See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318023094

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
REGIONS HOSPITAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
8170 33RD AVENUE SOUTH PO BOX 1309

City or town, state or province, country, and ZIP or foreign postal code
MINNEAPOLIS, MN 554401309

D Employer identification number
41-0956618

E Telephone number
(952) 883-6000

G Gross receipts $ 747,720,005

F Name and address of principal officer
HEIDI G CONRAD
640 JACKSON STREET
ST PAUL, MN 55101

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW REGIONSHOSPITAL COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1986

M State of legal domicile MN

Part I Summary

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

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	5,118
6	Total number of volunteers (estimate if necessary)	**6**	690
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,899,133	9,541,734
9	Program service revenue (Part VIII, line 2g)	612,710,877	628,811,256
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,731,810	4,594,840
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	624,341,820	642,947,830
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	304,524	62,365
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	348,804,626	359,120,002
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	238,598,827	249,593,726
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	587,707,977	608,776,093
19	Revenue less expenses Subtract line 18 from line 12	36,633,843	34,171,737

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	651,956,468	711,106,045
21	Total liabilities (Part X, line 26)	318,521,045	327,055,676
22	Net assets or fund balances Subtract line 21 from line 20	333,435,423	384,050,369

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2014-11-14

HEIDI G CONRAD CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ANN LAMOUREUX				P00691316

Firm's name ▶ KPMG LLP — Firm's EIN ▶ 13-5665207

Firm's address ▶ 4200 WELLS FARGO CTR 90 S 7TH STREET MINNEAPOLIS, MN 55402 — Phone no (612) 305-5000

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

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

TO IMPROVE THE HEALTH OF OUR PATIENTS AND COMMUNITY BY PROVIDING HIGH QUALITY HEALTH CARE WHICH MEETS THE NEEDS OF ALL PEOPLE OUR VISION IS TO BE THE PATIENT-CENTERED HOSPITAL OF CHOICE OF OUR COMMUNITY

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 570,488,792 including grants of $ 62,365) (Revenue $ 628,811,256)

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

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 570,488,792

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	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	2a	5,118		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	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)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	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? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	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?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 18		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 11		
2	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?	**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**	Yes	
7a	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?	**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
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?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	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?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
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?	**16b**	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ HEIDI G CONRAD CHIEF FINANCIAL OFFICER 640 JACKSON ST
ST PAUL, MN 55101 (651) 254-0900

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								2,438,066	8,709,401	2,706,488

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 ▶279

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
KRAUS-ANDERSON CONST CO 525 S EIGHTH MINNEAPOLIS MN 55404	CONSTRUCTION	12,321,210
UNIVERSITY OF MINNESOTA 1300 S 2ND ST MINNEAPOLIS MN 55454	PHYSICIAN SERVICES	6,053,069
CROTHALL LAUNDRY SERVICES 13028 COLLECTION CTR DRV CHICAGO IL 60693	CLEANING & LAUNDRY	1,869,807
TWIN CITIES ANESTHESIA ASSOCIATES 940 WESTPORT PLAZA D ST LOUIS MO 63146	MEDICAL SERVICES	1,552,670
TOTAL RENAL CARE INC PO BOX 403008 COLLEGE PARK GA 30349	MEDICAL SERVICES	1,335,557

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 ▶56

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	9,541,714			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	20			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		9,541,734			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICES	623990	596,709,798	596,709,798		
	b	CONTRACT REVENUE	900099	13,896,150	13,896,150		
	c	OTHER REVENUE	900099	12,610,317	12,610,317		
	d	CAFETERIA	722210	3,295,089	3,295,089		
	e	PARKING	812930	1,631,755	1,631,755		
	f	All other program service revenue		668,147	668,147		
	g	**Total.** Add lines 2a–2f . . . . . ▶		628,811,256			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		4,723,995			4,723,995
	4	Income from investment of tax-exempt bond proceeds . . ▶		194,020			194,020
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	104,449,000				
	b	Less cost or other basis and sales expenses	104,710,000	62,175			
	c	Gain or (loss)	-261,000	-62,175			
	d	Net gain or (loss) . . . . . ▶			-323,175			-323,175
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶					
	12	**Total revenue.** See Instructions . . . . . ▶		642,947,830	628,811,256	0	4,594,840

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	62,365	62,365		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,321,921		1,321,921	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	288,175,259	267,792,630	20,382,629	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,617,837	11,000,843	616,994	
9 Other employee benefits	40,355,549	38,212,368	2,143,181	
10 Payroll taxes	17,649,436	16,712,119	937,317	
11 Fees for services (non-employees)				
a Management				
b Legal	870,178	739,149	131,029	
c Accounting	3,353		3,353	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	18,939,549	15,619,604	3,319,945	
12 Advertising and promotion	2,117,879	417,949	1,699,930	
13 Office expenses	10,713,627	9,910,673	802,954	
14 Information technology	6,194,509	4,801,246	1,393,263	
15 Royalties . .				
16 Occupancy	19,688,188	19,169,776	518,412	
17 Travel	616,894	516,633	100,261	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	142,758	121,728	21,030	
20 Interest	11,141,377	11,141,377		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	39,948,724	37,022,317	2,926,407	
23 Insurance	2,687,694	2,668,198	19,496	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	95,911,937	95,895,776	16,161	
b TAXES & ASSESSMENTS	24,618,951	24,618,951		
c MISCELLANEOUS EXPENSE	7,098,130	6,371,216	726,914	
d OPERATING SUPPORT TO HE	3,531,250	3,531,250		
e All other expenses	5,368,728	4,162,624	1,206,104	
25 **Total functional expenses.** Add lines 1 through 24e	608,776,093	570,488,792	38,287,301	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ 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
Assets	1	Cash–non-interest-bearing		64,516,962	1	86,633,622
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		71,064,586	4	78,545,320
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		5,869,181	8	5,824,305
	9	Prepaid expenses and deferred charges		4,408,188	9	4,138,833
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 682,383,130			
	b	Less accumulated depreciation	10b 383,200,899	299,225,126	10c	299,182,231
	11	Investments—publicly traded securities		181,796,000	11	209,386,000
	12	Investments—other securities See Part IV, line 11		4,703,827	12	6,148,109
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		20,372,598	15	21,247,625
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		651,956,468	16	711,106,045
Liabilities	17	Accounts payable and accrued expenses		74,388,932	17	85,600,820
	18	Grants payable			18	
	19	Deferred revenue		5,696,645	19	5,392,837
	20	Tax-exempt bond liabilities		211,116,862	20	207,677,243
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		1,981,620	23	1,872,969
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25,336,986	25	26,511,807
	26	**Total liabilities.** Add lines 17 through 25		318,521,045	26	327,055,676
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		313,465,423	27	363,111,369
	28	Temporarily restricted net assets		19,355,000	28	20,296,000
	29	Permanently restricted net assets		615,000	29	643,000
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		333,435,423	33	384,050,369
	34	Total liabilities and net assets/fund balances		651,956,468	34	711,106,045

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	642,947,830
2	Total expenses (must equal Part IX, column (A), line 25)	2	608,776,093
3	Revenue less expenses Subtract line 2 from line 1	3	34,171,737
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	333,435,423
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	16,443,209
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	384,050,369

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:
Software Version:
EIN: 41-0956618
Name: REGIONS HOSPITAL

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CRAIG FRISVOLD TREASURER & DIRECTOR	1 30	X						1,400	0	0
CHUCK HAYNOR CHAIR & DIRECTOR	1 70	X						2,900	0	0
SUSAN KIMBERLY DIRECTOR	40	X						1,100	0	0
TOM KINGSTON CHAIR & DIRECTOR	1 40	X						1,100	0	0
DON MAIETTA DIRECTOR	20	X						900	0	0
NNEKA MORGAN SECRETARY & DIRECTOR	50	X						1,600	0	0
RUSS NELSON VICE CHAIR & DIRECTOR	30	X						600	0	0
RAFAEL ORTEGA DIRECTOR	20	X						600	0	0
JERRY REDMOND DIRECTOR	50	X						800	0	0
JOSEPH TASHJIAN MD DIRECTOR	20	X						0	0	0
BILLIE YOUNG DIRECTOR	70	X						1,600	0	0
DAVID ABELSON MD DIRECTOR	50 49 50	X						0	1,410,881	268,995
MARY K BRAINERD DIRECTOR	50 49 50	X						0	1,678,467	476,898
KATHLEEN M COONEY DIRECTOR	50 54 50	X						0	831,140	257,356
BRET C HAAKE MD DIRECTOR	50 59 50	X						0	546,074	77,917
BROCK D NELSON DIRECTOR, PRESIDENT & CEO	50 50 4 50	X		X				0	586,029	181,857
KAREN A QUADAY MD DIRECTOR	50 42 50	X						0	307,516	82,423
BRIAN H RANK MD DIRECTOR	50 62 50	X						0	734,018	208,836
CHRISTINE M BOESE VP, PATIENT CARE SERVICE	49 50 50			X				297,109	0	43,314
HEIDI G CONRAD CHIEF FINANCIAL OFFICER	47 50 2 50			X				0	335,007	122,701
MARIAN M FURLONG VP, HUDSON HOSPITAL PRESID	50 49 50			X				297,817	0	52,536
BETH L HEINZ VP - OPERATIONS	44 00 1 00			X				279,357	0	34,563
KENNETH D HOLMEN MD VP - BUS DEV/PHYS STRATEGY	50 49 50			X				0	623,413	168,261
KIM R LAREAU VP & CIO	50 49 50			X				0	301,240	83,435
GRETCHEN M LEITERMAN VP, OPERATIONS & SPECIALTY	48 50 1 50			X				0	275,181	63,381

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN MASSEY VP-REGIONS & CEO-WESTFIELD	50 51 50			X				249,599	0	55,026
MEGAN M REMARK VP - SPECIALTY CARE	50 49 50			X				0	447,700	130,775
BARBARA E TRETHEWAY SR VP, GENERAL COUNSEL	50 52 50			X				0	632,735	154,088
KARI B BECERRA NURSE ANESTHETIST	40 00					X		191,088	0	43,902
ALISON G BRISBIN NURSE ANESTHETIST	40 00					X		197,040	0	43,718
JOHN A CHAUSS NURSE ANESTHETIST	40 00					X		199,964	0	44,674
GREG S MELLESMOEN DIRECTOR - SURGICAL SERVICES	50 00					X		214,256	0	36,027
LUANN M YERKS MANAGER - ANESTHESIA	45 00					X		214,316	0	39,212
THOMAS G GESKERMAN FORMER VP, OPERATIONS	0 00 0 00						X	284,920	0	36,593

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318023094

SCHEDULE A (Form 990 or 990EZ)

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
REGIONS HOSPITAL

Employer identification number
41-0956618

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 11, 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)

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 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **11g(i)**		
(ii) A family member of a person described in (i) above? **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 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)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2012.** 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 **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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 **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** 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 **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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 **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318023094

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

OMB No 1545-0047

2013

Open to Public Inspection

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

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

Name of the organization	Employer identification number
REGIONS HOSPITAL	41-0956618

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ 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-

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?	Yes		
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		70,377
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	Other activities?	Yes		
j	Total Add lines 1c through 1i			70,377
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	REGIONS HOSPITAL PAYS FOR CERTAIN CORPORATE AND EMPLOYEE PROFESSIONAL ASSOCIATION MEMBERSHIPS A PORTION OF SUCH MEMBERSHIP DUES POTENTIALLY COULD BE USED BY THE PROFESSIONAL ASSOCIATIONS FOR LOBBYING ACTIVITIES REGIONS COST OF DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR LEGISLATIVE BODIES CONSISTS OF LOBBYISTS $43,500 LOBBYING DUES 2,280 ADMINISTRATIVE COST 24,597 ------ TOTAL $70,377

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318023094

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
REGIONS HOSPITAL

Employer identification number
41-0956618

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, 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" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

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

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to 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		4,881,396		4,881,396
b Buildings		445,239,320	203,424,346	241,814,974
c Leasehold improvements		4,438,508	3,444,246	994,262
d Equipment		197,255,266	151,802,621	45,452,645
e Other		30,568,640	24,529,686	6,038,954
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				299,182,231

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to 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		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to 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
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
LONG TERM DEBT CURRENT PORTION	3,548,270
POST RETIREMENT BENEFITS	5,892,116
PROFESSIONAL LIABILITY RESERVE	17,071,421
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	26,511,807

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	643,010,005
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	643,010,005
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	-62,175		
c	Add lines **4a** and **4b**			4c	-62,175
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	642,947,830

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	608,838,268
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	62,175		
e	Add lines **2a** through **2d**			2e	62,175
3	Subtract line **2e** from line **1**			3	608,776,093
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	608,776,093

Part XIII Supplemental Information

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

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	LOSS ON FIXED ASSET DISPOSALS -62,175
PART XII, LINE 2D - OTHER ADJUSTMENTS	LOSS ON FIXED ASSET DISPOSALS 62,175

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318023094

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
REGIONS HOSPITAL

Employer identification number
41-0956618

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	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 ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	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			
a	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 ☐ 100% ☑ 150% ☐ 200% ☐ Other _____ %	3a	Yes	
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 ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		No
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria 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			
4	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"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	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 eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			19,536,516	2,540,770	16,995,746	2 800 %
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			19,536,516	2,540,770	16,995,746	2 800 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			16,179,622	1,959,997	14,219,625	2 300 %
f Health professions education (from Worksheet 5)			22,288,599	5,585,000	16,703,599	2 700 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits			38,468,221	7,544,997	30,923,224	5 000 %
k **Total.** Add lines 7d and 7j			58,004,737	10,085,767	47,918,970	7 800 %

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						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	6		29,225	0	29,225	0 010 %
7 Community health improvement advocacy						
8 Workforce development	1		15,000	0	15,000	0 %
9 Other						
10 **Total**	7		44,225		44,225	0 010 %

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 Heathcare Financial Management Association Statement No 15?		1	Yes	
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	3,486,122		
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	0		
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	197,734,242
6	Enter Medicare allowable costs of care relating to payments on line 5	6	212,757,805
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-15,023,563
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		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
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	Yes	

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 1 EAST METRO IMAGING CENTERS	OPERATE A RADIOLOGY CENTER	49 000 %	0 %	51 000 %
2 2 CRITICAL CARE SERVICES INC	REGIONAL EMERGENCY AIR TRANSPORT	11 000 %	0 %	0 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

	Name, address, primary website address, and state license number	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
	See Additional Data Table										

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 facility reporting group REGIONS HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	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 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
3	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 Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW REGIONSHOSPITAL COM			
b	☑ Other website (list url) WWW REIONSHOSPITAL COM/RH/COMMUNITY-BENEFIT			
c	☑ Available upon request from the hospital facility			
d	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide plan			
e	☑ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	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)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	10	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 150 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	11		No
If "Yes," indicate the FPG family income limit for eligibility for discounted care __% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	12	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☑ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Residency			
i ☑ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	13	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	14	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☑ The policy was attached to billing invoices			
c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☐ The policy was available upon request			
g ☑ Other (describe in Part VI)			
Billing and Collections			
15 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 actions the hospital facility may take upon non-payment?	15	Yes	
16 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			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third 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?	17		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☑ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	**19**	Yes	
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 Part VI)			
d ☐ Other (describe in Part VI)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
21 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?	**21**		No
If "Yes," explain in Part VI			
22 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?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
See Additional Data Table	

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? **11**

	Name and address	Type of Facility (describe)
1	See Additional Data Table	
2		
3		
4		
5		
6		
7		
8		
9		
10		

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

Form and Line Reference	Explanation
PART I, LINE 3C	FACTORS OTHER THAN FPGREGIONS PARTICIPATES IN A MINNESOTA ATTORNEY GENERAL'S (MN AG) AGREEMENT THAT GIVES ALL PATIENTS AT LEAST THE SAME DISCOUNT AS OUR HIGHEST VOLUME COMMERCIAL PAYER REGIONS ALSO HAS CATASTROPHIC CHARITY CARE THAT LIMITS A PERSON'S BILL WITH THE HOSPITAL TO 10% FOR THOSE PATIENTS AT 150% OF FPG PLUS $5,000 OR LESS IN INCOME UP TO 55% OF THE PATIENT'S GROSS INCOME IF THEIR INCOME EXCEEDS 150% OF FPG PLUS $300,000 PER YEAR

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	PROMOTION OF COMMUNITY HEALTHREGIONS CONTINUALLY "INVESTS" - THROUGH EXPENDITURES AND IN-KIND CONTRIBUTIONS OR OTHER SUPPORT - IN ACTIVITIES THAT IMPROVE THE HEALTH OF THE COMMUNITY AND THE REGION REGIONS IS GOVERNED BY A COMMUNITY-BASED BOARD OF DIRECTORS AND THE MEDICAL STAFF IS ORGANIZED IN THE PUBLIC'S INTEREST SUPPORT MAY INCLUDE DIRECT EXPENDITURES, RAISING FUNDS THROUGH EMPLOYEE OR COMMUNITY INITIATIVES, DONATING STAFF TIME, PARTICIPATING IN COMMUNITY PARTNERSHIPS AND INITIATIVES AND /OR PROVIDING FREE SERVICES OR EQUIPMENT EXAMPLES IN 2013 INCLUDE - SUPPORT GROUPS REGIONS PROVIDED OVER $222,438 OF IN-KIND SUPPORT FOR SUPPORT GROUPS INCLUDING - LUNG CANCER - LEUKEMIA, LYMPHOMA, HODGKIN'S OR MYELOMA - BURN SURVIVOR - ELECTRICAL INJURY - SLEEP DISORDERS- TRAUMA AND BURN COMMUNITY GRAND ROUNDS REGIONS' STAFF BRINGS EDUCATION AND TRAINING TO HOSPITALS, CLINICS AND OTHER PLACES OF BUSINESS AT NO COST PRESENTATIONS INCLUDE TRAUMA AND BURN CASE REVIEWS - EDUCATORS FROM REGIONS PROVIDE STRUCTURED EDUCATIONAL CLASSES FOR RURAL COMMUNITY HOSPITALS IN GREATER MINNESOTA AND WESTERN WISCONSIN FOR INSTANCE, REGIONS' EDUCATORS USED SIMULATION MANIKINS TO TEACH TECHNIQUES TO LOCAL NURSES WORKING IN INTENSIVE CARE UNITS AND EMERGENCY DEPARTMENTS - REGIONS EMERGENCY MEDICAL SERVICES PROVIDES SERVICES TO EAST METRO COMMUNITY EVENTS INCLUDING THE TWIN CITIES MARATHON, MINNESOTA WILD GAMES, THE TWIN CITIES FESTIVAL AND THE MINNESOTA STATE FAIR - REGIONS AND THE HEALTHPARTNERS INSTITUTE FOR EDUCATION AND RESEARCH (HPIER) HAVE ENJOYED A LONG HISTORY OF PARTNERSHIP WITH THE MEDICAL SCHOOL OF THE UNIVERSITY OF MINNESOTA (U OF M) TO PROVIDE MEDICAL STUDENT EDUCATION AT REGIONS AREAS OF RESIDENT TRAINING INCLUDE EMERGENCY MEDICINE, FOOT & ANKLE SURGERY, HOSPITAL MEDICINE, MEDICAL TOXICOLOGY, OCCUPATIONAL MEDICINE, PSYCHIATRY (JOINT PROGRAM WITH ANOTHER AREA HOSPITAL), PHYSICIAN ASSISTANT/NURSE PRACTITIONER FELLOWSHIP IN BEHAVIORAL HEALTH, AND MANAGED CARE PHARMACY HPIER ALSO PROVIDES EDUCATION IN ELEVEN ADDITIONAL RESIDENCY PROGRAMS FROM THE U OF M REGIONS HEALTH PROFESSIONALS ARE ALSO INVOLVED IN MEDICAL RESEARCH FOCUSED ON IMPROVING HEALTH AND MEDICAL CARE

Form and Line Reference	Explanation
PART III, LINE 2	REGIONS USES A HISTORIC BAD DEBT PERCENTAGE THAT IS ROUTINELY MONITORED, REVIEWED, AND UPDATED IN ORDER TO OBTAIN THE BEST ESTIMATE OF THE CURRENT YEAR'S BAD DEBT

Form and Line Reference	Explanation
PART III, LINE 4	ORGANIZATION'S FOOTNOTE"BAD DEBT" EXPENSE REPRESENTS THE UNPAID OBLIGATION FOR CARE PROVIDED TO PATIENTS WHO HAVE BEEN DETERMINED TO BE ABLE TO PAY, BUT HAVE NOT DEMONSTRATED A WILLINGNESS TO DO SO BAD DEBT INCLUDES ANY UNPAID PATIENT RESPONSIBILITY THAT MAY INCLUDE, BUT IS NOT LIMITED TO, DEDUCTIBLES, CO-INSURANCE, CO-PAYMENTS AND NON-COVERED SERVICES IT EXCLUDES THE MANDATORY SELF-PAY DISCOUNT FROM THE MN AG AGREEMENT

Form and Line Reference	Explanation
PART III, LINE 8	REGIONS BASES ITS MEDICARE COSTING METHODOLOGY ON THE CMS MEDICARE COST REPORT METHODOLOGY, COST TO CHARGE RATIO

Form and Line Reference	Explanation
PART III, LINE 9B	COLLECTIONS PRACTICESREGIONS DEBT COLLECTION POLICY CONTAINS PROVISIONS ON COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO BE ELIGIBLE FOR CHARITY CARE OR FINANCIAL ASSISTANCE REGIONS WILL NOT REFER ANY ACCOUNT TO A THIRD PARTY DEBT COLLECTION AGENCY UNLESS IT HAS CONFIRMED THAT - THERE IS REASONABLE BASIS TO BELIEVE THAT THE PATIENT OWES THE DEBT - ALL KNOWN THIRD-PARTY PAYERS HAVE BEEN PROPERLY BILLED, AND THE PATIENT IS RESPONSIBLE FOR THE REMAINING DEBT - IF THE PATIENT HAS INDICATED AN INABILITY TO PAY THE FULL AMOUNT, THE PATIENT HAS BEEN OFFERED A REASONABLE PAYMENT PLAN REGIONS WILL NOT REFER PATIENTS TO DEBT COLLECTION AGENCIES WHO ARE PERFORMING AS SPECIFIED IN THEIR PAYMENT PLANS - THE PATIENT HAS BEEN GIVEN AN OPPORTUNITY TO SUBMIT A CHARITY CARE (FINANCIAL ASSISTANCE) APPLICATION IF THE PATIENT HAS SUBMITTED AN APPLICATION FOR CHARITY CARE, ALL COLLECTION ACTIVITY WILL BE SUSPENDED UNTIL THE APPLICATION HAS BEEN PROCESSED - THE LEVEL OF AUTHORITY REQUIRED TO MAKE DECISIONS REGARDING AUTHORIZING LITIGATION, PAYMENT PLANS, AND CHARITY CARE IS - BALANCES OVER $50,000 - DIRECTOR OF PATIENT FINANCIAL SERVICES - BALANCES BETWEEN $5,000 AND $50,000 - MANAGER OF COLLECTIONS - BALANCES BETWEEN $100 AND $5000 - SUPERVISOR OF COLLECTIONS - BALANCES UNDER $100 MAY BE HANDLED BY PATIENT ACCOUNTING STAFF

Form and Line Reference	Explanation
PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCEREGIONS IS THE PRIMARY "SAFETY NET" HOSPITAL FOR LOW-INCOME UNINSURED AND UNDERINSURED PEOPLE IN THE EAST METRO REGIONS SERVES ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY IN 2013 ALONE, REGIONS PROVIDED APPROXIMATELY $17 0 MILLION IN CHARITY CARE COSTS AND $3 5 MILLION IN UNCOMPENSATED CARE COSTS REGIONS DEFINES CHARITY CARE AS THE COST OF CARE DELIVERED TO PATIENTS WHO ARE WILLING, BUT UNABLE, TO PAY FOR THE SERVICES THEY RECEIVE THIS INCLUDES PATIENTS WHOSE CHARGES ARE FORGIVEN OR REDUCED BECAUSE OF INABILITY TO PAY, PATIENTS WHO ARE UNABLE TO PAY THE BALANCE LEFT BY ANY PAYER, AND PATIENTS FOR WHOM UNUSUAL CIRCUMSTANCES OR SPECIAL FINANCIAL HARDSHIP WARRANT SPECIAL CONSIDERATION TO INFORM AND EDUCATE PATIENTS ON ITS CHARITY CARE PROGRAM AND GOVERNMENT PROGRAMS, REGIONS HAS DEVELOPED AN EXTENSIVE FINANCIAL COUNSELING PROGRAM THE PROGRAM WAS STARTED IN THE EMERGENCY DEPARTMENT IN 1995 BUT SINCE THEN, THE PROGRAM HAS BEEN IMPLEMENTED THROUGHOUT REGIONS THE PROGRAM, WHICH IS ADMINISTERED WITHIN REGIONS ADMITTING AND REGISTRATION DEPARTMENT, WAS FUNDED BY REGIONS AT THE COST OF OVER $1 2 MILLION IN 2013 TWENTY-TWO COUNSELORS (2 5 COUNSELORS ARE RAMSEY AND DAKOTA COUNTY EMPLOYEES) HELP PATIENTS ENROLL IN GOVERNMENT PROGRAMS OR FIND OTHER SOURCES OF PAYMENT THE COUNSELORS ARE ABLE TO ASSIST PATIENTS WITH ENROLLING IN GOVERNMENT PROGRAMS, LOOKING FOR OTHER SOURCES OF PAYMENT, APPLYING FOR CHARITY CARE AND ASSISTING SELF-PAY PATIENTS IN SETTING UP PAYMENT PLANS S TO HELP PATIENTS ACCESS SERVICES BEYOND MEDICAL CARE, REGIONS HAS STAFF SOCIAL WORKERS AND CASE MANAGERS TO HANDLE CRISIS INTERVENTIONS, EMERGENCY ROOM NEEDS, AND PATIENT AFTERCARE IN 2013, FINANCIAL COUNSELORS ENROLLED NEARLY 2,350 INDIVIDUALS IN GOVERNMENT HEALTH CARE PROGRAMS THIS PROVIDED APPROXIMATELY $8 5 MILLION TO REGIONS FOR CARE THAT OTHERWISE WOULD HAVE BEEN CHARITY CARE REGIONS BELIEVE THAT ACCESS TO HEALTHCARE COVERAGE IS A MAJOR FACTOR IN AVERTING MORE EXPENSIVE EMERGENCY ROOM VISITS TO IMPROVE ACCESS TO PEOPLE WITHOUT HEALTH INSURANCE, REGIONS AND HEALTHPARTNERS MEDICAL GROUP (HPMG) PROVIDED APPROXIMATELY $97,193 TO PORTICO HEALTHNET (PORTICO) IN 2013 IN ORDER TO PROVIDE BENEFIT COVERAGE TO PARTICIPANTS AND COVER ADMINISTRATIVE COSTS PORTICO IS A NONPROFIT ORGANIZATION THAT HELPS ABOUT 350 PEOPLE PER MONTH ENROLL IN FREE OR LOW-COST HEALTH COVERAGE PROGRAMS SINCE 1995, PORTICO OUTREACH WORKERS HAVE PROVIDED ASSISTANCE IN COMPLETING APPLICATIONS FOR PROGRAMS SUCH AS MNCARE OR MEDICAL ASSISTANCE, AND FOR PEOPLE WHO DO NOT QUALIFY FOR THESE PROGRAMS TO MEET PROGRAM ELIGIBILITY CRITERIA IN ADDITION, PORTICO OFFERS ITS OWN COVERAGE PROGRAM AND COVERS PRIMARY AND SPECIALTY CARE CLINIC VISITS, URGENT CARE SERVICES, AND PRESCRIPTION DRUGS ALONG WITH INTERPRETER AND TRANSPORTATION SERVICES

Form and Line Reference	Explanation
PART VI, LINE 4	COMMUNITY INFORMATIONREGIONS IS LOCATED IN RAMSEY COUNTY IN THE CORE OF DOWNTOWN ST PAUL REGIONS IS IN CLOSE PROXIMITY TO THE STATE CAPITOL, POPULAR ENTERTAINMENT ATTRACTIONS AND NUMEROUS LARGE CORPORATE HEADQUARTERS REGIONS IS THE SECOND LARGEST PROVIDER OF CHARITY CARE IN THE STATE OF MINNESOTA AND IS ONE OF ONLY FOUR CERTIFIED LEVEL 1 ADULT AND PEDIATRIC TRAUMA CENTERS IN THE EAST METRO THIS CERTIFICATION REQUIRES REGIONS TO HAVE MEDICAL SPECIALISTS AVAILABLE TWENTY-FOUR HOURS A DAY REGIONS ADULT AND PEDIATRIC TRAUMA SERVICES ARE PROVIDED TO PATIENTS FROM 85 OF THE 87 COUNTIES IN THE STATE, PATIENTS FROM WESTERN WISCONSIN REGION AND PATIENTS FROM OTHER SURROUNDING STATES ACCORDING TO THE U S CENSUS BUREAU, RAMSEY COUNTY HAD A POPULATION OF 508,640 IN 2010 MNCOMPASS REPORTED THAT APPROXIMATELY 8 8 PERCENT OF FAMILIES IN RAMSEY COUNTY WERE LIVING IN POVERTY, AND 12 PERCENT OF ADULTS UNDER AGE 65 WERE UNINSURED AS THE STATE'S SECOND-LARGEST SAFETY-NET HOSPITAL, REGIONS PROVIDES CARE TO EVERYONE, REGARDLESS OF THEIR ABILITY TO PAY REGIONS SERVES A DIVERSE PATIENT POPULATION REGIONS AND HEALTHPARTNERS ARE ONE OF THE FIRST IN THE NATION TO GATHER SELF-REPORTED DATA FROM PATIENTS ON RACE, COUNTRY OF ORIGIN AND LANGUAGE PREFERENCE BASED ON CURRENT DATA, REGIONS PATIENT BASE CONSISTED OF 61 3 PERCENT WHITE, 15 3 PERCENT BLACK, 5 2 PERCENT HISPANIC, 5 1 PERCENT ASIAN OR PACIFIC ISLANDER AND 1 1 PERCENT NATIVE AMERICAN TWELVE PERCENT DID NOT PROVIDE RACIAL INFORMATION IN 2010, THE RACIAL BREAKDOWN OF RAMSEY COUNTY CONSISTED OF 70 1 PERCENT WHITE, 11 PERCENT BLACK, 0 8 PERCENT AMERICAN INDIAN AND ALASKA NATIVE, 11 7 PERCENT ASIAN, 7 2 PERCENT HISPANIC OR LATINO AND 3 5 PERCENT REPORTING TWO OR MORE RACES

Form and Line Reference	Explanation
PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEMPLEASE SEE SCHEDULE O DISCUSSION OF EXEMPT PURPOSE AND ACHIEVEMENTS "I CORPORATE STRUCTURE, PURPOSE, GOVERNANCE "

