISTENING AND LEARNING SESSIONS, THE FACILITATORS AND NOTE TAKERS REFLECTED THE COMMUNITY REPRESENTED BY THE SESSION'S GROUP TO THE GREATEST DEGREE POSSIBLE.</p> <p>IN AUGUST AND SEPTEMBER 2021, FAIRVIEW'S COMMUNITY ADVANCEMENT TEAM CONDUCTED A SERIES OF INTERVIEWS WITH STAFF MEMBERS WHO WORK WITH COMMUNITIES. EACH CONVERSATION FOLLOWED A CONSISTENT INTERVIEW PROTOCOL DEVELOPED FOR THIS PURPOSE, AND EACH INTERVIEW WAS CAPTURED BY MEANS OF DETAILED NOTES. THE GOAL OF THESE INTERVIEWS WAS TO DRAW ON STAFF EXPERTISE TO GAIN A DEEPER UNDERSTANDING OF OUR PRIORITY NEEDS AND TO DETERMINE WHETHER THERE ARE ANY EMERGING NEEDS THAT WE SHOULD BE CONSIDERING. BETWEEN AUG. 31 AND SEPT. 17, 2021, WE CONDUCTED 17 INTERVIEWS.</p> <p>IN AUGUST 2021, WE HELD TWO FOCUS GROUPS IN PARTNERSHIP WITH OTHER ORGANIZATIONS. WE CONVENED THE FIRST FOCUS GROUP IN PARTNERSHIP WITH HEALTHPARTNERS AND ALLINA HEALTH, AND THE PARTICIPANTS WERE FAITH COMMUNITY NURSES. WE CONVENED THE SECOND FOCUS GROUP IN PARTNERSHIP WITH THE ORGANIZATIONS THAT ARE A PART OF THE EAST SIDE HEALTH AND WELL-BEING COLLABORATIVE. THIS MEETING'S FOCUS WAS ON ACCESSING CARE AND RESOURCES FOR DIFFERENT CULTURAL COMMUNITIES.</p> <p>FAIRVIEW ALSO PARTICIPATED IN TWO LARGE SURVEYS. KRC RESEARCH CONDUCTED A SURVEY AROUND HEALTH AND HEALTH CARE NEEDS IN ST. PAUL BETWEEN JUNE 8 AND JULY 7, 2021, AND ADMINISTERED IT TO COMMUNITY MEMBERS, FAIRVIEW EMPLOYEES, PATIENTS, AND COMMUNITY PARTNERS. RESPONSES WERE RECEIVED FROM 294 RESIDENTS, MORE THAN 1,000 EMPLOYEES, 221 PATIENTS, AND 20 PARTNERS. THE</p>

Return Reference - Identifier	Explanation
	<p>SURVEY WAS OFFERED ONLINE AND BY PHONE AND IN FIVE LANGUAGES: ENGLISH, SPANISH, HMONG, SOMALI, AND KAREN.</p> <p>FAIRVIEW ALSO SUPPORTED AND WAS A PARTNER ORGANIZATION IN BRIDGE TO HEALTH, A SURVEY THAT ASSESSES THE HEALTH NEEDS OF NORTHERN MINNESOTA RESIDENTS. THE BRIDGE TO HEALTH SURVEY WAS ADMINISTERED BETWEEN AUG.28 AND OCT. 23, 2020. THE GEOGRAPHIC AREAS THAT WERE SAMPLED INCLUDED AITKIN, CARLTON, COOK, ITASCA, KOOSCHICHING, LAKE, ST. LOUIS, AND PINE COUNTIES IN MINNESOTA, AS WELL AS DOUGLAS COUNTY IN WISCONSIN.</p> <p>AS A FOUNDATIONAL PART OF PROGRAM PLANNING AND EVALUATION, COMMUNITY ADVANCEMENT STAFF ARE CONTINUOUSLY SOLICITING FEEDBACK FROM COMMUNITY PARTNERS AND PROGRAM PARTICIPANTS. WE CAPTURE THIS INFORMATION ON AN ONGOING BASIS AND USE IT TO PROVIDE VALUABLE CONTEXT AND DRIVE INSIGHTS INTO THE NEEDS OF THE COMMUNITIES WE SERVE.</p> <p>FAIRVIEW STAFF DEVELOPED STANDARDIZED TOOLS, PROCESSES, INSTRUCTIONS, AND FACILITATOR, INTERVIEWER, AND NOTE-TAKER PROTOCOLS AND TRAINING. ALL PRIMARY DATA WAS COMPILED, CLEANED, AND ANALYZED. COMMUNITY CONVERSATIONS LASTED VARIOUS LENGTHS FROM 30-120 MINUTES. ALL COMMUNITY INPUT WAS CAPTURED BY A NOTE-TAKER.</p> <p>THE FAIRVIEW TEAM CONTRACTED WITH THE FOLLOWING GROUPS TO SUPPORT OUR ASSESSMENT PROCESS:</p> <ul style="list-style-type: none"> <li>-LOREN BLINDE, PHD OF WRITING POWER, A COPYWRITER AND CONTENT STRATEGIST, ON THE WRITING OF THE REPORT.</li> <li>-KRISTI FORDYCE, AN INDEPENDENT CONTRACTOR, FOR ANALYSIS SUPPORT.</li> <li>-WEBER SHANDWICK, FOR DATA COLLECTION AND ANALYSIS OF FOCUS GROUPS AND STAKEHOLDER INTERVIEWS FOCUSED ON ST. PAUL.</li> <li>-KRC RESEARCH FOR THE ADMINISTRATION AND ANALYSIS OF THE ST. PAUL COMMUNITY SURVEY.</li> </ul>
<p>SCHEDULE H, PART V, SECTION B, LINE 7D - OTHER METHODS CHNA REPORT MADE WIDELY AVAILABLE</p>	<p>FACILITY NAME: FAIRVIEW NORTHLAND REGIONAL HOSP</p> <p>DESCRIPTION: THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT FOR FAIRVIEW NORTHLAND REGIONAL HOSPITAL ARE LOCATED AT: <a href="https://stcr-prd-cd.fairview.org/-/media/files/local-health-needs/read-full-reports/2021-chna-report-northland-medical-center2125.pdf?_ga=2.81139543.1916792193.1654267916-176052540.1594916074">HTTPS://STCR-PRD-CD.FAIRVIEW.ORG/-/MEDIA/FILES/LOCAL-HEALTH-NEEDS/READ-FULL-REPORTS/2021-CHNA-REPORT-NORTHLAND-MEDICAL-CENTER2125.PDF?_GA=2.81139543.1916792193.1654267916-176052540.1594916074</a></p> <p>THE COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION STRATEGY FOR FAIRVIEW NORTHLAND REGIONAL HOSPITAL ARE LOCATED AT: <a href="https://stcr-prd-cd.fairview.org/-/media/files/local-health-needs/chna-implementation-strategy-report-20222024-northland.pdf?_ga=2.182737638.1916792193.1654267916-176052540.1594916074">HTTPS://STCR-PRD-CD.FAIRVIEW.ORG/-/MEDIA/FILES/LOCAL-HEALTH-NEEDS/CHNA-IMPLEMENTATION-STRATEGY-REPORT-20222024-NORTHLAND.PDF?_GA=2.182737638.1916792193.1654267916-176052540.1594916074</a></p>
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: FAIRVIEW NORTHLAND REGIONAL HOSPITAL</p> <p>DESCRIPTION: OVER THE COURSE OF 2021, FAIRVIEW'S HOSPITALS AND MEDICAL CENTERS, INCLUDING THE FAIRVIEW NORTHLAND REGIONAL HOSPITAL, CONDUCTED OUR COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS TO DETERMINE OUR PRIORITY NEEDS AND OUR RESPONSE. AS PART OF THIS PROCESS, WE LISTENED AND LEARNED MUCH ABOUT OUR COMMUNITY'S MOST PRESSING NEEDS. THROUGH THOSE CONVERSATIONS, AND SUPPORTED BY COMMUNITY DATA, WE PRIORITIZED THE FOLLOWING NEEDS: NAVIGATING AND ACCESSING CARE AND RESOURCES; HEALING, CONNECTEDNESS, AND MENTAL HEALTH; AND ADDRESSING STRUCTURAL RACISM AND BARRIERS TO ACHIEVING HEALTH EQUITY.</p> <p>THE CHNA IMPLEMENTATION STRATEGY REPORT OUTLINES THE MAJOR STRATEGIES AND ACTIONS WE WILL DEPLOY THROUGHOUT THE 2022-2024 ASSESSMENT CYCLE. THE CURRENT GENERATION WILL BE THE FIRST GENERATION IN AMERICAN HISTORY TO EXPERIENCE SHORTER LIFE EXPECTANCY THAN THEIR PARENTS DID.<sup>1</sup> OVER THE PAST DECADE, RATES OF POVERTY, FOOD INSECURITY, ISOLATION, MENTAL ILLNESS, ADDICTION, AND OTHER DETERMINANTS OF POOR HEALTH HAVE CONTINUED TO RISE AND THESE DO NOT IMPACT EVERYONE EQUALLY - MINNESOTA HAS SOME OF THE NATION'S LARGEST RACIAL, ETHNIC, AND GEOGRAPHIC HEALTH INEQUITIES. TO IMPACT THESE DEVASTATING TRENDS, WE MUST RESPOND IN WAYS THAT ALIGN WITH THE FACTORS THAT RESEARCH HAS SHOWN TO HAVE A SIGNIFICANT EFFECT ON AN INDIVIDUAL'S HEALTH AND WELLBEING. STUDIES ESTIMATE THAT EIGHTY PERCENT OF A PERSON'S HEALTH OUTCOMES ARE INFLUENCED BY FACTORS OUTSIDE A HEALTHCARE SETTING,<sup>2</sup> AND A PERSON'S ZIP CODE MATTERS MORE THAN THEIR GENETIC CODE WHEN IT COMES TO LONG-TERM HEALTH.<sup>3</sup> GIVEN THESE REALITIES, OUR RESPONSE MUST REACH OUTSIDE THE HEALTH SYSTEM'S WALLS AND MUST FOCUS ON THOSE EXPERIENCING HEALTH INEQUITIES TO BE MOST EFFECTIVE. SINCE THE 2010 PASSAGE OF THE AFFORDABLE CARE ACT, OUR HEALTH SYSTEM HAS ENGAGED IN FOUR CHNA CYCLES. DURING EACH CYCLE, WE HAVE FOUND THE SAME OR SIMILAR NEEDS HAVE EXISTED FOR OUR COMMUNITIES. THIS MEANS THAT OUR COMMUNITIES HAVE LARGELY FACED THE SAME CHALLENGES FOR MORE THAN A DECADE - AND THAT DESPITE OUR EFFORTS TO ADDRESS THESE ISSUES, THESE PROBLEMS ARE NOT RELENTING. IN FACT, IN MANY CASES, THESE CONDITIONS HAVE WORSENERED OVER THE PAST DECADE. OVER THE PAST 10 YEARS OF RESPONDING TO OUR COMMUNITIES' BIGGEST NEEDS WE HAVE LEARNED IMPORTANT LESSONS WHICH HAVE GUIDED US IN THE DEVELOPMENT OF OUR FAIRVIEW HEALTH SERVICES 2022-2024 IMPLEMENTATION STRATEGIES.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: FAIRVIEW NORTHLAND REGIONAL HOSP - CONTINUED</p> <p>DESCRIPTION: AN ESSENTIAL PART OF THE 2018 CHNA PROCESS WAS THE IDENTIFICATION OF PRIORITY NEEDS IN THE LOCAL COMMUNITY. THE HOSPITALS AND/OR MEDICAL CENTERS IDENTIFIED THE FOLLOWING PRIORITY NEEDS FOR FAIRVIEW NORTHLAND MEDICAL CENTER: MENTAL HEALTH AND WELL-BEING, HEALTHY LIFESTYLES, ACCESS TO CARE AND SERVICES. EACH HOSPITAL AND/OR MEDICAL CENTER DEVELOPED A HOSPITAL SPECIFIC IMPLEMENTATION PLAN AROUND ITS PRIORITY HEALTH ISSUES ALONG WITH A SYSTEM FOCUS ON POLICY, SYSTEM, AND ENVIRONMENTAL (PSE) CHANGE TO ADDRESS THEIR IDENTIFIED PRIORITY NEEDS.</p> <p>EACH PROGRAM IS EVALUATED ON AN ANNUAL BASIS AGAINST PROGRAM SPECIFIC ANTICIPATED IMPACTS. AS PART OF THE EVALUATION PROCESS EACH PROGRAM INDICATOR IS ASSIGNED A VALUE OF "GREEN", "YELLOW" OR "RED" BASED UPON THE CRITERIA THAT FOLLOWS. A RATING OF "GREEN" MEANS THAT THE PROGRAM (A) MET, OR EXCEEDED, 2021 HOSPITAL GOAL/S AS WRITTEN IN HOSPITAL IMPLEMENTATION PLAN (B) IT HAS COUNT DATA TIED TO BOTH GOAL/S AND ANTICIPATED IMPACT/S (C) THERE IS AN EVALUATION TOOL WITH MEASURE TIED TO ANTICIPATED IMPACT/S. A RATING OF "YELLOW" MEANS THAT THE PROGRAM (A) HAD PARTIAL COMPLETION OF 2021 HOSPITAL GOAL/S AS WRITTEN IN HOSPITAL IMPLEMENTATION PLAN (B) IT HAS COUNT DATA TIED TO EITHER GOAL/S OR ANTICIPATED IMPACT/S BUT NOT BOTH (C) THERE IS AN EVALUATION TOOL WITHOUT MEASURE TIED TO ANTICIPATED IMPACT/S. A RATING OF "RED" MEANS THAT THE PROGRAM (A) DID NOT COMPLETE THE 2019 HOSPITAL GOAL/S WRITTEN IN HOSPITAL IMPLEMENTATION PLAN (B) THERE WAS NO COUNT DATA (C) THERE WAS NO EVALUATION TOOL/S.</p> <p>POLICY, SYSTEM, AND ENVIRONMENTAL (PSE) CHANGE INITIATIVES OFTEN TAKE MULTIPLE YEARS TO PLAN AND IMPLEMENT. USING A CDC EVALUATION FRAMEWORK EACH PSE INITIATIVE IS MONITORED AND EVALUATED ANNUALLY AGAINST ANTICIPATED ACTIVITIES AND MILESTONES LINKED TO THE SIX CONNECTED PSE EVALUATION STEPS. THE SIX CONNECTED STEPS OF PSE CHANGE WE TRACKED FOR MONITORING AND EVALUATION PURPOSES ARE (1) ENGAGE STAKEHOLDERS, (2) DESCRIBE THE PROGRAM, (3) FOCUS THE EVALUATION DESIGN, (4) GATHER CREDIBLE EVIDENCE, (5) JUSTIFY CONCLUSIONS, AND (6) ENSURE USE AND SHARE LESSONS LEARNED. OUR 2021 EVALUATION OF THE PSE INITIATIVES NOTE THE SPECIFIC PSE STEP/S FOR THAT INITIATIVES BASED ON THE ACTIVITIES. IN 2021 WE ARE IDENTIFYING PSE INITIATIVE SPECIFIC METRICS RELATED TO EACH STEP TO DEEPEN OUR EVALUATION OF OUTCOMES IN FUTURE YEARS.</p> <p>ANY PROGRAMMATIC ANTICIPATED IMPACT THAT RECEIVED A RATING OF "YELLOW" OR "RED" HAS A CORRESPONDING BRIEF EXPLANATION AND 2021 ACTION PLAN. IN 2021 WE WILL CONTINUE REFINING THE RATING SYSTEM AND CORRESPONDING PROGRAMMATIC AND PSE EVALUATION AS PART OF OUR COMMITMENT TO CONTINUOUS PROCESS IMPROVEMENT. DETAILED RESULTS AND ACTION PLANS ON PROGRAM AND PSE INITIATIVES ARE AVAILABLE UPON REQUEST.</p> <p>PRIORITY: MENTAL HEALTH AND WELLBEING</p> <p>M HEALTH FAIRVIEW NORTHLAND MEDICAL CENTER OFFERED THE EVIDENCE-BASED MENTAL HEALTH FIRST AID PROGRAM. THE PROGRAM INTRODUCES RISK FACTORS AND WARNING SIGNS OF COMMON MENTAL HEALTH AND SUBSTANCE USE DISORDERS, BUILDS UNDERSTANDING OF THEIR IMPACT, AND REVIEWS SUPPORT OPTIONS. THE INTERACTIVE COURSE TEACHES PARTICIPANTS HOW TO OFFER INITIAL HELP TO AN INDIVIDUAL WHO MAY BE EXPERIENCING A MENTAL HEALTH CONCERN OR CRISIS AND CONNECT THEM TO THE APPROPRIATE RESOURCES. YOUTH MENTAL HEALTH FIRST AID IS THE SECOND CORE PROGRAM WHICH FOCUSES ON MENTAL HEALTH CONCERNS AMONG YOUTH AGES 12-18. THE 2021 ANTICIPATED IMPACT FOR THE MENTAL HEALTH FIRST AID PROGRAMS WAS AN INCREASE IN PARTICIPANTS' ABILITY TO RECOGNIZE AND CORRECT MISCONCEPTIONS ABOUT MENTAL HEALTH AND MENTAL ILLNESS. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN".</p> <p>2021 IMPACT: GREEN - OUTCOME: OUTCOME: 30% INCREASE FROM PRE-SURVEY (70%) TO POST-SURVEY (100%) IN RESPONSE TO THE FOLLOWING: I STRONGLY AGREE OR AGREE THAT I CAN RECOGNIZE AND CORRECT MISCONCEPTIONS ABOUT MENTAL HEALTH, SUBSTANCE USE AND MENTAL ILLNESS AS I ENCOUNTER THEM. EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL.</p> <p>M HEALTH FAIRVIEW NORTHLAND MEDICAL CENTER OFFERED THE TRAUMA INFORMED CONGREGATIONS PROGRAM, THE IMPLEMENTATION OF THE RISKING CONNECTION IN FAITH COMMUNITIES CURRICULUM ACROSS FAITH COMMUNITIES. RISKING CONNECTION HELPS CLERGY UNDERSTAND THE NATURE OF TRAUMA, ITS IMPACT ON PEOPLE AND HOW FAITH LEADERS CAN SUPPORT AND BRING HEALING TO TRAUMA SURVIVORS. THE 2021 ANTICIPATED IMPACT FOR THE TRAUMA INFORMED CONGREGATIONS PROGRAM WAS AN INCREASE IN CLERGY/LEADER UNDERSTANDING OF THE IMPACT OF TRAUMA ON TRAUMA SURVIVORS. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN".</p> <p>2021 IMPACT: GREEN - OUTCOME: 100% OF PARTICIPANTS REPORTED THEY UNDERSTAND THE IMPACT TRAUMA CAN HAVE ON THEIR CLIENTS. EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL.</p> <p>M HEALTH FAIRVIEW NORTHLAND MEDICAL CENTER OFFERED YOUTH GRIEF SERVICES SESSIONS AND CAMPS. YOUTH GRIEF SERVICES (YGS) PROVIDES A SAFE AND NURTURING PLACE WHERE FAMILIES CAN TURN FOR HELP AFTER A LOVED ONE DIES. YGS ASSISTS IN THE HEALING PROCESS THROUGH A NETWORK OF PROGRAMS AND SERVICES THAT SUPPORT, EDUCATE, AND CONNECT GRIEVING FAMILIES. THE 2021 ANTICIPATED IMPACT FOR YOUTH GRIEF SERVICES WAS AN INCREASE IN YOUTH PARTICIPANTS' KNOWLEDGE OF HEALTHY COPING STRATEGIES IN RESPONSE TO GRIEF.</p> <p>2021 OUTCOME: OWNERSHIP OF YOUTH GRIEF SERVICES TRANSFERRED FROM FAIRVIEW HEALTH SERVICES TO BRIGHTER DAYS GRIEF CENTER IN DECEMBER 2020, PROVIDING A SEAMLESS TRANSITION OF THE PROGRAM FOR PARTICIPANTS.</p> <p>M HEALTH FAIRVIEW NORTHLAND MEDICAL CENTER COLLABORATED IN POLICY, SYSTEMS AND ENVIRONMENTAL (PSE) CHANGE AROUND RESPONDING TO TRAUMA IN SETTINGS SUCH AS SCHOOLS AND FAITH COMMUNITIES. THIS INITIATIVE INCLUDES ACTIVITIES AND MILESTONES LINKED TO PSE EVALUATION STEPS (1) ENGAGE STAKEHOLDERS, (2) DESCRIBE THE PROGRAM, AND (3) FOCUS THE EVALUATION DESIGN.</p> <p>2021 IMPACT: GREEN - OPENED MINNESOTA'S FIRST EMPATH UNIT- OR EMERGENCY PSYCHIATRIC</p>

Return Reference - Identifier	Explanation
	<p>ASSESSMENT, TREATMENT, AND HEALING- A PIONEERING APPROACH TO EMERGENCY MENTAL HEALTH THAT OFFERS RAPID, COMPREHENSIVE CARE IN A CALMING ENVIRONMENT AT FAIRVIEW SOUTHDAL E HOSPITAL. PLANNING UNDERWAY FOR OPENING A SECOND UNIT AT UNIVERSITY OF MINNESOTA MEDICAL CENTER. CONDUCTED HOPE LISTENING AND LEARNING SESSIONS AND A SURVEY, TO ASSESS THE EXPERIENTIAL NEEDS OF PATIENTS AND CAREGIVERS WHEN ACCESSING CARE IN OUR SYSTEM. PLANNING FOR VIRTUAL HEALTH HUBS THAT WILL BREAK DOWN BARRIERS AND ALLOW PEOPLE TO ACCESS MENTAL HEALTH CARE DESPITE PHYSICAL LOCATION. MEMBER PARTNER OF BOTH THE MENTAL WELL BEING TASK FORCE FOR THE HENNEPIN COUNTY COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP (CHIP) AND RAMSEY COUNTY MENTAL HEALTH AND WELLNESS ACTION TEAM (MHWAT). IN PARTNERSHIP WITH EBENEZER SENIOR LIVING, DEVELOPED A NEW QUARTERLY SPEAKING SERIES CALLED HOPE, THAT ADDRESS TOPICS SUCH AS ADVERSE CHILDHOOD EXPERIENCES (ACES), TRAUMA, AND PANDEMIC FATIGUE. IN THE DEVELOPMENT/PLANNING STAGE FOR A WELLNESS HUB THAT WILL INCLUDE PROVIDING COMPREHENSIVE MENTAL HEALTH CARE IN A CALMING, RELAXING SPACE.</p> <p>PRIORITY: HEALTHY LIFESTYLES</p> <p>M HEALTH FAIRVIEW NORTHLAND MEDICAL CENTER OFFERED THE EVIDENCE-BASED FALLS PREVENTION SUITE WHICH INCLUDED TWO PROGRAMS (1) MATTER OF BALANCE A PROGRAM DESIGNED TO REDUCE THE FEAR OF FALLING AND INCREASE ACTIVITY LEVELS AMONG OLDER ADULTS. IT INCLUDES 8 SESSIONS FOR A SMALL GROUP OF 8-12 PARTICIPANTS LED BY TWO TRAINED FACILITATORS. PARTICIPANTS LEARN TO VIEW FALLS AND FEAR OF FALLING AS CONTROLLABLE, SET REALISTIC GOALS TO INCREASE ACTIVITY, CHANGE THEIR ENVIRONMENT TO REDUCE FALL RISK FACTORS, AND EXERCISE TO INCREASE STRENGTH AND BALANCE. (2) TAI JI QUAN A RESEARCH-BASED 12-WEEK PROGRAM THAT IS DESIGNED TO KEEP OLDER ADULTS MOBILE AND INDEPENDENT. THE PROGRAM MEETS TWICE A WEEK FOR ONE HOUR. THE CLASSES WILL HELP PARTICIPANTS IMPROVE BALANCE, STRENGTHEN MUSCLES, AND REDUCE THE RISK OF FALLING. THE 2021 ANTICIPATED IMPACT FOR THE FALLS PREVENTION SUITE WAS A DECREASE PARTICIPANTS' FEAR OF FALLING. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN".</p> <p>2021 IMPACT: GREEN - OUTCOME: 14% DECREASE FROM PRE-SURVEY (86%) TO POST-SURVEY (73%) IN PARTICIPANTS THAT RESPONDED WITH A LITTLE, SOMEWHAT, OR A LOT TO THE FOLLOWING: HOW FEARFUL ARE YOU OF FALLING? EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL.</p>



Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: FAIRVIEW NORTHLAND REGIONAL HOSP - CONTINUED</p> <p>DESCRIPTION: M HEALTH FAIRVIEW NORTHLAND MEDICAL CENTER OFFERED THE EVIDENCE-BASED LIVING WELL SUITE WHICH INCLUDED THREE PROGRAMS THAT WERE DEVELOPED BY STANFORD UNIVERSITY'S PATIENT EDUCATION RESEARCH CENTER. (1) CHRONIC DISEASE SELF-MANAGEMENT IS A WORKSHOP GIVEN 2.5 HOURS ONCE A WEEK, FOR SIX WEEKS OFFERED TO INDIVIDUALS AND THEIR CAREGIVERS WHO ARE LIVING WITH CHRONIC CONDITIONS. SUBJECTS ADDRESSED INCLUDE MEDICATION USE, COMMUNICATION WITH DOCTORS AND CAREGIVERS, NUTRITION, AND FITNESS- WITH PRACTICAL EXERCISES AND ADVICE DESIGNED TO MEET PARTICIPANTS' NEEDS. (2) CHRONIC PAIN SELF-MANAGEMENT IS A WORKSHOP GIVEN 2 HOURS ONCE A WEEK, FOR SIX WEEKS, IN COMMUNITY SETTINGS. THE WORKSHOP HELPS PARTICIPANTS, AND THEIR SUPPORT PERSON, DEAL WITH THE ONGOING ISSUES ASSOCIATED WITH CHRONIC PAIN. (3) DIABETES SELF-MANAGEMENT IS A 6 WEEK ONCE A WEEK PROGRAM DEVELOPED TO HELPS THOSE LIVING WITH DIABETES OR PRE-DIABETES TO IMPROVE THEIR GENERAL HEALTH. THE 2021 ANTICIPATED IMPACT FOR THE LIVING WELL SUITE WAS AN INCREASE PARTICIPANTS' PERCEPTION OF POSITIVE LIFESTYLE CHANGES. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN". 2021 IMPACT: GREEN - OUTCOME: 89% OF PARTICIPANTS THAT RESPONDED TO THE POST PROGRAM SURVEY INDICATED THAT THEY STRONGLY AGREE OR AGREE WITH THE FOLLOWING STATEMENT: THE PROGRAM HAS HELPED THEM MANAGE CHRONIC CONDITION(S). EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL. M HEALTH FAIRVIEW NORTHLAND MEDICAL CENTER COLLABORATED IN POLICY, SYSTEMS AND ENVIRONMENTAL (PSE) CHANGE AROUND HEALTHY FOOD TRANSFORMATION ADDRESSING ISSUES SUCH AS FOOD INSECURITY, FOOD ACCESS, AND CHANGES TO CAFETERIA MENUS. THIS INITIATIVE INCLUDES ACTIVITIES AND MILESTONES LINKED TO PSE EVALUATION STEPS (1) ENGAGE STAKEHOLDERS, (2) DESCRIBE THE PROGRAM, AND (3) FOCUS THE EVALUATION DESIGN. 2021 IMPACT: GREEN - OUTCOME: STRENGTHENED PARTNERSHIPS WITH LOCAL FOOD ORGANIZATIONS SUCH AS SECOND HARVEST HEARTLAND AND SANNEH FOUNDATION. INCLUDES PLANNING FOR A WELLNESS HUB THAT WILL BE A NEW DISTRIBUTION SITE FOR FOOD AND PROVIDE WORKFORCE DEVELOPMENT OPPORTUNITIES FOR YOUTH IN THE FOOD SECTOR. CONTINUE TO SERVE AS A BACKBONE PARTNER IN THE FOOD JUSTICE NETWORK. EXPANDED COMMUNITY SUPPORTED AGRICULTURE (CSA) PROGRAM TO NEW CSA FARMS TO MEET THE DIFFERING NEEDS OF CLINIC PARTICIPANTS AND SUPPORT NEW FARMER PARTNERS. PLANNING TO OFFER, IN PARTNERSHIP WITH KEYSTONE COMMUNITY SERVICES, A MOBILE FOOD PANTRY AT CLINICS. SIGNED CONTACT FOR NOW POW WHICH WILL SCREEN PATIENTS FOR SOCIAL DETERMINANTS SUCH AS FOOD SECURITY AND PROVIDE RESOURCES AND REFERRALS. PRIORITY: ACCESS TO CARE AND RESOURCES M HEALTH FAIRVIEW NORTHLAND MEDICAL CENTER CONDUCTED MINNESOTA IMMUNIZATION NETWORK INITIATIVE (MINI) CLINICS. MINI IS A MULTI-SECTOR, COMMUNITY COLLABORATION PROVIDING FREE FLU SHOTS TO UNINSURED, UNDERSERVED, AND MINORITY POPULATIONS. THE MINI CLINICS BRING FLU VACCINE, EDUCATIONAL MATERIALS, AND VOLUNTEERS TO COMMUNITY LOCATIONS SUCH AS CHURCHES OR COMMUNITY CENTERS AND WITH ITS PARTNERS, ENSURE A CULTURALLY AND LINGUISTICALLY APPROPRIATE EXPERIENCE IN A SAFE AND TRUSTED ENVIRONMENT. THE 2021 ANTICIPATED IMPACT FOR THE MINI CLINICS WAS AN INCREASE IN THE NUMBER OF CLINICS WITH CULTURALLY AND/OR LINGUISTICALLY APPROPRIATE MATERIALS AROUND ACCESSING CARE AND RESOURCES. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN". 2021 IMPACT: GREEN - 33% OF NEW PARTNER CLINIC SITES HAD CULTURALLY AND/OR LINGUISTICALLY APPROPRIATE MATERIALS AROUND ACCESSING CARE AND RESOURCES. M HEALTH FAIRVIEW NORTHLAND MEDICAL CENTER OFFERED THE EVIDENCE-BASED FALLS PREVENTION SUITE WHICH INCLUDED TWO PROGRAMS (1) MATTER OF BALANCE A PROGRAM DESIGNED TO REDUCE THE FEAR OF FALLING AND INCREASE ACTIVITY LEVELS AMONG OLDER ADULTS. IT INCLUDES 8 SESSIONS FOR A SMALL GROUP OF 8-12 PARTICIPANTS LED BY TWO TRAINED FACILITATORS. PARTICIPANTS LEARN TO VIEW FALLS AND FEAR OF FALLING AS CONTROLLABLE, SET REALISTIC GOALS TO INCREASE ACTIVITY, CHANGE THEIR ENVIRONMENT TO REDUCE FALL RISK FACTORS, AND EXERCISE TO INCREASE STRENGTH AND BALANCE. (2) TAI JI QUAN A RESEARCH-BASED 12-WEEK PROGRAM THAT IS DESIGNED TO KEEP OLDER ADULTS MOBILE AND INDEPENDENT. THE PROGRAM MEETS TWICE A WEEK FOR ONE HOUR. THE CLASSES WILL HELP PARTICIPANTS IMPROVE BALANCE, STRENGTHEN MUSCLES, AND REDUCE THE RISK OF FALLING. THE 2021 ANTICIPATED IMPACT FOR THE FALLS PREVENTION SUITE WAS AN INCREASE IN PARTICIPANTS' COMFORT TALKING TO THEIR HEALTH CARE PROVIDER ABOUT MEDICATIONS AND OTHER POSSIBLE RISKS OF FALLING. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN". 2021 IMPACT: GREEN - * OUTCOME: 67% OF PARTICIPANTS THAT RESPONDED TO THE POST PROGRAM SURVEY INDICATED THAT THEY STRONGLY AGREE OR AGREE WITH THE FOLLOWING STATEMENT: I FEEL MORE COMFORTABLE TALKING TO MY HEALTH CARE PROVIDER ABOUT MY MEDICATIONS AND OTHER POSSIBLE RISKS FOR FALLING. EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL. M HEALTH FAIRVIEW NORTHLAND MEDICAL CENTER OFFERED THE EVIDENCE-BASED LIVING WELL SUITE WHICH INCLUDED THREE PROGRAMS THAT WERE DEVELOPED BY STANFORD UNIVERSITY'S PATIENT EDUCATION RESEARCH CENTER. (1) CHRONIC DISEASE SELF-MANAGEMENT IS A WORKSHOP GIVEN 2.5 HOURS ONCE A WEEK, FOR SIX WEEKS OFFERED TO INDIVIDUALS AND THEIR CAREGIVERS WHO ARE LIVING WITH CHRONIC CONDITIONS. SUBJECTS ADDRESSED INCLUDE MEDICATION USE, COMMUNICATION WITH DOCTORS AND CAREGIVERS, NUTRITION, AND FITNESS- WITH PRACTICAL EXERCISES AND ADVICE DESIGNED TO MEET PARTICIPANTS' NEEDS. (2) CHRONIC PAIN SELF-MANAGEMENT IS A WORKSHOP GIVEN 2 HOURS ONCE A WEEK, FOR SIX WEEKS, IN COMMUNITY SETTINGS. THE WORKSHOP HELPS PARTICIPANTS, AND THEIR SUPPORT PERSON, DEAL WITH THE ONGOING ISSUES ASSOCIATED WITH CHRONIC PAIN. (3) DIABETES SELF-MANAGEMENT IS A 6 WEEK ONCE A WEEK PROGRAM DEVELOPED TO HELPS THOSE LIVING WITH DIABETES OR PRE-DIABETES TO IMPROVE THEIR GENERAL HEALTH. THE 2019 ANTICIPATED IMPACT FOR THE LIVING WELL SUITE WAS AN INCREASE IN PARTICIPANTS WHO AGREE THAT THE PROGRAM HELPS THEM WORK WITH THEIR HEALTH CARE PROVIDERS. THE ANTICIPATED IMPACT WAS ASSIGNED A</p>

Return Reference - Identifier	Explanation
	<p>VALUE OF "GREEN".</p> <p>2021 IMPACT: GREEN - * OUTCOME: 86% OF PARTICIPANTS THAT RESPONDED TO THE POST PROGRAM SURVEY INDICATED THAT THEY STRONGLY AGREE OR AGREE WITH THE FOLLOWING STATEMENT: THE PROGRAM HAS HELPED THEM WORK WITH HEALTHCARE PROFESSIONALS. EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL.</p>
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	<p>FACILITY NAME: FAIRVIEW NORTHLAND REGIONAL HOSP - CONTINUED</p> <p>DESCRIPTION: M HEALTH FAIRVIEW NORTHLAND MEDICAL CENTER OFFERED THE EVIDENCE-BASED MENTAL HEALTH FIRST AID PROGRAM. THE PROGRAM INTRODUCES RISK FACTORS AND WARNING SIGNS OF COMMON MENTAL HEALTH AND SUBSTANCE USE DISORDERS, BUILDS UNDERSTANDING OF THEIR IMPACT, AND REVIEWS SUPPORT OPTIONS. THE INTERACTIVE COURSE TEACHES PARTICIPANTS HOW TO OFFER INITIAL HELP TO AN INDIVIDUAL WHO MAY BE EXPERIENCING A MENTAL HEALTH CONCERN OR CRISIS AND CONNECT THEM TO THE APPROPRIATE RESOURCES. YOUTH MENTAL HEALTH FIRST AID IS THE SECOND CORE PROGRAM WHICH FOCUSES ON MENTAL HEALTH CONCERNS AMONG YOUTH AGES 12-18. THE 2021 ANTICIPATED IMPACT FOR THE MENTAL HEALTH FIRST AID PROGRAMS WAS INCREASE PARTICIPANTS' CONFIDENCE IN ASSISTING SOMEONE TO CONNECT WITH PROFESSIONAL RESOURCES. THE ANTICIPATED IMPACT WAS ASSIGNED A VALUE OF "GREEN".</p> <p>2021 IMPACT: GREEN - OUTCOME: 31% INCREASE FROM PRE-SURVEY (67%) TO POST-SURVEY (98%) IN RESPONSE TO THE FOLLOWING: I STRONGLY AGREE OR AGREE THAT I CAN ASSIST SOMEONE WHO MAY BE DEALING WITH A MENTAL HEALTH PROBLEM, SUBSTANCE USE CHALLENGE OR CRISIS IN SEEKING PROFESSIONAL HELP. EVALUATION OF SURVEY RESULTS WAS DONE ON A PROGRAM LEVEL.</p>
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	<p>FACILITY NAME: FAIRVIEW NORTHLAND REGIONAL HOSP - CONTINUED</p> <p>DESCRIPTION: NEEDS IDENTIFIED BUT NOT ADDRESSED: ALTHOUGH THE FOLLOWING HEALTH NEEDS WERE NOT SELECTED AS PRIORITY NEEDS, M HEALTH FAIRVIEW WILL CONTINUE TO SUPPORT WORK ALIGNED WITH ADDRESSING THESE NEEDS AS APPROPRIATE PARTICULARLY WHEN DOING SO WOULD ADDRESS THE SOCIAL DETERMINANTS OF HEALTH AND/OR THE LEADING CAUSES OF PREMATURE DEATH. CHILDCARE: THIS ISSUE IS BEYOND WHAT M HEALTH FAIRVIEW RESOURCES CAN SUPPORT AT THIS TIME. CHRONIC LOWER RESPIRATORY DISEASE: THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY. CLINIC HOURS: THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY. COST ASSOCIATED WITH CARE: THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY. HEALTH LITERACY: THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY. SAFE NEIGHBORHOODS: THIS ISSUE IS BEYOND WHAT M HEALTH FAIRVIEW RESOURCES CAN SUPPORT AT THIS TIME. STROKE: THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY. THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY. HEALTH LITERACY: THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY. SAFE NEIGHBORHOODS: THIS ISSUE IS BEYOND WHAT M HEALTH FAIRVIEW RESOURCES CAN SUPPORT AT THIS TIME. STROKE: THIS ISSUE WILL BE ADDRESSED AS PART OF PATIENT CARE BUT FALLS OUTSIDE THE SCOPE OF THE COMMUNITY-BASED CHNA IMPLEMENTATION STRATEGY. TRANSPORTATION: THIS ISSUE IS BEYOND WHAT M HEALTH FAIRVIEW RESOURCES CAN SUPPORT AT THIS TIME.</p>
SCHEDULE H, PART V, SECTION B, LINE 13B - ELIGIBILITY FOR FREE OR DISCOUNTED CARE	<p>FACILITY NAME: FAIRVIEW NORTHLAND REGIONAL HOSP</p> <p>DESCRIPTION: THE MINNESOTA ATTORNEY GENERAL AGREEMENT WAS USED IN THE DETERMINATION OF THE ELIGIBILITY FOR FINANCIAL ASSISTANCE.</p>
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	<a href="https://www.fairview.org/billing/financial-assistance">https://www.fairview.org/billing/financial-assistance</a>
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	<a href="http://www.fvfiles.com/2266.pdf">http://www.fvfiles.com/2266.pdf</a>
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	<a href="https://www.fairview.org/billing/financial-assistance">https://www.fairview.org/billing/financial-assistance</a>



Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16J - OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY	FACILITY NAME: FAIRVIEW NORTHLAND REGIONAL HOSP  DESCRIPTION: A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS POSTED IN VARIOUS LOCATIONS IN THE HOSPITAL.

**Part V Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 12

Name and address	Type of Facility (describe)
<b>1</b> FAIRVIEW MAPLE GROVE SURGERY CENTER, LLC 14500 99TH AVE N, SUITE 500 MAPLE GROVE, MN 55369-4742	SURGERY CENTER
<b>2</b> HEALTHEAST HOSPICE CARE-THE PILLARS 6025 UPPER 35TH STREET NORTH OAKDALE, MN 55128	HOSPICE HOUSE
<b>3</b> M HEALTH FAIRVIEW ADOLESCENT RESIDENTIAL SERVICES 1675 BEAM AVENUE, SUITE 200 MAPLEWOOD, MN 55109-1476	OUTPATIENT MENTAL HEALTH AND RECOVERY
<b>4</b> M HEALTH FAIRVIEW ACUTE REHABILITATION CENTER 2512 S 7TH STREET, 5TH FLOOR MINNEAPOLIS, MN 55440-1404	OUTPATIENT REHABILITATION
<b>5</b> M HEALTH FAIRVIEW ACHIEVEMENT CENTER 2220 UNIVERSITY AVENUE W., SUITE 140 ST. PAUL, MN 55114	OUTPATIENT REHABILITATION
<b>6</b> M HEALTH FAIRVIEW RECOVERY SERVICES - ELK RIVER 1230 SCHOOL STREET NW ELK RIVER, MN 55330-2422	OUTPATIENT REHABILITATION
<b>7</b> M HEALTH FAIRVIEW RECOVERY SERVICES - MAPLEWOOD 1675 BEAM AVENUE, SUITE 200 MAPLEWOOD, MN 55109-1476	OUTPATIENT REHABILITATION
<b>8</b> M HEALTH FAIRVIEW RECOVERY SERVICES - EDINA 3400 W 66TH STREET, SUITE 400 EDINA, MN 55435-2134	OUTPATIENT REHABILITATION
<b>9</b> M HEALTH FAIRVIEW RECOVERY SERVICES - CRYSTAL 2960 WINNETKA AVENUE N, SUITE 101 CRYSTAL, MN 55432-7285	OUTPATIENT REHABILITATION
<b>10</b> M HEALTH FAIRVIEW RECOVERY SERVICES - BURNSVILLE 14500 BURNHAVEN DRIVE, SUITE 125 BURNSVILLE, MN 55306-4926	OUTPATIENT REHABILITATION

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**Part V Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 12

Name and address	Type of Facility (describe)
<b>1</b> M HEALTH FAIRVIEW RECOVERY SERVICES - FOREST LAKE 20 LAKE STREET N, SUITE 210 FOREST LAKE, MN 55025-2511	OUTPATIENT REHABILITATION
<b>2</b> M HEALTH FAIRVIEW RECOVERY SERVICES - MINNEAPOLIS 2450 RIVERSIDE AVENUE MINNEAPOLIS, MN 55454-1450	OUTPATIENT REHABILITATION
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

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Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 3C - OTHER INCOME BASED CRITERIA FOR FREE OR DISCOUNTED CARE	PATIENTS THAT ARE ELIGIBLE FOR THE FAIRVIEW COMMUNITY CARE PROGRAM OR OTHER CHARITY CARE PLANS MAY RECEIVE A REDUCTION ON AMOUNTS OWED OR UP TO 100% OF TOTAL CHARGES. FAIRVIEW INFORMS PATIENTS ABOUT THE COMMUNITY CARE PROGRAM PRIOR TO DELIVERY OF SERVICES IF FEASIBLE AND AS APPROPRIATE AND DURING THE BILLING PROCESS. PATIENTS WITH HOUSEHOLD INCOME UP TO 200% OF THE FEDERAL POVERTY LEVEL QUALIFY FOR A 100% DISCOUNT OF TOTAL CHARGES. PATIENTS WITH A HOUSEHOLD INCOME OF 201%-300% OF THE FEDERAL POVERTY LEVEL QUALIFY FOR A PARTIAL DISCOUNT OF TOTAL CHARGES BASED ON THE AMOUNT GENERALLY BILLED OR EQUAL TO THE RATE FROM FAIRVIEW'S HIGHEST VOLUME PRIVATE PAYOR CONTRACT, WHICHEVER IS HIGHER. UNINSURED PATIENTS WHO ARE RESIDENTS OF MINNESOTA OR WISCONSIN AND WITH A HOUSEHOLD INCOME GREATER THAN 300% OF THE FEDERAL POVERTY LEVEL AND RECEIVE MEDICALLY NECESSARY HOSPITAL OR HOSPITAL BASED SERVICES ARE CHARGED A DISCOUNT RATE EQUAL TO THE RATE FROM FAIRVIEW'S HIGHEST VOLUME PRIVATE PAYOR CONTRACT.
SCHEDULE H, PART I, LINE 7 - DESCRIBE SUBSIDIZED HEALTH SERVICE COSTS FROM PHYSICIAN CLINIC ON LINE 7G	THERE ARE NO COSTS ASSOCIATED WITH PHYSICIAN CLINICS INCLUDED IN LINE 7G.
SCHEDULE H, PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	THE AMOUNTS REPORTED ON FORM 990, SCHEDULE H, PART I, LINE 7A THROUGH 7C WERE DETERMINED USING THE COST TO CHARGE RATIO DERIVED FROM WORKSHEET 2 IN THE SCHEDULE H, FORM 990 INSTRUCTIONS. FORM 990, SCHEDULE H, PART I, LINES 7E THROUGH 7J ARE REPORTED AT CHARGES AS RECORDED BY THE ORGANIZATION.
SCHEDULE H, PART I, LINE 7F - EXCLUSIONS FROM PERCENT OF TOTAL EXPENSE	THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS. THERE IS NO BAD DEBT EXPENSE INCLUDED IN FORM 990 PART IX AS AN EXPENSE. DUE TO THE ADOPTION OF NEW GAAP REPORTING, THE BAD DEBT EXPENSE HAS BEEN INCLUDED WITH "DISCOUNTS" NETTED AGAINST PATIENT SERVICE REVENUE ON PART VIII OF FORM 990.
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	THE BAD DEBT EXPENSE REPORTED ON PART III, LINE 2 IS REPORTED AT CHARGES AS RECORDED BY THE ORGANIZATION. THERE IS NO BAD DEBT EXPENSE INCLUDED IN FORM 990 PART IX AS AN EXPENSE. DUE TO THE ADOPTION OF NEW GAAP REPORTING, THE BAD DEBT EXPENSE HAS BEEN INCLUDED WITH "DISCOUNTS" NETTED AGAINST PATIENT SERVICE REVENUE ON PART VIII OF FORM 990. THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS.
SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	THE BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS THAT MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS.
SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	SUBSEQUENT CHANGES THAT ARE DETERMINED TO BE THE RESULT OF AN ADVERSE CHANGE IN THE PATIENT'S ABILITY TO PAY (DETERMINED ON A PORTFOLIO BASIS WHEN APPLICABLE) ARE RECORDED AS BAD DEBT EXPENSE. BAD EXPENSE FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020, WAS NOT SIGNIFICANT. SEE PAGE 23 OF THE AUDITED FINANCIAL STATEMENTS FOR ADDITIONAL INFORMATION.
SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	IT IS PART OF FAIRVIEW'S MISSION THAT COMMUNITY BENEFIT ACTIVITY IS CARRIED OUT BY STAFF/LEADERSHIP AT EACH FACILITY BASED ON THE HEALTH CARE NEEDS IN THAT SERVICE AREA. THE MEDICARE COST TO CHARGE RATIO REPORTING IS CALCULATED SERVICE LINE BY SERVICE LINE. OTHER EXPENSES ARE CALCULATED USING THE OVERALL COST TO CHARGE RATIO. UNCOMPENSATED COSTS RESULTING FROM MEDICARE, MEDICAID AND STATE AND LOCAL INDIGENT CARE PROGRAMS ARE CONSIDERED A COMMUNITY BENEFIT BECAUSE OF THE SIGNIFICANT DIFFERENCES BETWEEN ACTUAL COSTS AND REIMBURSEMENT.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE</p>	<p>AFTER OUR PATIENTS HAVE RECEIVED SERVICES, IT IS THE POLICY OF FAIRVIEW HEALTH SERVICES TO BILL PATIENTS AND THEIR APPLICABLE PAYORS ON A TIMELY AND ACCURATE BASIS. DURING THIS BILLING AND COLLECTION PROCESS, FAIRVIEW STAFF IS COMMITTED TO PROVIDING QUALITY CUSTOMER SERVICE AND TIMELY FOLLOW UP ON ALL OUTSTANDING ACCOUNTS. BILLING: IT IS THE GOAL OF FAIRVIEW TO BILL ALL CLAIMS ACCURATELY AND ON A TIMELY BASIS. ALTHOUGH DEPENDENT ON INFORMATION AND COMMUNICATIONS FROM PATIENTS AND PAYORS, FAIRVIEW WILL PROVIDE SUFFICIENT FOLLOW UP SERVICE TO ENSURE THAT PATIENTS RECEIVE ACCURATE ACCOUNT AND BILLING INFORMATION AND HAVE THE OPPORTUNITY TO MAKE PAYMENT AND/OR APPLY FOR COMMUNITY CARE. FAIRVIEW HAS AGREED TO CERTAIN BILLING AND COLLECTION PRACTICES BY AN AGREEMENT WITH THE MINNESOTA ATTORNEY GENERAL'S OFFICE.</p> <p>THERE ARE FINANCIAL COUNSELORS AT EVERY ENTITY MONDAY THROUGH FRIDAY WHO INTERACT WITH THE PATIENTS IN PERSON AND OVER THE PHONE TO INFORM OF PROGRAMS AVAILABLE TO THEM AS WELL AS ASSIST THEM IN APPLYING FOR THE PROGRAMS. THE INFORMATION ABOUT NEEDING ASSISTANCE WITH PAYING THE BILL IS POSTED ON SIGNS IN THE HOSPITALS AND MATERIALS ARE DISTRIBUTED TO SELF-PAY PATIENTS BY REGISTRATION STAFF. THE STATEMENTS SENT OUT AFTER THE VISIT PROVIDE THIS INFORMATION AS WELL. IF A PATIENT/FAMILY MEMBER CALLS THE CENTRAL BUSINESS OFFICE CUSTOMER SERVICE STAFF TO ASK FOR ASSISTANCE WITH PAYING THEIR BILL, THEY ARE INFORMED ABOUT OPTIONS AT THAT TIME. FAIRVIEW PROVIDES AN INTERPRETER SERVICE THAT INTERPRETS CONVERSATIONS OVER THE PHONE.</p> <p>THIS SERVICE CAN BE USED EITHER AS A THREE WAY PHONE CALL OR THE FINANCIAL COUNSELOR, IN A ROOM WITH THE PATIENT OR FAMILY CAN PLACE THE CALL TOGETHER TO THE INTERPRETER PHONE SERVICE. THE INTERPRETER SERVICES LINE ACCOMMODATES CLOSE TO 200 LANGUAGES.</p> <p>THE BILLING PROCESS WILL BE ASSISTED BY THE FOLLOWING GUIDELINES:</p> <ol style="list-style-type: none"> <li>1) FOR ALL INSURED PATIENTS, FAIRVIEW WILL BILL ALL THIRD PARTY PAYOR INFORMATION (AS PROVIDED BY OR VERIFIED BY THE PATIENT) ON A TIMELY AND ACCURATE BASIS.</li> <li>2) FOR ALL UNINSURED PATIENTS WITH MINNESOTA RESIDENCY RECEIVING HOSPITAL BASED SERVICES DEEMED MEDICALLY NECESSARY, FAIRVIEW WILL APPLY AN UNINSURED DISCOUNT EQUAL TO THE DISCOUNT PROVIDED TO OUR LARGEST CONTRACTED NON-GOVERNMENT PAYOR, ANY REMAINING BALANCE WILL BE BILLED TO THE PATIENT IN A TIMELY AND MANNER.</li> <li>3) ALL BILLED PATIENTS HAVE THE OPPORTUNITY TO CONTACT FAIRVIEW REGARDING FINANCIAL ASSISTANCE FOR THEIR ACCOUNTS. FINANCIAL ASSISTANCE MAY INCLUDE COMMUNITY CARE, PAYMENT ARRANGEMENTS, MEDICAL ASSISTANCE OR OTHER APPLICABLE PROGRAMS.</li> <li>4) IF A PATIENT CONTACTS FAIRVIEW REGARDING COMMUNITY CARE BEFORE THE ACCOUNT IS REFERRED TO A COLLECTION AGENCY OR ATTORNEY, AN APPLICATION AND REQUIRED DOCUMENTATION IS REQUESTED (INCOME VERIFICATION ETC.), THE ACCOUNT WILL THEN BE PROCESSED BASED ON THE OUTCOME OF THE COMMUNITY CARE DETERMINATION.</li> <li>5) FAIRVIEW TAKES REASONABLE MEASURES TO AVOID REFERRING AN ACCOUNT TO COLLECTION UNLESS THERE ARE NO RESPONSES FROM THE PATIENT. IF A PATIENT CONTACTS FAIRVIEW REGARDING COMMUNITY CARE AFTER THEIR ACCOUNT HAS BEEN REFERRED TO A COLLECTION AGENCY OR ATTORNEY, FAIRVIEW WILL SEND AN APPLICATION TO THE PATIENT PROVIDED THE ACCOUNT MEETS THE COMMUNITY CARE REQUIREMENTS. IF THE COMPLETED APPLICATION ALONG WITH REQUIRED DOCUMENTATION (INCOME VERIFICATION, ETC.) IS SUBMITTED, ALL COLLECTION ACTION WILL BE SUSPENDED UNTIL THE PATIENT IS NOTIFIED OF FAIRVIEW'S DETERMINATION.</li> </ol>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT</p>	<p>OUR TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS PROVIDES AN IMPORTANT OPPORTUNITY TO ENGAGE WITH AND UNDERSTAND OUR COMMUNITY, ANALYZE WHAT HAS CHANGED-FOR BETTER OR WORSE-SINCE THE LAST ASSESSMENT, AND PRIORITIZE TOGETHER WITH THE COMMUNITY THE ISSUES WE MUST URGENTLY ADDRESS IN ORDER TO IMPROVE WELLBEING AND RESILIENCE.</p> <p>FAIRVIEW'S 2021 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) BUILDS UPON PREVIOUS ASSESSMENTS AND WAS DEVELOPED IN PARTNERSHIP WITH COMMUNITY MEMBERS AND ORGANIZATIONS, LOCAL PUBLIC HEALTH AGENCIES, AND OTHER HOSPITALS AND HEALTH SYSTEMS. IT SERVES AS A TOOL FOR GUIDING POLICY, ADVOCACY, AND PROGRAM PLANNING. IT ALSO FULFILLS INTERNAL REVENUE SERVICE (IRS) REQUIREMENTS FOR CHNA PURSUANT TO THE AFFORDABLE CARE ACT OF 2010, WHICH REQUIRES 501(C)(3) NONPROFIT HOSPITALS TO CONDUCT AN ASSESSMENT AT LEAST EVERY THREE YEARS AND PROVIDE AN ANNUAL EVALUATION OF THE PREVIOUS IMPLEMENTATION STRATEGY'S IMPACT.</p> <p>THROUGH THIS PROCESS, WE AIM TO:</p> <ul style="list-style-type: none"> <li>-INTENTIONALLY ENGAGE WITH COMMUNITY MEMBERS AND ORGANIZATIONS, PUBLIC HEALTH AGENCIES, AND OTHER HOSPITALS AND HEALTH SYSTEMS TO IDENTIFY AND UNDERSTAND SIGNIFICANT HEALTH NEEDS IN THE COMMUNITY.</li> <li>-UNDERSTAND THE NEEDS OF THE COMMUNITY IT SERVES BY ANALYZING CURRENT DEMOGRAPHICS AND SOCIAL DETERMINANTS OF HEALTH INDICATORS, AS WELL AS BY COLLECTING DIRECT INPUT FROM COMMUNITY MEMBERS AND ORGANIZATIONS.</li> <li>-INFORM THE CHNA IMPLEMENTATION STRATEGY AND ACTION PLAN DEVELOPMENT.</li> </ul> <p>AS PART OF THE 2021 CHNA PROCESS, WE REEXAMINED AND BUILT UPON THE EXTENSIVE COMMUNITY INSIGHTS SHARED DURING OUR 2018 CHNA, WHILE ALSO SURVEYING THE COMMUNITY FOR CURRENT AND EMERGING NEEDS. WE HAVE IDENTIFIED THREE SYSTEM-WIDE PRIORITY NEED AREAS, AND WE WILL COLLABORATE WITH OUR HOSPITALS AND SHARED SERVICES TO ADDRESS THESE PRIORITIES. OUR SPECIFIC RESPONSE WILL VARY BY HOSPITAL BASED ON THE WAYS IN WHICH THE PRIORITY NEEDS MANIFEST ACROSS A GIVEN COMMUNITY AS WELL AS THE PARTNERSHIPS, BOTH ONGOING AND NEW, THAT WE HAVE DEVELOPED TO ADDRESS THOSE NEEDS.</p> <p>OUR COMMUNITY COMMITMENT - CREATING A HEALTHIER FUTURE AND IMPROVING THE HEALTH AND WELLBEING OF OUR COMMUNITIES.</p> <p>THE HEALTHCARE PEOPLE RECEIVE IN A HOSPITAL OR CLINIC IS ONLY A SMALL PART OF A PERSON'S OVERALL HEALTH. THAT'S WHY OUR COMMITMENT TO ADVANCING HEALTH EQUITY GOES BEYOND THE WALLS OF OUR FACILITIES AND REACHES OUT INTO THE COMMUNITY.</p> <p>WE COLLABORATE WITH COMMUNITY PARTNERS TO IMPROVE HEALTH AND WELLBEING AND ADVANCE HEALTH EQUITY. OUR PRIORITIES INCLUDE:</p> <ul style="list-style-type: none"> <li>*BRINGING CLINICAL SERVICES INTO NEIGHBORHOODS TO EXPAND ACCESS</li> <li>*ADVANCING OUR ANCHOR MISSION INITIATIVES - LOCAL HIRING, LOCAL PURCHASING, LOCAL INVESTING, AND LEADING AND SERVING LOCALLY</li> <li>*ADDRESSING SOCIAL RISK FACTORS THROUGH FOOD ACCESS AND HOUSING PROGRAMS AND COMMUNITY EDUCATION AND OUTREACH.</li> </ul> <p>WHY IS THIS A PRIORITY FOR OUR HEALTHCARE SYSTEM? NEARLY 80 PERCENT OF HEALTH IS INFLUENCED BY FACTORS OUTSIDE OF CLINICAL CARE. THESE FACTORS, CALLED THE SOCIAL DETERMINANTS OF HEALTH, ARE OUR HEALTH BEHAVIORS AND THE ECONOMIC AND SOCIAL CONDITIONS IN WHICH WE LIVE.</p> <p>TO HELP ADDRESS THE SOCIAL DETERMINANTS OF HEALTH, WE ARE CREATING A HEALTH AND WELLNESS HUB IN DOWNTOWN ST. PAUL THAT WILL FOCUS ON HEALTH, HOUSING, AND SUPPORTIVE SERVICES FOR THE COMMUNITY.</p> <p>ALL THIS WORK IS CLOSELY TIED TO OUR HOPE COMMISSION'S HEALTH EQUITY AND ANTI-RACISM EFFORTS. IT'S DESIGNED TO BE CULTURALLY APPROPRIATE AND TO MEET THE SPECIFIC NEEDS OF THE COMMUNITY. WE SEEK TO DO "WITH" AND NOT "TO" THE COMMUNITIES WE BELONG TO AND ARE PROUD TO CONTRIBUTE TO OUR COMMUNITY IN SO MANY WAYS.</p> <p>FAIRVIEW HEALTH SERVICES IS COMMITTED TO THE HEALTH AND WELLBEING OF OUR COMMUNITIES. FOR GENERATIONS WE HAVE SERVED THE PEOPLE OF MINNESOTA, CARED FOR OUR PATIENTS, AND INVESTED IN THE PEOPLE AND PARTNERSHIPS THAT MAKE US STRONGER, TOGETHER. AS A NONPROFIT HEALTH SYSTEM AND AN ANCHOR INSTITUTION-AN ORGANIZATION ROOTED IN OUR COMMUNITIES-WE HAVE A COMMITMENT TO INTENTIONALLY APPLY OUR LONG-TERM, PLACE-BASED ECONOMIC POWER AND HUMAN CAPITAL IN PARTNERSHIP WITH COMMUNITY TO MUTUALLY BENEFIT THE LONG-TERM WELLBEING OF BOTH.</p> <p>WE RECOGNIZE THAT THIS COMMITMENT BEGINS IN AND WITH OUR COMMUNITIES. THIS WORK CANNOT BE DONE ALONE, WE MUST COLLABORATE WITH COMMUNITY-BASED ORGANIZATIONS, LOCAL PUBLIC HEALTH DEPARTMENTS, AND OTHER HEALTH SYSTEMS. OUR EFFORTS, RESOURCES, AND COMMITMENTS ARE INVESTMENTS IN THE HEALTH AND WELLBEING OF OUR COMMUNITIES WHERE WE LIVE, WORK, LEARN, PLAY, AND WORSHIP.</p> <p>OUR COMMUNITY BENEFIT PROGRAMS AND ACTIVITIES FOCUS ON OUR MISSION TO HEAL, DISCOVER, AND EDUCATE FOR LONGER, HEALTHIER LIVES AND MUST MEET AT LEAST ONE OF THESE OBJECTIVES:</p> <ul style="list-style-type: none"> <li>*IMPROVE ACCESS TO HEALTH CARE SERVICES.</li> <li>*ENHANCE THE HEALTH OF THE COMMUNITY.</li> <li>*ADVANCE MEDICAL OR HEALTH CARE KNOWLEDGE.</li> <li>*RELIEVE THE BURDEN OF GOVERNMENT TO IMPROVE HEALTH.</li> </ul> <p>FAIRVIEW HEALTH SERVICES, IS COMMITTED TO PROVIDING EXCEPTIONAL CARE, DELIVERING BREAKTHROUGH RESEARCH AND INNOVATION TO HEALTHCARE, IMPROVING HEALTH AND WELLBEING, AND PROMOTING HEALTH EQUITY. AS ANCHOR INSTITUTIONS ROOTED IN THE HEARTS OF THE COMMUNITIES WE SERVE, THIS COMMITMENT GOES BEYOND OUR WALLS AND INTO THE COMMUNITY. THERE ARE DIFFERENT WAYS OUR HEALTH SYSTEM FULFILLS THIS PROMISE INCLUDING:</p> <ul style="list-style-type: none"> <li>* ALLOCATING RESOURCES TO BENEFIT THE COMMUNITY. THE PROCESS IS GUIDED BY OUR COMMUNITY HEALTH NEEDS ASSESSMENTS, DEVELOPED COLLABORATIVELY WITH THE COMMUNITIES WE SERVE, AND IMPLEMENTED IN PARTNERSHIP WITH LOCAL ORGANIZATIONS AND LEADERS. - THE PRIORITY NEEDS IDENTIFIED IN OUR 2021 ASSESSMENT ARE: HEALING, CONNECTEDNESS, AND MENTAL HEALTH;</li> <li>ADDRESSING STRUCTURAL RACISM AND BARRIERS TO ACHIEVING HEALTH EQUITY; AND NAVIGATING AND</li> </ul>

