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: 93493320071265

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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 $ 804,851,547

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	19
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 2014 (Part V, line 2a)	5	5,324
6	Total number of volunteers (estimate if necessary)	6	600
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)	9,541,734	10,220,509
9	Program service revenue (Part VIII, line 2g)	628,811,256	670,620,796
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,594,840	10,529,338
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	290,904
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	642,947,830	691,661,547
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	62,365	34,367
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)	359,120,002	385,448,522
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)	249,593,726	265,328,598
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	608,776,093	650,811,487
19	Revenue less expenses Subtract line 18 from line 12	34,171,737	40,850,060

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	711,106,045	742,673,959
21	Total liabilities (Part X, line 26)	327,055,676	318,551,860
22	Net assets or fund balances Subtract line 21 from line 20	384,050,369	424,122,099

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 — 2015-11-16 Date

▶ 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	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 $ 608,581,183 including grants of $ 34,367) (Revenue $ 670,620,796)

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** ▶ 608,581,183

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	Yes	
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 domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," 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	5,324		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring 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** 19			
	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, address, and telephone number of the person who possesses the organization's books and records ▶ 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) . . . . . ▶								2,204,098	7,365,358	2,350,688

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 ▶ 333

			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**		No
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	14,078,043
UNIVERSITY OF MINNESOTA 1300 S 2ND ST MINNEAPOLIS, MN 55454	PHYSICIAN SERVICES	7,442,136
CROTHALL LAUNDRY SERVICES 13028 COLLECTION CTR DRV CHICAGO, IL 60693	CLEANING & LAUNDRY	1,964,957
TWIN CITIES ANESTHESIA ASSOCIATES 940 WESTPORT PLAZA D ST LOUIS, MO 63146	MEDICAL SERVICES	1,595,173
TOTAL RENAL CARE INC PO BOX 403008 COLLEGE PARK, GA 30349	MEDICAL SERVICES	1,465,714

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	10,220,509			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		10,220,509			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICES	623990	636,265,724	636,265,724		
	b	CONTRACT REVENUE	900099	15,491,501	15,491,501		
	c	OTHER REVENUE	900099	13,071,651	13,071,651		
	d	CAFETERIA	722210	3,300,488	3,300,488		
	e	PARKING	812930	1,728,805	1,728,805		
	f	All other program service revenue		762,627	762,627		
	g	**Total.** Add lines 2a–2f . . . . . ▶		670,620,796			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		4,367,128			4,367,128
	4	Income from investment of tax-exempt bond proceeds . . ▶		869,210			869,210
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	290,904				
	b	Less rental expenses	0				
	c	Rental income or (loss)	290,904				
	d	Net rental income or (loss) . . . . . ▶		290,904			290,904
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	118,483,000				
	b	Less cost or other basis and sales expenses	113,190,000				
	c	Gain or (loss)	5,293,000				
	d	Net gain or (loss) . . . . . ▶		5,293,000			5,293,000
	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 . . . . . ▶		691,661,547	670,620,796	0	10,820,242

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	34,367	34,367		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,354,537		1,354,537	
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	309,804,653	287,690,274	22,114,379	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,765,661	12,097,791	667,870	
9 Other employee benefits	42,820,960	40,580,669	2,240,291	
10 Payroll taxes	18,702,711	17,724,229	978,482	
11 Fees for services (non-employees)				
a Management				
b Legal	-441,506	-588,325	146,819	
c Accounting	3,135		3,135	
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)	21,089,400	17,725,210	3,364,190	
12 Advertising and promotion	2,174,354	610,213	1,564,141	
13 Office expenses	11,524,840	10,672,830	852,010	
14 Information technology	6,626,594	5,642,120	984,474	
15 Royalties				
16 Occupancy	24,736,469	22,301,283	2,435,186	
17 Travel	744,341	594,242	150,099	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	204,135	178,189	25,946	
20 Interest	11,131,553	11,131,553		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	38,253,394	35,110,044	3,143,350	
23 Insurance	2,743,966	2,739,264	4,702	
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	108,051,298	108,030,380	20,918	
b TAXES & ASSESSMENTS	24,783,026	24,783,026		
c MISCELLANEOUS EXPENSE	8,874,008	8,091,329	782,679	
d OPERATING SUPPORT TO HE	2,000,000	2,000,000		
e All other expenses	2,829,591	1,432,495	1,397,096	
25 **Total functional expenses.** Add lines 1 through 24e	650,811,487	608,581,183	42,230,304	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		86,633,622	1	106,601,563
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		78,545,320	4	85,377,708
	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		5,824,305	8	6,945,979
	9	Prepaid expenses and deferred charges		4,138,833	9	5,322,902
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 716,763,214			
	b	Less accumulated depreciation	10b 418,596,378	299,182,231	10c	298,166,836
	11	Investments—publicly traded securities		209,386,000	11	215,227,000
	12	Investments—other securities See Part IV, line 11		6,148,109	12	3,109,351
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		21,247,625	15	21,922,620
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		711,106,045	16	742,673,959
Liabilities	17	Accounts payable and accrued expenses		85,600,820	17	83,627,696
	18	Grants payable			18	
	19	Deferred revenue		5,392,837	19	5,374,477
	20	Tax-exempt bond liabilities		207,677,243	20	200,303,895
	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		1,872,969	23	1,758,387
	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		26,511,807	25	27,487,405
	26	**Total liabilities.** Add lines 17 through 25		327,055,676	26	318,551,860
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		363,111,369	27	402,536,099
	28	Temporarily restricted net assets		20,296,000	28	20,927,000
	29	Permanently restricted net assets		643,000	29	659,000
		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		384,050,369	33	424,122,099
	34	Total liabilities and net assets/fund balances		711,106,045	34	742,673,959

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	691,661,547
2	Total expenses (must equal Part IX, column (A), line 25)	2	650,811,487
3	Revenue less expenses Subtract line 2 from line 1	3	40,850,060
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	384,050,369
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	-778,330
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	424,122,099

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			
(1) CRAIG FRISVOLD TREASURER & DIRECTOR	1 50	X						1,500	0	0
(1) CHUCK HAYNOR CHAIR & DIRECTOR	1 80	X						2,800	0	0
(2) JENNIFER FORD REEDY DIRECTOR	0 60	X						1,700	0	0
(3) TOM KINGSTON DIRECTOR	0 60	X						500	0	0
(4) JIM MCDONOUGH COMMISSIONER DIRECTOR	0 40	X						1,000	0	0
(5) NNEKA MORGAN SECRETARY & DIRECTOR	0 60	X						1,700	0	0
(6) RUSS NELSON VICE CHAIR & DIRECTOR	0 70	X						900	0	0
(7) LAURA LIU DIRECTOR	0 60	X						900	0	0
(8) JERRY REDMOND DIRECTOR	0 50	X						900	0	0
(9) BILL SANDS DIRECTOR	0 30	X						0	0	0
(10) BILLIE YOUNG DIRECTOR	0 70	X						1,300	0	0
(11) DAVID ABELSON MD DIRECTOR	0 50 39 50	X						0	1,434,423	275,831
(12) MARY K BRAINERD DIRECTOR	0 50 49 50	X						0	1,761,231	508,567
(13) KATHLEEN M COONEY DIRECTOR	0 50 54 50	X						0	869,987	271,926
(14) BRET C HAAKE MD DIRECTOR	0 50 59 50	X						0	572,002	81,337
(15) BROCK D NELSON DIRECTOR, PRESIDENT & CEO	39 50 0 50	X		X				0	737,339	190,295
(16) KAREN A QUADAY MD DIRECTOR	0 50 39 50	X						0	283,404	89,303
(17) BRIAN H RANK MD DIRECTOR	0 50 55 50	X						0	790,523	225,543
(18) MIGUEL RUIZ MD DIRECTOR	0 50 39 50	X						0	253,841	74,921
(19) CHRISTINE M BOESE VP, PATIENT CARE SERVICE	49 50 0 50			X				309,220	0	44,105
(20) HEIDI G CONRAD VP,CHIEF FINANCIAL OFFICER	47 50 2 50			X				0	382,941	133,662
(21) MARIAN M FURLONG VP, HUDSON HOSPITAL PRESIDENT	0 50 49 50			X				289,239	0	53,621
(22) BETH L HEINZ VP - OPERATIONS	49 00 1 00			X				276,626	0	53,775
(23) GRETCHEN M LEITERMAN VP, OPERATIONS & SPECIALTY SERVICES	0 50 39 50			X				0	279,667	65,555
(24) STEVEN MASSEY VP-REGIONS & CEO-WESTFIELD	0 50 49 50			X				263,412	0	51,339

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			
(26) GREG S MELLESMOEN DIRECTOR - SURGICAL SERVICES	50 00					X		225,787	0	40,990
(1) LUANN M YERKS MANAGER - ANESTHESIA	43 00					X		217,921	0	39,686
(2) BRAD L PLOWMAN SR DIR - FINANCIAL PLANNING	50 00					X		204,268	0	49,917
(3) TYLER R SCHMITZ EXEC DIR - ANCILLARY SERVICE	50 00					X		202,794	0	53,852
(4) KIMBERLY T EGAN EXEC DIR - HUMAN RESOURCES	46 00					X		201,631	0	46,463

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320071265

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.**

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

OMB No 1545-0047

2014

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. 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: 93493320071265

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.

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

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization	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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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		43,993
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	Other activities?	Yes		
j	Total Add lines 1c through 1i			43,993
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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	REGIONS HOSPITAL (REGIONS) 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 $19,740 LOBBYING DUES 2,280 ADMINISTRATIVE COST 21,973 ------ TOTAL $43,993

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320071265

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

OMB No 1545-0047

2014

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 value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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) Revenue 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 Revenue 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, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

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

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

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

The percentages 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		4,824,983		4,824,983
b Buildings		461,526,938	222,631,213	238,895,725
c Leasehold improvements		4,490,475	3,721,520	768,955
d Equipment		213,475,908	165,614,542	47,861,366
e Other		32,444,910	26,629,103	5,815,807
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				298,166,836

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	3,768,788
POST RETIREMENT BENEFITS	5,398,069
PROFESSIONAL LIABILITY RESERVE	18,320,548
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	27,487,405

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	691,661,547
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	691,661,547
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	691,661,547

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	650,811,487
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	650,811,487
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	650,811,487

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 X, LINE 2	REGIONS HOSPITAL (REGIONS) 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 REGIONS RECORDED NO LIABILITIES AT DECEMBER 31, 2014 OR 2013 FOR UNRECOGNIZED TAX BENEFITS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320071265

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

OMB No 1545-0047

2014

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 criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
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)			14,974,280	4,091,607	10,882,673	1 670 %
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			14,974,280	4,091,607	10,882,673	1 670 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			12,680,478	2,525,625	10,154,853	1 560 %
f Health professions education (from Worksheet 5)			22,288,599	9,325,066	12,963,533	1 990 %
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			34,969,077	11,850,691	23,118,386	3 550 %
k **Total.** Add lines 7d and 7j			49,943,357	15,942,298	34,001,059	5 220 %

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						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 **Total**						

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 3,788,376			
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	176,514,021
6	Enter Medicare allowable costs of care relating to payments on line 5	6	172,638,479
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	3,875,542
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					
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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	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 letter of facility reporting group REGIONS HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	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 significant 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 Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	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	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 12			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) HTTP //WWW REGIONSHOSPITAL COM/RH/COMMUNITY-BENEFIT			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

REGIONS HOSPITAL

Name of hospital facility or letter of facility reporting group _____

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000% and FPG family income limit for eligibility for discounted care of 999 000000000000%			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) _____			
b	☑ The FAP application form was widely available on a website (list url) _____			
c	☑ A plain language summary of the FAP was widely available on a website (list url) _____			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

REGIONS HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other 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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (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)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	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 Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☑ The hospital facility used 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 Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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 200% 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 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, HUDSON HOSPITAL, LOCATED IN HUDSON, WISCONSIN, AND AMERY REGIONAL MEDICAL CENTER, LOCATED IN AMERY, WISCONSIN FILE COMMUNITY BENEFIT REPORTS WITH THEIR RESPECTIVE STATES THE FIVE 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

Form and Line Reference	Explanation
PART III, LINE 4	(AND 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 SEE THE ORGANIZATION'S FOOTNOTES 1 D AND 1 E, ON PAGES 6 & 7 OF THE ATTACHED FINANCIAL STATEMENT

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 2	IN 2012, IN PARTNERSHIP WITH OTHER MEMBERS OF THE HEALTHPARTNERS HOSPITAL DIVISION, REGIONS ENGAGED THE RESOURCES OF COMMUNITY HOSPITAL CONSULTING (CHC CONSULTING) TO CONDUCT A COMPREHENSIVE, SIX-STEP COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THE CHNA UTILIZED RELEVANT HEALTH DATA ALONG WITH INPUT FROM STAKEHOLDERS BY WAY OF IN-DEPTH INTERVIEWS, ELECTRONIC SURVEY RESULTS, A FOCUS GROUP, AND A TOWN HALL MEETING TO IDENTIFY THE MAIN COMMUNITY HEALTH PRIORITIES THAT REGIONS WILL ADDRESS IN ITS CHNA IMPLEMENTATION PLAN THIS PROCESS CULMINATED WITH FIVE MAIN FINDINGS 1 MANY LEADING CAUSES OF DEATH CAN BE LINKED TO UNHEALTHY LIFESTYLES POOR EATING HABITS, LACK OF EXERCISE, TOBACCO USE AND ALCOHOL AND DRUG USE ARE LARGE CONTRIBUTORS TO UNHEALTHY LIFESTYLES SOME OF THESE CONDITIONS INCLUDE CANCER, HEART DISEASE, STROKE, DIABETES, AND CHRONIC LOWER RESPIRATORY DISEASE 2 OBESITY, POOR NUTRITION AND LACK OF PHYSICAL EXERCISE ARE GROWING CONCERNS IN THE COMMUNITY SERVED BY REGIONS 3 ACCESS TO PRIMARY AND PREVENTIVE HEALTH CARE IS LIMITED FOR SPECIAL POPULATIONS, SUCH AS THE UN-INSURED OR UNDERINSURED, ETHNICALLY DIVERSE, ELDERLY, AND CHEMICALLY DEPENDENT 4 ACCESS TO SPECIFIC HEALTH SERVICES IS ALSO LIMITED BARRIERS TO ACCESSING MENTAL HEALTH CARE INCLUDE LITTLE AVAILABILITY, LONG WAIT TIMES, AND A SHORTAGE OF PROVIDERS BARRIERS TO ACCESSING DENTAL CARE INCLUDE LACK OF INSURANCE, PARTICULARLY BECAUSE MANY PEOPLE, EVEN THOSE WITH MEDICAL INSURANCE, EITHER CANNOT AFFORD IT OR OPT OUT OF DENTAL INSURANCE 5 THERE ARE SIGNIFICANT ISSUES WITH "SERVICE INTEGRATION" IN THE COMMUNITY THERE IS A LACK OF COMMUNICATION AND COORDINATION AMONG PROVIDERS IN THE COMMUNITY, AS WELL AS A DISCONNECT WITHIN THE CONTINUUM OF CARE FROM THE RESEARCH AND DISCUSSIONS, THE TOP FIVE PRIORITIES WERE IDENTIFIED TO ADDRESS THESE COMMUNITY HEALTH NEEDS PRIORITY 1 INCREASE ACCESS TO MENTAL HEALTHPRIORITY 2 PROMOTE POSITIVE BEHAVIORS TO REDUCE OBESITY (NUTRITION / PHYSICAL ACTIVITY)PRIORITY 3 INCREASE ACCESS TO PRIMARY AND PREVENTIVE CAREPRIORITY 4 IMPROVE SERVICE INTEGRATIONPRIORITY 5 PROMOTE CHANGE IN UNHEALTHY LIFESTYLES (TOBACCO / ALCOHOL / SUBSTANCE ABUSE)REGIONS CHNA AND IMPLEMENTATION PLAN PROGRESS REPORT CAN BE FOUND AT WWW REGIONSHOSPITAL COM/