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	MN,WI

Form and Line Reference	Explanation
PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	REGIONS FILES A COMMUNITY BENEFIT REPORT IN THE STATE OF MINNESOTA REGIONS' SISTER HOSPITALS, LAKEVIEW HOSPITAL, LOCATED IN STILLWATER, MINNESOTA, WESTFIELDS HOSPITAL, LOCATED IN NEW RICHMOND WISCONSIN, AND HUDSON HOSPITAL AND CLINICS, LOCATED IN HUDSON, WISCONSIN, FILE COMMUNITY BENEFIT REPORTS WITH THEIR RESPECTIVE STATES THE FOUR HOSPITALS WORK COLLABORATIVELY ACROSS MULTIPLE HEALTH INITIATIVES, ALONG WITH OTHER MEMBERS OF THE HEALTHPARTNERS FAMILY OF ORGANIZATIONS TO IMPROVE THE HEALTH OF MEMBERS, PATIENTS AND THE COMMUNITY

Additional Data

Software ID:
Software Version:
EIN: 41-0956618
Name: REGIONS HOSPITAL

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
REGIONS HOSPITAL	PART V, SECTION B, LINE 3 AS PART OF THE DATA COLLECTION PROCESS FOR THE MOST RECENT CHNA THAT WAS CONDUCTED IN 2012, REPRESENTATIVES FROM COMMUNITY HOSPITAL CONSULTING CONDUCTED INTERVIEWS WITH TWENTY (20) STAKEHOLDERS FROM MARCH 14, 2012 - APRIL 6, 2012 INTERVIEWS WERE CONDUCTED WITH PEOPLE WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY INCLUDING - PEOPLE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH - FEDERAL, TRIBAL, REGIONAL, STATE OR LOCAL HEALTH DEPARTMENTS OR AGENCIES WITH INFORMATION RELEVANT TO THE HEALTH NEEDS OF COMMUNITY SERVED - LEADERS, REPRESENTATIVES OR MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS AND POPULATIONS WITH CHRONIC DISEASE NEEDS IN THE COMMUNITY SERVED THE COUNTIES REPRESENTED INCLUDED WASHINGTON, DAKOTA, ST CROIX AND RAMSEY THE GOAL OF THE INTERVIEWS WAS TO GATHER OPINIONS AND PERCEPTIONS ON CURRENT HEALTH CARE ISSUES FACED IN THE COUNTIES SERVED AND/OR POPULATIONS REPRESENTED FOR A FULL DETAILED LIST OF INSTITUTIONS AND PERSONS, PLEASE SEE THE 2012 HEALTHPARTNERS CHNA LOCATED AT OUR WEBSITE HTTP //WWW REGIONSHOSPITAL COM/RH/COMMUNITY-BENEFIT/INDEX HTML

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
REGIONS HOSPITAL	PART V, SECTION B, LINE 4 CHNA WITH OTHER HOSPITAL FACILITIES OTHER HOSPITAL FACILITIES INCLUDED IN THE 2012 HEALTHPARTNERS CHNA WERE - HUDSON HOSPITAL, HUDSON, WI - WESTFIELDS HOSPITAL, NEW RICHMOND, WI - LAKEVIEW MEMORIAL HOSPITAL, STILLWATER, MN

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
REGIONS HOSPITAL	PART V, SECTION B, LINE 7 UNADDRESSED IDENTIFIED NEEDS OTHER IMPORTANT PRIORITIES FROM THE 2012 HEALTHPARTNERS CHNA "INCREASE ACCESS TO DENTAL SERVICES" WAS IDENTIFIED AS THE SIXTH PRIORITY IN THE COMMUNITIES SERVED BY REGIONS, LAKEVIEW, HUDSON AND WESTFIELDS HOSPITALS (HOSPITALS) WHILE THIS IS A CONCERN IN THE COMMUNITY, THE TEAM DECIDED TO FOCUS THEIR EFFORTS ON THE OTHER FIVE PRIORITIES BECAUSE HEALTHPARTNERS DENTAL GROUP, A DIVISION OF GROUP HEALTH PLAN, INC , A STAFF MODEL HMO, IS CURRENTLY THE LEADING DENTAL CARE PROVIDER TO UNINSURED PEOPLE IN MINNEAPOLIS/ST PAUL ACCESS TO DENTAL CARE IS NOT A CORE SERVICE LINE FOR THE HOSPITALS AND IS OUTSIDE THE SCOPE OF THE HOSPITAL INFLUENCE AS A RESULT, COMMUNITY BENEFIT ACTIVITIES WOULD BE MORE BENEFICIAL IN THE OTHER PRIORITIZED AREAS WHILE OVERALL THE TEAM DECIDED NOT TO FOCUS EFFORTS ON ORAL HEALTH SERVICES, IT IS NOTEWORTHY THAT ST CROIX COUNTY IS ADDRESSING "ORAL HEALTH" AS A SUBSET WITHIN THE "ACCESS TO PRIMARY AND PREVENTIVE HEALTH SERVICES" HEALTH PRIORITY AND TASK FORCE

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
REGIONS HOSPITAL	PART V, SECTION B, LINE 12I ALL SELF-PAY PATIENTS GET THE SAME DISCOUNT FROM GROSS CHARGES BASED ON REGIONS' AGREEMENT WITH THE MINNESOTA ATTORNEY GENERAL THE AGREEMENT DISCOUNTS RATES, TO THAT EQUIVALENT TO REGIONS' LOWEST COMMERCIAL PAYOR RATE, FOR ALL SELF PAY PATIENTS

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6 - CHNA IMPLEMENTATION ACTIVITIES	THE 2012 HEALTHPARTNERS CHNA CONDUCTED RESULTED IN THE FOLLOWING PRIORITIES LISTED BELOW 2013 IMPLEMENTATION ACTIVITIES TOWARDS THE PRIORITIES ARE DESCRIBED PRIORITY 1 INCREASE A CCESS TO MENTAL HEALTHMENTAL HEALTH FACILITYIN DECEMBER OF 2012, REGIONS OPENED A NEW INPA TIENT MENTAL HEALTH FACILITY, THE ONLY COMPLETELY PRIVATE ROOM FACILITY IN THE TWIN CITIES WITH THE NEW BUILDING AND CARE MODEL, REGIONS EXPERIENCED GROWTH IN VOLUMES AND IMPROVED PATIENT SATISFACTION DAYBRIDGEIN MAY OF 2013, REGIONS OPENED DAYBRIDGE, A PARTIAL HOSPITA LIZATION PROGRAM DAYBRIDGE IS A MENTAL HEALTH PROGRAM FOR ADULTS WHO NEED INTENSIVE THERA PY BUT CAN CONTINUE TO LIVE IN THEIR COMMUNITY WITH THE SUPPORT OF FAMILY AND FRIENDS IND IVIDUALS PARTICIPATE IN INPATIENT-LIKE TREATMENT DURING THE DAY AND RETURN TO THEIR HOME A T NIGHT AND ON WEEKENDS 115 PATIENTS SERVED MAKE IT OKTHE EAST METRO MENTAL HEALTH ROUND TABLE SUPPORTED AND LAUNCHED THE MAKE IT OK CAMPAIGN AND CONTINUED TO OVERSEE THE MENTAL H EALTH DRUG ASSISTANCE PROGRAM THIS ROUNDTABLE REVISED METRICS FOR TRACKING MENTAL HEALTH SERVICES, WITH THE ASSISTANCE OF THE WILDER FOUNDATION, AND REPORTED ON THE NEED FOR MORE INTENSIVE RESIDENTIAL SERVICES - IN 2013, REGIONS AND HEALTHPARTNERS SPENT $1,004,257 ON THE MAKE IT OK CAMPAIGN USING CONTRIBUTIONS FROM REGIONS HOSPITAL FOUNDATION - MAKEITOK O RG LAUNCHED IN DECEMBER 2012 AND THE CAMPAIGN HARD LAUNCHED IN MAY 2013 WITH AN ADVERTISIN G "FLIGHT" THAT INCLUDED TELEVISION, MAKE IT OK HAS GENERATED A LOT OF ENTHUSIASM IN THE C OMMUNITY - THROUGH 2013, THE MAKEITOK ORG SITE HAD 30,696 UNIQUE VISITORS AND 4,035 PEOPL E TOOK THE SITE'S PLEDGE TO BECOME STIGMA-FREE - THE MAKE IT OK CAMPAIGN HAS ALSO RECEIVE D VERY POSITIVE REVIEWS IN LOCAL PRESS THE FOLLOWING QUOTE IS FROM A STARTRIBUNE EDITORIA L DATE JUNE 12, 2013 "MINNESOTA, SO OFTEN AHEAD OF THE HEALTH CARE CURVE, IS AGAIN A PUBL IC HEALTH PACESETTER THANKS TO THE MAKE IT OK CAMPAIGN, WHICH BOLDLY BUT PRAGMATICALLY MOV ES BEYOND PREVIOUS EFFORTS TO REDUCE THE STIGMA OF MENTAL ILLNESS "NATIONAL ASSOCIATION ON MENTAL ILLNESS (NAMI)NATIONAL ASSOCIATION ON MENTAL ILLNESS (NAMI) PROVIDED TRAINED VOLUN TEERS TO SOURCE THE LOBBY AND RESOURCE ROOM OVER 113 HOURS OF VOLUNTEER TIME WAS PROVIDED TO ASSIST FAMILIES WITH THEIR EDUCATION AND SUPPORT NEEDS THERE WERE 88 PARTICIPANTS ON THE REGIONS TEAM FOR THE ANNUAL NAMI WALK THE REGIONS TEAM RAISED APPROXIMATELY $6,000 TO CONTRIBUTE TO NAMI IN THE EFFORT TO INCREASE AWARENESS OF MENTAL ILLNESS AND TO ELIMINATE STIGMA MENTAL HEALTH DRUG ASSISTANCE PROGRAM (MHDAP) LACK OF TIMELY ACCESS TO MEDICATION S CAN LEAD TO EMERGENCY HOSPITALIZATION FOR BEHAVIORAL HEALTH CRISIS TO INCREASE ACCESS T O NEEDED DRUGS, REGIONS AND HEALTHPARTNERS HELPED CREATE THE MENTAL HEALTH DRUG ASSISTANCE PROGRAM (MHDAP) MHDAP ADDRESSES BARRIERS THAT MENTAL HEALTH PATIENTS HAVE IN OBTAINING H EALTHCARE COVERAGE TO PAY FOR MEDICATIONS AND THE LACK OF SUPPORTIVE SERVICES TO HELP THEM STAY ON MEDICATIONS GAPS IN ADEQUATE HEALTHCARE AND MEDICATION COVERAGE ARE ASSOCIATED W ITH INCREASED RISK OF PSYCHIATRIC HOSPITALIZATIONS, WHICH CAN COST THE COMMUNITY AN AVERAG E OF $12,000-15,000 PER VISIT MHDAP PROVIDES 30 TO 90 DAYS OF STOP-GAP PSYCHIATRIC DRUG C OVERAGE FUNDING FOR LOW-INCOME PATIENTS MHDAP PROVIDED $234,620 WORTH OF STOP-GAP ASSISTA NCE TO 406 MENTAL HEALTH PATIENTS WHO TEMPORARILY COULD NOT AFFORD MEDICATIONS THE PROGRA M HELPED INDIVIDUALS OBTAIN 1,275 PRESCRIPTIONS MENTAL HEALTH CRISIS REGIONS CONTINUES TO OFFER SERVICES IN THE EMERGENCY CENTER MENTAL HEALTH CRISIS UNIT BY YEAR-END 2013, REGION S IMPLEMENTED ENHANCEMENTS TO THE CARE MODEL UTILIZED IN THE CRISIS UNIT INCLUDING REDUCIN G AGGRESSIVE PATIENT BEHAVIOR AND DE-ESCALATION TRAINING FOR STAFF, UNIT PHYSICAL IMPROVEM ENTS FOR PATIENT AND STAFF SAFETY AND A REVISED CLINICAL STAFFING MODEL TO ENHANCE AND ACC ELERATE TREATMENT - 7,482 WERE SERVED IN THE MENTAL HEALTH CRISIS UNIT IN 2013 - PATIENTS STAYED FOR AN AVERAGE OF 12 HOURS, AND 57% WERE ADMITTED - REGIONS ADDED A PSYCHIATRY CO NSULT SERVICE AND A DEDICATED PA 16 HOURS A DAY TO ENHANCE THE EXPERIENCE AND ACCELERATE T HE RECOVERY PROCESS MENTAL HEALTH CRISIS ALLIANCE (MHCA) IS A CRISIS RESPONSE SYSTEM THAT AUGMENTS INPATIENT SERVICES IN THE EAST METRO HEALTHPARTNERS AND REGIONS ARE MAJOR SPONS ORS OF MHCA, WHICH INCLUDES FOURTEEN ORGANIZATIONS THAT REPRESENT COUNTIES, HOSPITALS, HEA LTH PLANS, THE STATE OF MINNESOTA, AND CONSUMERS AND ADVOCATES FORMED IN 2002 TO ADDRESS THE UNMET NEEDS OF ADULTS WHO EXPERIENCE BEHAVIORAL HEALTH CRISIS, MHCA PREVENTS AVOIDABLE EMERGENCY HOSPITALIZATION BY PROVIDING ADULT MENTAL HEALTH CRISIS STABILIZATION SERVICES IN HOMES, COMMUNITY SETTINGS, OR IN SHORT-TERM, SUPERVISED, LICENSED RESIDENTIAL PROGRAMS REGIONS CONTINUES TO BE AN ACTIVE SPONSOR OF THE MHCA MHCA PREVENTS AVOIDABLE EMERGENCY HOSPITALIZATION AND FACILITATING TIMELY DISCHARGES BY PROVIDING ADULT MENTAL HEALTH CRISIS STABILIZATION SERVICES IN HOMES, COMMUNITY SETTIN

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6 - CHNA IMPLEMENTATION ACTIVITIES	GS, OR IN SHORT-TERM, SUPERVISED, LICENSED RESIDENTIAL PROGRAMS WE ARE FOUNDERS AND HELP LEAD (AS WELL AS FINANCIALLY SUPPORT) THIS PROGRAM IS PROVEN TO REDUCE COSTS AND HOSPITAL IZATIONS FOR PATIENTS NEEDING CRISIS STABILIZATION MCHA RECEIVED THE FOLLOWING THREE PRES TIGIOUS AWARDS - 2013 DHS COMMISSIONER'S CIRCLE OF EXCELLENCE AWARD- 2013 NAMI PROVIDER OF THE YEAR AWARD- 2013 UNIVERSITY OF MINNESOTA HUMPHREY SCHOOL LOCAL GOVERNMENT INNOVATION AWARDPRIORITY 2 PROMOTE POSITIVE BEHAVIORS TO REDUCE OBESITY (NUTRITION / PHYSICAL ACTIVI TY)COLLABORATION WITH STATEWIDE HEALTH IMPROVEMENT PROGRAM (SHIP)MANY OF REGIONS' PRIORITY GOALS OVERLAP WITH MANY OF THE SHIP GOALS REGIONS, AS PART OF THE INTEGRATED SYSTEM OF H EALTHPARTNERS AND THROUGH ITS SISTER HOSPITAL IN STILLWATER, MINNESOTA COLLABORATES AND AD VOCATES IN COOPERATION WITH THESE SHIP EFFORTS THROUGH OUR YUMPOWER AND POWERUP INITIATIVE S YUMPOWERINTERNAL EMPLOYEE COMMUNICATIONS, FACEBOOK AND TWITTER WERE ALL USED TO SEND CO NSISTENT MESSAGING ABOUT YUMPOWER AND BETTER-FOR-YOU OPTIONS ARTICLES INCLUDED EVERYTHING FROM WEIGHT LOSS TIPS, JUVENILE DIABETES AND THE YUMPOWER APP TO CHOOSING THE RIGHT FOODS WHEN DINING OUT AND DEBATING THE MERITS OF CLEANSES THERE WERE SEVERAL EVENTS INCLUDING TEAMING WITH ANDREW ZIMMERN TO OFFER FREE YUMPOWER SAMPLES ON HIS FOOD TRUCK, HANDING OUT FREE VEGGIES AT CLINICS AND OFFERING YUMPOWER OPTIONS AND RECIPES AT REGIONS YEAR END CELE BRATION BEST FED BEGINNINGS (BFB)THE BEST FED BEGINNINGS (BFB) INITIATIVE IS TO PROMOTE B REASTFEEDING NATIONWIDE BY CREATING AN ENVIRONMENT IN WHICH A MOTHER'S CHOICE CONCERNING B REASTFEEDING - EXCLUSIVE BREASTFEEDING RATE IMPROVEMENT FROM SUMMER 2012 AT 39% TO WINTER 2014 AT 64% GOAL IS 70%- BABY SKIN TO SKIN (VAGINAL BIRTH) IMPROVED FROM SUMMER 2012 AT 3 0% TO WINTER 2014 AT 60% GOAL IS 80%- BABY SKIN TO SKIN (CESAREAN BIRTH) IMPROVED FROM SU MMER 2012 AT 0% TO WINTER 2014 AT 50% GOAL IS 70%- ROOMING IN 23 OF 24 HOURS/DAY IMPROVED FROM SUMMER 2012 AT 10% TO WINTER 2014 AT 50% GOAL IS 70%- CREATED/DEVELOPED/IMPLEMENTED PRENATAL EDUCATION DOCUMENTS FOR ALL 17 PRENATAL CLINICS, TRANSLATED INTO HMONG, SOMALI, SPANISH, AMHARIC EMPLOYEE AND CORPORATE FUNDRAISINGREGIONS PARTICIPATED AND SPONSORED THE FOLLOWING EVENTS - TEACHING GARDENS FUNDS GARDENS IN LOCAL SCHOOLS - HEART WALK - POWER TO END STROKE - GO RED FOR WOMENHEALTH AND WELLNESS OF OUR OWN EMPLOYEESREGIONS HAS A FITNES S CENTER WHICH CONSISTS OF A CARDIO ROOM, GROUP ACTIVITY, AND PERSONAL TRAINING/COACH ROOM - THERE ARE 1,436 (29%) OF EMPLOYEES WHO HAVE SIGNED PARTICIPATION FORMS GIVING THEMSELV ES BADGE ACCESS 24/7 TO THE FITNESS CENTER WHICH RESULTED IN 14,921 EMPLOYEE VISITS DURING 2013 DURING PEAK USE HOURS, ALL FOUR MACHINES ARE BUSY - IN THE GROUP FITNESS ROOM A VA RIETY OF CLASSES ARE OFFERED SUCH AS YOGA, CORE CONDITIONING, MINDFUL RELAXATION, STEP AER OBICS AND ZUMBA THE SPACE COMFORTABLY HOLDS 8-10 PEOPLE DEPENDING UPON THE TYPE OF CLASS WITH AN AVERAGE ATTENDANCE OF 5-6 PEOPLE PER CLASS, WHICH RESULTS IN ABOUT 2,274 EMPLOYEE VISITS FOR A GROUP FITNESS CLASS - IN THE FITNESS CENTER, PERSONAL TRAINING IS ALSO AVAIL ABLE TO EMPLOYEES 33 EMPLOYEES PURCHASED PERSONAL TRAINING PACKAGES IN 2013

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6 - CHNA IMPLEMENTATION ACTIVITIES (CONTINUED)	REGIONS PROVIDE HEALTH AND WELLNESS COACHING TO EMPLOYEES THROUGH A VARIETY OF SERVICES OF FERED BY A CERTIFIED WELLNESS COACH - OUR MOST SUCCESSFUL COACHING PROGRAM WAS "KNOW YOUR NUMBERS" IN THIS PROGRAM, EMPLOYEES COMPLETE 3 VISITS IN THE ORDER OF THEIR CHOOSING IN ONE VISIT THEY MEET WITH THE EMPLOYEE HEALTH AND WELLNESS CLINIC NP TO DISCUSS CARDIOVASC ULAR HEALTH RISK FACTORS INCLUDING BLOOD PRESSURE, HEIGHT, WEIGHT, BMI AND BLOOD WORK (CHO LESTEROL PROFILE AND GLUCOSE) IN ANOTHER THEY MEET WITH A CERTIFIED PERSONAL TRAINER AND WELLNESS COACH TO REVIEW OVERALL FITNESS AND WELL-BEING AFTER MEASURING WAIST CIRCUMFERENC E AND BODY COMPOSITION IN ANOTHER VISIT, THEY MEET WITH A WELLNESS COACH TO DISCUSS RESUL TS ON A COMPLETED SELF-ASSESSMENT TOOL MEASURING RESILIENCE, STRESS MANAGEMENT AND LIFE SA TISFACTION - THERE WERE 106 EMPLOYEES WHO COMPLETED AT LEAST ONE VISIT AND 56 EMPLOYEES W HO COMPLETED ALL THREE VISITS EMPLOYEES WHO COMPLETED EVALUATIONS INDICATED THAT THIS PRO GRAM WAS EXTREMELY BENEFICIAL IN CHANGING LIFESTYLE AND IMPROVING HEALTH AND WELL-BEING I N ADDITION, ANOTHER 17 EMPLOYEES PARTICIPATED IN INDIVIDUAL OR IN A SMALL GROUP SESSION WI TH THE HEALTH AND WELLNESS COACH REGIONS OPENED AN EMPLOYEE HEALTH AND WELLNESS CLINIC TO EMPLOYEES, WHICH IS STAFFED BY A CERTIFIED FAMILY NURSE PRACTITIONER THE CLINIC PROVIDES MINOR ACUTE ILLNESS AND INJURY CARE, INCLUDING WORKPLACE INJURY, PREVENTIVE HEALTH SCREEN INGS AND WELLNESS CARE - IN 2013, OVER 2,100 EMPLOYEES RECEIVED CARE FOR CONCERNS RELATED TO MUSCULOSKELETAL PAIN/INJURY, SKIN, ALLERGIC, UPPER RESPIRATORY CONDITIONS, BLOOD PRESS URE, MENTAL HEALTH AND URINARY ISSUES - EMPLOYEES RECEIVE ANY REQUIRED BLOOD/RADIOLOGY TE STING, PRESCRIPTIONS AND REFERRALS TO OTHER PROVIDERS AS NEEDED - TWENTY-NINE EMPLOYEES R ECEIVED TOBACCO CESSATION COUNSELING INCLUDING A FREE 6-WEEK SUPPLY OF NICOTINE REPLACEMEN T PRODUCTS (AVERAGE VALUE OF $100 PER SUPPLY) - PATIENT (EMPLOYEE) SATISFACTION WITH THE CLINIC IS MEASURED USING THE SAME METHOD AS ALL HEALTHPARTNERS CLINICS THIS MEASUREMENT I NCLUDES THE QUESTION "WOULD YOU RECOMMEND YOUR REGIONS HEALTH AND WELLNESS CLINIC TO COLLE AGUES?" THE CLINIC CONSISTENTLY SCORES ABOVE 90 AND MOSTLY AT 100 (THE MAXIMUM SCORE) - T HE CLINIC HAS PROVIDED ACCESSIBLE AND HIGH QUALITY CARE TO EMPLOYEES WHILE SHOWING AN ROI FOR SAVED PRODUCTIVE TIME (LESS PTO) AND COST TO THE HEALTH INSURANCE PLAN INTERPRETERSREG IONS MAINTAINS A STAFF OF AT LEAST 75 PERMANENT AND ON-CALL INTERPRETERS WHO PROVIDE INTER PRETATION SERVICES AT REGIONS AND FOUR HEALTHPARTNERS CLINICS - IN 2013, REGIONS EMPLOYED 93 STAFF INTERPRETERS PROVIDING SERVICES IN 13 LANGUAGES CAMBODIAN, KAREN, BURMESE, NEPAL I, OROMO, AMHARIC, SPANISH, SOMALI, HMONG, LAO, THAI, VIETNAMESE, AND AMERICAN SIGN LANGUA GE - STAFF INTERPRETERS INTERPRETED FOR OVER 13,863 IN-PERSON PATIENT ENCOUNTERS AT REGIO NS AND AN ADDITIONAL 31,241 ENCOUNTERS THROUGHOUT THE HEALTHPARTNERS CARE SYSTEM - REGION S ALSO HOLDS CONTRACTS WITH NINE INTERPRETER AGENCIES TO PROVIDE IN-PERSON OR REMOTE (TELE PHONIC AND VIDEO CONFERENCING) SERVICES IN OVER 150 ADDITIONAL LANGUAGES 24/7 REGIONS STA FF ACCESSED TELEPHONIC AND VIDEO INTERPRETERS FOR OVER 50 DIFFERENT LANGUAGES DURING 2013 FINANCIAL COUNSELINGREGIONS CONTINUES ITS EFFORTS TO CONNECT PATIENTS WITH PRIMARY CARE R EGIONS OPERATES A FINANCIAL COUNSELING PROGRAM, WHICH WORKS TO SECURE A PAYMENT SOURCE FOR UN-INSURED AND UNDER-INSURED PATIENTS REGIONS ALSO PROVIDES CASE MANAGEMENT SERVICES IN THE EMERGENCY DEPARTMENT SPECIFICALLY TASKED WITH HELPING PATIENTS FIND A PRIMARY CARE PRO VIDER AND SCHEDULING APPROPRIATE FOLLOW UP APPOINTMENTS - TWENTY-TWO COUNSELORS AND 2 5 OF RAMSEY AND DAKOTA COUNTY EMPLOYEES HELP PATIENTS ENROLL IN GOVERNMENT PROGRAMS OR FIND OT HER SOURCES OF COVERAGE SPECIFICALLY, THE COUNSELORS ARE ABLE TO ASSIST PATIENTS WITH SCR EENING FOR AND COMPLETING APPLICATIONS WITH MN HEALTH CARE PROGRAMS, REGIONS FINANCIAL ASS ISTANCE/CHARITY CARE APPLICATIONS, AND SETTING UP PAYMENT PLANS - THE REGIONS EMERGENCY DE PARTMENT AND INPATIENT UNITS PROVIDE FINANCIAL COUNSELING 24 HOURS A DAY, 7 DAYS A WEEK, W HILE OTHER DEPARTMENTS PROVIDES COUNSELING DURING THE BUSINESS WEEK - IN 2013, FINANCIAL C OUNSELORS ENROLLED NEARLY 1,930 INDIVIDUALS IN GOVERNMENT HEALTH CARE PROGRAMS 1,848 APPL ICATIONS TAKEN AND 1,334 WERE SUCCESSFULLY OPENED (72% SUCCESS RATE), FOR INPATIENTS, 860 APPLICATIONS TAKEN AND 596 WERE SUCCESSFULLY OPENED (70% SUCCESS RATE) - REGIONS PROVIDES 4 CASE MANAGERS IN THE ED TO CONNECT PATIENTS TO COMMUNITY RESOURCES STAFF HELPED SCHEDUL E 1,141 FOLLOW UP APPOINTMENTS, MADE 89 CONNECTIONS TO COMMUNITY RESOURCES AND 19 CONNECTI ONS TO HOMELESSNESS RESOURCES AND PROGRAMS PORTICO PORTICO IS A COMMUNITY BASED NONPROFIT MODEL FOR DELIVERING CARE MANAGEMENT AND PRIMARY, PREVENTIVE AND SPECIALTY HEALTH CARE SER VICES TO UNINSURED FAMILIES AND INDIVIDUALS WHO CANNOT AFFORD HEALTH INSURANCE AND DO NOT QUALIFY FOR PUBLICLY SPONSORED HEALTH CARE PROGRAM

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6 - CHNA IMPLEMENTATION ACTIVITIES (CONTINUED)	S REGIONS PROVIDE FUNDS TO PORTICO WHO USES THAT CONTRIBUTION TO PROVIDE AMBULATORY CARE COVERAGE AND CASE MANAGEMENT FOR THE OTHERWISE UNINSURED THROUGH REGIONS CONTRIBUTION, PO RTICO COVERED 204 INDIVIDUALS CHARITY CAREREGIONS CONTINUES TO BE THE LARGEST PROVIDER OF CHARITY CARE SERVICES IN THE EAST METRO AS A LEVEL 1 ADULT AND PEDIATRIC TRAUMA HOSPITAL WITH 100 INPATIENT PSYCHIATRIC BEDS, REGIONS CONTINUES TO ACHIEVE ITS MISSION TO SERVE ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY IN 2013, 43,237 PATIENTS RECEIVED CHARITY CA RE SERVICES AT REGIONS AT A COST OF $17 0 MILLION THIS INCLUDED INPATIENT AND OUTPATIENT SERVICES ACROSS ALL SERVICE LINES EQUITABLE CAREREGIONS WILL CONTINUE TO ENGAGE IN PROGRAM S AND INITIATIVES SPECIFICALLY DESIGNED TO REDUCE DISPARITIES AND ENCOURAGE THE APPROPRIAT E USE OF HEALTH CARE RESOURCES - THE EQUITABLE CARE COMMITTEE HELD FIVE CARING ACROSS CUL TURES FILM SHOWINGS WITH GUIDED DISCUSSIONS FOLLOWING EACH FILM THESE FILMS ADDRESSED HEA LTH CARE NEEDS AND BARRIERS TO CARE FOR THE HMONG, LATINO, AFRICAN-AMERICAN, AND SOMALI CO MMUNITIES THE FIFTH FILM PROVIDED INSIGHT IN IMPROVING HEALTH COMMUNICATION WITH PATIENTS FROM AROUND THE WORLD 45 PEOPLE PARTICIPATED - THE EQUITABLE CARE FELLOWS PROGRAM CONTI NUES AT REGIONS AS PART OF A LARGER HEALTHPARTNERS INITIATIVE EQUITABLE CARE FELLOWS ARE VOLUNTEERS WHO HAVE COMMITTED TO LEARNING ABOUT HEALTH CARE EQUITY ISSUES AND BRINGING LEA RNING INTO TO THEIR PRIMARY WORK AREAS - REGIONS HAS EIGHTY EQUITABLE CARE FELLOWS IN A V ARIETY OF ROLES, INCLUDING PHYSICIANS, NURSES, AND SOCIAL WORKERS IN 2013, FELLOWS PARTIC IPATED IN AN ANNUAL MEETING EARLY IN THE YEAR AND ACTIVITIES AT THE HMONG VILLAGE MALL IN ST PAUL AND THE SOMALI MUSEUM IN MINNEAPOLIS - REGIONS FELLOWS CONTRIBUTED ARTICLES TO H EALTHPARTNERS CULTURE ROOTS PUBLICATIONS THESE SHORT ONLINE ARTICLES HIGHLIGHT DIVERSITY ISSUES IN HEALTHCARE - AN INTERDISCIPLINARY TEAM FOCUSED ON REDUCING DISPARITIES IN CARE F OR WOMEN AND THEIR FAMILIES DURING CHILDBIRTH HELD FIVE COMMUNITY FOCUS GROUPS WITH 119 IN DIVIDUALS TO SOLICIT FEEDBACK ON EXPECTATIONS REGARDING THE CHILDBIRTH EXPERIENCE - THE G ROUPS WERE COMPRISED OF HMONG, LATINA, AFRICAN-AMERICAN (2 GROUPS), AND TEEN-AGE MOTHERS SUGGESTIONS FROM THESE GROUPS ARE BEING INCORPORATED INTO REGIONS BIRTH CENTER QUALITY IMP ROVEMENT INITIATIVES - REGIONS NURSING LEADERSHIP HELD THREE "LET'S TALK" SESSIONS TO BEG IN CONVERSATIONS REGARDING RACE AND OTHER DISPARITIES - A HUMAN LIBRARY EVENT WAS HELD AT REGIONS THIS EVENT WAS DESIGNED TO ALLOW A SAFE ENVIRONMENT FOR PEOPLE TO TALK AND LEARN FROM OTHERS WITH A DIVERSE LIFESTYLE OR CULTURE OVER 30 STAFF MEMBERS PARTICIPATED - THE REGIONS PATIENT & FAMILY ADVISORY COUNCIL CONTINUED ITS EFFORTS TO DIVERSIFY BY ADDING A HMONG REPRESENTATIVE TO THE COUNCIL - A TEAM OF REGIONS LEADERS CONTINUES TO MONITOR DISPA RITIES BASED ON RACE AND LANGUAGE FOR SELECTED DIAGNOSES AND PATIENT SATISFACTION SCORES FINDINGS ARE GENERALLY SHARED WITH KEY LEADERS WHO ARE RESPONSIBLE FOR ADDRESSING ANY ISSU ES ONE EXAMPLE OF SUCH AN ACTION WAS TO CONDUCT PHYSICIAN AND STAFF SHADOWING TO IMPROVE INTERACTIONS AND COMMUNICATION WITH PATIENTS - METRICS RELATING TO THE PROGRESS IN REDUCI NG DISPARITIES INCLUDE - PATIENT SATISFACTION IS MONITORED BY RACE AND LANGUAGE FOR SPECI FIC KEY QUESTIONS - CORE MEASURES ARE MONITORED BY RACE AND LANGUAGE