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	<p>ACCESSING CARE AND RESOURCES. OUR EFFORTS WILL CENTER ON PEOPLE EXPERIENCING POVERTY AS WELL AS RACIAL OR ETHNIC POPULATIONS EXPERIENCING HEALTH DISPARITIES.</p> <p>* BRINGING CLINICAL SERVICES INTO NEIGHBORHOODS TO EXPAND ACCESS. THESE FREE HEALTHCARE SERVICES ARE OFFERED IN DIVERSE AND/OR UNDER-RESOURCED NEIGHBORHOODS.</p> <p>* ADDRESSING SOCIAL RISK FACTORS, KNOWN AS THE SOCIAL DETERMINANTS OF HEALTH, THROUGH FOOD ACCESS AND HOUSING PROGRAMS, AND COMMUNITY EDUCATION AND OUTREACH. THE GOAL IS TO IMPROVE COMMUNITY HEALTH AND WELLBEING.</p> <p>* ADVANCING OUR HOPE (HEALING, OPPORTUNITY, PEOPLE, AND EQUITY) COMMISSION'S - HEALTH EQUITY AND ANTI-RACISM EFFORTS TO DRIVE MORE EQUITABLE OUTCOMES AND INCLUSIVE ENVIRONMENTS AND EXPERIENCES FOR OUR PATIENTS, EMPLOYEES, AND COMMUNITIES. SUCCESS STORIES INCLUDE: IMPROVING PATIENT SOCIODEMOGRAPHIC DATA TO BETTER UNDERSTAND THE POPULATIONS WE SERVE AND MORE ACCURATELY ASSESS FOR DISPARITIES, AND INCREASING THE REPRESENTATION OF DIVERSE POPULATIONS IN CLINICAL TRIALS.</p>
<p>SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION</p>	<p>FAIRVIEW MAKES INFORMATION ABOUT ITS CHARITY CARE PROGRAMS AVAILABLE ON ITS WEBSITE (WWW.FAIRVIEW.ORG). AT THE TIME OF REGISTRATION FOR SERVICES AND THROUGH WRITTEN MATERIALS IN LOBBIES AND WAITING ROOMS. FOR PATIENTS IDENTIFIED AS SELF-PAY (WHETHER THAT OCCURS BEFORE SERVICES ARE DELIVERED OR DURING THE BILLING CYCLE), FAIRVIEW UTILIZES A STANDARD PROCESS TO ASSIST PATIENTS LEARN ABOUT AND ACCESS ASSISTANCE FROM GOVERNMENT PROGRAMS OR FAIRVIEW'S CHARITY CARE PROGRAM.</p> <p>FOR UNINSURED PATIENTS SEEN IN A FAIRVIEW HOSPITAL, FAIRVIEW PARTNERS WITH AN EXTERNAL VENDOR WHO MEETS WITH SELF-PAY PATIENTS TO ASSIST THEM DETERMINE ELIGIBILITY FOR GOVERNMENT PROGRAMS OF FAIRVIEW'S CHARITY CARE PROGRAM. THE VENDOR WILL ALSO ASSIST PATIENTS WITH COMPLETING THE NECESSARY PAPERWORK TO ACCESS THESE RESOURCES.</p> <p>STAFF IN FAIRVIEW'S CENTRAL BUSINESS OFFICE HAVE A SELF-PAY TEAM, WHICH DIRECTS PATIENTS TO THE APPROPRIATE RESOURCES. THERE IS ALSO A COMMUNITY CARE COORDINATOR WHO ASSISTS IN GETTING PATIENTS CONNECTED TO ADDITIONAL RESOURCES FOR WHICH THEY MAY QUALIFY.</p>



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<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION</p>	<p>FAIRVIEW HEALTH SERVICES IS A MINNEAPOLIS-BASED NONPROFIT HEALTH SYSTEM DRIVEN TO HEAL, DISCOVER, AND EDUCATE FOR LONGER, HEALTHIER LIVES. FOUNDED IN 1906, FAIRVIEW PROVIDES EXCEPTIONAL CARE TO PATIENTS AND COMMUNITIES AS ONE OF THE MOST COMPREHENSIVE AND GEOGRAPHICALLY ACCESSIBLE SYSTEMS IN MINNESOTA. FAIRVIEW HAS ENJOYED A LONG PARTNERSHIP WITH THE UNIVERSITY OF MINNESOTA AND UNIVERSITY OF MINNESOTA PHYSICIANS, NOW REPRESENTED IN THE M HEALTH FAIRVIEW BRAND. TOGETHER, WE OFFER ACCESS TO BREAKTHROUGH MEDICAL RESEARCH AND SPECIALTY EXPERTISE AS PART OF A CONTINUUM OF CARE THAT REACHES ALL AGES AND HEALTH NEEDS.</p> <p>FAIRVIEW HEALTH SERVICES IS AN INTEGRATED HEALTH SYSTEM HEADQUARTERED IN MINNEAPOLIS, MINNESOTA. FAIRVIEW HEALTH SERVICES INCLUDES FIVE HOSPITALS:</p> <ol style="list-style-type: none"> <li>1) FAIRVIEW LAKES MEDICAL CENTER IN WYOMING, MN,</li> <li>2) FAIRVIEW NORTHLAND MEDICAL CENTER IN PRINCETON, MN,</li> <li>3) FAIRVIEW RIDGES HOSPITAL IN BURNSVILLE, MN,</li> <li>4) FAIRVIEW SOUTHDAL E HOSPITAL IN EDINA, MN,</li> <li>5) UNIVERSITY OF MINNESOTA MEDICAL CENTER, MINNEAPOLIS, MN</li> </ol> <p>FAIRVIEW ALSO HAS A FULL CONTINUUM OF HEALTH CARE SERVICES. SEE PART III PAGE 2 , LINES 4A, 4B AND 4C.</p> <p>1) FAIRVIEW LAKES MEDICAL CENTER IS LOCATED IN CHISAGO COUNTY AND HAS A PRIMARY SERVICE AREA OF INDIVIDUALS RESIDING IN ANOKA, CHISAGO, ISANTI, PINE AND WASHINGTON COUNTIES IN MINNESOTA. FOR THE PURPOSES OF THE CHNA, LAKES MEDICAL CENTER COMMUNITY INCLUDES 18 ZIP CODES. THE TOTAL POPULATION OF THIS GEOGRAPHIC COMMUNITY IS 180,629 PEOPLE, AND IT COVERS 1,100 SQUARE MILES. LAKES MEDICAL CENTER IS LOCATED BETWEEN INTERSTATE 35 AND HIGHWAY 61. THE CITY OF WYOMING IS PROUD OF ITS 18 PARKS AND 15 MILES OF WALKING AND HIKING TRAILS. THE CITY'S COMMERCIAL BASE IS PRIMARIL Y INDUSTRIAL, WITH LIMITED RETAIL. THE LAKES MEDICAL CENTER COMMUNITY HAS A LARGER PERCENTAGE OF ITS POPULATION WHO ARE BETWEEN 45 AND 64 YEARS OLD (29 PERCENT) THAN THE STATE'S PERCENTAGE (25 PERCENT). THE LAKES MEDICAL CENTER COMMUNITY HAS A MUCH LARGER PERCENTAGE OF PEOPLE WHO IDENTIFY AS WHITE (93.0 PERCENT) THAN IN THE STATE AS A WHOLE (81.0 PERCENT). THIS ALSO MEANS THAT THE MEDICAL CENTER COMMUNITY HAS A SMALLER PERCENTAGE OF PEOPLE WHO IDENTIFY AS BLACK/AFRICAN AMERICAN, AMERICAN INDIAN/ALASKA NATIVE, ASIAN, NATIVE HAWAIIAN/PACIFIC ISLANDER, TWO OR MORE RACES, SOME OTHER RACE, AS WELL AS HISPANIC/LATINO THAN THE STATEWIDE PERCENTAGE. THERE IS PROJECTED TO BE VERY LITTLE CHANGE IN RACIAL OR ETHNIC DIVERSITY IN THE LAKES MEDICAL CENTER COMMUNITY BETWEEN 2021 AND 2026. FAIRVIEW LAKES PROVIDES A FULL CONTINUUM OF SERVICES, FROM PRIMARY CARE SERVICES AT THE CLINIC TO HOME CARE SERVICES TO LONG-TERM CARE.</p> <p>2) FAIRVIEW NORTHLAND MEDICAL CENTER HAS A PRIMARY SERVICE AREA OF INDIVIDUALS RESIDING IN SHERBURNE, BENTON, KANABEC, MILLE LACS AND ISANTI COUNTIES IN MINNESOTA. THE HOSPITAL IS UNIQUELY LOCATED ON THE BORDER OF MILLE LACS AND SHERBURNE COUNTIES. FOR THE PURPOSES OF THE CHNA, NORTHLAND MEDICAL CENTER COMMUNITY INCLUDES 11 ZIP CODES. THE TOTAL POPULATION OF THIS GEOGRAPHIC COMMUNITY IS 126,669 PEOPLE, AND IT COVERS 918 SQUARE MILES. THE NORTHLAND MEDICAL CENTER COMMUNITY IS YOUNGER THAN MINNESOTA AT LARGE, WITH A MEDIAN AGE OF 37.6 YEARS AS COMPARED TO A STATEWIDE MEDIAN AGE OF 39.7 YEARS. ADDITIONALL Y, THE COMMUNITY HAS A SMALLER PERCENTAGE OF ITS POPULATION AGED 65+ (13 PERCENT) THAN THE STATE'S PERCENTAGE (17 PERCENT). THE NORTHLAND MEDICAL CENTER COMMUNITY HAS A MUCH LARGER PERCENTAGE OF PEOPLE WHO IDENTIFY AS WHITE (93.9 PERCENT) THAN THE STATEWIDE PERCENTAGE (81.0 PERCENT). THIS MEANS THAT THE MEDICAL CENTER COMMUNITY HAS A SMALLER PERCENTAGE OF PEOPLE WHO IDENTIFY AS BLACK/AFRICAN AMERICAN (1.72 PERCENT), AMERICAN INDIAN/ALASKA NATIVE (0.52 PERCENT), ASIAN (1.03 PERCENT), NATIVE HAWAIIAN/PACIFIC ISLANDER (0.04 PERCENT), TWO OR MORE RACES (2.17 PERCENT), OR SOME OTHER RACE (0.65 PERCENT) THAN THE STATE PERCENTAGES. THE NORTHLAND MEDICAL CENTER COMMUNITY ALSO HAS A SMALLER PERCENTAGE OF THOSE WHO IDENTIFY AS HISPANIC/LATINO THAN THE STATEWIDE PERCENTAGE. THERE IS PROJECTED TO BE VERY LITTLE CHANGE IN THE RACIAL OR ETHNIC DIVERSITY IN THE NORTHLAND MEDICAL CENTER COMMUNITY BETWEEN 2021 AND 2026. FAIRVIEW NORTHLAND PROVIDES A FULL CONTINUUM OF SERVICES, FROM PRIMARY CARE SERVICES TO HOME CARE.</p> <p>3) FAIRVIEW RIDGES HOSPITAL IN BURNSVILLE, MN HAS A PRIMARY SERVICE AREA IN SCOTT AND DAKOTA COUNTIES. THE HOSPITAL IS LOCATED IN THE SOUTHERN PART OF THE GREATER MINNEAPOLIS-ST. PAUL METROPOLITAN AREA IN DAKOTA COUNTY. FOR THE PURPOSES OF THE CHNA, RIDGES HOSPITAL INCLUDES 14 ZIP CODES. THE TOTAL POPULATION OF THIS GEOGRAPHIC COMMUNITY IS 428,073 PEOPLE, AND IT COVERS 444 SQUARE MILES. ABOUT EIGHT PERCENT OF THE STATE'S ENTIRE POPULATION LIVE WITHIN THIS GEOGRAPHIC AREA. THE PERCENTAGE OF THE RIDGES HOSPITAL COMMUNITY WHO ARE WITHIN THE AGE RANGE OF 0-17 IS SLIGHTLY HIGHER THAN THE STATEWIDE AVERAGE, AND THE PERCENTAGE OF THE HOSPITAL COMMUNITY IN THE 65+ AGE RANGE IS SLIGHTLY LOWER THAN THE STATEWIDE PERCENTAGE. IN THE RIDGES HOSPITAL COMMUNITY A SLIGHTLY HIGHER PERCENT IDENTIFY AS BLACK/AFRICAN AMERICAN (7.9 PERCENT) THAN THE STATE (7.0 PERCENT), ASIAN (6.8 PERCENT) THAN THE STATE (5.3 PERCENT), SOME OTHER RACE (2.7 PERCENT) THAN THE STATE (2.4 PERCENT), TWO OR MORE RACES (3.5 PERCENT) THAN THE STATE (3.0 PERCENT) AND HISPANIC/LATINO (6.5 PERCENT) THAN THE STATE (5.9 PERCENT). IN THE NEXT FIVE YEARS IN THE RIDGES HOSPITAL COMMUNITY THERE WILL BE AN INCREASE FROM 7.9 PERCENT IN 2021 TO 9.3 PERCENT IN 2026 IN</p>

