

Form **990**  
 (Rev. January 2020)  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 ♦ Do not enter social security numbers on this form as it may be made public.  
 ♦ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
 Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

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

**C** Name of organization  
**FAIRVIEW HEALTH SERVICES**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**2450 RIVERSIDE AVENUE**  
 City or town, state or province, country, and ZIP or foreign postal code  
**MINNEAPOLIS MN 55454**

**D** Employer identification number  
**41-0991680**

**E** Telephone number  
**612-672-4976**

**G** Gross receipts\$ **4380458660**

**F** Name and address of principal officer:  
**James Hereford**  
**2450 Riverside Ave**  
**Minneapolis MN 55454**

**H(a)** Is this a group return for subordinates  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ♦ (insert no.)  4947(a)(1) or  527

**J** Website: ♦ **www.fairview.org**

**K** Form of organization:  Corporation  Trust  Association  Other ♦

**L** Year of formation: **1906** **M** State of legal domicile: **MN**

**H(c)** Group exemption number ♦

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>Fairview is driven to heal, discover and educate for longer, healthier lives.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	22623
	6 Total number of volunteers (estimate if necessary)	6	4590
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	348,770,184
b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	3,363,390	5,437,437
	9 Program service revenue (Part VIII, line 2g)	3402188888	3559984425
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	59,505,192	67,335,294
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	399,836,471	371,025,483
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3864893941	4003782639
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,298,195	1,689,565
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1722743238	1856796438
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ♦	0	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1935729528	2197390716
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3660770961	4055876719
19 Revenue less expenses. Subtract line 18 from line 12	204,122,980	-52,094,080	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 5024449142	End of Year 5216914002
	21 Total liabilities (Part X, line 26)	2500820456	2684722845
	22 Net assets or fund balances. Subtract line 21 from line 20	2523628686	2532191157

**Part II Signature Block**

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

**Sign Here** Signature of officer: **James Hereford** Date: \_\_\_\_\_  
 Type or print name and title: **President/CEO**

**Paid Preparer Use Only** Print/Type preparer's name: **JESSICA WAGENER** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check  if PTIN self-employed P01622613  
 Firm's name: **ERNST & YOUNG U.S.LLP** Firm's EIN: **34-6565596**  
 Firm's address: **155 N. WACKER DRIVE CHICAGO, IL 60606** Phone no.: **312-879-2000**

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

**See 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 \$ **2352889990** including grants of \$ **1,689,565** ) (Revenue \$ **2477573343** )

**See Schedule O**

**4b** (Code: ) (Expenses \$ **953,030,619** including grants of \$ ) (Revenue \$ **1065956716** )

**See Schedule O**

**4c** (Code: ) (Expenses \$ **103,325,709** including grants of \$ ) (Revenue \$ **16,454,364** )

**See Schedule O**

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

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

**4e** Total program service expenses **3409246318**

**Part IV Checklist of Required Schedules**

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

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

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

**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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance (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> <b>22623</b>		
<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>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>X</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>X</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>X</b>	
<b>b</b>	If "Yes," enter the name of the foreign country <b>◆ Cayman Islands</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>X</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>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<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>X</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>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>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<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>X</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>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<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>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>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>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<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>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>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>X</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>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>X</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>X</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 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>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<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>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?	<b>X</b>	
<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>X</b>	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>X</b>	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body?	<b>X</b>	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<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>X</b>

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

**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**  
**MINNEAPOLIS**

**400 STINSON BLVD NE**

**MN 55413**

**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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) James Hereford President/CEO	40.00 0.00	X		X				3,290,078	0	266,908
(2) Michael Campoli, M. D. Surgeon	40.00 0.00					X		1,903,402	0	58,138
(3) Rohann Lall, MD Surgeon	40.00 0.00					X		1,551,764	0	58,152
(4) Daniel M. Fromm Chief Financial Ofcr	40.00 0.00			X				1,359,854	0	233,344
(5) John Doherty Sr. Operating Exec.	40.00 0.00			X				1,094,991	0	228,887
(6) Laura Reed, RN Chief Nursing Office	40.00 0.00			X				1,145,199	0	141,287
(7) Robert Beacher Chief of Shared Clin	40.00 0.00					X		974,284	0	190,781
(8) Mark Welton, MD Chief Medical Office	40.00 0.00			X				952,981	0	155,632
(9) Trudi Trysla Chief Legal Counsel	40.00 0.00			X				805,364	0	149,933
(10) Carolyn Jacobson Chief HR Officer	40.00 0.00			X				664,285	0	160,144
(11) William Omile, MD Surgeon	40.00 0.00					X		731,392	0	70,505

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) David Crosby Chief Value Based So	0.00 40.00			X				0	737,454	35,495
(13) James Lorge, M.D. Surgeon	40.00 0.00					X		690,510	0	58,955
(14) Bradley Pierce, M.D. Physician	40.00 0.00					X		676,191	0	61,275
(15) John Batson Chief Financial Off.	40.00 0.00			X				628,312	0	46,793
(16) Alistair Jacques Former CIO	0.00 0.00						X	616,429	0	0
(17) Sameer Badlani Chf Information Off	40.00 0.00			X				494,552	0	35,701
(18) Scott Weber Chf Mrktg Comm & Dig	40.00 0.00			X				370,844	0	35,937
(19) Patrick Belland Former Pres-Ridges	0.00 0.00						X	392,143	0	0
<b>1b Subtotal</b>								<b>18,342,575</b>	<b>737,454</b>	<b>1,987,867</b>
<b>c Total from continuation sheets to Part VII, Section A</b>								<b>1,426,831</b>		<b>153,428</b>
<b>d Total (add lines 1b and 1c)</b>								<b>19,769,406</b>	<b>737,454</b>	<b>2,141,295</b>

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2585**

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

**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
University of Minnesota Physicians 420 DELAWARE ST NE Minneapolis MN 55455	Medical/Physici	510,229,657
University of Minnesota Regents 420 DELAWARE ST NE Minneapolis MN 55455	Educaiton	100,551,768
Cushman & Wakefield of MN, Inc. 3500 American Blvd W, Suite 200 Bloomington MN 55431-1096	Mgmt Services	32,007,045
Rightsourcing Inc 999 STEWART AVE STE 100 Bethany NY 11714	Staffing	27,887,232
Lifesource 2550 University Ave W St. Paul MN 55114	Staffing	17,041,114

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 **185**



**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>	5,001,673				
	<b>e</b> Government grants (contributions)	<b>1e</b>	435,764				
	<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>	\$ 125,861				
	<b>h Total.</b> Add lines 1a-1f		5,437,437				
	<b>Program Service Revenue</b>	<b>2a</b> Medicare-Medicaid	Business Code	624100	1065956716	1065956716	
<b>b</b> Patient Care			624100	1017197896	1017197896		
<b>c</b> Laboratory			621500	763,159,633	763,159,633		
<b>d</b> Pharmacy			446110	664,712,729	664,712,729		
<b>e</b> Medical Services			541900	15,539,170		15,539,170	
<b>f</b> All other program service revenue			812930	33,418,281	21,805,946	11,450,545	
<b>g Total.</b> Add lines 2a-2f				3559984425			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			19,429,019		19,429,019	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real	6a	34,774,659			
		(ii) Personal	6b	1,068,815			
			6c	33,705,844			
	<b>d</b> Net rental income or (loss)			33,705,844		33,705,844	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	7a	47,301,461	3,174,691		
		(ii) Other	7b		2,569,877		
			7c	47,301,461	604,814		
	<b>d</b> Net gain or (loss)			47,906,275		47,906,275	
	<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	710,356,968				
	<b>b</b> Less: cost of goods sold	10b	373,037,329				
<b>c</b> Net income or (loss) from sales of inventory			337,319,639		337,319,639		
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			4003782639	3532832920	348,770,184	116,742,098	

**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	1,689,565	1,689,565		
<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	12,333,455		12,333,455	
<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)	1,385,123		1,385,123	
<b>7</b> Other salaries and wages	146,992,547	11,313,745	338,550,872	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	77,049,604	61,282,977	15,766,627	
<b>9</b> Other employee benefits	194,472,629	150,855,661	43,616,968	
<b>10</b> Payroll taxes	101,630,156	78,049,139	23,581,017	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	179,205,122	155,545,197	23,659,925	
<b>b</b> Legal	6,065,470	77,838	5,987,632	
<b>c</b> Accounting	716,937	9	716,928	
<b>d</b> Lobbying	784,678	784,678		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	4,724,689		4,724,689	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	221,961,023	218,916,020	3,045,003	
<b>12</b> Advertising and promotion	5,069,338	17,773	5,051,565	
<b>13</b> Office expenses	86,662,290	64,490,469	22,171,821	
<b>14</b> Information technology				
<b>15</b> Royalties	525		525	
<b>16</b> Occupancy	79,226,007	67,725,778	11,500,229	
<b>17</b> Travel	6,713,554	3,896,270	2,817,284	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	4,605,494	3,021,213	1,584,281	
<b>20</b> Interest	40,071,359	39,795,213	276,146	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	117,817,026	73,459,349	44,357,677	
<b>23</b> Insurance	12,773,913	4,855,556	7,918,357	
<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> <b>Medical Supplies</b>	111,994,676	111,353,551	6,411,245	
<b>b</b> <b>Impairment Charges</b>	126,893,732	126,893,732		
<b>c</b> <b>Licenses</b>	79,376,842	19,985,677	59,391,165	
<b>d</b> <b>Taxes-Medical</b>	64,733,416	64,733,416		
<b>e</b> All other expenses	40,042,538	28,260,671	11,781,867	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	405,587,671	340,924,631	646,630,401	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 checked="" 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 .....	<b>1,065,611</b>	<b>1</b>	<b>1,024,466</b>
	<b>2</b> Savings and temporary cash investments .....	<b>515,925,664</b>	<b>2</b>	<b>343,624,664</b>
	<b>3</b> Pledges and grants receivable, net .....	<b>18,591,677</b>	<b>3</b>	<b>17,734,280</b>
	<b>4</b> Accounts receivable, net .....	<b>1548103182</b>	<b>4</b>	<b>1475703040</b>
	<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 .....		<b>5</b>	
	<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) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	<b>99,498,315</b>	<b>8</b>	<b>110,520,464</b>
	<b>9</b> Prepaid expenses and deferred charges .....	<b>29,722,050</b>	<b>9</b>	<b>37,712,683</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> <b>2239848706</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> <b>1321198024</b>	<b>10c</b>	
	<b>11</b> Investments—publicly traded securities .....	<b>1270615460</b>	<b>11</b>	<b>1474201064</b>
	<b>12</b> Investments—other securities. See Part IV, line 11 .....	<b>193,127,246</b>	<b>12</b>	<b>209,942,625</b>
	<b>13</b> Investments—program-related. See Part IV, line 11 .....	<b>13,015,139</b>	<b>13</b>	<b>30,308,585</b>
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	<b>508,079,855</b>	<b>15</b>	<b>597,491,449</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	<b>5024449142</b>	<b>16</b>	<b>5216914002</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	<b>539,172,626</b>	<b>17</b>	<b>513,034,798</b>
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....	<b>837,239,532</b>	<b>20</b>	<b>828,475,648</b>
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to 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>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	<b>529,490,000</b>	<b>23</b>	<b>518,975,000</b>
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	<b>594,918,298</b>	<b>25</b>	<b>824,237,399</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	<b>2500820456</b>	<b>26</b>	<b>2684722845</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/></b> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	<b>2469128711</b>	<b>27</b>	<b>2478496030</b>
	<b>28</b> Net assets with donor restrictions .....	<b>54,499,975</b>	<b>28</b>	<b>53,695,127</b>
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/></b> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	<b>2523628686</b>	<b>32</b>	<b>2532191157</b>
<b>33</b> Total liabilities and net assets/fund balances .....	<b>5024449142</b>	<b>33</b>	<b>5216914002</b>	

**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>	<b>4003782639</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>4055876719</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-52,094,080</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>2523628686</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>171,528,200</b>
<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>	<b>-110,871,649</b>
<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>	<b>2532191157</b>

**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 in 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>X</b>
<b>2b</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>X</b>	
<b>2c</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>X</b>	
<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>X</b>
<b>3b</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		

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) <b>Srijoy Mahapatra</b>	40.00									
Chf Strategy Officer	0.00			X			364,255	0	19,511	
(21) <b>Michael J Youso</b>	40.00									
Pres-GICH end 4-19	0.00			X			188,455	0	84,895	
(22) <b>John Herman</b>	0.00									
Former Pres North	0.00					X	262,139	0	0	
(23) <b>Patrick Adams</b>	40.00									
Chf of Staff to CEO	0.00			X			165,070	0	49,022	
(24) <b>Mark Thomas</b>	0.00									
Former Pres EB	0.00					X	114,412	0	0	
(25) <b>Richard Ostlund</b>	2.00									
Chair	0.00	X	X				35,000	0	0	
(26) <b>Karen Grabow</b>	2.00									
Secretary	0.00	X					25,000	0	0	
(27) <b>John Heinmiller</b>	2.00									
Director	0.00	X					25,000	0	0	
<b>1b Subtotal</b>							<b>1,179,331</b>		<b>153,428</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) <b>Ann Hengel</b> ..... Director, end 12-19	2.00 0.00	X						25,000	0	0
(29) <b>Ann Lowry, M.D.</b> ..... Vice Chair	2.00 0.00	X						25,000	0	0
(30) <b>Carol Ley, M.D.</b> ..... Director	2.00 0.00	X						25,000	0	0
(31) <b>Bradford Wallin</b> ..... Director	2.00 0.00	X						25,000	0	0
(32) <b>Julie Causey</b> ..... Director	2.00 0.00	X						20,000	0	0
(33) <b>Michael Connly</b> ..... Director	2.00 0.00	X						20,000	0	0
(34) <b>Rich Thompson, M.D.</b> ..... Director	2.00 0.00	X						20,000	0	0
(35) <b>Timothy Marx</b> ..... Director	2.00 0.00	X						20,000	0	0
<b>1b Subtotal</b> .....								180,000		
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

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

	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> .....	3	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	4	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....	5	

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(36) <b>Kenneth Roering</b> ..... Director	2.00 0.00	X						20,000	0	0
(37) <b>Betsy Wergin</b> ..... Director	2.00 0.00	X						20,000	0	0
(38) <b>Jodi Richard</b> ..... Director, new 7-19	2.00 0.00	X						15,000	0	0
(39) <b>Kevin Roberg</b> ..... Director, end 6-19	2.00 0.00	X						10,000	0	0
(40) <b>Barclay Berdan</b> ..... Director, new 10-19	2.00 0.00	X						2,500	0	0
(41) <b>Brian Burnett</b> ..... Director	2.00 0.00	X						0	0	0
(42) <b>Jakub Tolar, M.D.</b> ..... Vice Chair	2.00 0.00	X						0	0	0
(43) <b>Melissa Geller, MD</b> ..... Director, new 12-19	2.00 0.00	X						0	0	0
<b>1b Subtotal</b> .....								<b>67,500</b>		
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

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

	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> .....	3	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	4	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....	5	

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(44) Sophia Vinogradov	2.00									
Director, end 10-19	0.00	X						0	0	
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

	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

**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



**Federal Statements****Form 990 - Federal General Footnote****Description**

Form 8275 Part IV Explanation for Part I & II:

Fairview Health Services is a Limited Partner in Premier Purchasing Partners, L. P. ("Partnership") which conducts materials management and group purchasing programs allowing its limited partners, all of which are Section 501 ( c)(3) organizations, their related affiliates and certain unrelated affiliates to purchase hospital supplies and equipment at discounted prices from designated vendors. Based on the total volume or other factors relating to the purchases, the vendors remit fees in cash or property to the partnership. Ninety (90%) percent of the limited partner share of income is allocated equally with the balance allocated in proportion to the partner's compliance with certain commitments. Section 512 ( c)(1)prescribes rules pertaining to the taxability of income derived from trades businesses regularly carried on by a partnership with a tax-exempt limited partner. Specifically, partnership income will not be taxable as unrelated income if the trade or business of the partnership is substantially related the limited partner's exempt purpose. The partnership and Fairview believe that the limited partners of the partnership may exclude from unrelated business taxable income their distributive shares of the partnership's interest income and net capital gain income by reason of sections 512 (b)(1) and 512(b)(5). Also, the purchasing activities would be related activities if calculated directly by the limited partners and thus could not be subject to the taxable unrelated business income under section 511 of the code. Therefore, to the extent that Fairview's portion of the actual purchases under the partnership equal its distributive share related to such activities, such fees are wholly attributable to Fairview's accomplishment of its own exempt purpose.

Fairview Health Services operates clinical, cytology and pathology laboratories providing services to both Fairview patients as well as to unrelated clinics and other entities.

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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

**2019**

**Open to Public Inspection**

Name of the organization <b>FAIRVIEW HEALTH SERVICES</b>	Employer identification number <b>41-0991680</b>
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**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 or 990-EZ).)
- 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 1/3% 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 1/3% 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 in 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>						

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 five 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 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, 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 test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% 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—2019.</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—2018.</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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 in 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.) . . . . .						