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6 - CHNA IMPLEMENTATION ACTIVITIES (CONTINUED)	BASIC LIFE SUPPORT (BLS)REGIONS SUPPORTED THE ST PAUL FIRE DEPARTMENT'S IMPLEMENTATION OF A NEW BASIC LIFE SUPPORT (BLS) TRANSPORT SERVICE WITH CREW UNIFORMS, EMS TRAINING, MEDICA L DIRECTION, CLINICAL TIME IN THE EMERGENCY DEPARTMENT AND PAYMENT FOR CHARITY CARE TRANSP ORTS PRIORITY 3 INCREASE ACCESS TO PRIMARY AND PREVENTIVE CAREHEALTH RESOURCE CENTER2013 HAS BEEN A TRANSITIONAL YEAR FOR THE HEALTH RESOURCE CENTER (HRC) AN ANALYSIS OF DATA REL ATED TO USE OF THE SERVICES AND PROGRAMMING AND KEY INFORMANT INTERVIEWS REVEALS THAT THE HRC AS CURRENTLY DESIGNED IS NOT MEETING ITS INTENDED PURPOSE THEREFORE, THE HEALTH RESOU RCE CENTER WAS CLOSED IN 2013 - PATIENTS AND FAMILIES STILL RECEIVE MANY EDUCATIONAL RESO URCES THROUGH REGIONS AND HEALTHPARTNERS THE CANCER CARE CENTER, MENTAL HEALTH AND HEART CENTER ALL HAVE PATIENT RESOURCE LIBRARIES IN ADDITION, FAMILIES DO ACCESS THE MEDICAL RE SOURCE LIBRARY, WHICH DOES MAINTAIN A SMALL COLLECTION OF BOOKS BUT MAINLY PROVIDES ACCESS TO RELIABLE ON-LINE RESOURCES - PATIENT CARE STAFF READILY ACCESSES THE TIGR SYSTEM, WHIC H CURRENTLY HAS OVER 100 EDUCATION MODULES THIS PUTS EDUCATION AT THE BEDSIDE FOR PATIENT S AND THEIR FAMILIES - PATIENT CARE STAFF ALSO UTILIZES THE ON-LINE MATERIALS THROUGH HEA LTHPARTNERS HEALTHWISE, WHICH ALLOWS STAFF TO PRINT OUT RESOURCES FOR PATIENTS AND FAMILIE S FINALLY PATIENTS CAN RECEIVE A COMPLIMENTARY CARE (MASSAGE, MUSIC THERAPY, ETC) WHILE A PATIENT AT REGIONS ELECTRONIC MEDICAL RECORDREGIONS WENT LIVE WITH HEALTHWISE PATIENT INS TRUCTIONS IN JUNE 2013 BASED ON A PATIENT'S PROBLEM LIST AND/OR DIAGNOSIS CODE(S), RELEVA NT PATIENT INSTRUCTIONS ARE PRESENTED IN EPIC, OUR ELECTRONIC MEDICAL RECORD, DURING THE P ATIENT ENCOUNTER PATIENT INSTRUCTIONS CAN BE ADDED TO THE AFTER VISIT SUMMARY/DISCHARGE I NSTRUCTIONS AS PART OF THE PATIENT'S MEDICAL RECORD (OR PRINTED SEPARATELY) PATIENTS CAN ALSO VIEW THE INSTRUCTIONS ON MYCHART IN ADDITION, A CODE AT THE BOTTOM OF A PATIENT INST RUCTION DIRECTS THE PATIENT TO MORE INFORMATION ON THE TOPIC IN THE HEALTHWISE HEALTH INFO RMATION LIBRARY ON HEALTHPARTNERS COM AMBULATORY AND ED WENT LIVE WITH HEALTHWISE PATIENT INSTRUCTIONS PRIOR TO 2013 SO CONSISTENT, PATIENT-FRIENDLY CONTENT IS NOW PROVIDED TO PAT IENTS ACROSS THE CONTINUUM OF CARE MEDICAL EDUCATIONREGIONS IS A TEACHING HOSPITAL AND WIL L CONTINUE TO COLLABORATE WITH HEALTHPARTNERS INSTITUTE FOR EDUCATION AND RESEARCH IN ITS MISSION TO IMPROVE HEALTH BY MAXIMIZING THE ABILITIES OF PEOPLE AND SYSTEMS TO PROVIDE OUT STANDING CARE REGIONS IS A TRAINING GROUND FOR APPROXIMATELY 470 RESIDENTS AND MANY CLINI CAL STUDENTS WHO RECEIVE EXTENSIVE TRAINING REGIONS WILL CONTINUE TO COLLABORATE WITH VAR IOUS INSTITUTIONS TO PROVIDE HIGH QUALITY LEARNING OPPORTUNITIES FOR FUTURE CLINICIANS THR OUGH OUR OWN ACCREDITED PROGRAMS AND THROUGH PARTNERSHIP WITH THE UNIVERSITY OF MINNESOTA, REGIONS TRAINED CAREGIVERS OF THE FUTURE TWENTY-TWO RESIDENTS GRADUATED FROM REGIONS-BAS ED PROGRAMS IN 2013 APPROXIMATELY 500 RESIDENTS (133 FTES) IN TOTAL RECEIVED CLINICAL EXP ERIENCE AT REGIONS CLINICAL EXPERIENCE WAS ALSO PROVIDED TO 600 MEDICAL STUDENTS, 100 PHY SICIAN ASSISTANT STUDENTS, 500 UNDERGRADUATE NURSING STUDENTS AND 75 NURSE PRACTITIONER ST UDENTS REGIONS CONTINUES TO ADVOCATE FOR ADEQUATE FUNDING AT THE STATE AND FEDERAL LEVEL F OR MEDICAL EDUCATION REGIONS ADVOCATED FOR THE RESTORATION OF STATE MEDICAL EDUCATION FUN DING THAT WAS REDUCED IN THE 2011 BUDGET SESSION WITH ADMINISTRATION OFFICIALS AND LEGISLA TORS REGIONS ALSO EDUCATED STATE OFFICIALS ON THE IMPACT OF PROPOSED CHANGES TO MEDICAL E DUCATION FUNDING FORMULA WILL HAVE ON REGIONS IN ADDITION, REGIONS WORKED WITH MEMBERS OF THE STATE MEDICAL EDUCATION ADVISORY COMMITTEE TO ADVOCATE FOR RESTORATION OF MEDICAL EDU CATION FUNDING STATE MEDICAL EDUCATION FUNDING WAS RESTORED IN THE 2013 SESSION TO PRE-CU T 2011 LEVELS THE FORMULA CHANGE INCLUDED IN THE BUDGET IS AWAITING APPROVAL FROM CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) SO THE FINAL IMPACT TO REGIONS IS YET UNKNOWN RE SIDENCY PROGRAMSREGIONS HAS RECENTLY ADDED NEW RESIDENCY POSITIONS, INCLUDING A PHARMACY R ESIDENCY POSITION AND AN ADVANCED PRACTICE PSYCHIATRIC RESIDENCY POSITION REGIONS AND THE HEALTHPARTNERS INSTITUTE FOR EDUCATION AND RESEARCH WILL CONTINUE TO EXPLORE NEW OPPORTUN ITIES TO EXPAND OR ENHANCE EDUCATION ON THE REGIONS CAMPUS - PSYCHIATRIC RESIDENCY IN 200 8, REGIONS BEGAN AN ADVANCED PRACTICE PSYCHIATRY POST GRADUATE TRAINING PROGRAM REGIONS' MENTAL HEALTH DEPARTMENT OFFERS A ONE YEAR POST GRADUATE PSYCHIATRIC TRAINING PROGRAM FOR PA'S AND NP'S INTERESTED IN OBTAINING FURTHER EXPERIENCE IN PSYCHIATRY THIS IS ONE OF THR EE PROGRAMS IN THE UNITED STATES THAT OFFERS POST GRADUATE TRAINING FOR PHYSICIAN ASSISTAN TS AND THE FIRST POST-GRADUATE PROGRAM FOR NURSE PRACTITIONERS IN THE FIELD OF PSYCHIATRY - PHARMACY RESIDENCY THE PURPOSE OF THE PGY-1 PHARMACY RESIDENCY PROGRAM AT REGIONS IS T O PROVIDE THE LEARNING ENVIRONMENT, INSTRUCTION, M

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6 - CHNA IMPLEMENTATION ACTIVITIES (CONTINUED)	ENTORING, AND EVALUATION NECESSARY TO PREPARE PHARMACISTS TO WORK IN AN ACUTE CARE SETTING , PURSUE FURTHER POST-GRADUATE PHARMACY TRAINING, AND PRECEPT PHARMACY STUDENTS UPON COMPL ETION OF THE RESIDENCY THE PROGRAM IS ONE-YEAR IN DURATION AND ACCREDITED BY THE AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS (ASHP) SIMULATION AND LEARNING CENTERTHE SIMULATION & LEARNING CENTER REMAINS THE ONLY SSH ACCREDITED SIMULATION CENTER IN MN AND SURROUNDING STATES (WI, IA, ND, SD) THE SIM CENTER PROVIDED PERT TEAM TRAINING, MENTAL HEALTHY SAFET Y COURSE, CONDUCTED MOCK CODES, LUCAS DEVICE TRAINING, EMERGENCY MEDICINE RESIDENT COMPETE NCY TESTING, EMERGENCY MEDICINE PROCEDURES TRAINING, NURSING ORIENTATION, AND CREATED VARI OUS VIDEOS IN 2013, THERE WERE 3,500 REGIONS PARTICIPANT ENCOUNTERS AS A RESULT OF MOCK CODE TRAINING, THE TIME TO COMPRESSIONS DECREASED FROM AN AVERAGE OF 41 SECONDS TO 26 SECO NDS TIME TO FIRST SHOCK WAS 142 SECONDS, REDUCED FROM 162 SECONDS IN 2012 ON-SITE AND ON- LINE MEDICAL LIBRARY RESOURCESAT WWW REGIONSHOSPITAL COM PATIENTS CAN FIND A VARIETY OF HE ALTH EDUCATION MATERIALS AND LINKS TO TRUSTED SITES FOR ADDITIONAL SUPPORT AND RESOURCES PATIENTS CAN PERUSE THE WEBSITE OR ARE DIRECTED THERE THROUGH SOCIAL MEDIA IN 2013, REGIO NS WEBSITE HAD 495,213 VISITS REGIONS MEDICAL LIBRARY MAINTAINS BOTH ON-SITE AND ONLINE AC CESS TO SUBSCRIPTION, KNOWLEDGE-BASED RESOURCES FOR ALL REGIONS AND HEALTHPARTNERS EMPLOYE ES PRINT JOURNALS AND BOOKS ARE AVAILABLE AT THE MEDICAL LIBRARY LOCATED IN THE EAST SECT ION OF THE CAMPUS ONLINE RESOURCES, WHICH INCLUDE JOURNALS, BOOKS AND DATABASES, CAN BE A CCESSED THROUGH THE LIBRARY'S INTRANET SITE AVAILABLE ON ANY NETWORKED COMPUTER, REMOTELY THROUGH CITRIX, AND OPENATHENS, A PROXY SERVER THE LIBRARY'S COLLECTION INCLUDES RESOURCE S FOR PHYSICIANS AND NURSES AND MOST ALLIED HEALTH PROFESSIONALS IT INCLUDES OVER 3,000 O NLINE JOURNAL TITLES AND 19 DATABASES OVER 400 LITERATURE SEARCHES ARE PERFORMED BY LIBRA RIANS EACH YEAR IN SUPPORT OF PATIENT CARE, EDUCATION AND RESEARCH PRIORITY 4 IMPROVE SER VICE INTEGRATIONHOSPITAL TO HOME (PILOT) PROGRAMREGIONS AND ITS PARTNERS EXPANDED THE PROG RAM TO 18 ADDITIONAL PARTICIPANT POSITIONS WITH GRANT FUNDING FROM THE FEDERAL HOUSING AND URBAN DEVELOPMENT AGENCY REGIONS PARTNERED WITH ADDITIONAL COMMUNITY ORGANIZATIONS TO RE CRUIT PROGRAM PARTICIPANTS AND ENSURE THAT THOSE PARTICIPANTS MET CRITERIA FOR PREVIOUS ER USE AND CHRONIC HEALTH CONDITIONS THE MAJORITY OF PARTICIPANTS (78%) WERE ABLE TO SECURE STABLE HOUSING IN THE FIRST FOUR MONTHS OF ENROLLMENT LEGAL OR MEDICAL ISSUES PREVENTED THE REMAINING PARTICIPANTS FROM OBTAINING HOUSING THE HOSPITAL TO HOME INITIATIVE CONTINU ED TO WORK WITH THESE PARTICIPANTS TOWARDS THE GOAL OF STABLE HOUSING AT ANY GIVEN TIME T HE PROGRAM CAN SERVE UP TO 25 INDIVIDUALS

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6 - CHNA IMPLEMENTATION ACTIVITIES (CONTINUED)	ELECTRONIC MEDICAL RECORD (EMR)REGIONS WILL EVALUATE POTENTIAL OPPORTUNITIES TO EXTEND THE ELECTRONIC MEDICAL RECORD TO KEY COMMUNITY PARTNERS, OR EVALUATE IMPROVED WAYS TO APPROPR IATELY SHARE DISCHARGE INFORMATION WITH THE PATIENT'S CAREGIVERS, TO ENSURE SMOOTH HANDOVE RS AND TRANSITIONS OF CARE IN 2013, REGIONS - DEVELOPED ELECTRONIC MEDICAL RECORD EMERGEN CY DEPARTMENT CARE PLANS AN EMERGENCY DEPARTMENT-BASED CARE PLAN IS CREATED FOR IDENTIFIE D PATIENTS WITH HIGH RATES OF UNNECESSARY EMERGENCY DEPARTMENT (ED) VISITS AND ADMISSIONS ALL CARE PLANS ARE VIEWABLE TO ALL HOSPITAL CARE PROVIDERS, INCLUDING EMERGENCY DEPARTMEN T PROVIDERS, HOSPITALISTS, AND PRIMARY CARE PHYSICIANS WITHIN THE SYSTEM - PROVIDED CARE M ANAGER OUTREACH TO PATIENTS A CARE MANAGER IS AVAILABLE TO PROVIDE FACE-TO-FACE OR TELEPH ONIC EDUCATION AND FOLLOW UP FOR PATIENTS USING THE EMERGENCY DEPARTMENT FOR NON-EMERGENT REASONS - FUNDED A COMMUNITY PARAMEDIC DEVELOPMENT PROGRAM THE COMMUNITY PARAMEDIC, UNDER THE ORDERS OF A PHYSICIAN, WILL MAKE ONE OR MORE HOME VISITS TO IDENTIFIED PATIENTS TO SU PPORT CLINICAL STABILIZATION, PATIENT EDUCATION, AND PREVENT UNNECESSARY HOSPITAL READMISS IONS AND EMERGENCY DEPARTMENT VISITS - DEVELOPED AN ELECTRONIC MEDICAL RECORD ED VISIT DAT A FEED TO PRIMARY CARE PROVIDERS WITHIN 24 HOURS OF AN EMERGENCY DEPARTMENT VISIT, THE VI SIT INFORMATION IS SENT ELECTRONICALLY TO THE APPLICABLE PRIMARY CARE PROVIDER IT DEVELOP MENT WORK WAS REQUIRED IN ORDER TO DESIGN AND IMPLEMENT THIS ELECTRONIC FEED TO PRIMARY CA RE CLINICS WORK CLOSELY WITH COMMUNITY CLINICSREGIONS WORKED CLOSELY WITH COMMUNITY CLINI C PARTNERS IN THE SERVICE AREA ON CONTINUITY OF CARE AND LINKAGES TO REGIONS, AS PART OF T HE EAST METRO SAFETY NET HEALTHPARTNERS MEDICAL GROUP PHYSICIANS CONTINUE TO PROVIDE ON C ALL SERVICES FOR THESE CLINICS WHEN THEIR PATIENTS ARE HOSPITALIZED AT REGIONS REGIONS CON DUCTED A TELEMEDICINE SERVICES PILOT TO ASSIST SMALL HOSPITALS AND RURAL COMMUNITIES TO IN CREASE ACCESS TO CLINICAL EXPERTISE IN SELECT SUBSPECIALTY AREAS BASED ON COMMUNITY CLINI C FEEDBACK, REGIONS IDENTIFIED THE NEED TO PROVIDE MORE STREAMLINED AND TIMELY ACCESS TO A PATIENT'S RECORD ONCE A PATIENT RECEIVED CARE AT REGIONS AND SUBSEQUENTLY RETURNED TO THE IR HOME CLINICS (BASED ON PATIENT'S PERMISSION) REGIONS HAS COMMITTED AND IS IN THE PROCE SS OF IMPLEMENTING A NEW PORTAL THAT WILL PROVIDE EASIER ACCESS TO THE PATIENT'S ELECTRONI C HEALTH RECORD THIS PORTAL WILL PROVIDE SECURE ACCESS WITHOUT THE NEED OF AN ADDITIONAL SECURITY TOKEN VIA THE INTERNET PATIENTS WHO IDENTIFY A PHYSICIAN OR CLINIC IN THE COMMUN ITY WILL BE PUBLISHED TO THEIR LIST OF PATIENTS FOR EASE OF SELECTION THIS PORTAL WILL BE UP AND AVAILABLE IN FEBRUARY 2014 FOR THE PILOT CLINICS ADDITIONAL CLINICS WILL BE ROLLE D OUT ONCE THE PILOT CLINICS ARE DEEMED SUCCESSFUL CARE MANAGEMENTREGIONS ACTIVELY LEADS I N THE COMPANY-WIDE CARE MANAGEMENT TRANSFORMATION EFFORTS THIS WORK INTENDS TO IMPROVE HE ALTH OUTCOMES AND THE EXPERIENCE FOR PATIENTS WITH CHRONIC OR COMPLEX CONDITIONS BY INTEGR ATING SERVICES AND SMOOTHING HANDOVERS AND TRANSITIONS REGIONS CONVENED AN INTERDISCIPLIN ARY COMMITTEE THAT MEETS MONTHLY TO ADDRESS ED VISITS AND HOSPITAL ADMISSIONS CARE PLANS ARE IMPLEMENTED ON PATIENTS CONSIDERED HIGH RISK INCLUDING THOSE WITH NARCOTIC ABUSING/SEE KING BEHAVIOR AND THOSE WITH HIGH RATES OF POTENTIALLY MEDICALLY UNNECESSARY ED VISITS RE GIONS DATA SHOWS THE IMPACT ON COMPLIANCE AND LIMITING ED VISITS AND HOSPITAL ADMISSIONS IN 2013, REGIONS HAD 34 PATIENTS WITH A CARE PLAN IN PLACE ED VISITS DECREASED BY 17 95% WITH THIS GROUP AND ADMISSIONS DECREASED BY 54 79% ALSO IMBEDDED IN THE ED ARE CARE MANAG ERS WHO PROVIDE EDUCATION AND SUPPORT TO PATIENTS, CONNECT THEM TO PRIMARY CARE AND TO COM MUNITY RESOURCES IN ADDITION, GEOGRAPHIC STUDIES WERE COMPLETED AND WE ARE PARTNERING WIT H COMMUNITY PARAMEDICS IN NEIGHBORHOODS WHERE WE SEE A HIGH UTILIZATION OF THE EMERGENCY D EPARTMENT MANY EFFORTS ARE IN PLACE TO MANAGE RISK OF READMISSION AN ALGORITHM WAS BUILT TO ASSIGN A SCORE TO PATIENTS REPRESENTING THEIR RISK FOR RISK FOR READMISSION THIS SCORE , ALONG WITH OTHER CRITERIA, IS USED BY CARE MANAGEMENT STAFF AND PHYSICIANS TO PUT IN PLA CE ACTIVITIES TO MANAGE THE RISK HOSPITAL CARE MANAGEMENT WORKS CLOSELY WITH THE HEALTH P LAN DISEASE AND CASE MANAGEMENT STAFF TO ENSURE HIGH RISK PATIENTS ARE BEING FOLLOWED OUTS IDE THE HOSPITAL HOSPITAL CARE MANAGEMENT ALSO WORKS CLOSELY WITH GERIATRICS, HOSPICE AND HOME CARE TO ESTABLISH SMOOTH TRANSITIONS AND EXCHANGE OF INFORMATION REGULAR MEETINGS T AKE PLACE WITH TCU'S, LTAC'S, SNF'S AND OTHER FACILITIES TO ESTABLISH AND MAINTAIN PROCESS ES THAT SUPPORT EFFICIENT AND EFFECTIVE TRANSITIONS TO AND FROM THE ACUTE CARE SETTING OUR RESULTS AROUND RE-ADMISSION REDUCTION HAVE ALSO BEEN POSITIVE FOR 2013, OUR NON-ELECT IVE 30 DAY READMIT RATE WAS 9 9%, DOWN FROM 11 86% PRIORITY 5 PROMOTE CHANGE IN UNHEALTHY LIFESTYLES (TOBACCO / ALCOHOL / SUBSTANCE ABUSE)R

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6 - CHNA IMPLEMENTATION ACTIVITIES (CONTINUED)	EGIONS ALCOHOL AND DRUG ABUSE PROGRAM (ADAP)REGIONS ALCOHOL AND DRUG ABUSE PROGRAM (ADAP), ESTABLISHED IN 1972, MATCHES CLIENTS WITH APPROPRIATE COMMUNITY RESOURCES TO BUILD THE FO UNDATION FOR VIABLE, SUSTAINABLE RECOVERY THE STAFF OF LICENSED DRUG AND ALCOHOL COUNSELO RS ARE SUPPORTED BY A TEAM OF MENTAL HEALTH CARE PROFESSIONALS THROUGH LONG-ESTABLISHED C OMMUNITY RELATIONSHIPS WITH SOCIAL SERVICE, COUNTY AGENCIES, AND FINANCIAL AND HOUSING ORG ANIZATIONS, REGIONS ADAP PROGRAM WILL CONTINUE TO CONNECT CLIENTS WITH APPROPRIATE COMMUNI TY RESOURCES TO SUPPORT THEIR LONG-TERM RECOVERY THE ADAP PROGRAM NAVIGATED SEVERAL CHANGE S IN MANAGEMENT AND STAFFING STRUCTURE IN 2013 IN SEPTEMBER OF 2013, THE FINAL LEADERSHIP STRUCTURE WAS IN PLACE AND SINCE THAT TIME, EFFORTS HAVE FOCUSED ON INCREASING THE AVAILA BILITY OF RESIDENTIAL AND OUTPATIENT PROGRAMS, BY INCREASING STAFF NUMBERS AND EXPERTISE, IMPROVING THE AMOUNT AND QUALITY OF PROGRAMMING, AND BY ACTIVELY BUILDING RELATIONSHIPS WI TH OUR REFERRAL SOURCES AND COMMUNITY PARTNERS AS A RESULT OF CHANGES, VOLUMES OF PATIENT S SERVED IN RESIDENTIAL, OUTPATIENT AND ASSESSMENT CLINICS HAVE BEEN INCREASING, AS HAVE T HE PATIENTS' LEVEL OF SATISFACTION SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMEN T (SBIRT)SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT) IS AN EVIDENCE-B ASED PRACTICE USED TO IDENTIFY, REDUCE, AND PREVENT PROBLEMATIC USE, ABUSE, AND DEPENDENCE ON ALCOHOL AND ILLICIT DRUGS FOR APPROPRIATE EMERGENCY DEPARTMENT AND TRAUMA PATIENTS, R EGIONS USED THE SBIRT TOOL AND SCREENED 2,633 PATIENTS FOR YEAR 2013

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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)
HEALTHPARTNERS SPECIALTY CENTER 435 PHALEN BOULEVARD ST PAUL, MN 55132	REGIONS SURGERY, PAIN, DIGESTIVE & ENDOSCOPY CLINICS
HEALTHPARTNERS SPECIALTY CENTER 401 PHALEN BOULEVARD ST PAUL, MN 55130	REGIONS SURGERY, PAIN, DIGESTIVE & ENDOSCOPY CLINICS
REGIONS CARDIOPULMONARY REHABILITATION 2575 UNIVERSITY AV SUITE 140 WESTGATE ST PAUL, MN 55114	REGIONS SURGERY, PAIN, DIGESTIVE & ENDOSCOPY CLINICS
HEALTHPARTNERS SLEEP CENTER 2688 MAPLEWOOD DRIVE MAPLEWOOD, MN 55109	REGIONS SURGERY, PAIN, DIGESTIVE & ENDOSCOPY CLINICS
REGIONS NEW CONNECTIONS 1250 HIGHWAY 55 HASTINGS, MN 55033	REGIONS SURGERY, PAIN, DIGESTIVE & ENDOSCOPY CLINICS
REGIONS NEW CONNECTIONS 199 COON RAPIDS BLVD SUITE 110 COON RAPIDS, MN 55433	REGIONS SURGERY, PAIN, DIGESTIVE & ENDOSCOPY CLINICS
REGIONS NEW CONNECTIONS 6446 CITY WEST PARKWAY EDEN PRAIRIE, MN 55344	REGIONS SURGERY, PAIN, DIGESTIVE & ENDOSCOPY CLINICS
REGIONS PHYSICAL THERAPY CLINIC 295 PHALEN BLVD ST PAUL, MN 55130	REGIONS SURGERY, PAIN, DIGESTIVE & ENDOSCOPY CLINICS
REGIONS HOSPITAL HAND & PT CLINIC 2220 RIVERSIDE AVE 5TH FLOOR MINNEAPOLIS, MN 55454	REGIONS SURGERY, PAIN, DIGESTIVE & ENDOSCOPY CLINICS
REGIONS REHAB INSTITUTE 8425 SEASON PARKWAY SUITE 103 WOODBURY, MN 55125	REGIONS SURGERY, PAIN, DIGESTIVE & ENDOSCOPY CLINICS
REGIONS ADAP 445 ETNA STREET SUITE 55 ST PAUL, MN 55106	REGIONS SURGERY, PAIN, DIGESTIVE & ENDOSCOPY CLINICS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318023094

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," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
REGIONS HOSPITAL

Employer identification number
41-0956618

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance
(1) GILLETTE CHILDRENS HEALTHCARE 200 E UNIVERSITY AVE ST PAUL,MN 55101			10,000				PROGRAM SUPPORT
(2) AMERICAN HEART ASSOCIATION 460 N LINDBERGH BLVD ST LOUIS,MO 63141			9,550				PROGRAM SUPPORT
(3) ST PAUL FIRE FOUNDATION PO BOX 10593 ST PAUL,MN 55110			23,000				PROGRAM SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Return Reference	Explanation
PART I, LINE 2	REGIONS HOSPITAL (REGIONS) MANAGEMENT STAFF REVIEW THE MISSION AND PURPOSE OF POTENTIAL GRANTEE ORGANIZATIONS TO ASSURE CONSISTENCY WITH REGIONS' MISSION AND PURPOSE AMOUNTS SUBSEQUENTLY GRANTED ARE SUBJECT TO REGIONS' FORMAL SPENDING APPROVAL AND DOCUMENTATION PROCESS BASED ON AMOUNT OF THE EXPENDITURE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318023094

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
REGIONS HOSPITAL

Employer identification number
41-0956618

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**	Yes	
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINES 4A-B	DEFERRED COMPENSATION IN COLUMN C OF SCHEDULE J, PART II INCLUDES AMOUNTS FROM A NONQUALIFIED 457(F) PLAN FOR THE FOLLOWING DIRECTORS AND OFFICERS DAVID ABELSON $113,160 MARY K BRAINERD 130,379 HEIDI G CONRAD 23,491 KATHLEEN M COONEY 50,960 KENNETH D HOLMEN, MD 23,378 BROCK D NELSON 41,192 MEGAN M REMARK 12,583 BRIAN H RANK 30,313 BARBARA E TRETHEWAY 22,276 -------- TOTAL $447,732
PART I, LINES 4A-B	OTHER REPORTABLE COMPENSATION IN COLUMN B(III) OF SCHEDULE J, PART II INCLUDES SALARY CONTINUATION PAYMENTS TO THE FOLLOWING FORMER OFFICER THOMAS G GESKERMAN $109,063
PART I, LINE 6	REGIONS HOSPITAL (REGIONS) OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE EMPLOYED BY REGIONS OR BY GROUP HEALTH PLAN, INC (GHI), A RELATED ORGANIZATION COMPENSATION REPORTED IN FORM 990, PART VIII INCLUDES ANY COMPENSATION DERIVED FROM EITHER REGIONS' OR GHI'S MANAGEMENT INCENTIVE PROGRAM, WHICH INCENT AND REWARD BUSINESS LEADERS WHO HELP THE ORGANIZATION ACHIEVE STATED BUSINESS AND/OR HEALTH IMPROVEMENT GOALS FOR A SPECIFIC FISCAL YEAR THE PROGRAMS ARE A KEY ELEMENT OF THE PARTICIPANT'S TOTAL COMPENSATION PACKAGE THE MANAGEMENT INCENTIVE PROGRAMS' REWARDS ARE BASED ON POSITION IN THE ORGANIZATION (E G VICE PRESIDENT, DIRECTOR, MANAGER, OTHER SPECIFICALLY IDENTIFIED LEADERS) AND THE ACHIEVEMENT OF BUSINESS AND HEALTH IMPROVEMENT GOALS ESTABLISHED IN A VARIETY OF AREAS GOALS WILL BE RELATED TO THE ORGANIZATION'S STRATEGIC PLAN AND WILL BE BALANCED THESE AREAS MAY INCLUDE BUT ARE NOT LIMITED TO PATIENT SATISFACTION, EMPLOYEE SATISFACTION, WORK ENVIRONMENT, EMPLOYEE AND/OR LEADERSHIP DEVELOPMENT, CARE DELIVERY, PATIENT EDUCATION, SIX AIMS, MARKET SHARE, STRATEGIC CAPABILITIES, FINANCIAL PERFORMANCE (NET MARGIN), ETC , AND WILL BE DEFINED ANNUALLY FOR EACH YEAR'S PROGRAM A NET MARGIN THRESHOLD MUST BE MET FOR ANY PAYMENT TO BE MADE FROM THE PROGRAM AND THERE IS A CAP ON THE MAXIMUM INCENTIVE POTENTIALLY AVAILABLE TO EACH PARTICIPANT
FORM 990, SCHEDULE J, PART II - PRIOR REPORTED COMPENSATION	COLUMN (F) INCLUDES AMOUNTS PAID TO PARTICIPANTS IN THE CURRENT YEAR, WHICH WERE PREVIOUSLY REPORTED IN COLUMN (C) OF PRIOR YEARS' 990'S, AS RETIREMENT AND DEFERRED COMPENSATION, FOR THE FOLLOWING DIRECTORS AND OFFICERS MARY K BRAINERD $ 220,337 KATHLEEN M COONEY $ 48,225 KAREN A QUADAY, MD $ 26,228 BRIAN H RANK, MD $ 27,358 HEIDI G CONRAD $ 6,246 KENNETH D HOLMEN, MD $ 24,122 MEGAN M REMARK $ 8,917 BARBARA E TRETHEWAY $ 49,120 ANY ANALYSIS OF EARNINGS FOR THE CURRENT YEAR, FOR THESE PARTICIPANTS OF THE PLAN, SHOULD EXCLUDE THE AMOUNT IN COLUMN F AS PART OF THE ANALYSIS SINCE THOSE EARNINGS WERE ALREADY REPORTED IN COLUMN (C) OF PREVIOUS YEARS' 990'S