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	<p>THOSE WHO IDENTIFY AS BLACK/AFRICAN AMERICAN AND AN INCREASE IN THOSE THAT IDENTIFY AS HISPANIC/LATINO FROM 6.5 PERCENT IN 2021 TO 7.3 PERCENT IN 2026.</p> <p>FAIRVIEW RIDGES HOSPITAL IS A MULTI-SPECIALTY MEDICAL CENTER.</p> <p>4) FAIRVIEW SOUTHDAL HOSPITAL IN EDINA, MN HAS A PRIMARY SERVICE AREA OF INDIVIDUALS RESIDING IN HENNEPIN AND CARVER COUNTIES. FOR THE PURPOSES OF THE CHNA, SOUTHDAL HOSPITAL'S COMMUNITY INCLUDES 28 ZIP CODES. THE TOTAL POPULATION OF THIS GEOGRAPHIC COMMUNITY IS 560,916, WHICH MAKES UP ABOUT 10 PERCENT OF THE STATE'S POPULATION. IT COVERS 278 SQUARE MILES.</p> <p>THE SOUTHDAL HOSPITAL COMMUNITY HAS A MEDIAN AGE OF 41.8 YEARS, WHICH IS SLIGHTLY HIGHER THAN THE STATE'S MEDIAN AGE OF 39.7 YEARS. THE AGE PROFILE IS VERY SIMILAR TO THAT OF THE STATE, WITH 21 PERCENT OF THE POPULATION BEING AGES 0-17, 34 PERCENT AGES 18-44, 26 PERCENT AGES 45-64 AND 18 PERCENT AGES 65 AND OLDER.</p> <p>IN THE SOUTHDAL HOSPITAL COMMUNITY, 80 PERCENT IDENTIFY AS WHITE. HOWEVER, THE YOUNGER POPULATION IS MUCH MORE DIVERSE. AMONG THOSE AGES 0-17, 33 PERCENT OF RESIDENTS IDENTIFY AS BLACK/AFRICAN AMERICAN, HISPANIC/LATINO, ASIAN, AMERICAN INDIAN/ALASKA NATIVE, NATIVE HAWAIIAN/PACIFIC ISLANDER, TWO OR MORE RACES, OR ANOTHER RACE NOT LISTED.</p> <p>5) UNIVERSITY OF MINNESOTA MEDICAL CENTER AND MASONIC CHILDREN'S HOSPITAL, OUR FLAGSHIP HOSPITAL, ARE LOCATED IN THE CEDAR RIVERSIDE NEIGHBORHOOD. FOR THE PURPOSES OF THE CHNA, UNIVERSITY OF MINNESOTA MEDICAL CENTER AND MASONIC CHILDREN'S HOSPITAL'S COMMUNITY INCLUDES 57 ZIP CODES. THE TOTAL POPULATION OF THIS GEOGRAPHIC COMMUNITY IS 1,270,209 PEOPLE, AND IT COVERS 468 SQUARE MILES. NEARLY ONE-QUARTER (22 PERCENT) OF THE STATE'S ENTIRE POPULATION LIVE WITHIN THIS GEOGRAPHIC AREA.</p> <p>THE COMMUNITY IS YOUNGER THAN MINNESOTA AT LARGE, WITH A MEDIAN AGE OF 37.5 YEARS AS COMPARED TO A STATEWIDE MEDIAN AGE OF 39.7 YEARS. PEOPLE AGES 18 TO 44 MAKE UP NEARLY 40 PERCENT OF THE POPULATION IN THIS AREA.</p> <p>THE UMMC AND CHILDREN'S HOSPITAL COMMUNITY'S POPULATION IS COMPRISED OF 31.7 PERCENT BLACK/AFRICAN AMERICAN, ASIAN, AMERICAN INDIAN/ALASKAN NATIVE, NATIVE HAWAIIAN/PACIFIC ISLANDER, TWO OR MORE RACES, AND OTHER RACES, SIGNIFICANTLY HIGHER THAN THE STATEWIDE PERCENTAGE (19.0 PERCENT). OF THOSE, 15.1 PERCENT ARE BLACK/AFRICAN AMERICAN, A PERCENTAGE MORE THAN TWICE AS HIGH AS IN MINNESOTA AT LARGE. ADDITIONALLY, 7.8 PERCENT OF THE COMMUNITY'S RESIDENTS ARE HISPANIC OR LATINO, EXCEEDING MINNESOTA'S STATEWIDE AVERAGE OF 5.9 PERCENT.</p> <p>THE UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW IS THE ONLY MEDICAL CENTER IN THE CEDAR-RIVERSIDE NEIGHBORHOOD.</p>
SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	<p>AS A NONPROFIT HEALTH SYSTEM, FAIRVIEW REINVESTS ANY EXCESS REVENUES INTO THE CORE OPERATIONS OF THE ORGANIZATION. RESEARCH AND EDUCATION ARE AT THE VERY HEART OF THE MISSION. IN PARTNERSHIP WITH THE UNIVERSITY OF MINNESOTA, FAIRVIEW INVESTS MILLIONS OF DOLLARS EACH YEAR INTO GROUND-BREAKING RESEARCH AND EDUCATION OF OUR NEXT GENERATION OF HEALTHCARE WORKFORCE. FAIRVIEW ALSO PARTNERS WITH A MYRIAD OF HIGHER EDUCATIONAL INSTITUTIONS TO PROVIDE CLINICAL HANDS-ON TRAINING FOR FUTURE NURSES, PHARMACISTS, LABORATORY PROFESSIONALS AND MORE. FAIRVIEW SERVES AS A TRAINING SITE FOR RESIDENTS IN VARIOUS SPECIALTIES AND IS THE CORE TEACHING SITE FOR THE UNIVERSITY OF MINNESOTA RESIDENTS. SENIOR RESIDENTS AND FELLOWS PROVIDE FAIRVIEW SOME DEGREE OF CLINICAL SERVICE THAT WE WOULD OTHERWISE NOT RECEIVE.</p>
SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP	<p>FAIRVIEW HEALTH SERVICES IS AN INTEGRATED HEALTH CARE SYSTEM HEADQUARTERED IN MINNEAPOLIS, MINNESOTA. IT OPERATES FIVE COMMUNITY HOSPITALS, ONE ACADEMIC MEDICAL CENTER AND ONE AMBULATORY MEDICAL CENTER. COMMUNITY BENEFIT ACTIVITY IS CARRIED OUT BY STAFF/LEADERSHIP AT EACH FACILITY BASED ON THE HEALTH CARE NEEDS IN THAT SERVICE AREA. FAIRVIEW'S CORPORATE COMMUNITY HEALTH DEPARTMENT SUPPORTS THESE LOCAL EFFORTS BY SHARING BEST PRACTICES, FINDING EFFICIENCIES AMONG HOSPITAL COMMUNITY HEALTH LEADERS AS APPROPRIATE, COORDINATING THE COMMUNITY HEALTH NEEDS ASSESSMENTS AND MORE.</p>
SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	MN

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

FAIRVIEW HEALTH SERVICES

Employer identification number

41-0991680

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	41-1573810	501C(3)	174,531	0	FMV	N/A	HOSPITAL SUPPORT
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) 2021

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

<b>Part IV</b>	<b>Supplemental Information.</b> Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.
----------------	--

(SEE STATEMENT)

# Part IV

**Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	FAIRVIEW HEALTH SERVICES SOLICITS GRANT FUNDING ONLY FOR PURPOSES THAT QUALIFY AS CHARITABLE, RESEARCH OR EDUCATION PURPOSES AS DEFINED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986. FAIRVIEW'S PROCESSES AND PROCEDURES ADHERE TO FEDERAL GUIDELINES AND ARE SUBJECT TO AUDIT. THE SAME PROCESSES AND PROCEDURES ARE APPLIED FOR FEDERAL AS WELL AS PRIVATE GRANTS AND SERVICE AGREEMENTS. THE GRANT APPLICATION PROCESS IS MONITORED BY THE RESEARCH ADMINISTRATION GROUP AND THE APPLICATION OF GRANT FUNDS ARE MONITORED BY THE RESEARCH AND EDUCATION ACCOUNTING GROUP. THESE TWO GROUPS MEET MONTHLY TO ENSURE ALL GRANTS ARE BEING ADMINISTERED PROPERLY.
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	FAIRVIEW FOUNDATION 2450 RIVERSIDE AVENUE S, MINNEAPOLIS, MN 55454

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

FAIRVIEW HEALTH SERVICES

**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

**2021**

**Open to Public Inspection**

Employer identification number

41-0991680

**Part I Questions Regarding Compensation**

	Yes	No
<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. <div style="display: flex; justify-content: space-between;"> <div> <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                 </div> <div> <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 (such as maid, chauffeur, chef)                 </div> </div>		
<b>b</b> If any of the boxes on 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.		
<b>1b</b>		
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		
<b>2</b>		
<b>3</b> Indicate which, if any, of the following the 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. <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input checked="" type="checkbox"/> Form 990 of other organizations                 </div> <div> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </div> </div>		
<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: <div style="margin-left: 20px;"> <b>a</b> Receive a severance payment or change-of-control payment?                 </div>		
<b>4a</b>	✓	
<div style="margin-left: 20px;"> <b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?                 </div>		
<b>4b</b>	✓	
<div style="margin-left: 20px;"> <b>c</b> Participate in or receive payment from an equity-based compensation arrangement?                 </div>		
<b>4c</b>		✓
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b>		
<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: <div style="margin-left: 20px;"> <b>a</b> The organization?                 </div>		
<b>5a</b>		✓
<div style="margin-left: 20px;"> <b>b</b> Any related organization?                 </div>		
<b>5b</b>		✓
If "Yes" on line 5a or 5b, describe in Part III.		
<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: <div style="margin-left: 20px;"> <b>a</b> The organization?                 </div>		
<b>6a</b>		✓
<div style="margin-left: 20px;"> <b>b</b> Any related organization?                 </div>		
<b>6b</b>		✓
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.		
<b>7</b>	✓	
<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.		
<b>8</b>		✓
<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)?		
<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 aren't 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 and/or 1099-NEC 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				
1 JAMES HEREFORD PRESIDENT/CEO	(i)	1,729,577	400,000	132,858	443,315	69,348	2,775,098	0
	(ii)	0	0	0	0	0	0	0
2 MICHAEL CAMPOLI, MD PHYSICIAN	(i)	1,819,689	0	15,620	17,400	25,101	1,877,810	0
	(ii)	0	0	0	0	0	0	0
3 ROHANN LALL, MD PHYSICIAN	(i)	1,395,057	347,868	9,832	17,400	24,235	1,794,392	0
	(ii)	0	0	0	0	0	0	0
4 LAURA REED, RN COO/CNO	(i)	975,974	100,000	9,535	124,997	32,569	1,243,076	0
	(ii)	0	0	0	0	0	0	0
5 JOHN BATSON CHIEF FINANCIAL OFF	(i)	896,162	150,000	1,097	122,016	27,395	1,196,670	0
	(ii)	0	0	0	0	0	0	0
6 MARK WELTON, MD CHIEF MEDICAL OFFICE	(i)	769,694	100,000	19,760	104,369	35,734	1,029,557	0
	(ii)	0	0	0	0	0	0	0
7 ROBERT BEACHER CHIEF SHARED CLINIC	(i)	668,801	100,000	59,013	94,280	46,904	968,998	0
	(ii)	0	0	0	0	0	0	0
8 DAVID CROSBY CHIEF VALUE BASED SOLUTIONS	(i)	331,842	40,004	60,786	45,885	23,158	501,674	0
	(ii)	293,764	153,760	5,712	0	5,739	458,975	0
9 TRUDI TRYSLA CHIEF LEGAL COUNSEL	(i)	605,729	100,000	94,077	87,973	64,587	952,365	0
	(ii)	0	0	0	0	0	0	0
10 SAMEER BADLANI CHF INFORMATION OFF	(i)	683,708	100,000	0	96,760	23,351	903,819	0
	(ii)	0	0	0	0	0	0	0
11 MARY NEASE CHIEF PEOPLE OFFICER	(i)	601,028	100,000	0	88,016	27,747	816,791	0
	(ii)	0	0	0	0	0	0	0
12 SRIJOY MAHAPATRA CHF STRATEGY OFFICER	(i)	114,408	0	682,666	13,724	215	811,013	0
	(ii)	0	0	0	0	0	0	0
13 MICHAEL TRAN, MD PHYSICIAN	(i)	750,454	0	8,860	17,400	31,111	807,824	0
	(ii)	0	0	0	0	0	0	0
14 WILLIAM OMILE, MD PHYSICIAN	(i)	717,437	0	27,956	17,400	31,111	793,903	0
	(ii)	0	0	0	0	0	0	0
15 ANDREW PORTIS, MD PHYSICIAN (SEE STATEMENT)	(i)	743,509	0	0	17,400	31,111	792,020	0
	(ii)	0	0	0	0	0	0	0
16	(i)							
	(ii)							

**Part II****Officers, Directors, Trustees, Key Employees and Highest Compensated Employees** (continued)

(a) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<sup>(16)</sup> SCOTT WEBER CHF MRKTG COMM & DIG	(i)	446,713	45,000	0	67,212	21,655	580,580	0
	(ii)	0	0	0	0	0	0	0
<sup>(17)</sup> ANDREA MOKROS EVP & CHF PUBLIC AFF	(i)	377,461	100,000	0	68,452	21,010	566,924	0
	(ii)	0	0	0	0	0	0	0
<sup>(18)</sup> JOHN DOHERTY FORMER OFFICER	(i)	0	0	242,131	0	0	242,131	108,075
	(ii)	0	0	0	0	0	0	0

## 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 - Identifier	Explanation
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	SEVERANCE PAYMENTS MADE TO INDIVIDUALS: SRIJOY MAHAPATRA \$561,774 JOHN DOHERTY \$134,056
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	PARTICIPANTS IN A NONQUALIFIED RETIREMENT PLAN WHO RECEIVED AN ACCRUED CONTRIBUTION: JAMES HEREFORD \$425,915 LAURA REED, RN \$107,597 JOHN BATSON \$104,616 MARK WELTON, MD \$86,969 ROBERT BEACHER \$76,880 ANDREA MOKROS \$51,732 SAMEER BADLANI \$79,360 TRUDI TRYSLA \$70,573 MARY NEASE \$70,616 SRIJOY MAHAPATRA \$11,441 SCOTT WEBER \$49,812 DAVID CROSBY \$37,185 PAYMENTS FROM NONQUALIFIED RETIREMENT PLAN TO INDIVIDUALS WERE: JOHN DOHERTY \$490,775 SRIJOY MAHAPATRA \$36,811
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	FAIRVIEW HEALTH SERVICES PROVIDES LUMP SUM FINANCIAL AWARDS BASED ON SYSTEM-WIDE, BUSINESS UNIT AND/OR DEPARTMENTS FINANCIAL AND QUALITY MEASURES. ANNUAL GOALS, SPECIFICALLY TIED TO PRODUCTIVITY AND QUALITY INDICATORS, ARE SET FOR THE YEAR AND AN INCENTIVE PAID OUT ANNUALLY IF KEY GOALS AND MEASURES ARE ACHIEVED.
SCHEDULE J, PART I, LINE 4A -	SEVERANCE TERMS AND CONDITIONS: SEVERANCE BENEFIT PAYMENTS WILL COMMENCE ON THE FIRST REGULARLY SCHEDULED PAY DATE THAT OCCURS AT LEAST FIVE (5) DAYS AFTER THE EXPIRATION OF THE RESCISSION PERIOD. PAYMENT OF SEVERANCE BENEFITS IS CONTINGENT UPON (I) MY HAVING FIRST SIGNED AND NOT RESCINDED MY SERVICE AGREEMENT AND RELEASE AGREEMENT AND (II) THE RETURN OF FAIRVIEW'S PROPERTY.
SCHEDULE J, PART I, LINE 4B - OTHER ADDITIONAL INFORMATION	THE NONQUALIFIED PLAN (THE PLAN) IS ONLY OPEN TO A SELECT GROUP OF HIGHLY COMPENSATED EMPLOYEES. THE PLAN CONTRIBUTES THE DIFFERENCE OF WHAT 403(B) EMPLOYER CONTRIBUTIONS WERE MISSED FOR PARTICIPANTS WHO EARN MORE THAN THE IRS LIMIT ON ELIGIBLE COMPENSATION FOR QUALIFIED RETIREMENT PLANS. PARTICIPANTS MAY NOT ELECT TO DEFER COMPENSATION. CONTRIBUTIONS WILL BE MADE IN THE FORM OF A CREDIT TO THE PARTICIPANT'S ACCOUNT. WITHIN 60 DAYS AFTER A PARTICIPANT BECOMES VESTED IN A CONTRIBUTION, THE PLAN SHALL PAY TO THE PARTICIPANT AN AMOUNT EQUAL TO THE AMOUNT THE PARTICIPANT IS REQUIRED TO PAY FEDERAL, STATE, LOCAL, AND FOREIGN INCOME TAXES AND EMPLOYMENT TAXES DUE TO THE VESTING. THE REMAINING AMOUNT IN THE PARTICIPANT'S ACCOUNT SHALL NOT BE PAID UNTIL THE SEPARATION FROM SERVICE PAYMENT DATE. A PARTICIPANT'S ACCOUNT SHALL BE DISTRIBUTED IN CASH. THE PLAN COMPLIES WITH SECTION 457(F) OF THE CODE.

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► 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

**2021**

**Open to Public  
Inspection**

Name of the organization

FAIRVIEW HEALTH SERVICES

Employer identification number

41-0991680

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	CITY OF MINNEAPOLIS	41-6005375	60374VDV2	09/02/2015	122,972,746	(SEE STATEMENT)		✓		✓		✓
<b>B</b>	CITY OF MINNEAPOLIS	41-6005375	60374VEF6	10/10/2018	279,898,918	(SEE STATEMENT)		✓		✓		✓
<b>C</b>	CITY OF MINNEAPOLIS	41-6005375	60374VEG4	10/10/2018	223,525,000	REFUND BONDS ISSUED 10/06/2010		✓		✓		✓
<b>D</b>	HOUSING & REDEVELOPMENT CITY OF SAINT PAUL	52-1440935	792909FMO	08/30/2017	224,728,004	(SEE STATEMENT)		✓		✓		✓

**Part II Proceeds**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
<b>1</b> Amount of bonds retired . . . . .	13,855,000						20,125,000	
<b>2</b> Amount of bonds legally defeased . . . . .								
<b>3</b> Total proceeds of issue . . . . .	122,972,746		280,106,908		223,525,000		224,728,004	
<b>4</b> Gross proceeds in reserve funds . . . . .								
<b>5</b> Capitalized interest from proceeds . . . . .								
<b>6</b> Proceeds in refunding escrows . . . . .								
<b>7</b> Issuance costs from proceeds . . . . .	1,409,724		1,976,281		1,020,102		2,014,876	
<b>8</b> Credit enhancement from proceeds . . . . .								
<b>9</b> Working capital expenditures from proceeds . . . . .								
<b>10</b> Capital expenditures from proceeds . . . . .	31,000,000		102,968,992				191,063,551	
<b>11</b> Other spent proceeds . . . . .	90,563,022		175,161,635		222,504,898		31,649,577	
<b>12</b> Other unspent proceeds . . . . .								
<b>13</b> Year of substantial completion . . . . .	2015		2021				2017	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	✓		✓		✓		✓	
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		✓		✓		✓		✓
<b>16</b> Has the final allocation of proceeds been made? . . . . .	✓		✓		✓		✓	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	✓		✓		✓		✓	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50193E

Schedule K (Form 990) 2021

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		✓		✓		✓		✓
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	✓		✓		✓		✓	
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	✓		✓		✓		✓	
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	✓		✓		✓		✓	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		✓		✓		✓		✓
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . ►		0.12 %		0.93 %		0.47 %		0.00 %
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . ►		0.00 %		0.00 %		0.00 %		0.00 %
<b>6</b> Total of lines 4 and 5 . . . . .		0.12 %		0.93 %		0.47 %		0.00 %
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		✓		✓		✓		✓
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓		✓		✓		✓
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	✓		✓		✓		✓	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		✓		✓		✓		✓
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? . . . . .	✓		✓		✓		✓	
<b>b</b> Exception to rebate? . . . . .		✓		✓		✓		✓
<b>c</b> No rebate due? . . . . .		✓		✓		✓		✓
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		✓		✓	✓			✓



# Part VI

**Supplemental Information.** Supplemental Information Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE K, PART I, COLUMN (C) - BOND C	CUSIP #S: 60374VEG4 & 60374VEJ8
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: CITY OF MINNEAPOLIS	NEW CONSTRUCTION AND REFUNDING OF BONDS ISSUED 4/15/1997, 5/10/2000, 5/21/2002, AND 5/10/2005.
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: CITY OF MINNEAPOLIS	RENOVATION PROJECT AND REFUND BONDS ISSUED 10/29/2008
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: HOUSING & REDEVELOPMENT CITY OF SAINT PAUL	CAPITAL ACQUISITION AND TO REFUND CERTAIN TAX EXEMPT AND HUD DEBT
SCHEDULE K, PART II, LINE 3 -	DIFFERENCES BETWEEN THE ISSUE PRICE (PART I, COLUMN (E)) AND TOTAL PROCEEDS (PART II, LINE 3) ARE DUE TO INVESTMENT EARNINGS.



**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **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

**2021**

**Open to Public Inspection**

Name of the organization

FAIRVIEW HEALTH SERVICES

Employer identification number

41-0991680

**Part I** **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25	✓	1	146,189	MARKET VALUE
26				
27				
28				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . .	29	0
----	---	----	---

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		✓
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	OTHER - MEDICAL EQUIPMENT WAS DONATED TO VARIOUS LOCATIONS WITHIN FAIRVIEW HEALTH SERVICES. ALL DONATIONS WERE RECEIVED FROM ONE DONOR.

**SCHEDULE O  
(Form 990)**Department of Treasury Internal  
Revenue Service**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.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the Organization  
**FAIRVIEW HEALTH SERVICES**Employer Identification Number  
**41-0991680**

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 6 - PART I, LINE 6	OUR VOLUNTEERS ARE VALUED MEMBERS OF THE HEALTH CARE TEAM, ENHANCING THE PATIENT AND FAMILY EXPERIENCE BY MEETING OUR PATIENTS' NEEDS. SOME OF THE SERVICES PROVIDED INCLUDE WAYFINDING FOR PATIENTS, FAMILIES AND VISITORS AND ESCORTS AND WHEELCHAIR TRANSPORTS FOR PATIENTS AND FAMILY MEMBERS. OUR VOLUNTEERS PROVIDE HOSPITALITY FOR PATIENTS, FAMILIES AND VISITORS AND PROVIDE ASSISTANCE WITH SPECIAL ONSITE AND COMMUNITY EVENTS AND ACTIVITIES.
FORM 990, PART III, LINE 1 - MISSION, CONTINUED	<p>COMPASSION: WE RECOGNIZE AND RESPOND TO THE EMOTIONAL, SPIRITUAL AND PHYSICAL NEEDS OF ALL THE PEOPLE WE SERVE. WE CREATE A CARING ENVIRONMENT, CONDUCIVE TO HEALING, GROWTH AND WELL-BEING FOR ALL.</p> <p>INNOVATION: WE SUPPORT CLINICAL RESEARCH THAT LEADS TO TOMORROW'S CURES. WE ADVANCE NEW BUSINESS MODELS THAT WILL CHANGE HEALTH CARE. FROM THE BEDSIDE TO THE CALL CENTER, WE ARE COMMITTED TO CONTINUAL IMPROVEMENT. INNOVATION IS PART OF WHO WE ARE.</p> <p>FAIRVIEW'S MOST SIGNIFICANT ACTIVITIES: FAIRVIEW HEALTH SERVICES PROVIDES A FULL CONTINUUM OF HEALTH CARE SERVICES THROUGHOUT ITS SERVICE AREA WHICH INCLUDES MINNEAPOLIS-ST. PAUL, AS WELL AS COMMUNITIES THROUGHOUT GREATER MINNESOTA. IN PARTNERSHIP WITH THE UNIVERSITY OF MINNESOTA, FAIRVIEW STAFF AND PROVIDERS ARE REDESIGNING CARE DELIVERY AND PAYMENT TO PROVIDE GREATER VALUE-EXCEPTIONAL PATIENT CARE AND EXPERIENCE AT A LOWER TOTAL COST OF CARE.</p> <p>WE COMMIT OUR SKILLS AND RESOURCES TO THE BENEFIT OF THE WHOLE PERSON BY PROVIDING THE FINEST IN HEALTHCARE, WHILE ADDRESSING THE PHYSICAL, EMOTIONAL AND SPIRITUAL NEEDS OF INDIVIDUALS AND THEIR FAMILIES. WE FURTHER PLEDGE TO SUPPORT THE RESEARCH AND EDUCATION EFFORTS OF OUR PARTNER, THE UNIVERSITY OF MINNESOTA, AND ITS TRADITION OF EXCELLENCE</p>
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	<p>VALUES: DIGNITY: WE VALUE THE UNIQUENESS OF EACH PERSON AND WORK TO ENSURE EVERYONE'S RIGHT TO PRIVACY. WE RESPECT THE CULTURES, VALUES, BELIEFS AND TRADITIONS OF OTHERS AND HONOR THEIR TALENTS AND CONTRIBUTIONS. INTEGRITY: WE SAY WHAT WE MEAN AND DO WHAT WE SAY. WE COMMUNICATE OPENLY AND HONESTLY AND BEHAVE ETHICALLY. WE DEMAND THE BEST OF OURSELVES AND ACCEPT SHARED ACCOUNTABILITY FOR OUR ACTIONS.</p> <p>SERVICE: WE WORK TO MAKE A DIFFERENCE IN PEOPLE'S LIVES AND IN OUR COMMUNITIES. WE STRIVE FOR EXCELLENCE BY ANTICIPATING, MEETING AND EXCEEDING EXPECTATIONS. WE CONTINUALLY IMPROVE OUR PROGRAMS AND SKILLS THROUGH LEARNING AND INNOVATION. WE RESPONSIBLY MANAGE OUR RESOURCES.</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION</p>	<p>CLINICS, AND OTHER SERVICES. ALL ARE PART OF A SHARED CARE DELIVERY SYSTEM THAT IS LED BY A SINGLE STRUCTURE THAT INCLUDES ACADEMIC PHYSICIAN LEADERSHIP. THE GOAL OF THE JOINT CLINICAL ENTERPRISE IS TO CREATE A NATIONALLY-RENOUNDED ACADEMIC HEALTH SYSTEM. THIS CARE SYSTEM WAS UNITED UNDER A SINGLE BRAND, M HEALTH FAIRVIEW, WHICH IS INCLUSIVE OF THE FAIRVIEW HOSPITALS AND CLINICS</p> <p>IN MARCH 2020, THE WORLD HEALTH ORGANIZATION DECLARED THE COVID-19 OUTBREAK A PANDEMIC. THE PANDEMIC HAS HAD A SIGNIFICANT NEGATIVE EFFECT ON THE HEALTHCARE INDUSTRY. FAIRVIEW CONTINUES TO FOLLOW GUIDANCE FROM THE CENTER FOR DISEASE CONTROL AND PREVENTION AND THE MINNESOTA DEPARTMENT OF HEALTH AND IS COORDINATING ITS ACTIVITIES WITH STATE AND LOCAL GOVERNMENTS AS WELL AS OTHER HEALTH SYSTEMS IN THE STATE AND REGION. FIRST AND FOREMOST, FAIRVIEW'S FOCUS IS ON CARING FOR ITS PATIENTS DURING THIS ONGOING PANDEMIC.</p> <p>FAIRVIEW CONTINUES TO PROVIDE COVID-19 VACCINES TO ALL INDIVIDUALS AGES 5 AND OLDER. FAIRVIEW IS COMMITTED TO EDUCATING THE COMMUNITY AND DISTRIBUTING VACCINES. FAIRVIEW HAS ADMINISTERED THE MOST VACCINES IN THE STATE OF MINNESOTA. AS OF DECEMBER 31, 2021, FAIRVIEW HAS ADMINISTERED MORE THAN 540,000 DOSES TO PATIENTS IN THE SYSTEM.</p> <p>A REMARKABLE PROGRAM CALLED THE MINNESOTA IMMUNIZATION NETWORK INITIATIVE (MINI), A COLLABORATION LED BY FAIRVIEW AND SUPPORTED BY OVER 120 COMMUNITY PARTNERS, WORKS TO REDUCE BARRIERS TO INFLUENZA VACCINATIONS FOR COMMUNITIES EXPERIENCING DISPARITIES. MINI PROVIDES FLU IMMUNIZATIONS FREE OF CHARGE TO COMMUNITY MEMBERS SIX MONTHS AND OLDER. SINCE INCEPTION, MORE THAN 100,000 IMMUNIZATIONS HAVE BEEN GIVEN TO PREVENT INFLUENZA.</p> <p>MINI CLINICS ARE HOSTED AT NON-TRADITIONAL LOCATIONS SUCH AS CHURCHES, MOSQUES, TEMPLES, SCHOOLS, COMMUNITY CENTERS, LIBRARIES, FOOD PANTRIES, AND HOMELESS SHELTERS. THE CLINICS ARE HOSTED BY A LOCAL PARTNER WHO PROVIDES THE SPACE, PROMOTION, AND SERVES AS A TRUSTED MESSENGER FOR COMMUNITY MEMBERS. FAIRVIEW PROVIDES THE VACCINE AND CLINICAL TEAM, INCLUDING INTERPRETERS, SUPPORT STAFF AND INFORMATION ABOUT OTHER LOCAL COMMUNITY RESOURCES. INFLUENZA VACCINATIONS ARE PROVIDED AT NO CHARGE TO PARTICIPANTS, SIX MONTHS AND OLDER. MINI CLINICS HAVE EXPANDED THEIR REACH TO INCLUDE OTHER VACCINATIONS SUCH AS HEPATITIS A, BLOOD PRESSURE SCREENING AND CARDIOVASCULAR HEALTH EDUCATION, FREE DENTAL VARNISH TREATMENTS AND ORAL HEALTH EDUCATION. THESE SERVICES ARE OFTEN PROVIDED IN CONJUNCTION WITH MINI FLU SHOTS CLINICS OR ON THEIR OWN.</p> <p>DURING THE COVID-19 PANDEMIC, THE MINI PROGRAM LEVERAGED OVER 15 YEARS OF EXPERIENCE PROVIDING MOBILE CLINICAL SERVICES IN DIVERSE SETTINGS TO RESPOND TO THE URGENT PUBLIC HEALTH CRISIS. MINI LAUNCHED A LARGE SCALE, LOW BARRIER TESTING INITIATIVE IN PARTNERSHIP WITH SAINT PAUL RAMSEY COUNTY PUBLIC HEALTH AND THE MINNESOTA DEPARTMENT OF HEALTH. THIS COLLABORATION ENABLED THOUSANDS OF COMMUNITY MEMBERS TO RECEIVE A FREE COVID-19 TEST IN CONVENIENT, TRUSTED COMMUNITY SPACES. IN TOTAL, MINI SUPPORTED 47 TESTING EVENTS AND ADMINISTERED ALMOST 20,000 TESTS. TO DATE, MINI HAS PROVIDED 800 COMMUNITY BASED COVID VACCINATION CLINICS AND GIVEN OVER 49,800 VACCINATIONS. MINI CONTINUED TO PROVIDE INFLUENZA VACCINATIONS THROUGHOUT THE PANDEMIC AND ADMINISTERED OVER 4,000 FREE FLU SHOTS IN 2021.</p> <p>THE FAIRVIEW SYSTEM CONSISTS OF 11 HOSPITALS, IT CONTROLS AND OPERATES UNIVERSITY OF MINNESOTA MEDICAL CENTER, THE ADULT AND PEDIATRIC TEACHING HOSPITAL OF THE UNIVERSITY OF MINNESOTA MEDICAL SCHOOL, HAS 10 COMMUNITY BASED GENERAL ACUTE CARE HOSPITALS AND 1 LONG-TERM ACUTE CARE HOSPITAL; OVER 80 PRIMARY AND SPECIALTY CARE CLINICS; OFFERS OVER 100 SPECIALTY CARE SERVICES; URGENT CARE CLINICS; OCCUPATIONAL HEALTH CLINICS; 36 RETAIL AND SPECIALTY PHARMACIES; PHARMACY BENEFIT MANAGEMENT SERVICES; REHABILITATION CENTERS; COUNSELING; HOSPICE SERVICES; 90+ OWNED AND MANAGED SENIOR CARE FACILITIES AND LONG-TERM CARE HOUSING FACILITIES (THROUGH EBENEZER SOCIETY, A FAIRVIEW SUBSIDIARY); AND EMERGENCY MEDICAL TRANSPORTATION. FAIRVIEW'S 34,000+ EMPLOYEES AND NETWORK OF 5,000+ SYSTEM PROVIDERS EMBRACE INNOVATION AND NEW THINKING TO DRIVE A HEALTHIER FUTURE THROUGH HEALING, DISCOVERY AND EDUCATION.</p> <p>THE HEALTH CARE AND MEDICAL SERVICES WHICH FAIRVIEW PROVIDES TO THE COMMUNITY INCLUDE, BUT ARE NOT LIMITED TO: PRIMARY, SPECIALTY, TERTIARY, AND QUATERNARY CARE; HOSPITAL AND PHYSICIAN SERVICES; SENIOR SERVICES; ASSISTED LIVING; LONG-TERM CARE; URGENT CARE AND EMERGENCY SERVICES; PHARMACY; CARE OF MOTHERS AND CHILDREN; PHYSICAL THERAPY/SPORTS MEDICINE; REHABILITATION SERVICES; AND INPATIENT AND OUTPATIENT BEHAVIORAL HEALTH CARE AND CHEMICAL DEPENDENCY SERVICES. FAIRVIEW PROVIDES SPECIALIZED CARE FOR THE TREATMENT OF CANCER, HEART DISEASE, DIABETES, WOUND CARE, CHRONIC CONDITIONS, SOLID ORGAN TRANSPLANT, BLOOD AND MARROW TRANSPLANT, AND MANY OTHER SPECIALTIES. FAIRVIEW ALSO OFFERS SOCIAL WORK SERVICES, HEALTH EDUCATION AND SUPPORT GROUPS AND SERVICES FOR VARIOUS HEALTH ISSUES.</p> <p>FAIRVIEW HEALTH SERVICES PROVIDES CARE AT THE FOLLOWING:</p> <p>UNIVERSITY OF MINNESOTA MEDICAL CENTER AND UNIVERSITY OF MINNESOTA MASONIC CHILDREN'S HOSPITAL (UMMC) ARE THE ADULT AND PEDIATRIC TEACHING HOSPITALS OF THE UNIVERSITY OF MINNESOTA. THE MEDICAL CENTER IS LOCATED ON BOTH THE EAST AND WEST BANKS OF THE UNIVERSITY OF MINNESOTA CAMPUS. WITH 1,700 LICENSED BEDS, UMMC IS COMMITTED TO PROVIDING EXCEPTIONAL, INNOVATIVE HEALTH CARE, PAIRING GROUNDBREAKING TECHNOLOGY AND TREATMENTS WITH PATIENT-CENTERED CARE. OUR PARTNERSHIP WITH THE UNIVERSITY OF MINNESOTA MEDICAL SCHOOL AND UNIVERSITY OF MINNESOTA PHYSICIANS PROVIDES THE PLATFORM TO SPECIALIZE IN BREAKTHROUGH TREATMENTS, SURGICAL TECHNIQUES, AND LIFESAVING THERAPIES, AND TO TRAIN TOMORROW'S PHYSICIANS. CLINICAL TRIALS ADVANCE OUR CLINICAL SERVICES, BRINGING THE NEWEST RESEARCH AND IDEAS TO PATIENT CARE. WE ALSO PROVIDE AN IMPORTANT TRAINING ENVIRONMENT FOR RESIDENTS, FELLOWS, AND MANY OTHER HEALTH CARE LEARNERS. KEY SERVICES INCLUDE MATERNITY, HEART CARE, GENERAL SURGERY, CANCER CARE, SOLID ORGAN TRANSPLANTS, BLOOD MARROW TRANSPLANTS, AND PEDIATRIC SPECIALTIES. FAIRVIEW, IN PARTNERSHIP WITH UNIVERSITY OF MINNESOTA PHYSICIANS, PROVIDES EXCEPTIONAL CARE IN MORE THAN 100 SPECIALTY AREAS. OTHER SERVICES OFFERED THROUGH RELATED ENTITIES INCLUDE PHARMACY, REHABILITATION SERVICES, FAIRVIEW ACHIEVEMENT CENTER, FAIRVIEW PARTNERS, FAIRVIEW COUNSELING</p>