Form and Line Reference	Explanation
PART VI, LINE 3	REGIONS IS THE PRIMARY "SAFETY NET" HOSPITAL FOR LOW-INCOME UNINSURED AND UNDERINSURED PEOPLE IN THE EAST METRO REGIONS SERVE ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY IN 2014 ALONE, REGIONS PROVIDED APPROXIMATELY $18 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 THE REGIONS THE PROGRAM, WHICH IS ADMINISTERED WITHIN REGIONS ADMITTING AND REGISTRATION DEPARTMENT, WAS FUNDED BY REGIONS AT THE COST OF OVER $1 1 MILLION IN 2014 TWENTY-TWO COUNSELORS (1 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 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 2014, FINANCIAL COUNSELORS ENROLLED NEARLY 1,250 INDIVIDUALS IN GOVERNMENT HEALTH CARE PROGRAMS THIS PROVIDED APPROXIMATELY $8 2 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 OFFERS PORTICO HEALTHNET (PORTICO), 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 IN 2014, REGIONS AND HEALTHPARTNERS MEDICAL GROUP PROVIDED APPROXIMATELY $144,885 WHICH COVERED 161 ENROLLEES

Form and Line Reference	Explanation
PART VI, LINE 4	REGIONS 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 METROPOLITAN AREA OF ST PAUL AND MINNEAPOLIS 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 12 0 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
SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	REGIONS CONTINUALLY "INVESTS" - THROUGH EXPENDITURES AND IN-KIND CONTRIBUTIONS OR OTHER SU PPORT - 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 EMPLOYE E OR COMMUNITY INITIATIVES, DONATING STAFF TIME, PARTICIPATING IN COMMUNITY PARTNERSHIPS A ND INITIATIVES AND /OR PROVIDING FREE SERVICES OR EQUIPMENT EXAMPLES IN 2014 INCLUDE INT ERPRETER SERVICESIN 2014, REGIONS EMPLOYED OVER 90 STAFF INTERPRETERS PROVIDING SERVICES I N THE TOP 13 NON-ENGLISH LANGUAGES ENCOUNTERED AT REGIONS CAMBODIAN, KAREN, BURMESE, NEPA LI, OROMO, AMHARIC, SPANISH, SOMALI, HMONG, LAO, THAI, VIETNAMESE, AND AMERICAN SIGN LANGU AGE STAFF INTERPRETERS INTERPRETED FOR OVER 16,102 IN-PERSON PATIENT ENCOUNTERS AT REGION S AND AN ADDITIONAL 37,642 ENCOUNTERS THROUGHOUT THE HEALTHPARTNERS CARE SYSTEM REGIONS A LSO HOLDS CONTRACTS WITH TEN INTERPRETER AGENCIES TO PROVIDE IN-PERSON OR REMOTE (TELEPHON IC AND VIDEO CONFERENCING) SERVICES IN OVER 200 ADDITIONAL LANGUAGES 24/7 REGIONS STAFF A CCESSED TELEPHONIC AND VIDEO INTERPRETERS FOR OVER 50 DIFFERENT LANGUAGES DURING 2013 THE COST PAID TO PROVIDE THIS RESOURCE WAS OVER $2 25 MILLION FOR 2014 IN 2014, REGIONS INTER PRETER SERVICES MADE TARGETED IMPROVEMENTS IN THE ELECTRONIC HEALTH RECORD SYSTEM TO STREA MLINE SCHEDULING AND STAFFING AND MAXIMIZE THE USE OF INTERPRETER RESOURCES REGIONS ALSO C ONTINUED 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 FORTY THREE PERCENT OF STAFF INTERPRETERS HOLD A NATIONAL INTERPRETING CREDENTIAL, THE LARGEST NUMBER OF ANY HEALTH CARE SYSTEM IN MINNESO TA 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 AND HOW TO T ALK WITH PATIENTS WHO WISH TO RELY ON FAMILY MEMBERS TO INTERPRET TRAINING IS CONDUCTED O N THESE TOOLS TO SUPPORT CONTINUED IMPROVEMENT IN HEALTH AND EXPERIENCE OUTCOMES REGIONS A NNUAL INTERPRETER SATISFACTION SURVEY ALLOWS STAFF AND PROVIDERS TO GIVE FEEDBACK ON ALL I NTERPRETER TYPES (AGENCY, STAFF, TELEPHONIC, VIDEO) THE RESULTS OF THESE SURVEYS ARE REVI EWED AND ACTED UPON TO SUPPORT IMPROVEMENT AN ANNUAL MEETING IS ALSO HELD WITH ALL CONTRA CTED INTERPRETER AGENCIES TO REVIEW SATISFACTION SURVEYS AND PERFORMANCE AND TO CONTINUE A GENCY ENGAGEMENT AND OUTCOMES THAT SUPPORT THE TRIPLE AIM THROUGH OUR PARTNERSHIP WITH HEA LTHWISE, 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 IN ADDITION TO INTERPRETING FOR PATIENTS AND PROVIDERS, REGIONS INTER PRETERS MADE ADDITIONAL CONTRIBUTIONS TO OUR PATIENTS AND COMMUNITY, INCLUDING - REGIONS S TAFF INTERPRETERS COMPLETED THOUSANDS OF REMINDER CALLS TO PATIENTS TO ENSURE THEY WERE AW ARE OF SCHEDULED APPOINTMENTS AND HAD NECESSARY INFORMATION REGARDING THEIR UPCOMING VISIT S - QUALIFIED TRANSLATORS IN SPANISH, SOMALI, AND HMONG PROVIDED WRITTEN TRANSLATION SERVI CES, INCLUDING THE TRANSLATION OF MEDICAL RECORDS, LETTERS TO PATIENTS, AND HOSPITAL SIGNA GE - REGIONS STAFF INTERPRETERS AND LEADERS PARTICIPATED ON MULTIPLE STATE AND NATIONAL CO MMITTEES AND BOARDS FOCUSED ON IMPROVING ACCESS TO QUALITY INTERPRETER SERVICES THESE ORG ANIZATIONS INCLUDED THE UPPER MIDWEST TRANSLATORS AND INTERPRETERS ASSOCIATION, THE MINNES OTA REGISTRY OF INTERPRETERS FOR THE DEAF, THE MINNESOTA INTERPRETER STAKEHOLDERS GROUP, T HE MINNESOTA INTERPRETER SERVICES LEADERSHIP GROUP, THE CERTIFICATION COMMISSION FOR HEALT HCARE INTERPRETERS, AND THE CENTURY COLLEGE PROGRAM IN TRANSLATION AND INTERPRETING ADVISO RY COUNCIL - REGIONS INTERPRETER SERVICES COLLABORATED WITH BOTH CENTURY COLLEGE AND ST C ATHERINE UNIVERSITY TO TRAIN FIVE INTERPRETING STUDENT INTERNS - REGIONS INTERPRETER SERVI CES HELD TWO CONTINUING EDUCATION EVENTS FOR STAFF AND CONTRACTED INTERPRETERS, INCLUDING A SCREENING OF THE EMMY AWARD WINNING DOCUMENTARY, AMERICAN HEART AND DISCUSSION WITH FILM MAKER CHRIS NEWBERRY, AND A HALF DAY WORKSHOP ON ISSUES RELATED TO PALLIATIVE CARE, HEALTH EQUITY, INTERPRETING FOR HOSPICE, AND VICARIOUS TRAUMA EMERGENCY MEDICAL SERVICES (EMS) E DUCATIONREGIONS EMS HAS BEEN THE PRINCIPAL PROVIDER OF PRE-HOSPITAL EDUCATION IN EASTERN M INNESOTA AND WESTERN WISCONSIN FOR OVER 30 YEARS THE EMS EDUCATION DIVISION HAS EVOLVED R APIDLY IN THE AREAS OF RESEARCH AND PHYSICIAN INVOLVEMENT IN PRE-HOSPITAL MEDICINE EMS ED UCATION PROVIDES BASIC AND ADVANCED COURSES FOR NURSES, PHYSICIANS AND OTHER HEALTH PROFES SIONALS CPR, AED, AND FIRST AID EDUCATION ARE ALS

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	O OFFERED TO COMMUNITY BUSINESSES AND THE PUBLIC INJURY PREVENTIONREGIONS 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 2014 INJURY PREVENTION EFFORTS INCLUDE THE FOLLOWING - PROVIDIN G TRAINING AND HEALTH SAFETY EDUCATION IN 2014, 20 HOURS WERE DEDICATED TO PROVIDING EDUC ATION AND SAFETY TO GIRL SCOUT TROOP 55129, FIRST AID BADGE EVENT - CAR SEAT SAFETY CLINIC S THAT TEACH PARENTS HOW TO SAFELY SECURE INFANTS AND CHILDREN IN CAR SEATS AND HOW TO PRO PERLY INSTALL THESE CAR SEATS WITHIN THE VEHICLE CLINICS ARE OFFERED TO THE PUBLIC AT LEA ST 2 TIMES A MONTH IN 2014, 12 HOURS WERE CONTRIBUTED TO CAR SEAT SAFETY - SAFEKIDS CAR S EAT 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 S AFETY CLINICS - HELMET FITTING AT BIKE RODEOS AND SAFETY CAMPS HELP TEACH PARENTS AND CHIL DREN HOW TO PROPERLY WEAR BICYCLE HELMETS REPLACEMENT HELMETS ARE ALSO PROVIDED IN SUPPOR T OF COMMUNITY SAFETY EVENTS ELEVEN HOURS WERE CONTRIBUTED TO HELMET FITTING AND SAFETY I N OUR COMMUNITIES - SAFETY CAMPS ARE OFFERED TO THE PUBLIC AT VARIOUS COMMUNITY EVENTS IN ST PAUL, COTTAGE GROVE AND BAYPORT, WHERE FIRST AID AND HELMET FITTING EDUCATION AND RESO URCES ARE AVAILABLE IN 2014, 52 HOURS WERE CONTRIBUTED -AS PART OF GOVERNOR'S DAY, A BURN CENTER BOOTH WAS HOSTED AT THE MINNESOTA STATE FAIR WHERE INFORMATION AND RESOURCES ABOUT BURN PREVENTION WAS PROVIDED TO THE PUBLIC TWELVE HOURS WERE CONTRIBUTED TO THIS EVENT O THER INJURY PREVENTION METHODS INCLUDE COLLECTING AND ANALYZING DATA REGARDING INJURIES WI THIN THE COMMUNITY, LEADING COALITIONS OF ORGANIZATIONS THAT ARE TIED TO THE SAFETY OF THE COMMUNITY AND HELPING PARTNERS DEVELOP THEIR OWN PROGRAMS TO PROTECT PUBLIC SAFETY IN AD DITION TO CREATING INFORMATIONAL MATERIAL ON PUBLIC SAFETY, REGIONS COLLABORATES WITH ST PAUL FIRE ON SAFETY INITIATIVES AND PARTICIPATION IN SAFETY FAIRS IN THE COMMUNITY THE REG IONS CANCER SURVIVORSHIP PROGRAMTHE REGIONS CANCER SURVIVORSHIP PROGRAM WAS ESTABLISHED IN 2008 IN THE SURVIVORSHIP CLINIC, AN INTERDISCIPLINARY TEAM REVIEWS THE PATIENT'S TREATME NT EXPERIENCE AND THE PATIENT'S CURRENT PHYSICAL AND EMOTIONAL WELL-BEING BASED ON THIS R EVIEW, THE PATIENT RECEIVES A COMPREHENSIVE AND INDIVIDUALIZED SURVIVORSHIP CARE PLAN PAT IENTS RECEIVE INFORMATION THAT IDENTIFIES SPECIALISTS AND RESOURCES WITHIN HEALTHPARTNERS AND THE COMMUNITY TO MANAGE SPECIFIC SURVIVORSHIP ISSUES INCLUDING NUTRITIONAL EDUCATION, PHYSICAL ACTIVITY RECOMMENDATIONS AND OTHER TOPICS OF INTEREST

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH (CONTINUED)	CANCER SURVIVORS ADVISORY COUNCILTHE MISSION OF THE COUNCIL IS TO ADVISE HEALTHPARTNERS CA NCER CARE CENTERS ON ISSUES THAT CANCER PATIENTS FACE DURING AND AFTER TREATMENT AND TO PR OVIDE FEEDBACK AND RECOMMENDATIONS TO IMPROVE 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 PATIE NT EDUCATION MATERIALS, SERVICES AND PROCESSES IN HEALTHPARTNERS CANCER CARE CENTERS NURSE NAVIGATORTHE NURSE NAVIGATOR CONTINUES TO FOCUS ON LUNG AND BRAIN TUMORS AS WELL AS NEW P ATIENT EVALUATIONS AND INPATIENT TO OUTPATIENT TRANSITIONS THE NURSE NAVIGATOR LEADS REGI ONS WEEKLY LUNG CANCER TEAM MEETINGS THE NURSE NAVIGATOR TEAM PROVIDES SEAMLESS CARE TO R EGIONS PATIENTS SUPPORT GROUPSIN 2014, REGIONS OFFERED SUPPORT GROUPS OPEN TO PATIENTS AND COMMUNITY MEMBERS GROUPS INCLUDED - BURN SURVIVOR SUPPORT GROUP FOR PATIENTS AND FAMIL Y MEMBERS WITH BURN INJURIES, ELECTRICAL INJURIES AND SOFT TISSUE DISORDERS SUCH AS NECROT IZING FASCIITIS GROUP FACILITATORS INCLUDE A BURN CENTER SOCIAL WORKER AND BURN SUPPORT R EPRESENTATIVE BURN SURVIVORS AND FAMILIES WERE TRAINED AS BURN SOAR VOLUNTEERS TO WORK WI TH AND SUPPORT CURRENT PATIENTS AND FAMILIES IN 2014, 7 HOURS WERE CONTRIBUTED TO THIS GR OUP - STROKE SURVIVOR SUPPORT GROUP STROKE SURVIVORS AND THEIR FAMILY MEMBERS MEET MONTHL Y TO DISCUSS TOPICS OF INTEREST RELATED TO STROKE OR TO SHARE THEIR EXPERIENCE THE GROUP IS FACILITATED BY AN OCCUPATIONAL THERAPIST, PHYSICAL THERAPIST OR SPEECH PATHOLOGIST, AND CONTRIBUTED A TOTAL OF 13 5 HOURS IN 2014 - TRAUMATIC BRAIN INJURY SUPPORT GROUP THIS I S A SUPPORT GROUP FOR PATIENTS WHO HAVE SUSTAINED TRAUMATIC BRAIN INJURIES AND THEIR FAMIL Y MEMBERS WHICH FOCUSES ON PROVIDING THE MEMBERS A CHANCE TO SHARE EXPERIENCES, CHALLENGES AND SOLUTIONS THE GROUP ALSO PROVIDES EDUCATION AND RESOURCE INFORMATION ABOUT BRAIN INJ URY THE GROUP IS FACILITATED BY A SPEECH PATHOLOGIST, PSYCHOLOGIST AND PHYSICAL THERAPIST IN 2014, 13 5 HOURS WERE CONTRIBUTED TO THIS GROUP - COMMUNICATION PRACTICE GROUP THIS IS A SUPPORT GROUP FOR PEOPLE WHO HAVE SUSTAINED STROKES OR TRAUMATIC BRAIN INJURIES AND W HO HAVE RESIDUAL COMMUNICATION DIFFICULTIES GROUP MEMBERS TYPICALLY HAVE DIFFICULTY FINDI NG WORDS OR HAVE SLURRED SPEECH THE GROUP IS DESIGNED TO PROVIDE THEM WITH OPPORTUNITIES TO PRACTICE THEIR COMMUNICATION SKILLS WITH OTHERS UNDER THE GUIDANCE OF A SPEECH PATHOLOG IST THE GROUP MET FOR A TOTAL OF 3 HOURS IN 2014 - RELISH SUPPORT GROUP THIS IS A SUPPO RT GROUP FOR HEAD OR NECK CANCER SURVIVORS WHO HAVE EATING OR SWALLOWING DIFFICULTIES THE GROUP IS FACILITATED BY A SPEECH PATHOLOGIST AND A DIETICIAN THE GROUP MET FOR A TOTAL O F 3 HOURS IN 2014 - TOTAL JOINT CLASS THIS CLASS FOCUSES ON WELLNESS AND QUALITY OF LIFE COACHING IN 2014, 220 HOURS WERE CONTRIBUTED TO THIS CLASS - CANCER SUPPORT GROUPSTHE CA NCER CARE CENTER CONTINUES TO OFFER SUPPORT GROUPS TO PROVIDE PATIENTS AND FAMILIES THE OP PORTUNITY TO SHARE CONCERNS, EXPERIENCES AND FEELINGS IN A SUPPORTIVE, CONFIDENTIAL ENVIRO NMENT EAST METRO MENTAL HEALTH ROUNDTABLETHE EAST METRO MENTAL HEALTH ROUNDTABLE IS A COL LABORATIVE GROUP OF SOCIAL SERVICE AGENCIES, HOSPITALS, GOVERNMENT ENTITIES, HEALTH SYSTEM S, LAW ENFORCEMENT AND MANY OTHERS WHO HAVE A VESTED INTEREST IN MENTAL HEALTH CARE IN THE EAST METROPOLITAN DISTRICT OF MINNESOTA THE ROUNDTABLE, LED BY REGIONS, HAS BEEN MEETING SINCE 2003, AND OUT OF THIS COLLABORATION REGIONS HAS IMPLEMENTED SEVERAL MENTAL HEALTH I NITIATIVES INCLUDING THE ANTI - STIGMA CAMPAIGN, WHICH CONSISTS OF THE VARIOUS EFFORTS LIS TED BELOW REGIONS WILL CONTINUE TO LEAD AND PROVIDE SUPPORT TO THE EAST METRO MENTAL HEAL TH ROUNDTABLE AND SUPPORT THE ADMINISTRATIVE COSTS OF THE TASK FORCE THIS ROUNDTABLE REVIE WED METRICS FOR TRACKING MENTAL HEALTH SERVICES, WITH THE ASSISTANCE OF THE WILDER FOUNDAT ION, AND IDENTIFIED NEED FOR MORE INTERMEDIATE LEVELS OF CARE INCLUDING INTENSIVE RESIDENT IAL SERVICES THE EAST METRO MENTAL HEALTH ROUNDTABLE WILL CONVENE IN 2015 TO UNDERSTAND T HE DHS AND LEGISLATIVE FOCUS AND DISCUSS PARTNERSHIP OPPORTUNITY TO CREATE MORE CAPACITY C OMMUNITY BENEFIT ACTIVITIESREGIONS SUPPORT ACTIVITIES THAT IMPROVE THE HEALTH OF THE COMMU NITY AND THE REGION SUPPORT MAY INCLUDE DIRECT EXPENDITURES OR RAISING FUNDS THROUGH EMPL OYEE OR COMMUNITY INITIATIVES, DONATING STAFF TIME, PARTICIPATING IN COMMUNITY PARTNERSHIP S AND INITIATIVES, OR PROVIDING FREE SERVICES OR EQUIPMENT EXAMPLES OF 2014 ACTIVITIES IN CLUDE EMPLOYEE GIVINGHEALTHPARTNERS' COMMITMENT TO IMPROVING THE HEALTH OF THE COMMUNITY E XTENDS BEYOND ITS DOORS FOR HEALTHPARTNERS AND REGIONS EMPLOYEES, THERE ARE TWO ANNUAL GI VING EVENTS, ONE IN THE SPRING CALLED SHARING AT WORK, WHICH IS ORGANIZED BY THE REGIONS H OSPITAL FOUNDATION AND THE HEALTHPARTNERS INSTITUTE FOR EDUCATION AND RESEARCH WHICH RAISE S FUNDS FOR PATIENT CARE, RESEARCH AND MEDICAL EDU