Additional Data

Software ID:
Software Version:
EIN: 41-0956618
Name: REGIONS HOSPITAL

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DAVID ABELSON MD DIRECTOR	(I) (II)	0 889,915	0 367,419	0 153,547	0 207,460	0 61,535	0 1,679,876	0 0
MARY K BRAINERD DIRECTOR	(I) (II)	0 989,800	0 458,854	0 229,813	0 407,824	0 69,074	0 2,155,365	0 220,337
KATHLEEN M COONEY DIRECTOR	(I) (II)	0 562,902	0 197,759	0 70,479	0 207,062	0 50,294	0 1,088,496	0 48,225
BRET C HAAKE MD DIRECTOR	(I) (II)	0 527,574	0 18,500	0 0	0 36,454	0 41,463	0 623,991	0 0
BROCK D NELSON DIRECTOR, PRESIDENT & CEO	(I) (II)	0 457,118	0 128,911	0 0	0 140,570	0 41,287	0 767,886	0 0
KAREN A QUADAY MD DIRECTOR	(I) (II)	0 281,288	0 0	0 26,228	0 51,238	0 31,185	0 389,939	0 26,228
BRIAN H RANK MD DIRECTOR	(I) (II)	0 538,408	0 144,639	0 50,971	0 167,347	0 41,489	0 942,854	0 27,358
CHRISTINE M BOESE VP, PATIENT CARE SERVICE	(I) (II)	246,799 0	50,310 0	0 0	20,952 0	22,362 0	340,423 0	0 0
HEIDI G CONRAD CHIEF FINANCIAL OFFICER	(I) (II)	0 270,864	0 57,897	0 6,246	0 84,763	0 37,938	0 457,708	0 6,246
MARIAN M FURLONG VP, HUDSON HOSPITAL PRESID	(I) (II)	244,033 0	53,784 0	0 0	20,952 0	31,584 0	350,353 0	0 0
BETH L HEINZ VP - OPERATIONS	(I) (II)	232,498 0	46,859 0	0 0	20,952 0	13,611 0	313,920 0	0 0
KENNETH D HOLMEN MD VP - BUS DEV/PHYS STRATEGY	(I) (II)	0 454,471	0 129,504	0 39,438	0 119,598	0 48,663	0 791,674	0 24,122
KIM R LAREAU VP & CIO	(I) (II)	0 239,139	0 62,101	0 0	0 47,957	0 35,478	0 384,675	0 0
GRETCHEN M LEITERMAN VP, OPERATIONS & SPECIALTY	(I) (II)	0 225,830	0 49,351	0 0	0 37,979	0 25,402	0 338,562	0 0
STEVEN MASSEY VP- REGIONS & CEO- WESTFIELD	(I) (II)	199,637 0	49,962 0	0 0	20,952 0	34,074 0	304,625 0	0 0
MEGAN M REMARK VP - SPECIALTY CARE	(I) (II)	0 347,619	0 82,137	0 17,944	0 89,306	0 41,469	0 578,475	0 8,917
BARBARA E TRETHEWAY SR VP, GENERAL COUNSEL	(I) (II)	0 447,853	0 120,382	0 64,500	0 121,279	0 32,809	0 786,823	0 49,120
KARI B BECERRA NURSE ANESTHETIST	(I) (II)	191,088 0	0 0	0 0	14,916 0	28,986 0	234,990 0	0 0
ALISON G BRISBIN NURSE ANESTHETIST	(I) (II)	196,477 0	0 0	563 0	12,470 0	31,248 0	240,758 0	0 0
JOHN A CHAUSS NURSE ANESTHETIST	(I) (II)	199,964 0	0 0	0 0	15,876 0	28,798 0	244,638 0	0 0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
GREG S MELLESMOEN DIRECTOR - SURGICAL SERVICES	(I) (II)	188,101 0	26,155 0	0 0	16,977 0	19,050 0	250,283 0	0 0
LUANN M YERKS MANAGER - ANESTHESIA	(I) (II)	194,013 0	20,303 0	0 0	17,296 0	21,916 0	253,528 0	0 0
THOMAS G GESKERMAN FORMER VP, OPERATIONS	(I) (II)	89,507 0	60,281 0	135,132 0	13,391 0	23,202 0	321,513 0	0 0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318023094

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
REGIONS HOSPITAL

Employer identification number
41-0956618

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	HRA OF THE CITY OF ST PAUL MN HEALTH CARE REVENUE BONDS-SERIES 2006	41-6005521	792905CH2	11-30-2006	185,729,229	REFUND SERIES 1993 BONDS & EXPANSION OF REGIONS HOSPITAL FACILITY		X		X		X
B	CITY OF MAPLEWOOD MN HEALTH CARE FACILITY REVENUE NOTE SERIES 2006	41-6008920	NONE99999	08-18-2006	2,651,612	CONSTRUCTION - SLEEP DISORDER CLINIC		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	7,910,000	618,380		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	198,836,067	2,651,612		
4	Gross proceeds in reserve funds	17,172,394			
5	Capitalized interest from proceeds	15,443,609			
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,988,857	51,612		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	140,295,341	2,600,000		
11	Other spent proceeds	24,756,039			
12	Other unspent proceeds				
13	Year of substantial completion	2009	2006		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
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?		X		X				
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
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 ▶								
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								
7	Does the bond issue meet the private security or payment test?	X		X					
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?		X		X				
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?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?	X			X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?	X		X					
c	No rebate due?		X		X				
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X				
b	Name of provider	PIPER JAFFRAY							
c	Term of hedge								
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?	X							

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X				
b	Name of provider	SEE PART VI							
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X					

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 is not available under applicable regulations?	X		X					

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

Return Reference	Explanation
PART I, AND PART II, LINE3 - DIFFERENCES IN AMOUNTS	DIFFERENCES BETWEEN THE ISSUE PRICE (PART I) AND TOTAL PROCEEDS (PART II, LINE 3) ARE DUE TO INVESTMENT EARNINGS
PART II, LINE 4 - COMPONENTS OF AMOUNT	THE AMOUNT SHOWN IN COLUMN A CONSISTS OF $16,754,593 IN A DEBT SERVICE RESERVE FUND, PLUS $417,801 IN DEBT SERVICE FUND DEPOSITS
PART III, LINE 3B - REVIEW OF MANAGEMENT OR SERVICE CONTRACTS	REGIONS USES INTERNAL LEGAL COUNSEL TO REVIEW ANY MANAGEMENT OR SERVICE CONTRACTS RELATING TO THE FINANCED PROPERTY IF IT ENCOUNTERS UNUSUAL OR COMPLEX CONTRACTS IT WILL ENGAGE BOND COUNSEL OR OTHER OUTSIDE COUNSEL
SCHEDULE K, PART IV, LINES 4B & 4C, COLUMN A - PROVIDER NAME & TERM OF GIC	THERE ARE TWO INVESTMENT CONTRACTS ASSOCIATED WITH THE BONDS, ONE WITH TRINITY PLUS FUNDING COMPANY, LLC WITH A TERM OF 1 3 YEARS, AND ONE WITH MORGAN STANLEY CAPITAL SERVICES INC WITH A TERM OF 25 5 YEARS
PART IV, LINES 1 AND 6, COLUMN A - CLARIFICATION	THE CURRENT REFUNDING PORTION OF THE BONDS QUALIFIED FOR A SPENDING EXCEPTION, THE REMAINDER OF THE BONDS DID NOT QUALIFY FOR THE EXCEPTION, AND A REBATE PAYMENT HAS BEEN MADE, AND FORM 8038-T FILED WITH RESPECT THERETO
PART IV, LINE 3 - CLARIFICATION	REGIONS ENTERED INTO AN ANTICIPATORY HEDGE WITH THE PROVIDER PRIOR TO THE ISSUANCE OF THE BONDS, HOWEVER, DUE TO CHANGES IN THE INTEREST RATE ENVIRONMENT, THAT HEDGE WAS TERMINATED AT THE ISSUANCE OF THE BONDS
SCHEDULE K, PART V - PROCEDURES TO UNDERTAKE CORRECTIVE ACTION	SINCE 12/31/2011 REGIONS HAS UNDERTAKEN ESTABLISHING SUCH WRITTEN PROCEDURES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493318023094

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
REGIONS HOSPITAL	41-0956618

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	I CORPORATE STRUCTURE, PURPOSE, GOVERNANCE REGIONS HOSPITAL (REGIONS) IS A MINNESOTA NON- PROFIT CORPORATION RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE COD E ("IRC") SECTION 501(C)(3) AND IS PART OF THE FAMILY OF HEALTHPARTNERS ORGANIZATIONS (HEA LTHPARTNERS), AN INTEGRATED SYSTEM OF HEALTH FINANCING, CARE DELIVERY, AND SUPPORT SERVICE S PROVIDING HEALTH PLAN SERVICES TO OVER 1,165,000 MEMBERS AND DELIVERING CARE TO OVER 4,5 00,000 PATIENT ENCOUNTERS, PRIMARILY IN MINNESOTA AND WESTERN WISCONSIN HEALTHPARTNERS' M ISSION IS TO IMPROVE HEALTH AND WELL-BEING IN PARTNERSHIP WITH OUR MEMBERS, PATIENTS AND C OMMUNITY HEALTHPARTNERS SEEKS TO TRANSFORM HEALTHCARE THROUGH A RELENTLESS FOCUS ON THE T RIPLE AIM - PROVIDING EXCEPTIONAL EXPERIENCE FOR THE INDIVIDUAL, IMPROVING THE HEALTH OF T HE POPULATION, AND IMPROVING AFFORDABILITY - ALL AT THE SAME TIME HEALTHPARTNERS INCLUDES AN ARRAY OF TAX-EXEMPT AND TAXABLE ENTITIES - INCLUDING FIVE HOSPITALS AND THEIR RELATED FOUNDATIONS, TWO HEALTH MAINTENANCE ORGANIZATIONS, FOUR NON-PROFIT PHY SICIAN GROUPS, HOME CARE, TRANSITIONAL CARE, MEDICAL EQUIPMENT, A THIRD PARTY ADMINISTRATOR THAT SERVES SELF I NSURED EMPLOYERS, AND MANY MORE A COMPLETE LISTING OF ALL HEALTHPARTNERS ORGANIZATIONS, F OR WHICH HPI IS THE PARENT ORGANIZATION AND THE REPORTING RELATIONSHIP BETWEEN EACH OF THO SE ORGANIZATIONS, CAN BE FOUND ON SCHEDULE R WITHIN THIS 990 RETURN HEALTHPARTNERS, INC (HPI) IS THE PARENT ENTITY OF HEALTHPARTNERS AND IS A MINNESOTA NON-PROFIT CORPORATION AND LICENSED HEALTH MAINTENANCE ORGANIZATION (HMO) RECOGNIZED AS EXEMPT FROM FEDERAL INCOME T AX UNDER IRC SECTION 501(C)(4) HPI IS THE SOLE CORPORATE MEMBER OF HPI-RAMSEY, A MINNESOT A NON-PROFIT CORPORATION RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 50 1(C)(3) IN TURN, HPI-RAMSEY IS THE SOLE CORPORATE MEMBER OF REGIONS ALONG WITH REGIONS HO SPITAL FOUNDATION, CAPITOL VIEW TRANSITIONAL CARE CENTER, STILLWATER HEALTH SYSTEM (LAKEVI EW HEALTH), RAMSEY INTEGRATED HEALTH SERVICES AND RH-WISCONSIN, INC , ALL OF WHICH ARE NON - PROFIT CORPORATIONS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3) REGIONS, A PREMIER, FULL-SERVICE HOSPITAL PROVIDING OUTSTANDING MEDICAL AND SURGICAL CARE, HAS SERV ED THE TWIN CITIES AND SURROUNDING REGION FOR OVER 140 YEARS THE MISSION OF REGIONS IS TO IMPROVE THE HEALTH OF ITS PATIENTS AND THE COMMUNITY BY PROVIDING HIGH QUALITY HEALTH CAR E, WHICH MEETS THE NEEDS OF ALL PEOPLE REGIONS IS THE SECOND LARGEST PROVIDER OF CHARITY CARE IN MINNESOTA AND IS ONE OF ONLY FOUR CERTIFIED LEVEL 1 ADULT AND PEDIATRIC TRAUMA CEN TERS IN THE STATE OF MINNESOTA II BENEFITS TO PATIENTS AND THE COMMUNITY IN 2013 CHARITY CARE REGIONS IS THE PRIMARY "SAFETY NET" HOSPITAL FOR LOW-INCOME UNINSURED AND UNDERINSUR ED PEOPLE IN THE EAST METRO IN 2013 ALONE, REGIONS PROVIDED $62 2 MILLION IN CHARITY CARE CHARGES ($21 4 MILLION IN CHARITY CARE COSTS) TO CARE FOR 43,237 PATIENTS WHO DID NOT HAV E INSURANCE OR COULD NOT AFFORD CARE CHARITY CARE REPRESENTED 2 8 PERCENT OF REGIONS' TOT AL OPERATING EXPENSES OF THE 75,029 TOTAL PATIENT ACCOUNTS WRITTEN OFF IN 2013, 26,987 WE RE PURE SELF-PAY PATIENTS WITH NO COVERAGE AND NO ABILITY TO PAY APPROXIMATELY 50 PERCENT OF THESE SELF-PAY PATIENTS WERE BETWEEN THE AGES OF 18 AND 24 THE REMAINING 48,042 PATIE NTS HAD SOME COVERAGE BUT WERE UNABLE TO PAY THE "PATIENT RESPONSIBILITY" PORTION OF THEIR BILL REGIONS DEFINES CHARITY CARE AS THE COST OF CARE DELIVERED TO PATIENTS WHO ARE WILL ING, BUT UNABLE, TO PAY FOR THE SERVICES THEY RECEIVE THIS INCLUDES PATIENTS WHOSE CHARGE S ARE FORGIVEN OR REDUCED BECAUSE OF INABILITY TO PAY, PATIENTS WHO ARE UNABLE TO PAY THE BALANCE LEFT BY A THIRD-PARTY PAYER, AND PATIENTS FOR WHOM UNUSUAL CIRCUMSTANCES OR SPECIA L FINANCIAL HARDSHIP WARRANT SPECIAL CONSIDERATION REGIONS IS COMMITTED TO PROVIDING NEED ED SERVICES EVEN AT A FINANCIAL LOSS FOR EXAMPLE, IN 2013, REGIONS PROVIDED INPATIENT AND OUTPATIENT EMERGENCY SERVICES TO SELF-PAY PATIENTS TOTALING $31 5 MILLION IN CHARGES APP ROXIMATELY $10 8 MILLION OF THESE CHARGES WERE WRITTEN-OFF BY REGIONS AT A NET LOSS REGIO NS' EMERGENCY CENTER EXPANDED IN 2010 TO 54,000 SQUARE FEET AND 53 BEDS BEING THE LARGEST IN THE EAST METRO REGIONS PROVIDES INPATIENT AND OUTPATIENT CARE, INCLUDING EMERGENCY DEP ARTMENT SERVICES, TO A LARGE NUMBER OF MEDICARE, MEDICAID AND OTHER GOVERNMENT PROGRAM PAT IENTS IN FACT, PATIENTS FROM GOVERNMENT PROGRAMS FOR SENIORS CONSTITUTED 39% PERCENT OF R EGIONS' CHARGES, PATIENTS FROM GOVERNMENT PROGRAMS FOR THE POOR CONSTITUTED 23% PERCENT OF REGIONS' CHARGES, AND CHARITY CASES WERE 3% OF CHARGES ONLY 36% OF CHARGES WERE FOR COMM ERCIAL OR GOVERNMENT PATIENTS ALTHOUGH MOST OF REGIONS' REIMBURSEMENT COMES FROM GOVERNME NT PROGRAMS, IT SHOULD ALSO BE NOTED THAT THESE PROGRAMS OFTEN DO NOT COMPENSATE HOSPITALS FOR THE FULL COST OF PROVIDING CARE REGIONS PAID $13 3 MILLION IN 2013 IN A MINNESOTA HE ALTH CARE TAXES EQUAL TO TWO PERCENT OF ITS NET RE

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	VENUE FROM PATIENT CARE SERVICES THE FUNDS RAISED BY THIS TAX ARE EARMARKED BY THE STATE OF MINNESOTA TO INCREASE HEALTH CARE ACCESS FOR MINNESOTANS WHO ARE OTHERWISE UNABLE TO FU LLY PAY FOR HEALTH CARE SERVICES PORTICO HEALTHNET REGIONS BELIEVES THAT ACCESS TO HEALTH CARE COVERAGE IS A MAJOR FACTOR IN AVERTING MORE EXPENSIVE EMERGENCY ROOM VISITS PORTICO HEALTHNET IS A NONPROFIT ORGANIZATION THAT HELPS ABOUT 350 PEOPLE PER MONTH ENROLL IN FRE E OR LOW-COST HEALTH COVERAGE PROGRAMS SINCE 1995, PORTICO OUTREACH WORKERS HAVE PROVIDED ASSISTANCE IN COMPLETING APPLICATIONS FOR PROGRAMS SUCH AS MINNESOTA CARE OR MEDICAL ASSI STANCE IN ADDITION, PORTICO OFFERS ITS OWN COVERAGE PROGRAM AND COVERS PRIMARY AND SPECIA LTY CARE CLINIC VISITS, URGENT CARE SERVICES, AND PRESCRIPTION DRUGS ALONG WITH INTERPRETE R AND TRANSPORTATION SERVICES IN 2013, REGIONS PROVIDED $97,193 TO PORTICO IN ORDER TO IM PROVE ACCESS AND COVER ADMINISTRATIVE COSTS FOR PEOPLE WITHOUT HEALTH INSURANCE COMMUNITY SERVICES IN ADDITION TO THE CHARITY CARE DESCRIBED ABOVE, REGIONS PROVIDED THE FOLLOWING INTERPRETER SERVICE IN 2013, REGIONS HOSPITAL EMPLOYED OVER 90 STAFF INTERPRETERS PROVIDI NG SERVICES IN 13 MOST USED LANGUAGES AT REGIONS CAMBODIAN, KAREN, BURMESE, NEPALI, OROMO , AMHARIC, SPANISH, SOMALI, HMONG, LAO, THAI, VIETNAMESE, AND AMERICAN SIGN LANGUAGE STAF F INTERPRETERS INTERPRETED FOR OVER 13,863 IN-PERSON PATIENT ENCOUNTERS AT REGIONS AND AN ADDITIONAL 31,241 ENCOUNTERS THROUGHOUT THE HEALTHPARTNERS CARE SYSTEM REGIONS ALSO HOLDS CONTRACTS WITH NINE INTERPRETER AGENCIES TO PROVIDE IN-PERSON OR REMOTE (TELEPHONIC AND V IDEO CONFERENCING) SERVICES IN OVER 150 ADDITIONAL LANGUAGES 24/7 REGIONS STAFF ACCESSED TELEPHONIC AND VIDEO INTERPRETERS FOR OVER 50 DIFFERENT LANGUAGES DURING 2013 THE COST PA ID TO PROVIDE THIS RESOURCE IS $1 7 MILLION FOR 2013 IN 2013, REGIONS INTERPRETER SERVICE S MADE TARGETED IMPROVEMENTS TO IMPROVE ACCESS TO INTERPRETERS, INCLUDING CENTRALIZING ITS SCHEDULING SYSTEM AND EXPANDING IN-PERSON COVERAGE FOR PATIENTS DURING THE WEEKENDS REGI ONS ALSO CONTINUED TO FOCUS ON QUALITY OF SERVICES 100 PERCENT OF STAFF INTERPRETERS HAVE COMPLETED A MINIMUM OF 40 HOURS OF PROFESSIONAL INTERPRETER TRAINING AND ARE REQUIRED TO COMPLETE 8 HOURS OF CONTINUING EDUCATION EACH YEAR THIRTY-EIGHT PERCENT OF STAFF INTERPRE TERS HOLD A NATIONAL INTERPRETING CREDENTIAL, THE LARGEST NUMBER OF ANY HEALTH CARE SYSTEM IN MINNESOTA UPDATED ANNUALLY, REGIONS LANGUAGE ASSISTANCE PLAN SETS ORGANIZATIONAL BEST PRACTICES AND EXPECTATIONS, AND IS ACCOMPANIED BY THE PRACTICAL YOUR GUIDE TO INTERPRETER SERVICES YOUR GUIDE PROVIDES ANSWERS TO QUESTIONS SUCH AS HOW TO ACCESS AN INTERPRETER A ND HOW TO TALK WITH PATIENTS WHO WISH TO RELY ON FAMILY MEMBERS TO INTERPRET TRAINING IS CONDUCTED ON THESE TOOLS TO SUPPORT CONTINUED IMPROVEMENT IN HEALTH AND EXPERIENCE OUTCOME S REGIONS ANNUAL INTERPRETER SATISFACTION SURVEY ALLOWS STAFF AND PROVIDERS TO GIVE FEEDB ACK ON ALL INTERPRETER TYPES (AGENCY, STAFF, TELEPHONIC, VIDEO) THE RESULTS OF THESE SURV EYS ARE REVIEWED AND ACTED UPON TO SUPPORT IMPROVEMENT AN ANNUAL PLENARY MEETING IS ALSO HELD WITH ALL CONTRACTED INTERPRETER AGENCIES TO REVIEW SATISFACTION SURVEYS AND PERFORMAN CE AND TO CONTINUE AGENCY ENGAGEMENT AND OUTCOMES THAT SUPPORT THE TRIPLE AIM THROUGH OUR PARTNERSHIP WITH HEALTHWISE, OVER 2,700 PATIENT INSTRUCTIONS ARE NOW AVAILABLE IN EPIC IN ENGLISH AND SPANISH THESE INSTRUCTIONS CAN BE ADDED TO THE AFTER VISIT SUMMARY/DISCHARGE INSTRUCTIONS AND/OR PRINTED FOR PATIENTS

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	IN ADDITION TO INTERPRETING FOR PATIENTS AND PROVIDERS, REGIONS INTERPRETERS MADE ADDITION AL CONTRIBUTIONS TO OUR PATIENTS AND COMMUNITY, INCLUDING - REGIONS STAFF INTERPRETERS CO MPLETED THOUSANDS OF REMINDER CALLS TO PATIENTS TO ENSURE THEY WERE AWARE OF SCHEDULED APP OINTMENTS AND HAD NECESSARY INFORMATION REGARDING THEIR UPCOMING VISITS - QUALIFIED TRANS LATORS IN SPANISH, SOMALI, AND HMONG PROVIDED WRITTEN TRANSLATION SERVICES, INCLUDING THE TRANSLATION OF MEDICAL RECORDS, LETTERS TO PATIENTS, AND HOSPITAL SIGNAGE - REGIONS STAFF INTERPRETERS AND LEADERS PARTICIPATED ON MULTIPLE STATE AND NATIONAL COMMITTEES AND BOARD S FOCUSED ON IMPROVING ACCESS TO QUALITY INTERPRETER SERVICES THESE ORGANIZATIONS INCLUDE D THE UPPER MIDWEST TRANSLATORS AND INTERPRETERS ASSOCIATION, THE MINNESOTA REGISTRY OF IN TERPRETERS FOR THE DEAF, THE MINNESOTA INTERPRETER STAKEHOLDERS GROUP, THE MINNESOTA INTER PRETER SERVICES LEADERSHIP GROUP, AND THE CERTIFICATION COMMISSION FOR HEALTHCARE INTERPRE TERS - REGIONS INTERPRETER SERVICES COLLABORATED WITH BOTH CENTURY COLLEGE AND ST CATHER INE UNIVERSITY TO TRAIN SEVEN INTERPRETING STUDENT INTERNS - REGIONS INTERPRETER SERVICES LEVERAGED ITS POSITIVE RELATIONSHIP WITH LOCAL INTERPRETER VENDORS TO RECRUIT VOLUNTEER I NTERPRETERS FOR TWO COMMUNITY HEALTH FAIRS PUT ON BY ST CATHERINE UNIVERSITY IN CONJUNCTI ON WITH WEST SIDE COMMUNITY HEALTH SERVICES AND THE EAST SIDE FAMILY CLINIC MULTILINGUAL HEALTH RESOURCES EXCHANGE (EXCHANGE) THE MULTILINGUAL HEALTH RESOURCES EXCHANGE IS A COLLA BORATION AMONG MANY MINNESOTA ORGANIZATIONS (INCLUDING HOSPITALS, CLINIC SYSTEMS, HEALTH P LANS, PUBLIC HEALTH AGENCIES, AND COMMUNITY GROUPS) TO SHARE TRANSLATED HEALTH MATERIALS A ND INFORMATION TO MEET THE HEALTH EDUCATION AND INFORMATION NEEDS OF PEOPLE WITH LIMITED E NGLISH PROFICIENCY (LEP) REGIONS WAS INSTRUMENTAL IN STARTING THE EXCHANGE IN 2001 EACH MEMBER OF THE EXCHANGE CONTRIBUTES MATERIALS TRANSLATED BY THEIR ORGANIZATION TO THE EXCHA NGE WEBSITE (WWW HEALTH-EXCHANGE NET) WHERE ALL PARTNER ORGANIZATIONS CAN DOWNLOAD IT FOR USE WITH THEIR CLIENTS AND PATIENTS THIS GREATLY INCREASES THE AMOUNT OF HEALTH EDUCATION AVAILABLE IN LANGUAGES OTHER THAN ENGLISH FOR ALL PARTICIPATING ORGANIZATIONS ANNUALLY, HEALTHPARTNERS AND REGIONS TOGETHER CONTRIBUTE $2,500 TO THE EXCHANGE FINANCIAL COUNSELIN G TO SECURE A PAY MENT SOURCE FOR UNINSURED AND UNDERINSURED PATIENTS, REGIONS ESTABLISHED A FINANCIAL COUNSELING PROGRAM THE PROGRAM WAS STARTED IN THE ADMITTING INPATIENT DEPARTM ENT IN 1995 BUT SINCE THEN, THE PROGRAM HAS BEEN IMPLEMENTED THROUGHOUT REGIONS, TO INCLUD E THE EMERGENCY DEPARTMENT THE PROGRAM WAS FUNDED BY REGIONS AT THE COST OF OVER $1 2 MIL LION IN 2013 TWENTY-TWO COUNSELORS AND 2 5 OF RAMSEY AND DAKOTA COUNTY EMPLOYEES HELP PAT IENTS ENROLL IN GOVERNMENT PROGRAMS OR FIND OTHER SOURCES OF COVERAGE SPECIFICALLY, THE C OUNSELORS ARE ABLE TO ASSIST PATIENTS WITH FINANCIAL ASSISTANCE APPLICATIONS, SETTING UP P AY MENT PLANS OR APPLY ING FOR CHARITY CARE TO HELP PATIENTS ACCESS SERVICES BEY OND MEDICAL CARE, REGIONS HAS STAFF SOCIAL WORKERS AND CASE MANAGERS TO HANDLE CRISIS INTERVENTIONS, EMERGENCY DEPARTMENT NEEDS, AND PATIENT AFTERCARE IN 2013, FINANCIAL COUNSELORS ENROLLED NEARLY 1,930 INDIVIDUALS IN GOVERNMENT HEALTHCARE PROGRAMS THIS PROVIDED APPROXIMATELY $5 6 MILLION TO REGIONS FOR CARE THAT OTHERWISE WOULD HAVE BEEN CONSIDERED CHARITY CARE FOR 2013, THE APPLICATION BREAKDOWN WAS AS FOLLOWS IN THE EMERGENCY DEPARTMENT, THERE WERE 1 ,848 APPLICATIONS TAKEN AND 1,334 WERE SUCCESSFULLY OPENED (72% SUCCESS RATE), FOR INPATIE NTS, THERE WERE 860 APPLICATIONS TAKEN AND 596 WERE SUCCESSFULLY OPENED (70% SUCCESS RATE) REGIONS PROVIDES FOUR CASE MANAGERS IN THE ED TO CONNECT PATIENTS TO COMMUNITY RESOURCES STAFF HELPED SCHEDULE 1,141 FOLLOW UP APPOINTMENTS, MADE 89 CONNECTIONS TO COMMUNITY RES OURCES AND 19 CONNECTIONS TO HOMELESSNESS RESOURCES AND PROGRAMS EMERGENCY PREPAREDNESS T ERRORISM PREPAREDNESS REGIONS IS A LEADER IN EMERGENCY MANAGEMENT FOR THE EAST METRO REGI ONS STAFF ARE PREPARED FOR ANY SITUATION THAT MAY ARISE AND COLLABORATES WITH OTHER HOSPIT ALS AND PUBLIC SAFETY OFFICIALS TO ENSURE THAT PLANNING AND RESPONSE PLANS ARE INTEGRATED REGIONS PARTICIPATION IN AN INSPECTION CONDUCTED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES RECEIVED HIGH MARKS FOR EMERGENCY MANAGEMENT AND OVERALL PLAN OF SUSTAINABILITY REGIONS ALSO HAS THE ONLY MASS (NON-MILITARY) DECONTAMINATION SITE IN RAMSEY COUNTY THAT STANDS READY TO HANDLE ANY MAJOR EVENT REGIONS CAN TREAT UP TO 150 PEOPLE PER HOUR IN THE EVENT OF BIOLOGICAL, CHEMICAL, OR NUCLEAR INCIDENTS AND IS COMPLETELY COMPLIANT WITH THE OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION THIS SYSTEM IS TESTED ANNUALLY IN CONJUNCTI ON WITH A MASS CASUALTY DRILL THAT INVOLVES OUR COMMUNITY PARTNERS AND PUBLIC SAFETY AGENC IES REGIONS IS A MEMBER OF THE METROPOLITAN HOSPITAL COMPACT, ALONG WITH 29 TWIN CITIES H OSPITALS REGIONS HAS PLAYED A VITAL ROLE IN THE D