**14 First five years.** 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 **stop here** . . . . .

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2019.** 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 **stop here**. The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2018.** 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 **stop here**. The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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 Part VI when and how the organization made the determination.</i>		
c 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 Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c 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 Part VI 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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, 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?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 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 Part VI.</i>		
7 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a 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 Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in 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 Part VI.</i>		
10a 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 10b below.</i>		
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 in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>			
<b>b</b>	A family member of a person described in (a) above?		
<b>11b</b>			
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
<b>11c</b>			

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>			
<b>3</b>	By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>			

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

<b>1</b>	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b>	<i>Activities Test. Answer (a) and (b) below.</i>		
<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? <i>If "Yes," then in Part VI 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.</i>		
<b>2a</b>			
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>			
<b>3</b>	<i>Parent of Supported Organizations. Answer (a) and (b) below.</i>		
<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? <i>Provide details in Part VI.</i>		
<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? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<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)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	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)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes		
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations		
<b>4</b>	Amounts paid to acquire exempt-use assets		
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)		
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.		
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.		
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.		
<b>9</b>	Distributable amount for 2019 from Section C, line 6		
<b>10</b>	Line 8 amount divided by line 9 amount		
<b>Section E - Distribution Allocations</b> (see instructions)		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2019</b>
<b>1</b>	Distributable amount for 2019 from Section C, line 6		<b>(iii) Distributable Amount for 2019</b>
<b>2</b>	Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.		
<b>3</b>	Excess distributions carryover, if any, to 2019		
<b>a</b>	From 2014 .....		
<b>b</b>	From 2015 .....		
<b>c</b>	From 2016 .....		
<b>d</b>	From 2017 .....		
<b>e</b>	From 2018 .....		
<b>f</b>	<b>Total</b> of lines 3a through e		
<b>g</b>	Applied to underdistributions of prior years		
<b>h</b>	Applied to 2019 distributable amount		
<b>i</b>	Carryover from 2014 not applied (see instructions)		
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
<b>4</b>	Distributions for 2019 from Section D, line 7: \$		
<b>a</b>	Applied to underdistributions of prior years		
<b>b</b>	Applied to 2019 distributable amount		
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.		
<b>5</b>	Remaining underdistributions for years prior to 2019, 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 2019. 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 2020.</b> Add lines 3j and 4c.		
<b>8</b>	Breakdown of line 7:		
<b>a</b>	Excess from 2015 .....		
<b>b</b>	Excess from 2016 .....		
<b>c</b>	Excess from 2017 .....		
<b>d</b>	Excess from 2018 .....		
<b>e</b>	Excess from 2019 .....		





**SCHEDULE C  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

- ◆ Complete if the organization is described below.
- ◆ Attach to Form 990 or Form 990-EZ.
- ◆ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**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.

Schedule C (Form 990 or 990-EZ) 2019

**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:30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:70%;">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"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?	<b>X</b>		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<b>X</b>		
<b>c</b> Media advertisements?		<b>X</b>	
<b>d</b> Mailings to members, legislators, or the public?		<b>X</b>	
<b>e</b> Publications, or published or broadcast statements?		<b>X</b>	
<b>f</b> Grants to other organizations for lobbying purposes?		<b>X</b>	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	<b>X</b>		<b>784,678</b>
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		<b>X</b>	
<b>i</b> Other activities?		<b>X</b>	
<b>j</b> Total. Add lines 1c through 1i			<b>784,678</b>
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		<b>X</b>	
<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>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

**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.

**Schedule C, Part II-B, Line 1**

During 2019 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

**Part IV** Supplemental Information *(continued)*

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 \$147,801. Additionally, Fairview paid approximately \$636,877 to outside lobbyists in 2019. 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. In 2019, 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.

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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

FAIRVIEW HEALTH SERVICES

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure, 2d Number of conservation easements included in (c) acquired after 7/25/06, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 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 |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 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
1a Beginning of year balance	5,757,124	6,178,465	1,512,011	1,459,459	1,456,099
b Contributions	148,110	38,521	52,144	52,743	19,523
c Net investment earnings, gains, and losses		-461,060	12,253	408	-15,640
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	-40,158	1,198	-579	-598	-523
g End of year balance	5,865,076	5,757,124	1,575,829	1,512,011	1,459,459

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
  - b Permanent endowment  30.02 %
  - c Term endowment  69.98 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations |     | X  |
| (ii) Related organizations  | X   |    |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		25,701,194		25,701,194
b Buildings		127,091,510	682,165,180	588,749,925
c Leasehold improvements		45,298,006	30,446,838	14,851,168
d Equipment		680,710,787	548,166,003	132,544,784
e Other		217,223,614	60,420,003	156,803,611

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  **918,650,682**

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

**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) <b>Investment in Affiliates</b>	<b>557,309,472</b>
(2) <b>Deferred Premiums &amp; Ins. Recoveries</b>	<b>21,297,153</b>
(3) <b>Investments held by ins sub</b>	<b>16,441,149</b>
(4) <b>Other Long Term</b>	<b>2,377,732</b>
(5) <b>Debt Service Reserve Fund</b>	<b>65,943</b>
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>597,491,449</b>

**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) <b>Other Liabilities &amp; Related Org</b>	<b>554,424,986</b>
(3) <b>Other LT Liabilities</b>	<b>108,232,441</b>
(4) <b>Derivative Financial Instruments</b>	<b>82,665,216</b>
(5) <b>Work Comp Reserve</b>	<b>51,992,375</b>
(6) <b>Ins Sub Claims Reserve</b>	<b>13,891,593</b>
(7) <b>Deferred Rent</b>	<b>4,774,411</b>
(8) <b>Post Retirement</b>	<b>4,390,433</b>
(9) <b>LT Pension</b>	<b>3,865,944</b>
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>824,237,399</b>

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.

**Part V, Line 4 - Intended Uses for Endowment Funds**

The intended uses for the Endowment Funds is for educational grants and awards that are given through the Fairview Foundation.

**Part X - FIN 48 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 no uncertain tax positions recorded in the consolidated balance sheets as of December 31, 2019 or 2018.

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

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.

**Part XIII - Supplemental Financial Information**

**Schedule D, Part V:**

On August 31, 2018, HealthEast Foundation was merged into Fairview Foundation. The amount on Schedule D, Part V, Line 1a, Columns a and b include the balances that were transferred into Fairview Foundation on September 1, 2018 from HealthEast Foundation and are now part of Fairview Foundation. Columns c, d and e reflect the amounts for Fairview Foundation only.

**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

**2019**

**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
<b>Central America and Caribbean</b>					
<b>(1)</b>			<b>1 Program Services</b>	<b>insurance</b>	<b>19,669,396</b>
<b>Central America and Caribbean</b>					
<b>(2)</b>			<b>Investment</b>		<b>66,609,550</b>
<b>(3)</b>					
<b>(4)</b>					
<b>(5)</b>					
<b>(6)</b>					
<b>(7)</b>					
<b>(8)</b>					
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a Subtotal</b> . . . . .		<b>1</b>			<b>86,278,946</b>
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)		<b>1</b>			<b>86,278,946</b>

**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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) 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 tax-exempt 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**

**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.

**Part I, Line 3 - Activities per Region**

Region	Expenditures	Investments
Central America and Caribbean	\$ 19,669,396	\$ 0
Central America and Caribbean	\$ 0	\$ 66,609,550

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Hospitals**

- ◆ 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.

OMB No. 1545-0047

**2019**

Open to Public Inspection

**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	<input checked="" type="checkbox"/>	
<b>1b</b> If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
<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 free 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 _____%	<input checked="" type="checkbox"/>	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing discounted 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 _____%	<input checked="" type="checkbox"/>	
<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"?	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
<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?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

**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)			23,195,018	8,622,010	14,573,008	0.36
<b>b</b> Medicaid (from Worksheet 3, column a)			499,811,435	355,616,722	144,194,713	3.56
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)					0	0.00
<b>d</b> Total. Financial Assistance and Means-Tested Government Programs			523,006,453	364,238,732	158,767,721	3.91
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			3,736,862		3,736,862	0.09
<b>f</b> Health professions education (from Worksheet 5)			103,325,709	16,454,364	86,871,345	2.14
<b>g</b> Subsidized health services (from Worksheet 6)			36,498,380	31,026,648	5,471,732	0.13
<b>h</b> Research (from Worksheet 7)			6,595,145	3,642,708	2,952,437	0.07
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			729,544		729,544	0.02
<b>j</b> Total. Other Benefits			150,885,640	51,123,720	99,761,920	2.46
<b>k</b> Total. Add lines 7d and 7j			673,892,093	415,362,452	258,529,641	6.37



**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			29,795		29,795	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			29,795		29,795	

**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 X	
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 80,804,724	
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 1,616,094	
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)	5 707,810,992
6 Enter Medicare allowable costs of care relating to payments on line 5	6 882,359,341
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -174,548,349
8 Describe in Part VI the extent to which any shortfall reported in 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 X
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 X

**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				

<b>Part V Facility Information</b>													
<b>Section A. Hospital Facilities</b>		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	
(list in order of size, from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>5</u>  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)													
<b>1</b>	<b>University of Minnesota Medical Cen</b>  2450 Riverside Avenue Minneapolis MN 55454-1450 See Section C, Line 7d 366425	X	X	X	X		X	X					
<b>2</b>	<b>Fairview Southdale Hospital</b>  6401 France Avenue S Edina MN 55435-2104 See Section C, Line 7d 366381	X	X					X					
<b>3</b>	<b>Fairview Ridges Hospital</b>  201 E. Nicollet Blvd Burnsville MN 55337-5714 See Section C, Line 7d 365864	X	X					X					
<b>4</b>	<b>Fairview Lakes Regional Medical Ctr</b>  5200 Fairview Blvd Wyoming MN 55092-8013 See Section C, Line 7d 365838	X	X					X					
<b>5</b>	<b>Fairview Northland Regional Hosp</b>  911 Northland Dr. Princeton MN 55371-2172 See Section C, Line 7d 365842	X	X					X					

**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 Cen

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>		
1 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? .....		X
2 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 .....		X
3 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 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <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		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <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)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>		
5 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 .....	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....		X
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 .....		X
7 Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Section C, Line 7d</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 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 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>See Section C, Line 7d</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		X
11 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.		
12a 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)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c 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? <u>\$</u>		

**Part V Facility Information (continued)**

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group University of Minnesota Medical Cen

		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? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</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>X</b>	
<b>15</b>	Explained the method for applying for financial assistance? .....	<b>X</b>	
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>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? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Section C, Line 16j</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Section C, Line 16j</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 Section C, Line 16j</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)		

**Part V Facility Information (continued)**

**Billing and Collections**

Name of hospital facility or letter of facility reporting group **University of Minnesota Medical Cen**

	Yes	No
<p><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? .....</p>	<b>X</b>	
<p><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:</p> <p><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><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</p> <p><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p><b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p><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? .....</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><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</p> <p><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p>		<b>X</b>
<p><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):</p> <p><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)</p> <p><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)</p> <p><b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p><b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p><b>e</b> <input type="checkbox"/> Other (describe in Section C)</p> <p><b>f</b> <input type="checkbox"/> None of these efforts were made</p>		

**Policy Relating to Emergency Medical Care**

<p><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? .....</p> <p>If "No," indicate why:</p> <p><b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p><b>d</b> <input type="checkbox"/> Other (describe in Section C)</p>	<b>X</b>	
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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 Cen**

**22** 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.

- a  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b  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
- c  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
- d  The hospital facility used a prospective Medicare or Medicaid method

**23** 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? .....  
If "Yes," explain in Section C.

**24** 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? .....  
If "Yes," explain in Section C.

	Yes	No
<b>23</b>		<b>X</b>
<b>24</b>		<b>X</b>

**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 Southdale 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>X</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>X</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>X</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 <b>20 18</b>		
<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>X</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>X</b>
<b>6b</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>X</b>
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public?	<b>X</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): <b>See Section C, Line 7d</b>		
<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>X</b>	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <b>20 18</b>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website?	<b>X</b>	
<b>a</b>	If "Yes," (list url): <b>See Section C, Line 7d</b>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		<b>X</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>X</b>
<b>b</b>	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
<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? <b>\$</b>		

**Part V Facility Information (continued)**

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group **Fairview Southdale 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? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <b>200</b> % and FPG family income limit for eligibility for discounted care of <b>300</b> %		
<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>X</b>	
<b>15</b>	Explained the method for applying for financial assistance? .....	<b>X</b>	
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>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? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Section C, Line 16j</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Section C, Line 16j</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 Section C, Line 16j</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)		



**Part V Facility Information (continued)**

**Billing and Collections**

Name of hospital facility or letter of facility reporting group **Fairview Southdale Hospital**

	Yes	No
<p><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? .....</p>	<b>X</b>	
<p><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:</p> <p><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><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</p> <p><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p><b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p><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? .....</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><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</p> <p><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p>		<b>X</b>
<p><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):</p> <p><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)</p> <p><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)</p> <p><b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p><b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p><b>e</b> <input type="checkbox"/> Other (describe in Section C)</p> <p><b>f</b> <input type="checkbox"/> None of these efforts were made</p>		

**Policy Relating to Emergency Medical Care**

<p><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? .....</p> <p>If "No," indicate why:</p> <p><b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p><b>d</b> <input type="checkbox"/> Other (describe in Section C)</p>	<b>X</b>	
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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 Southdale Hospital**

**22** 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.

- a  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b  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
- c  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
- d  The hospital facility used a prospective Medicare or Medicaid method

**23** 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? .....  
If "Yes," explain in Section C.

**24** 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? .....  
If "Yes," explain in Section C.

	Yes	No
<b>23</b>		<b>X</b>
<b>24</b>		<b>X</b>

**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>X</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>X</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 If "Yes," indicate what the CHNA report describes (check all that apply):	<b>X</b>	
<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 <b>20 18</b>		
<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>X</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>X</b>
<b>6b</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>X</b>
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	<b>X</b>	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <b>See Section C, Line 7d</b>		
<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>X</b>	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <b>20 18</b>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website?	<b>X</b>	
<b>a</b>	If "Yes," (list url): <b>See Section C, Line 7d</b>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		<b>X</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>X</b>
<b>b</b>	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
<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? <b>\$</b>		

**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? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <b>200</b> % and FPG family income limit for eligibility for discounted care of <b>300</b> %		
<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>X</b>	
<b>15</b>	Explained the method for applying for financial assistance? .....	<b>X</b>	
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>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? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Section C, Line 16j</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Section C, Line 16j</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 Section C, Line 16j</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)		

**Part V Facility Information (continued)**

**Billing and Collections**

Name of hospital facility or letter of facility reporting group **Fairview Ridges Hospital**

	Yes	No
<p><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? .....</p>	<b>X</b>	
<p><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:</p> <p><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><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</p> <p><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p><b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p><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? .....</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><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</p> <p><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p>		<b>X</b>
<p><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):</p> <p><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)</p> <p><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)</p> <p><b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p><b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p><b>e</b> <input type="checkbox"/> Other (describe in Section C)</p> <p><b>f</b> <input type="checkbox"/> None of these efforts were made</p>		

**Policy Relating to Emergency Medical Care**

<p><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? .....</p> <p>If "No," indicate why:</p> <p><b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p><b>d</b> <input type="checkbox"/> Other (describe in Section C)</p>	<b>X</b>	
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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**

**22** 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.

- a  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b  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
- c  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
- d  The hospital facility used a prospective Medicare or Medicaid method

**23** 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? .....  
If "Yes," explain in Section C.

**24** 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? .....  
If "Yes," explain in Section C.

	Yes	No
<b>23</b>		<b>X</b>
<b>24</b>		<b>X</b>

**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>		
1 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>X</b>
2 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>X</b>
3 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>X</b>	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <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		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <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)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <b>18</b>		
5 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>X</b>	
6a 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>X</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>X</b>
7 Did the hospital facility make its CHNA report widely available to the public? .....	<b>X</b>	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <b>See Section C, Line 7d</b>		
b <input type="checkbox"/> Other website (list url): .....		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 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>X</b>	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <b>18</b>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	<b>X</b>	
a If "Yes," (list url): <b>See Section C, Line 7d</b>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		<b>X</b>
11 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.		
12a 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>X</b>
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c 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? <b>\$</b>		

**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? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <b>200</b> % and FPG family income limit for eligibility for discounted care of <b>300</b> %		
<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>X</b>	
<b>15</b>	Explained the method for applying for financial assistance? .....	<b>X</b>	
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>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? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Section C, Line 16j</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Section C, Line 16j</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 Section C, Line 16j</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)		



**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
<p><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? .....</p>	<b>X</b>	
<p><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:</p> <p><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><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</p> <p><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p><b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p><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? .....</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><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</p> <p><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p>		<b>X</b>
<p><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):</p> <p><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)</p> <p><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)</p> <p><b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p><b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p><b>e</b> <input type="checkbox"/> Other (describe in Section C)</p> <p><b>f</b> <input type="checkbox"/> None of these efforts were made</p>		

**Policy Relating to Emergency Medical Care**

<p><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? .....</p> <p>If "No," indicate why:</p> <p><b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p><b>d</b> <input type="checkbox"/> Other (describe in Section C)</p>	<b>X</b>	
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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**

**22** 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.

- a  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b  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
- c  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
- d  The hospital facility used a prospective Medicare or Medicaid method

**23** 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? .....  
If "Yes," explain in Section C.

**24** 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? .....  
If "Yes," explain in Section C.

	Yes	No
<b>23</b>		<b>X</b>
<b>24</b>		<b>X</b>

**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>X</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>X</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>X</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 <b>20 18</b>		
<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>X</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>X</b>
<b>6b</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>X</b>
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? .....	<b>X</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): <b>See Section C, Line 7d</b>		
<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>X</b>	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy <b>20 18</b>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	<b>X</b>	
<b>a</b> If "Yes," (list url): <b>See Section C, Line 7d</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		<b>X</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>X</b>
<b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
<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? <b>\$</b>		

**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? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <b>200</b> % and FPG family income limit for eligibility for discounted care of <b>300</b> %		
<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>X</b>	
<b>15</b>	Explained the method for applying for financial assistance? .....	<b>X</b>	
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>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? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Section C, Line 16j</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Section C, Line 16j</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 Section C, Line 16j</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)		

**Part V Facility Information (continued)**

**Billing and Collections**

Name of hospital facility or letter of facility reporting group **Fairview Northland Regional Hosp**

- 17** 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? .....
- 18** 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:
- a**  Reporting to credit agency(ies)
  - b**  Selling an individual's debt to another party
  - c**  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
  - d**  Actions that require a legal or judicial process
  - e**  Other similar actions (describe in Section C)
  - f**  None of these actions or other similar actions were permitted
- 19** 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? .....  
If "Yes," check all actions in which the hospital facility or a third party engaged:
- a**  Reporting to credit agency(ies)
  - b**  Selling an individual's debt to another party
  - c**  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
  - d**  Actions that require a legal or judicial process
  - e**  Other similar actions (describe in Section C)
- 20** 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):
- a**  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**  Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
  - c**  Processed incomplete and complete FAP applications (if not, describe in Section C)
  - d**  Made presumptive eligibility determinations (if not, describe in Section C)
  - e**  Other (describe in Section C)
  - f**  None of these efforts were made

	Yes	No
<b>17</b>	<b>X</b>	
<b>19</b>		<b>X</b>

**Policy Relating to Emergency Medical Care**

- 21** 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? .....
- If "No," indicate why:
- a**  The hospital facility did not provide care for any emergency medical conditions
  - b**  The hospital facility's policy was not in writing
  - c**  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
  - d**  Other (describe in Section C)

	Yes	No
<b>21</b>	<b>X</b>	

**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**

**22** 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.

- a  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b  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
- c  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
- d  The hospital facility used a prospective Medicare or Medicaid method

**23** 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? .....  
If "Yes," explain in Section C.

**24** 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? .....  
If "Yes," explain in Section C.

	Yes	No
<b>23</b>		<b>X</b>
<b>24</b>		<b>X</b>

**Part V Facility Information** (continued)

**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.

**Facility 1, University of Minnesota Medical Cen - Part V, Line 3e**

In order to determine the top health needs in the community indicators from secondary data; data from Wilder Research on the leading causes of death and premature death, and the social determinants of health; and primary data that met two pieces of criteria: (1) a need and/or barrier that was said more than one time, and (2) a need and/or barrier that was repeated in at least two of the groups (e.g. both a stakeholder interview and a community conversation) were used.