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH (CONTINUED)	CATION AND THE OTHER IN THE FALL, CALLED THE COMMUNITY GIVING CAMPAIGN THAT SUPPORTS SEVEN LOCAL FEDERATIONS GREATER TWIN CITIES UNITED WAY, UNITED WAY OF WASHINGTON COUNTY-EAST, UNITED WAY ST CROIX VALLEY, UNITED WAY OF CENTRAL MINNESOTA, COMMUNITY SHARES MINNESOTA, COMMUNITY HEALTH CHARITIES-MINNESOTA AND THE MINNESOTA ENVIRONMENTAL FUND IN 2014, REGION S AND OTHER HEALTHPARTNERS ORGANIZATION EMPLOYEES DONATED $470,083 TO THE ANNUAL SHARING A T WORK CAMPAIGN WITH A HEALTHPARTNERS MATCH, THE CAMPAIGN RAISED $940,166 IN ADDITION, T HE 2014 COMMUNITY GIVING CAMPAIGN RAISED $384,513 TOWARDS THE LOCAL FEDERATIONS, INCLUDED A $60,000 CORPORATE GIFT AND $31,091 OF EVENT FUNDS INDIVIDUALLY RAISED THROUGHOUT HEALTHP ARTNERS DEPARTMENTS AND CLINICS WISHING WELL CLOTHES CLOSETTHE CARE MANAGEMENT CLOTHES CL OSET HAS BEEN IN PLACE FOR OVER FIVE YEARS A LACK OF CLOTHING CAN BE A SIGNIFICANT BARRIE R IN THE DISCHARGE PLANNING PROCESS THE CARE MANAGEMENT DEPARTMENT USUALLY STOCKS VARIOUS CLOTHING ITEMS FOR PATIENTS WHO ARE IN THE HOSPITAL OR WHO ARE ABOUT TO BE DISCHARGED AND NEED SOME CLOTHES THESE PATIENTS MAY HAVE COME IN WITH INAPPROPRIATE CLOTHES, OR THEY MA Y HAVE HAD THEIR CLOTHES CUT OFF THEM AS PART OF THEIR EMERGENCY MEDICAL CARE THIS INCLUD ES ADULTS, CHILDREN, MOMS AND BABIES THE CARE MANAGEMENT DEPARTMENT ALSO SUPPLIES CLOTHIN G TO PATIENT'S FAMILY MEMBERS AS NEEDED ON A CASE-BY-CASE BASIS IN 2014, 4 HOURS OF STAFF TIME WERE USED TO ORGANIZE, COLLECT AND DISTRIBUTE ITEMS FROM THE WISHING WELL CLOTHES CL OSET COMMUNITY EVENTS/ PARTNERSHIPSAMERICAN HEART ASSOCIATIONIN SUPPORT OF THE FIGHT AGAIN ST THE NATION'S NO 1 KILLER, CARDIOVASCULAR DISEASE, HEALTHPARTNERS AND REGIONS CONTINUED THEIR LONGSTANDING RELATIONSHIP AND SPONSORSHIP OF THE AMERICAN HEART ASSOCIATION REGION S ORGANIZED 347 WALKERS AND RAISED $45,242 FOR THE AMERICAN HEART ASSOCIATION - TWIN CITIE S HEART WALK IN 2014 REGIONS LEADERSHIP CONTRIBUTED 62 HOURS OF COMMITTEE PLANNING AND OR GANIZATION TIME TO THIS EVENT THE MISSION OF THE AMERICAN HEART ASSOCIATION IS TO BUILD H EALTHIER LIVES, FREE OF CARDIOVASCULAR DISEASES AND STROKE REGIONS AND HEALTHPARTNERS SPO NSORED THE FOLLOWING AMERICAN HEART ASSOCIATION ACTIVITIES IN 2014 - TEACHING GARDENS FUND S GARDENS IN LOCAL SCHOOLS TO SUPPORT THE FOLLOWING OUTCOMES - HEALTH INTERVENTION AT SCH OOL LEADS TO HEALTHY BEHAVIORS IN KIDS - PROVIDE HANDS-ON NUTRITION EDUCATION - STUDIES SH OW INDIVIDUALS WHO PARTICIPATE IN A GARDENING INITIATIVE ARE MORE LIKELY TO CONSUME FRUITS AND VEGETABLES - TEACH RESPONSIBILITY, LEADERSHIP, TEAM BUILDING ENVIRONMENTAL AWARENESS, MATH/PROBLEM SOLVING SKILLS, CONFIDENCE AND SELF ESTEEM- HEART WALK - RAISES AWARENESS OF THE CAUSES OF HEART DISEASE AND STROKE AMONG THE GENERAL POPULATION- POWER TO END STROKE - FOCUSES ON EDUCATION AND AWARENESS OF STROKE IN THE AFRICAN AMERICAN COMMUNITY- GO RED F OR WOMEN - ADDRESSES THE #1 CAUSE OF DEATH AMONG WOMEN, HEART DISEASE REGIONS CARDIOLOGY PARTICIPATED IN THE AHA GO RED EVENT 158 HOURS OF STAFF TIME CONTRIBUTED TO THE EVENT RE GIONS CARDIOLOGY SCREENED 300 PARTICIPANTS FOR HEART DISEASE AT THE AHA GO RED EVENT MENTO RING AND EDUCATIONREGIONS IS COMMITTED TO EDUCATING THE CAREGIVERS OF TOMORROW OUR HEALTH CARE STAFF TEACHES OTHER FUTURE DOCTORS, AND CARE PROVIDERS FROM OTHER HOSPITALS COME TO U S FOR ADVANCED TRAINING IN ADDITION, WE COLLABORATE WITH VARIOUS COLLEGES TO MENTOR STUDE NTS WHO ARE INTERESTED IN HEALTHCARE THE MEDICAL EDUCATION ACTIVITIES ARE OUTLINED IN SCH EDULE H ALONG WITH CAREGIVERS REGIONS FOOD AND NUTRITION STAFF PROVIDED 1,817 HOURS OF ME NTORSHIP TO FOUR INTERN STUDENTS FROM THE UNIVERSITY OF MINNESOTA AND UNIVERSITY OF IOWA T HE STERILE PROCESSING DEPARTMENT (SPD) CONTRIBUTED 12 HOURS TO EDUCATION AND LECTURES IN D EVELOPING ADVISEMENT AND NEEDS

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH (CONTINUED)	PRENATAL EDUCATIONFREE CHILDBIRTH AND PARENTING CLASSES WERE OFFERED TO COMMUNITY MEMBERS WHO ARE NOT ABLE TO PAY IN 2014, 650 HOURS WERE CONTRIBUTED TO PRENATAL EDUCATION TOPICS INCLUDED CHILDBIRTH PREPARATION, BREASTFEEDING, NEWBORN SAFETY CLASS, INFANT CPR, MOM AND BABY - THE EARLY WEEKS, BONDING AND ATTACHMENT, CESAREAN BIRTH AND SIBLING PREPARATION REGIONS CONTINUES TO ENGAGE IN PROGRAMS AND INITIATIVES SPECIFICALLY DESIGNED TO REDUCE DISPARITIES AND ENCOURAGE THE APPROPRIATE USE OF HEALTH CARE RESOURCES REGIONS WAS ONE OF 20 ORGANIZATIONS FROM ACROSS THE NATION SELECTED TO PARTICIPATE IN THE 2014-2015 DISPARITIES LEADERSHIP PROGRAM (DLP) REGIONS' SPONSORED BOTH THE CHIEF OF STAFF, MIGUEL RUIZ, MD, AND DIRECTOR OF INTERPRETER SERVICES, SIDNEY VAN DYKE, TO PARTICIPATE IN THE PROGRAM, WHICH IS DEDICATED TO HELPING HEALTH CARE LEADERS ADDRESS DISPARITIES AND ACHIEVE EQUITY IN A TIME OF HEALTHCARE TRANSFORMATION REGIONS LEVERAGED PARTICIPATION IN THIS PROGRAM TO DEVELOP A COMPREHENSIVE HEALTH EQUITY STRATEGY AND SUSTAINABLE STRUCTURE TO SUPPORT HEALTH EQUITY WORK GOING FORWARD ACCOMPLISHMENTS INCLUDED - ESTABLISHMENT OF A FULL TIME DIRECTOR OF HEALTH EQUITY AND LANGUAGE ACCESS POSITION- APPROVAL TO ESTABLISH A HEALTH EQUITY COUNCIL- DEVELOPMENT OF A COMPREHENSIVE PLAN TO PULL, ANALYZE, AND REPORT ON KEY QUALITY INDICATORS BY RACE AND LANGUAGE- CREATION OF AN EQUITY DATA ANALYSIS AND REPORT TOOL USED IN 2014 TO PULL DISPARITY DATA ON PATIENT SATISFACTION, KEY SAFETY MEASURES, HOSPITAL READMISSIONS, LENGTH OF STAY, AND CORE MEASURES REGIONS HAS ALSO JOINED A GROUP OF OTHER MN HEALTHCARE ORGANIZATIONS THAT ARE ALUMNI OF THE DLP, INCLUDING HCMC, MAYO, HEALTHEAST, ALLINA, AND CHILDREN'S HOSPITALS AND CLINICS THE GROUP MEETS QUARTERLY TO SHARE BEST PRACTICES AND DISCUSS OPPORTUNITIES TO COLLABORATE ON HEALTH EQUITY INITIATIVES BOARDS & COMMITTEESREGIONS STAFF AND LEADERSHIP SERVE ON NUMBER OF ORGANIZATION BOARDS AND COMMITTEES THIS IS AN EFFORT TO SUPPORT ORGANIZATIONS WITHIN OUR COMMUNITIES AND CONNECT PEOPLE AND RESOURCES REGIONS STAFF AND LEADERSHIP SERVED ON THE FOLLOWING ORGANIZATION BOARDS AND COMMITTEE GROUPS IN 2014 - 15 HOURS SERVED ON THE AMERY EMS- 15 HOURS SERVED THE BOARD OF TRUSTEES AND EPISCOPAL CHURCH HOME QUALITY COMMITTEE- 2 HOURS ON THE CHILDREN'S LIGHTHOUSE OF MN CLINICAL ADVISORY BOARD (CRESCENT COVE)- 79 5 HOURS SERVED ON THE LIFE LINK BOARD- 8 HOURS SERVED ON THE NORMANDALE FOUNDATION BOARD - 45 HOURS SERVED ON THE OSCEOLA MEDICAL BOARD- 28 5 HOURS SERVED ON THE ST CROIX VALLEY EMS BOARD - 47 HOURS SERVED ON THE ST PAUL FIRE FOUNDATION

Additional Data

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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 5 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 THE REGIONS HOSPITAL (REGIONS) WEBSITE HTTP //WWW REGIONSHOSPITAL COM/RH/COMMUNITY-BENEFIT/INDEX HTML

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 6A OTHER HOSPITAL FACILITIES INCLUDED IN THE 2012 HEALTHPARTNERS CHNA WERE - HUDSON HOSPITAL, HUDSON, WI - WESTFIELDS HOSPITAL, NEW RICHMOND, WI - LAKEVIEW MEMORIAL HOSPITAL, STILLWATER, MN