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	EVELOPMENT OF COMMUNITY WIDE PLANNING TO IMPROVE EMERGENCY MANAGEMENT THROUGHOUT HEALTHCAR E AND ESTABLISH INTERFACING WITH PUBLIC SAFETY INCLUDING CITY AND COUNTY EMERGENCY MANAGER S ADDITIONALLY, REGIONS COLLABORATES WITH CITY, COUNTY AND STATE PUBLIC HEALTH OFFICIALS TO PLAN APPROPRIATELY FOR PANDEMIC EVENTS REGIONS HAS BEEN SELECTED AS A SITE FOR MUCH OF THE STOCKPILE PROVIDED BY BOTH THE STATE OF MINNESOTA AND THE FEDERAL GOVERNMENT EMERGEN CY MEDICAL SERVICES (EMS) EMERGENCY MEDICAL SERVICES (EMS) EDUCATION REGIONS EMS HAS BEEN THE PRINCIPAL PROVIDER OF PRE-HOSPITAL EDUCATION IN EASTERN MINNESOTA AND WESTERN WISCONSI N FOR OVER 30 YEARS THE EMS EDUCATION DIVISION HAS EVOLVED RAPIDLY IN THE AREAS OF RESEAR CH AND PHYSICIAN INVOLVEMENT IN PRE-HOSPITAL MEDICINE EMS EDUCATION PROVIDES BASIC AND AD VANCED COURSES FOR NURSES, PHYSICIANS AND OTHER HEALTH PROFESSIONALS CPR, AED, AND FIRST AID EDUCATION ARE ALSO OFFERED TO COMMUNITY BUSINESSES AND THE PUBLIC THE NET COST INVEST ED IN THE COMMUNITY WAS OVER $1,613,014 IN 2013 REGIONS EMS DELIVERS 24-HOUR MEDICAL DIRE CTION AND CONSULTATION TO A DIVERSE GROUP OF PRE-HOSPITAL PROVIDERS IN MINNESOTA AND WESTE RN WISCONSIN ONE UNIQUE WAY THEY DO THIS IS BY PROVIDING CUSTOMIZED RESOURCE DIRECTORY T HIS DIRECTORY INCLUDES BEST PRACTICE GUIDELINES AND STATE REGULATIONS, ALONG WITH A CUSTOM IZED MEDICAL DIRECTION PLAN FOR EACH ORGANIZATION BASED ON THEIR LOCAL RESOURCES AND ENVIR ONMENT THE DEPARTMENT CURRENTLY REPRESENTS 28 SERVICES WITH 1,500 PROVIDERS INCLUDING RUR AL VOLUNTEER FIREFIGHTERS AND EMERGENCY MEDICAL TECHNICIANS, URBAN PARAMEDICS AND SUBURBAN PUBLIC SAFETY PERSONNEL LIFE LINK III REGIONS IS A CORPORATE MEMBER (ALONG WITH SEVERAL OTHER AREA HOSPITALS) OF LIFE LINK III, A CRITICAL CARE TRANSPORT SERVICE THAT PROVIDES HE LICOPTER AND AIRPLANE OPTIONS TO THE MOST SEVERELY ILL AND INJURED TRAUMA PATIENTS BY COL LABORATING ACROSS THE COMMUNITY, WE AVOID DUPLICATION OF EXPENSIVE AIR TRANSPORT SERVICES THEREBY REDUCING THE COST OF HEALTHCARE MEDICAL RESOURCE CONTROL CENTER (MRCC) THE MRCC S ERVES AS THE ONLINE TRIAGE LIAISON BETWEEN EMS AMBULANCE CREWS AND DESTINATION HOSPITALS MRCC PROVIDES MEDICAL CONTROL COMMUNICATIONS TO AMBULANCE SERVICES AND PRE-HOSPITAL EMERGE NCY CARE PROVIDERS IN THE EAST METRO COUNTIES OF DAKOTA, RAMSEY AND WASHINGTON IN MINNESOT A AND AREAS OF WESTERN WISCONSIN THE MRCC IS IN CONTACT WITH METRO AREA EMERGENCY DEPARTM ENTS THE COMMUNICATIONS CENTER ITSELF IS LOCATED IN THE REGIONS EMERGENCY CENTER MRCC ST AFF PROVIDES AMBULANCE PERSONNEL WITH A SINGLE CONTACT POINT FOR RELAYING PATIENT INFORMAT ION, AN EMS GUIDELINE RESOURCE, HOSPITAL DIVERSION INFORMATION, MEDICAL RESOURCE ACCESS, C OORDINATION OF MASS CASUALTIES, EMS COMMUNICATION EDUCATION AND CQI AND EMS CALL DATA COLL ECTION REGIONS INVESTED $385,769 IN THIS RESOURCE IN 2013 TRAUMA SERVICES TRAUMA CENTER ADMINISTRATION REGIONS TRAUMA PROGRAM TRACKS TRAUMA-RELATED INJURIES FOR A REGISTRY USED F OR PERFORMANCE IMPROVEMENT, QUALITY ASSURANCE AND PUBLIC HEALTH REPORTING THE TRAUMA CENT ER IS VERIFIED BY THE AMERICAN COLLEGE OF SURGEONS, AS A LEVEL I ADULT TRAUMA CENTER AND A LEVEL I PEDIATRIC TRAUMA CENTER MINNESOTA STATE TRAUMA SYSTEM REGIONS IS ACTIVE IN THE M INNESOTA STATE TRAUMA SYSTEM (STAC) DR PETER COLE IS A MEMBER OF THE STAC REGIONS STAFF PARTICIPATED IN SUBCOMMITTEES ASSOCIATED WITH THE STAC INCLUDING THE INJURY PREVENTION AN D DATA ELEMENTS TRAUMA LEADERSHIP PROVIDES A CONSULTATIVE ROLE TO HOSPITALS IN MINNESOTA BY HELPING THEM PREPARE FOR THEIR STATE TRAUMA SYSTEM HOSPITAL VERIFICATION SITE REVIEWS THIS IS A SERVICE PROVIDED TO THE FACILITIES AT NO COST TO THEM ADDITIONALLY, REGIONS PRO VIDED LEADERSHIP FOR THE DEVELOPMENT OF THE MINNESOTA -METRO REGION TRAUMA ADVISORY COMMIT TEE THAT REPORTS TO THE STAC DR MICHAEL MCGONIGAL IS THE COMMITTEE CHAIR

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	WEST CENTRAL REGIONAL TRAUMA ADVISORY COMMITTEE REGIONS IS AN ACTIVE MEMBER OF THE WEST CE NTRAL REGIONAL TRAUMA ADVISORY COMMITTEE, WHICH WAS CREATED BY THE STATE OF WISCONSIN TO S ERVE AS THE REGIONAL TRAUMA SYSTEM FOR THE WESTERN WISCONSIN REGION THE SYSTEM COORDINATE S WITH REGIONS AS THE AREA'S ONLY LEVEL I ADULT AND LEVEL I PEDIATRIC TRAUMA CENTERS TO TR EAT SEVERE TRAUMA PATIENTS FROM PIERCE, POLK AND ST CROIX COUNTIES IN WISCONSIN TRAUMA L EADERSHIP PROVIDES A CONSULTATIVE ROLE TO HOSPITALS IN WISCONSIN BY HELPING THEM PREPARE F OR THEIR STATE TRAUMA SYSTEM HOSPITAL VERIFICATION SITE REVIEWS THIS IS A SERVICE PROVIDE D TO THE FACILITIES AT NO COST TO THEM ADDITIONALLY, REGIONS STAFF PARTICIPATED IN TRAUMA AND EMERGENCY CONFERENCES SUCH AS LOCAL AND REGIONAL EMERGENCY NURSING ASSOCIATION CONFER ENCES, EMS AND TRAUMA EDUCATION THE NEXT GENERATION SEVERAL COMMUNITY GRAND ROUND EDUCAT IONAL EVENTS ARE PROVIDED BY PROFESSIONAL STAFF INJURY PREVENTION REGIONS EMS PROGRAM ACT IVELY PARTICIPATES IN INJURY PREVENTION AND OUTREACH EFFORTS THROUGHOUT THE EAST METRO AND WESTERN WISCONSIN REGIONS IS A LEADER IN PROVIDING INJURY PREVENTION EDUCATION THE PURP OSE OF INJURY PREVENTION PROGRAMMING IS TO REDUCE THE RATES OF INJURIES AT HOME, AT SCHOOL , ON THE ROAD AND AT PLAY 2013 INJURY PREVENTION EFFORTS INCLUDE THE FOLLOWING - PROVIDI NG TRAINING AND HEALTH SAFETY EDUCATION - CAR SEAT SAFETY CLINICS THAT TEACH PARENTS HOW TO SAFELY SECURE INFANTS AND CHILDREN IN CAR SEATS AND HOW TO PROPERLY INSTALL THESE CAR S EATS WITHIN THE VEHICLE CLINICS ARE OFFERED TO THE PUBLIC AT LEAST 2 TIMES A MONTH - SAF EKIDS CAR SEAT TECHNICIAN COURSES ARE CONTINUOUSLY OFFERED TO HELP SUPPORT THE EAST METRO AND WESTERN WISCONSIN IN CAR SEAT SAFETY INITIATIVES BY PRODUCING TRAINED TECHNICIANS WHO CAN STAFF SAFETY CLINICS - HELMET FITTING AT BIKE RODEOS AND SAFETY CAMPS HELP TEACH PARE NTS AND CHILDREN HOW TO PROPERLY WEAR BICYCLE HELMETS REPLACEMENT HELMETS ARE ALSO PROVID ED IN SUPPORT OF COMMUNITY SAFETY EVENTS - INJURY PREVENTION EDUCATION IS OFFERED TO FIRS T GRADERS THROUGH VIDEO PRESENTATION AND INTERACTIVE DISCUSSION TOPICS COVERED INCLUDE BI KE & HELMET SAFETY, PLAYGROUND SAFETY, AND HOME SAFETY - THINK FIRST PROGRAM TEACHES YOUN G ADULTS IN DRIVER'S EDUCATION AND HIGH SCHOOL HEALTH CLASSES TO MAKE RESPONSIBLE DECISION S IN ORDER TO AVOID HEAD AND SPINAL CORD INJURIES THE CLASSES ARE TAUGHT BY AN OCCUPATION AL THERAPIST OR PHYSICAL THERAPIST AND A SPINAL CORD INJURED YOUNG ADULT THE PROGRAM GAVE PRESENTATIONS TO 58 CLASSES AND 82 HOURS IN 2013 - JUNIOR DOCTOR CAMP IS AN INTERACTIVE SAFETY ACTIVITY OFFERED TO CHILDREN AT COMMUNITY EVENTS THROUGHOUT THE YEAR OTHER INJURY PREVENTION METHODS INCLUDE COLLECTING AND ANALYZING DATA REGARDING INJURIES WITHIN THE COM MUNITY, LEADING COALITIONS OF ORGANIZATIONS THAT ARE TIED TO THE SAFETY OF THE COMMUNITY A ND HELPING PARTNERS DEVELOP THEIR OWN PROGRAMS TO PROTECT PUBLIC SAFETY IN ADDITION TO CR EATING INFORMATIONAL MATERIAL ON PUBLIC SAFETY, REGIONS HOSPITAL COLLABORATES WITH ST PAU L FIRE ON SAFETY INITIATIVES AND PARTICIPATION IN SAFETY FAIRS IN THE COMMUNITY CANCER AN D PALLIATIVE CARE PATRICIA D LUNDBORG CANCER LIBRARY THE LUNDBORG CANCER LIBRARY PROVIDES CANCER-RELATED CONSUMER HEALTH INFORMATION TO PATIENTS, THEIR FAMILIES AND FRIENDS, STAFF , AND MEMBERS OF THE COMMUNITY THE LIBRARY COLLECTION CONSISTS OF OVER 1,000 CANCER-RELAT ED BOOKS AND VIDEOS AVAILABLE FOR CHECK OUT ALSO, THE LIBRARY OFFERS BROCHURES FROM THE A MERICAN CANCER SOCIETY (ACS), THE NATIONAL CANCER INSTITUTE, THE LEUKEMIA AND LYMPHOMA SOC IETY, CANCERCARE, LIVESTRONG AND MANY OTHER ORGANIZATION THE LIBRARY PROVIDES INFORMATION IN DIFFERENT FOREIGN LANGUAGES INCLUDING SPANISH, CHINESE, RUSSIAN, VIETNAMESE, HMONG AND THAI IN ADDITION, A LIBRARY INTRANET WEBSITE OFFERS LINKS TO OVER 300 WEB PAGES WITH CAN CER-RELATED RESOURCES THE ENTIRE COLLECTION, INCLUDING BROCHURES AND ONLINE RESOURCES IS ORGANIZED BY A SIMPLIFIED SET OF CATEGORIES THAT ALLOW PEOPLE TO QUICKLY LOCATE MATERIAL, REGARDLESS OF THE FORMAT YOGA WAS OFFERED TO CANCER PATIENTS IN CONJUNCTION WITH THE LUND BORG CANCER LIBRARY PROGRAMS THAT ENDED INCLUDE PILATES, HEALING TOUCH CLASSES, QIGONG, A ND YOGA FOR THE COMMUNITY THE REGIONS CANCER SURVIVORSHIP PROGRAM THE REGIONS CANCER SURVI VORSHIP PROGRAM WAS ESTABLISHED IN 2008 IN THE SURVIVORSHIP CLINIC, AN INTERDISCIPLINARY TEAM REVIEWS THE PATIENT'S TREATMENT EXPERIENCE AND THE PATIENT'S CURRENT PHYSICAL AND EMO TIONAL WELL-BEING BASED ON THIS REVIEW, THE PATIENT RECEIVES A COMPREHENSIVE AND INDIVIDU ALIZED SURVIVORSHIP CARE PLAN PATIENTS RECEIVE INFORMATION THAT IDENTIFIES SPECIALISTS AN D RESOURCES WITHIN HEALTHPARTNERS AND THE COMMUNITY TO MANAGE SPECIFIC SURVIVORSHIP ISSUES INCLUDING NUTRITIONAL EDUCATION, PHYSICAL ACTIVITY RECOMMENDATIONS AND OTHER TOPICS OF IN TEREST CANCER SURVIVORS ADVISORY COUNCIL THE MISSION OF THE COUNCIL IS TO ADVISE HEALTHPA RTNERS CANCER CARE CENTERS ON ISSUES THAT CANCER P

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	ATIENTS FACE DURING AND AFTER TREATMENT AND TO PROVIDE FEEDBACK AND RECOMMENDATIONS TO IMP ROVE THE PROGRAM THE ADVISORY COUNCIL MEETS SIX TIMES ANNUALLY AND MAKES RECOMMENDATIONS ON SERVICES ALREADY OFFERED AS WELL AS TO ASSIST WITH THE DESIGN OF NEW SERVICES FEEDBACK FROM THE COUNCIL HAS GUIDED THE CHANGES TO PATIENT EDUCATION MATERIALS, SERVICES AND PROC ESSES IN HEALTHPARTNERS CANCER CARE CENTERS STATEWIDE CANCER REGISTRY IN 2013, REGIONS CO NTINUED TO SUPPORT THE ONGOING OPERATIONS OF A STATEWIDE SYSTEM THAT RECEIVES AND CATALOGU ES REPORTS OF CANCER INCIDENTS THROUGH IN-KIND STAFF COSTS AND CONTRIBUTIONS TO THE COALI TIONS, REGIONS PROVIDED $218,137 IN SUPPORT TO THE CANCER REGISTRY SEXUAL ASSAULT NURSE E XAMINER (SANE) THE SEXUAL ASSAULT NURSE EXAMINER (SANE) PROGRAM HAS COLLABORATED WITH SEXU AL OFFENSE SERVICES OF RAMSEY COUNTY TO PROVIDE COMPREHENSIVE, COMPASSIONATE CARE TO SEXUA L ASSAULT VICTIMS, AGE 13 AND OLDER, SINCE 2002 THE REGISTERED NURSES WITHIN THE SANE PRO GRAM ARE SPECIALLY TRAINED TO PROVIDE FOR THE UNIQUE NEEDS OF SEXUAL ASSAULT VICTIMS FROM BOTH A MEDICAL AND A FORENSIC PERSPECTIVE ON DECEMBER 1, 2011, REGIONS SANE PROGRAM BEGAN PROVIDING SANE SERVICES TO LAKEVIEW HOSPITAL PATIENTS JULY 1, 2013, REGIONS BEGAN OFFERI NG SANE SERVICES TO THE THREE HEALTHEAST FACILITIES (WOODWIND'S, ST JOSEPH'S AND ST JOHN'S HOSPITALS) CANVAS HEALTH PROVIDES THE ADVOCACY SERVICES TO THE TWO WASHINGTON COUNTY SIT ES (LAKEVIEW HOSPITAL AND WOODWINDS HOSPITAL) REGIONS SANE PROGRAM CARED FOR 219 PATIENTS IN 2013 REGIONS INVESTED $266,129 IN 2013 TO THIS VERY IMPORTANT EFFORT REGIONS SANE PR OGRAM STAFF ACTIVELY PARTICIPATED IN EDUCATIONAL PROGRAMS IN THE COMMUNITY, INCLUDING PRES ENTING TO MEDICAL STUDENTS AT THE UNIVERSITY OF MINNESOTA, THE COLLEGE OF SAINT CATHERINE AND INVER HILLS COLLEGE, DNP STUDENTS AT THE UNIVERSITY OF MINNESOTA, MN SANES, PROSECUTOR S, LAW ENFORCEMENT, HAMLINE LAW STUDENTS, AND ADVOCATES FROM THE NATIONAL GUARD AND SOS OF RAMSEY COUNTY REGIONS SANE PROGRAM ALSO CO-SPONSORED THE 40-HOUR SANE COURSE TRAINING HE LD IN JANUARY 2013 SANE PROGRAM PERSONNEL PARTICIPATED IN PUBLIC SERVICE ANNOUNCEMENTS RE GARDING SEXUAL ASSAULT AND BEST PRACTICES FOR TREATING VICTIMS THROUGH TWIN CITIES PUBLIC TELEVISION (TPT) PROGRAM PERSONNEL ARE A RESOURCE FOR THE MINNESOTA COALITION OF SEXUAL A SSAULT (MNCASA) AND PROVIDE INPUT INTO INITIATIVES THAT SERVE VICTIMS AND VICTIM SERVICE P ROVIDERS SUPPORT GROUPS IN 2013, REGIONS PROVIDED OVER $222,438 OF IN-KIND SUPPORT GROUPS OPEN TO PATIENTS AND COMMUNITY MEMBERS GROUPS INCLUDED - AWAKE SLEEP SUPPORT GROUP THE AWAKE MEETING IS A COMMUNITY BASED SUPPORT GROUP EDUCATING CURRENT AND POTENTIAL NEW PATI ENTS ABOUT SLEEP TY PE DISORDERS EACH QUARTER THE SUPPORT GROUP MEETS AT THE COMMUNITY CEN TER IN MAPLEWOOD, MN WITH ABOUT 60 PEOPLE ATTENDANCE AT EACH OF THESE MEETINGS WE HAVE S UBJECT MATTER EXPERTS IN THE FIELD OF SLEEP MEDICINE THOSE EXPERTS RANGE FROM PHY SICIANS TO TECHNICAL STAFF (ONE GUEST SPEAKER PER QUARTER) - INFORMING THE PUBLIC ABOUT TY PES OF S LEEP BEHAVIORS, SLEEP DISORDERS, ETC DURING THESE EVENTS, WE ALSO HAVE 3-4 VENDORS THAT S UPPLY HOME BASED EQUIPMENT AND ANSWER QUESTIONS ABOUT ORAL APPLIANCES, CPAP MACHINES AND O THER SLEEP RELATED TREATMENT OPTIONS - BURN SURVIVOR SUPPORT GROUP FOR PATIENTS AND FAMI LY MEMBERS WITH BURN INJURIES, ELECTRICAL INJURIES AND SOFT TISSUE DISORDERS SUCH AS NECRO TIZING FASCIITIS GROUP FACILITATORS INCLUDE A BURN CENTER SOCIAL WORKER AND BURN SUPPORT REPRESENTATIVE BURN SURVIVORS AND FAMILIES WERE TRAINED AS BURN SOAR VOLUNTEERS TO WORK W ITH AND SUPPORT CURRENT PATIENTS AND FAMILIES THE BURN SUPPORT GROUP MET FOR 36 HRS IN 20 13, BASED ON MONTHLY MEETINGS THAT USUALLY LAST ABOUT 2 HOURS THERE IS AN ANNUAL PICNIC I N THE SUMMER AND A HOLIDAY PARTY IN THE WINTER WHICH HAS ATTENDANCE THAT RANGES FROM 50 -1 00 INDIVIDUALS

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	- STROKE SURVIVOR SUPPORT GROUP STROKE SURVIVORS AND THEIR FAMILY MEMBERS MEET MONTHLY TO DISCUSS TOPICS OF INTEREST RELATED TO STROKE OR TO SHARE THEIR EXPERIENCE THE GROUP IS F ACILITATED BY AN OCCUPATIONAL THERAPIST, PHYSICAL THERAPIST OR SPEECH PATHOLOGIST, AND MET FOR A TOTAL OF 9 HOURS IN 2013 - TRAUMATIC BRAIN INJURY SUPPORT GROUP A SUPPORT GROUP F OR PATIENTS WHO HAVE SUSTAINED TRAUMATIC BRAIN INJURIES AND THEIR FAMILY MEMBERS THE GROU P FOCUSES ON PROVIDING THE MEMBERS A CHANCE TO SHARE EXPERIENCES, CHALLENGES AND SOLUTIONS THE GROUP ALSO PROVIDES EDUCATION AND RESOURCE INFORMATION ABOUT BRAIN INJURY THE GROUP IS FACILITATED BY A SPEECH PATHOLOGIST, PSYCHOLOGIST AND PHYSICAL THERAPIST THE GROUP ME T FOR A TOTAL OF 30 HOURS IN 2013 - COMMUNICATION PRACTICE GROUP A GROUP FOR PEOPLE WHO HAVE SUSTAINED STROKES OR TRAUMATIC BRAIN INJURIES AND WHO HAVE RESIDUAL COMMUNICATION DIF FICULTIES GROUP MEMBERS TYPICALLY HAVE DIFFICULTY FINDING WORDS OR HAVE SLURRED SPEECH T HE GROUP IS DESIGNED TO PROVIDE THEM WITH OPPORTUNITIES TO PRACTICE THEIR COMMUNICATION SK ILLS WITH OTHERS UNDER THE GUIDANCE OF A SPEECH PATHOLOGIST THE GROUP MET FOR A TOTAL OF 3 HOURS IN 2013 - RELISH SUPPORT GROUP A SUPPORT GROUP FOR HEAD OR NECK CANCER SURVIVORS WHO HAVE EATING OR SWALLOWING DIFFICULTIES THE GROUP IS FACILITATED BY A SPEECH PATHOLOG IST AND A DIETICIAN THE GROUP MET FOR A TOTAL OF 6 HOURS IN 2013 - LOOKING FORWARD LIVI NG WITH MULTIPLE MYELOMA/LEUKEMIA/LYMPHOMA THIS GROUP IS FOR PATIENTS DIAGNOSED WITH BLOO D CANCERS AND THEIR FAMILIES THE GROUP MEETS MONTHLY AND ALTERNATES WITH TOPICS SPECIFIC TO MULTIPLE MYELOMA, LEUKEMIA AND LYMPHOMA AND OPEN DISCUSSIONS PATIENTS COME TOGETHER FO R DISCUSSIONS, SPEAKERS AND SUPPORT ON HOW TO LIVE THEIR LIVES WHILE DEALING WITH THE CHAL LENGES OF THEIR DISEASE THE GROUPS ARE LEAD BY A PSYCHOTHERAPIST/SOCIAL WORKER FROM THE R EGIONS CANCER CARE CENTER LOOKING FORWARD MET FOR A TOTAL OF 18 HOURS (HOUR AND A HALF EA CH MONTH) AND AVERAGED SIX PARTICIPANTS PER GROUP IN 2013 - SUPPORTING SENIORS THIS GROU P WAS NEWLY ESTABLISHED IN 2013 TO MEET THE NEEDS OF SENIORS WHO HAVE BEEN DIAGNOSED WITH CANCER AND THEIR FAMILIES/CAREGIVERS THE GROUP FOCUSES ON THE PARTICULAR CHALLENGES THAT ARISE FOR THOSE OF RETIREMENT AGE DIAGNOSED WITH CANCER, AS WELL AS ALLOW FOR CONFIDENTIAL DISCUSSION IT PROVIDES PATIENTS AND FAMILIES THE OPPORTUNITY TO SHARE THEIR FEELINGS, CO NCERNS AND EXPERIENCES SURROUNDING THEIR DIAGNOSES THE GROUPS BEGIN WITH A SPECIFIC TOPIC , SUCH AS PLANNING FOR LONG-TERM CARE, ROLE REVERSALS, AND SELF-ADVOCACY, FOLLOWED BY OPEN DISCUSSION, WHICH IS DICTATED BY THE NEEDS OF THE MEMBERS THE GROUP IS LEAD BY A PSYCHOT HERAPIST/SOCIAL WORKER FROM REGIONS CANCER CARE CENTER, MET FOR A TOTAL OF 13 5 HOURS (ONC E A MONTH FOR 9 MONTHS) IN 2013, AND AVERAGED 7-8 PATIENTS PER MEETING - BREAST CANCER SU PPORT GROUP THIS GROUP MEETS MONTHLY AND IS FOR PATIENTS WITH ALL STAGES OF BREAST CANCER , IN ALL PHASES OF TREATMENT THE GROUP OFTEN BEGINS WITH A TOPIC SPECIFIC TO BREAST CANCE R TREATMENT AND/OR RECOVERY SUCH AS LYMPHEDEMA, EXERCISE, MEDICATION EFFECTS, AND COMPLEME NTARY CARE, AND FOLLOWS WITH THE OPPORTUNITY FOR PATIENT TO SHARE THOUGHTS, FEELINGS AND E XPERIENCES IN A CARING, SUPPORTIVE ENVIRONMENT GROUPS ARE FACILITATED BY A NURSE PRACTITI ONER FROM REGIONS BREAST HEALTH CENTER, AND A PSYCHOTHERAPIST/SOCIAL WORKER FROM REGIONS C ANCER CARE CENTER THE GROUP MEETS FOR AN HOUR AND A HALF EACH MONTH (18 HOURS FOR THE YEA R), WITH ATTENDANCE AVERAGING 6-7 PATIENTS IN 2013 MENTAL HEALTH SERVICES REGIONS' BEHAVI ORAL HEALTH DEPARTMENT IS THE LEADING PROVIDER OF COMPREHENSIVE MENTAL AND CHEMICAL HEALTH SERVICES IN THE TWIN CITIES EAST METRO AREA AND WESTERN WISCONSIN FOR EXAMPLE, REGIONS C ONTRIBUTED $248,900 IN 2013 TO HOVANDER HOUSE, A SHORT-TERM RESIDENTIAL LIVING FACILITY AN D PROGRAM FOR BEHAVIORAL HEALTH PATIENTS WHO ARE CLINICALLY AND PHYSICALLY STABLE BUT WHO REQUIRE FURTHER SUPPORT AND ASSISTANCE BEFORE RETURNING TO A COMMUNITY SETTING HOVANDER H OUSE IS STAFFED BY MENTAL HEALTH PROFESSIONALS FROM REGIONS AND CAN ACCOMMODATE UP TO NINE ADULTS AT A TIME IN ADDITION TO HELPING PATIENTS TRANSITION INTO THE COMMUNITY, THE FACI LITY HAS SAVED OVER 2,124 NON-ACUTE HOSPITAL DAYS IN 2013, HOVANDER HOUSE SERVED 274 ADUL TS WITH AN AVERAGE LENGTH OF STAY OF 8 2 DAYS UP TO 30 PERCENT OF PATIENTS REFERRED TO HO VANDER HOUSE DID NOT HAVE INSURANCE ADDITIONALLY, SAFE HOUSE SAFE ALTERNATIVES IS A LICEN SED INTENSIVE RESIDENTIAL TREATMENT PROGRAM PROVIDING SUPPORTIVE AND TREATMENT SERVICES FO R UP TO 90 DAYS TO APPROXIMATELY 60 ADULTS PER YEAR SUFFERING FROM MENTAL AND CHEMICAL HEA LTH PROBLEMS SAFE HOUSE SAFE ALTERNATIVES ASSISTS CLIENTS IN FINDING SAFE AND AFFORDABLE HOUSING AS WELL AS PROVIDING LONG-TERM SUPPORT IN MAINTAINING HOUSING TO OVER 200 ADULTS W ITH MENTAL AND CHEMICAL HEALTH PROBLEMS EACH YEAR REGIONS MENTAL HEALTH FACILITY IN DECEM BER 2012, REGIONS AND HEALTHPARTNERS OPENED A $36