The medical center's Community Health Steering Committee reviewed and validated findings from the primary and secondary data, and recommended three health needs be adopted for the medical center. The three health needs are consistent across all 11 Fairview hospitals and medical centers and are intentionally broad to allow for local variation during the implementation planning process.

Weighted criteria was used to prioritize health needs. Highest weight was given to the two criterion deemed most important by the steering committee - continuing work in previous CHNA priority areas and ensuring future priorities aligned with what the community identified as top needs.

The prioritization criteria was applied to the top 30 health needs identified in the medical center community. The top 10 health needs include:

1. Mental health

2. Chronic disease

**Part V Facility Information** *(continued)*

**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.

**3. Stress**

**4. Stigma - mental health**

**5. Suicide**

**6. Heart disease**

**7. Cancer**

**8. Psychological trauma**

**9. Substance use**

**10. Tied for tenth (1) Stroke (2) Chronic lower respiratory disease (3) Alzheimer's disease**

Through a voting process, the University of Minnesota Medical Center Community Health Steering Committee validated the following priority health needs: Mental health and well-being, Healthy lifestyles and Access to care and resources. These three priorities are consistent across all 11 Fairview hospitals and medical centers and are intentionally broad to allow for local variation during the implementation planning process.

**Facility 1, University of Minnesota Medical Cen - Part V, Line 5**

University of Minnesota Medical Center has conducted Community Health Needs Assessments (CHNA) since 1995 to systematically identify, analyze, and prioritize the critical needs of the community and address those needs. The 2018 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 IRS requirements for CHNA and Implementation Strategies pursuant to the Affordable Care Act of 2010,



**Part V Facility Information** (continued)

**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.

which requires 501(c)(3) nonprofit hospitals to conduct an assessment at least every three years and provide an annual evaluation of impact of the previous Implementation Strategy. For additional detail, see section titled, Evaluation of impact, 2019-2021 CHNA Implementation Strategy. Through this process, the medical center aims to:

- Understand the health status and needs of the community it serves by analyzing current demographics, health data, and by collecting direct input from community members and organizations.
- Identify the strengths, assets, and resources available in the community to support health and well-being.
- Address significant health needs through partnerships with community members and organizations, public health agencies, and other hospitals and health systems.
- Create a Strategic Implementation Plan reflective of the data collected through the CHNA process.
- Inform the medical center's community benefit activities.

The following list of individuals are members of that Steering Committee:

Alyssa Schoen, University of Minnesota Medical Center

Ann Shelp, University of Minnesota Masonic Children's Hospital

Bruce McCarthy, People's Center Clinics and Services

Carla Nielson, Minneapolis Police Department First Precinct

Caroline Dunn O'Brien, Epidemiologist Consultant

Idolly Olivia, University of Minnesota Medical Center

Kiara Ellis, Masonic Cancer Center, University of Minnesota

Liliana Tobon-Gomez, Hennepin County Human Services and Public Health Department

**Part V Facility Information** (continued)

**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.

Osman Harare, East Africa Health Project

Sarah Stewart, City of Minneapolis Public Health Department

Susan Palchick, Hennepin County Human Services and Public Health Department

Suzanne Burke-Lehman, St. Kate's Department of Nursing

Facility 1, University of Minnesota Medical Cen - Part V, Line 7d

Schedule H, Part V, Line 7a & Line 10a:

The Community Health Needs Assessment and Implementation Strategy are located at:

<http://www.fairview.org/our-community-commitment/local-health-needs>

Facility 1, University of Minnesota Medical Cen - Part V, Line 11

Community Health Needs Assessments (CHNAs) were conducted in 2018. An essential part of the 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.

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.

Each program is evaluated on an annual basis against program specific anticipated impacts. As part of the evaluation process each program

**Part V Facility Information** (continued)

**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.

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, 2019 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 2019 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.

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 2019 evaluation of the PSE initiatives note the specific PSE step/s for that initiatives based on the activities. In 2020 we are identifying PSE initiative specific metrics related to each step to deepen our evaluation of outcomes in future years.

Any programmatic anticipated impact that received a rating of "yellow" or

**Part V Facility Information** *(continued)*

**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.

"red" has a corresponding brief explanation and 2020 action plan. In 2020 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.

**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 2019 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".

**2019 Impact: Green - Outcome: 93% of participants that responded to the post program survey indicated that they strongly agree or agree with the following statement: They can recognize and correct misconceptions about mental health, substance use and mental illness as I encounter them.**

The University of Minnesota Medical Center offered the evidence-based Stress Reduction Suite which included two programs (1) Flourish a

**Part V Facility Information** (continued)

**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.

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 2019 anticipated impact for the Stress Reduction Suite was a decrease in participants' perceived stress. The anticipated impact was assigned a value of "green".

2019 Impact: Green - Outcome: 1.77 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.

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 2019

**Part V Facility Information** (continued)

**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.

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".

2019 Impact: Green - Outcome: 93.1% 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 2019 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".

2019 Impact: Green - Outcome: 93.1% 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 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 2019 anticipated impact for the Trauma Informed Congregations program was an

**Part V Facility Information** (continued)

**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.

increase in clergy/leader understanding of the impact of trauma on trauma survivors. The anticipated impact was assigned a value of "green".

2019 Impact: Green - Outcome: 32% increase from on pre-program-survey to post-program-survey for participants that strongly agree or agree with the following statement: I understand the concepts of trauma and the impact trauma can have on trauma survivors.

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 2019 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 "green".

2019 Impact: Green - Camp Outcome: 66% of youth indicated that they have new tools to help them with their grief after camp. Series Outcome: 53.0% of youth indicated that they can identify (name) some healthy ways to express their grief. Evaluation of survey results was done for camp participants and series participants on a program level.

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.

**Part V Facility Information** (continued)

**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.

2019 Impact: Green - An executive committee was formed. They began meeting quarterly, to create a plan to become a trauma-informed system for M Health Fairview patients. Provided trauma-informed care training for behavioral health employees. This work aligns with the community work, Trauma informed congregations programming, being provided to faith community leaders.

Priority: Healthy lifestyles

The University of Minnesota Medical Center did not offer the evidence-based Falls Prevention Suite classes - Matter of Balance or Tia Ju Quan - in 2019. The 2019 anticipated impact for the Falls Prevention Suite was a decrease in participants' fear of falling. The anticipated impact was assigned a value of "red". Explanation: another community organization offered the evidence-based fall reduction program, Stepping On to the same population. Rather than compete we choose to support this community partner their grant-funded class and not offer a competing class. 2020 action plan: is to work closely with other community organizations offering evidence-based fall prevention classes in these neighborhoods to either support classes they are hosting or invite them to participate in classes we are hosting to maximize benefit to our local community.

The University of Minnesota 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,



**Part V Facility Information** (continued)

**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.

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 help those living with diabetes or pre-diabetes to improve their general health. The 2019 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".

2019 Impact: Green - Outcome: 100% 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). Outcome: 50.0% 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.

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 2019 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".

**Part V Facility Information** (continued)

**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.

**2019 Impact: Green - Outcome: 84% of participants that responded to the convenience sample survey indicated that because of Health Commons, they are making one or more lifestyle change.**

**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 2019 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".**

**2019 Impact: Green - Outcome: 91% 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 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 (HAFA) provides CSA (community shared agriculture) shares for this program. The 2019 anticipated impact for Veggie Rx was an increase vegetable consumption in food insecure patients. The anticipated impact was assigned a value of "green".**

**Part V Facility Information** (continued)

**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.

**2019 Impact: Green - Outcome: 11% increase from pre-program-survey (17%) to post-program-survey (28%) in response to the following question: I consume three or more servings of vegetable per day.**

**Evaluation of survey results was done on a program level and not on hospital level - 76 survey respondents not all from UMMC service area.**

**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.**

**2019 Impact: Green - A defined need for access to and education around healthy whole foods was documented through an A3 process for M Health Fairview employees, patients and community members. Goals and key performance indicators were set for the overall strategy and the individual plans that have neared or entered the implementation stage. There was adoption of our Food Philosophy and Food Transformation Strategy by executive leaders. Cafeteria and food service transformation were implemented. Employee education: Food Rx to Nourish and Heal. 94% strongly agree or agree: "This activity increased my competence in understanding what foods promote health and the science behind it."**

**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**

**Part V Facility Information** (continued)

**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.

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 2019 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".

2019 Impact: Green - 13 new partner clinics and 100% of new partner clinic sites had culturally and/or linguistically appropriate materials around accessing care and resources

The University of Minnesota Medical Center did not offer the evidence-based Falls Prevention Suite classes - Matter of Balance or Tai Ji Quan - in 2019. The 2019 anticipated impact for the Falls Prevention Suite was a decrease in participants' fear of falling. The anticipated impact was assigned a value of "red". Explanation: Another community organization offered the evidence-based fall reduction program, Stepping On to the same population. Rather than compete we choose to support this community partner and their grant-funded class by not offer a competing class. 2020 action plan: is to work closely with other community organizations offering evidence-based fall prevention classes in these neighborhoods to either support classes they are hosting or invite them to participate in classes we are hosting to maximize benefit to our local community.

**Part V Facility Information** (continued)

**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.

The University of Minnesota 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 help 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 value of "green".

2019 Impact: Green - Outcome: 50% 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

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

**Part V Facility Information** (continued)

**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.

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 2019 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".

2019 Impact: Green - Outcome: 99.5% of participants that responded to the post program survey indicated that they strongly agree with the following statement: They can assist someone who may be dealing with a mental health problem, substance use challenge or crisis in seeking professional help.

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 2019 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".

2019 Impact: Green - Outcome: 85.4% 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.

**Part V Facility Information** (continued)

**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.

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 2019 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".

2019 Impact: Green - Outcome: 70% 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 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 (HAFA) provides CSA (community shared agriculture) shares for this program. The 2019 anticipated impact for Veggie Rx was an Increase participants' knowledge about where to buy locally grown produce. The anticipated impact was assigned a value of "green".

2019 Impact: Green - Outcome: 16% increase from pre-program-survey (63%) to post-program-survey (79%) in response to the following question: I know

**Part V Facility Information** (continued)

**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.

a lot or know some about where to buy locally grown produce in your area?

Evaluation of survey results was done on a program level and not on hospital level - 76 survey respondents not all from UMMC service area.

Needs identified but not addressed

Although the following health needs were not selected as priority needs, M Health Fairview University of Minnesota Medical Center 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 University of Minnesota Medical Center 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 University of Minnesota Medical Center resources can support at this time.



**Part V Facility Information** (continued)

**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.

**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 University of Minnesota Medical Center resources can support at this time.**

**Facility 1, University of Minnesota Medical Cen - Part V, Line 13b**

**The Minnesota Attorney General agreement was used in the determination of the eligibility for financial assistance.**

**Facility 1, University of Minnesota Medical Cen - Part V, Line 16j**

**A summary of the Financial Assistance Policy is posted in various locations in the hospital.**

**Part V, Line 16a, FAP Website:**

**[https://www.fairview.org/~media/Fairview/PDFs/Billing/Financial-Assistance-Policy-2020-Final-Version\\_EN.ashx?la=en](https://www.fairview.org/~media/Fairview/PDFs/Billing/Financial-Assistance-Policy-2020-Final-Version_EN.ashx?la=en)**

**Part V, Line 16b, FAP Application website:**

**<https://www.fairview.org/billing/fairview-charity-care>**

**<http://www.fvfiles.com/2266.pdf>**

**Part V, Line 16c, FAP Plain Language Summary website:**

**<https://www.fairview.org/~media/Fairview/PDFs/Billing/4454EN-Financial-Assistance-PLS-2019.ashx?la=en>**

**Facility 2, Fairview Southdale Hospital - Part V, Line 3e**

**Part V Facility Information** (continued)

**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.

In order to determine the top health needs in the community indicators from secondary data; data from Wilder Research on the leading causes of death and premature death, and the social determinants of health; and primary data that met two pieces of criteria: (1) a need and/or barrier that was said more than one time, and (2) a need and/or barrier that was repeated in at least two of the groups (e.g. both a stakeholder interview and a community conversation) were used.

The hospital's Community Health Steering Committee reviewed and validated findings from the primary and secondary data, and recommended three health needs be adopted for the medical center. The three health needs are consistent across all 11 Fairview hospitals and medical centers and are intentionally broad to allow for local variation during the implementation planning process.

Weighted criteria was used to prioritize health needs. Highest weight was given to the two criterion deemed most important by the steering committee - continuing work in previous CHNA priority areas and ensuring future priorities aligned with what the community identified as top needs.

The prioritization criteria was applied to the top 21 health needs identified in the Fairview Southdale community. The top 10 health needs include:

1. Mental health

2. Suicide

3. Obesity

**Part V Facility Information** (continued)

**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.

**4. Transportation****5. Coordination of care / navigation****6. Culturally responsive care and building trust****7. Language barriers****8. Substance use****9. Access to health care / resources****10. Tied for tenth (1) Housing (2) Access to healthy and affordable foods**

Through a voting process, the Fairview Southdale Community Health Steering Committee validated the following priority health needs:

-Mental health and well-being

-Healthy lifestyles

-Access to care and resources

These three priorities are consistent across all 11 Fairview hospitals and medical centers and are intentionally broad to allow for local variation during the implementation planning process.

Facility 2, Fairview Southdale Hospital - Part V, Line 5

Fairview Southdale Hospital has conducted Community Health Needs Assessments (CHNA) since 1994 to systematically identify, analyze, and prioritize the critical needs of the community and address those needs. The 2018 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 IRS requirements for CHNA and Implementation Strategies pursuant to the Affordable Care Act of 2010,

**Part V Facility Information** (continued)

**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.

which requires 501(c)(3) nonprofit hospitals to conduct an assessment at least every three years and provide an annual evaluation of impact of the previous Implementation Strategy. For additional detail, see section titled, Evaluation of impact, 2019-2021 CHNA Implementation Strategy. Through this process, Fairview Southdale aims to:

- Understand the health status and needs of the community it serves by analyzing current demographics, health data, and by collecting direct input from community members and organizations.
- Identify the strengths, assets, and resources available in the community to support health and well-being.
- Address significant health needs through partnerships with community members and organizations, public health agencies, and other hospitals and health systems.
- Create a Strategic Implementation Plan reflective of the data collected through the CHNA process.
- Inform Fairview Southdale community benefit activities.

The following list of individuals are members of that Steering Committee:

Brad Capouch, Incarnation Sagrado Corazon de Jesus

Deb Barger, Fairview Clinics Bloomington

Dr. Elisa Wright, Fairview Southdale Hospital

Jill Holter, Volunteers Enlisted to Assist People (VEAP)

Mohamed Duale, City of Eden Prairie, Community Development

Nick Kelley, City of Bloomington - Public Health Division

Paul Mooty, Faribault Woolen Mill

Dr. Richard Karulf, Fairview Southdale Hospital

Ruth Bachman, The Hourglass Fund Project

**Part V Facility Information** (continued)

**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.

Dr. Stephen Rousey, Minnesota Oncology

Facility 2, Fairview Southdale Hospital - Part V, Line 7d

Schedule H, Part V, Line 7a & Line 10a:

The Community Health Needs Assessment and Implementation Strategy are located at:

<http://www.fairview.org/our-community-commitment/local-health-needs>

Facility 2, Fairview Southdale Hospital - Part V, Line 11

Community Health Needs Assessments (CHNAs) were conducted in 2018. An essential part of the 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 Southdale 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.

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, 2019 hospital goal/s as written in hospital implementation plan (b) it has count data tied to both goal/s and anticipated impact/s (c)

**Part V Facility Information** (continued)

**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.

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 2019 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.

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 2019 evaluation of the PSE initiatives note the specific PSE step/s for that initiatives based on the activities. In 2020 we are identifying PSE initiative specific metrics related to each step to deepen our evaluation of outcomes in future years.

Any programmatic anticipated impact that received a rating of "yellow" or "red" has a corresponding brief explanation and 2020 action plan. In 2020 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

**Part V Facility Information** (continued)

**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.

initiatives are available upon request.

Priority: Mental health and wellbeing

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 2019 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".

2019 Impact: Green - Outcome: 88% of participants that responded to the post program survey indicated that they strongly agree or agree with the following statement: They can recognize and correct misconceptions about mental health, substance use and mental illness as I encounter them.

M Health Fairview Southdale 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,

**Part V Facility Information** (continued)

**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.

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 2019 anticipated impact for the Stress Reduction Suite was a decrease in participants' perceived stress. The anticipated impact was assigned a value of "green".

2019 Impact: Green - Outcome: 2.72 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.

M Health Fairview Southdale 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 2019 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".