Return Reference - Identifier	Explanation
	<p>SERVICES, CARE MANAGEMENT AND COORDINATION, MEDICAL TRANSPORTATION, AND SUBSIDIZED HEALTH SERVICES.</p> <p>FAIRVIEW SOUTHDAL E HOSPITAL OPENED IN EDINA IN 1965. WITH 390 LICENSED BEDS, THE HOSPITAL IS KNOWN FOR ITS AWARD-WINNING HEART, STROKE, AND CANCER CARE. FAIRVIEW SOUTHDAL E OFFERS CONVENIENT ACCESS TO MORE THAN 40 SPECIALTY SERVICES INCLUDING CARDIOLOGY, ORTHOPEDICS, ONCOLOGY, OBSTETRICS, PRIMARY CARE, NEUROSCIENCES, CRITICAL CARE, VASCULAR AND EMERGENCY SERVICES. KEY SERVICES INCLUDE LABOR AND DELIVERY, HEART CARE, CANCER CARE, A BREAST CENTER, ORTHOPEDIC SURGERY, GENERAL SURGERY, SPINE &amp; BRAIN, A STROKE CENTER, AND SLEEP SERVICES.</p> <p>FAIRVIEW RIDGES HOSPITAL OPENED IN BURNSVILLE IN 1985. IT PROVIDES COMPREHENSIVE, SPECIALIZED CARE TO THE SOUTHERN TWIN CITIES COMMUNITY WITH ITS 150 LICENSED BEDS. FAIRVIEW RIDGES HOSPITAL PROVIDES CARE FOR THE ENTIRE FAMILY, INCLUDING PEDIATRIC EMERGENCY CARE AND NEONATAL INTENSIVE CARE. THE HOSPITAL OFFERS ONSITE ACCESS TO SPECIALISTS IN EVERYTHING FROM HEART AND CANCER CARE TO MIDWIFERY AND SPORTS MEDICINE. IN DECEMBER 2021, U.S. NEWS &amp; WORLD REPORT RELEASED ITS FIRST-EVER "BEST HOSPITALS FOR MATERNITY" LIST, RECOGNIZING M HEALTH FAIRVIEW RIDGES HOSPITAL, AS AMONG 237 "HIGH PERFORMING" HOSPITALS NATIONWIDE. KEY SERVICES INCLUDE LABOR AND DELIVERY, HEART CARE, CANCER CARE, BREAST CENTER, ORTHOPEDIC SURGERY, GENERAL SURGERY, SPINE &amp; BRAIN, PEDIATRIC INPATIENT, AND SLEEP SERVICES.</p>
<p>FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION</p>	<p>THE FOLLOWING IS A BREAKDOWN ON COSTS RELATED TO THE COST OF PARTICIPATING IN GOVERNMENT PROGRAMS:</p> <p>COSTS EXCEED MEDICAID REIMBURSEMENT: FAIRVIEW IS SERVING THOUSANDS OF LOW INCOME INDIVIDUALS COVERED BY MEDICAL ASSISTANCE AND MINNESOTA CARE. REIMBURSEMENT FROM THESE PROGRAMS IS LESS THAN FAIRVIEW'S COST OF PROVIDING CARE TO THESE PATIENTS. TOTAL MEDICAID SURTAX COSTS RELATED TO HOSPITALS, PHARMACIES, AND SURGICAL CENTERS WAS \$26,200,664.</p> <p>MINNESOTA CARE TAX: THE STATE OF MINNESOTA LEVIES A 2 PERCENT TAX ON CERTAIN HEALTH CARE PROVIDER REVENUES. MONEY GENERATED FROM THIS TAX HELPS TO DEFRAY THE COSTS INCURRED FROM MINNESOTA CARE AND OTHER PROGRAMS/SERVICES FOR UNINSURED INDIVIDUALS. IN 2021, FAIRVIEW PAID \$30,821,605 IN MINNESOTA CARE TAXES.</p> <p>TAXES AND FEES: FAIRVIEW DOES PAY SOME PROPERTY TAX TO LOCAL AND STATE GOVERNMENT. THIS HELPS TO FUND CIVIL AND EDUCATIONAL SERVICES IN THE COMMUNITY. THE REAL ESTATE COSTS FOR 2021 TOTALED \$2,557,166 AND THE SALES AND INCOME TAXES TOTALED \$7,494,530.</p> <p>COSTS EXCEEDING MEDICARE REIMBURSEMENT: FAIRVIEW CARES FOR THOUSANDS OF INDIVIDUALS AGES 65 AND OLDER WHO ARE COVERED BY MEDICARE. FAIRVIEW INCURRED \$155,956,878 OF MEDICARE REIMBURSEMENT SHORTFALLS. REIMBURSEMENT FROM MEDICARE IS LESS THAN FAIRVIEW'S COST OF PROVIDING CARE TO THE PATIENT. THE TOTAL COST OF PROVIDING THESE BENEFITS WAS \$953,444,476.</p>
<p>FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION</p>	<p>FAIRVIEW CONTINUES ITS FOCUS AND SUPPORT OF RESEARCH AND EDUCATION. THIS COMMITMENT INCLUDED PROVIDING THE RESOURCES OF TIME, MONEY, AND TALENT WHILE ENSURING THE FACILITIES, SUPPORTING INFRASTRUCTURES, AND PROCESSES WERE AVAILABLE TO FACILITATE AND ENCOURAGE THE CREATION OF NEW KNOWLEDGE. FAIRVIEW HAD MORE THAN 1,100 ACTIVE CLINICAL RESEARCH STUDIES UNDERWAY ACROSS THE HEALTH CARE SYSTEM. RESEARCH RANGES FROM DEEP BRAIN STIMULATION TO ULTRASOUND TREATMENT OF RHEUMATOID ARTHRITIS, STEM CELL TRANSPLANTS FOR MULTIPLE SCLEROSIS TO RECURRENT HYPOGLYCEMIA AND MANY OTHER TOPICS.</p> <p>FAIRVIEW OFFERS NUMEROUS SPONSORSHIPS AND TRAINING PROGRAMS, INTERNSHIPS, AND SCHOLARSHIPS TO EMPLOYEES AND THEIR DEPENDENTS - AS WELL AS TO STUDENTS IN OUR COMMUNITIES. FAIRVIEW PARTNERS WITH MORE THAN 160 SCHOOLS, 255 FAITH COMMUNITIES, AND 50 COMMUNITY GROUPS. FAIRVIEW HAS EDUCATIONAL PARTNERSHIPS WITH THE UNIVERSITY OF MINNESOTA AND ST. CATHERINE UNIVERSITY AND AFFILIATIONS WITH MANY OTHER INSTITUTIONS. FAIRVIEW ALSO OFFERS ITS OWN SPECIALIZED TRAINING PROGRAM IN PERIOPERATIVE NURSING. MORE THAN 5,500 COLLEGE AND GRADUATE STUDENTS PREPARED FOR CAREERS IN A WIDE RANGE OF MEDICAL FIELDS THROUGH CLINICAL TRAINING, INTERNSHIPS, AND JOB SHADOWING AT FAIRVIEW HOSPITALS AND CLINICS.</p> <p>THROUGH FAIRVIEW'S CLOSE PARTNERSHIP WITH THE UNIVERSITY OF MINNESOTA, MORE THAN 1,140 MEDICAL STUDENTS, RESIDENTS, AND FELLOWS TOOK COURSES AND COMPLETED ROTATIONS OF VARIOUS LENGTHS AT FAIRVIEW SETTINGS, INCLUDING M HEALTH FAIRVIEW UNIVERSITY OF MINNESOTA MEDICAL CENTER, M HEALTH FAIRVIEW UNIVERSITY OF MINNESOTA MASONIC CHILDREN'S HOSPITAL, AND FAIRVIEW'S PRIMARY CARE CLINICS. FAIRVIEW ALSO PROVIDES NUMEROUS CONTINUING EDUCATION OPPORTUNITIES TO ITS EMPLOYEES TO ENABLE THEM TO ENSURE THEY ARE KNOWLEDGEABLE ABOUT THE LATEST INNOVATIONS IN HEALTH CARE DELIVERY.</p>
<p>FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS</p>	<p>THE MEMBERS OF THE CORPORATION ARE THE INDIVIDUALS WHO CONSTITUTE THE DIRECTORS OF THIS CORPORATION.</p>
<p>FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY</p>	<p>THE BOARD HAS THREE CATEGORIES OF DIRECTORS: 1) 3 EX OFFICIO WHO ARE FAIRVIEW'S CEO AND THE UNIVERSITY'S VICE PRESIDENT OF MEDICAL SCHOOL AND A SENIOR LEADER OF THE UNIVERSITY MEDICAL SCHOOL OR OF THE UNIVERSITY APPOINTED, FROM TIME TO TIME, BY THE VICE PRESIDENT 2) 10 ELECTED DIRECTORS WHO ARE 1 DIRECTOR ELECTED BY THE REGENTS OF THE UNIVERSITY OF MINNESOTA AND 9 ELECTED BY THE BOARD AFTER NOMINATION FROM CERTAIN COMPONENTS OF THE FAIRVIEW SYSTEM; AND 3) BETWEEN 3 TO 8 AT LARGE DIRECTORS ELECTED BY THE BOARD.</p>

Return Reference - Identifier	Explanation										
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	THE REGENTS OF THE UNIVERSITY OF MINNESOTA HAVE THE RIGHT TO APPROVE PROPOSED AMENDMENTS TO THE ARTICLES OF INCORPORATION AND BYLAWS OF THE CORPORATION IF THE AMENDMENT WOULD ADVERSELY AFFECT THEIR RIGHTS AND CERTAIN SALES OF SUBSTANTIALLY ALL OF FAIRVIEW'S ASSETS.										
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE TAX DEPARTMENT CONDUCTS A DETAILED REVIEW OF THE COMPLETED RETURN. THE RETURN IS ALSO REVIEWED BY THE CFO AND CLO/CAO. THE FORM 990 IS THEN PRESENTED TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR THEIR REVIEW AND APPROVAL ON BEHALF OF THE BOARD OF DIRECTORS. UPON APPROVAL FROM THE BOARD OF DIRECTORS, THE FORM 990 IS FILED.										
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	MANAGERS, DIRECTORS AND SENIOR MANAGEMENT ARE REQUIRED TO ANNUALLY COMPLETE A DUTY OF LOYALTY AND CONFLICT OF INTEREST STATEMENT IN COMPLIANCE WITH FAIRVIEW'S SYSTEM CONFLICT OF INTEREST POLICY. DISCLOSURES ARE REVIEWED BY THE COMPLIANCE DEPARTMENT. ANY CONFLICTS OF INTEREST BY BOARD MEMBERS ARE BROUGHT TO THE BOARD FOR REVIEW.										
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE DETERMINATION OF EXECUTIVE COMPENSATION OF THE ORGANIZATION IS PROCESSED BY THE HUMAN RESOURCES COMMITTEE AND INCLUDES A REVIEW OF COMPARABILITY DATA, REVIEW BY INDEPENDENT EXPERTS AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION PROCESS. THIS PROCESS IS PERFORMED ANNUALLY AND WAS LAST COMPLETED IN DECEMBER 2021.										
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE DETERMINATION OF EXECUTIVE COMPENSATION OF THE ORGANIZATION IS PROCESSED BY THE HUMAN RESOURCES COMMITTEE AND INCLUDES A REVIEW OF COMPARABILITY DATA, REVIEW BY INDEPENDENT EXPERTS AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION PROCESS. THIS PROCESS IS PERFORMED ANNUALLY AND WAS LAST COMPLETED IN DECEMBER 2021.										
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	FAIRVIEW HEALTH SERVICES MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND INSPECTION OF THE DOCUMENTS IS AVAILABLE AT THE CORPORATE FINANCE DEPARTMENT.										
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table> <tr> <th>(a) Description</th><th>(b) Amount</th></tr> <tr> <td>DEFINED PENSION</td><td>621,963</td></tr> <tr> <td>JV ACTIVITY - SURGERY CENTERS</td><td>7,901,035</td></tr> <tr> <td>RELATED ORGANIZATION ADJUSTMENT</td><td>- 230,286,597</td></tr> <tr> <td>JV ACTIVITY - ACCENT CARE</td><td>- 2,652,362</td></tr> </table>	(a) Description	(b) Amount	DEFINED PENSION	621,963	JV ACTIVITY - SURGERY CENTERS	7,901,035	RELATED ORGANIZATION ADJUSTMENT	- 230,286,597	JV ACTIVITY - ACCENT CARE	- 2,652,362
(a) Description	(b) Amount										
DEFINED PENSION	621,963										
JV ACTIVITY - SURGERY CENTERS	7,901,035										
RELATED ORGANIZATION ADJUSTMENT	- 230,286,597										
JV ACTIVITY - ACCENT CARE	- 2,652,362										
FORM 990, PART III, LINE 4A PROGRAM SERVICE DESCRIPTION (CONTINUED) -	<p>FAIRVIEW LAKES MEDICAL CENTER IS A COMMUNITY HOSPITAL IN WYOMING, MINNESOTA WITH 61 LICENSED BEDS. SINCE OPENING IN 1998, THE MEDICAL CENTER WORKS WITH NEARBY FAIRVIEW PRIMARY AND SPECIALTY CLINICS, AND WITH UNIVERSITY OF MINNESOTA HEALTH SPECIALISTS, TO BRING A WIDE RANGE OF MEDICAL SERVICES TO THE SURROUNDING AREA. IN SEPTEMBER 2021, THE LOWN INSTITUTE, A NONPARTISAN HEALTHCARE THINK TANK RECOGNIZED FAIRVIEW LAKES MEDICAL CENTER AS THE MOST SOCIALLY RESPONSIBLE HOSPITAL IN MINNESOTA. IN DECEMBER 2021, U.S. NEWS &amp; WORLD REPORT RELEASED ITS FIRST-EVER "BEST HOSPITALS FOR MATERNITY" LIST, RECOGNIZING M HEALTH FAIRVIEW LAKES MEDICAL CENTER, AS AMONG 237 "HIGH PERFORMING" HOSPITALS NATIONWIDE. KEY SERVICES INCLUDE LABOR AND DELIVERY, HEART CARE, CANCER CARE, BREAST CARE/MAMMOGRAPHY, ORTHOPEDIC SURGERY, GENERAL SURGERY, SPINE &amp; BRAIN, AND SLEEP SERVICES.</p> <p>FAIRVIEW NORTHLAND MEDICAL CENTER IS A COMMUNITY HOSPITAL IN PRINCETON, MINNESOTA WITH 54 LICENSED BEDS. SINCE OPENING IN 1993, THE MEDICAL CENTER WORKS WITH NEARBY FAIRVIEW PRIMARY AND SPECIALTY CLINICS, AND WITH UNIVERSITY OF MINNESOTA HEALTH SPECIALISTS, TO BRING A WIDE RANGE OF MEDICAL SERVICES TO THE SURROUNDING AREA. KEY SERVICES INCLUDE LABOR AND DELIVERY, HEART CARE, CANCER CARE, BREAST CARE/MAMMOGRAPHY, ORTHOPEDIC SURGERY, GENERAL SURGERY, SPINE &amp; BRAIN, AND SLEEP SERVICES.</p>										



**SCHEDULE R  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

FAIRVIEW HEALTH SERVICES

**Related Organizations and Unrelated Partnerships**

► 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.

OMB No. 1545-0047

**2021****Open to Public  
Inspection**Employer identification number  
41-0991680**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FAIRVIEW PHARMACY SERVICES, LLC (72-1586863) 711 KASOTA AVENUE, MINNEAPOLIS, MN 55414	PHARMACY S	MN	171,669,915	152,297,767	FAIRVIEW
(2) FAIRVIEW MAPLE GROVE SURGERY CENTER (20-8335586) 2450 RIVERSIDE AVENUE, MINNEAPOLIS, MN 55454	MEDICAL SU	MN	(1,290,479)	2,457,180	FAIRVIEW
(3) INTEGRADOSE COMPOUNDING SERVICES, LLC (81-3927337) 719 KASOTA AVE, MINNEAPOLIS, MN 55414	COMPOUNDIN	MN	(2,084,888)	726,162	FAIRVIEW
(4) UNIVERSITY ANESTHESIA PROVIDERS, LLC (20-2265971) 2450 RIVERSIDE AVENUE, MINNEAPOLIS, MN 55454	MEDICAL SV	MN	(8,472,590)	3,456,249	FAIRVIEW
(5)					
(6)					

**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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) D&T FACILITY MANAGEMENT COMPANY (41-1928275) 2450 RIVERSIDE AVENUE SOUTH, MINNEAPOLIS, MN 55454	MANAGEMENT	MN	501(C)(3)	12 TYPE I	FAIRVIEW	✓	
(2) EBENEZER SOCIETY (41-0706141) 7505 METRO BOULEVARD, SUITE 100, EDINA, MN 55439	HEALTH CARE	MN	501(C)(3)	10	FAIRVIEW	✓	
(3) FAIRVIEW AUXILIARY (41-1414831) 6401 FRANCE AVENUE SOUTH, MINNEAPOLIS, MN 55435	SUPPORT	MN	501(C)(3)	12 TYPE III-FI	FAIRVIEW	✓	
(4) FAIRVIEW FOUNDATION (41-1573810) 2450 RIVERSIDE AVENUE SOUTH, MINNEAPOLIS, MN 55454	FUNDRAISING	MN	501(C)(3)	7	FAIRVIEW	✓	
(5) FAIRVIEW HOME CARE AND HOSPICE (41-1434246) 2450 26TH AVENUE SOUTH, MINNEAPOLIS, MN 55406	HOME HEALTH	MN	501(C)(3)	10	FAIRVIEW	✓	
(6) FAIRVIEW PHYSICIAN ASSOCIATES NETWORK (41-1753325) 3400 WEST 66TH STREET, MINNEAPOLIS, MN 55435	CLINICAL	MN	501(C)(3)	10	FAIRVIEW	✓	
(7) (SEE STATEMENT)							

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Cat. No. 50135Y

Schedule R (Form 990) 2021



**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	
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

**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>	✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	✓
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	✓
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	✓
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	✓
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	✓
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	✓
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	✓
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	✓
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	✓
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	✓
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	✓
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	✓
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	✓
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	✓

**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.

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
FAIRVIEW CLINICS	H	1,287,119	FMV
(1) FAIRVIEW CLINICS	L	1,147,880	FMV
(2) FAIRVIEW CLINICS	P	18,399,028	FMV
(3) FAIRVIEW CLINICS	J	3,171,723	FMV
(4) FAIRVIEW CLINICS	S	60,972,115	FMV
(5) (SEE STATEMENT)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
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(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													