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 11 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 HOSPITALS 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 HOSPITALS 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
PART V, SECTION B, LINE 11 - CHNA IMPLEMENTATION ACTIVITIES	THE 2012 HEALTHPARTNERS CHNA CONDUCTED RESULTED IN THE FOLLOWING PRIORITIES LISTED BELOW 2014 IMPLEMENTATION ACTIVITIES TOWARDS ADDRESSING THE NEEDS OF THE CHNA THE PRIORITIES ARE DESCRIBED PRIORITY 1 INCREASE ACCESS TO MENTAL HEALTHMENTAL HEALTH FACILITYIN DECEMBER O F 2012, REGIONS OPENED A NEW INPATIENT MENTAL HEALTH FACILITY, THE ONLY COMPLETELY PRIVATE ROOM FACILITY IN THE TWIN CITIES WITH THE NEW BUILDING AND CARE MODEL, REGIONS EXPERIENC ED GROWTH IN VOLUMES AND IMPROVED PATIENT SATISFACTION IN 2014, REGIONS CONTINUED TO RUN THE FACILITY AT FULL OCCUPANCY THERE WERE 4,147 INPATIENTS DAYBRIDGEIN MAY OF 2013, REGI ONS OPENED DAYBRIDGE, A PARTIAL HOSPITALIZATION PROGRAM DAYBRIDGE IS A MENTAL HEALTH PROG RAM FOR ADULTS WHO NEED INTENSIVE THERAPY BUT CAN CONTINUE TO LIVE IN THEIR COMMUNITY WITH THE SUPPORT OF FAMILY AND FRIENDS INDIVIDUALS PARTICIPATE IN INPATIENT-LIKE TREATMENT DU RING THE DAY AND RETURN TO THEIR HOME AT NIGHT AND ON WEEKENDS IN 2014, REGIONS CONTINUED TO OPERATE DAYBRIDGE AND SERVICED 287 PATIENTS, AVERAGING 13 PATIENTS PER MONTH DIVERTED FROM INPATIENT MENTAL HEALTH NEED ADDITIONAL ACCOMPLISHMENTS OF DAYBRIDGE IN 2014 INCLUDE D STREAMLINED SCREENING PROCESS, UPDATED WEBSITE DESCRIPTION OF PROGRAM WITH A WELCOME VID EO FOR POTENTIAL CLIENTS, CONTINUED SPIRITUALITY AND MUSIC THERAPY GROUPS AND BEGAN MEASUR ING AND MONITORING OF PATIENT SATISFACTION MAKEITOKTHE EAST METRO MENTAL HEALTH ROUNDTABL E SUPPORTED AND LAUNCHED THE MAKEITOK CAMPAIGN AND CONTINUED TO OVERSEE THE MENTAL HEALTH DRUG ASSISTANCE PROGRAM THIS MENTAL HEALTH ROUNDTABLE CONTINUES TO BUILD AND GROW THE MAK E IT OK CAMPAIGN AND OVERSEE THE MENTAL HEALTH DRUG ASSISTANCE PROGRAM (MHDAP) TO REDUCE AND SOMEDAY ELIMINATE STIGMA, REGIONS CONTINUES WORK WITH OVER 20 LOCAL COMMUNITY ORGANIZA TIONS SUCH AS THE NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) MINNESOTA, TWIN CITIES PUBLIC TELEVISION (TPT) AND THE ADVERTISING FIRM PRESTON KELLY TO CREATE THE MAKE IT OK ANTI-STI GMA CAMPAIGN ALTHOUGH REGIONS' CAMPAIGN INCORPORATES SOME EDUCATION OF THE PUBLIC ABOUT M ENTAL ILLNESS, IT IS MORE ABOUT CHANGING HEARTS AND ATTITUDES BY MAKING MENTAL ILLNESSES LESS SCARY AND MORE LIKE OTHER DISEASES, PEOPLE WILL BE MORE LIKELY TO TAKE THE NECESSARY STEPS TOWARD HEALING THE CAMPAIGN IS COMMUNITY BASED AND NOT BRANDED, SO OTHER ORGANIZATI ONS HAVE ACCESS TO THE SAME MATERIALS THE CAMPAIGN HARD LAUNCHED IN MAY 2013 WITH AN ADVE RTISING "FLIGHT" THAT INCLUDED TELEVISION, RADIO, PRINT, SOCIAL MEDIA, ONLINE VIDEO, INTER NET PURCHASES AND TRANSIT SHELTERS MORE ROBUST FLIGHTS WERE LAUNCHED IN SEPTEMBER 2013 AN D THE SPRING AND FALL OF 2014 ALL THESE EFFORTS HAVE BENEFITTED GREATLY FROM THE IN-KIND SUPPORT OF OUR MEDIA PARTNERS IN ORDER TO SPREAD THE ANTI-STIGMA MESSAGE IN A FORMAT THAT ALLOWS FOR MORE DEPTH THAN IS AVAILABLE WITH ADVERTISING OR PSAS, REGIONS WORKED WITH TPT TO PRODUCE 10 PROFILES OF MINNESOTANS WHO HAVE EXPERIENCED MENTAL ILLNESS AND STIGMA THE SE STORIES WERE USED TO CREATE FOUR HALF-HOUR DOCUMENTARIES THAT ARE BEING BROADCAST ON TP T IN PRIMETIME THE SERIES BEGAN AIRING STATEWIDE IN OCTOBER 2013 AND WILL CONTINUE THROUG H 2018 IT HAS ALSO BEEN MADE AVAILABLE ON THE TPT WEBSITE AND MAKEITOK ORG THE TPT SERIE S HAS BEEN AN UNQUALIFIED SUCCESS - THE NATIONAL ACADEMY OF TELEVISION ARTS & SCIENCE (NAT AS) HONORED THE SERIES WITH THE UPPER MIDWEST CHAPTER BOARD OF GOVERNORS AWARD THIS IS TH E MOST PRESTIGIOUS REGIONAL EMMY AWARD IN THE CHAPTER AND HONORS THE CREATIVE AND EFFECTIV E USE OF BROADCASTING TO ADVANCE A MISSION OR MESSAGE - THROUGH OCTOBER 2014, MORE THAN 11 5,000 VIEWERS HAD WATCHED THE FIRST THREE INSTALLMENTS THE THIRD DOCUMENTARY, WHICH PREMI ERED ON FEBRUARY 28, WAS THE MOST WATCHED LOCAL PUBLIC TELEVISION PROGRAM IN AMERICA THAT NIGHT VIEWERSHIP OF THE PROGRAM WAS SO STRONG THAT IT HELPED MAKE TPT THE MOST VIEWED PUB LIC TELEVISION STATION IN THE COUNTRY THAT EVENING THROUGH OCTOBER 14, 2014, THE SERIES H AD BEEN VIEWED 6,565 TIMES ON THE TPT WEBSITE THIS IS MORE THAN ANY OTHER SERIES ON THE S ITE REGIONS IS ALSO TARGETING BUSINESSES, HEALTH CARE ORGANIZATIONS, POLICE DEPARTMENTS, C OLLEGES AND UNIVERSITIES, COMMUNITIES OF FAITH AND OTHER SECTORS OF OUR SOCIETY FOR A DEEP ER DIVE INTO THE TOPICS OF MENTAL ILLNESS AND STIGMA REGIONS PACKAGED ITS MESSAGE IN A TO OLKIT THAT IS BEING SHARED WITH THESE ORGANIZATIONS SO THEY CAN SHARE IT WITH THEIR OWN ST AFF AND IN OTHER SETTINGS REGIONS WILL TRAIN POTENTIAL TRAINERS WITHIN THESE ORGANIZATION S SO THE MESSAGE CAN BE BEST SPREAD REGIONS IS ALSO TRAINING A LINEUP OF "AMBASSADORS" WH O CAN TALK ABOUT THE HARM OF STIGMA AND THE THINGS WE CAN DO TO FIGHT IT IN JUNE REGIONS TRAINED 25 AMBASSADORS, AND IN NOVEMBER REGIONS TRAINED 10 AT THE UNIVERSITY OF MINNESOTA SCHOOL OF SOCIAL WORK IN THE FALL OF 2014, REGIONS FINALIZED MAKE IT OK INTERACTIVE, AN O N-LINE, DYNAMIC LEARNING TOOL FOR USE BY A VARIETY OF ORGANIZATIONS, INCLUDING BUSINESSES REGIONS IS PILOTING THESE EFFORTS IN RED WING, MI

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 11 - CHNA IMPLEMENTATION ACTIVITIES	NNESOTA WITH HELP FROM RED WING SHOE COMPANY FOUNDATION DONATIONS DAKOTA AND FREEBORN COU NTIES ARE PARTNERING WITH REGIONS AS WELL THE MAKE IT OK CAMPAIGN HAS RECEIVED VERY POSIT IVE REVIEWS THE FOLLOWING QUOTE IS FROM A STARTRIBUNE EDITORIAL DATE JUNE 12, 2013 "MINN ESOTA, SO OFTEN AHEAD OF THE HEALTH CARE CURVE, IS AGAIN A PUBLIC HEALTH PACESETTER THANKS TO THE MAKE IT OK CAMPAIGN, WHICH BOLDLY BUT PRAGMATICALLY MOVES BEYOND PREVIOUS EFFORTS TO REDUCE THE STIGMA OF MENTAL ILLNESS " STORIES ALSO APPEARED IN MINNPOST AND ON FOX 9 NE WS - THROUGH OCTOBER 2014, REGIONS ESTIMATES THAT IT HAD 127 MILLION IMPRESSIONS THROUGH I TS TELEVISION, RADIO AND ONLINE ADS - THROUGH OCTOBER 2014, MORE THAN 115,000 VIEWERS HAD WATCHED THE FIRST THREE INSTALLMENTS OF THE TPT DOCUMENTARY ONLINE, THE SERIES WAS VIEWED 6,565 TIMES THROUGH OCTOBER 14 - THROUGH OCTOBER 2014, MAKEITOK ORG HAD 49,000 UNIQUE VIS ITORS BY THE END THE YEAR, 5,112 PEOPLE TOOK THE SITE'S PLEDGE TO BECOME STIGMA FREE - TH ROUGH THE FIRST TEN MONTHS OF LAST YEAR, 13 PRESENTATIONS WERE MADE TO BUSINESSES, HEALTH CARE ORGANIZATIONS, POLICE DEPARTMENTS, COLLEGES AND UNIVERSITIES, COMMUNITIES OF FAITH AN D OTHER SECTORS OF OUR SOCIETY WITH A TOTAL OF 2,400 PARTICIPANTS IN THAT SAME TIME PERIO D, 35 INDIVIDUALS WERE TRAINED TO MAKE THE PRESENTATIONS NATIONAL ASSOCIATION ON MENTAL IL LNESS (NAMI)THE NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) OF MINNESOTA IS A NON-PROFIT OR GANIZATION DEDICATED TO IMPROVING THE LIVES OF CHILDREN AND ADULTS WITH MENTAL ILLNESSES A ND THEIR FAMILIES NAMI MINNESOTA OFFERS EDUCATION, SUPPORT AND ADVOCACY IN SEPTEMBER, 20 14 REGIONS SPONSORED A TEAM OF NAMI WALK PARTICIPANTS THERE WERE 82 PARTICIPANTS ON THE R EGIONS TEAM AND THE TEAM RAISED APPROXIMATELY $5,700 TO CONTRIBUTE TO NAMI IN THE EFFORT T O INCREASE AWARENESS OF MENTAL ILLNESS AND TO ELIMINATE STIGMA REGIONS STAFF HOSTED TWO S CRAPBOOKING DAYS AT A LOCAL CHURCH, TO RAISE FUNDS FOR THE WALK TEAM STAFF TIME TOTALED A PPROXIMATELY 56 HOURS MENTAL HEALTH DRUG ASSISTANCE PROGRAM (MHDAP) MHDAP WAS ESTABLISHED IN 2008 AS A COLLABORATIVE BETWEEN UNITED, ST JOSEPH'S, AND REGIONS HOSPITALS IN ST PAU L, THE CRISIS SERVICES OF RAMSEY, DAKOTA AND WASHINGTON COUNTIES, AND THE MENTAL HEALTH CR ISIS ALLIANCE PARTICIPATING ORGANIZATIONS WORK WITH A GROUP OF TWELVE EAST METRO PHARMACI ES THAT FILL PRESCRIPTIONS, WAVING THE FULL PRICE OR CO-PAY AS NECESSARY THE PHARMACIES T HEN BILL THE GROUP FOR THE PRESCRIPTIONS OR CO-PAYS, AND THE GROUP PAYS FOR THEM USING FUN DS RAISED PATIENTS CAN RECEIVE A TOTAL OF THREE MONTHS WORTH OF ASSISTANCE SOCIAL WORKER S AND CARE PROVIDERS ENSURE THAT PATIENTS APPLY FOR OTHER ASSISTANCE PROGRAMS BEFORE RECEI VING PRESCRIPTIONS IN THIS WAY, PATIENTS HAVE ACCESS TO ONGOING FUNDING FOR MEDICATIONS W ITHOUT ACCESS TO STOP-GAP MEDICATIONS, MANY OF THE PROGRAM'S PARTICIPANTS WOULD NOT BE ABL E TO AFFORD THEIR MENTAL HEALTH DRUGS AS THEY APPLY FOR LONGER-TERM ASSISTANCE, AND TAKING A BREAK FROM THEIR DRUG REGIMENT CAN LEAD TO INCREASED HOSPITALIZATIONS, INCARCERATIONS, AND SUICIDAL IDEATION BY HELPING PATIENTS AVOID THESE CONSEQUENCES, THE MODEST COSTS OF M HDAP LEAD TO TREMENDOUS SAVINGS IN THE COMMUNITY'S EMERGENCY DEPARTMENTS, LAW ENFORCEMENT SECTORS AND OTHER HEALTH AND HUMAN SERVICE PROGRAMS BY PREVENTING PSYCHIATRIC CRISES, THE PROGRAM PREVENTS EMERGENCY HOSPITALIZATIONS AND INCARCERATIONS WHICH COST AN AVERAGE OF $ 12,000 TO $15,000 COMPARED TO THE AVERAGE COST OF $161 FOR A PROGRAM PRESCRIPTION

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 11 - CHNA IMPLEMENTATION ACTIVITIES (CONTINUED)	MHDAP ALSO HELPS ALLEVIATE THE CAPACITY SHORTAGE IN THE COMMUNITY'S MENTAL HEALTH CARE SYS TEM THERE IS A SHORTAGE OF MENTAL HEALTH BEDS BOTH LOCALLY AND STATEWIDE, SO HELPING NEED Y PATIENTS AVOID HOSPITALIZATIONS FREES UP BEDS FOR OTHER PATIENTS A 2007 STUDY OF TWIN C ITIES HOSPITALS FOUND THAT 40 TO 50 EMERGENCY ROOM PATIENTS WITH SERIOUS MENTAL HEALTH CON DITIONS WERE ADMITTED EVERY MONTH TO HOSPITALS IN THE TWIN CITIES METRO AREA BECAUSE THEY DID NOT HAVE ACCESS TO LESS INTENSIVE RESOURCES SUCH AS MEDICATIONS IN A SURVEY, MHDAP PA TIENTS REPORTED THAT THE PROGRAM REDUCED THE NEED FOR HOSPITALIZATION BY 26 PERCENT PROGR AM RECORDS DOCUMENTING PATIENTS APPROVED FOR SUBSIDIES HAVE SHOWN THAT LESS THAN 1 PERCENT DO NOT ACCESS THEIR SUBSIDIZED MENTAL HEALTH MEDICATIONS IN 2014, MHDAP PROVIDED $193,66 1 WORTH OF STOP-GAP ASSISTANCE TO 374 MENTAL HEALTH PATIENTS WHO TEMPORARILY COULD NOT AFF ORD MEDICATIONS THE PROGRAM HELPED INDIVIDUALS OBTAIN 1,202 PRESCRIPTIONS REGIONS EMERGEN CY DEPARTMENTREGIONS HOSPITAL FOUNDATION (RHF) RAISED FUNDS FOR THE EXPANSION OF THE EMERG ENCY CENTER, WHICH OPENED A CRISIS UNIT IN JANUARY 2010 TO BEST SERVE THE NEEDS OF ITS PAT IENTS EXPERIENCING A BEHAVIORAL HEALTH EMERGENCY THE SECURE UNIT CONTAINS 11 PRIVATE ROOM S, PATIENT SHOWERS, A COMMON ROOM, AN INTERVIEW ROOM FOR SOCIAL WORKERS TO MEET WITH PATIE NTS AND FAMILY MEMBERS, AND A SECURE WORK AREA TO CENTRALIZE THE CARE AND MONITORING OF PA TIENTS REGIONS EMERGENCY DEPARTMENT CONTINUES TO OFFER SERVICES IN THIS CRISIS UNIT IN 2 014, REGIONS EMERGENCY DEPARTMENT IMPLEMENTED ADDITIONAL ENHANCEMENTS TO THE CARE MODEL UT ILIZED IN THE CRISIS UNIT INCLUDING REDUCING AGGRESSIVE PATIENT BEHAVIOR AND DE-ESCALATION TRAINING FOR STAFF, ALTERNATIVE THERAPY (COMFORT BLANKET), STAFF SAFETY AND A REVISED CLI NICAL STAFFING MODEL TO ENHANCE AND ACCELERATE TREATMENT ACCOMPLISHMENTS IN 2014 INCLUDED CARE OF THE MH PATIENT - TRIAGE SCREENING AND RISK ASSIGNMENT- VIOLENCE SCREENING TOOL- D EDICATED RN AND ERT STAFF IN POD G- DEVELOP RN ORIENTATION AND COMPETENCIES UNIQUE TO CARE OF THE CRISIS PATIENT- IMPLEMENTED RN AND ERT FELLOWSHIP IN ED- MODIFIED ED/MH STEERING A ND COMMITTEE STRUCTURE- INTENTIONAL PARTNERSHIP WORK BETWEEN ED AND MH- PROVIDER MODEL WOR K TO DETERMINE PSYCHIATRIC COVERAGE IN EDPROGRAM METRICS - ED CRISIS PATIENT VISITS 7,542 - ADMISSION RATE 50%- AVERAGE LENGTH OF STAY IN POD G UNTIL ADMITTED TO BEHAVIORAL HEALT H INPATIENT BED 10 5 HOURS- PERCENTAGE PATIENTS ADMITTED ON A 72 HOUR HOLD 34% (ANNUAL A VERAGE)- COMPLETION OF CRISIS CLASS BY ED STAFF 100% STAFF WORKING IN POD G AND ALL NEW H IRES MENTAL HEALTH CRISIS ALLIANCE (MHCA)MENTAL HEALTH CRISIS ALLIANCE (MHCA) IS A CRISIS RESPONSE SYSTEM THAT AUGMENTS INPATIENT SERVICES IN THE EAST METRO HEALTHPARTNERS AND REG IONS ARE MAJOR SPONSORS OF MHCA, WHICH INCLUDES FOURTEEN ORGANIZATIONS THAT REPRESENT COUN TIES, HOSPITALS, HEALTH PLANS, THE STATE OF MINNESOTA, AND CONSUMERS AND ADVOCATES FORMED IN 2002 TO ADDRESS THE UNMET NEEDS OF ADULTS WHO EXPERIENCE BEHAVIORAL HEALTH CRISIS, MHC A PREVENTS AVOIDABLE EMERGENCY HOSPITALIZATION BY PROVIDING ADULT MENTAL HEALTH CRISIS STA BILIZATION SERVICES IN HOMES, COMMUNITY SETTINGS, OR IN SHORT-TERM, SUPERVISED, LICENSED R ESIDENTIAL PROGRAMS REGIONS CONTINUES TO BE AN ACTIVE SPONSOR OF THE MHCA MENTAL HEALTH CRISIS ALLIANCE (MHCA) PREVENTS AVOIDABLE EMERGENCY HOSPITALIZATION AND FACILITATING TIMEL Y DISCHARGES BY PROVIDING ADULT MENTAL HEALTH CRISIS STABILIZATION SERVICES IN HOMES, COMM UNITY SETTINGS, OR IN SHORT-TERM, SUPERVISED, LICENSED RESIDENTIAL PROGRAMS WE ARE FOUNDE RS AND HELP LEAD (AS WELL AS FINANCIALLY SUPPORT) THIS PROGRAM IS PROVEN TO REDUCE COSTS AND HOSPITALIZATIONS FOR PATIENTS NEEDING CRISIS STABILIZATION 2014 ACCOMPLISHMENTS - REC EIVED AN AWARD FOR INNOVATIVE PROGRAMMING FROM THE AMERICAN PSYCHIATRIC ASSOCIATION- RECEI VED A BUSH FOUNDATION GRANT TO EXPLORE PEER INTEGRATION AND SUSTAINABILITY- WAS A FINALIST FOR A BUSH PRIZE- COMPLETED A 3 YEAR STRATEGIC PLAN- HOSTED TWO LUNCH AND LEARNS TO CONNE CT ALLIANCE WITH EAST METRO HOUSING INITIATIVES AND CATHOLIC CHARITIESCRISIS ASSESSMENT ME TRICS - WALK INS 870- MOBILE 488- PHONE 15,783- 17% WOULD HAVE GONE DIRECTLY TO THE ER- 12 % DID NOT KNOW WHAT THEY WOULD HAVE DONECRISIS STABILIZATION = 500 SERVEDPSYCHIATRY = 642 SERVED- 33% WOULD HAVE GONE DIRECTLY TO THE ER- SIGNIFICANT DROP IN ER AND MH INPATIENT UN IT FOR PSYCHIATRY CLIENTS AFTER 90 DAYS PEER SUPPORT = 236 SERVED- 91% OF CONSUMERS STRONG LY AGREE THAT STAFF WERE COURTEOUS AND FRIENDLY- 87% OF CONSUMERS STRONGLY AGREE THAT THEY WERE GIVEN THE OPPORTUNITY TO TELL THEIR STORY AND PARTICIPATE IN THEIR CARE PRIORITY 2 PROMOTE POSITIVE BEHAVIORS TO REDUCE OBESITY (NUTRITION / PHYSICAL ACTIVITY)COLLABORATION WITH STATEWIDE HEALTH IMPROVEMENT PROGRAM (SHIP)MANY OF REGIONS' PRIORITY GOALS OVERLAP WI TH MANY OF THE SHIP GOALS REGIONS, AS PART OF THE INTEGRATED SYSTEM OF HEALTHPARTNERS AND THROUGH ITS SISTER HOSPITAL IN STILLWATER, COLLAB