2019 Impact: Green - Outcome: 32% increase from on pre-program-survey to



**Part V Facility Information** (continued)

**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.

post-program-survey for participants that strongly agree or agree with the following statement: I understand the concepts of trauma and the impact trauma can have on trauma survivors. Evaluation of survey results was done on a program level and not on hospital level - 19 survey respondents not all from Southdale service area.

M Health Fairview Southdale 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 2019 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 "green".

2019 Impact: Green - Camp Outcome: 66% of youth indicated that they have new tools to help them with their grief after camp. Series Outcome: 53% of youth indicated that they can identify (name) some healthy ways to express their grief. Evaluation of survey results was done for camp participants and series participants on a program level.

M Health Fairview Southdale 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.

2019 Impact: Green - An executive committee was formed. They began meeting

**Part V Facility Information** (continued)

**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.

quarterly, to create a plan to become a trauma-informed system for M Health Fairview patients. Provided trauma-informed care training for behavioral health employees. This work aligns with the community work, Trauma informed congregations programming, being provided to faith community leaders.

**Priority: Healthy lifestyles**

M Health Fairview Southdale 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 2019 anticipated impact for the Falls Prevention Suite was a decrease participants' fear of falling. The anticipated impact was assigned a value of "green".

2019 Impact: Green - Outcome: 60% of participants indicated that the program decreased their fear of falling.

M Health Fairview Southdale 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-

**Part V Facility Information** (continued)

**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.

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 participants' perception of positive lifestyle changes. The anticipated impact was assigned a value of "green".

2019 Impact: Green - Outcome: 94% 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).

M Health Fairview Southdale 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.

2019 Impact: Green - A defined need for access to and education around healthy whole foods was documented through an A3 process for M Health

**Part V Facility Information** (continued)

**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.

Fairview employees, patients and community members. Goals and key performance indicators were set for the overall strategy and the individual plans that have neared or entered the implementation stage. There was adoption of our Food Philosophy and Food Transformation Strategy by executive leaders. Cafeteria and food service transformation were implemented. Employee education: Food Rx to Nourish and Heal. 94% strongly agree or agree: "This activity increased my competence in understanding what foods promote health and the science behind it."

Priority: Access to care and resources

M Health Fairview Southdale 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 2019 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".

2019 Impact: Green - 1 new partner clinic, 100% of new partner clinic sites had culturally and/or linguistically appropriate materials around accessing care and resources. Six clinics were offered and there were a total of 906 participants.

**Part V Facility Information** (continued)

**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.

M Health Fairview Southdale 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 2019 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".

2019 Impact: Green - Outcome: 80% of participants indicated that they feel more comfortable talking to their healthcare provider about medications and other possible risks for falling.

M Health Fairview Southdale 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

**Part V Facility Information** (continued)

**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.

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 value of "green".  
2019 Impact: Green - Outcome: 88% 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.

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  
2019 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

**Part V Facility Information** (continued)

**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.

"green".

**2019 Impact: Green - Outcome: 90.5% of participants that responded to the post program survey indicated that they strongly agree with the following statement: They can assist someone who may be dealing with a mental health problem, substance use challenge or crisis in seeking professional help.**

**Needs identified but not addressed**

**Although the following health needs were not selected as priority needs, M Health Fairview Southdale Hospital 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.**

**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.**

**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.**

**Housing: This issue is beyond what M Health Fairview Southdale Hospital resources can support at this time.**

**Language barriers: This issue will be addressed as part of patient care but falls outside the scope of the community-based CHNA Implementation Strategy.**

**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 Southdale**

**Part V Facility Information** (continued)

**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.

Hospital resources can support at this time.

Facility 2, Fairview Southdale Hospital - Part V, Line 13b

The Minnesota Attorney General agreement was used in the determination of the eligibility for financial assistance.

Facility 2, Fairview Southdale Hospital - Part V, Line 16j

A summary of the Financial Assistance Policy is posted in various locations in the hospital.

Part V, Line 16a, FAP Website:

[https://www.fairview.org/~media/Fairview/PDFs/Billing/Financial-Assistance-Policy-2020-Final-Version\\_EN.ashx?la=en](https://www.fairview.org/~media/Fairview/PDFs/Billing/Financial-Assistance-Policy-2020-Final-Version_EN.ashx?la=en)

Part V, Line 16b, FAP Application website:

<https://www.fairview.org/billing/fairview-charity-care>  
<http://www.fvfiles.com/2266.pdf>

Part V, Line 16c, FAP Plain Language Summary website:

<https://www.fairview.org/~media/Fairview/PDFs/Billing/4454EN-Financial-Assistance-PLS-2019.ashx?la=en>

Facility 3, Fairview Ridges Hospital - Part V, Line 3e

In order to determine the top health needs in the community indicators from secondary data; data from Wilder Research on the leading causes of death and premature death, and the social determinants of health; and primary



**Part V Facility Information** (continued)

**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.

data that met two pieces of criteria: (1) a need and/or barrier that was said more than one time, and (2) a need and/or barrier that was repeated in at least two of the groups (e.g. both a stakeholder interview and a community conversation) were used.

The hospital's Community Hospital Advisory Council reviewed and validated findings from the primary and secondary data and recommended three health needs to be adopted for the hospital. The three health needs are consistent across all 11 Fairview hospitals and medical centers and are intentionally broad to allow for local variation during the implementation planning process.

Weighted criteria was used to prioritize health needs. Highest weight was given to the two criterion deemed most important by the steering committee - continuing work in previous CHNA priority areas and ensuring future priorities aligned with what the community identified as top needs.

The prioritization criteria was applied to the top 20 health needs identified in the Fairview Ridges community. The top 10 health needs include:

1.Mental health

2.Chronic disease

3.Cancer

4.Stress

5.Heart disease

6.Stroke

**Part V Facility Information** (continued)

**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.

7. Stigma - mental health

8. Diabetes

9. Healthy eating

10. Tied for tenth (1) Chronic lower respiratory disease (2) Suicide (3)

Alzheimer's disease

Through a voting process, the Fairview Ridges Community Hospital Advisory Council validated the following priority health needs:

-Mental health and well-being

-Healthy lifestyles

-Access to care and resources

These three priorities are consistent across all 11 Fairview hospitals and medical centers and are intentionally broad to allow for local variation during the implementation planning process.

Facility 3, Fairview Ridges Hospital - Part V, Line 5

Fairview Ridges Hospital has conducted Community Health Needs Assessments (CHNA) since 1992 to systematically identify, analyze, and prioritize the critical needs of the community and address those needs. The 2018 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 IRS requirements for CHNA and Implementation Strategies 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 provides an annual evaluation of impact of the

**Part V Facility Information** (continued)

**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.

previous Implementation Strategy. For additional detail, see section titled, Evaluation of impact, 2019-2021 CHNA Implementation Strategy.

Through this process, Fairview Ridges aims to:

-Understand the health status and needs of the community it serves by analyzing current demographics, health data, and by collecting direct input from community members and organizations.

-Identify the strengths, assets, and resources available in the community to support health and well-being.

-Address significant health needs through partnerships with community members and organizations, public health agencies, and other hospitals and health systems.

-Create a Strategic Implementation Plan reflective of the data collected through the CHNA process.

-Inform Fairview Ridges' community benefit activities.

The following list of individuals are members of the Hospital Community Hospital Advisory Council:

Bonnie Brueshoff, RN, Dakota County Public Health

Brian Knapp, Fairview Ridges Hospital

Chuck Mathews, Zee Medical Service

Dave Oswald, Coldwell Banker Burnet

Dr. Douglas Bailey, Surgical Consultants PA

Dr. Fady Chamoun, Fairview Ridges Hospital

Janet Mohr, MN Department of Education (retired)

Jeff Mortensen, 360 Communities

Jeoff Will, Chief Operating Officer, Acute Care Hospitals, Ridges, Southdale, and Bethesda

**Part V Facility Information** (continued)

**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.

Dr. John Houghland, Emergency Physicians PA

Julie Sethney, RN, Fairview Ridges Hospital

Kurt Chroust, DDS, Chroust Family Dentistry

Lisa Brodsky, MPH, Scott County Public Health

Lynn Schomburg, Fairview Ridges Hospital

Maria Hultman, Wells Fargo Corporate HR

Dr. Melissa Clark, Metropolitan Pediatric Specialists PA

Paul Kettler, Fairview Ridges Hospital

Peggy Johnson, Dakota Electric Association

Rev. Jeff Marian, Prince of Peace Lutheran Church

Robert (Bob) Vogel, New Market Bank

Facility 3, Fairview Ridges Hospital - Part V, Line 7d

Schedule H, Part V, Line 7a & Line 10a:

The Community Health Needs Assessment and Implementation Strategy are located at:

<http://www.fairview.org/our-community-commitment/local-health-needs>

Facility 3, Fairview Ridges Hospital - Part V, Line 11

Community Health Needs Assessments (CHNAs) were conducted in 2018. An essential part of the 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

**Part V Facility Information** *(continued)*

**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.

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.

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, 2019 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 2019 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.

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

**Part V Facility Information** (continued)

**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.

conclusions, and (6) ensure use and share lessons learned. Our 2019 evaluation of the PSE initiatives note the specific PSE step/s for that initiatives based on the activities. In 2020 we are identifying PSE initiative specific metrics related to each step to deepen our evaluation of outcomes in future years.

Any programmatic anticipated impact that received a rating of "yellow" or "red" has a corresponding brief explanation and 2020 action plan. In 2020 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.

**Priority: Mental health and wellbeing**

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 2019 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".

**Part V Facility Information** (continued)

**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.

2019 Impact: Green - Outcome: 100% of participants that responded to the post program survey indicated that they strongly agree or agree with the following statement: They can recognize and correct misconceptions about mental health, substance use and mental illness as I encounter them.

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 2019 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".

2019 Impact: Green - Outcome: 32% increase from on pre-program-survey to post-program-survey for participants that strongly agree or agree with the following statement: I understand the concepts of trauma and the impact trauma can have on trauma survivors. Evaluation of survey results was done on a program level and not on hospital level - 19 survey respondents not all from Ridges service area.

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 2019 anticipated impact for Youth Grief Services was an increase in youth participants' knowledge of

**Part V Facility Information** (continued)

**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.

healthy coping strategies in response to grief. The anticipated impact was assigned a value of "green".

2019 Impact: Green - Camp Outcome: 66% of youth indicated that they have new tools to help them with their grief after camp. Series Outcome: 53% of youth indicated that they can identify (name) some healthy ways to express their grief. Evaluation of survey results was done on a program level and not on hospital level - 19 survey respondents not all from Ridges service area.

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 2019 anticipated 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 "green".

2019 Impact: Green - There was no increase in active participants, 23 referrals were received.

M Health Fairview Ridges 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.

2019 Impact: Green - An executive committee was formed. They began meeting



**Part V Facility Information** (continued)

**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.

quarterly, to create a plan to become a trauma-informed system for M Health Fairview patients. Provided trauma-informed care training for behavioral health employees. This work aligns with the community work, Trauma informed congregations programming, being provided to faith community leaders.

**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 2019 anticipated impact for the Falls Prevention Suite was a decrease participants' fear of falling. The anticipated impact was assigned a value of "green".

2019 Impact: Green - Outcome: 80% of participants indicated that the program said they decreased their fear of falling.

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-

**Part V Facility Information** (continued)

**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.

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 participants' perception of positive lifestyle changes. The anticipated impact was assigned a value of "green".

2019 Impact: Green - Outcome: 100% 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).

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.

2019 Impact: Green - A defined need for access to and education around healthy whole foods was documented through an A3 process for M Health

**Part V Facility Information** (continued)

**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.

Fairview employees, patients and community members. Goals and key performance indicators were set for the overall strategy and the individual plans that have neared or entered the implementation stage. There was adoption of our Food Philosophy and Food Transformation Strategy by executive leaders. Cafeteria and food service transformation were implemented. Employee education: Food Rx to Nourish and Heal. 94% strongly agree or agree: "This activity increased my competence in understanding what foods promote health and the science behind it."

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 2019 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". 2019 Impact: Green - 2 new partner clinics, 100% of new partner clinic sites had culturally and/or linguistically appropriate materials around accessing care and resources. Total clinics offered were six with a total of 387 participants.

**Part V Facility Information** (continued)

**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.

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 2019 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".

2019 Impact: Green - Outcome: 100% of participants indicated that they feel more comfortable talking to their healthcare provider about medications and other possible risks for falling,

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

**Part V Facility Information** (continued)

**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.

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 value of "green". 2019 Impact: Green - Outcome: 88% 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.

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 2019 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".

**Part V Facility Information** (continued)

**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.

**2019 Impact: Green - Outcome: 100% of participants that responded to the post program survey indicated that they strongly agree with the following statement: They can assist someone who may be dealing with a mental health problem, substance use challenge or crisis in seeking professional help.**

**Needs identified but not addressed**

**Although the following health needs were not selected as priority needs, M Health Fairview Ridges Hospital 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.**

**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.**

**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.**

**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 Ridges Hospital resources can support at this time.**

**Facility 3, Fairview Ridges Hospital - Part V, Line 13b**

**The Minnesota Attorney General agreement was used in the determination of the eligibility for financial assistance.**

**Part V Facility Information** (continued)

**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.

**Facility 3, Fairview Ridges Hospital - Part V, Line 16j**

**A summary of the Financial Assistance Policy is posted in various locations in the hospital.**

**Part V, Line 16a, FAP Website:**

**[https://www.fairview.org/~media/Fairview/PDFs/Billing/Financial-Assistance-Policy-2020-Final-Version\\_EN.ashx?la=en](https://www.fairview.org/~media/Fairview/PDFs/Billing/Financial-Assistance-Policy-2020-Final-Version_EN.ashx?la=en)**

**Part V, Line 16b, FAP Application website:**

**<https://www.fairview.org/billing/fairview-charity-care>  
<http://www.fvfiles.com/2266.pdf>**

**Part V, Line 16c, FAP Plain Language Summary website:**

**<https://www.fairview.org/~media/Fairview/PDFs/Billing/4454EN-Financial-Assistance-PLS-2019.ashx?la=en>**

**Facility 4, Fairview Lakes Regional Medical Ctr - Part V, Line 3e**

**In order to determine the top health needs in the community indicators from secondary data; data from Wilder Research on the leading causes of death and premature death, and the social determinants of health; and primary data that met two pieces of criteria: (1) a need and/or barrier that was said more than one time, and (2) a need and/or barrier that was repeated in at least two of the groups (e.g. both a stakeholder interview and a community conversation) were used.**

**The medical center's Community Health Steering Committee reviewed and**

**Part V Facility Information** (continued)

**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.

validated findings from the primary and secondary data and recommended three health needs to be adopted for the medical center. The three health needs are consistent across all 11 Fairview hospitals and medical centers and are intentionally broad to allow for local variation during the implementation planning process.

Weighted criteria was used to prioritize health needs. Highest weight was given to the two criterion deemed most important by the steering committee - continuing work in previous CHNA priority areas and ensuring future priorities aligned with what the community identified as top needs.

The prioritization criteria was applied to the top 20 health needs identified in the Fairview Lakes community. The top 10 health needs include:

1.Mental health

2.Adverse childhood experiences (ACES)

3.Substance use

4.Access to healthy and affordable foods

5.Suicide

6.Obesity

7.Alzheimer's disease

8.Transportation

9.Access and awareness of services and resources

10.Tied for tenth (1) Cancer (2) Heart disease (3) Unintentional injury

Through a voting process, the Fairview Lakes Medical Center Community



**Part V Facility Information** (continued)

**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.

Health Steering Committee validated the following health needs:

-Mental health and well-being

-Healthy lifestyles

-Access to care and resources

These three priorities are consistent across all 11 Fairview hospitals and medical centers and are intentionally broad to allow for local variation during the implementation planning process.

Facility 4, Fairview Lakes Regional Medical Ctr - Part V, Line 5

Fairview Lakes Medical Center has conducted Community Health Needs Assessments (CHNA) since 1998 to systematically identify, analyze, and prioritize the critical needs of the community and address those needs. The 2018 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 IRS requirements for CHNA and Implementation Strategies 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 impact of the previous Implementation Strategy. For additional detail, see section titled, Evaluation of impact, 2019-2021 CHNA Implementation Strategy.

Through this process, Fairview Lakes aims to:

-Understand the health status and needs of the community it serves by analyzing current demographics, health data, and by collecting direct input from community members and organizations.

-Identify the strengths, assets, and resources available in the community

**Part V Facility Information** (continued)

**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.

to support health and well-being.

-Address significant health needs through partnerships with community members and organizations, public health agencies, and other hospitals and health systems.

-Create a Strategic Implementation Plan reflective of the data collected through the CHNA process.

-Inform Fairview Lakes' community benefit activities.

Fairview Lakes Medical Center Community Health Steering Committee

-Brett Carlson, North Branch Area Schools

-Colton Anderson, Chisago County Public Health

-Courtney Wehrenberg, Chisago County Public Health

-Derek Otto, YMCA Forest Lake

-Emma Shepard, Central Minnesota Council on Aging

-Hailey Freedlund, Pine County Health and Human Services

-Jenny Kolb, Fairview Medical Group

-Joanne Ploetz, Fairview Community Advisory Council

-Dr. Kellie Kershishnik, Fairview Medical Group

-Kirk Erickson, YMCA Forest Lake

-Kris Clementson, Fairview Medical Group

-Linda Madsen, Forest Lake Area Schools-Retired

-Lisa Burg, Washington County Department of Public Health & Environment

-Lisa Mears, Family Pathways

-Pamela Bates, Chisago County Public Health

-Pamela Trudeau, Cherrywood Pointe

-Dr. Paula Rehder, Fairview Medical Group

-Paula Woischke, Central Minnesota Council on Aging

**Part V Facility Information** (continued)

**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.

**-Rosemary Hoolihan, Former Fairview Lakes Medical Center Board Member**

**Facility 4, Fairview Lakes Regional Medical Ctr - Part V, Line 7d**

**Schedule H, Part V, Line 7a & Line 10a:**

**The Community Health Needs Assessment and Implementation Strategy are located at:**

**<http://www.fairview.org/our-community-commitment/local-health-needs>**

**Facility 4, Fairview Lakes Regional Medical Ctr - Part V, Line 11**

**Community Health Needs Assessments (CHNAs) were conducted in 2018. An essential part of the 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.**

**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, 2019 hospital goal/s as written in hospital implementation plan (b) it has count data tied to both goal/s and anticipated impact/s (c)**

**Part V Facility Information** (continued)

**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.

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 2019 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.