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	MILLION MENTAL HEALTH CENTER, REPLACING THE CURRENT CENTER THAT WAS BUILT IN 1964 AS A NUR SE DORM THE NEW FACILITY PROVIDES PRIVATE ROOMS FOR PATIENTS AND SEPARATE DINING AND COMM ONS AREAS THERE IS ALSO AMPLE SPACE AND PRIVACY FOR FAMILIES AND VISITORS THE FACILITY I S EIGHT STORIES, 115,000 SQUARE FOOT, HAS 100 PRIVATE INPATIENT ROOMS WITH AN OPTION TO AD D 20 MORE THE FACILITY IS HANDICAP ACCESSIBLE, AND PROVIDES SECURED OUTDOOR AREA FOR GROU P PATIENTS WITH THE NEW BUILDING AND CARE MODEL, REGIONS EXPERIENCED GROWTH IN VOLUMES AN D IMPROVED PATIENT SATISFACTION DAYBRIDGE IN MAY OF 2013, REGIONS OPENED DAYBRIDGE, A PAR TIAL HOSPITALIZATION PROGRAM DAYBRIDGE IS A MENTAL HEALTH PROGRAM FOR ADULTS WHO NEED INT ENSIVE THERAPY BUT CAN CONTINUE TO LIVE IN THEIR COMMUNITY WITH THE SUPPORT OF FAMILY AND FRIENDS INDIVIDUALS PARTICIPATE IN INPATIENT-LIKE TREATMENT DURING THE DAY AND RETURN TO THEIR HOME AT NIGHT AND ON WEEKENDS 115 PATIENTS SERVED MENTAL HEALTH CRISIS ALLIANCE (M HCA) MHCA IS A CRISIS RESPONSE SYSTEM THAT AUGMENTS INPATIENT SERVICES IN THE EAST METRO HEALTHPARTNERS FAMILY OF ORGANIZATIONS, ARE MAJOR SPONSORS OF MHCA WHICH INCLUDES FOURTEEN ORGANIZATIONS THAT REPRESENT COUNTIES, HOSPITALS, HEALTH PLANS, THE STATE OF MINNESOTA, C ONSUMERS AND ADVOCATES FORMED IN 2002 TO ADDRESS THE UNMET NEEDS OF ADULTS WHO EXPERIENCE BEHAVIORAL HEALTH CRISIS, MHCA PREVENTS AVOIDABLE EMERGENCY HOSPITALIZATION BY PROVIDING ADULT MENTAL HEALTH CRISIS STABILIZATION SERVICES IN HOMES, COMMUNITY SETTINGS, OR IN SHOR T-TERM, SUPERVISED, LICENSED RESIDENTIAL PROGRAMS 7,482 WERE SERVED IN THE MENTAL HEALTH CRISIS UNIT IN 2013 PATIENTS STAYED FOR AN AVERAGE OF 12 HOURS, AND 57% WERE ADMITTED IN 2013, REGIONS PROVIDED $855,533 FOR 24/7 BEHAVIORAL HEALTH CRISIS SERVICES IN THE REGIONS EMERGENCY DEPARTMENT ALCOHOL AND DRUG ABUSE PROGRAM REGIONS ALCOHOL AND DRUG ABUSE PROGR AM (ADAP), ESTABLISHED IN 1972, HAS THE EXPERIENCE AND TOOLS TO HELP PATIENTS SUCCEED THE STAFFS OF LICENSED DRUG AND ALCOHOL COUNSELORS ARE SUPPORTED BY A TEAM OF MENTAL HEALTH C ARE PROFESSIONALS THE PROGRAM MATCHES CLIENTS WITH APPROPRIATE COMMUNITY RESOURCES TO BUI LD THE FOUNDATION FOR VIABLE, SUSTAINABLE RECOVERY THROUGH LONG-ESTABLISHED COMMUNITY REL ATIONSHIPS WITH SOCIAL SERVICE, COUNTY AGENCIES, AND FINANCIAL AND HOUSING ORGANIZATIONS, CLIENTS ARE CONNECTED WITH APPROPRIATE COMMUNITY RESOURCES TO SUPPORT THEIR LONG-TERM RECO VERY REGIONS ALCOHOL AND DRUG ABUSE PROGRAM (ADAP) NAVIGATED SEVERAL CHANGES IN MANAGEMEN T AND STAFFING STRUCTURE IN 2013 IN SEPTEMBER OF 2013, THE FINAL LEADERSHIP STRUCTURE WAS IN PLACE AND SINCE THAT TIME, EFFORTS HAVE FOCUSED ON INCREASING THE AVAILABILITY OF RESI DENTIAL AND OUTPATIENT PROGRAMS, BY INCREASING STAFF NUMBERS AND EXPERTISE, IMPROVING THE AMOUNT AND QUALITY OF PROGRAMMING, AND BY ACTIVELY BUILDING RELATIONSHIPS WITH OUR REFERRA L SOURCES AND COMMUNITY PARTNERS AS A RESULT OF CHANGES, VOLUMES OF PATIENTS SERVED IN RE SIDENTIAL, OUTPATIENT AND ASSESSMENT CLINICS HAVE BEEN INCREASING, AS HAVE THE PATIENTS' L EVEL OF SATISFACTION COMMUNITY BENEFIT ACTIVITIES REGIONS SUPPORT ACTIVITIES THAT IMPROVE THE HEALTH OF THE COMMUNITY AND THE REGION SUPPORT MAY INCLUDE DIRECT EXPENDITURES OR RA ISING FUNDS THROUGH EMPLOYEE OR COMMUNITY INITIATIVES, DONATING STAFF TIME, PARTICIPATING IN COMMUNITY PARTNERSHIPS AND INITIATIVES, OR PROVIDING FREE SERVICES OR EQUIPMENT EXAMPL ES OF 2013 ACTIVITIES INCLUDE

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	EMPLOYEE GIVING HEALTHPARTNERS' COMMITMENT TO IMPROVING THE HEALTH OF THE COMMUNITY EXTEND S BEYOND ITS DOORS FOR HEALTHPARTNERS AND REGIONS EMPLOYEES, THERE ARE TWO ANNUAL GIVING EVENTS, ONE IN THE SPRING CALLED SHARING AT WORK, WHICH IS ORGANIZED BY THE REGIONS HOSPIT AL FOUNDATION AND THE HEALTHPARTNERS INSTITUTE FOR EDUCATION AND RESEARCH WHICH RAISES FUN DS FOR PATIENT CARE, RESEARCH AND MEDICAL EDUCATION AND THE OTHER IN THE FALL, CALLED THE COMMUNITY GIVING CAMPAIGN THAT SUPPORTS SIX LOCAL FEDERATIONS GREATER TWIN CITIES UNITED WAY, UNITED WAY OF WASHINGTON COUNTY-EAST, UNITED WAY ST CROIX VALLEY, COMMUNITY SHARES M INNESOTA, COMMUNITY HEALTH CHARITIES-MINNESOTA AND THE MINNESOTA ENVIRONMENTAL FUND IN 20 13, REGIONS AND OTHER HEALTHPARTNERS ORGANIZATION EMPLOYEES DONATED $470,834 TO THE ANNUAL SHARING AT WORK CAMPAIGN IN ADDITION, THE 2013 COMMUNITY GIVING CAMPAIGN RAISED $410,691 TOWARDS THE LOCAL FEDERATIONS, INCLUDED A $60,000 CORPORATE GIFT AND $33,893 OF EVENT FUN DS INDIVIDUALLY RAISED THROUGHOUT HEALTHPARTNERS DEPARTMENTS AND CLINICS WISHING WELL CLO THES CLOSET THE CARE MANAGEMENT CLOTHES CLOSET HAS BEEN IN PLACE FOR OVER FIVE YEARS A LA CK OF CLOTHING CAN BE A SIGNIFICANT BARRIER IN THE DISCHARGE PLANNING PROCESS THE CARE MA NAGEMENT DEPARTMENT USUALLY STOCKS VARIOUS CLOTHING ITEMS FOR PATIENTS WHO ARE IN THE HOSP ITAL OR WHO ARE ABOUT TO BE DISCHARGED AND NEED SOME CLOTHES THESE PATIENTS MAY HAVE COME IN WITH INAPPROPRIATE CLOTHES, THEIR CLOTHES MAY HAVE BEEN LOST DURING THEIR HOSPITALIZAT ION, OR THEY MAY HAVE HAD THEIR CLOTHES CUT OFF THEM AS PART OF THEIR EMERGENCY MEDICAL CA RE THIS INCLUDES ADULTS, CHILDREN, MOMS AND BABIES THE CARE MANAGEMENT DEPARTMENT ALSO S UPPLIES CLOTHING TO PATIENT'S FAMILY MEMBERS AS NEEDED ON A CASE-BY-CASE BASIS IN 2013, 1 8 HOURS OF STAFF TIME WERE USED TO ORGANIZE, COLLECT AND $2,713 WAS USED TO PURCHASE CLOTH ES FOR THE WISHING WELL CLOTHES CLOSET COMMUNITY OUTREACH REGIONS CONTRIBUTED TO THE FOLL OWING COMMUNITY OUTREACH PROGRAMS IN 2013 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 201 2, REGIONS ALONG WITH OTHER HEALTHPARTNERS FAMILY OF ORGANIZATIONS CONDUCTED AND COMPLETED ITS FIRST COMMUNITY HEALTH NEEDS ASSESSMENT THE COMPLETED CHNA RESULTS IN THE FOLLOWING AS THE GREATEST HEALTH CONCERNS - TOBACCO, DRUG, ALCOHOL USE AND OTHER UNHEALTHY BEHAVIOR S ARE LINKED TO THE LEADING CAUSES OF DEATH - OBESITY, POOR NUTRITION AND LACK OF PHYSICA L ACTIVITY ARE GROWING CONCERNS - ACCESS IS LIMITED TO PRIMARY AND PREVENTIVE CARE FOR UN INSURED, UNDERINSURED, ETHNICALLY DIVERSE, ELDERLY AND CHEMICALLY DEPENDENT PATIENTS - AC CESS IS LIMITED TO MENTAL HEALTH AND DENTAL CARE - THERE IS A LACK OF COORDINATION AMONG PROVIDERS TO ADDRESS THESE COMMUNITY NEEDS, REGIONS DEVELOPED AN IMPLEMENTATION PLAN WITH THE FOLLOWING IN MIND - INCREASE ACCESS TO MENTAL HEALTH - PROMOTE POSITIVE BEHAVIORS T O REDUCE OBESITY BY IMPROVING NUTRITION AND EXERCISE - INCREASE ACCESS TO PRIMARY AND PRE VENTIVE CARE - IMPROVE SERVICE INTEGRATION - PROMOTE CHANGE IN UNHEALTHY BEHAVIORS A FU LL REPORT OF THE HEALTHPARTNERS CHNA AND IMPLEMENTATION PLAN IS POSTED ON THE REGIONS WEBP AGE AT WWW REGIONSHOSPITAL COM/RH/COMMUNITY-BENEFIT/INDEX HTML A DETAILED REPORT OF 2013 R EGIONS IMPLEMENTATION ACTIVITIES FOR THE ABOVE PRIORITIES CAN BE CAN BE FOUND IN REGIONS S CHEDULE H OF THIS 990 REPORT COMMUNITY EVENTS/ PARTNERSHIPS AMERICAN HEART ASSOCIATION IN SUPPORT OF THE FIGHT AGAINST THE NATION'S NO 1 KILLER, CARDIOVASCULAR DISEASE, HEALTHPAR TNERS AND REGIONS ORGANIZED 321 WALKERS AND RAISED $45,754 FOR THE AMERICAN HEART ASSOCIAT ION - TWIN CITIES HEART WALK IN 2013 REGIONS LEADERSHIP CONTRIBUTED 86 HOURS OF COMMITTEE PLANNING AND ORGANIZATION TIME TO THIS EVENT AFRICAN AMERICAN LEADERSHIP FORUM REGIONS S TAFF CONTRIBUTED 36 HOURS TO SUPPORT BUILDING LEADERSHIP IN THE AFRICAN AMERICAN COMMUNITY FIGHT AGAINST DISPARITIES IN DIABETES REGIONS STAFF CONTRIBUTED 24 HOURS TO SUPPORT THE EBAN 3D COLLABORATION PARTNERSHIP CINCO DE MAYO REGIONS EMPLOYEES CONTRIBUTED 4 5 HOURS B Y HOSTING A BOOTH WITH WELLNESS RESOURCES AT THE CINCO DE MAYO COMMUNITY EVENT PRIDE FEST IVAL REGIONS LEADERS CONTRIBUTED 2 HOURS TO THE 2013 TWIN CITIES PRIDE FESTIVAL REGIONS A LSO PROVIDED RESOURCES ABOUT HEALTHY LIVING FOOD AND NUTRITION IN 2013, THE FOOD AND NUTR ITION STAFF CONTRIBUTED A TOTAL OF 66 5 HOURS TO THE COMMUNITY FOOD AND NUTRITION LEADERS PROVIDED FOOD AND SERVICE TO KEYSTONE COMMUNITY CENTER'S VOLUNTEER LUNCHEON AND THE CENTE R'S SENIOR PROGRAM HOLIDAY MEAL FOR NATIONAL NUTRITION MONTH, THE FOOD AND NUTRITION SERV ICES SPENT 5 HOURS ORGANIZING A FOOD DRIVE, COLLECTING 72 POUNDS OF NON-PERISHABLE FOOD PR ODUCTS THE ITEMS COLLECTED WERE DONATED TO EAGAN RESOURCES CENTER OF THE TOTAL HOURS, 11 5 HOURS CONTRIBUTED TO ORGANIZING AND MANAGING THE OVERLOOK COFFEE TIP DONATION AND TOY D RIVE $1,227 21 TIPS RECEIVED FROM THE OVERLOOK COFFEE AND DELI TIPS WERE DONATED TO THE H OPE CHEST AND RONALD MCDONALD HOUSE CHARITIES ($75

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	9) AND MELA ($468) MENTORING & EDUCATION REGIONS IS COMMITTED TO EDUCATING THE CAREGIVERS OF TOMORROW OUR DOCTORS TEACH OTHER FUTURE DOCTORS, AND CARE PROVIDERS FROM OTHER HOSPIT ALS COME TO US FOR ADVANCED TRAINING IN ADDITION, WE COLLABORATE WITH VARIOUS COLLEGES TO MENTOR STUDENTS WHO ARE INTERESTED IN HEALTHCARE REGIONS STAFF IN THE STERILE PROCESSING DEPARTMENT (SPD) CONTRIBUTED TO 75 HOURS OF PROVISION OF ON THE JOB TRAINING OPPORTUNITIE S FOR EIGHT COMMUNITY COLLEGE STUDENTS WITH SPECIALIZED EDUCATION AND ONE TO ONE SKILLS EX POSURES $635 WAS ALSO CONTRIBUTED TO THE MENTORSHIP ACTIVITY REGIONS STAFF CONTRIBUTED T O 1,401 HOURS OF MENTORSHIP AND 641 HOURS OF EDUCATIONAL JOB SHADOWING TO STUDENTS AND COM MUNITY ORGANIZATIONS FROM THE TWIN CITIES INCLUDING MINNEAPOLIS COMMUNITY AND TECHNICAL CO LLEGE, THINK FIRST, SOCIAL WORK, ST PAUL COLLEGE, NURSING EDUCATION TO RURAL BOLIVIAN NUR SES, CAPITOL HILL MAGNET SCHOOL, HONORING WOMEN WORLDWIDE PRENATAL EDUCATION 533 HOURS WE RE CONTRIBUTED TO PRENATAL EDUCATION FREE CHILDBIRTH AND PARENTING CLASSES WERE OFFERED T O COMMUNITY MEMBERS WHO ARE NOT ABLE TO PAY TOPICS INCLUDED CHILDBIRTH PREPARATION, BREAS TFEEDING, NEWBORN SAFETY CLASS, INFANT CPR, MOM AND BABY - THE EARLY WEEKS, BONDING AND AT TACHMENT, CESAREAN BIRTH AND SIBLING PREPARATION MEDICAL EDUCATION REGIONS IS ONE OF ONLY SIX MAJOR TEACHING HOSPITALS IN THE STATE OF MINNESOTA REGIONS TRAINS ALMOST 500 RESIDEN T PHYSICIANS IN 19 MEDICAL SPECIALTIES EACH YEAR AS WELL AS OVER 300 MEDICAL STUDENTS REG IONS' TEACHING AFFILIATIONS INCLUDE COLLEGES AND UNIVERSITIES THROUGHOUT THE COUNTRY REGI ONS AND THE HEALTHPARTNERS INSTITUTE FOR EDUCATION AND RESEARCH (HPIER) HAVE ENJOYED A LON G HISTORY OF PARTNERSHIP WITH THE MEDICAL SCHOOL OF THE UNIVERSITY OF MINNESOTA (U OF M) T O PROVIDE MEDICAL STUDENT EDUCATION AT REGIONS HPIER PROVIDES EDUCATION IN ELEVEN ADDITIO NAL RESIDENCY PROGRAMS FROM THE U OF M REGIONS HEALTH PROFESSIONALS ARE ALSO INVOLVED IN MEDICAL RESEARCH FOCUSED ON IMPROVING HEALTH AND MEDICAL CARE REGIONS SUPPORTS HPIER TRAI NING PROGRAMS, SUCH AS THE CENTER FOR UNDERGRADUATE AND GRADUATE CLINICAL EDUCATION, THE C ENTER FOR CONTINUING PROFESSIONAL EDUCATION AND THE SIMULATION CENTER FOR PATIENT SAFETY HPIER PROVIDES EDUCATION FOR RESIDENT PHYSICIANS AT REGIONS IN THE FOLLOWING SPECIALTIES ANESTHESIA, EMERGENCY MEDICINE, FAMILY MEDICINE, INTERNAL MEDICINE, MANAGED CARE PHARMACY, NEUROLOGY, OBSTETRICS & GYNECOLOGY, OCCUPATIONAL MEDICINE, OPHTHALMOLOGY, ORTHOPEDIC SURG ERY, OTOLARYNGOLOGY, PHYSICAL MEDICINE & REHABILITATION, PHYSICIAN ASSISTANT/NURSE PRACTIT IONER FELLOWSHIP IN BEHAVIORAL HEALTH, PLASTIC SURGERY, PSYCHIATRY, RADIOLOGY, SURGERY, AN D MEDICAL TOXICOLOGY PLEASE SEE HPIER'S 2013 FORM 990 FOR MORE INFORMATION ON THEIR MEDICA L EDUCATION ACTIVITIES BOARDS & COMMITTEES REGIONS STAFF AND LEADERSHIP SERVE ON NUMBER O F ORGANIZATION BOARDS AND COMMITTEES THIS IS AN EFFORT TO SUPPORT ORGANIZATIONS WITHIN OU R COMMUNITIES AND CONNECT PEOPLE AND RESOURCES REGIONS STAFF AND LEADERSHIP SERVED ON THE FOLLOWING ORGANIZATION BOARDS AND COMMITTEE GROUPS IN 2013 - 21 5 HOURS SERVED ON THE AM ERY REGIONAL MEDICAL CENTER BOARD - 5 HOURS SERVED ON COMMON HOPE FINANCE BOARD - 8 HOURS SERVED ON THE ECHO BOARD - 43 5 HOURS SERVED ON THE LIFE LINK BOARD - 24 HOURS SERVED ON T HE NOKOMIS HEALTHY SENIORS COMMITTEE - 12 HOURS SERVED ON THE NORMANDALE COLLEGE BOARD - 3 3 5 HOURS SERVED ON THE OSCEOLA MEDICAL BOARD - 26 5 HOURS SERVED ON THE ST CROIX VALLEY EMS BOARD - 31 HOURS SERVED ON THE ST PAUL FIRE FOUNDATION

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	EQUITABLE CARE REGIONS PARTICIPATED IN SEVERAL COMMUNITY INITIATIVES TO LEARN AND SHARE BE ST PRACTICES AND EXPERIENCES RELATED TO EQUITABLE CARE 2013 INITIATIVES INCLUDED MINNESOT A HEALTH LITERACY PARTNERSHIP REGIONS CONTINUE TO BE PARTNER WITH THE MINNESOTA HEALTH LIT ERACY PARTNERSHIP IT IS A STATEWIDE COLLABORATIVE TO IMPROVE THE HEALTH OF MINNESOTANS TH ROUGH CLEAR HEALTH COMMUNICATIONS HEALTH LITERACY LIMITATIONS CONTRIBUTE TO HEALTH DISPAR ITIES DATA COLLECTION HEALTHPARTNERS AND REGIONS SYSTEMATICALLY COLLECT DATA ON RACE, ETH NICITY AND LANGUAGE PREFERENCES DIRECTLY FROM PATIENTS AND MEMBERS IN A VARIETY OF WAYS, A LL OF THEM VOLUNTARY DATA IS COLLECTED THROUGH HEALTHPARTNERS COM, TELEPHONE CONTACTS WIT H DEPARTMENTS SUCH AS MEMBER SERVICES AND CASE MANAGEMENT AND ON-LINE THROUGH HEALTH ASSES SMENTS HEALTHPARTNERS AND REGIONS USE THE ELECTRONIC MEDICAL RECORDS IN THEIR CARE DELIVE RY SYSTEM TO CAPTURE THIS DATA FACE-TO-FACE WITH PATIENTS THE DATA IS USED TO CONTINUALLY MONITOR THE QUALITY OF CARE DELIVERED AND PATIENT EXPERIENCE BY RACE AND LANGUAGE, AS WEL L AS IDENTIFY STRATEGIES TO REDUCE HEALTH DISPARITIES IN TREATMENT, OUTCOMES AND SERVICE EQUITABLE CARE FELLOWS PROGRAM THE HEALTHPARTNERS EQUITABLE CARE FELLOWS PROGRAMS CONTINUE D IN 2013 THE 120 FELLOWS ARE STAFF MEMBERS AND PROVIDERS WHO RECEIVE EXPERT TRAINING SO THEY CAN BECOME ADVOCATES AND SERVE AS LOCAL RESOURCES FOR THEIR COLLEAGUES IN CARING FOR PATIENTS FROM DIVERSE CULTURES AND THOSE WITH LIMITED ENGLISH PROFICIENCY (LEP) FELLOWS A RE EXPECTED TO BE ROLE MODELS, SHARING IDEAS WITH COWORKERS AND ACTIVELY PARTICIPATING IN RAISING OVERALL CULTURE AWARENESS THEY CONTRIBUTE ARTICLES, REPRESENT HEALTHPARTNERS IN C OMMUNITY CULTURAL EVENTS AND PARTICIPATE IN OR PLAN SEMINARS ON EQUITABLE CARE IN 2013, H EALTHPARTNERS AND REGIONS OFFERED THE FOLLOWING EQUITABLE CARE ACTIVITIES - MONTHLY "CULT URE ROOTS" ARTICLES CONTINUED TO BE AN ORGANIZATION-WIDE EDUCATIONAL TOOL - PARTICIPATED IN AN ANNUAL MEETING EARLY IN THE YEAR AND TWO COMMUNITY "FIELD TRIPS" WERE OFFERED TO FEL LOWS ONE TO HMONG VILLAGE SHOPS AND SERVICE CENTER IN ST PAUL AND ONE TO SOMALI ARTIFACT AND CULTURAL MUSEUM IN MINNEAPOLIS - ONGOING MESSAGING AND NOTIFICATIONS TO FELLOWS ON C OMMUNITY EVENTS, OPPORTUNITIES AND ARTICLES RELATED TO CROSS-CULTURAL HEALTH CARE AND HEAL TH DISPARITIES - HELD FIVE CARING ACROSS CULTURES FILM SHOWINGS WITH GUIDED DISCUSSIONS F OLLOWING EACH FILM THESE FILMS ADDRESSED HEALTH CARE NEEDS AND BARRIERS TO CARE FOR THE H MONG, LATINO, AFRICAN-AMERICAN, AND SOMALI COMMUNITIES THE FIFTH FILM PROVIDED INSIGHT IN IMPROVING HEALTH COMMUNICATION WITH PATIENTS FROM AROUND THE WORLD 45 PEOPLE PARTICIPATE D - A TEAM OF REGIONS LEADERS CONTINUES TO MONITOR DISPARITIES BASED ON RACE AND LANGUAGE FOR SELECTED DIAGNOSES AND PATIENT SATISFACTION SCORES FINDINGS ARE GENERALLY SHARED WIT H KEY LEADERS WHO ARE RESPONSIBLE FOR ADDRESSING ANY ISSUES ONE EXAMPLE OF SUCH AN ACTION WAS TO CONDUCT PHY SICIAN AND STAFF SHADOWING TO IMPROVE INTERACTIONS AND COMMUNICATION WI TH PATIENTS - A HUMAN LIBRARY EVENT WAS HELD AT REGIONS AND DESIGNED TO ALLOW A SAFE ENVI RONMENT FOR PEOPLE TO TALK AND LEARN FROM OTHERS WITH A DIVERSE LIFESTYLE OR CULTURE OVER 30 STAFF MEMBERS PARTICIPATED - THE REGIONS PATIENT & FAMILY ADVISORY COUNCIL CONTINUED ITS EFFORTS TO DIVERSIFY BY ADDING A HMONG REPRESENTATIVE TO THE COUNCIL - AN INTERDISCIP LINARY TEAM FOCUSED ON REDUCING DISPARITIES IN CARE FOR WOMEN AND THEIR FAMILIES DURING CH ILDBIRTH HELD FIVE COMMUNITY FOCUS GROUPS WITH 119 INDIVIDUALS TO SOLICIT FEEDBACK ON EXPE CTATIONS REGARDING THE CHILDBIRTH EXPERIENCE THE GROUPS WERE COMPRISED OF HMONG, LATINA, AFRICAN-AMERICAN (2 GROUPS), AND TEEN-AGE MOTHERS SUGGESTIONS FROM THESE GROUPS ARE BEING INCORPORATED INTO REGIONS BIRTH CENTER QUALITY IMPROVEMENT INITIATIVES - REGIONS NURSING LEADERSHIP HELD THREE "LET'S TALK" SESSIONS TO BEGIN CONVERSATIONS REGARDING RACE AND OTH ER DISPARITIES ENVIRONMENTAL CONSERVATION REGIONS HAS BEEN A LEADER IN REDUCING WASTE, RE CYCLING AND CONSERVATION REGIONS HAS IMPLEMENTED MANY PROGRAMS AROUND WATER CONSERVATION AND REDUCTION OF HAZARDOUS WASTE THROUGH RECYCLING AND PURCHASING ONLY THOSE ITEMS THAT AR E SAFE FOR THE ENVIRONMENT ADDITIONALLY, REGIONS TAKES ADVANTAGE OF OPPORTUNITIES TO BECO ME "GREEN" WITH RESPECT TO NEW CONSTRUCTION, REMODELS AND ENERGY MANAGEMENT IN 2013, REGI ONS CREATED A SUSTAINABILITY TEAM AND ESTABLISHED SPECIFIC GOALS AROUND REDUCTION OF SOLID WASTE, REDUCTION IN PAPER USAGE, REDUCTION IN ENERGY CONSUMPTION AND IN EDUCATING AND ENC OURAGING STAFF TO RECYCLE MORE ACROSS THE ORGANIZATION ALL GOALS WERE MET AND MANY OF THE M EXCEEDED IN 2013, REGIONS RECEIVED AN AWARD FROM PRACTICE GREEN HEALTH FOR ITS SUSTAINA BILITY EFFORTS CHAPLAINCY SERVICES REGIONS CHAPLAINCY SERVICES AIMS TO IMPROVE PATIENT CA RE BY PROVIDING EMOTIONAL AND SPIRITUAL SUPPORT TO REGIONS PATIENTS, THEIR FAMILY MEMBERS, AND STAFF ITS GOAL IS TO PROMOTE A SENSE OF PURP

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	OSE, MEANING, AND HOPE FOR THOSE SERVED CHAPLAINCY SERVICES MAKES OVER 6,300 PATIENT/FAMI LY VISITS PER YEAR CHAPLAINS SUPPORT REGIONS STAFF THROUGH PROVIDING EDUCATION AS WELL AS CRITICAL INCIDENT DEBRIEFING SESSIONS IN 2013, REGIONS CHAPLAINCY STAFF PROVIDED OVER 40 HOURS OF LECTURE AT SEVERAL EVENTS FOR UNIVERSITY OF MINNESOTA MEDICAL STUDENTS AND RESID ENTS, COVERING TOPICS SUCH AS ETHICS, SPIRITUALITY IN THE HEALTHCARE SETTING, END OF LIFE CARE, PALLIATIVE AND SWARTZ ROUNDS PRESENTATIONS AND COMPASSION OF CARE IN ADDITION, CHAP LAINCY STAFF PROVIDED 5 5 HRS IN MENTORSHIP TO COLLEGE AND NURSING STUDENTS MOREOVER, 12 HOURS OF STAFF TIME WAS COMMITTED TO SPONSORING A FAMILY FOR THE HOLIDAY CHAPLAINCY SERVI CES ALSO PROVIDES BEREAVEMENT SUPPORT FOR THE FAMILIES OF PATIENTS WHO DIE AT REGIONS THI S INVOLVES SENDING CONDOLENCE CARDS, AS WELL AS FOLLOW-UP LETTERS ONE MONTH AND A YEAR FOL LOWING THE DEATH FAMILIES ARE INVITED TO ATTEND A QUARTERLY MEMORIAL SERVICE DURING WHICH THEIR LOVED ONE IS NAMED AND REMEMBERED APPROXIMATELY 600 FAMILIES ARE SERVED BY THIS PR OGRAM EACH YEAR REGIONS DRIVING ABILITY PROGRAM REGIONS REHABILITATION INSTITUTE'S DRIVIN G ABILITY PROGRAM IS THE FIRST HOSPITAL-BASED DRIVING PROGRAM IN THE TWIN CITIES THE PROG RAM, LICENSED BY THE MINNESOTA DEPARTMENT OF PUBLIC SAFETY, PROVIDES COMPREHENSIVE CLINICA L PRE-DRIVING ASSESSMENTS AND BEHIND-THE-WHEEL EVALUATION AND TRAINING TO HELP PATIENTS RE TURN TO DRIVING AFTER EXPERIENCING A MAJOR HEALTH COMPLICATION THE PROGRAM IS STAFFED BY OCCUPATIONAL THERAPISTS THE PROGRAM UTILIZES SOME FUNDS FROM THE REGIONS HOSPITAL FOUNDAT ION TO PROVIDE BEHIND THE WHEEL DRIVING ASSESSMENTS FOR SOME LOW-INCOME PATIENTS 19 HOURS CONTRIBUTED TO DRIVING EVALUATIONS FOR PATIENTS NATIONAL RECOGNITION REGIONS HAS BEEN RE GULARLY RECOGNIZED FOR ITS CARE IN 2013, REGIONS RECEIVED THE FOLLOWING AWARDS AND RECOGN ITIONS - OUTSTANDING CARE FOR GERIATRIC HIP FRACTURE PATIENTS REGIONS IS OF FIVE NATIONA L HOSPITALS TO BE CERTIFIED AS A GERIATRIC FRACTURE CARE PROGRAM BY THE INTERNATIONAL GERI ATRIC FRACTURE SOCIETY - COMPREHENSIVE STROKE CENTER REGIONS IS HONORED TO HAVE MINNESOT A'S FIRST COMPREHENSIVE STROKE CENTER, CERTIFIED BY THE JOINT COMMISSION - REGIONS IS AMO NG ONLY 22 MINNESOTA HOSPITALS TO EARN AN "A" IN THE LEAPFROG GROUP'S FALL 2013 HOSPITAL S AFETY SCORE REGIONS IS ALSO NAMED ONE OF LEAPFROG GROUP'S 13 HIGHEST VALUE HOSPITALS NATI ONWIDE - REGIONS WAS AWARDED A SILVER MEDAL OF HONOR BY THE U S DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR ORGAN DONATION - REGIONS IS ONE OF THE FIRST IN THE NATION TO BE VERI FIED FOR SUPERIOR CARE ON MORE THAN 100 KEY MEASURES BY THE EMERGENCY CENTER OF EXCELLENCE CARE - FROM THE JOINT COMMISSION, REGIONS IS AMONG THE FIRST TO MEET STANDARDS FOR ADVAN CED CERTIFICATION FOR PALLIATIVE CARE ADVANCED CERTIFICATION FOR OUR PRIMARY STROKE CENTER AND THE GOLD SEAL OF APPROVAL FOR HIP AND KNEE REPLACEMENT - REGIONS IS RECOGNIZED AS A TOP PERFORMING HOSPITAL IN HIGHEST QUALITY CARE FOR HEART ATTACK, HEART FAILURE, PNEUMONIA , AND SURGICAL CARE BY THE JOINT COMMISSION QUALITY REPORT - REGIONS IS ACCREDITED WITH T HE HIGHEST HONOR BY THE COMMISSION ON CANCER FOR HIGHEST QUALITY CANCER CARE AND ALSO CERT IFIED BY THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY FOR MEETING THE HIGHEST STANDARD OF CAR E - REGIONS WAS ALSO IDENTIFIED AS A GREAT PLACE TO WORK BY THE MINNEAPOLIS, ST PAUL BUS INESS JOURNAL, AND THE MINNESOTA HOSPITAL ASSOCIATION BEST MINNESOTA HOSPITAL WORKPLACE