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 11 - CHNA IMPLEMENTATION ACTIVITIES (CONTINUED)	ORATES AND ADVOCATES IN COOPERATION WITH THESE SHIP EFFORTS THROUGH OUR YUMPOWER AND POWER UP INITIATIVES 2014 ACCOMPLISHMENTS BEGINNING IN 2011, HEALTHPARTNERS BEGAN INVESTING IN THREE INITIATIVES TO UNITE COMMUNITIES AND MAKE IT EASIER FOR CHILDREN AND FAMILIES TO MAK E BETTER-FOR-YOU CHOICES - YUMPOWER A MULTI-YEAR BETTER EATING SOCIAL MOVEMENT FOR THE CO MMUNITY IN THE MINNEAPOLIS AND SAINT PAUL METROPOLITAN AND SAINT CLOUD AREAS IT INCLUDES A PUBLIC AWARENESS CAMPAIGN, COOKING CLASSES, A WEBSITE WITH EXPERT ADVICE, RECIPES AND RE SOURCES TO PROMOTE EATING FIVE SERVINGS OF FRUITS AND VEGETABLES A DAY - POWERUP A COMMUN ITY-WIDE INITIATIVE TO MAKE BETTER EATING AND PHYSICAL ACTIVITY EASY, FUN AND POPULAR FOR KIDS AND FAMILIES IN THE ST CROIX VALLEY POWERUP IS DEVELOPED BY THE STILLWATER HEALTH S YSTEM AND HEALTHPARTNERS, IN PARTNERSHIP WITH HUDSON HOSPITAL, WESTFIELDS HOSPITAL, BUSINE SSES, SCHOOLS, PUBLIC HEALTH, NON -PROFITS AND THE COMMUNITY - BEARPOWER A COMMUNITY-WIDE MOVEMENT HELPING WHITE BEAR LAKE AREA FAMILIES EAT WELL AND BE ACTIVE PARENTS, SCHOOLS, COMMUNITY ORGANIZATIONS, LOCAL GOVERNMENT OFFICIALS, CLINICIANS AND LOCAL BUSINESSES HAVE JOINED FORCES WITH CHILDREN'S HOSPITALS AND CLINICS OF MINNESOTA AND HEALTHPARTNERS TO CRE ATE A HEALTHIER ENVIRONMENT FOR KIDS WE ARE WORKING TOGETHER SO THAT ALL KIDS CAN REACH T HEIR FULL POTENTIAL SCHOOL CHALLENGE HEALTHPARTNERS YUMPOWER, BEARPOWER AND POWERUP SCHOO L CHALLENGES REACHED 58 SCHOOLS IN 2014 NEARLY 20,000 KIDS IN THE METRO, SAINT CLOUD, AND WESTERN WISCONSIN PARTICIPATED IN THIS FUN PROGRAM TO EAT MORE FRUITS AND VEGETABLES AND TO TRACK THEIR PROGRESS HEALTHPARTNERS PROVIDED CURRICULUM IDEAS AND TRACKERS FOR STUDENT S TO TRACK THEIR INTAKE OF FRUIT AND VEGETABLES OVER A 4 WEEK PERIOD THE SCHOOL CHALLENGE DANCE DVD WAS USED BY SCHOOLS TO GET MORE PHYSICAL ACTIVITY AND HAVE FUN IN THE CLASSROOM 6-10% OF THE KIDS IN THE PROGRAM ATE MORE FRUITS AND VEGETABLES! 90% OF THE SCHOOL STAFF WOULD RECOMMEND THE SCHOOL CHALLENGE TO OTHER SCHOOLS YUMPOWER WORKSITE FOOD CHANGE TOOLK IT WAS CREATED TO HELP WORKSITE WELL-BEING LEADERS MAKE BETTER-FOR-YOU FOOD AND BEVERAGE C HANGES AT WORKSITES THE FREE, COMMUNITY-AVAILABLE TOOLKIT IS COMPREHENSIVE, FROM ASSESSME NT TO CHANGE LAUNCH, AND INCLUDES OVER 15 RESOURCES, INCLUDING BETTER-FOR-YOU GUIDELINES, MESSAGING AND ACTUAL VENDING MACHINE CHANGE LAYOUT HEALTHPARTNERS YUMPOWER VENDING MACHINE S AT REGIONS AND 13 HEALTHPARTNERS CLINICS OFFER AT LEAST 50 PERCENT OF YUMPOWER APPROVED FOOD ITEMS VENDING ITEMS ARE 100 PERCENT YUMPOWER APPROVED AT HEALTHPARTNERS 15 PHARMACIE S GREAT TASTING OPTIONS ARE LOWER IN CALORIES, SODIUM, SUGAR AND FAT WATER AND BETTER-FO R-YOU BEVERAGES ARE PLACED AT EYE LEVEL YUMPOWER IS WORKING TO EXPAND THESE VENDING MACHI NES TO MORE WORK PLACES IN THE METRO AREA PHARMACY FOOD AND BEVERAGE CHANGE HEALTHPARTNER S PHARMACIES AT ALL 15 CLINIC LOCATIONS OFFER 100% BETTER-FOR-YOU SNACKS AND BEVERAGES LI KE THE VENDING PROGRAM, THESE YUMPOWER BETTER-FOR-YOU OPTIONS ARE LOWER IN CALORIES, SODIU M, SUGAR, AND FAT THESE ITEMS ARE HIGHLIGHTED WITH DISPLAY SIGNAGE TO EDUCATE PHARMACY CU STOMERS ABOUT THE BETTER OPTIONS AND CHANGE

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 11 - CHNA IMPLEMENTATION ACTIVITIES (CONTINUED)	DOCTORS WRITE PRESCRIPTIONS FOR FRUITS AND VEGETABLES TO CHILDREN AGES 5 TO 12 IN A PILOT PROJECT AT HEALTHPARTNERS WHITE BEAR LAKE CLINIC AND THE HUGO CLINIC WHICH IS A PARTNERSHI P BETWEEN HEALTHPARTNERS AND CHILDREN'S HOSPITAL AND CLINICS OF MINNESOTA THE PRESCRIPTIO NS ARE REDEEMABLE FOR $10 AT FIVE AREA FESTIVAL FOODS, KOWALSKI'S MARKETS AND CUB FOODS GR OCERY STORES PROGRAM METRICS AT THE STATE FAIR AND MALL OF AMERICA - NEARLY 12,000 KIDS LE ARNED ABOUT BETTER-FOR-YOU CHOICES AT YUMPOWER'S FARM TO SCHOOL ACTIVITY AT THE GREAT MINN ESOTA STATE FAIR - BEARPOWER AND FESTIVAL FOODS GAVE OUT MORE THAN 200 POUNDS OF FREE VEGG IES AT MARKETFEST, A WEEKLY SUMMER FESTIVAL IN WHITE BEAR LAKE - ALMOST 200 PRESCRIPTIONS FOR FRUITS AND VEGETABLES WERE ISSUED YUMPOWERTHE HEALTHPARTNERS YUMPOWER CAMPAIGN IS A CO MMUNITY INITIATIVE TO PROMOTE HEALTHY EATING, SPECIFICALLY TARGETING FRUIT AND VEGETABLE I NTAKE AS ONE OF THE OPTIMAL LIFESTYLE BEHAVIORS THE CAMPAIGN FEATURES A VARIETY OF FAMILY FRIENDLY ONLINE RESOURCES AND TOOLS TO PROMOTE HEALTHY EATING HABITS THE YUMPOWER CAMPAI GN ALSO HAS MANY COMMUNITY PARTNERSHIP FEATURES IN THE REGIONS SERVICE AREA, SUCH AS SCHOO LS, BUSINESSES AND OTHER NONPROFITS REGIONS WILL PROMOTE YUMPOWER AND HEALTHY EATING ON C AMPUS AND THROUGH SOCIAL MEDIA 2014 ACCOMPLISHMENTS THE ACCOMPLISHMENTS FOR 2014 FOCUSED AROUND A STRONG COMMUNICATIONS CAMPAIGN THE HUDDLE, THE BEAT, FACEBOOK AND TWITTER WERE A LL USED TO SEND CONSISTENT MESSAGING ABOUT YUMPOWER AND BETTER FOR YOU OPTIONS ARTICLES I N THE BEAT INCLUDED EVERYTHING FROM COOKING TIPS FOR EVENTS LIKE THE SUPER BOWL OR HOLIDAY FESTIVITIES, TIPS FOR WEIGHT LOSS AND BETTER CALORIE MANAGEMENT, AND THE IMPORTANCE OF IN CORPORATING FRUITS AND VEGETABLES INTO YOUR REGULAR DIET THERE WERE SEVERAL EVENTS INCLUD ING "DITCH THE DIET" COOKING CLASSES THAT TOOK PLACE IN JANUARY AND FEBRUARY, FRUIT AND VE GETABLE TASTINGS AT LOCAL GROCERY STORES AND FAIRS, AND EVEN A HEALTH FAIR THAT TOOK PLACE AS PART OF OUR ANNUAL MEETING TWITTER, FACEBOOK AND HUDDLES WERE ALL USED TO REINFORCE T HE YUMPOWER PHILOSOPHY AND OFFER TIPS FOR BETTER EATING PROGRAM METRICS - 41 UNIQUE INTER NAL AND EXTERNAL YUMPOWER COMMUNICATIONS WERE PUBLISHED BEST FED BEGINNINGS (BFB)BREASTFEE DING HAS BEEN LINKED TO LOWER RATES OF OBESITY REGIONS OPERATES A LACTATION SUPPORT CENTE R, WHICH ENCOURAGES BREASTFEEDING BY PROVIDING ACCESS TO CERTIFIED LACTATION CONSULTANTS WHEN THE MOTHER LEAVES THE HOSPITAL, THE STAFF IS STILL AVAILABLE TO ANSWER ANY QUESTIONS SHE MIGHT HAVE AS ONE OF 90 HOSPITALS IN THE COUNTRY, REGIONS IS PARTICIPATING IN THE BFB INITIATIVE THE PURPOSE OF THE BFB INITIATIVE IS TO PROMOTE BREASTFEEDING NATIONWIDE BY C REATING AN ENVIRONMENT IN WHICH A MOTHER'S CHOICE CONCERNING BREASTFEEDING IS SUPPORTED BY - ENABLING HOSPITALS TO EARN BABY-FRIENDLY ("BFUSA") DESIGNATION BY IMPLEMENTING EVIDENCE D-BASED MATERNITY CARE PRACTICES- RAISING AWARENESS AND INTEREST IN BREASTFEEDING MATERNIT Y PRACTICES AND BABY-FRIENDLY DESIGNATION2014 ACCOMPLISHMENTS GOAL OF THIS BFB WORK IS FOR MOTHERS WHO CHOOSE BREASTFEEDING WITH 2,500 DELIVERIES PER YEAR THIS IS FOR 1,750 PATIEN TS PER YEAR THE BABY FRIENDLY SURVEY WAS CONDUCTED ON OCTOBER 7TH AND 8TH, 2014 ASSESSME NT REPORTED THE PASSING OF 8 OUT OF 10 STEPS AND REQUIRED ADDITIONAL DOCUMENTATION AND RET RAINING WHICH WAS COMPLETED ON JANUARY 6TH, 2015 DESIGNATION OF "BABY FRIENDLY" WAS RECEI VED ON JANUARY 20, 2015 EXTENSIVE TRAINING WAS ALSO PROVIDED TO STAFF AND FAMILIES ON SPE CIFIC TEACHING METHODS THAT PROVIDE CONSISTENT MESSAGES TO MOTHERS/FAMILIES AND WILL IMPRO VE PATIENT SATISFACTIONS SCORES ADDITIONALLY, PRENATAL EDUCATION DOCUMENTS WERE CREATED, DEVELOPED AND IMPLEMENTED IN ALL 17 PRENATAL CLINICS VERSIONS OF THESE MATERIALS ARE AVAI LABLE IN HMONG, SOMALI, SPANISH, AND AMHARIC AMERICAN HEART ASSOCIATIONREGIONS AND HEALTH PARTNERS HAVE LONGSTANDING INVOLVEMENT WITH AND SPONSORSHIP OF THE AMERICAN HEART ASSOCIAT ION REGIONS WILL CONTINUE ITS SUPPORT INCLUDING EMPLOYEE AND CORPORATE FUNDRAISING AND AC TIVE INVOLVEMENT IN THE AHA'S FOCUS TO IMPROVE THE HEART HEALTH OF OUR POPULATION AND REDU CE OBESITY 2014 ACCOMPLISHMENTS THE MISSION OF THE AMERICAN HEART ASSOCIATION IS TO BUILD HEALTHIER LIVES, FREE OF CARDIOVASCULAR DISEASES AND STROKE REGIONS AND HEALTHPARTNERS SP ONSORED THE FOLLOWING AMERICAN HEART ASSOCIATION ACTIVITIES IN 2014 -TEACHING GARDENS FUND S GARDENS IN LOCAL SCHOOLS TO SUPPORT THE FOLLOWING OUTCOMES -HEALTH INTERVENTION AT SCHO OL LEADS TO HEALTHY BEHAVIORS IN KIDS -PROVIDE HANDS-ON NUTRITION EDUCATION -STUDIES SHOW INDIVIDUALS WHO PARTICIPATE IN A GARDENING INITIATIVE ARE MORE LIKELY TO CONSUME FRUITS AN D VEGETABLES - TEACH RESPONSIBILITY, LEADERSHIP, TEAM BUILDING ENVIRONMENTAL AWARENESS, MA TH/PROBLEM SOLVING SKILLS, CONFIDENCE AND SELF ESTEEM- HEART WALK - RAISES AWARENESS OF TH E CAUSES OF HEART DISEASE AND STROKE AMONG THE GENERAL POPULATION- POWER TO END STROKE - F OCUSES ON EDUCATION AND AWARENESS OF STROKE IN THE