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 2019 evaluation of the PSE initiatives note the specific PSE step/s for that initiatives based on the activities. In 2020 we are identifying PSE initiative specific metrics related to each step to deepen our evaluation of outcomes in future years.

Any programmatic anticipated impact that received a rating of "yellow" or "red" has a corresponding brief explanation and 2020 action plan. In 2020 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

**Part V Facility Information** (continued)

**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.

initiatives are available upon request.

Priority: Mental health and wellbeing

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 2019 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".

2019 Impact: Green - Outcome: 95% of participants that responded to the post program survey indicated that they strongly agree or agree with the following statement: They can recognize and correct misconceptions about mental health, substance use and mental illness as I encounter them.

M Health Fairview Lakes Medical Center did not offer the offer the Trauma Informed Congregations program in this community. The 2019 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 "red". Explanation: A location for the Trauma Informed Congregations class was selected in a

**Part V Facility Information** (continued)

**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.

nearby geography with the belief that faith community leaders from this hospital's community would attend. This did not turn out to be the case. 2020 action plan: We will undertake more targeted recruiting by partnering with local faith communities.

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 2019 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 "green".

2019 Impact: Green - Camp Outcome: 66% of youth indicated that they have new tools to help them with their grief after camp. Series Outcome: 53.0% of youth indicated that they can identify (name) some healthy ways to express their grief. Evaluation of survey results was done for camp participants and series participants on a program level.

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.

2019 Impact: Green - An executive committee was formed. They began meeting quarterly, to create a plan to become a trauma-informed system for M Health

**Part V Facility Information** (continued)

**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.

Fairview patients. Provided trauma-informed care training for behavioral health employees. This work aligns with the community work, Trauma informed congregations programming, being provided to faith community leaders.

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 2019 anticipated impact for the Falls Prevention Suite was a decrease participants' fear of falling. The anticipated impact was assigned a value of "green".

2019 Impact: Green - Outcome: 56% of participants indicated that the program said they decreased their fear of falling.

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

**Part V Facility Information** (continued)

**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.

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 help those living with diabetes or pre-diabetes to improve their general health. The 2019 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".

2019 Impact: Green - Outcome: 88% 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).

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.

2019 Impact: Green - A defined need for access to and education around healthy whole foods was documented through an A3 process for M Health Fairview employees, patients and community members. Goals and key



**Part V Facility Information** (continued)

**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.

performance indicators were set for the overall strategy and the individual plans that have neared or entered the implementation stage. There was adoption of our Food Philosophy and Food Transformation Strategy by executive leaders. Cafeteria and food service transformation were implemented. Employee education: Food Rx to Nourish and Heal. 94% strongly agree or agree: "This activity increased my competence in understanding what foods promote health and the science behind it."

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 2019 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".

2019 Impact: Green - One clinic was offered and it served 24 participants.

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

**Part V Facility Information** (continued)

**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.

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 2019 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".

2019 Impact: Green - Outcome: 100% of participants indicated that they feel more comfortable talking to their healthcare provider about medications and other possible risks for falling.

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

**Part V Facility Information** (continued)

**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.

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 value of "green".  
2019 Impact: Green - 38% 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.

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 2019 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".

2019 Impact: Green - Outcome: 95% of participants that responded to the post program survey indicated that they strongly agree with the following statement: They can assist someone who may be dealing with a mental health problem, substance use challenge or crisis in seeking professional help.

**Part V Facility Information** (continued)

**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.

Needs identified but not addressed

Although the following health needs were not selected as priority needs, M Health Fairview Lakes Medical Center 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.

Affordable housing: This issue is beyond what M Health Fairview Lakes Medical Center 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.

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.

Language barriers: This issue will be addressed as part of patient care but falls outside the scope of the community-based CHNA Implementation Strategy.

Patient advocacy: This issue will be addressed as part of patient care but falls outside the scope of the community-based CHNA Implementation Strategy.

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 Lakes Medical Center resources can support at this time.

Facility 4, Fairview Lakes Regional Medical Ctr - Part V, Line 13b

**Part V Facility Information** (continued)

**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.

The Minnesota Attorney General agreement was used in the determination of the eligibility for financial assistance.

Facility 4, Fairview Lakes Regional Medical Ctr - Part V, Line 16j

A summary of the Financial Assistance Policy is posted in various locations in the hospital.

Part V, Line 16a, FAP Website:

[https://www.fairview.org/~media/Fairview/PDFs/Billing/Financial-Assistance-Policy-2020-Final-Version\\_EN.ashx?la=en](https://www.fairview.org/~media/Fairview/PDFs/Billing/Financial-Assistance-Policy-2020-Final-Version_EN.ashx?la=en)

Part V, Line 16b, FAP Application website:

<https://www.fairview.org/billing/fairview-charity-care>  
<http://www.fvfiles.com/2266.pdf>

Part V, Line 16c, FAP Plain Language Summary website:

<https://www.fairview.org/~media/Fairview/PDFs/Billing/4454EN-Financial-Assistance-PLS-2019.ashx?la=en>

Facility 5, Fairview Northland Regional Hosp - Part V, Line 3e

In order to determine the top health needs in the community indicators from secondary data; data from Wilder Research on the leading causes of death and premature death, and the social determinants of health; and primary data that met two pieces of criteria: (1) a need and/or barrier that was said more than one time, and (2) a need and/or barrier that was repeated in at least two of the groups (e.g. both a stakeholder interview and a

**Part V Facility Information** (continued)

**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.

community conversation) were used.

The medical center's Community Health Steering Committee reviewed and validated findings from the primary and secondary data and recommended three health needs to be adopted for the medical center. The three health needs are consistent across all 11 Fairview hospitals and medical centers and are intentionally broad to allow for local variation during the implementation planning process.

Weighted criteria was used to prioritize health needs. Highest weight was given to the two criterion deemed most important by the steering committee - continuing work in previous CHNA priority areas and ensuring future priorities aligned with what the community identified as top needs.

The prioritization criteria was applied to the top 20 health needs identified in the Fairview Lakes community. The top 10 health needs include:

1.Mental health

2.Adverse childhood experiences (ACES)

3.Substance use

4.Access to healthy and affordable foods

5.Suicide

6.Obesity

7.Alzheimer's disease

8.Transportation

9.Access and awareness of services and resources

**Part V Facility Information** (continued)

**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.

10. Tied for tenth (1) Cancer (2) Heart disease (3) Unintentional injury

Through a voting process, the Fairview Northland Medical Center Community Health Steering Committee validated the following health needs:

-Mental health and well-being

-Healthy lifestyles

-Access to care and resources

These three priorities are consistent across all 11 Fairview hospitals and medical centers and are intentionally broad to allow for local variation during the implementation planning process.

Facility 5, Fairview Northland Regional Hosp - Part V, Line 5

Fairview Northland Medical Center has conducted Community Health Needs Assessments (CHNA) since 1996 to systematically identify, analyze, and prioritize the critical needs of the community and to address those needs.

The 2018 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 IRS

requirements for CHNA and Implementation Strategies 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 impact of the previous Implementation Strategy. For

additional detail, see section titled, Evaluation of impact, 2019-2021 CHNA

Implementation Strategy.

Through this process, Fairview Northland aims to:

**Part V Facility Information** (continued)

**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.

-Understand the health status and needs of the community it serves by analyzing current demographics, health data, and by collecting direct input from community members and organizations.

-Identify the strengths, assets, and resources available in the community to support health and well-being.

-Address significant health needs through partnerships with community members and organizations, public health agencies, and other hospitals and health systems.

-Create a Strategic Implementation Plan reflective of the data collected through the CHNA process.

-Inform Fairview Northland's community benefit activities.

The following list of individuals are members of that Steering Committee:

Alisha Fussy, Mille Lacs County Community Health

Amanda Larson, Sherburne County Health and Human Services

Dr. Americo Fraboni, Fairview Medical Group

Ben Barton, Princeton Public Schools

Bridget Graves, Sterling Pointe

Bridget Graves, Sterling Pointe

Dawn Besemann, Lakes & Pines Community Action Council

Dr. Jeremy Peterson, Fairview Medical Group

Julia Espe, Princeton Public Schools-Retired

Julie Schmidt, Fairview Northland Medical Center

Kathryn Burski, Kanabec County Community Health

Mark Oleen, Bremer Bank

Martha Ahlschlager, Sterling Pointe

Paula Woischke, Central Minnesota Council on Aging



**Part V Facility Information** (continued)

**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.

**Scott Berry, Berry Law Offices**

**Facility 5, Fairview Northland Regional Hosp - Part V, Line 7d**

**Schedule H, Part V, Line 7a & Line 10a:**

**The Community Health Needs Assessment and Implementation Strategy are located at:**

**<http://www.fairview.org/our-community-commitment/local-health-needs>**

**Facility 5, Fairview Northland Regional Hosp - Part V, Line 11**

**Community Health Needs Assessments (CHNAs) were conducted in 2019. An essential part of the 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.**

**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, 2019 hospital goal/s as written in hospital implementation plan (b) it has count data tied to both goal/s and anticipated impact/s (c)**

**Part V Facility Information** (continued)

**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.

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 2019 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.

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 2019 evaluation of the PSE initiatives note the specific PSE step/s for that initiatives based on the activities. In 2020 we are identifying PSE initiative specific metrics related to each step to deepen our evaluation of outcomes in future years.

Any programmatic anticipated impact that received a rating of "yellow" or "red" has a corresponding brief explanation and 2020 action plan. In 2020 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

**Part V Facility Information** (continued)

**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.

initiatives are available upon request.

Priority: Mental health and wellbeing

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 2019 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".

2019 Impact: Green - Outcome: 97% of participants that responded to the post program survey indicated that they strongly agree or agree with the following statement: They can recognize and correct misconceptions about mental health, substance use and mental illness as I encounter them.

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 2019 anticipated impact for the Trauma Informed Congregations program was an

**Part V Facility Information** (continued)

**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.

increase in clergy/leader understanding of the impact of trauma on trauma survivors. The anticipated impact was assigned a value of "green".

2019 Impact: Green - Outcome: 32% increase from on pre-program-survey to post-program-survey for participants that strongly agree or agree with the following statement: I understand the concepts of trauma and the impact trauma can have on trauma survivors. Evaluation of survey results was done on a program level and not on hospital level - 19 survey respondents not all from Northland service area.

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 2019 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 "green".

2019 Impact: Green - Camp Outcome: 66% of youth indicated that they have new tools to help them with their grief after camp. Series Outcome: 53% of youth indicated that they can identify (name) some healthy ways to express their grief. Evaluation of survey results was done for camp participants and series participants on a program level.

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

**Part V Facility Information** (continued)

**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.

milestones linked to PSE evaluation steps (1) engage stakeholders, (2) describe the program, and (3) focus the evaluation design.

2019 Impact: Green - An executive committee was formed. They began meeting quarterly, to create a plan to become a trauma-informed system for M Health Fairview patients. Provided trauma-informed care training for behavioral health employees. This work aligns with the community work, Trauma informed congregations programming, being provided to faith community leaders.

Priority: Healthy lifestyles

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 2019 anticipated impact for the Falls Prevention Suite was a decrease participants' fear of falling. The anticipated impact was assigned a value of "green".

2019 Impact: Green - Outcome: 88% of participants indicated that the program said they decreased their fear of falling.

**Part V Facility Information** (continued)

**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.

**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 help those living with diabetes or pre-diabetes to improve their general health. The 2019 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".**

**2019 Impact: Green - Outcome: 100.0% 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).**

**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,**

**Part V Facility Information** (continued)

**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.

and (3) focus the evaluation design.

**2019 Impact: Green - A defined need for access to and education around healthy whole foods was documented through an A3 process for M Health Fairview employees, patients and community members. Goals and key performance indicators were set for the overall strategy and the individual plans that have neared or entered the implementation stage. There was adoption of our Food Philosophy and Food Transformation Strategy by executive leaders. Cafeteria and food service transformation were implemented. Employee education: Food Rx to Nourish and Heal. 94% strongly agree or agree: "This activity increased my competence in understanding what foods promote health and the science behind it."**

**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 2019 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".**

**2019 Impact: Green - One clinic was offered and had 89 participants.**

**Part V Facility Information** (continued)

**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.

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 2019 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".

2019 Impact: Green - Outcome: 100% of participants indicated that they feel more comfortable talking to their healthcare provider about medications and other possible risks for falling.

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



**Part V Facility Information** (continued)

**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.

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 help 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 value of "green".

2019 Impact: Green - Outcome: 60% 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.

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 2019 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

**Part V Facility Information** (continued)

**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.

"green".

**2019 Impact: Green - Outcome: 84% of participants that responded to the post program survey indicated that they strongly agree with the following statement: They can assist someone who may be dealing with a mental health problem, substance use challenge or crisis in seeking professional help.**

**Needs identified but not addressed**

**Although the following health needs were not selected as priority needs, M Health Fairview Northland Medical Center 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.**

**Access to specialty care: This issue will be addressed as part of patient care but falls outside the scope of the community-based CHNA Implementation Strategy**

**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.**

**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**

**Patient advocate / navigator: This issue will be addressed as part of patient care but falls outside the scope of the community-based CHNA Implementation Strategy.**

**Stroke: This issue will be addressed as part of patient care but falls outside the scope of the community-based CHNA Implementation Strategy.**

**Part V Facility Information** (continued)

**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.

**Transportation: This issue is beyond what M Health Fairview Northland Medical Center resources can support at this time.**

**Facility 5, Fairview Northland Regional Hosp - Part V, Line 13b**

**The Minnesota Attorney General agreement was used in the determination of the eligibility for financial assistance.**

**Facility 5, Fairview Northland Regional Hosp - Part V, Line 16j**

**A summary of the Financial Assistance Policy is posted in various locations in the hospital.**

**Part V, Line 16a, FAP Website:**

**[https://www.fairview.org/~media/Fairview/PDFs/Billing/Financial-Assistance-Policy-2020-Final-Version\\_EN.ashx?la=en](https://www.fairview.org/~media/Fairview/PDFs/Billing/Financial-Assistance-Policy-2020-Final-Version_EN.ashx?la=en)**

**Part V, Line 16b, FAP Application website:**

**<https://www.fairview.org/billing/fairview-charity-care>  
<http://www.fvfiles.com/2266.pdf>**

**Part V, Line 16c, FAP Plain Language Summary website:**

**<https://www.fairview.org/~media/Fairview/PDFs/Billing/4454EN-Financial-Assistance-PLS-2019.ashx?la=en>**

**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? 101

Name and address	Type of Facility (describe)
1 CLINICS - WYOMING 5200 FAIRVIEW BLVD  WYOMING MN 55092	FREE STANDING CLINIC
2 CLINICS - FRIDLEY 6341 UNIVERSITY AVE NE  FRIDLEY MN 55432	FREE STANDING CLINIC
3 CLINICS - ANDOVER 13819 HANSON BLVD NW  ANDOVER MN 55304	FREE STANDING CLINIC
4 CLINICS - BROOKLYN PARK 1000 ZANE AVE NE  BROOKLYN PARK MN 55443	FREE STANDING CLINIC
5 CLINICS - PRINCETON 919 NORTHLAND DRIVE  PRINCETON MN 55371	FREE STANDING CLINIC
6 CVC - SOUTHDALE 6405 FRANCE AVE S STE W200  EDINA MN 55435	SPECIALTY CLINIC
7 CLINICS - BLAINE 10961 CLUB WEST PARKWAY NE  BLAINE MN 55449	FREE STANDING CLINIC
8 GPO ADMIN 2450 RIVERSIDE AVE  MINNEAPOLIS MN 55454	FREE STANDING CLINIC
9 CLINICS - ELK RIVER 290 MAIN ST NW STE 100  ELK RIVER MN 55330	FREE STANDING CLINIC
10 CLINICS - WYOMING PRIMARY CARE 5200 FAIRVIEW BLVD  WYOMING MN 55092	FREE STANDING CLINIC

**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>11 ORTHO LABS - FHME</b> 2200 UNIVERSITY AVE W  ST PAUL MN 55114	PT CLINIC
<b>12 CVC - UMMC</b> 2525 UNIVERSITY AVENUE SE  MINNEAPOLIS MN 55414	SPECIALTY CLINIC
<b>13 CLINICS - COLUMBIA HEIGHTS</b> 4000 CENTRAL AVE NE  COLUMBIA HEIGHTS MN 55421	FREE STANDING CLINIC
<b>14 ONCOLOGY - UMMC</b> 2525 UNIVERSITY AVENUE SE  MINNEAPOLIS MN 55414	SPECIALTY CLINIC
<b>15 SCPA - SOUTHDAL</b> 6405 FRANCE AVE S  EDINA MN 55435	SPECIALTY CLINIC
<b>16 LAKES - HOMECARING &amp; HOSPICE</b> 5200 FAIRVIEW BLVD  WYOMING MN 55092	SPECIALTY CLINIC
<b>17 CLINICS - LINO LAKES</b> 7455 VILLAGE DRIVE  LINO LAKES MN 55014	FREE STANDING CLINIC
<b>18 CLINICS - MAPLE GROVE</b> 14500 99TH AVENUE N  MAPLE GROVE MN 55369	FREE STANDING CLINIC
<b>19 CLINICS - NORTH BRANCH</b> 6413 OAK STREET  NORTH BRANCH MN 55056	FREE STANDING CLINIC
<b>20 CLINICS - CHISAGO</b> 11725 STINSON AVE  CHISAGO CITY MN 55013	FREE STANDING CLINIC