Schedule R (Form 990) 2021

**Part II****Identification of Related Tax-Exempt Organizations** (continued)

(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
(7) GRAND ITASCA CLINIC AND HOSPITAL (41-1865874) 1601 GOLF COURSE ROAD, GRAND RAPIDS, MN 55744	HOSPITAL	MN	501(C)(3)	3	FAIRVIEW	✓	
(8) GRAND ITASCA FOUNDATION (41-1560554) 1601 GOLF COURSE ROAD, GRAND RAPIDS, MN 55744	FOUNDATION	MN	501(C)(3)	12 TYPE I	FAIRVIEW	✓	
(9) HEALTHEAST CARE SYSTEM (36-3617697) 2450 RIVERSIDE AVENUE SOUTH, MINNEAPOLIS, MN 55454	HOSPITAL	MN	501(C)(3)	3	FAIRVIEW	✓	
(10) HEALTHEAST MEDICAL RESEARCH INSTITUTE (41-1765832) 2450 RIVERSIDE AVENUE SOUTH, MINNEAPOLIS, MN 55454	MED RESEARCH	MN	501(C)(3)	4	FAIRVIEW	✓	
(11) HEALTHEAST PROFESSIONAL SERVICES (26-1226617) 2450 RIVERSIDE AVENUE SOUTH, MINNEAPOLIS, MN 55454	PHYSICIAN	MN	501(C)(3)	11	FAIRVIEW	✓	
(12) HEALTHEAST ST. JOHN'S HOSPITAL (14-1456897) 2450 RIVERSIDE AVENUE SOUTH, MINNEAPOLIS, MN 55454	HOSPITAL	MN	501(C)(3)	3	FAIRVIEW	✓	
(13) HEALTHEAST ST. JOSEPH'S HOSPITAL (41-0693880) 2450 RIVERSIDE AVENUE SOUTH, MINNEAPOLIS, MN 55454	HOSPITAL	MN	501(C)(3)	3	FAIRVIEW	✓	
(14) HEALTHEAST WOODWINDS HOSPITAL (41-1592761) 2450 RIVERSIDE AVENUE SOUTH, MINNEAPOLIS, MN 55454	HOSPITAL	MN	501(C)(3)	3	FAIRVIEW	✓	
(15) PREFERREDONE COMMUNITY HEALTH PLAN (41-1796007) 6105 GOLDEN HILLS DRIVE, GOLDEN VALLEY, MN 55416	INS	MN	501(C)(4)		FAIRVIEW	✓	
(16) RANGE REGIONAL HEALTH SERVICES & SU (41-1293970) 750 EAST 34TH STREET, HIBBING, MN 55746	HOSPITAL	MN	501(C)(3)	3	FAIRVIEW	✓	

**Part III**
**Identification of Related Organizations Taxable as a Partnership** (continued)

(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	
(1) RIDGES SURGERY CENTER LLC (46-2441825) 14101 FAIRVIEW DRIVE, STE 400, BURNSVILLE, MN 55337	SURG CNTR	MN	FAIRVIEW	RELATED	1,397,312	1,651,717		✓	N/A		✓	51.51
(2) HEALTHEAST SURGERY CENTER-MAPLEWOOD (20-3349887) 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	SURG CNTR	AL	N/A	N/A	N/A	N/A			N/A			N/A
(3) MAPLEWOOD IMAGING CENTER, LLC (26-1379236) 2355 HWY 36, SUITE 100, ROSEVILLE, MN 55113	IMAGING	MN	N/A	N/A	N/A	N/A			N/A			N/A
(4) CROSSTOWN SURGERY CENTER, LLC (27-2552748) 4200 DAHLBERG DRIVE, SUITE 300, GOLDEN VALLEY, MN 55422	SURGERY CENTER	MN	FAIRVIEW	RELATED	4,678,350	3,612,958		✓	N/A		✓	50.00
(5) SOUTHHEALTH ASC LLC (82-2364607) 4200 DAHLBERG DRIVE, SUITE 300, GOLDEN VALLEY, MN 55422	SURGERY CENTER	MN	FAIRVIEW	RELATED	1,825,373	1,916,411		✓	N/A		✓	51.00

**Part IV****Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(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) FAIRVIEW CLINICS (41-1761760) 2450 RIVERSIDE AVENUE SOUTH, MINNEAPOLIS, MN 55454	PHYSICIAN	MN	FAIRVIEW	C CORPORATION	(51,327,547)	122,954,399	100.00	✓	
(2) FAIRVIEW PHYSICIAN AND CLINIC SERVICES (41-1544996) 2450 RIVERSIDE AVENUE SOUTH, MINNEAPOLIS, MN 55454	PHYSICIAN	MN	FAIRVIEW	C CORPORATION	0	0	100.00	✓	
(3) FAIRVIEW DEVELOPMENT COMPANY (41-1568579) 2450 RIVERSIDE AVENUE SOUTH, MINNEAPOLIS, MN 55454	LEASEHOLD	MN	FAIRVIEW	C CORPORATION	607,749	4,441,079	100.00	✓	
(4) FAIRVIEW EXPRESS CARE (20-5996177) 2450 RIVERSIDE AVENUE SOUTH, MINNEAPOLIS, MN 55454	PHYSICIAN	MN	FAIRVIEW	C CORPORATION	(162,295,340)	81,332,956	100.00	✓	
(5) FHS ASSURANCE LIMITED (98-0417513) 2450 RIVERSIDE AVENUE SOUTH, MINNEAPOLIS, MN 55454	SELF INSUR	CAYMAN ISLANDS	FAIRVIEW	C CORPORATION	6,241,490	76,088,555	100.00	✓	
(6) HEALTHEAST DIVERSIFIED SERVICES INC (41-1388583) 2450 RIVERSIDE AVENUE SOUTH, MINNEAPOLIS, MN 55454	LAB & REAL	MN	FAIRVIEW	C CORPORATION	953,336	44,735,002	100.00	✓	

**Part V****Transactions with Related Organizations** (continued)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(6) FAIRVIEW DEVELOPMENT COMPANY	R	490,101	FMV
(7) FAIRVIEW EXPRESS CARE	H	261,993	FMV
(8) FAIRVIEW EXPRESS CARE	L	920,730	FMV
(9) FAIRVIEW EXPRESS CARE	Q	32,621,034	FMV
(10) FAIRVIEW EXPRESS CARE	J	91,558	FMV
(11) FAIRVIEW EXPRESS CARE	S	339,230,280	FMV
(12) RANGE REGIONAL HEALTH CARE	M	789,429	FMV
(13) RANGE REGIONAL HEALTH CARE	R	508,445	FMV
(14) FAIRVIEW PHYSICIAN NETWORK ASSOCIATES	R	5,837,611	FMV
(15) FAIRVIEW FOUNDATION	J	70,926	FMV
(16) FAIRVIEW FOUNDATION	S	7,077,018	FMV
(17) FAIRVIEW FOUNDATION	C	174,531	FMV
(18) EBENEZER SOCIETY	M	265,989	FMV
(19) EBENEZER SOCIETY	Q	671,263	FMV
(20) EBENEZER SOCIETY	R	2,696,853	FMV
(21) GRAND ITASCA CLINIC AND HOSPITAL	M	114,420	FMV
(22) HEALTHEAST CARE SYSTEM	J	66,141	FMV
(23) HEALTHEAST CARE SYSTEM	S	353,176,538	FMV
(24) HEALTHEAST CARE SYSTEM	G	914,650	FMV



# CONSOLIDATED FINANCIAL STATEMENTS

Fairview Health Services  
Years Ended December 31, 2021 and 2020  
With Report of Independent Auditors

Ernst & Young LLP



Fairview Health Services

Consolidated Financial Statements

Years Ended December 31, 2021 and 2020

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## Report of Independent Auditors

The Board of Directors  
Fairview Health Services

### Opinion

We have audited the consolidated financial statements of Fairview Health Services (the Company), which comprise the consolidated balance sheets as of December 31, 2021 and 2020, and the related consolidated statements of operations and changes in net assets, and consolidated statements of cash flows for the years then ended, and the related notes (collectively referred to as the “consolidated financial statements”).

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Company at December 31, 2021 and 2020, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Company and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company’s ability to continue as a going concern for one year after the date that the financial statements are issued.

## Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free of material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

*Ernst & Young LLP*

April 14, 2022

# Fairview Health Services

## Consolidated Balance Sheets (Dollars in Thousands)

	December 31	
	2021	2020
<b>Assets</b>		
Current assets:		
Cash and cash equivalents <i>(Note 4)</i>	\$ 77,934	\$ 94,029
Short-term investments	521,439	709,188
Accounts receivable for medical services	653,910	756,477
Receivable under third-party payor contracts	20,624	7,230
Current portion of contributions receivable	6,345	8,777
Inventories	132,430	126,836
Other current assets	184,358	180,407
Total current assets	1,597,040	1,882,944
Investments	2,168,825	2,141,352
Assets limited as to use:		
Held by insurance subsidiaries	61,109	68,246
Restricted fund investments	24,159	47,176
Other assets limited as to use	211	10,812
Total assets limited as to use	85,479	126,234
Other long-term assets:		
Contributions receivable	12,835	10,798
Investments in related parties	73,527	50,070
Right-of-use operating lease assets	116,459	139,921
Goodwill and intangible assets	53,993	87,810
Other long-term assets	98,457	78,560
Total other long-term assets	355,271	367,159
Land, buildings, and equipment, net	1,278,024	1,233,167
Total assets	\$ 5,484,639	\$ 5,750,856

	December 31	
	2021	2020
<b>Liabilities and net assets</b>		
Current liabilities:		
Accounts payable	\$ 297,707	\$ 366,905
Accrued compensation and benefits	366,130	426,541
Payable under third-party payor contracts	9,653	31,656
Right-of-use operating lease obligations	19,070	23,993
Current maturities of long-term debt	26,615	80,666
Other current liabilities	334,457	313,900
Total current liabilities	1,053,632	1,243,661
Other liabilities:		
Insurance subsidiaries claims reserves	36,396	34,220
Workers' compensation claims reserves	40,792	41,930
Right-of-use operating lease obligations	111,957	131,737
Derivative financial instruments	18,684	38,658
Other long-term liabilities	102,033	353,492
Total other liabilities	309,862	600,037
Long-term debt	1,571,473	1,393,323
Total liabilities	2,934,967	3,237,021
Net assets:		
Without donor restrictions:		
Fairview Health Services (Fairview)	2,452,084	2,411,062
Non-controlling interests	54,012	52,347
Total net assets without donor restrictions	2,506,096	2,463,409
Net assets with donor restrictions	43,576	50,426
Total net assets	2,549,672	2,513,835
Total liabilities and net assets	\$ 5,484,639	\$ 5,750,856

*See accompanying notes.*

# Fairview Health Services

## Consolidated Statements of Operations and Changes in Net Assets (Dollars in Thousands)

	Year Ended December 31	
	2021	2020
Operating revenues:		
Patient service revenue	\$ 5,784,608	\$ 5,236,783
Other operating revenue	631,457	830,630
Net assets released from donor restrictions	11,242	8,203
Total operating revenues	6,427,307	6,075,616
Expenses:		
Salaries and benefits	2,885,477	2,797,277
Supplies	1,882,480	1,671,258
Purchased services	1,146,200	1,175,254
Utilities and maintenance	215,617	205,760
Insurance and rent	78,977	83,146
State and local taxes	98,632	101,766
Other operating expenses	57,712	58,017
Depreciation and amortization	146,725	142,302
Interest	48,081	49,588
Total operating expenses	6,559,901	6,284,368
Operating loss before non-recurring expenses	(132,594)	(208,752)
Non-recurring revenue (expenses):		
Gain on sale of business and other strategic transactions, net	3,819	72,132
Impairment of land, buildings, and equipment	–	(13,706)
Total non-recurring revenue	3,819	58,426
Operating loss after non-recurring expenses	(128,775)	(150,326)
Nonoperating gains (losses):		
Investment income	166,536	165,713
Gains (losses) on interest rate swaps, net	6,961	(22,376)
Other nonoperating losses, net	(13,509)	(13,085)
Total nonoperating gains	159,988	130,252
Excess (deficit) of revenues over expenses	31,213	(20,074)
Less amounts attributable to non-controlling interests	(4,764)	(620)
Excess (deficit) of revenues over expenses attributable to Fairview	26,449	(20,694)



	<b>Year Ended December 31</b>	
	<b>2021</b>	<b>2020</b>
Net assets without donor restrictions, Fairview:		
Excess (deficit) of revenues over expenses	\$ 26,449	\$ (20,694)
Pension and other postretirement liability adjustments	7,676	2,475
Other changes, net	6,897	4,182
Increase (decrease) in net assets without donor restrictions, Fairview	41,022	(14,037)
Net assets without donor restrictions, non-controlling interests:		
Excess of revenues over expenses	4,764	620
Distributions to non-controlling interests and other changes	(3,099)	(1,672)
Increase (decrease) in net assets without donor restrictions, non-controlling interests	1,665	(1,052)
Donor-restricted net assets:		
Contributions and other changes, net	4,392	4,934
Net assets released from restrictions	(11,242)	(8,203)
Decrease in donor-restricted net assets	(6,850)	(3,269)
Total increase (decrease) in net assets	35,837	(18,358)
Net assets at beginning of year	2,513,835	2,532,193
Net assets at end of year	\$ 2,549,672	\$ 2,513,835

*See accompanying notes.*

# Fairview Health Services

## Consolidated Statements of Cash Flows (Dollars in Thousands)

	Year Ended December 31	
	2021	2020
<b>Operating activities</b>		
Increase (decrease) in net assets	\$ 35,837	\$ (18,358)
Adjustments to reconcile increase (decrease) in net assets to net cash (used in) provided by operating activities:		
Depreciation and amortization	146,725	142,254
Impairment of land, building, and equipment	—	13,706
Pension and other postretirement liability adjustments	(7,676)	(2,475)
Net realized and unrealized gains on trading investments	(132,844)	(132,774)
Change in fair value of interest and basis rate swaps	(13,869)	15,940
Other, net	(402)	(15,343)
Changes in assets and liabilities:		
Accounts receivable for medical services	102,567	(59,880)
Other current assets	(48,506)	(34,496)
Current liabilities	(60,781)	269,263
Other assets and liabilities, net	(241,096)	275,290
Net cash (used in) provided by operating activities before change in trading and alternative investments	(220,045)	453,127
Change in trading and alternative investments	(343,235)	123,489
Net cash (used in) provided by operating activities	(563,280)	576,616
<b>Investing activities</b>		
Purchases of land, buildings, and equipment, net	(197,469)	(136,423)
Other investing activities including net proceeds from sale of business	134,289	52,846
Net cash used in investing activities	(63,180)	(83,577)
<b>Financing activities</b>		
Proceeds from issuance of debt	202,820	50,000
Principal payments on long-term debt	(76,913)	(39,644)
Collateral posted on derivative financial instruments	(6,100)	(60,067)
Other financing activities, net	(1,886)	2,939
Net cash provided by (used in) financing activities	117,921	(46,772)
(Decrease) increase in cash and cash equivalents	(508,539)	446,267
Cash, cash equivalents, and restricted cash at beginning of year	795,674	349,407
Cash, cash equivalents, and restricted cash at end of year (Note 4)	\$ 287,135	\$ 795,674
<b>Supplemental disclosure of noncash investing and financing activities</b>		
Accruals for purchases of buildings and equipment	\$ 10,273	\$ 11,316

See accompanying notes.

# Fairview Health Services

## Notes to Consolidated Financial Statements (Dollars in Thousands)

December 31, 2021

### 1. Organization and Basis of Presentation

Fairview Health Services, an integrated health system, along with its affiliates and subsidiaries (collectively referred to as Fairview) is a nonprofit corporation headquartered in Minnesota and is exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code (the IRC).

Fairview serves the entire twelve-county Greater Minneapolis-St. Paul metro area (the Metro Area), as well as communities throughout greater Minnesota and portions of Northern Iowa and Western Wisconsin. Fairview offers a broad continuum of healthcare services and owns and operates eleven hospitals, including the M Health Fairview University of Minnesota Medical Center, with the University of Minnesota Masonic Children's Hospital (collectively, UMMC), which is the adult and pediatric teaching hospital of the University of Minnesota (the University). UMMC and eight of Fairview's community hospitals are located in the Metro Area. Fairview's other two community hospitals are located in Northern Minnesota. Together, Fairview also operates more than 80 primary and specialty care clinics, seven ambulatory care centers, 36 retail and specialty pharmacies, pharmacy benefit management services, rehabilitation centers, a physician network, senior care housing and long-term care facilities, medical transportation services, and a health plan.

In August 2021, Fairview sold its ownership in its health plan business to UnitedHealthcare. Employees of the health plan are now employed by UnitedHealthcare. Fairview recorded the sale of the health plan business during the period, which is recorded as non-recurring revenue (expense) within the consolidated statement of operations and changes in net assets. Fairview does not consider the sale a significant shift in operations.

In November 2020, Fairview sold its ownership in its hospice and home care business to AccentCare, Inc., a national leader in post-acute healthcare. Within the transaction, Fairview purchased a 20% non-controlling interest in the new post-acute joint venture for home health and hospice services that is controlled by AccentCare, Inc. Fairview recorded a gain on the sale of hospice and home care business of \$53,600 which is recorded as a non-recurring revenue (expenses) within the consolidated statement of operations and changed in net assets.

Fairview, through its integrated care model, serves the Metro Area and greater Minnesota, aiming to deliver the benefits of academic medicine to more patients and families across the state by expanding care, research, and education through access to a greater pool of physicians and patients, while seeking to reduce the total cost of care for patients.

## Fairview Health Services

### Notes to Consolidated Financial Statements (continued)

*(Dollars in Thousands)*

#### **1. Organization and Basis of Presentation (continued)**

The consolidated financial statements include the accounts of Fairview, comprising both tax-exempt and taxable entities. All significant intercompany balances and transactions have been eliminated in consolidation.

#### **2. Summary of Significant Accounting Policies**

##### **Use of Estimates**

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect certain assets, liabilities, revenues, and expenses reported in the consolidated financial statements and accompanying notes. Although estimates are considered to be fairly stated at the time the estimates are made, actual results could differ from those estimates.

##### **Cash and Cash Equivalents**

Cash and cash equivalents include currency on hand, demand deposits with banks or other financial institutions, and short-term investments with maturities of 90 days or less from the date of purchase that have not otherwise been classified as long-term assets due to a designation for long-term purposes. Fairview's cash investments are placed with high-quality financial institutions and may exceed federal depository insurance limits. Restricted cash and cash equivalents include amounts described above that are included within assets limited as to use.

##### **Inventories**

Inventories, consisting primarily of drugs and medical supplies, are recorded at the lower of cost or net realizable value on a first-in, first-out basis.

## Fairview Health Services

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 2. Summary of Significant Accounting Policies (continued)

##### Investments

Fairview's investments include money market, fixed-income, and equity securities, which are carried at fair value, based on quoted market prices, and classified as trading securities. Investments in commingled funds are recorded at net asset value as a practical expedient to fair value. Investments in companies that hold interests in hedge funds, private capital funds, and real estate funds (collectively, alternative investments) are recorded using the equity method of accounting, with the change in value of these investments recorded as investment return on the consolidated statements of operations and changes in net assets. Values of some of the underlying investments may be based on estimates that require varying degrees of judgment, and consequently, these estimates may differ from the values at which investments may be sold. Values for fund of hedge funds are primarily based on financial data supplied by the underlying investee funds. Values for real estate funds are based on the fair value of the underlying real estate.

Realized investment income on investments held by insurance subsidiaries is recorded in other operating revenue on the consolidated statements of operations and changes in net assets. Investment return (including realized and unrealized gains and losses, interest, and dividends) from all other investments and unrealized investment income on funds held by insurance subsidiaries are recorded as nonoperating gains or losses, unless restricted by donor or law.

##### Derivative Financial Instruments

Derivative financial instruments are recognized as either assets or liabilities based on the net fair value in accordance with the netting provisions in the counterparty agreement. Fairview uses pricing models for various types of derivative instruments that take into account the present value of estimated future cash flows and credit valuation adjustments.

Gains or losses resulting from changes in the fair values of derivative financial instruments are reflected within the consolidated statements of operations and changes in net assets as nonoperating gains or losses, as none of the derivative financial instruments are designated as an accounting hedge. Any differences between interest received and paid under swap agreements are reported as nonoperating gains or losses.

## Fairview Health Services

### Notes to Consolidated Financial Statements (continued)

*(Dollars in Thousands)*

## 2. Summary of Significant Accounting Policies (continued)

### Investments in Related Parties

Investments in entities in which Fairview has the ability to exercise significant influence over operating and financial policies, but does not have operational control, are recorded under the equity method of accounting. Equity method investments are recorded as investments in related parties on the consolidated balance sheets.

### Goodwill and Intangible Assets

Goodwill and intangible assets related to acquisitions are recorded on the consolidated balance sheets. During 2021 and 2020, Fairview did not acquire any goodwill or intangible assets. During 2021, Fairview removed \$31,503 of goodwill and intangible assets, due to the divestiture of the health plan.

### Land, Buildings, and Equipment

Land, buildings, and equipment are recorded at cost and depreciated over estimated useful lives using the straight-line method. The following estimated useful lives are used in calculating depreciation:

Land improvements	5–20 years
Buildings	30–40 years
Building additions and improvements	17–25 years
Equipment	2–20 years

Interest cost, net of related interest income, incurred on funds used during the period for construction of capital assets is capitalized as part of the cost of acquiring those assets.

## Fairview Health Services

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 2. Summary of Significant Accounting Policies (continued)

##### Asset Impairment

Fairview annually evaluates the carrying values of long-lived assets, goodwill, and intangible assets for impairment. Whenever events or changes in circumstances indicate that the carrying values may not be recoverable, impairment tests are performed to determine whether the carrying values are appropriate using estimated future undiscounted cash flow analyses. If undiscounted cash flows are insufficient to recover the carrying value of the long-lived asset, such asset is written down to fair value. Impairment losses are recognized within operating income at the time the impairment is identified. During 2021 and 2020, Fairview recorded \$0 and \$13,706, respectively, in non-recurring expenses related to the impairment of land, building, and equipment on select hospital, clinic, and pharmacy sites where sustained operating losses indicated that the net book value would not be recovered. The fair value of the sites was based on prices for similar assets, which represents a Level 3 fair value measure.

##### Leases

Fairview determines whether an arrangement is a lease at inception. Operating leases are included in other long-term assets, current liabilities, and other liabilities on the consolidated statement of financial position. Finance leases are included in land, building, and equipment; current maturities of long-term debt; and long-term debt on the consolidated statements of financial position.

Right-of-use (ROU) assets represent the right to use an underlying asset for the lease term, and lease liabilities represent the obligation to make lease payments arising from the lease. ROU assets and liabilities are recognized at the commencement date, based on the present value of lease payments over the lease term. When a lease does not provide an implicit rate, Fairview uses an incremental borrowing rate based on the information available at the commencement date in determining the present value of lease payments. The implicit rate is used when readily determinable. The ROU asset also includes any lease payments made and excludes lease incentives. The lease term may include options to extend or terminate the lease when it is reasonably certain Fairview will exercise the option. Operating fixed lease expense and finance lease depreciation expense are recognized on a straight-line basis over the lease term.



## Fairview Health Services

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### **2. Summary of Significant Accounting Policies (continued)**

Fairview defines a short-term lease as any lease arrangement with a lease term of 12 months or less that does not include an option to purchase the underlying asset. Short-term lease payments are recognized as expense on a straight-line basis over the lease term and variable lease payments in the period in which the obligation is incurred.

Fairview has lease arrangements with lease and non-lease components, which are generally accounted for separately, except Fairview has elected the practical expedient to not separate non-lease components for real estate leases. Additionally, for certain equipment leases, Fairview applies a portfolio approach to effectively account for the ROU assets and liabilities.

#### **Net Assets**

Net assets without donor restrictions are used to account for all transactions related to medical services and other operating and nonoperating activities for which there are no donor-imposed restrictions and may be used at the discretion of management and the board of directors of Fairview. Net assets with donor restrictions are those assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions are met by passage of time or actions of Fairview. Other donor restrictions are perpetual in nature whereby the donor has stipulated the funds be maintained in perpetuity.

#### **Non-Controlling Interests**

The consolidated financial statements include entities in which Fairview has less than 100% ownership but otherwise controls in accordance with applicable accounting guidance. Non-controlling interests represent the portion of excess of revenues over expenses and net assets without donor restrictions not attributable to Fairview.

#### **Patient Service Revenue and Accounts Receivable for Medical Services**

Patient service revenue is reported at the amount that reflects the consideration to which Fairview expects to be entitled in exchange for providing patient care.

## Fairview Health Services

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 2. Summary of Significant Accounting Policies (continued)

##### Charity and Uncompensated Care

Under Fairview's charity care policy, patients who have no insurance or are underinsured and are ineligible for any government assistance program have their bill reduced to no more than the amount generally billed to individuals who have insurance for emergency or medically necessary care using a look-back method for reimbursement received from all commercial and Medicare accounts for the previous fiscal year.

The estimated cost of providing charity care was \$39,278 and \$39,520 during 2021 and 2020, respectively. This total cost is estimated by applying an overall cost-to-charge ratio to the charges incurred. Total cost includes wages and salaries, supplies, building maintenance, equipment, and administrative expenses.

##### Other Operating Revenue

Other operating revenue primarily consists of grants, health insurance services revenue, pharmacy benefit management (PBM) revenue, income from investments in related parties recorded on the equity basis, contributions without donor restrictions, and other miscellaneous revenue.

In March 2020, the World Health Organization designated COVID-19 as a global pandemic. The pandemic had a significant negative impact on patient volumes in both 2021 and 2020. The related revenue for most services was most significantly impacted during the early months of the pandemic as various policies were implemented by federal, state, and local governments in response to the COVID-19 pandemic, such as stay-at-home orders and the suspension of elective and nonemergent procedures across Fairview beginning in mid-March 2020 and ending in May 2020. After this initial period, inpatient volumes and related revenue have continued to be impacted during COVID-19 inpatient surges which have required reduced scheduled elective procedures to allow capacity to care for patients with critical needs. In addition to experiencing volume disruptions because of the COVID-19 pandemic, certain operating expenses also increased. Supplies, such as personal protective equipment, lab costs, and specialized pharmaceuticals, were utilized at a higher rate and purchased at elevated prices. Fairview also needed to bring in high-cost temporary and premium labor to supplement existing staff resources that were strained by the surge of patients and additional infection prevention protocols.