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 11 - CHNA IMPLEMENTATION ACTIVITIES (CONTINUED)	AFRICAN AMERICAN COMMUNITY- GO RED FOR WOMEN - ADDRESSES THE #1 CAUSE OF DEATH AMONG WOME N, HEART DISEASEPROGRAM METRICS - REGIONS MAINTAINED INVOLVEMENT WITH FOUR DIFFERENT AMERI CAN HEART ASSOCIATION ACTIVITIES AND PROVIDED $25,000 IN SUPPORT HEALTH AND WELLNESS OF OU R OWN EMPLOYEESREGIONS CONTINUES TO PROMOTE THE HEALTH AND WELLNESS OF ITS OWN EMPLOYEES B Y CREATING A "BE WELL" CULTURE AND PROVIDING COACHING SERVICES FOR ITS EMPLOYEES ON AN IND IVIDUAL OR GROUP BASIS 2014 ACCOMPLISHMENTS REGIONS HAS A FITNESS CENTER WHICH CONSISTS OF A CARDIO ROOM, GROUP ACTIVITY, AND PERSONAL TRAINING/COACH ROOM WHICH IS OPEN TO STAFF 24 /7 THE CARDIO ROOM HAS TWO TREADMILLS, ONE ELLIPTICAL, AND ONE RECUMBENT BIKE DURING PEA K USE HOURS ALL 4 MACHINES ARE BUSY IN THE GROUP FITNESS ROOM A VARIETY OF CLASSES ARE OF FERED SUCH AS YOGA, CORE CONDITIONING, MINDFUL RELAXATION, STEP AEROBICS AND ZUMBA THE AC TIVITY SCHEDULE VARIES MONDAY THROUGH THURSDAY AND ROTATES EVERY 10 TO 12 WEEKS DURING 20 14, THERE WAS AN AVERAGE OF OVER 1,200 VISITS TO THE FITNESS CENTER PER MONTH PERSONAL FI TNESS TRAINING IS ALSO AVAILABLE TO EMPLOYEES AT A SMALL COST COMPARED TO THE COMMUNITY AV ERAGE THE MOST RECOGNIZABLE COACHING PROGRAMS ARE KNOW YOUR NUMBERS AND EAT WELL BE DESCR IBED IN THE ACTIVITY CENTER, CLINIC AND CENTER FOR EMPLOYEE RESILIENCE IN 2014, OUR WELLN ESS COACH AND COORDINATOR INCORPORATED WELL-BEING COMPONENTS INTO DEPARTMENT SPECIFIC TRAI NINGS FOR EXAMPLE, IN OUR NURSING ORIENTATION, WE HAVE IMPLEMENTED A "WHO'S GOT YOUR BACK " PRESENTATION WHICH INCLUDES MATERIALS AND HANDS ON EXPERIENCES TO PROMOTE HEALTHY BACK E XERCISES AND POSTURES PARTICIPANTS IN THE KNOW YOUR NUMBERS PROGRAM VISIT WITH A CERTIFIE D PERSONAL TRAINER TO MEASURE BODY COMPOSITION AND DISCUSS EXERCISE AND NUTRITION GOALS I N 2014, CONTINUED EFFORTS TO MOVE WELLBEING INTO DEPARTMENTS "BE WELL MOMENTS" AT STAFF M EETINGS, HUDDLES, LEADERSHIP COUNCIL, EDUCATIONAL SESSIONS, AND EVEN AT OUR OVERLOOK CAFE STRETCHING, MINDFUL RELAXATION, ENERGIZING MOVEMENTS SUCH AS DANCING ARE ALL PART OF THE DESIGN OF BE WELL MOMENTS IN 2014, OUR EMPLOYEE HEALTH AND WELLNESS DEPARTMENT PARTNERED WITH REGISTERED DIETITIANS FROM OUR FOOD AND NUTRITION DEPARTMENT TO OFFER TWO SERIES OF " EAT WELL BE WELL" WHICH IS A 12 WEEK SERIES DESIGNED TO EDUCATION ON NUTRITION AND EXERCIS E IT INCLUDES A FIT BIT, A 1 1 SESSION WITH A REGISTERED DIETITIAN, A 1 1 SESSION WITH A CERTIFIED PERSONAL TRAINER, WEEKLY DIET LOG FEEDBACK FROM DIETITIANS, AND WEEKLY HOUR LONG EDUCATIONAL SESSIONS IN 2014 REGIONS CONTINUED TO HOST A FARMERS MARKET OUTSIDE OUR MAIN ENTRANCE WHERE FRESH PRODUCE, OILS AND VINEGARS AND BREADS WERE AVAILABLE TO OUR EMPLOYEE S, PATIENTS AND VISITORS BECAUSE WE PARTNER WITH THE FOOD AND NUTRITION DEPARTMENT WHO DO ES AN OUTDOOR BARBEQUE AT THE SAME TIME, WE ARE ABLE TO DRAW MORE THAN 200 PEOPLE THROUGH OUR MARKET EACH WEEK IN THE SUMMER MONTHS IN FEBRUARY OF 2014, WE HELD OUR MOST WELL-ATTE NDED EMPLOYEE HEALTH AND WELL-BEING FAIR WITH OVER 1,000 ATTENDEES AND 18 DIFFERENT VENDOR S PROMOTING ALL ASPECTS OF OUR BE WELL MODEL WE HAD SEVERAL SUCCESSFUL "LUNCH N LEARN" PR OGRAMS THROUGHOUT THE YEAR RANGING FROM MINDFUL EATING, HOW ENVIRONMENT IMPACT HEALTHY EAT ING, AND BACK/NECK HEALTH BY HEALTHPARTNERS PHYSICIAN NECK AND BACK CLINICS SINCE THE FAL L OF 2012, EVERY FRIDAY HUDDLE HAS A SPOT SPECIFICALLY DEVOTED TO A BE WELL MESSAGE THIS INCLUDES INFORMATION ON UPCOMING WELL-BEING EVENTS, EDUCATION ON RELEVANT WELL-BEING TOPIC S, AND DESCRIPTIONS FOR BE WELL MOMENTS FOR SELF-CARE

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 11 - CHNA IMPLEMENTATION ACTIVITIES (CONTINUED)	PLANNING FOR A NEW FITNESS CENTER ALSO TOOK PLACE IN 2014 IN DECEMBER, A NEW $2 9 MILLION EMPLOYEE HEALTH AND WELLNESS CENTER WAS APPROVED, THE PROJECT WILL BEGIN IN EARLY 2015 ON SITE EMPLOYEE HEALTH CLINICREGIONS WILL ESTABLISH AN ONSITE EMPLOYEE HEALTH CLINIC FOR EMP LOYEES TO RECEIVE SOME PREVENTATIVE AND EARLY TREATMENT FOR MINOR AILMENTS TO IMPROVE OVER ALL HEALTH 2014 ACCOMPLISHMENTS REGIONS OPENED AN EMPLOYEE HEALTH AND WELLNESS CLINIC TO E MPLOYEES IN MAY 2012 WHICH IS STAFFED BY A CERTIFIED FAMILY NURSE PRACTITIONER THE CLINIC PROVIDES MINOR ACUTE ILLNESS AND INJURY CARE, INCLUDING WORKPLACE INJURY, PREVENTIVE HEAL TH SCREENINGS AND WELLNESS CARE IN 2014, OVER 1,900 EMPLOYEES RECEIVED CARE FOR CONCERNS RELATED TO MUSCULOSKELETAL PAIN/INJURY, SKIN, ALLERGIC, UPPER RESPIRATORY CONDITIONS, BLOO D PRESSURE, MENTAL HEALTH AND URINARY ISSUES EMPLOYEES RECEIVE ANY REQUIRED BLOOD/RADIOLO GY TESTING, PRESCRIPTIONS AND REFERRALS TO OTHER PROVIDERS AS NEEDED THE CLINIC PARTNERS WITH REGIONS PHARMACY TO PROVIDE TOBACCO CESSATION COUNSELING INCLUDING A FREE 6 WEEK SUPP LY OF NICOTINE REPLACEMENT PRODUCTS (AVERAGE VALUE OF $100 PER SUPPLY) EMPLOYEES COMPLETI NG OUR ANNUAL HEALTH ASSESSMENT FROM 2013 TO 2014 REPORTED A 2 9% DECREASE IN THE USE OF T OBACCO REGIONS IMPLEMENTED A KNOW YOUR NUMBERS PROGRAM IN 2013 THE CLINIC IS ONE OF THRE E COMPONENTS OF THE PROGRAM EMPLOYEES MEET WITH THE NURSE PRACTITIONER TO IDENTIFY CARDIO VASCULAR RISK FACTORS AFTER MEASURING BMI, BLOOD GLUCOSE, BLOOD PRESSURE, TRIGLYCERIDES, A ND CHOLESTEROL IN 2014, ONE HUNDRED AND SIXTEEN EMPLOYEES REGISTERED FOR THIS PROGRAM CL INIC SATISFACTION REMAINS HIGH AMONG EMPLOYEES THIS MEASUREMENT INCLUDES THE QUESTION "WO ULD YOU RECOMMEND YOUR REGIONS HEALTH AND WELLNESS CLINIC TO COLLEAGUES?" THE CLINIC CONSI STENTLY SCORES ABOVE 90 AND MOSTLY AT 100 (THE MAXIMUM SCORE) THE CLINIC HAS PROVIDED ACC ESSIBLE AND HIGH QUALITY CARE TO EMPLOYEES WHILE SHOWING AN ROI FOR SAVED PRODUCTIVE TIME (LESS PTO) AT A MINIMUM OF 1 5 HOURS TO 8 HOURS PER VISIT DEPENDING UPON THE EMPLOYEE'S SC HEDULE AND JOB WITHIN REGIONS PROGRAM METRICS - 2 9% DECREASE IN TOBACCO USE- CLINIC FACIL ITATES A HEALTHY WORKFORCE BY PROVIDING EASY TO ACCESS HEALTHCAREPRIORITY 3 INCREASE ACCE SS TO PRIMARY AND PREVENTIVE CAREINTERPRETERSIN 2014 REGIONS EMPLOYED 95 STAFF INTERPRETER S PROVIDING SERVICES IN 13 LANGUAGES CAMBODIAN, KAREN, BURMESE, NEPALI, OROMO, AMHARIC, S PANISH, SOMALI, HMONG, LAO, THAI, VIETNAMESE, AND AMERICAN SIGN LANGUAGE STAFF INTERPRETE RS INTERPRETED FOR 14,800 IN-PERSON PATIENT ENCOUNTERS AT REGIONS AND AN ADDITIONAL 33,806 ENCOUNTERS THROUGHOUT THE HEALTHPARTNERS CARE SYSTEM, WHICH REPRESENTS A 7 76% INCREASE O VER 2013 REGIONS ALSO HOLDS CONTRACTS WITH NINE INTERPRETER AGENCIES TO PROVIDE IN-PERSON OR REMOTE (TELEPHONIC AND VIDEO CONFERENCING) SERVICES IN OVER 200 ADDITIONAL LANGUAGES 2 4/7 REGIONS STAFF ACCESSED TELEPHONIC AND VIDEO INTERPRETERS FOR OVER 50 DIFFERENT LANGUA GES DURING 2014 QUALITY IMPROVEMENT EFFORTSIN 2014, REGIONS INTERPRETER SERVICES CONTINUED TO FOCUS ON QUALITY OF SERVICES 100% OF STAFF INTERPRETERS HAVE COMPLETED A MINIMUM OF 4 0 HOURS OF PROFESSIONAL INTERPRETER TRAINING AND ARE REQUIRED TO COMPLETE EIGHT HOURS OF C ONTINUING EDUCATION EACH YEAR 45% OF STAFF INTERPRETERS HOLD A NATIONAL INTERPRETING CRED ENTIAL, UP FROM 38% IN 2013 ACCESS IMPROVEMENT EFFORTSREGIONS CONTINUED OVER THE COURSE O F THE LAST YEAR TO IMPROVE ACCESS TO QUALIFIED INTERPRETERS IMPROVEMENTS WERE MADE TO THE IT INFRASTRUCTURE TO ENSURE MORE EFFICIENT STAFFING OF ON-SITE INTERPRETERS PATIENT'S PR EFERRED LANGUAGE WAS MOVED TO A KEY POSITION ON THE INPATIENT ELECTRONIC MEDICAL RECORD (E MR) BANNER, MAKING IT EASIER FOR PROVIDERS TO IDENTIFY A LANGUAGE NEED NEW DUAL HANDSET P HONES WERE DEPLOYED TO ALL INPATIENT UNITS TO MAKE SECURING AN INTERPRETER OVER THE PHONE EASIER AND VOCERA BADGES WERE PROGRAMMED TO ALLOW FOR IMMEDIATE ACCESS TO AUDIO-ONLY INTER PRETERS ADDITIONAL CONTRIBUTIONS TO PATIENTS AND OUR COMMUNITY- REGIONS STAFF INTERPRETER S COMPLETED THOUSANDS OF REMINDER CALLS TO PATIENTS TO ENSURE THEY WERE AWARE OF SCHEDULED APPOINTMENTS AND HAD NECESSARY INFORMATION REGARDING THEIR UPCOMING VISITS - QUALIFIED TR ANSLATORS IN SPANISH, SOMALI, AND HMONG PROVIDED WRITTEN TRANSLATION SERVICES, INCLUDING T HE TRANSLATION OF MEDICAL RECORDS, LETTERS TO PATIENTS, AND HOSPITAL SIGNAGE - REGIONS STA FF INTERPRETERS AND LEADERS PARTICIPATED ON MULTIPLE STATE AND NATIONAL COMMITTEES AND BOA RDS FOCUSED ON IMPROVING ACCESS TO QUALITY INTERPRETER SERVICES THESE ORGANIZATIONS INCLU DED THE UPPER MIDWEST TRANSLATORS AND INTERPRETERS ASSOCIATION, THE MINNESOTA REGISTRY OF INTERPRETERS FOR THE DEAF, THE MINNESOTA INTERPRETER STAKEHOLDERS GROUP, THE MINNESOTA INT ERPRETER SERVICES LEADERSHIP GROUP, AND THE CERTIFICATION COMMISSION FOR HEALTHCARE INTERP RETERS - REGIONS INTERPRETER SERVICES PARTNERED WITH BOTH CENTURY COLLEGE AND ST CATHERIN E UNIVERSITY TO TRAIN SIX INTERPRETING STUDENT INT