**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>21 CLINICS - BLOOMINGTON LK XERXES</b> 7901 XERXES AVENUE SOUTH  BLOOMINGTON MN 55431	FREE STANDING CLINIC
<b>22 SCPA - RIDGES</b> 305 NICOLLET BLVD STE 372  BURNSVILLE MN 55337	SPECIALTY CLINIC
<b>23 CLINICS - ZIMMERMAN</b> 25945 GATEWAY DRIVE  ZIMMERMAN MN 55398	FREE STANDING CLINIC
<b>24 HAND CENTER - ORTHO</b> 2512 7TH ST S STE R102  MINNEAPOLIS MN 55454	PT CLINIC
<b>25 CLINICS - MILACA</b> 150 10TH STREET NW  MILACA MN 56353	FREE STANDING CLINIC
<b>26 CLINICS - HUGO</b> 14663 MERCANTILE DRIVE  HUGO MN 55038	FREE STANDING CLINIC
<b>27 CLINICS - RUSH CITY</b> 760 W FOURTH STREET  RUSH CITY MN 55069	FREE STANDING CLINIC
<b>28 SCPA - VEIN SOLUTIONS</b> 6405 FRANCE AVE S  EDINA MN 55435	SPECIALTY CLINIC
<b>29 CLINICS - BROOKLYN PARK UC</b> 1000 ZANE AVE NE  BROOKLYN PARK MN 55443	FREE STANDING CLINIC
<b>30 CVC - RIDGES</b> 305 NICOLLET BLVD STE 372  BURNSVILLE MN 55337	SPECIALTY CLINIC

**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>31 CLINICS - HOSPITAL</b> 1000 ZANE AVE NE BROOKLYN PARK MN 55443	FREE STANDING CLINIC
<b>32 FV CLINICS - FSOC WYOMING</b> 5200 FAIRVIEW BLVD WYOMING MN 55092	PT CLINIC
<b>33 IAM - EDINA</b> 6363 FRANCE AVE STE 100 EDINA MN 55435	PT CLINIC
<b>34 SR SVCCS &amp; OTHER CONTINUUM SVCS</b> 2450 RIVERSIDE AVENUE MINNEAPOLIS MN 55454	FREE STANDING CLINIC
<b>35 CLINICS - BLOOMINGTON LK MPLS</b> 1527 E LAKE STREET MINNEAPOLIS MN 55407	FREE STANDING CLINIC
<b>36 IAM - BURNSVILLE</b> 675 E NICOLLET BLVD #135 BURNSVILLE MN 55337	PT CLINIC
<b>37 FV CLINICS - FS OC OAK RIDGE</b> 675 E NICOLLET BLVD STE 250 BURNSVILLE MN 55337	PT CLINIC
<b>38 IAM - EDEN PRAIRIE</b> 775 PRAIRIE CENTER DRIVE #250 EDEN PRAIRIE MN 55344	PT CLINIC
<b>39 FV CLINIC - SAVAGE</b> 5725 LOFTUS LANE SAVAGE MN 55378	FREE STANDING CLINIC
<b>40 ORTHO LABS - RIVERSIDE</b> 606 24TH AVE S STE 301 MINNEAPOLIS MN 55454	PT CLINIC

**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>41 ORTHO LABS - BURNSVILLE</b> 501 NICOLLET BLVD STE LL50 BURNSVILLE MN 55337	PT CLINIC
<b>42 IAM - WEST HEALTH</b> 2805 CAMPUS DRIVE #115 PLYMOUTH MN 55441	PT CLINIC
<b>43 BROOKLYN PARK SLEEP LAB</b> 10000 ZANE AVE NE BROOKLYN PARK MN 55443	SPECIALTY CLINIC
<b>44 IAM - EAGAN</b> 1440 DUCKWOOD DRIVE EAGAN MN 55122	PT CLINIC
<b>45 IAM - TRAINERS</b> 4080 W BROADWAY #300 ROBBINSDALE MN 55422	PT CLINIC
<b>46 IAM - HIGHLAND PARK</b> 2155 FORD PARKWAY ST PAUL MN 55116	PT CLINIC
<b>47 IAM - ARBOR LAKES</b> 12000 ELM CREEK BLVD STE 120 MAPLE GROVE MN 55369	PT CLINIC
<b>48 ORTHO LABS - ST PAUL</b> 2200 UNIVERSITY AVE S STE 114 ST PAUL MN 55114	PT CLINIC
<b>49 FV BLAINE PHYSICAL THERAPY</b> 10961 CLUB WEST PARKWAY NE BLAINE MN 55449	PT CLINIC
<b>50 CLINICS - INTEGRATED PRIMARY</b> 2450 RIVERSIDE AVENUE MINNEAPOLIS MN 55454	FREE STANDING CLINIC



**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
51 IAM - UNIVERSITY 2525 UNIVERSITY AVENUE SE  MINNEAPOLIS MN 55414	PT CLINIC
52 IAM - BLOOMINGTON 600 W 98TH ST #390  BLOOMINGTON MN 55420	PT CLINIC
53 IAM - APPLE VALLEY 15650 CEDAR AVE #160  APPLE VALLEY MN 55124	PT CLINIC
54 IAM - BLAINE 1750 105TH AVE NE  BLAINE MN 55449	PT CLINIC
55 IAM - ROSEMOUNT 15075 CIMARRON AVE #20  ROSEMOUNT MN 55068	PT CLINIC
56 IAM - PLYMOUTH 9750 ROCKFORD RD  PLYMOUTH MN 55442	PT CLINIC
57 IAM - UPTOWN 3033 EXCELSIOR BLVD #225  MINNEAPOLIS MN 55416	PT CLINIC
58 CLINICS - ANDOVER UC 13819 HANSON BLVD NW  ANDOVER MN 55304	FREE STANDING CLINIC
59 IAM - ST ANTHONY 2600 39TH AVE NE #220  ST ANTHONY MN 55421	PT CLINIC
60 IAM - MAPLE GROVE FV 14500 99TH AVE N STE 1-210  MAPLE GROVE MN 55369	PT CLINIC

**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
61 IAM - ELK RIVER 800 FREEPORT AVE N #200 ELK RIVER MN 55330	PT CLINIC
62 ORTHO LABS - EDINA 6363 FRANCE AVE S STE 110 EDINA MN 55435	PT CLINIC
63 ORTHO LABS - ADMIN 2200 UNIVERSITY AVE W STE 114 ST PAUL MN 55114	PT CLINIC
64 IAM - BROOKLYN PARK 8559 EDINBROOK PKWY #104 BROOKLYN PARK MN 55443	PT CLINIC
65 IAM - ROBBINSDALE 4080 W BROADWAY #300 ROBBINSDALE MN 55422	PT CLINIC
66 IAM - LAKEVILLE 18592 JOPLIN AVE LAKEVILLE MN 55044	PT CLINIC
67 FV FRIDLEY PHYSICAL THERAPY 6341 UNIVERSITY AVE NE FRIDLEY MN 55432	PT CLINIC
68 IAM - LINO LAKES 7455 VILLAGE DR LINO LAKES MN 55014	PT CLINIC
69 CLINICS - CHISAGO SLEEP LAB 11725 STINSON AVE CHISAGO CITY MN 55013	SPECIALTY CLINIC
70 IAM - ROSEVILLE 1955 WEST COUNTY RD B2 ROSEVILLE MN 55113	PT CLINIC

**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
71 FV BROOKLYN PARK 10000 ZANE AVE N  BROOKLYN PARK MN 55443	FREE STANDING CLINIC
72 HAND CENTER - BURNSVILLE 675 E NICOLLET BLVD #225  BURNSVILLE MN 55337	PT CLINIC
73 HAND CENTER - EDINA 6363 FRANCE AVE S #105  EDINA MN 55435	PT CLINIC
74 IAM - HUGO 14712 VICTOR HUGO BOULEVARD  HUGO MN 55038	PT CLINIC
75 ORTHO LABS - EDINA DME 6545 FRANCE AVE S SUITE 471  EDINA MN 55435	PT CLINIC
76 CLINICS - COMPLEX CARE 2450 RIVERSIDE AVE  MINNEAPOLIS MN 55454	SPECIALTY CLINIC
77 ORTHO LABS - BLAINE 10961 CLUB WEST PARKWAY NE  BLAINE MN 55449	PT CLINIC
78 FV COLUMBIA PARK 4000 CENTRAL AVE NE  COLUMBIA HEIGHTS MN 55421	FREE STANDING CLINIC
79 IAM - MAPLEWOOD 1650 BEAM AVE LOWER LEVEL  MAPLEWOOD MN 55109	PT CLINIC
80 IAM - WOODBURY 7616 CURRELL AVE #270  WOODBURY MN 55125	PT CLINIC

**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
81 CVC - LAKES 5200 FAIRVIEW BLVD  WYOMING MN 55092	SPECIALTY CLINIC
82 FV CLINICS - SKIN CARE CTR SUITE 310 300 WEST 98TH ST  BLOOMINGTON MN 55420	SPECIALTY CLINIC
83 IAM - SAVAGE 5725 LOFTUS LANE  SAVAGE MN 55378	PT CLINIC
84 IOR - NORTHEAST ST 650 TAFT ST NE #400  MINNEAPOLIS MN 55413	PT CLINIC
85 IAM - GOLDEN VALLEY 8301 GOLDEN VALLEY RD ST 202  GOLDEN VALLEY MN 55427	PT CLINIC
86 HAND CENTER - FSOC BLAINE 10961 CLUB WEST PARKWAY NE STE 200  BLAINE MN 55449	PT CLINIC
87 HAND CENTER - MAPLE GROVE 14500 99TH AVENUE SOUTH  MAPLE GROVE MN 55369	PT CLINIC
88 ORTHO LABS - WYOMING 6363 FRANCE AVE S STE 110  EDINA MN 55435	PT CLINIC
89 ORTHO LABS - U OF M 500 HARVARD ST  MINNEAPOLIS MN 55455	PT CLINIC
90 PHYSICIAN - PAIN CLINIC BLAINE 10961 CLUB WEST PARKWAY NE  BLAINE MN 55449	SPECIALTY CLINIC

**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>91 FSOC - OAK RIDGE</b> 675 NICOLLET BLVD E BURNSVILLE MN 55337	PT CLINIC
<b>92 HAND CENTER - ELK RIVER</b> 800 FREEPORT AVE N #200 ELK RIVER MN 55330	PT CLINIC
<b>93 FV PAIN CLINIC - COLUMBIA HEIGHTS</b> 4000 CENTRAL AVE NE COLUMBIA HEIGHTS MN 55421	SPECIALTY CLINIC
<b>94 FV GERIATRICS - BLUESTONE VISTA</b> 2450 RIVERSIDE AVENUE MINNEAPOLIS MN 55454	SPECIALTY CLINIC
<b>95 HAND CENTER - WEST HEALTH</b> 2805 CAMPUS DRIVE STE 115 PLYMOUTH MN 55441	PT CLINIC
<b>96 PHYSICIANS - LIFE STYLE MED</b> 6401 FRANCE AVE S EDINA MN 55435	SPECIALTY CLINIC
<b>97 CLINICS - FPOB</b> 4000 CENTRAL AVE NE COLUMBIA HEIGHTS MN 55421	PT CLINIC
<b>98 IOR OTHER</b> 701 25TH AVENUE SOUTH STE 500 MINNEAPOLIS MN 55454	PT CLINIC
<b>99 LIFESTYLE MEDICINE - WYOMING</b> 5200 FAIRVIEW BLVD WYOMING MN 55092	SPECIALTY CLINIC
<b>100 ONCOLOGY CLINIC</b> 424 HARVARD STREET SE MINNEAPOLIS MN 55455	SPECIALTY CLINIC



**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and 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 CHNAs 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.

**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. Uninsured patients with household income up to 200% of the federal poverty level qualify for a 100% discount of total charges. Uninsured patients with a household income of 201%-300% of the federal poverty level qualify for a 50% discount of total charges. Uninsured patients with a household income greater than 300% of the federal poverty level and below \$125,000 are charged a discount rate equal to the rate from Fairview's highest volume private payor contract.**

**Part I, Line 7g - Subsidized Health Services Explanation**

**There are no costs associated with physician clinics included in line 7g.**

**Part I, Line 7, Column (f) - Exclusions from Percent of Total Expense**

**The provision for bad debts is based upon management's assessment of**

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- 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.

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.

Part I, Line 7 - Costing Methodology Explanation

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.

The calculation was updated for tax year 2019 as it was discovered that community benefit costs for Financial Assistance and Medicaid were overstated in prior years. The overstatement was related to the allocation of provider taxes and mistreatment of offsetting revenue from the uncompensated pool. For tax year 2019 this resulted in the percent of total expense to change from 9.46% to 6.37%. FHS will use this calculation in



**Part VI Supplemental Information**

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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.

future years. Form 990, Schedule H, Part I, Lines 7e through 7j are reported at charges as recorded by the organization.

Form 990, Schedule H, Part I, Lines 7e through 7j are reported at charges as recorded by the organization.

Part II - Community Building Activities

Fairview Health Services is an integrated health care system headquartered in Minneapolis, Minnesota. Community benefit activity is carried out by staff/leadership at each facility based on the health care needs in that service area. The Fairview corporate community health department supports the local work by sharing best practices, finding efficiencies among hospital community health programs and staffing as appropriate, coordinating the community health needs assessments and more. Activities include a community housing initiative, economic development collaborative, leadership development and coalition building. The community building activities are performed but the financial costs are not tracked. Uncompensated costs resulting from Medicare, Medicaid and state and local indigent care programs are considered as community benefit because of the

**Part VI Supplemental Information**

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 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.

significant differences between actual costs and reimbursement.

A remarkable program called the Minnesota Immunization Network Initiative (MINI), a collaboration led by Fairview and supported by 108 community partners, works to reduce barriers to influenza vaccinations for people who are uninsured, underinsured, or experiencing homelessness in our community. MINI provides flu immunizations free of charge to low-income and uninsured individuals. After 12 years, more than 86,000 immunizations have been given to prevent influenza.

The MINI clinics are hosted at non-traditional locations such as local churches, mosques, schools, community centers, food pantries, and homeless shelters. The clinics are hosted by the local partner who provides the space, promotion, and interpreters. Fairview provides the vaccine, vaccinators, paperwork - including any needed translations - and information about other local community resources. Influenza vaccinations are provided at no charge to participants, ages six months and older.

The past several years, MINI clinics have expanded their reach to include dental varnish treatments and oral health education. Free dental varnish treatments are provided in conjunction with our flu shots clinics or on

**Part VI Supplemental Information**

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- 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.

their own.

Part III, Line 2 - Bad Debt Expense Methodology

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.

Part III, Line 3 - Bad Debt Expense, Patients Eligible for Assistance

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.

**Part VI Supplemental Information**

Provide the following information.

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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.
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**Part III, Line 4 - Bad Debt Expense Footnote to Financial Statements**

**Changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as bad debt expense.**

**See note 6 of the audited financial statements for additional information.**

**Part III, Line 8 - Medicare Explanation**

**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.**

**Part III, Line 9b - Collection Practices Explanation**

**After our patients have received services, it is the**

**Part VI Supplemental Information**

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- 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.
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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.

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.

**Part VI Supplemental Information**

Provide the following information.

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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.
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- 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.
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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.

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.

The billing process will be assisted by the following guidelines:

1) For all insured patients, Fairview will bill all third party payor information (as provided by or verified by the

**Part VI Supplemental Information**

Provide the following information.

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 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.

patient) on a timely and accurate basis.

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 provider to our largest contracted

non-government payor, any remaining balance will be billed

to the patient in a timely and manner.

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.

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.

**Part VI Supplemental Information**

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**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.**

**Part VI, Line 2 - Needs Assessment**

**Assessing the health needs of our community is critically important to**

**carrying out the Fairview Health Services mission: driven to heal,**

**discover, and educate for longer, healthier lives. In order to achieve**

**optimal health for our community, we must reach beyond the walls of our**

**medical centers and clinics to understand the health of our community where**



**Part VI Supplemental Information**

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they live.

Each of Fairview's hospitals has conducted a Community Health Needs Assessment (CHNA) to systematically identify, analyze, and prioritize the critical health needs of the community and to develop strategies to address those needs. The 2018 CHNA builds upon previous assessments and was developed in partnership with community members, organizations, and local public health agencies.

Each of Fairview's hospitals and medical centers are committed to improving the health and well-being of the communities we serve. We fulfill our responsibility not only through the CHNA, but also through efforts including:

-A sustainable funding structure that supports innovative and collaborative health projects that have measurably improved health outcomes and earned national recognition.

-Policies and billing practices that support appropriate financial assistance for those in need.

While Fairview's community health programs address the needs of the whole community, our efforts are focused on seniors, people experiencing poverty,

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- 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.

persons of color, and indigenous people.

An essential part of the CHNA process was the identification of priority health needs in the local community. Although each Fairview hospital and/or medical center worked from qualitative and quantitative data specific to their community, there were large overlaps in the identified community needs.

The hospitals and/or medical centers three priorities are consistent across all Fairview hospitals and medical centers and are intentionally broad to allow for local variation during the implementation planning process. The three priority health needs are: Mental health and Well-Being, Healthy Lifestyles and Access to Care and Resources. Each hospital and/or medical center developed a hospital specific implementation plan around these three priority health issues.

Part VI, Line 3 - Patient Education of Eligibility for Assistance

Fairview makes information about its charity care programs available on its Website ([www.fairview.org](http://www.fairview.org)). At the time of registration for services and through written materials in lobbies and waiting rooms. For patients

**Part VI Supplemental Information**

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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.

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.

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.

Part VI, Line 4 - Community Information

Fairview Health Services is an integrated health system headquartered in Minneapolis, Minnesota. Fairview is comprised of five hospitals and one medical center:

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
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1) Fairview Lakes Medical Center in Wyoming, MN,

2) Fairview Northland Medical Center in Princeton, MN,

3) Fairview Ridges Hospital in Burnsville, MN,

4) Fairview Southdale Hospital in Edina, MN,

5) University of Minnesota Medical Center, Minneapolis, MN

6) Fairview Maple Grove Medical Center in Maple Grove, MN, a related entity

Fairview also has a full continuum of health care services. See Part III  
Page 2 , Lines 4a, 4b and 4c.