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	HPI RAMSEY IS THE SOLE CORPORATE MEMBER OF REGIONS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	HPI-RAMSEY, AS THE SOLE CORPORATE MEMBER OF REGIONS, APPOINTS UP TO 12 MEMBERS OF THE UP TO 19 MEMBER BOARD OF DIRECTORS THIS REFLECTS RELATIVELY MINOR CHANGES THAT WERE MADE TO REGIONS' BYLAWS EFFECTIVE IN 2013 THE SIZE OF THE BOARD WAS REDUCED FROM A RANGE OF 17 TO 22 MEMBERS, TO A RANGE OF 15 TO 19 MEMBERS AND, THE PRESIDENT OF REGIONS HOSPITAL BECAME AN EX OFFICIO NON-VOTING MEMBER OF THE BOARD, RATHER THAN AN EX OFFICIO VOTING MEMBER

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	HPI RAMSEY, AS THE SOLE CORPORATE MEMBER OF REGIONS, APPROVES ACTIONS AS FOLLOWS AMENDMENT OF ARTICLES OR BYLAWS, ANNUAL OPERATING AND CAPITAL BUDGETS AND LONG-RANGE PLANS, UNBUDGETED SPECIAL PROJECTS IN EXCESS OF $1,000,000, GUARANTEEING THE DEBT OF ANY OTHER PERSON OR ENTITY IN EXCESS OF $1,000,000, A LOAN OR OTHER INDEBTEDNESS IN EXCESS OF $1,000,000, MERGER OR CONSOLIDATION WITH ANOTHER CORPORATION, DISPOSITION OF SUBSTANTIALLY ALL ASSETS, DISSOLUTION, APPOINTMENT OF THE CHAIR OF THE BOARD AND PRESIDENT

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	REGIONS' BOARD OF DIRECTORS MONITORS POTENTIAL CONFLICTS OF INTEREST OF ITS BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES, BY MAINTAINING A CONFLICT OF INTEREST POLICY ANNUALLY, UNDER THE POLICY, ALL BOARD MEMBERS, PRINCIPAL OFFICERS, MEMBERS OF A COMMITTEE WITH BOARD DELEGATED POWERS AND KEY EMPLOYEES ARE PROVIDED WITH A COPY OF THE POLICY AND REQUESTED TO COMPLETE A QUESTIONNAIRE IDENTIFYING ANY POTENTIAL CONFLICTS OF INTERESTS A REPORT OF THESE POTENTIAL CONFLICTS IS SHARED WITH THE GOVERNANCE COMMITTEE, THE CHAIR AND THE CEO BOARD AGENDAS AND EXECUTIVE DECISIONS ARE DOCUMENTED IN RELATION TO THIS POLICY

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	REGIONS' CEO AND OTHER OFFICERS ARE EMPLOYED BY EITHER GROUP HEALTH PLAN, INC (GHI), A RELATED ORGANIZATION, OR BY REGIONS GHI AND REGIONS HAVE AN ANNUAL PROCESS TO REVIEW THE MARKET COMPARABILITY OF THE TOTAL COMPENSATION OF THE HOSPITAL'S CEO AND OTHER OFFICERS EACH YEAR, UNDER THE DIRECTION OF AN INDEPENDENT COMPENSATION COMMITTEE, THE ENTITY COMPLETES AN ANNUAL TOTAL COMPENSATION MARKET REVIEW THE REVIEW INCLUDES ALL COMPONENTS OF COMPENSATION, BASE SALARY, ANNUAL INCENTIVES, BENEFITS AND PERQUISITES THE MARKET SURVEY RESULTS ARE PRESENTED TO, REVIEWED BY AND APPROVED BY THE COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE'S MARKET REVIEW PROCESS AND SUBSEQUENT DECISIONS INCLUDE THE FOLLOWING ELEMENTS - DURING FINAL DELIBERATIONS AND VOTE STAFF IS NOT IN ROOM AND DECISIONS ARE RECORDED IN THE MINUTES OF THE ORGANIZATION - EVERY THREE YEARS, THE COMPENSATION COMMITTEE RETAINS AN INDEPENDENT COMPENSATION EXPERT TO CONDUCT AN EXTENSIVE MARKET COMPARABILITY SURVEY FOR ALL OFFICERS OF THE ORGANIZATION WITH THE INPUT OF THE CONSULTANT, THE COMMITTEE DETERMINED APPROPRIATE PEER GROUPS INCLUDING BOTH LOCAL AND NATIONAL PEER GROUPS THE SURVEY CONSIDERS EACH ELEMENT OF TOTAL COMPENSATION AND AGGREGATE TOTAL COMPENSATION BASED ON THIS DATA, THE COMMITTEE DETERMINES MINIMUM AND MAXIMUM TOTAL COMPENSATION RANGES FOR EACH OFFICER IN INTERIM YEARS, REGIONS' HR DEPARTMENT, UNDER THE COMMITTEE'S DIRECTION USES THE SAME RECOGNIZED THIRD PARTY SALARY SURVEYS TO DETERMINE MEDIAN SALARY STRUCTURE CHANGES AND AVERAGE SALARY INCREASES BASED ON THIS UPDATED DATA, THE COMPENSATION COMMITTEE DETERMINES THE TOTAL COMPENSATION RANGES FOR EACH POSITION SURVEYED - TOTAL COMPENSATION IS APPROPRIATELY REPORTED ON THE FORM 990 AND ON THE EMPLOYEE'S W-2

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	REGIONS FINANCIAL STATEMENTS AND 990 RETURNS ARE MADE AVAILABLE TO ANY PERSON WHO REQUESTS THE INFORMATION FROM REGIONS OR HEALTHPARTNERS, INC REGIONS' ARTICLES OF INCORPORATION ARE AVAILABLE TO ANY PERSON WHO REQUESTS THE INFORMATION THROUGH THE MINNESOTA SECRETARY OF STATE'S OFFICE

Return Reference	Explanation
FORM 990, PART XI, LINE 9	FASB 124 FAIR MARKET VALUE ADJUSTMENT 6,461,996 TRANSFER TO AFFILIATE - WESTERN WISCONSIN EMERGENCY MEDICAL SERVICES -160,000 TRANSFER FROM AFFILIATES - REGIONS HOSPITAL FOUNDATION FOR CAPITAL ASSETS 9,172,424 BENEFICIAL INTEREST IN THE NET ASSETS OF REGIONS HOSPITAL FOUNDATION 968,789

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318023094

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
REGIONS HOSPITAL

Employer identification number
41-0956618

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

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	(g) No
See Additional Data Table							

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) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HEALTHPARTNERS INC - CLAIMSHEALTHCARE SERVICES	L	65,439,248	
(2) HEALTHPARTNERS INC - RENT	P	671,000	

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) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 41-0956618
Name: REGIONS HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) HEALTHPARTNERS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1693838	HYBRID STAFF MODEL/NETWORK MODEL HEALTH MAINTENANCE ORGANIZATION	MN	501(C)(4)		N/A	Yes	
(1) HPI-RAMSEY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1793333	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(3) TYPE I	HEALTHPARTNERS INC	Yes	
(2) GROUP HEALTH PLAN INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0797853	STAFF MODEL HEALTH MAINTENANCE ORGANIZATION	MN	501(C)(3)	170(B)(1)(A)(III)	HEALTHPARTNERS INC	Yes	
(3) HEALTHPARTNERS INSTITUTE FOR EDUCATION AND RESEARCH 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1670163	HEALTHCARE EDUCATION & RESEARCH	MN	501(C)(3)	509(A)(3) TYPE I	GROUP HEALTH PLAN INC	Yes	
(4) CAPITOL VIEW TRANSITIONAL CARE CENTER 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-2011453	POST HOSPITALIZATION PATIENT CARE	MN	501(C)(3)	170(B)(1)(A)(III)	HPI - RAMSEY	Yes	
(5) REGIONS HOSPITAL FOUNDATION 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1888902	PROVIDE HOSPITAL PROGRAM FINANCIAL SUPPORT	MN	501(C)(3)	170(B)(1)(A)(VI)	HPI - RAMSEY	Yes	
(6) RHSC INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1891928	HEALTHCARE STAFFING	MN	501(C)(3)	509(A)(3) TYPE II	HEALTHPARTNERS INC	Yes	
(7) RH-WISCONSIN 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 20-2287016	CORPORATE PLANNING AND OVERSIGHT	WI	501(C)(3)	509(A)(3) TYPE II	HPI - RAMSEY	Yes	
(8) PHYSICIANS NECK AND BACK CLINICS 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 27-0684883	SPECIALTY PATIENT CARE	MN	501(C)(3)	509(A)(3) TYPE II	GROUP HEALTH PLAN INC	Yes	
(9) HUDSON HOSPITAL INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0804125	HOSPITAL	WI	501(C)(3)	170(B)(1)(A)(III)	RH-WISCONSIN & GROUP HEALTH PLAN INC	Yes	
(10) HUDSON HOSPITAL FOUNDATION INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1279567	PROVIDE HOSPITAL PROGRAM FINANCIAL SUPPORT	WI	501(C)(3)	170(B)(1)(A)(VI)	HUDSON HOSPITAL INC	Yes	
(11) WESTERN WISCONSIN EMERGENCY MEDICAL SERVICES COMPANY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 26-3616590	PROVIDE MEDICAL TRANSPORT SERVICES	WI	501(C)(3)	509(A)(3) TYPE II	RH-WISCONSIN	Yes	
(12) LAKEVIEW MEMORIAL HOSPITAL FOUNDATION 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1386635	PROVIDE HOSPITAL PROGRAM FINANCIAL SUPPORT	MN	501(C)(3)	509(A)(3) TYPE II	STILLWATER HEALTH SYSTEM	Yes	
(13) LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0811697	HOSPITAL	MN	501(C)(3)	170(B)(1)(A)(III)	STILLWATER HEALTH SYSTEM	Yes	
(14) STILLWATER MEDICAL GROUP 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 83-0379473	PHYSICIANS GROUP	MN	501(C)(3)	509(A)(2)	STILLWATER HEALTH SYSTEM	Yes	
(15) STILLWATER HEALTH SYSTEM 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 30-0221189	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(3) TYPE II	HPI - RAMSEY	Yes	
(16) WESTFIELDS HOSPITAL INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0808442	HOSPITAL	WI	501(C)(3)	170(B)(1)(A)(III)	RH-WISCONSIN & GROUP HEALTH PLAN INC	Yes	
(17) WESTFIELDS HOSPITAL FOUNDATION INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1770913	PROVIDE HOSPITAL PROGRAM FINANCIAL SUPPORT	WI	501(C)(3)	509(A)(3) TYPE I	WESTFIELDS HOSPITAL INC	Yes	
(18) RAMSEY INTEGRATED HEALTH SERVICES 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1503090	IN-HOME PATIENT CARE	MN	501(C)(3)	509(A)(2)	HPI - RAMSEY	Yes	
(19) PARK NICOLLET HEALTH SERVICES 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 36-3465840	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(2) TYPE III	HEALTHPARTNERS INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(21) PARK NICOLLET FOUNDATION 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 23-7346465	GRANTS TO SERVE THE COMMUNITY	MN	501(C)(3)	170(B)(1)(A)(VI)	PARK NICOLLET HEALTH SERVICES	Yes	
(1) PARK NICOLLET METHODIST HOSPITAL 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-0132080	HOSPITAL	MN	501(C)(3)	170(B)(1)(A)(III)	PARK NICOLLET HEALTH SERVICES	Yes	
(2) PARK NICOLLET INSTITUTE 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-0961862	HEALTHCARE RESEARCH	MN	501(C)(3)	170(B)(1)(A)(III)	PARK NICOLLET HEALTH SERVICES	Yes	
(3) PARK NICOLLET HEALTH CARE PRODUCTS 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 01-0638901	HEALTHCARE PRODUCTS	MN	501(C)(3)	509(A)(3) TYPE II	PARK NICOLLET HEALTH SERVICES	Yes	
(4) PARK NICOLLET CLINIC 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-0834920	HEALTHCARE	MN	501(C)(3)	170(B)(1)(A)(III)	PARK NICOLLET HEALTH SERVICES	Yes	
(5) PNMC HOLDINGS 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1741792	HEALTHCARE REAL ESTATE	MN	501(C)(3)	509(A)(3) TYPE I	PARK NICOLLET CLINIC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	**No**
HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	HEALTHPARTNERS INC	C				Yes	
HEALTHPARTNERS ASSOCIATES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 52-2365151	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C				Yes	
HEALTHPARTNERS SERVICES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683568	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C				Yes	
HEALTHPARTNERS VENTURES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1838197	DEVELOP HEALTHCARE BUSINESS OPPORTUNITIES	MN	HEALTHPARTNERS INC	C				Yes	
HEALTHPARTNERS INSURANCE COMPANY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683523	MEDICAL AND DENTAL INSURANCE	MN	HEALTHPARTNERS ADMINISTRATORS INC	C				Yes	
DENTAL SPECIALTIES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 45-1297583	DENTAL CLINIC STAFFING	MN	HEALTHPARTNERS ADMINISTRATORS INC	C				Yes	
HEALTHPARTNERS CENTRAL MINNESOTA CLINICS 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1236798	MEDICAL CLINIC STAFFING AND MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C				Yes	
PARK NICOLLET ENTERPRISES 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1656735	REAL ESTATE FOR RELATED ORGANIZATIONS	MN	PARK NICOLLET HEALTH SERVICES	C				Yes	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318023094

Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2013

Attachment Sequence No **179**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
REGIONS HOSPITAL	FORM 990 PAGE 10	41-0956618

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	39,948,724

Part III **MACRS Depreciation (Do not include listed property.)** (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year			12 yrs	S/L	
c	40-year			40 yrs	MM	S/L

Part IV **Summary** (see instructions.)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	39,948,724
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year (see instructions)					
43 Amortization of costs that began before your 2013 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

REGIONS HOSPITAL

Financial Statements

December 31, 2013 and 2012

(With Independent Auditors' Report Thereon)

REGIONS HOSPITAL

Table of Contents

KPMG LLP
4200 Wells Fargo Center
90 South Seventh Street
Minneapolis, MN 55402

Independent Auditors' Report

The Finance and Audit Committee
Regions Hospital:

We have audited the accompanying financial statements of Regions Hospital, which comprise the statements of financial position as of December 31, 2013 and 2012, and the related statements of activities, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Regions Hospital as of December 31, 2013 and 2012, and the results of its activities and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

KPMG LLP

Minneapolis, Minnesota
March 25, 2014

REGIONS HOSPITAL

Statements of Financial Position

December 31, 2013 and 2012

(In thousands)

Assets		2013	2012
Current assets			
Cash and cash equivalents	$	86,634	64,517
Funds held by trustee		1,865	1,499
Undesignated investments		24,829	20,237
Receivables			
Patient accounts, net of allowance for doubtful accounts and charity care of $21,224 in 2013 and $21,825 in 2012		62,869	60,976
Other receivables		15,985	10,491
Inventory, prepaids, and other current assets		8,776	8,986
Total current assets		200,958	166,706
Investments			
Undesignated other investments		165,220	142,249
Funds held by trustee		20,602	20,778
Total investments		185,822	163,027
Beneficial interest in net assets of Regions Hospital Foundation		20,939	19,970
Property, plant, and equipment, net		299,182	299,225
Other long-term assets		4,205	3,028
Total assets	$	711,106	651,956
Liabilities and Net Assets			
Current liabilities			
Accounts payable	$	14,337	14,318
Salaries and other employee benefits payable		38,766	36,722
Accrued professional liability claims		2,936	3,780
Due to third-party payors		5,477	5,819
Due to affiliates		22,650	12,638
Current portion of long-term debt		3,548	3,383
Other		1,740	1,416
Total current liabilities		89,454	78,076
Accrued professional liability claims		14,801	12,742
Long-term debt, less current portion		209,550	213,099
Deferred lease revenue		5,089	5,393
Postretirement benefit obligation		5,892	6,390
Other liabilities		2,270	2,821
Total liabilities		327,056	318,521
Net assets			
Unrestricted		363,111	313,465
Temporarily restricted		20,296	19,355
Permanently restricted		643	615
Total net assets		384,050	333,435
Total liabilities and net assets	$	711,106	651,956

See accompanying notes to financial statements

REGIONS HOSPITAL

Statements of Activities

Years ended December 31, 2013 and 2012

(In thousands)

	2013	2012
Revenues:		
Net patient service revenue, before the provision for bad debts	$ 600,196	585,379
Provision for bad debts	3,486	3,423
Net patient service revenue	596,710	581,956
Other revenue	42,780	39,530
Total revenues	639,490	621,486
Expenses:		
Salaries and employee benefits	359,120	350,352
Supplies	102,030	104,135
Purchased services and other	96,743	86,433
Depreciation and amortization	40,011	37,538
Interest	10,934	11,111
Total expenses	608,838	589,569
Operating income	30,652	31,917
Nonoperating gains:		
Investment income and net realized gains	3,520	4,717
Excess of revenues over expenses	34,172	36,634
Transfers from affiliates, net	9,012	10,029
Change in net unrealized gains and losses on investments	6,462	4,400
Recognition of change in postretirement funded status	—	89
Increase in unrestricted net assets	$ 49,646	51,152

See accompanying notes to financial statements.

REGIONS HOSPITAL

Statements of Changes in Net Assets

Years ended December 31, 2013 and 2012

(In thousands)

		2013	2012
Unrestricted net assets:			
Excess of revenues over expenses	$	34,172	36,634
Transfers from affiliates, net		9,012	10,029
Change in net unrealized gains and losses on investments		6,462	4,400
Recognition of change in postretirement funded status		—	89
Increase in unrestricted net assets		49,646	51,152
Temporarily restricted net assets – increase in beneficial interest in net assets of Regions Hospital Foundation		941	4,147
Permanently restricted net assets – increase in beneficial interest in net assets of Regions Hospital Foundation		28	4
Increase in net assets		50,615	55,303
Net assets – beginning of year		333,435	278,132
Net assets – end of year	$	384,050	333,435

See accompanying notes to financial statements.

REGIONS HOSPITAL

Statements of Cash Flows

Years ended December 31, 2013 and 2012

(In thousands)

		2013	2012
Cash flows from operating activities			
Increase in net assets	$	50,615	55,303
Adjustments to reconcile increase in net assets to net cash provided by operating activities			
Change in beneficial interest in net assets of Regions Hospital Foundation		(969)	(4,151)
Restricted contribution received from Regions Hospital Foundation		(7,596)	(10,000)
Loss on disposal of property, plant, and equipment		62	314
Impairment of property, plant, and equipment		1,977	—
Change in net unrealized gains and losses on investments		(6,462)	(4,400)
Change in postretirement benefit obligation		498	431
Depreciation and amortization		36,262	35,639
Provision for bad debts		3,486	3,423
Changes in			
Receivables		(10,873)	(4,890)
Inventories, prepaid expenses, and other assets		(1,071)	2,198
Salaries and other employee benefits payable		1,048	(2,719)
Due to third-party payors		(342)	(2,452)
Due to affiliates		10,012	4,632
Accounts payable, other liabilities, and accrued professional liability claims		(1,592)	781
Deferred lease revenue		(304)	(303)
Total adjustments		24,136	18,503
Net cash provided by operating activities		74,751	73,806
Cash flows from investing activities			
Purchases of property, plant, and equipment		(35,885)	(44,434)
Purchases of investments		(125,740)	(41,898)
Proceeds from sale of investments		104,449	18,417
Net cash used in investing activities		(57,176)	(67,915)
Cash flows from financing activities			
Restricted contribution received from Regions Hospital Foundation		7,596	10,000
Payments on long-term debt		(3,054)	(2,908)
Net cash provided by financing activities		4,542	7,092
Increase in cash and cash equivalents		22,117	12,983
Cash and cash equivalents – beginning of year		64,517	51,534
Cash and cash equivalents – end of year	$	86,634	64,517
Supplemental cash flow information			
Cash paid for interest	$	11,330	11,510
Supplemental disclosure of noncash investing activities			
Additions of property, plant, and equipment funded through accounts payable	$	2,599	1,097

See accompanying notes to financial statements

(1) Summary of Significant Accounting Policies

(a) Organization

Regions Hospital (the Hospital) provides inpatient, outpatient, and emergency care services for residents of Saint Paul, Minnesota, and the surrounding communities.

HPI-Ramsey is the Hospital's parent corporation and a subsidiary of HealthPartners, Inc. (HealthPartners). HealthPartners is a not-for-profit health maintenance organization licensed in Minnesota and serves as the parent organization for all HealthPartners-related organizations. HPI-Ramsey is also the parent corporation of Regions Hospital Foundation (the Foundation), and RH-Wisconsin, Inc. (RHW). RHW is the parent corporation of Westfields Hospital, Inc. (WH), Hudson Hospital, Inc. (HH), and Western Wisconsin Emergency Medical Services Co. (WWEMS).

(b) Basis of Accounting

The financial statements are prepared in conformity with U.S. generally accepted accounting principles (GAAP).

(c) Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions, such as contractual allowances, allowances for doubtful accounts receivable and charity care, due to third-party payors, postretirement benefit obligations, general and professional liability claims, estimated unpaid medical and dental claims, and workers' compensation claims liability, that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

(d) Net Patient Service Revenue, Before the Provision for Bad Debts

Net patient service revenue consists of gross charges for patient services, less estimated contractual allowances for services provided to enrollees of Medicare, Medicaid, health maintenance organizations (HMOs), preferred provider organizations (PPOs), other third-party payors, and patients. Medicare and Medicaid payments for inpatient and outpatient services are primarily based on prospectively determined per-case rates. Payments for services provided to patients of HMOs, PPOs, and other third-party payors are negotiated between the Hospital and the respective payor on a per case, per diem, or fee schedule basis, or on discounts from established charges.

Initial revenue estimates are recorded in the period the related services are provided. The initial estimates are adjusted in future periods as new data, including final settlements, become available.

The Hospital utilizes a process to identify and appeal certain settlements by Medicare. Reimbursement is adjusted in the year the appeal is finalized. Appeals, cost report settlements, and other adjustments to prior year estimates resulted in an increase in net patient service revenue of

(In thousands)

$1,607 and $6,712 in 2013 and 2012, respectively, which represented 0.3% and 1.2%, respectively, of net patient service revenue.

(e) Allowance for Doubtful Accounts and Charity Care

Accounts receivable are reduced by an allowance for doubtful accounts or charity care, based on established guidelines for identifying uncollectible patient accounts and classifying these accounts as either doubtful accounts or charity care. In evaluating the collectibility of accounts receivable, the Hospital's management periodically assesses the allowance for doubtful accounts and charity care by taking into consideration, by payor category, the expected net collections, accounts receivable aging, historical collections experience, economic conditions, trends in healthcare coverage, and other collection indicators. The primary source of the allowance for doubtful accounts is the patient responsibility portion of commercial accounts. The primary source of the allowance for charity care is charges for uninsured patients. Patients who are insured are assessed separately for collectibility from uninsured patients. The results of these assessments are used to establish the net realizable value of patient accounts receivable and the allowance for doubtful accounts and charity care.

The Hospital provided medical care without charge or at reduced cost to patients who were determined to be unable to pay (charity care) of $54,419 and $55,671 in 2013 and 2012, respectively, and provided medical care to patients who were determined to be able, but unwilling, to pay (doubtful accounts) of $3,486 and $3,423 in 2013 and 2012, respectively. Accordingly, the Hospital does not separate allowance accounts for doubtful accounts and charity care.

The following reflects the estimates made and changes affecting those estimates on the allowance for doubtful accounts and charity care for the years 2013 and 2012:

		2013	2012
Change in allowance for doubtful accounts and charity care:			
Allowance at beginning of year	$	21,825	25,350
Provision for doubtful accounts		3,486	3,423
Write-offs of doubtful accounts		(942)	(2,081)
Net change attributed to doubtful accounts		2,544	1,342
Provision for charity care accounts		54,419	55,671
Write-offs of charity care accounts		(57,564)	(60,538)
Net change attributed to charity care accounts		(3,145)	(4,867)
Allowance at end of year	$	21,224	21,825

The Hospital combines doubtful accounts and charity care in a single allowance account and estimates the relative impact of bad debt and charity care on the allowance account.

(f) Cash and Cash Equivalents

The Hospital considers investments with a maturity of three months or less to be cash and cash equivalents, and are carried at cost, which approximates fair value. Cash and cash equivalents held for long-term or restricted as to use are classified as investments and are excluded from cash and cash equivalents.

(g) Inventory

Inventories, consisting of pharmaceutical products and operating room center core supplies, are valued at the lower of cost (first-in, first-out) or market, and all other inventories are valued at the lower of average cost or market.

(h) Investments and Investment Income

Investments are carried at fair value based on quoted market prices. Because of the inherent uncertainty of certain valuations, estimated fair values might differ significantly from the fair values that would have been used had a ready market for the investments existed. Undesignated other investments are not intended to be used for current operations and are, therefore, classified as noncurrent assets. Funds held by trustee are intended to be used for repayment of long-term debt.

Investment income (including dividends, interest, realized gains and losses on sales of investments, and changes in unrealized gains and losses on trading securities) is included in nonoperating gains (losses) in the statements of activities. Interest income earned on short-term construction funds and debt service reserve funds is included in other revenue in the statements of activities. Changes in unrealized gains and losses on investments designated as other-than-trading securities are excluded from excess of revenue over expenses in the statements of activities. The majority of the Hospital's investments are designated as other-than-trading securities at December 31, 2013 and 2012.

The Hospital's investments are exposed to various risks, such as interest rate, market, cash flow, and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the values of investments, it is possible that changes in risks in the near term could materially affect the amounts reported in the accompanying statements of financial position, activities, and changes in net assets.

(i) Realized and Unrealized Gains and Losses

Realized and unrealized gains and losses are determined using the specific security identification method. The Hospital regularly reviews each investment in its various asset classes to evaluate the necessity of recording impairment losses for other-than-temporary declines in fair value. During these reviews, the Hospital evaluates many factors, including, but not limited to, the length of time and the extent to which the current fair value has been below the cost of the security, specific credit issues such as collateral, financial prospects related to the issuer, the Hospital's intent and ability to hold or sell the security, and current economic conditions.

Other-than-temporary impairment (OTTI) is recognized in earnings for a fixed maturity security in an unrealized loss position when it is anticipated that the amortized cost will not be recovered. In

such situations, the OTTI recognized in earnings is the entire difference between the fixed maturity security's amortized cost and its fair value only when either the Hospital has the intent to sell the fixed maturity security or it is more likely than not that the Hospital will be required to sell the fixed maturity security before recovery of the decline in the fair value below amortized cost. If neither of these two conditions exists, the difference between the amortized cost basis of the fixed maturity security and the present value of the projected future cash flows expected to be collected is recognized as an OTTI in earnings (credit loss). If the fair value is less than the present value of projected future cash flows expected to be collected, this portion of the OTTI related to other-than-credit factors (noncredit loss) is recorded in net assets as changes in net unrealized loss (gain) for noncredit losses on investments. When an unrealized loss on a fixed maturity security is considered temporary, the Hospital continues to record the unrealized loss in net assets as changes in net unrealized loss (gain) on investments and not in earnings. There was no change for equity securities, which, when an OTTI has occurred, continue to be impaired for the entire difference between the equity security's cost and its fair value with a corresponding charge to earnings.

For nonstructured fixed maturity securities, an OTTI is recorded when the Hospital believes that it is no longer probable the Hospital will recover all amounts due under the contractual terms of the security.

For structured fixed maturity securities, an OTTI is recorded when the Hospital believes that based on expected future cash flows, the Hospital will not recover all amounts due under the contractual terms of the security. The credit loss component considers inputs from outside sources along with managements' opinion of factors to develop inputs into the cash flow analysis. These inputs include, among other things, default assumptions on underlying loans, recovery assumptions once underlying loans are in default, and a number of other economic inputs into the model.

For equity securities, an OTTI is recorded when the Hospital does not have the ability and intent to hold the security until forecasted recovery, or if the forecasted recovery is not within a reasonable period. Mutual funds are reviewed by analyzing the characteristics of the underlying investments and the outlook for the asset class along with the ability and intent to hold investments.

All other material unrealized losses are reviewed for any unusual event that may trigger an OTTI. Determination of the status of each analyzed investment as other than temporary or not is made based on these evaluations with documentation of the rationale for the decision.

Upon recognizing an OTTI, the new cost basis of the security is the previous amortized cost basis less the OTTI recognized in net realized investment gains (losses). The new cost basis is not adjusted for any subsequent recoveries in fair value.

The Hospital may, from time to time, sell invested assets subsequent to the financial position date that were considered temporarily impaired at the financial position date for several reasons. Conversely, the Hospital may not sell invested assets that it asserted that it intended to sell at the financial position date. The rationale for the change in the Hospital's ability and intent generally focuses on unforeseen changes in the economic facts and circumstances related to the invested asset subsequent to the financial position date, significant unforeseen changes in the Hospital's liquidity

(In thousands)

needs, or changes in tax laws or the regulatory environment. The Hospital had no material sales of invested assets subsequent to December 31, 2013.

(j) Net Assets and Beneficial Interest in Net Assets of Regions Hospital Foundation

Net assets are classified as permanently restricted, temporarily restricted, or unrestricted in the financial statements based on the existence or absence of donor-imposed restrictions. Restricted net assets at December 31, 2013 and 2012 include the Hospital's beneficial interest in the net assets of the Foundation. The Foundation's permanently restricted net assets have been restricted by donors to be maintained in perpetuity. The temporarily restricted net assets and income on permanently restricted net assets are restricted for specific programs, including research and education.