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 11 - CHNA IMPLEMENTATION ACTIVITIES (CONTINUED)	ERNS - REGIONS INTERPRETER SERVICES SPONSORED TWO LARGE INTERPRETER TRAINING EVENTS THAT A TTRACTED OVER 170 STAFF AND FREE-LANCE INTERPRETERS TO LEARN ABOUT TOPICS RANGING FROM HEA LTH EQUITY TO VICARIOUS TRAUMA AND INTERPRETING FOR PALLIATIVE CARE 2014 STAFF INTERPRETER S PATIENT ENCOUNTERS - REGIONS = 14,800- HEALTHPARTNERS = 33,806FINANCIAL COUNSELINGREGION S CONTINUES ITS EFFORTS TO CONNECT PATIENTS WITH PRIMARY CARE REGIONS OPERATES A FINANCIA L COUNSELING PROGRAM, WHICH WORKS TO SECURE A PAYMENT SOURCE FOR UN-INSURED AND UNDER-INSU RED PATIENTS REGIONS ALSO PROVIDES CASE MANAGEMENT SERVICES IN THE EMERGENCY DEPARTMENT S PECIFICALLY TASKED WITH HELPING PATIENTS FIND A PRIMARY CARE PROVIDER AND SCHEDULING APPRO PRIATE FOLLOW UP APPOINTMENTS TO SECURE A PAYMENT SOURCE FOR UNINSURED AND UNDERINSURED PA TIENTS, AND TO MITIGATE CHARITY CARE AND BAD DEBT WRITE-OFFS, REGIONS HAS AN ESTABLISHED F INANCIAL COUNSELING PROGRAM REGIONS FINANCIAL COUNSELORS WORK DILIGENTLY WITH PATIENTS AN D THEIR FAMILIES TO FIND ALTERNATE FUNDING SOURCES THE PROGRAM WAS STARTED IN THE ADMITTI NG INPATIENT DEPARTMENT IN 1995 SINCE THEN, THE PROGRAM HAS BEEN IMPLEMENTED THROUGHOUT R EGIONS, TO INCLUDE THE EMERGENCY DEPARTMENT AND HOSPITAL BASED OUTPATIENT CLINICS THE PRO GRAM, WHICH IS ADMINISTERED WITHIN THE ADMITTING AND REGISTRATION DEPARTMENT, WAS FUNDED B Y REGIONS AT THE COST OF OVER $1 1 MILLION IN 2014 TWELVE COUNSELORS AND 1 5 OF RAMSEY AN D DAKOTA COUNTY EMPLOYEES HELP PATIENTS ENROLL IN GOVERNMENT PROGRAMS OR FIND OTHER SOURCE S OF COVERAGE SPECIFICALLY, THE COUNSELORS ARE ABLE TO ASSIST PATIENTS WITH SCREENING FOR AND COMPLETING APPLICATIONS WITH MN HEALTH CARE PROGRAMS, REGIONS MEDICAL ASSISTANCE/CHAR ITY CARE APPLICATIONS, AND SETTING UP PAYMENT PLANS THE REGIONS EMERGENCY DEPARTMENT AND INPATIENT UNITS PROVIDE FINANCIAL COUNSELING 24 HOURS A DAY, 7 DAYS A WEEK, WHILE OTHER DE PARTMENTS PROVIDES COUNSELING DURING THE BUSINESS WEEK REGIONS' FINANCIAL COUNSELING PROG RAM HELPED 1,250 PATIENTS SECURE GOVERNMENT-SPONSORED HEALTH COVERAGE UNDER THE MEDICAID O R MNCARE PROGRAMS IN 2014 WITH HEALTH INSURANCE, PEOPLE ARE ALSO MORE LIKELY TO SEEK PREV ENTATIVE CARE AND AVOID HEALTH CRISES, WHICH ARE EXPENSIVE TO TREAT AND DANGEROUS TO A PER SON'S HEALTH IN 2014, FINANCIAL COUNSELORS SUCCESSFULLY ENROLLED NEARLY 1,250 INDIVIDUALS IN GOVERNMENT HEALTH CARE PROGRAMS THIS PROVIDED APPROXIMATELY $8 2 MILLION TO REGIONS FO R CARE THAT OTHERWISE WOULD HAVE BEEN CONSIDERED CHARITY CARE FOR 2014, THE MN HEALTHCARE PROGRAMS APPLICATION BREAKDOWN WAS AS FOLLOWS IN THE EMERGENCY DEPARTMENT, THERE WERE 1, 121 APPLICATIONS TAKEN AND 600 WERE SUCCESSFULLY OPENED (53% SUCCESS RATE), FOR INPATIENTS , THERE WERE 1,075 APPLICATIONS TAKEN AND 650 WERE SUCCESSFULLY OPENED (60% SUCCESS RATE) PROGRAM METRICS 2014 RESULTS- TOTAL ADMISSIONS 25,744- # OF MA APPLICATIONS TAKEN 2,196- # OF MA APPLICATIONS OPENED 1,250- % OF MA APPLICATIONS OPENED (SUCCESS RATE) 57%PORTICOPOR TICO IS A COMMUNITY BASED NONPROFIT MODEL FOR DELIVERING CARE MANAGEMENT AND PRIMARY, PREV ENTIVE AND SPECIALTY HEALTH CARE SERVICES TO UNINSURED FAMILIES AND INDIVIDUALS WHO CANNOT AFFORD HEALTH INSURANCE AND DO NOT QUALIFY FOR PUBLICLY SPONSORED HEALTH CARE PROGRAMS R EGIONS PROVIDE FUNDS TO PORTICO WHO USES THAT CONTRIBUTION TO PROVIDE AMBULATORY CARE COVE RAGE AND CASE MANAGEMENT FOR THE OTHERWISE UNINSURED THROUGH REGIONS CONTRIBUTION, PORTIC O COVERED 161 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 11 - CHNA IMPLEMENTATION ACTIVITIES (CONTINUED)	CHARITY CAREREGIONS CONTINUES TO BE THE LARGEST PROVIDER OF CHARITY CARE SERVICES IN THE E AST 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 2014, 43,237 PATIENTS RECEIVED CHARITY CARE SERVICES AT REGIONS AT A CO ST OF $50 MILLION IN CHARITY CARE CHARGES ($10 8 MILLION IN CHARITY CARE COSTS) OF THE 74 ,626 TOTAL PATIENT ACCOUNTS WRITTEN OFF IN 2014, 30,577 WERE PURE SELF-PAY PATIENTS WITH N O COVERAGE AND NO ABILITY TO PAY REGIONS PROVIDED INPATIENT AND OUTPATIENT EMERGENCY SERV ICES TO SELF-PAY PATIENTS TOTALING $32 7 MILLION IN CHARGES APPROXIMATELY $11 5 MILLION O F THESE CHARGES WERE WRITTEN-OFF BY REGIONS AT A NET LOSS TRANSPORTATION SERVICESREGIONS E NGAGES IN PROGRAMS AND INITIATIVES SPECIFICALLY DESIGNED TO REDUCE DISPARITIES AND ENCOURA GE THE APPROPRIATE USE OF HEALTH CARE RESOURCES IDENTIFIED THROUGH THE COMMUNITY INTERVIE WS IS THE NEED OF CERTAIN POPULATIONS TO ACCESS TRANSPORTATION SERVICES LACK OF TRANSPORT ATION CREATES BARRIERS TO UTILIZING PRIMARY AND SPECIALTY CARE SERVICES REGIONS WILL SUPP ORT THE ST PAUL FIRE DEPARTMENT'S IMPLEMENTATION OF A NEW BASIC LIFE SUPPORT (BLS) TRANSP ORT SERVICE WITH CREW UNIFORMS, EMS TRAINING, MEDICAL DIRECTION, CLINICAL TIME IN THE EMER GENCY DEPARTMENT AND PAYMENT FOR CHARITY CARE TRANSPORTS 2014 ACCOMPLISHMENTS REGIONS BELI EVES THERE ARE PATIENTS WITHIN THE COMMUNITY THAT LACK TRANSPORTATION RESOURCES TO GET TO REGIONS OR CLINIC APPOINTMENTS, IMPEDING TIMELY ACCESS TO HEALTH CARE WE RECOGNIZE THAT T IMELY ACCESS TO CARE REDUCES PREVENTABLE EMERGENCY DEPARTMENT (ED) USE THROUGH OUR CURREN T COMMUNITY PARAMEDIC PILOT PROJECT WITH THE CITY OF ST PAUL FIRE DEPARTMENT, WE PLAN TO IDENTIFY AREAS THAT LACK TRANSPORTATION TO SUPPORT TIMELY ACCESS REGIONS HAS DEPLOYED A S TRATEGY TO ENSURE THAT QUALITY AND TIMELY TRANSPORT (STRETCHER AND WHEELCHAIR) IS AVAILABL E FOR DISCHARGING PATIENTS THE PATIENT PLACEMENT DEPARTMENT, WORKING IN COLLABORATION WIT H CARE MANAGEMENT, IS THE IN-HOUSE CENTRALIZED COORDINATION POINT TO SCHEDULE MEDICAL AND NON-EMERGENCY MEDICAL TRANSPORT (NEMT) TRANSPORTATION NEEDS IN 2014, REGIONS MADE A SIGNI FICANT COMMITMENT TO ENSURE RELIABLE AND TIMELY ACCESS AND COST EFFICIENT NEMT SERVICES 1 CONTINUED SUPPORT OF THE SAINT PAUL EMERGENCY MEDICAL SERVICES (EMS) ACADEMY THE EMS AC ADEMY IS AN INTENSIVE EMERGENCY MEDICAL TECHNICIAN (EMT) CERTIFICATION AND FIREFIGHTER AWA RENESS PROGRAM THE PROGRAM IS DESIGNED FOR LOW-INCOME, DIVERSE YOUTH AGES 18-24, WHO ARE RESIDENTS OF THE CITY OF SAINT PAUL RECRUITMENT IS TARGETED TO LOW-INCOME YOUTH OF DIVERS E ETHNICITIES, WOMEN, AND BILINGUAL ABILITY, WITH THE GOAL OF BUILDING AN EMS WORKFORCE RE FLECTIVE OF SAINT PAUL'S COMMUNITIES UPON GRADUATING FROM THE EMS ACADEMY, ALUMNI EARN NA TIONAL EMT CERTIFICATION AND ELIGIBLE TO ENTER THE FIRE DEPARTMENT'S NON-EMERGENCY BASIC L IFE SUPPORT TRANSPORT SERVICE 2 SUSTAINED COMMITMENT TO THE SAINT PAUL FIRE DEPARTMENT'S NON-EMERGENCY BASIC LIFE SUPPORT TRANSPORT SERVICE THIS TRANSPORT SERVICE IS AVAILABLE TO CITIZENS OF SAINT PAUL AND SURROUNDING COMMUNITIES WHO ARE MEDICALLY REQUIRED TO HAVE AMB ULANCE TRANSPORTATION FROM REGIONS BACK HOME, OR TO ANOTHER HOSPITAL, OR TRANSPORT FOR A S PECIALIZED DOCTOR'S APPOINTMENT IN 2014, ST PAUL FIRE BLS TRANSPORT SERVICE TRANSPORTED 1,168 PATIENTS FROM REGIONS UPON PATIENT DISCHARGE TO NURSING CARE FACILITIES 3 ACQUISITI ON OF CART AMBULANCE, INC (CART) IN LATE 2013, REGIONS ACQUIRED CART AMBULANCE, A NON-EM ERGENCY BLS TRANSPORT SERVICE WHICH INCLUDES A BLS LICENSE ISSUED BY THE MINNESOTA EMS REG ULATORY BOARD (EMSRB) TO PROVIDE SERVICES IN THE METRO AREA IN 2014, CART WAS RENAMED, HE ALTHPARTNERS MEDICAL TRANSPORTATION (HPMT), PROVIDING QUALITY BLS AMBULANCE AND SPECIALIZE D TRANSPORTATION SERVICES (STS-WHEELCHAIR TRANSPORT) THIS PAST YEAR, HPMT SIGNIFICANTLY U PGRADED ITS AMBULANCES AND WHEELCHAIR VANS, REBRANDED ITS FLEET, MOVED INTO IMPROVED FACIL ITIES IN SOUTH MINNEAPOLIS, AND TRANSITIONED BILLING SERVICES TO THE REGIONS EPIC SYSTEM A DDING HPMT TO REGIONS ANCILLARY SERVICES SUPPORTS THE MOVEMENT OF PATIENTS AT REGIONS AND ITS SYSTEM HOSPITALS THIS WORK LAYS THE FOUNDATION FOR A FUTURE TRANSPORTATION SYSTEM THA T MEETS THIS GROWING DEMAND AND EFFECTIVELY SUPPORTS OUR HEALTHPARTNERS FAMILY OF CARE AND BEYOND PROGRAM METRICS - QUALITY BLS STRETCHER TRANSPORTS PROVIDED TO REGIONS PATIENTS B Y ST PAUL FIRE BLS SERVICE IN 2014 1,148- QUALITY WHEELCHAIR TRANSPORTS BY HPMT FROM REG IONS AND METRO AREA FACILITIES IN 2014 2,238- QUALITY BLS TRANSPORTS PROVIDED TO HPMT FRO M METRO AREA FACILITIES AND HOSPITALS IN 2014 3,847ELECTRONIC MEDICAL RECORDREGIONS WILL CONTINUE TO BUILD ON ITS HEALTH EDUCATION MATERIALS HOUSED WITHIN THE ELECTRONIC MEDICAL R ECORD THROUGH HEALTHWISE, REGIONS LINKS TO PATIENT FRIENDLY HEALTH EDUCATION MATERIALS, S OME OF WHICH HAS BEEN TRANSLATED INTO MULTIPLE LAN

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 11 - CHNA IMPLEMENTATION ACTIVITIES (CONTINUED)	GUAGES REGIONS WILL CONTINUE TO WORK WITH HEALTHWISE TO ENHANCE THE CONTENT AND WILL SUPP LEMENT WITH MATERIALS DEVELOPED INTERNALLY AS APPROPRIATE 2014 ACCOMPLISHMENTS - REGIONS P ARTICIPATED IN THE FIRST SHARED PROTOCOL WORK AS HEALTHPARTNERS AND PARK NICOLLET CONTINUE TO COMBINE IN 2014, RESULTING IN CONSISTENT PATIENT EDUCATION MATERIALS FOR HIP FRACTURE, ANTICOAGULATION AND ADRENAL INSUFFICIENCY SHARED PROTOCOL WORK WILL CONTINUE IN 2015, RE SULTING IN PATIENT EDUCATION MATERIALS THAT ARE CONSISTENT ACROSS THE CONTINUUM OF CARE - REGIONS INITIATED A PATIENT PORTAL PROJECT IN 2014 THE DISCOVERY AND ASSESSMENT PHASES WI LL CONTINUE IN 2015 FOR TWO PRODUCTS THAT COULD ENHANCE THE ACCESSIBILITY AND DELIVERY OF PATIENT EDUCATION MATERIALS AND ENHANCE WORKFLOW - EPIC MYCHART BEDSIDE AND GETWELL - THE INTERDISCIPLINARY PLAN OF CARE WAS IMPLEMENTED AT REGIONS IN 2014 WITH THIS IMPLEMENTATI ON, HEALTHWISE PATIENT INSTRUCTIONS CONTINUED TO RESIDE IN THE DISCHARGE NAVIGATOR THE AS SESSMENT OF MAPPING HEALTHWISE PATIENT INSTRUCTIONS TO CARE PLANS BEGAN IN 2014 RECOMMEND ATIONS AND IMPLEMENTATION FOR ALL INPATIENT EDUCATION INCLUDED IN CARE PLANS WILL RESOLVE IN 2015 PROGRAM METRICS - MONTHLY USAGE REPORTS ARE AVAILABLE ON THE HEALTHWISE KNOWLEDGE BASE CONTENT REPORTS INCLUDE TOTAL CLICKS ON HEALTHWISE HYPERLINKS DIRECTLY WITHIN MYCHAR T (WHERE PATIENTS LEARN ABOUT THEIR TESTS, MEDICATIONS, ALLERGIES AND IMMUNIZATIONS) THE REPORTS ALSO INCLUDE TOTAL CLICKS TO HEALTHWISE KNOWLEDGEBASE CONTENT FROM HEALTHPARTNERS COM THESE REPORTS SHOW WHAT TOPICS ARE ACCESSED THE MOST, AND/OR ARE TRENDING - REPORTS ON HEALTHWISE PATIENT INSTRUCTION USAGE ARE AD HOC AND DEPENDENT ON THE CONTENT BEING ADDE D TO THE AVS (AFTER VISIT SUMMARY)/DISCHARGE INSTRUCTIONS (A LIMITATION IN EPIC) SO THE US AGE NUMBERS DO NOT REFLECT THE FULL USE OF THESE MATERIALS WE HAVE TRIED TO BUILD WORKFLO WS AND STAFF EDUCATION THAT DIRECTS THEM TO THE USE OF THE HEALTHWISE CONTENT SO THAT WE H AVE CONSISTENCY IN USE OF THIS AGREED UPON HEALTH EDUCATION MATERIAL - WORK TO FURTHER REF INE REPORTING METRICS AND ANY OTHER OUTCOMES RELATED TO USE OF THE PATIENT EDUCATION CONTE NT WILL CONTINUE IN 2015 IT SHOULD BE NOTED THAT FINDING DEFINITIVE CAUSAL POSITIVE OUTCO MES FROM THE USE OF PRINTED EDUCATION MATERIALS MAY BE DIFFICULT TO DEMONSTRATE - WHAT IS MOST IMPORTANT IS THAT THE PATIENTS CARED FOR IN REGIONS AND OUR HEALTHPARTNERS SYSTEM REC EIVE EDUCATION MATERIALS WITH CONSISTENT MESSAGES AND DIRECTION, WHEREVER THEY ARE ACCESSI NG THEIR CARE IN THE CONTINUUM HEALTH EDUCATION REGIONS CONTINUES TO ENHANCE THE HEALTH E DUCATION MATERIALS AND LINKS AVAILABLE AT WWW REGIONSHOSPITAL COM 2014 ACCOMPLISHMENTS AT WWW REGIONSHOSPITAL COM PATIENTS CAN FIND A VARIETY OF HEALTH EDUCATION MATERIALS AND LIN KS TO TRUSTED SITES FOR ADDITIONAL SUPPORT AND RESOURCES PATIENTS CAN PERUSE THE WEBSITE OR ARE DIRECTED THERE THROUGH SOCIAL MEDIA PROGRAM METRICS - VISITS - 554,616MEDICAL EDUC ATIONREGIONS IS A TEACHING HOSPITAL AND WILL CONTINUE TO COLLABORATE WITH HEALTHPARTNERS I NSTITUTE FOR EDUCATION AND RESEARCH IN ITS MISSION TO IMPROVE HEALTH BY MAXIMIZING THE ABI LITIES OF PEOPLE AND SYSTEMS TO PROVIDE OUTSTANDING CARE REGIONS IS A TRAINING GROUND FOR APPROXIMATELY 470 RESIDENTS AND MANY CLINICAL STUDENTS WHO RECEIVE EXTENSIVE TRAINING RE GIONS WILL CONTINUE TO COLLABORATE WITH VARIOUS INSTITUTIONS TO PROVIDE HIGH QUALITY LEARN ING OPPORTUNITIES FOR FUTURE CLINICIANS