For the purposes of the CHNA, Fairview's communities are defined as the  
population of the combined zip codes for Fairview's hospitals and medical  
center's primary service areas. These are comprised of 161 zip codes, nine  
Minnesota counties (Chisago, Dakota, Hennepin, Itasca, Mille Lacs, Ramsey,  
Sherburne, St. Louis, and Washington) and an area of Wisconsin. All told,  
Fairview's communities represent a population of 2,645,690 people and  
covers 6,969 square miles. These zip codes are home to approximately 84  
percent of Fairview's patients.

1) Fairview Lakes Medical Center is located in Chisago county and has a  
primary service area of individuals residing in Anoka, Chisago, Isanti,

**Part VI Supplemental Information**

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**Pine and Washington counties in Minnesota.**

**Chisago County has become slightly more diverse, yet is still mostly white residents. The percentage of white residents decreased between 2000 and 2016 by three percent. Population increases among the various minority racial and ethnic groups has led to the three percentage point increase in residents of color. The proportion of Chisago County residents age 65 and older has increased, but is still at the same level as the state overall. Currently, 15 percent of Chisago County residents are age 65 and older, compared to 10 percent in 2000.**

**Fairview Lakes Medical Center is the only Fairview hospital in the primary services area. Fairview Lakes provides a full continuum of services, from primary care services at the clinic to home care services to long-term care.**

**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. Both counties have become more ethnically diverse over time.**

**Part VI Supplemental Information**

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Currently 89 percent of the residents in Mille Lacs County are white, compared to 93 percent in 2000. The next most populous group is American Indian residents (six percent). The proportion of Mille Lacs County residents age 65 and older has increased, with the county now having a larger percentage of older adults than the state overall. Currently, nearly 18 percent of Mille Lacs County residents are age 65 or older.

Currently, 91 percent of the residents in Sherburne County are white, compared to 96 percent in 2000. The next most populous groups are black and Hispanic residents at three percent. The proportion of Sherburne County residents age 65 and older has increased, however Sherburne County still has a smaller percentage of older adults than the state overall.

Currently, nearly 11 percent of Sherburne County residents are age 65 or older.

Fairview Northland is the only hospital in the primary service area. Within the secondary service area, there are four other hospitals. Fairview Northland provides a full continuum of services, from primary care services to home care.

3) Fairview Ridges Hospital in Burnsville, MN has a primary service area in

**Part VI Supplemental Information**

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Scott and Dakota counties. The hospital is located in the southern part of the greater Minneapolis-St. Paul metropolitan area in Dakota county.

Dakota County has become increasingly diverse. While Dakota County is still majority-white, white residents comprise a smaller percentage of the population today compared to in 2000 (79 percent compared to 90 percent, respectively). During the same timeframe, the percentage of black and Hispanic residents has more than doubled, as has the percentage of foreign-born residents.

The proportion of Dakota County residents age 65 and older has increased, however Dakota County still has a smaller percentage of older adults than the state overall. Currently, 14 percent of Dakota County residents are age 65 and older, compared to seven percent in 2000.

Fairview Ridges Hospital is a multi-specialty medical center and the only hospital serving the primary service area.

4) Fairview Southdale Hospital in Edina, MN has a primary service area of individuals residing in Hennepin and Carver counties.

The hospital is located in Hennepin County which has become increasingly diverse, with population growth coming as a result of increases in

**Part VI Supplemental Information**

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residents of color. While more than half of residents are white, the population of residents of color has increased by ten percent since 2000, with the biggest growth in black residents.

The proportion Hennepin County residents age 65 and older has increased, however Hennepin County still has a slightly smaller percentage of older adults than the state overall. Currently, 14 percent of Hennepin County residents are age 65 and older, compared to 11 percent in 2000.

Fairview Southdale Hospital is one of two hospitals serving the primary service area. In the larger area of Hennepin and Carver counties, there are nine hospitals or medical centers serving the community. Fairview Southdale is a multi-specialty medical center rated by HealthGrades as the number one hospital in Minnesota for heart and stroke care.

5) University of Minnesota Medical Center, Fairview (UMMC), located in Minneapolis, is a tertiary academic medical center drawing patients from across the Twin Cities region, the state and the country. UMMC is a partner with the University of Minnesota and University of Minnesota Physicians. The medical center is located in the Cedar-Riverside neighborhood of Minneapolis in Hennepin County.



**Part VI Supplemental Information**

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Hennepin County has become increasingly diverse, with population growth coming as a result of increases in residents of color. While more than half of residents are white, the population of residents of color has increased by 10 percent since 2000, with the biggest growth in black residents.

The proportion of Hennepin County residents age 65 and older has increased, however Hennepin County still has a slightly smaller percentage of older adults than the state overall. Currently, 14 percent of Hennepin County residents are age 65 and older, compared to 11 percent in 2000.

The University of Minnesota Medical Center, Fairview is the only medical center in the Cedar-Riverside neighborhood.

6) Fairview Maple Grove Medical Center, a related entity, serves individuals in a primary service area within Sherburne, Wright, Hennepin and Anoka counties in Minnesota.

Fairview Maple Grove is an ambulatory medical center, working in partnership with University of Minnesota Physicians.

Part VI, Line 5 - Promotion of Community Health

As a nonprofit health system, Fairview reinvests any excess revenues into

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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.

Part VI, Line 6 - Affiliated Health Care System

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

**Part VI Supplemental Information**

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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.

Part VI, Line 7 - State Filing of Community Benefit Report  
Minnesota

**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

**2019**

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Fairview Foundation 2450 Riverside Avenue South Minneapolis MN 55454	41-1573810	501c3	1,689,565				Hospital Support
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 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.

Schedule I (Form 990) (2019)

**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					

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

**Part I, Line 2 - Procedures for Monitoring the 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.

**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

**2019**

Open to Public Inspection

Employer identification number

**41-0991680**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**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 .....

**2** 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? .....

**3** 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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
  - c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
  - b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
  - b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** 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 .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<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 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				
James Hereford	(i)	1,503,003	1,648,436	138,639	223,823	43,085	3,556,986	0
1 President/CEO	(ii)	0	0	0	0	0	0	0
Michael Campoli, M. D.	(i)	1,842,040	9,938	51,424	19,000	39,138	1,961,540	0
2 Surgeon	(ii)	0	0	0	0	0	0	0
Rohann Lall, MD	(i)	1,427,678	104,188	19,898	19,000	39,152	1,609,916	0
3 Surgeon	(ii)	0	0	0	0	0	0	0
Daniel M. Fromm	(i)	414,447	354,609	590,798	143,655	89,689	1,593,198	0
4 Chief Financial Ofcr	(ii)	0	0	0	0	0	0	0
John Doherty	(i)	467,794	242,039	385,158	122,217	106,670	1,323,878	0
5 Sr. Operating Exec.	(ii)	0	0	0	0	0	0	0
Laura Reed, RN	(i)	818,943	326,256	0	98,202	43,085	1,286,486	0
6 Chief Nursing Office	(ii)	0	0	0	0	0	0	0
Robert Beacher	(i)	622,333	273,200	78,751	115,226	75,555	1,165,065	0
7 Chief of Shared Clin	(ii)	0	0	0	0	0	0	0
Mark Welton, MD	(i)	655,678	297,303	0	111,059	44,573	1,108,613	0
8 Chief Medical Office	(ii)	0	0	0	0	0	0	0
Trudi Trysla	(i)	511,864	237,939	55,561	79,997	69,936	955,297	0
9 Chief Legal Counsel	(ii)	0	0	0	0	0	0	0
Carolyn Jacobson	(i)	409,235	173,159	81,891	91,509	68,635	824,429	0
10 Chief HR Officer	(ii)	0	0	0	0	0	0	0
William Omile, MD	(i)	684,755	0	46,637	25,000	45,505	801,897	0
11 Surgeon	(ii)	0	0	0	0	0	0	0
David Crosby	(i)	0	0	0	0	0	0	0
12 Chief Value Based So	(ii)	530,686	152,200	54,568	22,400	13,095	772,949	0
James Lorge, M.D.	(i)	601,606	36,245	52,659	19,000	39,955	749,465	0
13 Surgeon	(ii)	0	0	0	0	0	0	0
Bradley Pierce, M.D.	(i)	641,746	0	34,445	20,345	40,930	737,466	0
14 Physician	(ii)	0	0	0	0	0	0	0
John Batson	(i)	528,312	100,000	0	19,000	27,793	675,105	0
15 Cheif Financial Off.	(ii)	0	0	0	0	0	0	0
Alistair Jacques	(i)	0	141,003	475,426	0	0	616,429	0
16 Former CIO	(ii)	0	0	0	0	0	0	0

**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 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 Sameer Badlani Chf Information Off	(i)	394,908	70,000	29,644	17,315	18,386	530,253	0
	(ii)	0	0	0	0	0	0	0
2 Scott Weber Chf Mrktg Comm & Dig	(i)	300,844	70,000	0	14,831	21,106	406,781	0
	(ii)	0	0	0	0	0	0	0
3 Patrick Belland Former Pres-Ridges	(i)	0	91,916	300,227	0	0	392,143	0
	(ii)	0	0	0	0	0	0	0
4 Srijoy Mahapatra Chf Strategy Officer	(i)	364,255	0	0	19,000	511	383,766	0
	(ii)	0	0	0	0	0	0	0
5 Michael J Youso Pres-GICH end 4-19	(i)	81,738	91,287	15,430	60,840	24,055	273,350	0
	(ii)	0	0	0	0	0	0	0
6 John Herman Former Pres North	(i)	0	0	262,139	0	0	262,139	0
	(ii)	0	0	0	0	0	0	0
7 Patrick Adams Chf of Staff to CEO	(i)	128,129	36,941	0	19,000	30,022	214,092	0
	(ii)	0	0	0	0	0	0	0
8 Mark Thomas Former Pres EB	(i)	0	0	114,412	0	0	114,412	0
	(ii)	0	0	0	0	0	0	0
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



**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.

**Part I, Line 4 - Severance, Nonqualified, and Equity-Based Payments**

	Severance	Nonqualified	Equity-based
James Hereford	0	179,823	0
Daniel M. Fromm	439,936	99,655	0
John Doherty	214,490	78,217	0
Laura Reed, RN	0	54,202	0
Robert Beacher	0	71,226	0
Mark Welton, MD	0	67,059	0
Trudi Trysla	0	54,997	0
Carolyn Jacobson	0	47,509	0
Alistair Jacques	475,426	0	0
Patrick Belland	300,207	0	0
Michael J Youso	15,430	28,358	0
John Herman	262,139	0	0

**Part I, Line 7 - Non-Fixed Payments Provided**

Fairview Health Services provides lump sum financial awards based on system-wide, business unit and/or departments financial and quality

**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.

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.

**Part III - Other Additional Information**

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. The contribution is unfunded.

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

**2019**

Open to Public Inspection

Name of the organization **FAIRVIEW HEALTH SERVICES** Employer identification number **41-0991680**

<b>Part I Bond Issues</b>											
(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 CITY OF MINNEAPOLIS</b>	<b>41-6005375</b>	<b>60374VDV2</b>	<b>09/02/15</b>	<b>122,972,746</b>	<b>See Part VI</b>		<b>X</b>		<b>X</b>		<b>X</b>
<b>B CITY OF MINNEAPOLIS</b>	<b>41-6005375</b>	<b>60374VEF6</b>	<b>10/10/18</b>	<b>279,898,918</b>	<b>See Part VI</b>		<b>X</b>		<b>X</b>		<b>X</b>
<b>C CITY OF MINNEAPOLIS</b>	<b>41-6005375</b>	<b>60374VEG4</b>	<b>10/10/18</b>	<b>223,525,000</b>	<b>See Part VI</b>		<b>X</b>		<b>X</b>		<b>X</b>
<b>D HOUSING &amp; REDEVEL CITY OF SAINT PAUL</b>	<b>41-1440935</b>	<b>792909FMO</b>	<b>08/30/17</b>	<b>224,728,004</b>	<b>See Part VI</b>		<b>X</b>		<b>X</b>		<b>X</b>

<b>Part II Proceeds</b>										
	A		B		C		D			
	Yes	No	Yes	No	Yes	No	Yes	No		
<b>1</b> Amount of bonds retired .....	<b>8,875,000</b>						<b>9,585,000</b>			
<b>2</b> Amount of bonds legally defeased .....										
<b>3</b> Total proceeds of issue .....	<b>122,972,746</b>		<b>282,389,696</b>		<b>223,525,000</b>		<b>224,728,004</b>			
<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 .....	<b>1,409,724</b>		<b>1,976,281</b>		<b>1,020,103</b>		<b>2,014,876</b>			
<b>8</b> Credit enhancement from proceeds .....										
<b>9</b> Working capital expenditures from proceeds .....										
<b>10</b> Capital expenditures from proceeds .....	<b>31,000,000</b>		<b>55,628,993</b>				<b>191,063,551</b>			
<b>11</b> Other spent proceeds .....	<b>90,563,022</b>		<b>177,918,106</b>		<b>222,504,897</b>		<b>31,649,577</b>			
<b>12</b> Other unspent proceeds .....			<b>46,866,316</b>							
<b>13</b> Year of substantial completion .....	<b>2015</b>				<b>2017</b>					
	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>X</b>		<b>X</b>		<b>X</b>		<b>X</b>			
<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>X</b>		<b>X</b>		<b>X</b>		<b>X</b>		
<b>16</b> Has the final allocation of proceeds been made? .....	<b>X</b>		<b>X</b>		<b>X</b>		<b>X</b>			
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	<b>X</b>		<b>X</b>		<b>X</b>		<b>X</b>			

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

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		<b>X</b>		<b>X</b>		<b>X</b>		<b>X</b>
2 Are there any lease arrangements that may result in private business use of bond-financed property? .....	<b>X</b>		<b>X</b>		<b>X</b>		<b>X</b>	
3a Are there any management or service contracts that may result in private business use of bond-financed property? .....	<b>X</b>		<b>X</b>		<b>X</b>		<b>X</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>X</b>		<b>X</b>		<b>X</b>		<b>X</b>	
c Are there any research agreements that may result in private business use of bond-financed property? .....		<b>X</b>		<b>X</b>		<b>X</b>		<b>X</b>
d 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? ..								
4 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 .....	0.13 %		0.96 %		0.11 %		0.90 %	
5 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 .....	%		%		%		%	
6 Total of lines 4 and 5 .....	0.13 %		0.96 %		0.11 %		0.90 %	
7 Does the bond issue meet the private security or payment test? .....		<b>X</b>		<b>X</b>		<b>X</b>		<b>X</b>
8a 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>X</b>		<b>X</b>		<b>X</b>		<b>X</b>
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
9 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? .....	<b>X</b>		<b>X</b>		<b>X</b>		<b>X</b>	

**Part IV Arbitrage**

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

**Part IV Arbitrage (continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		<b>X</b>		<b>X</b>		<b>X</b>		<b>X</b>
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? ..		<b>X</b>		<b>X</b>		<b>X</b>		<b>X</b>
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? ..		<b>X</b>		<b>X</b>		<b>X</b>		<b>X</b>
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....	<b>X</b>		<b>X</b>		<b>X</b>		<b>X</b>	

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? .....	<b>X</b>		<b>X</b>		<b>X</b>		<b>X</b>	

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions

**Schedule K - Differences in Issue Price Explanation**

**CITY OF MINNEAPOLIS**

City of Minnepaolis

Part I, Column B: Differences between the issue price (Part I) and total proceeds (Part II, Line 3) are due to investment earnings.

**Schedule K - Additional Information**

**CITY OF MINNEAPOLIS**

Part I, Line A, Column (f): PURPOSE OF ISSUE DESCRIPTION

New construction and refunding of bonds issued 4/15/1997, 5/10/2000, 5/21/2002, and 5/10/2005

**CITY OF MINNEAPOLIS**

Part I, Line B, Column (f): PURPOSE OF ISSUE DESCRIPTION

Renovation project and refund bonds issued 10/29/2008

**CITY OF MINNEAPOLIS**

Part I, Line C, Column (f): PURPOSE OF ISSUE DESCRIPTION

Refund bonds issued 10/6/2010

Part I, issuer name C City of Minneapolis, column (c) CUSIP#: 60374V EG4 & 60374V EJ8

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions *(continued)*

**HOUSING & REDEVEL CITY OF SAINT PAUL**

**Part I, Line D, Column (f): PURPOSE OF ISSUE DESCRIPTION**

**Capital acquisition and to refund certain taxable debt**

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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

**2019**

**Open To Public  
Inspection**

**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 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ◆ ( <b>Medical Equipm</b> )	<b>X</b>	<b>1</b>	<b>125,861</b>	<b>Fair Market value</b>
26 Other ◆ ( )				
27 Other ◆ ( )				
28 Other ◆ ( )				

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

29 0

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?

	Yes	No
30a		<b>X</b>

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?

31		<b>X</b>
----	--	----------

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		<b>X</b>
-----	--	----------

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.

**Schedule M - Supplemental Information**

**Medical equipment was donated to different locations within Fairview Health Services. All medical equipment was received from one donor.**



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the 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

**2019**

**Open to Public  
Inspection**

Name of the organization

**FAIRVIEW HEALTH SERVICES**

Employer identification number

**41-0991680**

**Form 990 - Organization's Mission**

**Mission: Fairview is driven to heal, discover and educate for longer, healthier lives.**

**Vision: Fairview is driving a healthier future.**

**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.**

**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.**

**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.**

**Innovation: We support clinical research that leads to tomorrow's cures. We**

Name of the organization

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**FAIRVIEW HEALTH SERVICES**

**41-0991680**

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.

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.

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.

Form 990, 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.

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## Form 990, Part III, Line 4a - First Accomplishment

## Providing medical services:

Fairview Health Services is an award-winning, nonprofit, integrated health system providing exceptional health care across the full spectrum of health care services. Founded in 1906, Fairview provides exceptional care to patients and communities as one of the most comprehensive and geographically accessible systems in Minnesota.