(k) Property, Plant, and Equipment, Net

The majority of the Hospital's main campus is owned by Ramsey County and leased to the Hospital. The lease agreement grants the Hospital use of the property through December 2066 and requires the Hospital to (i) provide care to the indigent of Ramsey County throughout the lease term; (ii) pay all taxes, utilities, maintenance, and insurance costs with respect to the property; (iii) use its best efforts to continue providing, and consult with the Ramsey County Board of Commissioners before discontinuing its major or unique services, including but not limited to the trauma center, burn unit, graduate medical education, and research services; and (iv) not assign the lease to a for-profit corporation. The property leased from Ramsey County is included in the Hospital's net property, plant, and equipment. Under the lease, the Hospital is required to provide a minimum dollar amount of charity care to Ramsey County residents. In the event the value of charity care does not meet the lease requirement, the Hospital can fulfill the requirement by making capital improvements to the Hospital property. The Hospital's compliance with the charity care requirement of the lease is based on the value of charity care provided and reduced by Ramsey County's direct cash support, if any.

Property, plant, and equipment, net, including the property leased from Ramsey County, is recorded at cost, and depreciation is computed on the straight-line method over estimated useful lives of the related assets as follows:

Land improvements	5–40 years
Buildings and building service equipment	10–40 years
Equipment	3–15 years

Equipment under capital lease is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the financial statements.

Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of the underlying assets.

Gifts of long-lived assets such as land, buildings, or equipment are reported at fair value as a direct increase to unrestricted net assets, and are excluded from the excess of revenue over expenses. Gifts of long-lived assets that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted net assets. Absent explicit donor stipulations about how long these long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

(l) Impairment of Long-Lived Assets

Management periodically reviews the carrying value of long-lived assets for potential impairment by comparing the carrying value of these assets to the estimated undiscounted future cash flows expected to result from the use of these assets. Should the sum of the related, expected future net cash flows be less than the carrying value, an impairment loss could be recognized dependent upon other considerations. Impairments of $1,977 and $0 are included in depreciation and amortization for the years ended December 31, 2013 and 2012, respectively.

In addition to consideration of impairment upon events or changes in circumstances described above, management regularly evaluates the remaining useful lives of its long-lived assets. If estimates are revised, the carrying value of fixed assets is depreciated or amortized over the remaining lives.

(m) Deferred Financing Costs

Financing and legal costs incurred in connection with the issuance of long-term debt are amortized over the life of the related indebtedness using the effective-interest method, and are included within other assets on the statements of financial position.

(n) Uncompensated Care

The Hospital provides care to patients without regard to the patient's ability to pay. Upon determining that a patient meets the Hospital's established charity care criteria, the charges for services provided to the patient are determined to qualify as uncompensated care and are not reported as revenue.

(o) Statements of Activities

The Hospital's operating income includes all unrestricted revenues and expenses. Nonoperating gains and losses include other-than-temporary investment losses and unrestricted investment income.

Changes in unrestricted net assets, which are excluded from excess of revenues over expenses, consistent with industry practice, include unrealized gains and losses on investments other-than-trading securities, permanent transfers of assets to and from affiliates for other than goods and services, and contributions of long-lived assets (including assets acquired using contributions whereby donor restrictions were to be used for the purposes of acquiring such assets).

(In thousands)

(p) Tax-Exempt Status

The Internal Revenue Service has determined that the Hospital is a not-for-profit Minnesota corporation exempt from income tax under Section 501(c)(3) of the Internal Revenue Code (IRC).

(q) Income Taxes

The Hospital's accounting policy provides that a tax benefit from an uncertain tax position may be recognized when it is more likely than not that the position will be sustained upon examination, including resolutions of any related appeals or litigation processes, based on the technical merits. The Hospital recorded no liabilities in 2013 or 2012 for unrecognized tax benefits.

(2) Inventory, Prepaids, and Other Current Assets

At December 31, 2013 and 2012, other current assets comprised the following:

		2013	2012
Inventory	$	5,824	5,869
Prepaid expenses and other		2,952	3,117
Total inventory, prepaids, and other current assets	$	8,776	8,986

(3) Other Long-Term Assets

At December 31, 2013 and 2012, other long-term assets comprised the following:

		2013	2012
Deferred financing costs	$	1,560	1,664
Goodwill		1,329	—
Prepaid facility rent		1,029	1,114
Equity interest in East Metro Imaging Centers, LLC (EMIC)		250	249
Other		37	1
Total other long-term assets	$	4,205	3,028

(Continued)

(In thousands)

(4) Investments

The composition of the investment portfolio as of December 31, 2013 and 2012 is summarized as follows:

		Undesignated	Held by trustee	Total
2013:				
Cash equivalents	$	1,058	2,072	3,130
Government agency securities		12,272	—	12,272
Asset-backed securities		25,431	—	25,431
Residential mortgage-backed securities		36,816	—	36,816
Commercial mortgage-backed securities		18,032	—	18,032
Corporate obligations		44,628	20,395	65,023
Common stocks/mutual funds		51,812	—	51,812
	$	190,049	22,467	212,516
2012:				
Cash equivalents	$	1,067	1,900	2,967
Government agency securities		17,356	—	17,356
Asset-backed securities		16,801	—	16,801
Residential mortgage-backed securities		41,649	—	41,649
Commercial mortgage-backed securities		13,995	—	13,995
Corporate obligations		43,273	20,377	63,650
Common stocks/mutual funds		28,345	—	28,345
	$	162,486	22,277	184,763

Investments as of December 31 are as follows:

		2013	2012
Current portion	$	26,694	21,736
Long-term portion		185,822	163,027
Total investments	$	212,516	184,763

(Continued)

(In thousands)

Investment return for the years ended December 31, 2013 and 2012 is summarized as follows:

		2013	2012
Unrestricted interest and dividends	$	4,918	5,455
Unrestricted net realized (loss) gain		(261)	590
Total unrestricted investment income		4,657	6,045
Change in net unrestricted unrealized gains on investments		6,462	4,400
Total investment return	$	11,119	10,445

The investment return is included in the accompanying financial statements as follows:

		2013	2012
Other revenue – earned on funds held by trustee	$	1,137	1,328
Nonoperating gains:			
Investment income and net realized gains		3,520	4,717
Unrestricted net assets – change in unrealized gains		6,462	4,400
	$	11,119	10,445

Gross unrealized losses and fair values, aggregated by investment category and length of time that individual securities have been in a continuous unrealized loss position, including the noncredit portion of OTTI, as of December 31, 2013 and 2012, are as follows:

	Less than 12 months		12 months or more		Total	
	Fair market value	Unrealized loss	Fair market value	Unrealized loss	Fair market value	Unrealized loss
2013						
Government agency securities	$ 7,329	(163)	—	—	7,329	(163)
Asset-backed securities	9,738	(47)	553	(27)	10,291	(74)
Residential mortgage-backed securities	15,701	(304)	—	—	15,701	(304)
Commercial mortgage-backed securities	11,510	(229)	749	(7)	12,259	(236)
Corporate obligations	15,864	(234)	—	—	15,864	(234)
Common stock/mutual funds	—	—	—	—	—	—
	$ 60,142	(977)	1,302	(34)	61,444	(1,011)

(Continued)

(In thousands)

	Less than 12 months		12 months or more		Total	
	Fair market value	Unrealized loss	Fair market value	Unrealized loss	Fair market value	Unrealized loss
2012						
Government agency securities	$ 1,037	(2)	—	—	1,037	(2)
Asset-backed securities	1,045	(25)	337	(9)	1,382	(34)
Residential mortgage-backed securities	69	(1)	439	(42)	508	(43)
Commercial mortgage-backed securities	3,819	(12)	—	—	3,819	(12)
Corporate obligations	2,091	(6)	—	—	2,091	(6)
Common stock/mutual funds	83	(1)	—	—	83	(1)
	$ 8,144	(47)	776	(51)	8,920	(98)

The following paragraphs summarize the Hospital's evaluation of investment categories with unrealized losses as of December 31, 2013.

U.S. government securities are temporarily impaired due to current interest rates and not credit-related reasons. The Hospital expects to collect all principal and interest on these securities.

Corporate security valuations are impacted by both interest rates and credit industry specific issues. The Hospital recognizes an OTTI due to credit issues if the Hospital feels the security will not recover in a reasonable period of time. Unrealized losses are primarily due to the interest rate environment and certain industries falling out of favor.

Asset-backed securities, Commercial mortgage-backed securities, and Residential mortgage-backed securities are impacted by both interest rates and the value of the underlying collateral. The Hospital utilizes thresholds and discounted cash flow models using outside assumptions to determine if an OTTI is warranted.

Equity securities with unrealized losses at December 31, 2013 primarily represent highly diversified publicly traded equity securities that generally move up or down with the capital markets. Additionally, the equity securities have an unrealized gain position of approximately $17,848.

(5) Fair Value of Financial Instruments

All financial instruments are carried at fair value, with the exception of revenue bonds and notes payable, which had a carrying value of $213,098 and $216,482 and a fair value of $211,018 and $219,791 as of December 31, 2013 and 2012, respectively.

The following methods and assumptions were used to estimate the fair value of each class of financial instruments:

(a) Cash and Cash Equivalents

The carrying amount approximates fair value due to the short duration of those financial instruments.

(b) Investments

The fair values are based on quoted market prices at the reporting date where available. For securities not actively traded, fair value is estimated based on investments with similar interest rates, credit quality, yield, and maturity.

(c) Revenue Bonds

The fair value of the Hospital's revenue bonds is estimated based on the quoted market prices for similar issues, as advised by the Hospital's investment bankers.

(d) Notes Payable

The fair value of the Hospital's notes payable is estimated based on cash flows, discounted at current rates, for instruments of similar maturities and credit quality.

The Hospital established a three-level fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and lowest priority to unobservable inputs (Level 3 measurements). The determination of the level within the hierarchy is based on the lower level input that is significant to the fair value measurement. The three levels of the fair value hierarchy are described below:

Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.

Level 2 Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly.

Level 3 Prices or valuations that require inputs that are both significant to the fair value measurement and are unobservable. The unobservable inputs reflect the Hospital's own assumptions.

The Hospital has developed the following guidelines to report investments into the three-level hierarchy for establishing fair market measurements:

Level 1 Active markets
Observable and highly liquid securities
Vendor based evaluation
Last trade price for identical securities
Dollar price quotes from broker/dealers for identical securities

Level 2 Active but impaired markets
Quoted prices for similar assets
Observable inputs other than quoted prices

(In thousands)

Level 3 Illiquid on distressed markets
Unobservable inputs
The Hospital designed models to calculate fair value

The Hospital has classified its investments as cash equivalents, government agency securities, asset-backed securities, residential mortgage-backed securities, commercial mortgage-backed securities, corporate obligations, and common stocks/mutual funds.

The following is a description of the valuation methodologies used for investments held and carried at fair value:

The fair value of equity securities is based on quoted prices from national exchanges. The fair value of fixed maturity securities is based on commonly used third-party pricing services. Mutual fund prices are derived from the underlying security values and are based on quoted prices from national exchanges and commonly used third-party pricing services. The Hospital obtains one price for each security and mutual fund primarily from a national exchange or third-party pricing service, which generally uses Level 1 and Level 2 inputs for the determination of fair value.

The following tables present the level within the fair value hierarchy at which the Hospital's invested assets are measured on a recurring basis at December 31, 2013 and 2012:

	Level 1	Level 2	Level 3	Total
2013				
Invested assets				
Cash equivalents	$ 3,129	—	—	3,129
Fixed income				
Government agency securities	12,272	—	—	12,272
Asset-backed securities	—	25,431	—	25,431
Residential mortgage-backed securities	—	36,816	—	36,816
Commercial mortgage-backed securities	—	18,032	—	18,032
Corporate obligations	—	65,024	—	65,024
Mutual funds				
Index funds	26,609	—	—	26,609
Mid cap funds	12,905	—	—	12,905
International funds	12,298	—	—	12,298
Total investment assets at fair value	$ 67,213	145,303	—	212,516

(Continued)

(In thousands)

	Level 1	Level 2	Level 3	Total
2012				
Invested assets				
Cash equivalents	$ 2,967	—	—	2,967
Fixed income				
Government agency securities	17,356	—	—	17,356
Asset-backed securities	—	16,801	—	16,801
Residential mortgage-backed securities	—	41,649	—	41,649
Commercial mortgage-backed securities	—	13,995	—	13,995
Corporate obligations	—	63,650	—	63,650
Mutual funds				
Index funds	15,540	—	—	15,540
Mid cap funds	7,085	—	—	7,085
International funds	5,720	—	—	5,720
Total investment assets at fair value	$ 48,668	136,095	—	184,763

The Hospital had no transfers between Levels 1 and 2 during the years ended December 31, 2013 and 2012.

(6) Net Patient Service Revenue

Net patient service revenue for the years ended December 31, 2013 and 2012 is as follows:

	2013	2012
Medicare	$ 175,521	169,848
Medicaid	100,298	99,461
Other third-party payors	243,786	242,194
Patients	135,010	129,547
Net patient service revenue, before charity care and provision for bad debt	654,615	641,050
Charity care	(54,419)	(55,671)
Provision for bad debt	(3,486)	(3,423)
Net patient service revenue	$ 596,710	581,956

(Continued)

(In thousands)

(7) Accounts Receivable by Payor

The Hospital grants credit without collateral to its patients, most of whom are insured under third-party payor agreements. The mix of gross receivables from patients and third-party payors at December 31, 2013 and 2012 was as follows:

	2013	2012
Medicare	28%	27%
Medicaid	11	13
Other third-party payors	56	56
Patients	5	4
	100%	100%

(8) Property, Plant, and Equipment, Net

A summary of the costs and the related accumulated depreciation at December 31, 2013 and 2012 is as follows:

	2013		2012	
	Cost	Accumulated depreciation	Cost	Accumulated depreciation
Land and land improvements	$ 5,187	2,686	4,506	2,685
Buildings and building service equipment	442,200	205,142	429,241	185,332
Equipment	230,453	175,373	210,470	158,866
Construction in progress	4,543	—	1,891	—
	$ 682,383	383,201	646,108	346,883
Property, plant, and equipment, net		$ 299,182		299,225

Construction in progress at December 31, 2013 and 2012 represents deposits on equipment purchases and costs incurred in connection with remodeling and building projects. The Hospital paid interest of $11,330 and $11,510 in 2013 and 2012, respectively. At December 31, 2013 and 2012, there was $0 of capitalizable interest included in construction in progress.

(In thousands)

(9) Long-Term Debt

Long-term debt at December 31, 2013 and 2012 consisted of the following:

		2013	2012
Hospital Facility Revenue Bonds – Series 1998; interest at 5.00% to 5.30%; tax-exempt; payable in annual installments through 2028, net of unamortized bond discount of $544 and $610 for 2013 and 2012, respectively	$	36,166	37,665
Hospital Facility Revenue Bonds – Series 2006; interest at 4.625% to 5.250%; tax-exempt; payable in annual installments through 2036, net of unamortized bond premium of $6,496 and $6,892 for 2012 and 2011, respectively		174,951	176,732
Health Care Facility Revenue Note – Series 2006; interest at 5.386%, payable in monthly installments through August 2026		1,981	2,085
Total debt		213,098	216,482
Less current portion		3,548	3,383
Long-term portion	$	209,550	213,099

(a) Hospital Facility Revenue Bonds

Series 1998 and Series 2006 Hospital Facility Revenue Bonds were issued by the Housing and Redevelopment Authority of the City of Saint Paul (HRA) on behalf of the Hospital. Payment of the principal and interest on the Series 1998 and Series 2006 bonds are the joint obligation of the HealthPartners Obligated Group (Obligated Group), which includes Group Health Plan, Inc. (GHI), the Hospital, HealthPartners, HealthPartners Administrators, Inc., and HealthPartners Insurance Company (HPIC). The bond proceeds were used primarily for hospital facility construction, general facility refurbishing, and equipment acquisition.

The Obligated Group's gross revenues were pledged toward repayment of the bonds. The debt agreements include covenants enumerating minimum debt service coverage requirements, along with restrictions on the incurrence of additional debt, sales of assets, mergers and consolidations, transactions with affiliates, creation of liens, and certain other matters.

(Continued)

(In thousands)

The debt agreements also require the Hospital to maintain certain funds in trust accounts. Investments in the trusts are recorded at fair value. Such funds are included in investments in the statements of financial position at December 31, 2013 and 2012, as follows:

		2013	2012
Funds held by trustee:			
Debt service reserve fund	$	21,019	21,196
Bond interest and principal fund		1,448	1,081
Total funds held by trustee		22,467	22,277
Less current portion		1,865	1,499
Long-term portion	$	20,602	20,778

Interest income of $194 and $355 was earned on debt service reserve funds held by trustee has been included in other revenue for the years ended December 31, 2013 and 2012, respectively.

(b) Health Care Facility Revenue Note

The Series 2006 Health Care Facility Revenue Note was issued by the City of Maplewood, Minnesota, on behalf of the Hospital. Payment of the principal and interest is the sole obligation of the Hospital. The bond proceeds were used primarily for the acquisition, construction, and equipping of the Maplewood Sleep Center.

(c) Line of Credit

The Hospital put in place an Intermediate Revolving Line of Credit on July 1, 2009 to cover any amount in excess of $25,000 under the revolving working capital line of credit above. The maximum amount of this intermediate revolving line of credit will not exceed $15,000. Interest varies monthly, based on the Prime Rate in *the Wall Street Journal* effective on the first day of each month, which was 3.25% on December 31, 2013. At December 31, 2013, there was no outstanding principal balance. Any principal outstanding is due in full on June 30, 2014. The total combined amount of the revolving line of credit is not to exceed $40,000. In 2013, the Hospital paid HealthPartners no interest on the line of credit.

(In thousands)

Annual principal payments due on long-term debt are as follows:

Year ending December 31:		
2014	$	3,548
2015		3,714
2016		3,889
2017		4,075
2018		4,272
Thereafter		193,600
	$	213,098

(10) Asbestos Abatement

Accounting Standards Codification (ASC) 410, *Asset Retirement and Environmental Obligations* (ASC 410), requires companies to accrue for costs related to legal obligations to perform certain activities in connection with the retirement, disposal, or abandonment of assets. The Hospital recorded asset retirement obligations in accordance with this interpretation for conditional asset retirement obligations related to the removal of asbestos contained within the hospital building. The asset retirement obligation is adjusted each year for any liabilities incurred or settled during the period, accretion expense, and any revisions made to the estimated cash flows. At December 31, 2013 and 2012, the Hospital recorded an asset retirement obligation of $3,707 and $3,933, respectively.

(11) Other Postretirement Benefits and Pension Plans

(a) Postretirement Benefits

The Hospital sponsors a defined-benefit plan that provides postretirement medical and dental benefits to substantially all of the Hospital's employees hired prior to January 1, 1993, and retired by December 31, 2000. The plan is contributory for retirees below age 65 and noncontributory for retirees aged 65 and older. In 1994, the plan was amended to eliminate subsidized coverage after age 65 for participants who retired after July 1, 1994. In 1999, the plan was amended to eliminate coverage for active employees who retired after December 31, 2000.

The Hospital uses a December 31 measurement date for the postretirement plan.

(Continued)

(In thousands)

The following tables provide a reconciliation of the changes in the plan's benefit obligations and fair value of assets over the periods ended December 31, 2013 and 2012, and a statement of funded status as of the same dates:

		2013	2012
Change in benefit obligation:			
Benefit obligation – beginning of year	$	7,095	7,665
Interest cost		192	289
Actuarial gain		—	(112)
Benefit payments		(705)	(747)
Benefit obligation – end of year	$	6,582	7,095
Change in plan assets:			
Fair value of plan assets – beginning of year	$	—	—
Employer contributions		705	747
Benefits paid		(705)	(747)
Fair value of plan assets – end of year	$	—	—

		2013	2012
Amounts recognized in the statement of financial position consist of the following:			
Current liabilities – salaries and other employee benefits payable	$	(690)	(705)
Noncurrent liabilities – postretirement benefit obligation		(5,849)	(6,390)
Total amount recognized	$	(6,539)	(7,095)
Amounts recognized in unrestricted net assets consist of:			
Net loss	$	(43)	(43)
Prior service credit		—	—
Total amount recognized	$	(43)	(43)

The components of net periodic benefit cost for the plan for 2013 and 2012 were as follows:

		2013	2012
Interest cost	$	192	289
Amortization of prior service cost		—	(22)
Recognized actuarial gain		—	—
Net periodic postretirement benefit cost	$	192	267

(Continued)

(In thousands)

Assumptions and healthcare trends for 2013 and 2012 were as follows:

	2013	2012
Assumed healthcare cost trends:		
Following year	7.50%	7.70%
Rate to which the cost trend rate is assumed to decline	4.50	4.50
Year that the rate reaches the ultimate trend rate	2029	2029
Assumptions used to determine benefit obligations:		
Discount rate	2.85%	2.85%
Future compensation increase rates	—	—
Assumptions used to determine net periodic benefit costs:		
Discount rate	2.85%	4.00%
Expected long-term rate of return	—	—

As an indicator of sensitivity, a one-percentage-point increase in the assumed healthcare cost trend rate for each year would increase the accumulated postretirement benefit obligation as of December 31, 2013 and 2012, by approximately 6.4% and 6.4% and postretirement healthcare expense for 2013 and 2012 by approximately 6.4% and 7.1%, respectively. A one-percentage-point decrease in the assumed healthcare cost trend rate for each year would decrease the accumulated postretirement benefit obligation as of December 31, 2013 and 2012, by approximately 5.9% and 5.9% and postretirement healthcare expenses for 2013 and 2012 by approximately 5.9% and 6.4%, respectively.

The following is the expected cash cost to the Hospital for the next 10 years using current healthcare cost assumptions:

Years ending December 31:	
2014	$ 690
2015	672
2016	649
2017	623
2018	593
2019–2023	2,431

In December 2003, the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the Act) was signed into law. The provisions of the Act provide for a federal subsidy for plans that provide prescription drug benefits and meet certain qualifications and, alternatively, would allow prescription drug plan sponsors to coordinate with the Medicare benefit. The Hospital has delegated responsibility to its contracted healthcare insurance provider in exchange for lower premiums for in-network retirees.

(Continued)

(b) Pension Plan

Substantially all full-time employees of the Hospital are covered by the Hospital's defined-contribution retirement plan or by the defined-benefit plans administered by the Public Employees Retirement Association of the State of Minnesota (PERA).

The Hospital sponsors a defined-contribution retirement plan covering all employees over the age of 21 who have completed one year of eligible service and are not covered by PERA. The plan provides for both a base contribution and a matching contribution funded by the employer based on employees' participation in a qualifying 403(b) plan. The plan is a qualified plan under IRC Section 401(a) and satisfies the requirements of Section 401(m). The Hospital's contributions range from 4% to 6% of eligible employees' compensation. Total contributions to the plan were $10,620 and $10,473 in 2013 and 2012, respectively.

PERA is a contributory defined-benefit retirement plan available to employees hired by the Hospital prior to September 3, 1986, who may, but are not obligated to continue PERA participation under provisions of Minnesota Statutes. The PERA plan provides retirement benefits as well as disability benefits to members, and benefits to survivors upon death of eligible members. Benefits are established by Minnesota State Statute and vest after three years of credited service. Contributions by the Hospital to this plan are based on a percentage of eligible employees' salaries. The contributory percentage is established by PERA. Contributions to PERA were $265 and $446 in 2013 and 2012, respectively. The Hospital's relative actuarial position and relative net assets available for benefits are not determinable.

(12) Self-Insurance

The Hospital is self-insured for general liability claims up to $1,000 per occurrence and $3,000 annual aggregate and professional liability claims up to $5,000 per occurrence and no annual aggregate from February 2009 through December 2013. The Hospital purchases insurance protection for potential claims in excess of the self-insured amounts, up to a maximum of $55,000 per occurrence and annual aggregate in 2013 and 2012. The Hospital's annual aggregate period runs from February 1st to January 31st. The balance of the accrued professional liability claims is $17,737 and $16,522 as of December 31, 2013 and 2012, respectively, and is shown on the statements of financial position. The Hospital has recorded a liability for claims incurred but not reported. The Hospital legally dissolved its general and professional liability trust fund in 2006. The Hospital is also self-insured for workers' compensation claims up to $940 and $920 per loss occurrence for 2013 and 2012, respectively, (its retention limit with the Workers' Compensation Reinsurance Association). The Hospital has recorded a liability for claims incurred but not reported. The balance of accrued workers compensation claims is $4,062 and $3,911, as of December 31, 2013 and 2012, respectively, and is shown on the statements of financial position within salaries and other employee benefits payable.

The Hospital is self-insured for certain employee health and dental claims through HPIC, a subsidiary of HealthPartners. The Hospital has stop-loss insurance for claims in excess of $100 per person (individual) per year, with an unlimited lifetime maximum in 2013 and 2012. The Hospital has recorded a liability for claims incurred but not reported. The balance of accrued health and dental claims is $3,125 and $2,842 as

(In thousands)

of December 31, 2013 and 2012, respectively, and is shown on the statements of financial position within salaries and other employee benefits payable.

(13) Commitments

(a) Operating Leases

The Hospital leases software, equipment, medical clinic space, parking ramp, and office space under operating lease agreements that expire at varying dates. The leases provide for minimum monthly rental payments, plus additional rentals, based on the Hospital's pro rata share of utilities, maintenance, taxes, insurance, and building management expenses.

The following is a five-year schedule of future minimum rental payments required under these leases:

Year ending December 31:	
2014	$ 6,316
2015	6,231
2016	5,735
2017	5,804
2018	5,673
Thereafter	30,804
	$ 60,563

Rental expense totaled $9,615 and $9,930 for 2013 and 2012, respectively, and includes the operating lease payments noted above, certain rent payments to Ramsey County in conjunction with the lease agreement, and other monthly rent payments, and is included in purchased services and other in the statements of activities.

(b) Deferred Lease Revenue

The Hospital entered into space lease agreements in 2007 and 2005 to sublease space in the Hospital through August 31, 2031 and December 31, 2031, respectively. The subleases required onetime, prepaid, lump-sum payments from the lessee of $5,451 and $2,070 in 2007 and 2005, respectively; these prepayments were recognized as deferred revenue and will be amortized over the term of the lease using the straight-line method. The remaining deferred lease revenue recorded at December 31, 2013 and 2012 was $5,393 and $5,697, respectively, and is included in deferred lease revenue and other current liabilities in the statements of financial position.

(14) Affiliated Organizations

The Hospital paid affiliated organizations for physicians' and administrative services in 2013 and 2012, in the amounts of $50,167 and $49,379, respectively. The Hospital contributed to its affiliates $0 and $203 during 2013 and 2012, respectively.

(In thousands)

The Hospital also provides medical care to patients who are participants in various health maintenance plans and programs of HealthPartners. Net patient service revenue related to such patients in 2013 and 2012 were $85,360 and $92,843, respectively.

The Hospital's net accounts receivable from affiliates related to the various medical care to patients noted above were $6,507 and $7,929 at December 31, 2013 and 2012, respectively, which are included in patient accounts receivable on the statements of financial position.

The Hospital provided operating support to affiliates of $3,500 during 2013 to support medical education and research, included in purchased services and other.

During 2006, the Hospital loaned $4,000 to WH. WH paid off this loan in 2012. The Hospital recorded $32 in interest revenue during 2012. The Hospital finances trade payables processed by HealthPartners with a revolving working capital line of credit made available to the Hospital by HealthPartners. At December 31, 2013 and 2012, the outstanding balance under the revolving working capital line of credit of $22,150 and $12,638, respectively, is included in due to affiliates. Interest is paid on balances in excess of $25,000, based on an average money market yield, which was 0.03% and 0.06% at December 31, 2013 and 2012, respectively. In 2013 and 2012, the Hospital paid HealthPartners no interest on the line of credit.

The Hospital has an agreement with HealthPartners to sublease approximately 26,580 of rentable square feet of space in the HealthPartners Specialty Center (HPSC). Total rents paid in 2013 and 2012 were $941 and $1,046, respectively.

The Hospital has purchased stop-loss coverage for certain employee health and dental claims. This coverage was purchased through HPIC, a subsidiary of HealthPartners. The Hospital paid HPIC $3,881 and $3,842 in 2013 and 2012, respectively, for this coverage. The Hospital has recovered from HPIC $1,688 and $794 in 2013 and 2012, respectively, for claims in excess of coverage limits.

The Hospital received net asset transfers from the Foundation of $9,172 and $10,029 in 2013 and 2012, respectively, including $7,596 and $10,000 transfers in 2013 and 2012, respectively, for the construction and furnishing of the new mental health building.

The Hospital made a net asset transfer of $160 and $0 in 2013 and 2012, respectively, to WWEMS for the support of a long-term investment in St Croix Valley EMS.

(15) Classification of Expenses

The Hospital's expenses are classified as follows:

		2013	2012
Healthcare services	$	545,932	528,600
General and administrative		38,287	37,102
Taxes and assessments		24,619	23,867
Total expenses	$	608,838	589,569

(Continued)

(16) Contingencies

The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations can be subject to government review and interpretation, as well as regulatory actions unknown and unasserted at this time. Government activity has increased with respect to investigations and allegations concerning possible regulatory violations by healthcare providers, which could result in the imposition of significant fines and penalties as well as significant repayments of previously billed and collected revenues for patient services. The Hospital operates a corporate compliance plan designed in accordance with federal guidelines. As part of the Hospital's compliance efforts, the Hospital investigates and attempts to resolve and remedy all reported or suspected incidents of material noncompliance with applicable laws, regulations, or policies on a timely basis. Management of the Hospital believes that the Hospital's compliance programs and procedures lead to substantial compliance with current laws and regulations.

The Hospital has estimated and recorded a liability for certain billing and regulatory compliance matters in both 2013 and 2012, which is included in due to third-party payors on the statements of financial position. Actual settlements could differ from those estimates.

The Hospital is involved in other litigation and regulatory investigations and audits arising in the normal course of business. It is management's opinion that these matters will be resolved without material adverse effect on the Hospital's financial position or results of operations.

(17) Community Services and Uncompensated Care

In furtherance of its charitable purpose, the Hospital provides a variety of benefits to the community. The Hospital maintains records to identify, measure, and estimate the cost for community service programs.

The Hospital also conducts medical research, and provides medical education programs in furtherance of its commitment to improving the healthcare available to its community.

The Hospital also provides medical care without charge or at reduced cost to low-income community residents, primarily through (a) the services provided to patients expressing a willingness to pay but who are determined to be unable to pay and (b) participation in public program payments (primarily Medicare and Medicaid).

(Continued)

(In thousands)

The cost of charity care, community services, graduate medical education, and cost in excess of public program payments and assessments for the years ended December 31 were as follows:

		2013	2012
Cost of charity care	$	21,392	22,323
Community services		14,076	7,677
Medical education		12,964	12,012
Minnesota Care tax and MA surcharge		13,268	12,658
Total	$	61,700	54,670
Percentage of operating cost		10.13%	9.27%

The charges and related costs of uncompensated care for the years ended December 31 were as follows:

		2013		2012	
		Charges	Cost	Charges	Cost
Gross uncompensated care	$	62,213	21,392	63,499	22,323
Cost as percentage of charges			34.39%		35.15%

Uncompensated services provided by HealthPartners Medical Group physicians at the Hospital's facilities are not included in the above amounts.

(18) Subsequent Events

The Hospital has evaluated subsequent events from the statement of financial position date through March 25, 2014, the date at which the financial statements were issued, and determined there are no other items to disclose.