## Fairview Health Services

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 2. Summary of Significant Accounting Policies (continued)

In response to COVID-19, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), was enacted on March 27, 2020. The CARES Act authorizes funding to hospitals and other healthcare providers through the Public Health and Social Services Emergency Fund (Provider Relief Fund) and authorized funding to state and local governments through the Coronavirus Relief Fund. Grant payments from the Provider Relief Fund are intended to reimburse healthcare providers for healthcare related expenses and/or lost revenue attributable to the COVID-19 pandemic. Additionally, grants from the State of Minnesota, local government subawards from the Coronavirus Relief Fund, and private grant awards have been made available to assist in reimbursing healthcare providers for healthcare-related expenses. Fairview has recognized grant awards related to COVID-19 of approximately \$71,000 and \$165,700 as other revenue on the accompanying consolidated statement of operations and changes in net assets, for the years ended December 31, 2021 and 2020, respectively. Grant awards are recognized as income when there is reasonable assurance that the grant conditions are met. The unrecognized amount of COVID-19 grant awards that have already been received of \$0 and \$56,300 is included in other current liabilities on the accompanying consolidated balance sheets as of December 31, 2021 and 2020, respectively. The U.S. Department of Health and Human Services' interpretation of the underlying terms and conditions of such Provider Relief Fund payments, including auditing and reporting requirements, continues to evolve. Additional guidance or new and amended interpretations of existing guidance on the terms and conditions of such Provider Relief Fund payments may result in changes in Fairview's estimate of amounts for which the terms and conditions are reasonably assured of being met, and any such changes may be material. Additionally, any such changes may result in Fairview's inability to recognize additional Provider Relief Fund payments or may result in the derecognition of amounts previously recognized, which (in any such case) may be material.

The CARES Act provides for an expansion of the Medicare Accelerated and Advance Payment Program (Accelerated Payment Program), which allows inpatient acute care hospitals to request accelerated payments of up to 100% of their Medicare payment amount for a six-month period. In 2020, Fairview received approximately \$329,400 from the Accelerated Payment Program of which \$114.0 million was repaid during 2021. As of December 31, 2021, the remaining amount owed is included in other current liabilities on the accompanying consolidated balance sheet and repayment will occur in 2022 based upon the terms and conditions of the program.

## Fairview Health Services

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 2. Summary of Significant Accounting Policies (continued)

The CARES Act also allowed for deferred payment of \$86,300 of employer portion of certain payroll taxes between March 27, 2020 and December 31, 2020, with 50% due December 31, 2021, and the remaining 50% due December 31, 2022. Fairview had repaid the first 50% and has \$43,000 in deferred payroll tax payments in accrued compensation and benefits on the accompanying consolidated balance sheet as of December 31, 2021.

Fairview continues to consider other federal, state, and local sources of grants for qualifying expenses. Due to the evolving nature of the COVID-19 pandemic, the ultimate impact to Fairview and its financial condition is presently unknown.

Health insurance services revenue consists of health premium revenue, administrative service revenue, and management fees. Health premium revenue is recognized in the period for which services are covered. Membership contracts are generally established on a yearly basis and are subject to cancellation by the employer group upon 30 to 90 days' written notice. After the divestiture of the Health Plan in August 2021, only an immaterial amount of health insurance services revenue was recorded.

Administrative service revenue consists of third-party administrative fees from self-insured employer groups and network access fees from other insurance companies and third-party administrators. Third-party administrative fees are recognized as revenue during the period in which there is an obligation to provide services to the self-insured employer groups. Network access fees are recognized as revenue during the period in which there is an obligation to reprice provider claims to discounted rates for the insurance companies and third-party administrators. Both types of administrative service revenue are primarily calculated on a per-employee, per-month basis and are due monthly.

Administrative service revenue is recorded net of certain related fees, which primarily consist of national network access fees, employee assistance program and wellness fees, and pharmacy benefit administrative fees, which are added to the monthly administrative fee billed.

## Fairview Health Services

### Notes to Consolidated Financial Statements (continued)

*(Dollars in Thousands)*

#### **2. Summary of Significant Accounting Policies (continued)**

Services provided to PBM clients include plan setup, claims adjudication with network pharmacies, formulary management, and reimbursement services. The PBM contractually assumes credit risk when administering pharmacy reimbursement contracts; therefore, revenue is recognized at the cost of the claim in addition to the administrative fees earned for providing the PBM services, except for claims fulfilled at Fairview pharmacies. For claims fulfilled at Fairview pharmacies, claims revenue is not recognized within the PBM as that revenue has been recognized within Fairview pharmacy.

Rebates received under arrangements with manufacturers or third-party intermediaries are recorded as liabilities to be paid to the PBM clients, less applicable administrative fees.

Under the PBM's pharmacy network contracts, the pharmacy is solely obligated to collect the co-payments from the members. Under client contracts, the PBM does not assume liability for member co-payments in pharmacy transactions. As such, the PBM does not include member co-payments to retail pharmacies in revenue.

For administrative services revenue and PBM revenue, performance obligations are satisfied over time. Revenue is therefore recognized pro rata over the time-bound performance obligation as Fairview transfers service over the period in which the member is entitled to the services. Performance obligations for contracts that are greater than one year were not material. Incremental costs of obtaining a contract are treated as an expense when incurred as the time period of most contracts with customers is one year.

#### **Contributions**

Contributions are reported as donor-restricted support if they are received with donor stipulations that limit the use of the donated assets. When donor restrictions are satisfied, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported within the consolidated statements of operations and changes in net assets either as net assets released from restriction if the purpose relates to operations or as contributions of long-lived assets if the purpose relates to capital. Donor-restricted contributions whose restrictions or conditions are met within the same fiscal year as the revenue is recognized are reported as support within net assets without donor restriction in the accompanying consolidated financial statements.

## Fairview Health Services

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### **2. Summary of Significant Accounting Policies (continued)**

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give are reported at fair value when the gift is received, and all conditions have been satisfied. All unrestricted contributions are reported within other operating revenue on the consolidated statements of operations and changes in net assets.

Contributions receivable are recorded in the period that the contributions are made and represent unconditional promises to give for various operating and capital purposes. Contributions that are expected to be collected in future years are recorded at the present value of their estimated future cash flows. An allowance for uncollectible pledges receivable is determined based on a review of estimated collectability.

Amounts receivable directly from donors are generally expected to be collected within one year. Fairview also records assets related to contributions raised through the University of Minnesota Foundation on Fairview's behalf, which are expected to be received within one to five years. The University of Minnesota Foundation releases funds to Fairview as the donor restrictions, if any, are satisfied.

#### **Operating and Performance Indicator**

The operating indicator, Operating loss after non-recurring expenses, includes all revenue, gains, and unrestricted contributions to offset operating expense, and equity income or loss of unconsolidated ventures derived from providing healthcare services. Those operating revenue and expenses that are unusual in nature or not expected to recur as part of operations are classified as nonoperating revenues or expenses to improve the comparability of the operating indicator.

The performance indicator is excess of revenues over expenses and includes operating income and nonoperating income. The performance indicator excludes pension and other postretirement liability adjustments, contributions of long-lived assets, non-controlling interests, and distributions to non-controlling interests.

#### **Reclassifications**

Certain prior year amounts in the consolidated financial statements have been reclassified to conform to the 2021 presentation. These reclassifications had no effect on the change in net assets or net assets as previously reported.

## Fairview Health Services

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 3. Affiliations

Fairview, the University, and the University of Minnesota Physicians (UMP), a multi-specialty group practice of over 1,200 physicians, affirmed their affiliation and approved a new affiliation agreement (M Health Fairview Agreement) effective December 2018. While the parties maintain separate governance, the M Health Fairview Agreement further integrates operations across the clinical delivery system and enhances research and education by creating a joint clinical enterprise among the parties. The M Health Fairview Agreement reshaped the previous affiliation to bring together not only UMMC and its related service lines, but also Fairview's other hospitals, clinics, and services. All are part of a shared care delivery system that is led by a single structure that includes academic physician leadership. The M Health Fairview Agreement furthers the opportunity to create a nationally renowned academic health system. The delivery system is united under a single brand, M Health Fairview. The M Health Fairview Agreement expires in 2026, with an option for a ten-year extension in 2023. Fairview and UMP also entered into a Master Professional Services Agreement to facilitate payment from Fairview to UMP for all professional, clinical, and management services.

Fairview's bylaws authorize a board of directors of up to 21 members. Four of the 21 members of Fairview's board of directors were appointed by and/or held positions at the University. Through the M Health Fairview Agreement and board representation, the University participates in capital funding decisions for the delivery system.

The M Health Fairview Agreement provides for fixed and variable financial support based on the financial performance of Fairview to the University and UMP. The minimum variable academic support commitment to the University is 0.15% of patient service revenue through 2026. The minimum fixed annual academic support commitment to the University was \$45,000 in 2020, \$50,000 in 2021 and is \$50,000 in 2022 and increasing thereafter through 2026 in accordance with the consumer price index (CPI). The minimum fixed annual academic support commitment to UMP was \$31,360 in 2021 increasing annually thereafter in accordance with the CPI.



## Fairview Health Services

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 3. Affiliations (continued)

Revenue and expenses on a gross basis under all of Fairview's agreements, including academic support, with the University were, respectively, \$15,920 and \$114,418 for 2021, and \$16,571 and \$104,450 for 2020. These amounts were recorded within other operating revenue and the related expense categories on the consolidated statements of operations and changes in net assets. Amounts receivable from and payable to the University were, respectively, \$13,949 and \$31,582 at December 31, 2021, and \$14,044 and \$49,635 at December 31, 2020. These amounts were recorded within other current assets and accounts payable on the consolidated balance sheets.

Revenue and expenses on a gross basis under all of Fairview's agreements with UMP, including academic support were, respectively, \$8,153 and \$574,601 for 2021, and \$5,799 and \$570,506 for 2020. These amounts were recorded primarily within other operating revenue and purchased services on the consolidated statements of operations and changes in net assets. Amounts receivable from and payable to UMP were, respectively, \$1,689 and \$74,736 at December 31, 2021, and \$3,518 and \$92,758 at December 31, 2020. These amounts were recorded within other current assets and accounts payable on the consolidated balance sheets.

#### 4. Cash, Cash Equivalents, and Restricted Cash

The following table provides a reconciliation of cash, cash equivalents, and restricted cash reported within the consolidated balance sheets that sum to the total of the same such amounts shown in the consolidated statements of cash flows as of December 31:

	<u>2021</u>	<u>2020</u>
Cash and cash equivalents	\$ 77,934	\$ 94,029
Cash and cash equivalents included in investments	200,311	676,614
Restricted cash included in assets limited as to use within:		
Held by insurance subsidiaries	2,056	—
Restricted fund investments	6,622	14,258
Other assets limited as to use	212	10,773
Total cash, cash equivalents, and restricted cash shown on the consolidated statements of cash flows	<u>\$ 287,135</u>	<u>\$ 795,674</u>

## Fairview Health Services

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 5. Liquidity and Availability of Resources

Fairview's working capital can fluctuate moderately during the year due to timing of payment received on accounts receivable for medical services from certain payors, timing of cash inflows and outflows related to the affiliation agreements, and timing of cash outflows, including payments on long-term debt, capital expenditures for land building and equipment, and timing of employee payments.

Fairview's financial assets available within one year of the consolidated balance sheet as of December 31 for general expenditure are as follows:

	<b>2021</b>	<b>2020</b>
Financial assets:		
Cash and cash equivalents	\$ 77,934	\$ 94,029
Short-term investments	521,439	709,188
Accounts receivable for medical services	653,910	756,477
Investments	2,168,825	2,141,352
Assets limited to use	85,479	126,234
Total financial assets	<u>3,507,587</u>	<u>3,827,280</u>
Liquidity resource:		
Line of credit	100,000	50,000
Less amounts not designated for general expenditure or not available within one year:		
Private capital funds	(55,021)	(30,060)
Investments that could be contractually held back at liquidation	(13,374)	(10,349)
Hedge fund liquidity > 1 year	(33,341)	(24,563)
Committed for capital expenditure	(250,000)	(196,053)
Financial assets not available for use within one year	<u>(351,736)</u>	<u>(261,025)</u>
Less assets limited to use	<u>(85,479)</u>	<u>(126,234)</u>
Total financial assets and liquidity resources available within one year for general expenditure	<u><u>\$ 3,170,372</u></u>	<u><u>\$ 3,490,021</u></u>

## Fairview Health Services

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### **5. Liquidity and Availability of Resources (continued)**

As part of Fairview's liquidity management, management structures its financial assets to be available as its general expenditures, liabilities, and other obligations come due. In addition, Fairview invests cash in excess of daily requirements in short-term investments. To help management with unexpected liquidity needs, Fairview has a \$100,000 line of credit with a bank that can be drawn upon.

#### **6. Patient Service Revenue and Accounts Receivable for Medical Services**

Patient service revenue is reported at the amount that reflects the consideration to which Fairview expects to be entitled in exchange for providing patient care. Patient services revenue includes amounts due from patients, third-party payors (including health insurers and government programs), and others and includes variable consideration for retroactive revenue adjustments due to settlement of ongoing and future audits and reviews. Generally, Fairview bills patients and third-party payors within days after the services are performed or discharged.

Patient service revenue is recognized as performance obligations are satisfied. Performance obligations are determined based on the nature of the services provided by Fairview. Patient service revenue for performance obligations satisfied over time is recognized based on estimated expected payment at that point in time. Fairview believes that this method provides a reasonable depiction of the transfer of services over the term of the performance obligation based on the services needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients receiving inpatient acute care services, including transplant services. Fairview measures the performance obligation from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of the discharge. Outpatient services are performance obligations satisfied at a point in time, and revenue is recognized when goods or services are provided, and Fairview does not believe it is required to provide additional goods or services.

As substantially all of its performance obligations relate to contract with a duration of less than one year, Fairview has elected to apply the optional exemption provided in ASU 2014-09, Revenue from Contracts with Customers, and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the

## Fairview Health Services

### Notes to Consolidated Financial Statements (continued)

*(Dollars in Thousands)*

#### **6. Patient Service Revenue and Accounts Receivable for Medical Services (continued)**

reporting period for patients who remain admitted at that time (in-house patients) or transplant patients who receive follow-up care. The performance obligations for these contracts are generally completed when the patients are discharged, which for the majority of Fairview's in-house patients occurs within days or weeks of the reporting period.

Fairview uses a portfolio approach to account for categories of patient contracts as a collective group rather than recognizing revenue on an individual contract basis. The portfolios primarily consist of major payor classes for inpatient, outpatient, and other patient revenue. Based on historical collection trends and other analysis, Fairview believes that revenue recognized by utilizing the portfolio approach approximates the revenue that would have been recognized if an individual contract approach were used.

Fairview's initial estimate of the transaction price is determined by reducing the total standard charges related to the patient services provided by various elements of variable consideration, including contractual adjustments, discounts, implicit price concessions, and other reductions to Fairview's standard charges. Fairview determines the transaction price associated with services provided to patients who have third-party payor coverage based on reimbursement terms per contractual agreements, Fairview's discount policies, and historical experience. Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. For patients with deductibles and coinsurance, or uninsured and underinsured patients who do not apply or do not meet the qualifications for charity care, Fairview determines the transaction price associated with services on the basis of charges reduced by implicit price concessions. Implicit price concessions included in the estimate of the transaction price are based on Fairview's historical collection experience for applicable patient portfolios.

Subsequent changes to the estimate of the transaction price (determined on a portfolio basis when applicable) are generally recorded as adjustments to patient service revenue in the period of the change. For the years ended December 31, 2021 and 2020, changes in Fairview's estimates of implicit price concessions, discounts, contractual adjustment, or other reductions to expected payments for performance obligations satisfied in prior periods were not significant. Portfolio collection estimates are updated monthly based on collection trends. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay (determined on a portfolio basis when applicable) are recorded as bad debt expense. Bad debt expense for the years ended December 31, 2021 and 2020, was not significant.

## Fairview Health Services

### Notes to Consolidated Financial Statements (continued)

*(Dollars in Thousands)*

#### **6. Patient Service Revenue and Accounts Receivable for Medical Services (continued)**

Settlements with third-party payors for total cost of care payor contracts, cost report filings, and retroactive adjustments due to ongoing and future contract provisions, audits, or reviews are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor, and Fairview's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Such estimates are determined through either a probability-weighted estimate or an estimate of the most likely amount, depending on the circumstances related to a given estimated settlement item. Estimated settlements are adjusted in future periods as adjustments become known, or as years are settled or are no longer subject to audit or review. Adjustments arising from a change in the transaction price related to these contracts were increases of \$8,849 and \$6,529 in 2021 and 2020, respectively, which represented 0.2% and 0.1%, respectively, of patient service revenue.

There are various proposals at the federal and state levels that could, among other things, significantly reduce payment rates or modify payment methods. The ultimate outcome of these proposals and other market changes, including the potential effects of or revisions to healthcare reform that has been enacted by the federal government, cannot be determined presently. Future changes in the Medicare and Medicaid programs and any reduction of funding could have an adverse impact on Fairview.

Fairview has established estimates, based on information presently available, of amounts due to or from Medicare and other payors for adjustments to current and prior years' payment rates, based on industry-wide and Fairview-specific data. The current Medicaid, Medicare, and other third-party payor programs are based upon extremely complex laws and regulations that are subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount. Additionally, noncompliance with such laws and regulations could result in fines, penalties, and exclusion from such programs. Fairview is not aware of any allegations of noncompliance that could have a material adverse effect on the accompanying consolidated financial statements and believes that it is in compliance with all applicable laws and regulations.

## Fairview Health Services

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 6. Patient Service Revenue and Accounts Receivable for Medical Services (continued)

The composition of patient service revenue based on lines of business is summarized below for the years ended December 31:

	<u>2021</u>	<u>2020</u>
Hospital services	\$ 3,270,552	\$ 3,126,489
Pharmacy services	1,525,241	1,316,090
Physician services	790,517	571,497
Senior services	30,859	106,952
Other	167,439	115,755
	<u>\$ 5,784,608</u>	<u>\$ 5,236,783</u>

Hospital revenue includes a variety of services mainly covering inpatient procedures requiring overnight stays or outpatient operations that require anesthesia or use of complex diagnostic and surgical equipment as well as emergency care. Pharmacy services include services provided outside of hospital services, including retail and specialty pharmacies. Physician services include services primarily focused on the care of outpatients covering primary and specialty healthcare needs. Senior services include care provided at long-term senior care facilities, home care, and hospice services.

Patient service revenue by major payor source is summarized below for the years ended December 31:

	<u>2021</u>	<u>2020</u>
Medicare	\$ 1,505,734	\$ 1,427,547
Medicaid	943,470	838,933
Negotiated contracts, commercial, and other	3,289,129	2,933,122
Self-pay	46,275	37,181
	<u>\$ 5,784,608</u>	<u>\$ 5,236,783</u>

Deductibles, co-payments, and coinsurance under third-party payment programs that are the patient's responsibility are included within the primary payor category in the table above.

## Fairview Health Services

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 6. Patient Service Revenue and Accounts Receivable for Medical Services (continued)

Fairview does not adjust the promised amount of consideration from patients or third-party payors for the effects of a significant financing component due to Fairview's expectation that the period between the time the service is provided to a patient and the time that the patient or a third-party payor pays for that service will be one year or less. However, Fairview does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

Fairview grants credit without collateral to its patients, most of whom are residents in the communities served by Fairview and are insured under third-party payor agreements. The mix of accounts receivable for medical services at December 31 consists of the following:

	2021	2020
Medicare	\$ 117,704	\$ 167,181
Medicaid	71,930	90,021
Negotiated contracts, commercial, and other	398,885	446,322
Self-pay	65,391	52,953
	<u>\$ 653,910</u>	<u>\$ 756,477</u>

At December 31, 2021, one negotiated contract payor accounted for 17% of patient service revenue and two negotiated contract payors accounted for 13% and 10% of accounts receivable for medical services. At December 31, 2020, one negotiated contract payor accounted for 17% of patient service revenue and 13% of accounts receivable for medical services.

#### 7. Other Operating Revenue

For the years ended December 31, other operating revenue consisted of the following:

	2021	2020
Health insurance services	\$ 247,314	\$ 408,187
Pharmacy benefit management	120,050	88,397
COVID-19 relief grants	70,578	165,737
Other	204,757	176,512
	<u>\$ 642,699</u>	<u>\$ 838,833</u>



## Fairview Health Services

### Notes to Consolidated Financial Statements (continued)

*(Dollars in Thousands)*

#### 8. Land, Buildings, and Equipment

Land, buildings, and equipment at December 31 consist of the following:

	<u>2021</u>	<u>2020</u>
Land and improvements	\$ 119,093	\$ 119,428
Buildings and improvements	1,836,271	1,692,764
Equipment	879,986	813,327
Finance leased facilities and equipment	68,946	71,254
	<u>2,904,296</u>	<u>2,696,773</u>
Accumulated depreciation and amortization	<u>(1,688,600)</u>	<u>(1,582,036)</u>
	1,215,696	1,114,737
Construction-in-progress	62,328	118,430
	<u>\$ 1,278,024</u>	<u>\$ 1,233,167</u>

Depreciation expense, including amortization of assets under capital leases, was \$143,961 and \$136,851 for 2021 and 2020, respectively. Fairview recorded \$0 and \$13,706 in non-recurring expenses related to the impairment of land, building, and equipment on select hospital, clinic, and pharmacy sites where sustained operating losses indicated that the net book value would not be recovered for 2021 and 2020, respectively.

## Fairview Health Services

### Notes to Consolidated Financial Statements (continued)

*(Dollars in Thousands)*

#### 9. Investments

The composition of Fairview's investments, including those with limited uses, at December 31 is summarized as follows:

	<u>2021</u>	<u>2020</u>
Cash and cash equivalents	\$ 209,201	\$ 701,645
Asset-backed securities	76,329	52,927
Corporate debt securities	327,425	256,773
Equity mutual funds	546,448	718,967
Equity securities	159,775	85,517
Fixed-income mutual funds	239,028	269,022
Mortgage-backed securities	58,413	40,004
Municipal debt securities	37,527	67,041
U.S. government agency and mortgage-backed securities	163,382	188,595
U.S. treasury debt securities	297,681	228,234
Sovereign debt	—	1,350
Equity commingled funds	152,038	48,714
Hedge funds	452,887	287,284
Private capital funds	55,021	30,061
Real estate investment trusts	588	640
	<u>\$ 2,775,743</u>	<u>\$ 2,976,774</u>

## Fairview Health Services

### Notes to Consolidated Financial Statements (continued)

*(Dollars in Thousands)*

#### 9. Investments (continued)

Alternative investments accounted for using the equity method of accounting and investments in certain entities that calculate net asset value (NAV) per share (or its equivalent), including restricted and unrestricted assets, are as follows:

	<b>December 31</b>		<b>Unfunded</b>	<b>Redemption</b>	<b>Redemption</b>
	<b>2021</b>	<b>2020</b>	<b>Commitments at</b>	<b>Frequency</b>	<b>Notice Period</b>
			<b>December 31, 2021</b>		
Equity commingled funds	\$ 152,038	\$ 48,714	\$ —	Monthly	10 days
Equity long/short hedge funds	120,327	85,989	—	Monthly/ Quarterly/ Bi-Annual	30–90 days
Fixed-income hedge fund	174,197	96,069	—	Quarterly	60 days
Other hedge fund	158,363	105,226	—	Monthly/ Quarterly	120 days
Real estate investment trust	588	640	—	Monthly/ Quarterly	0–20 days
Private capital funds	55,021	30,061	54,564	7–9 years	N/A
Total	<u>\$ 660,534</u>	<u>\$ 366,699</u>	<u>\$ 54,564</u>		

Fairview's investments are exposed to various types and levels of risk. Equity securities and equity mutual funds expose Fairview to market risk, performance risk, and liquidity risk for both domestic and international investments. Market risk is the risk associated with major movements of the equity markets. Performance risk is the risk associated with a company's operating performance. Fixed-income securities and fixed-income mutual funds expose Fairview to interest rate risk, credit risk, and liquidity risk. As interest rates change, the value of many fixed-income securities is affected, including those with fixed interest rates. Credit risk is the risk that the obligor of the security will not fulfill its obligations. Liquidity risk is affected by the willingness of market participants to buy and sell particular securities. Liquidity risk tends to be higher for equities related to small capitalization companies and certain alternative investments, such as private capital funds, and hedge funds. Through Fairview's investments in hedge funds, Fairview is indirectly involved in investment activities, such as securities lending, trading in futures and forward contracts, and other derivative products. Derivatives are used to adjust underlying manager portfolio risk exposure. While these financial instruments may contain varying degrees

## Fairview Health Services

### Notes to Consolidated Financial Statements (continued)

*(Dollars in Thousands)*

#### 9. Investments (continued)

of risk, Fairview's risk with respect to such transactions is limited to its capital balance in each investment. Due to the volatility in the capital markets, there is a reasonable possibility of subsequent changes in fair value resulting in additional gains and losses in the near term.

Investment return is summarized and reported on the consolidated statements of operations and changes in net assets as follows for the years ended December 31:

	<b>2021</b>	<b>2020</b>
Dividends and interest	\$ 45,810	\$ 46,115
Investment expenses, net	(5,968)	(4,941)
Net realized gains	162,437	122,788
Unrealized (losses) gains	(29,593)	9,998
	<u>\$ 172,686</u>	<u>\$ 173,960</u>
Other operating revenue	\$ 4,455	\$ 8,084
Nonoperating gains	166,536	165,713
Contributions and other changes, net, in donor-restricted net assets	1,695	163
	<u>\$ 172,686</u>	<u>\$ 173,960</u>

## Fairview Health Services

### Notes to Consolidated Financial Statements (continued)

*(Dollars in Thousands)*

#### 10. Leases

Fairview leases facilities, vehicles, and equipment under lease agreements, which include both monthly and long-term arrangements.

Assets and liabilities arising from leases as of December 31 are as follows:

	<b>Classification</b>	<b>2021</b>	<b>2020</b>
Right-of-use assets:			
Operating	ROU operating lease assets	\$ 116,459	\$ 139,921
Finance	Land, building, and equipment	68,947	71,254
Total right-of-use assets		<u>\$ 185,406</u>	<u>\$ 211,175</u>
	<b>Classification</b>	<b>2021</b>	<b>2020</b>
Current lease liabilities:			
Operating	ROU operating lease obligations	\$ 19,070	\$ 23,993
Finance	Current maturities of long-term debt	1,580	3,026
Non-current lease liabilities:			
Operating	ROU operating lease obligations	111,957	131,737
Finance	Long-term debt	43,622	45,203
Total lease liabilities		<u>\$ 176,229</u>	<u>\$ 203,959</u>

Finance lease assets are recorded net of accumulated amortization of \$41,018 and \$42,980 as of December 31, 2021 and 2020, respectively.