The Fairview system consists of 11 hospital, it controls and operates University of Minnesota Medical Center, the adult and pediatric teaching hospital of the University of Minnesota Medical School, has 9 community-based general acute care hospitals and 1 long-term acute care hospital; 56 primary care clinics; over 100 specialty care services; 10 urgent care clinics; occupational health clinics; 36 retail and specialty pharmacies; pharmacy benefit management services; rehabilitation centers; counseling; home care and hospice services; 90 owned and managed senior care facilities and long-term care housing facilities (through Ebenezer Society, a Fairview subsidiary); emergency medical transportation; an integrated provider network; and health insurer PreferredOne.

Fairview's 34,000+ employees and network of 5,000+ providers embrace innovation and new thinking to drive a healthier future through healing, discovery and education.

In partnership with the University of Minnesota, Fairview is committed to participating in nation-leading research and educating tomorrow's physicians and health care professionals. We serve patients from across the state of Minnesota, the upper Midwest and beyond. In addition to our employed physicians, we work closely with the academic physicians at University of Minnesota Physicians and with Fairview Physician Associates,

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a network of independent physicians.

Fairview has enjoyed a long partnership with the University of Minnesota and University of Minnesota Physicians, which is represented in the University of Minnesota Health brand. In 2019, we extended our partnership by building M Health Fairview an academic health system driving to deliver breakthrough care close to home.

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; home care and hospice; 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.

Fairview Health Services provides care at these hospitals and medical center:

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. Fairview Lakes is a BabyFriendly® hospital, designated by Baby Friendly USA and has been recognized as a Breast Imaging Center of Excellence by American College of Radiology. The hospital was

Name of the organization

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awarded a 4-star rating in the 2019 Centers for Medicare & Medicaid "Hospital Compare" quality survey. Key services include labor and delivery, heart care, cancer care, breast care/mammography, orthopedic surgery, general surgery, spine & brain, and sleep services.

Fairview Range Medical Center is located in Hibbing, Minn., and has 175 licensed beds. From prevention and disease management to the most complex of life-threatening injuries and illnesses, Fairview Range partners with a broad network of Fairview providers and University of Minnesota Health specialists to bring advanced, high-quality care directly to the region. Fairview Range was awarded a 4-star rating in the 2019 Centers for Medicare & Medicaid "Hospital Compare" quality survey. Key services include behavioral health, cancer care, diagnostic imaging, intensive care, pediatric care, and a women's health & birth center.

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. Fairview Ridges was awarded a 5-Star rating (the highest available) in the 2019 Centers for Medicare & Medicaid Services (CMS) "Hospital Compare" quality survey. Key services include labor and delivery, heart care, cancer care, breast center, orthopedic surgery, general surgery, spine & brain, pediatric inpatient, and sleep services.

Fairview Southdale Hospital opened in Edina in 1965. With 390 licensed beds, today the hospital is known for its award-winning heart, stroke, and cancer care. Fairview Southdale offers convenient access to more than 40

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specialty services including cardiology, orthopedics, oncology, obstetrics, primary care, neurosciences, critical care, vascular and emergency services. Fairview Southdale was awarded a 5-Star rating (the highest available) in the 2019 Centers for Medicare & Medicaid Services (CMS) "Hospital Compare" quality survey. Key services include labor and delivery, heart care, cancer care, a breast center, orthopedic surgery, general surgery, spine & brain, a stroke center, and sleep services.

University of Minnesota Medical Center and University of Minnesota Masonic Children's Hospital are the adult and pediatric teaching hospitals of the University of Minnesota. The medical center and its dozens of adult and pediatric specialty clinics are located on both the East and West banks of the University of Minnesota campus. With 1,700 licensed beds, University of Minnesota Medical Center 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. In addition to hospitals, Fairview Medical Group includes Fairview and HealthEast Clinics 56 primary care clinics at locations across the greater metro area. Fairview, in partnership with University of Minnesota Physicians, provides exceptional care in more than 100

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specialty areas. Other continuum services Fairview offers through related entities include Fairview Home Care and Hospice, Fairview Home Medical Equipment, Fairview Pharmacy, Institute for Athletic Medicine, Fairview Rehabilitation Services, Fairview Achievement Center, Fairview Partners, Fairview Counseling Services, Fairview care management and coordination, HealthEast medical transportation, and subsidized health services. For more information, visit [www.fairview.org](http://www.fairview.org).

Form 990, Part III, Line 4b - Second Accomplishment

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 MinnesotaCare. 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 2019, Fairview incurred \$64,733,415 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. The following is a breakdown on costs related to the cost of participating in government programs:

Costs exceed Medicaid Reimbursement: Fairview is serving thousands of low-income individuals covered by Medical Assistance and MinnesotaCare. 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 \$25,457,520.

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**MinnesotaCare tax:** The state of Minnesota levies a 2 percent tax on certain healthcare provider revenues. Money generated from this tax helps to defray the costs incurred from MinnesotaCare and other programs/services for uninsured individuals. In 2019, Fairview paid \$39,275,895 in MinnesotaCare taxes.

**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 2019 totaled \$5,937,861 and the sales and income taxes totaled \$1,312,903.

**Costs exceeding Medicare Reimbursement:** Fairview cares for thousands of individuals ages 65 and older who are covered by Medicare. Fairview incurred \$174,548,349 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 \$882,359,341.

**Form 990, Part III, Line 4c - Third Accomplishment**

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.



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Fairview Health Services continued its focus on and support of research and education in 2019. 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 has more than 1,100 active medical research projects underway across the health care system. Research ranges from deep brain stimulation to ultrasound treatment of rheumatoid arthritis, recurrent hypoglycemia and many other topics.

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 programs in perioperative nursing and dietetics. Each year, about 6,500 college and graduate students preparing for careers in a wide range of medical fields do clinical training, internships, and job shadowing at Fairview hospitals and clinics.

Through Fairview's close partnership with the University of Minnesota, each year roughly 1,600 medical students, residents, and fellows take courses and do rotations of various lengths at University of Minnesota Medical Center and University of Minnesota Masonic Children's Hospital. About 224 medical students do rotations in other Fairview settings, including 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.

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## Form 990, Part V, Line 4b - Financial Accounts in Foreign Countries

Cayman Islands

## Form 990, Part VI, Line 6 - Classes of Members or Stockholders

The members of the corporation are the individuals who constitute the Directors of this corporation.

## Form 990, Part VI, Line 7a - Election of Members and Their Rights

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.

## Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members

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 - Organization's Process to Review Form 990

The Tax Department conducts a detailed review of the completed return and it is then reviewed by an independent tax consultant. The

Name of the organization

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return is then also reviewed by Fairview's General Counsel, Fairview's Chief Financial Officer, Controller, and Vice President and Treasurer. The Form 990 is presented to the Finance Committee for review of content. The Form 990 is subsequently provided to the members of the Board of Directors prior to filing. Upon approval from the Board of Directors, the Form 990 is filed.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy  
Managers, directors and senior management of Fairview are required to annually complete Fairview's Duty of Loyalty and Conflict of Interest Statement in compliance with Fairview's Conflict of Interest policy. Disclosures are reviewed by the compliance department. Conflicts of interests by Board members and senior management are brought to the Audit and Compliance Committee of the Board, along with additional detailed information, for review. In addition, the Compliance Officer compiles a schedule showing reported conflicts of interest by managers and key employees is also presented to the Conflict of Interest Review Committee for review and discussion. Any problematic issues arising from these disclosures are discussed and resolved by the committee. Board members and management employees are expected to update their conflicts, as necessary, during the year.

Form 990, Part VI, Line 15a - Compensation Process for Top Official  
The determination of executive compensation of the organization is processed by the Board's Human Resources Committee and includes a review of comparability data, review by independent experts and contemporaneous substantiation of the deliberation and decision process. The full Board

Name of the organization <b>FAIRVIEW HEALTH SERVICES</b>	Employer identification number <b>41-0991680</b>
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approves executive compensation.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The determination of officer and key employee compensation of the organization is processed by the Board's Human Resources Committee and includes a review of comparability data, review by independent experts and contemporaneous substantiation of the deliberation and decision process.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Fairview Health Services makes its governing documents, conflict of interest policy, and financial statements available to the public upon request. Inspection of the documents is available at the corporate finance department.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

UMF Funds	\$ 2,441,780
Related Orgs	\$-109,194,479
Defined Pension	\$ -4,118,950
<b>Total</b>	<b>\$-110,871,649</b>

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

◆ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**FAIRVIEW HEALTH SERVICES**

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 711 KASOTA AVE 72-1586863 MINNEAPOLIS MN 55414	Pharmacy s	MN	1252030198	126,238,242	Fairview
(2) Fairview Maple Grove Surgery Center 2450 Riverside Avenue 20-8335586 MINNEAPOLIS MN 55454	Medical Su	MN	10,938,401	3,774,531	Fairview
(3) Integradosse Compounding Services, L 719 Kasota Ave 81-3927337 Minneapolis MN 55414	compoundin	MN	1,722,585	1,014,510	Fairview
(4)					
(5)					

**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) Fairview Foundation 2450 RIVERSIDE AVENUE SOUTH 41-1573810 MINNEAPOLIS MN 55454	FUNDRAISIN	MN	501c3	7	N/A	X	
(2) Fairview Home Care and Hospice 2450 26TH AVENUE SOUTH 41-1434246 MINNEAPOLIS MN 55406	HOME HEALT	MN	501c3	10	N/A	X	
(3) Fairview Physician Associates Netwo 3400 WEST 66TH STREET 41-1753325 MINNEAPOLIS MN 55435	CLINICAL I	MN	501c3	10	N/A	X	
(4) Range Regional Health Services & Su 750 EAST 34TH STREET 41-1293970 HIBBING MN 55746	PATIENT HE	MN	501c3	3	N/A	X	
(5) Ebenezer Society 2722 Park Avenue South 41-0706141 MINNEAPOLIS MN 55407	Health Car	MN	501c3	10	N/A	X	

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

Schedule R (Form 990) 2019

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

◆ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**FAIRVIEW HEALTH SERVICES**

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)					
(2)					
(3)					
(4)					
(5)					

**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) Fairview Auxiliary 6401 France Avenue South 41-1414831 MINNEAPOLIS MN 55435	support	MN	501c3	12c	N/A	X	
(2) PreferredOne Community Health Plan 6105 Golden Hills Drive 41-1796007 Golden Valley MN 55416	Ins	MN	501c4	12d	N/A		X
(3) HealthEast Care System 2450 Riverside Avenue South 36-3617697 Minneapolis MN 55454	Hospital	MN	501c	3	Fairview	X	
(4) HealthEast St. Joseph's Hospital 2450 Riverside Avenue South 41-0693880 Minneapolis MN 55454	Hospital	MN	501c3	3	Fairview	X	
(5) HealthEaat St. John's Hospital 2450 Riverside Avenue South 14-1456897 Minneapolis MN 55454	Hopsital	MN	501c3	3	Fairview	X	

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

Schedule R (Form 990) 2019

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

◆ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**FAIRVIEW HEALTH SERVICES**

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)					
(2)					
(3)					
(4)					
(5)					

**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) HealthEast Woodwinds Hospital 2450 Riverside Avenue South 41-1592761 Minneapolis MN 55454	Hospital	MN	501c3	3	Fairview	X	
(2) HealthEast Medical Research Institu 2450 Riverside Avenue South 41-1765832 Minneapolis MN 55454	Med Resear	MN	501c3	4	Fairview	X	
(3) Grand Itasca Clinic and Hospital 1601 Golf Course Road 41-1865874 Grand Rapids MN 55744	Hospital	MN	501c	3	Fairview	X	
(4) Grand Itasca Foundation 1601 Golf Course Road 41-1560554 Grand Rapids MN 55744	Foundation	MN	501c3	12a	Fairview	X	
(5) D&T Facility Management Company 2450 Riverside Avenue South 41-1928275 Minneapolis MN 55454	Management	MN	501c3	12a	Fairview		X

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

Schedule R (Form 990) 2019

**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 alloc.?		(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 14101 Fairview Drive, Ste 400 Burnsville MN 55337 46-2441825	Surgery Ce	MN	Fairview	Related	597,639	1,233,923		X	N/A		X	100.00
(2) HealthEast Surgery Center-Maplewood 1655 Beam Avenue Maplewood MN 55109 20-3349887	Surg Cntr	MN	Fairview	Related	518,489	8,958,529		X	N/A		X	100.00
(3)												
(4)												

**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) Fairview Clinics 2450 Riverside Avenue South Minneapolis MN 55454 41-1761760	PHYSICIAN	MN	Fairview	C	156,983,930	20,677,427	100.000000	X	
(2) Fairview Physician and Clinic Servi 2450 Riverside Avenue South Minneapolis MN 55454 41-1544996	PHYSICIAN	MN	Fairview	C			100.000000	X	
(3) Fairview Development Company 2450 Riverside Avenue South Minneapolis MN 55454 41-1568579	LEASEHOLD	MN	Fairview	C	1,723,786	4,286,283	100.000000	X	
(4) Fairview Express Care 2450 Riverside Avenue South Minneapolis MN 55454 20-5996177	PHYSICIAN	MN	Fairview	C	118,572,313	37,888,691	100.000000	X	



**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 alloc.?		(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) .....												
(2) .....												
(3) .....												
(4) .....												

**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) Behavioral Healthcare Providers 2450 Riverside Avenue South Minneapolis MN 55454 41-1805759	MENTAL HEA	MN	Fairview	C	6,328,868		100.000000	X	
(2) FHS Assurance Limited 2450 Riverside Avenue South Minneapolis CJ 55454 98-0417513	Self insur	CJ	Fairview	C	22,166,113	58,587,910	100.000000	X	
(3) HealthEast Diversified Services Inc 2450 Riverside Avenue South Minneapolis MN 55454 41-1388583	Lab & Real	MN	Fairview	C	14,213,665	42,617,010	100.000000	X	
(4) .....									

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

**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
(1) <b>BEHAVIORAL HEALTHCARE PROVIDERS</b>	<b>m</b>	<b>30,442</b>	<b>Fair Market Value</b>
(2) <b>BEHAVIORAL HEALTHCARE PROVIDERS</b>	<b>s</b>	<b>4,562,156</b>	<b>Fair Market Value</b>
(3) <b>EBENEZER SOCIETY</b>	<b>m</b>	<b>476,635</b>	<b>Fair Market Value</b>
(4) <b>EBENEZER SOCIETY</b>	<b>q</b>	<b>935,227</b>	<b>Fair Market Value</b>
(5) <b>EBENEZER SOCIETY</b>	<b>r</b>	<b>3,829,967</b>	<b>Fair Market Value</b>
(6) <b>EXPRESS CARE</b>	<b>q</b>	<b>1,161</b>	<b>Fair Market Value</b>

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

**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
(1) EXORESS CARE	s	14,482,914	Fair Market Value
(2) FAIRVIEW CLINICS	m	977,474	Fair Market Value
(3) FAIRVIEW CLINICS	k	3,080,913	Fair Market Value
(4) FAIRVIEW CLINICS	p	8,107	Fair Market Value
(5) FAIRVIEW CLINICS	q	9,273,591	Fair Market Value
(6) FAIRVIEW CLINICS	s	8,473,597	Fair Market Value

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

**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
(1) FAIRVIEW DEVELOPMENT COMPANY	m	16,029	Fair Market Value
(2) FAIRVIEW DEVELOPMENT COMPANY	p	174	Fair Market Value
(3) FAIRVIEW DEVELOPMENT COMPANY	s	193,356	Fair Market Value
(4) FAIRVIEW FOUNDATION	m	135,029	Fair Market Value
(5) FAIRVIEW FOUNDATION	s	1,724,314	Fair Market Value
(6) FAIRVIEW FOUNDATION	j	100,883	Fair Market Value

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

**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
(1) FAIRVIEW FOUNDATION	c	1,689,565	Fair Market Value
(2) FAIRVIEW FOUNDATION	b	3,208,131	Fair Market Value
(3) FAIRVIEW HOMECARE & HOSPICE	m	303,933	Fair Market Value
(4) FAIRVIEW HOMECARE & HOSPICE	q	795,055	Fair Market Value
(5) FAIRVIEW HOMECARE & HOSPICE	s	2,786,532	Fair Market Value
(6) FAIRVIEW HOMECARE & HOSPICE	k	132,614	Fair Market Value

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

**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
(1) FAIRVIEW PHYSICIAN ASSOCIATES NETWO	l	36,254	Fair Market Value
(2) FAIRVIEW PHYSICIAN ASSOCIATES NETWO	s	1,306,165	Fair Market Value
(3) RANGE REGIONAL HEALTH SERVICES	r	2,405,375	Fair Market Value
(4) RANGE REGIONAL HEALTH SERVICES	m	554,523	Fair Market Value
(5) RANGE REGIONAL HEALTH SERVICES	p	10,928	Fair Market Value
(6) RANGE REGIONAL HEALTH SERVICES	q	165,037	Fair Market Value

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

**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
(1) RANGE REGIONAL HEALTH SERVICES	l	45,272	Fair Market Value
(2) GRAND ITASCA CLINIC AND HOSPITAL	r	21,423,327	Fair Market Value
(3) GRAND ITASCA CLINIC AND HOSPITAL	m	458,939	Fair Market Value
(4) GRAND ITASCA CLINIC AND HOSPITAL	p	25,062	Fair Market Value
(5) GRAND ITASCA CLINIC AND HOSPITAL	q	85,168	Fair Market Value
(6) HEALTHEAST CARE SYSTEM	s	105,247,828	Fair Market Value

**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.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

**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
(1) <b>HEALTHEAST CARE SYSTEM</b>	<b>m</b>	<b>837,256</b>	<b>Fair Market Value</b>
(2) <b>HEALTHEAST CARE SYSTEM</b>	<b>q</b>	<b>744,449</b>	<b>Fair Market Value</b>
(3) <b>HEALTHEAST CARE SYSTEM</b>	<b>p</b>	<b>534,014</b>	<b>Fair Market Value</b>
(4) <b>HEALTHEAST CARE SYSTEM</b>	<b>k</b>	<b>344,386</b>	<b>Fair Market Value</b>
(5)			
(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) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													