Lease cost for the years ended December 31 was as follows:

	<b>2021</b>	<b>2020</b>
Short-term rentals	\$ 33,515	\$ 36,363
Operating leases	28,102	31,276
Finance leases:		
Amortization of leased assets	345	1,001
Interest on lease liabilities	2,255	2,757
	<u>\$ 64,217</u>	<u>\$ 71,397</u>

# Fairview Health Services

## Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

### 10. Leases (continued)

The maturity of lease liabilities at December 31, 2021, was as follows:

	<b>Operating Leases</b>	<b>Financing Leases</b>	<b>Total</b>
Undiscounted cash flows due within:			
2022	\$ 26,847	\$ 3,704	\$ 30,551
2023	22,667	3,704	26,371
2024	20,163	3,713	23,876
2025	16,980	3,726	20,706
2026	15,658	3,726	19,384
2027 and thereafter	63,293	50,918	114,211
Total undiscounted cash flows	165,608	69,491	235,099
Impact of present value discount	34,581	24,289	58,870
Amount reported on balance sheet	<u>\$ 131,027</u>	<u>\$ 45,202</u>	<u>\$ 176,229</u>

Other disclosures as of or for the year ended December 31, 2021, are as follows:

	<b>Operating</b>	<b>Financing</b>
Cash flows for leases	\$ 31,627	\$ 2,253
ROU assets obtained in exchange for new lease liabilities	3,305	—
Weighted average term (years)	8.2	19.9
Weighted average discount rate	3.62%	5.98%

Other disclosures as of or for the year ended December 31, 2020, are as follows:

	<b>Operating</b>	<b>Financing</b>
Cash flows for leases	\$ 36,688	\$ 4,375
ROU assets obtained in exchange for new lease liabilities	7,488	—
Weighted average term (years)	8.6	18.1
Weighted average discount rate	3.61%	5.24%

## Fairview Health Services

### Notes to Consolidated Financial Statements (continued)

*(Dollars in Thousands)*

#### 11. Debt

Fairview's long-term debt is summarized as follows:

	Annual Interest Rates	Final Scheduled Maturity	Amount Outstanding at December 31	
			2021	2020
Health Care System Revenue Bonds:				
Series 2021 10-Year Taxable	2.558%	2031	\$ 100,925	\$ —
Series 2021 30-Year Taxable	3.456%	2051	100,945	—
Series 2018A Tax-Exempt	4.00%–5.00%	2049	263,890	263,890
Series 2018B Taxable	Variable	2048	113,015	113,015
Series 2018C Taxable	Variable	2048	110,510	110,510
Series 2017A Tax-Exempt	2.00%–5.00%	2047	181,975	187,430
Series 2017B Taxable	3.13%	2031	95,415	95,415
Series 2017C Taxable	2.79%	2024	95,410	95,410
Series 2015A Tax-Exempt	2.00%–5.00%	2044	97,400	99,935
Series 2015 Taxable	4.16%	2043	303,630	316,190
Senior housing revenue bonds and notes	Various fixed rate	Various	50,686	50,194
Finance lease obligations	Various fixed rate	Various	45,202	48,229
Other	Various fixed rate	Various	7,237	59,107
			1,566,240	1,439,325
Net unamortized premium			41,741	44,344
Unamortized debt issuance costs			(9,893)	(9,680)
Current maturities of long-term debt			(26,615)	(80,666)
			\$ 1,571,473	\$ 1,393,323

In September 2015, the City of Minneapolis, on behalf of Fairview, issued Series 2015A tax-exempt bonds in the aggregate principal amount of \$111,255 to refund the principal amount of previously outstanding revenue bonds and provide new money to fund facility expansion. The Series 2015A bonds were issued at a premium of \$11,808. At the same time, Fairview also issued Series 2015 taxable private placement bonds in the aggregate principal amount of \$352,440 to refund the principal amount of previously outstanding revenue bonds.

## Fairview Health Services

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 11. Debt (continued)

In August 2017, the Housing and Redevelopment Authority of the City of Saint Paul, on behalf of Fairview, issued Series 2017A tax-exempt bonds in the aggregate principal amount of \$202,100 to refund existing debt. The Series 2017A bonds were issued at a premium of \$22,628. At the same time, Fairview also entered into Series 2017B and Series 2017C taxable term loans with two financial institutions for a total of \$190,825 to refund existing taxable direct placement debt.

In October 2018, the City of Minneapolis, on behalf of Fairview, issued the Series 2018A fixed-rate tax-exempt bonds in the aggregate principal amount of \$263,890 to refund outstanding revenue bonds and provide \$100,000 in new money to fund facility improvements. The Series 2018A bonds were issued at a premium of \$16,009.

The City of Minneapolis, on behalf of Fairview, also issued the Series 2018BC variable-rate demand bonds (VRDBs) in the aggregate principal amount of \$223,525 to refund previously outstanding private placement bonds. In conjunction with the issuance of the VRDBs, Fairview has entered into various standby purchase and credit agreements in the amount of \$227,420 that expire at various dates, commencing with \$112,436 in October 2023 and \$114,984 in October 2025. Under the terms of the agreements, the bank will make liquidity loans to Fairview in the amount necessary to purchase all or a portion of the VRDBs and pay up to 53 days of interest in the event of a failed remarketing. Principal payments on the liquidity loans would be generally payable beginning 367 days after a failed remarketing in quarterly installments over a three- or four-year amortization period. If the amortization period extends beyond the one-year anniversary of the stated maturity date of the letter of credit, full prepayment of the remaining balance would be required.

In October 2021, Fairview closed on the issuance of \$201,870 of fixed rate taxable Series 2021 Bonds. Approximately half of the Series 2021 Bonds have a 10-year term with the remaining having a 30-year term. The Series 2021 Bonds were issued for general corporate purposes including reimbursement of prior capital expenditures, repayment of a \$50,000 fixed rate short-term term loan, and payment of the cost of issuance related to the Series 2021 Bonds.



## Fairview Health Services

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 11. Debt (continued)

The Fairview Obligated Group (Obligated Group) is defined under the Master Trust Indenture dated September 1, 2015, between Fairview and U.S. Bank National Association, as amended and supplemented from time to time (the MTI). Under the terms of the MTI, members of the Obligated Group are jointly and severally liable for the debts and other obligations of each other and subject to various restrictive covenants, including limitations on incurring additional debt, sale of assets, and the maintenance of certain ratios, including days cash on hand, debt to capitalization, and debt service coverage. The Obligated Group consists of Fairview Health Services, Fairview Pharmacy Services, Range Regional Healthcare Services, HealthEast, HealthEast St. Joseph's Hospital, HealthEast St. John's Hospital, HealthEast Woodwinds Hospital, and Grand Itasca Clinic and Hospital (collectively, Obligated Affiliates).

The Obligated Group accounted for 83% of Fairview's consolidated total operating revenue for 2021, and 90% of Fairview's total consolidated assets at December 31, 2021.

Fairview paid interest, net of capitalized interest, of \$51,551 and \$52,561 for the years ended 2021 and 2020, respectively.

The following are aggregate maturities and sinking fund requirements of long-term debt for each of the next five years, assuming no early redemption or other changes to variable-rate debt:

2022	\$ 26,615
2023	29,848
2024	29,993
2025	32,140
2026	37,352

## Fairview Health Services

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 11. Debt (continued)

In October 2005, Fairview and North Memorial Medical Center (NMMC) formed Maple Grove Hospital Corporation (MGHC) to construct and operate the Maple Grove Hospital. Fairview and NMMC are the only two members of MGHC, and Fairview holds a 25% equity interest in MGHC, which is recorded within investments in related parties on the consolidated balance sheets. Fairview has guaranteed 25% of the principal and interest obligations associated with the Health Care Facilities Revenue Bonds, Series 2007, issued on behalf of MGHC, in the event of MGHC's default. The bonds have an outstanding principal balance of \$103,355 as of December 31, 2021 and are payable in installments through May 2037 at annual interest rates ranging from 3.0% to 5.0%. Fairview has not recorded a liability related to the guarantee as it has been deemed not probable that MGHC will default on the debt.

Fairview maintained a credit arrangement for short-term borrowing during 2021 and 2020. At December 31, 2021, Fairview had \$100,000 in credit available for short-term borrowing at a variable interest rate through October 27, 2023. There were no amounts outstanding at December 31, 2021 or 2020.

#### 12. Derivative Financial Instruments

Fairview uses various derivative financial instruments, including interest rate swaps, as part of its risk management strategy to manage exposure to fluctuation in interest rates and to manage the overall cost of its debt. Derivatives are used to manage identified and approved exposures and are not used for speculative purposes.

Interest rate swaps between Fairview and a third party (counterparty) provide for the periodic exchange of payments between the parties based on changes in a defined index, the Interbank Offered Rate (IBOR), and a fixed rate and include counterparty credit risk. Counterparty credit risk is the risk that contractual obligations of the counterparties will not be fulfilled. Concentrations of credit risk relate to groups of counterparties that have similar economic or industry characteristics that would cause their ability to meet contractual obligations to be similarly affected by changes in economic or other conditions. Counterparty credit risk is managed by requiring high credit standards for Fairview's counterparties. The counterparties to these contracts are financial institutions that carry investment-grade credit ratings. The interest rate swap contracts contain collateral provisions applicable to both parties to mitigate credit risk. Fairview does not anticipate nonperformance by its counterparties.

## Fairview Health Services

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 12. Derivative Financial Instruments (continued)

The following is a summary of the outstanding positions under these interest rate swaps at December 31, 2021:

Instrument Type	Notional Amount	Maturity Date	Rate Paid	Rate Received
Floating-to-fixed rate swap	\$ 74,880	November 15, 2047	3.50%	62.4% of 1-month LIBOR and 0.29%
Floating-to-fixed rate swap	147,620	November 15, 2047	3.60	62.4% of 1-month LIBOR and 0.29%

The fair value of interest rate swaps of \$(84,851) and \$(98,725) at December 31, 2021 and 2020, respectively, is recorded as a liability on the consolidated balance sheets.

None of the derivative financial instruments are designated as hedging instruments. Accordingly, nonoperating (losses) gains are recorded on the consolidated statements of operations and changes in net assets. The losses on interest rate swaps are \$6,962 and \$(22,376) for the years ended December 31, 2021 and 2020, respectively.

Fairview offsets the fair value amounts recognized for the derivative instruments and the fair value amounts recognized for the right to reclaim cash collateral (a receivable) based on the terms of the master netting agreement with the counterparty. Fairview's master netting agreements contain provisions that require Fairview to post collateral with the counterparty when the net liability of the derivative instruments is greater than the predetermined threshold. Collateral of \$66,167 and \$60,067 was required to be posted and reduced the outstanding liability recorded at December 31, 2021 and 2020, respectively.

Fairview has authorized certain investment managers to purchase financial derivative instruments on its behalf. Specifically, equity and fixed-income futures are used to invest cash in equities and/or obtain equity market exposure. Fairview's derivative instruments involve varying degrees of risk of loss in excess of the amount recognized in the consolidated financial statements arising from potential changes in market prices. The market value of the total notional derivative contracts was \$30,313 as of December 31, 2021, and \$25,195 as of December 31, 2020 and included in investments. Realized gains for the derivatives were \$2,262 during 2021, and \$5,515 during 2020. In addition, Fairview, through its investment activities, is indirectly involved in such activities

## Fairview Health Services

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 12. Derivative Financial Instruments (continued)

as trading in futures, forward contracts, and other derivative products. While these instruments may contain varying degrees of risk, Fairview's risk with respect to such transactions is limited to its respective share in each investment pool.

#### 13. Fair Value Measurements

Fairview's investments include money market, fixed-income, and equity securities, which are carried at fair value, based on quoted market prices, and are classified as trading securities. Investments designated for use within one year are classified as short-term investments on the consolidated balance sheets. Investment securities are exposed to various risks, such as interest rate, credit, and overall market volatility. In addition, Fairview invests in commingled funds, which are accounted for at NAV as a practical expedient to fair value, and other alternative investments, which are accounted for using the equity method of accounting.

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value measurements and disclosures section of the FASB's Accounting Standards Codification establishes a framework for measuring fair value. The framework consists of a three-level hierarchy for fair value measurements based upon the transparency of inputs to the valuation of an asset or a liability as of the measurement date.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (i.e., an exit price). The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy in ASC Topic 820, Fair Value Measurement, are described below:

- Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

## Fairview Health Services

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 13. Fair Value Measurements (continued)

- Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:
  - Quoted prices for similar assets and liabilities in active markets or for identical or similar assets or liabilities in markets that are not active
  - Observable inputs other than quoted prices that are used in the valuation of the asset or liability
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means
- Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability, including assumptions about risk.

Fairview utilizes a discounted cash flow methodology for valuing derivative financial instruments. The valuations reflect a credit spread adjustment to the IBOR discount curve in order to reflect the credit value adjustment for nonperformance risk. The credit spread adjustment is derived from other comparably rated entities' bonds priced in the market. The credit spread adjustment recorded was \$6,853 and \$11,661 at December 31, 2021 and 2020, respectively. Fair value for Level 3 is based on unobservable market data. There were no financial instruments recorded at fair value classified as Level 3 at December 31, 2021 or 2020.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while Fairview believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

The carrying values of cash and cash equivalents, accounts receivable for medical services, accounts payable, and receivables and payables under third-party reimbursement contracts are reasonable estimates of their fair value due to the short-term nature of these financial instruments.

## Fairview Health Services

### Notes to Consolidated Financial Statements (continued)

*(Dollars in Thousands)*

#### 13. Fair Value Measurements (continued)

The following table presents the financial instruments carried at fair value on a recurring basis as of December 31, 2021, based on the definition of the fair value hierarchy:

	Level 1	Level 2	Level 3	Total
<b>Assets</b>				
Cash and cash equivalents	\$ 209,201	\$ —	\$ —	\$ 209,201
Asset-backed securities	—	76,329	—	76,329
Mortgage-backed securities	—	58,413	—	58,413
Corporate debt securities	—	327,425	—	327,425
Equity mutual funds	546,448	—	—	546,448
Equity securities	159,775	—	—	159,775
Fixed-income mutual funds	239,028	—	—	239,028
Municipal debt securities	—	37,527	—	37,527
U.S. government agency debt securities	—	163,382	—	163,382
U.S. treasury debt securities	297,681	—	—	297,681
Total investments at fair value	<u>\$ 1,452,133</u>	<u>\$ 663,076</u>	<u>\$ —</u>	<u>2,115,209</u>
Equity commingled funds at NAV <sup>(1)</sup>				152,038
Investments not at fair value				508,496
Total investments				<u>\$ 2,775,743</u>
<b>Liabilities</b>				
Derivative financial instruments	\$ —	\$ (18,684)	\$ —	\$ (18,684)

<sup>(1)</sup>In accordance with ASC 820-10, Fair Value Measurement, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy.

## Fairview Health Services

### Notes to Consolidated Financial Statements (continued)

*(Dollars in Thousands)*

#### 13. Fair Value Measurements (continued)

The following table presents the financial instruments carried at fair value on a recurring basis as of December 31, 2020, based on the definition of the fair value hierarchy:

	Level 1	Level 2	Level 3	Total
<b>Assets</b>				
Cash and cash equivalents	\$ 701,645	\$ —	\$ —	\$ 701,645
Asset-backed securities	—	52,927	—	52,927
Mortgage-backed securities	—	40,004	—	40,004
Corporate debt securities	—	256,773	—	256,773
Equity mutual funds	718,967	—	—	718,967
Equity securities	85,517	—	—	85,517
Fixed-income mutual funds	269,022	—	—	269,022
Municipal debt securities	—	67,041	—	67,041
Sovereign debt	—	1,350	—	1,350
U.S. government agency debt securities	—	188,595	—	188,595
U.S. treasury debt securities	228,234	—	—	228,234
Total investments at fair value	<u>\$ 2,003,385</u>	<u>\$ 606,690</u>	<u>\$ —</u>	<u>2,610,075</u>
Equity commingled funds at NAV <sup>(1)</sup>				48,714
Investments not at fair value				317,985
Total investments				<u>\$ 2,976,774</u>
<b>Liabilities</b>				
Derivative financial instruments	<u>\$ —</u>	<u>\$ (38,658)</u>	<u>\$ —</u>	<u>\$ (38,658)</u>

<sup>(1)</sup>In accordance with ASC 820-10, Fair Value Measurement, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy.

## Fairview Health Services

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 14. Commitments and Contingencies

Fairview is insured with external insurance carriers for professional and general liability claims in excess of amounts self-insured through its insurance subsidiary. Fairview self-insures a portion of its professional and general liability risk through its wholly owned captive insurance subsidiary. Premiums paid to its captive insurance subsidiary are based on the cost of comparable coverage with commercial insurance companies and are eliminated in consolidation. Fairview also maintains coverage for losses in excess of certain limits with an outside insurance carrier under a risk-sharing program with certain other healthcare providers. Premiums are based on the experience of Fairview and the other healthcare providers and could result in a retrospective adjustment.

Fairview manages its professional and general liability insurance programs through its captive insurance company and its employee health insurance through self-funded plans. The provision for claims against these programs includes an estimate of the ultimate cost for reported claims and claims incurred but not reported. The estimate for professional and general liability, workers' compensation, and employee health insurance claims is based on actual claims to date and actuarial studies of Fairview's estimated future liability for such claims.

The estimated undiscounted liability for outstanding employee health insurance claims was \$30,682 and \$31,228 at December 31, 2021 and 2020, respectively. The estimated discounted liability for professional, general, and workers' compensation claims totaled \$93,973 and \$92,423 at December 31, 2021 and 2020, respectively, and is included in other current liabilities and insurance subsidiaries claims reserves. Valuation of these liabilities is based on historical data.

Fairview is a defendant in various lawsuits arising in the ordinary course of business. Although the outcome of these lawsuits cannot be predicted with certainty, management believes the ultimate disposition of such matters will not have a material adverse effect on Fairview's consolidated financial condition or operations. However, there can be no assurance that this will be the case.

Approximately 27% of Fairview's employees are represented by various collective bargaining arrangements that expire within one to four years.



## Fairview Health Services

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 15. Employee Benefit Plans

Fairview sponsors a number of defined contribution pension plans covering most of its employees who meet certain eligibility requirements. Fairview's contribution expense for the plans was \$84,371 and \$64,553 for the years ended December 31, 2021 and 2020, respectively, and is reported on the consolidated statements of operations and changes in net assets within salaries and benefits expense.

Fairview had several defined benefit plans, participation in which is frozen, and postretirement plans. In 2020, Fairview finalized the termination of two defined benefit plans and fully distributed the remaining plan assets and fully satisfied all remaining obligations. The remaining plans provide pension and postretirement benefits to approximately 9% of Fairview's employees. Net periodic benefit costs totaled \$2,898 and \$3,315 for 2021 and 2020, respectively. At December 31, 2021 and 2020, the net accrued benefit costs are recorded within other long-term liabilities on the consolidated balance sheets and totaled \$15,626 and \$24,577, respectively. The change to Fairview's unrestricted net assets arising from changes in plan assets and benefit obligations was \$(7,676) and \$(2,475) in 2021 and 2020, respectively. The weighted average discount rate and expected long-term rate of return on plan assets used to estimate the net periodic benefit cost were 2.43% and 5.25% for 2021, and 3.20% and 5.28% for 2020, respectively. The weighted average discount rate used to estimate the accrued benefit cost at December 31, 2021 and 2020, was 2.77% and 1.61%, respectively. The projected benefit obligation for the plans totaled \$66,418 and \$70,871 at December 31, 2021 and 2020, respectively.

The fair value of pension plan assets was determined using the fair value hierarchy as defined in Note 13. Fair value methodologies for Level 1 are consistent with the inputs described in Note 13. Fair value of pooled separate accounts is based on the net asset value of shares held by the plans at year-end and is classified as Level 2. Fair value of the guaranteed investment contract is calculated by the annuity provider based on unobservable market data and is classified as Level 3.

The following analysis of the pension plan assets, measured at fair value on a recurring basis, is based on the definition of the fair value hierarchy at December 31, 2021:

	Level 1	Level 2	Level 3	Total
<b>Assets</b>				
Pooled separate accounts	\$ —	\$ 56,481	\$ —	\$ 56,481
Guaranteed investment contract	—	—	1,111	1,111
	<u>\$ —</u>	<u>\$ 56,481</u>	<u>\$ 1,111</u>	<u>\$ 57,592</u>

## Fairview Health Services

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 15. Employee Benefit Plans (continued)

The following analysis of the pension plan assets, measured at fair value on a recurring basis, is based on the definition of the fair value hierarchy at December 31, 2020:

	Level 1	Level 2	Level 3	Total
<b>Assets</b>				
Pooled separate accounts	\$ —	\$ 52,493	\$ —	\$ 52,493
Guaranteed investment contract	—	—	941	941
	<u>\$ —</u>	<u>\$ 52,493</u>	<u>\$ 941</u>	<u>\$ 53,434</u>

Fairview also participates in union-sponsored multiemployer plans to which contributions are made in accordance with collective bargaining agreements. The risks of participation in these multiemployer plans are different from single-employer plans in the following aspects: (a) assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers; (b) if a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers; and (c) if Fairview chooses to stop participating in some of its multiemployer plans and if the plan is underfunded, Fairview may be required to pay those plans an amount based on the underfunded status of the plan, referred to as the withdrawal liability.

Fairview's participation in these plans is outlined in the table below. The "EIN/Pension Plan Number" column provides the Employee Identification Number (EIN) and the three-digit plan number, if applicable. The most recent Pension Protection Act zone status available is for the plan's year-end at December 31, 2021 and 2020. The zone status is based on information that Fairview received from the plan and is certified by the plan's actuary. Among other factors, plans in the red zone are generally less than 65% funded, plans in the yellow zone are less than 80% funded, and plans in the green zone are at least 80% funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a financial improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. The last column lists the expiration date of the collective bargaining agreement to which the plans are subject.

# Fairview Health Services

## Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

### 15. Employee Benefit Plans (continued)

Pension Fund	EIN/ Pension Plan Number	Pension Protection Act Zone Status		FIP/ RP Status Pending/ Implemented	Contributions of Fairview for the Plan Year Ended		Surcharge Imposed	Expiration Date of Collective Bargaining Agreement
		2021	2020		2021	2020		
Twin City Hospitals Minnesota Nurses Association Pension Plan	41-6184922 – 001		Green	N/A	\$ 34,021	\$ 30,148	No	May 31, 2022
Other					2,530	2,487		
Total contributions					\$ 36,551	\$ 32,635		

Total amounts expensed under the union-sponsored multiemployer plans were \$36,551 and \$32,635 for 2021 and 2020, respectively, and were recorded within salaries and benefits on the consolidated statements of operations and changes in net assets. Fairview contributes more than 5% of the total contributions to all of the plans in which it participated for the plan years 2021 and 2020. Fairview is required to make a minimum contribution of \$34,074 in 2022. The funding improvement plan for the Twin City Hospitals Minnesota Nurses Association Pension Plan requires no contribution or benefit changes from the currently bargained amounts to achieve the funding improvement plan goals. The Plans did not require a surcharge payment. At the date Fairview's consolidated financial statements were issued, Forms 5500 were not available for the plans' year ended in 2021.

## Fairview Health Services

### Notes to Consolidated Financial Statements (continued)

*(Dollars in Thousands)*

#### 16. Functional Expenses

Fairview provides health-related services to patients and operates a health insurance services organization providing health insurance services to subscribers in the communities it serves. Recurring and non-recurring expenses related to providing these services, included on the consolidated statements of operations and changes in net assets, are as follows:

	<b>Health Care Services</b>	<b>Health Insurance Services</b>	<b>General and Administrative</b>	<b>Total</b>
<b>Year ended December 31, 2021</b>				
Salaries and benefits	\$ 2,400,007	\$ 25,175	\$ 460,295	\$ 2,885,477
Supplies	1,869,848	–	12,632	1,882,480
Purchased services	857,427	193,218	95,555	1,146,200
Depreciation and amortization	99,027	119	47,579	146,725
Interest	44,874	–	3,207	48,081
Other	311,532	1,584	137,822	450,938
	<u>\$ 5,582,715</u>	<u>\$ 220,096</u>	<u>\$ 757,090</u>	<u>\$ 6,559,901</u>

	<b>Health Care Services</b>	<b>Health Insurance Services</b>	<b>General and Administrative</b>	<b>Total</b>
<b>Year ended December 31, 2020</b>				
Salaries and benefits	\$ 2,320,897	\$ 38,136	\$ 438,244	\$ 2,797,277
Supplies	1,658,624	–	12,634	1,671,258
Purchased services	808,546	303,643	63,065	1,175,254
Depreciation and amortization	92,283	258	49,761	142,302
Interest	45,634	–	3,954	49,588
Other	307,591	2,329	138,769	448,689
	<u>\$ 5,233,575</u>	<u>\$ 344,366</u>	<u>\$ 706,427</u>	<u>\$ 6,284,368</u>

## Fairview Health Services

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 17. Income Taxes

Most of Fairview's controlled affiliates are tax-exempt organizations as described in Section 501(c)(3) of the Internal Revenue Code. These organizations are subject to income tax on any income from unrelated business activities. Fairview also owns or controls certain taxable affiliates. Fairview files income tax returns in the U.S. federal jurisdiction and in various state and local jurisdictions. With few exceptions, Fairview is no longer subject to U.S. federal, state, and local, or non-U.S. income tax examinations by tax authorities for years before 2017. Fairview is currently undergoing an audit being conducted by the Internal Revenue Service which could result in adjustments to income taxes payable for years under audit or on estimates for uncertain tax positions.

Fairview has made reasonable estimates of the provision for income taxes and on existing deferred tax balances based on accounting guidance included in ASC 740, *Income Taxes*. Deferred tax assets and liabilities are recognized in the consolidated financial statements at currently enacted income tax rates applicable to the period in which the deferred tax assets and liabilities are expected to be realized. Valuation allowances are established when necessary, to reduce deferred tax assets to the amount expected to be realized.

Fairview recognizes all tax positions, including those positions in a previously filed tax return or a position expected to be taken in a future tax filing that is reflected in measuring current or deferred income tax assets and liabilities, when it is more likely than not (likelihood of greater than 50%) that, based on technical merits, the position will be sustained upon examination. There are \$14,540 and \$0 uncertain tax positions recorded on the consolidated balance sheets as of December 31, 2021 and 2020, respectively. Fairview has made reasonable estimates of the provision for income taxes and on existing deferred tax balances based on accounting guidance included in ASC 740, *Income Taxes*.

Fairview does not expect that there will be a significant change in the total amount of unrecognized tax benefits within the next 12 months.

#### 18. Subsequent Events

Fairview evaluated events and transactions occurring subsequent to December 31, 2021 through April 14, 2022, the date of issuance of the accompanying consolidated financial statements. During this period, there were no other subsequent events requiring recognition or disclosure in the consolidated financial statements.

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