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 11 - CHNA IMPLEMENTATION ACTIVITIES (CONTINUED)	THROUGH OUR OWN ACCREDITED PROGRAMS AND THROUGH PARTNERSHIP WITH THE UNIVERSITY OF MINNESO TA, REGIONS TRAINED CAREGIVERS OF THE FUTURE TWENTY-TWO RESIDENTS GRADUATED FROM REGIONS- BASED PROGRAMS IN 2014 APPROXIMATELY 500 RESIDENTS (133 FTES) IN TOTAL RECEIVED CLINICAL EXPERIENCE AT REGIONS CLINICAL EXPERIENCE WAS ALSO PROVIDED TO 600 MEDICAL STUDENTS, 100 PHYSICIAN ASSISTANT STUDENTS, 500 UNDERGRADUATE NURSING STUDENTS AND 75 NURSE PRACTITIONER STUDENTS 2014 ACCOMPLISHMENTS 1 REGIONS PARTICIPATED IN THE ALLIANCE OF INDEPENDENT ACAD EMIC MEDICAL CENTERS' NATIONAL INITIATIVE IV, A PROJECT TO COLLABORATE WITH OTHER HOSPITAL S ACROSS THE COUNTRY ON IMPROVING THE RESIDENT LEARNING ENVIRONMENT AND PREPARING FOR INST ITUTIONAL ACCREDITATION 2 REGIONS PARTNERED WITH FOUR OTHER LOCAL HOSPITALS AND THE MINNE SOTA HOSPITAL ASSOCIATION TO INTRODUCE A QUALITY IMPROVEMENT INITIATIVE TO TEACH ALL RESID ENTS AND FELLOWS HOW TO PREVENT, DETECT, AND TREAT PRESSURE ULCERS 3 A MULTIDISCIPLINARY TEAM AT REGIONS DEVELOPED A RESIDENT INITIATIVE CALLED "GOOD CATCH" TO TEACH RESIDENTS THE IMPORTANCE OF ERROR REPORTING 4 GME ADMINISTRATION AND REGIONS QUALITY LEADERS COLLABOR ATED TO INTEGRATE RESIDENT AND HOSPITAL QUALITY IMPROVEMENT INITIATIVESREGIONS SPONSORS TH E FOLLOWING TRAINING PROGRAMS A EMERGENCY MEDICINE RESIDENCY B EMERGENCY MEDICAL SERVIC ES FELLOWSHIP C EMERGENCY MEDICINE/PEDIATRICS FELLOWSHIP D MEDICAL TOXICOLOGY FELLOWSHIP E HAND SURGERY FELLOWSHIP F OCCUPATIONAL MEDICINE RESIDENCY G FOOT & ANKLE SURGERY RES IDENCY H EMERGENCY MEDICINE PHYSICIAN ASSISTANT PROGRAM I EMERGENCY MEDICINE QUALITY & P ATIENT SAFETY FELLOWSHIP J EMERGENCY MEDICINE INTERNATIONAL MEDICINE FELLOWSHIP K PHARMA CY RESIDENCY L PSYCHIATRY NP/PA RESIDENCY M SCHOOL OF OPHTHALMIC MEDICAL TECHNOLOGY5 RE GIONS IS ALSO A KEY TRAINING SITE FOR SIXTEEN OTHER ACGME-ACCREDITED RESIDENT AND FELLOWSH IP PROGRAMS BASED AT THE UNIVERSITY OF MINNESOTA A ANESTHESIOLOGY B INTERNAL MEDICINE C CARDIOLOGY D GASTROENTEROLOGY E RHEUMATOLOGY F HEMATOLOGY/ONCOLOGY G PULMONARY MEDIC INE/CRITICAL CARE H NEUROLOGY I OBSTETRICS/GYNECOLOGY J ORTHOPEDICS K OTOLARYNGOLOGY L PHYSICAL MEDICINE & REHABILITATION M PLASTIC SURGERY N RADIOLOGY O SURGERYPROGRAM MET RICS - ALL OF THE REGIONS SPONSORED COUNCIL ON PODIATRIC MEDICAL EDUCATION (CPME) AND ACC REDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) ACCREDITED PROGRAMS ARE FULLY AC CREDITED AND IN GOOD STANDING - IN 2014, 30 RESIDENTS AND FELLOWS GRADUATED FROM REGIONS S PONSORED TRAINING PROGRAMS - THE ACGME 2014 RESIDENT AND FACULTY SURVEYS SHOWED HIGH SATIS FACTION AND OVERALL EVALUATION OF THE PROGRAMS - FACULTY'S OVERALL EVALUATION OF THEIR PR OGRAM 86% VERY POSITIVE, 14% POSITIVE - RESIDENT'S OVERALL EVALUATION OF THEIR PROGRAM 8 4% VERY POSITIVE, 16% POSITIVEREGIONS CONTINUED TO EDUCATE LEGISLATORS ON THE IMPORTANCE O F MEDICAL EDUCATION AND RESEARCH COSTS (MERC) FUNDING TO THE FUTURE MAINTENANCE OF MINNESO TA'S HEALTH CARE WORKFORCE AND WORKED WITH OUR PARTNERS ON THE METRO MINNESOTA COUNCIL ON GRADUATE MEDICAL EDUCATION (GME) TO INTRODUCE LEGISLATION TO - EXPAND LOAN FORGIVENESS FOR PHYSICIANS, PHYSICIANS ASSISTANTS, AND NURSE PRACTITIONERS- SUPPORT A PRECEPTOR TAX CREDI T OR GRANT PROGRAM- CREATE STATE FUNDED RESIDENCY SLOTS- CREATE A STATEWIDE HEALTH PROFESS IONAL COUNCIL THAT INCLUDES TEACHING HOSPITALS AND PROGRAM LEADERSHIP REPRESENTATION PROGR AM METRICS - RAISED AWARENESS OF STATE LEGISLATORS ON IMPACT OF MEDICAL EDUCATION FUNDING RESIDENCY PROGRAMSREGIONS HAS RECENTLY ADDED NEW RESIDENCY POSITIONS, INCLUDING A PHARMAC Y RESIDENCY POSITION AND AN ADVANCED PRACTICE PSYCHIATRIC RESIDENCY POSITION REGIONS AND THE HEALTHPARTNERS INSTITUTE FOR EDUCATION AND RESEARCH WILL CONTINUE TO EXPLORE NEW OPPOR TUNITIES TO EXPAND OR ENHANCE EDUCATION ON THE REGIONS CAMPUS PSYCHIATRIC RESIDENCY IN 20 08, REGIONS BEGAN AN ADVANCED PRACTICE PSYCHIATRY POST GRADUATE TRAINING PROGRAM OUR MENT AL HEALTH DEPARTMENT OFFERS A ONE YEAR POST GRADUATE PSYCHIATRIC TRAINING PROGRAM FOR PHYS ICIAN ASSISTANTS (PA'S) AND NURSE PRACTITIONERS (NP'S) INTERESTED IN OBTAINING FURTHER EXP ERIENCE IN PSYCHIATRY THIS IS ONE OF THREE PROGRAMS IN THE UNITED STATES THAT OFFERS POST GRADUATE TRAINING FOR PA'S AND THE FIRST POST-GRADUATE PROGRAM FOR NP'S IN THE FIELD OF P SYCHIATRY THE FELLOWS PARTICIPATE IN A PROGRAM THAT IS 12 MONTHS IN DURATION, AND RECEIVE CLINICAL AS WELL AS DIDACTIC INSTRUCTION THAT EMPHASIZES DIFFERENTIAL DIAGNOSIS USING DSM V, PSYCHOPHARMACOLOGY, NEUROSCIENCE, PSYCHOLOGICAL, EMERGENCY PSYCHIATRY, ADDICTION PSYCH IATRY, AND FORENSIC PSYCHIATRY THE PRIMARY AREAS OF FOCUS ARE ADULT INPATIENT, CRISIS, AN D OUTPATIENT SERVICES ADDITIONALLY, THE FELLOWS WILL RECEIVE CONTINUED TRAINING IN THE MA NAGEMENT OF ACUTE AND CHRONIC MEDICAL CONDITIONS THE MOTIVATION FOR DEVELOPING THIS PROGR AM WAS TO INCREASE ACCESS TO PSYCHIATRIC RESOURCES IN THE COMMUNITY, ON AN INPATIENT AND O UTPATIENT BASIS THE MISSION IS TO GRADUATE PA'S A

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 11 - CHNA IMPLEMENTATION ACTIVITIES (CONTINUED)	ND NP'S WHO DEMONSTRATE CLINICAL EXPERTISE, ETHICAL BEHAVIOR, LEADERSHIP SKILLS, CULTURAL AWARENESS, PROFESSIONALISM AND ONGOING COMMITMENT TO LEARNING IN 2014 - THREE FELLOWS GRA DUATED FROM OUR PROGRAM EACH FELLOW SECURED INPATIENT POSITIONS IN PSYCHIATRIC DEPARTMENT S HERE IN THE TWIN CITIES - REGIONS CONTINUES TO BUILD ON ITS CURRENT LISTS OF PSYCHIATRY ELECTIVES AVAILABLE IN THE FELLOWSHIP PROGRAM REGIONS OFFERED AN ELECTIVE ROTATION IN PA LLIATIVE CARE THE PURPOSE OF THE PGY-1 PHARMACY RESIDENCY PROGRAM AT REGIONS IS TO PROVID E THE LEARNING ENVIRONMENT, INSTRUCTION, MENTORING, AND EVALUATION NECESSARY TO PREPARE PH ARMACISTS TO WORK IN AN ACUTE CARE SETTING, PURSUE FURTHER POST-GRADUATE PHARMACY TRAINING , AND PRECEPT PHARMACY STUDENTS UPON COMPLETION OF THE RESIDENCY THE PROGRAM IS ONE-YEAR IN DURATION AND ACCREDITED BY THE AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS (ASHP) TH E PROGRAM INCLUDES A VARIETY OF ROTATIONAL LEARNING EXPERIENCES, TEACHING OPPORTUNITIES WI TH UNIVERSITY OF MINNESOTA PHARMACY STUDENTS AND REGIONS HOUSE STAFF, COMPLETION AND PRESE NTATION OF A RESEARCH PROJECT, LONGITUDINAL DRUG INFORMATION ACTIVITIES, COMPLETION OF ACL S/PALS CERTIFICATION AND RESPONSE TO MEDICAL EMERGENCIES, AND SERVICE TO THE PHARMACY DEPA RTMENT PROGRAM METRICS - TWO PHARMACISTS GRADUATED FROM REGIONS PGY-1 PHARMACY RESIDENCY SIMULATION AND LEARNING CENTERTHE SIMULATION & LEARNING CENTER REMAINS THE ONLY SSH ACCRED ITED SIMULATION CENTER IN MN AND SURROUNDING STATES (WI, IA, ND, SD) THE SIM CENTER PROVI DED PERT TEAM TRAINING, MENTAL HEALTHY SAFETY COURSE, CONDUCTED MOCK CODES, LUCAS DEVICE T RAINING, EMERGENCY MEDICINE RESIDENT COMPETENCY TESTING, EMERGENCY MEDICINE PROCEDURES TRA INING, NURSING ORIENTATION, AND CREATED VARIOUS VIDEOS MENTAL HEALTH- PSYCHIATRIC RESIDENC Y SIMULATION EXPERIENCE - FOUR HOUR SIMULATION-BASED COURSE DEVELOPED FOR 3RD YEAR PSYCHIA TRIC RESIDENTS ON DE-ESCALATION AND COUNTER MEASURE SKILLS - RESEARCH SHOWS THAT 30% OF P SYCHIATRIC RESIDENTS ARE ASSAULTED DURING THEIR RESIDENCY A 2ND YEAR RESIDENT SURVEYED PS YCHIATRIC RESIDENTS FINDING 30% OF THEM HAVE BEEN ASSAULTED AND THE MAJORITY HAVE RECEIVED 2 HOURS OR LESS OF EDUCATION IN DE-ESCALATION AND COUNTER MEASURES - PARTICIPANTS REPORT ED THIS COURSE TO BE VERY BENEFICIAL AND SUGGESTED IT BE HELD FOR EACH RESIDENCY YEAR IT HAS EXPANDED TO INCLUDE G1-3 RESIDENCY YEARS IN 2015 - PSYCHIATRIC EMERGENCY RESPONSE (PER T) TEAM TRAINING - THIS COURSE WAS DESIGNED TO PREPARE THE NEW PERT TEAM MEMBERS OF THE DI FFERENCES BETWEEN THE MENTAL HEALTH AND MEDICAL ENVIRONMENT MANY OF THOSE BEING MEDICAL S UPPLIES, DRAINS AND EQUIPMENT ATTACHED TO THE PATIENT, DIFFERENCES IN BEDS, ISOLATION, AND OVERALL DANGERS WITHIN THE MEDICAL UNIT SPACE DURING AN ESCALATED SITUATION - DISCUSSION ALSO INCLUDED SAFE RESTRAINT APPLICATION, LEARNING HOW TO APPLY THE NEW BEHAVIORAL RESTRA INTS THAT ARE USED ON THE MEDICAL FLOORS, THE IMPORTANCE OF COLLABORATION WITH THE PATIENT 'S NURSE, HOW TO OBTAIN ORDERS, AND WHO ADMINISTERS WHICH MEDICATION DURING THESE EVENTS - AN EVALUATION FROM ANOTHER COURSE REQUESTED ADDITIONAL EDUCATION ON THE PERT TEAM THIS NURSE HAD SEEN THE PERT ACTIVATED TWICE IN ONE WEEK AND SAW HOW BENEFICIAL IT HAS BEEN - AFTER THE SIMULATION-BASED TRAINING IN 2014, THERE WERE 52 PERT TEAM RESPONSE CALLS IN WHI CH ONLY SIX PATIENTS WERE RESTRAINED AND NO INJURIES TO PATIENTS OR STAFF

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 11 - CHNA IMPLEMENTATION ACTIVITIES (CONTINUED)	- MENTAL HEALTH HEAD TO TOE ASSESSMENT - FOLLOWING AN ORGANIZATIONAL INITIATIVE, CLINICAL SIMULATION PARTNERED WITH MENTAL HEALTH MANAGERS & EDUCATORS TO DEVELOP AND DELIVER EDUCAT ION AND COMPETENCY ASSESSMENT FOR MENTAL HEALTH NURSES TO BECOME PROFICIENT IN PERFORMING AND DOCUMENTING A HEAD TO TOE ASSESSMENT AS WELL AS DIFFERENTIATING NORMAL AND ABNORMAL CO NDITIONS - MENTAL HEALTH SAFETY COURSE - REGIONS DEVELOPED A VIDEO OF A SIMULATED PATIENT ENCOUNTER WHICH WAS A CONTINUATION OF THE 2013 PATIENT'S STORY THAT EXPERIENCED A CRISIS E VENT THE VIDEO WAS USED TO DISCUSS TECHNIQUES OF MOTIVATIONAL INTERVIEWING AND THE THERAP EUTIC RELATIONSHIP DEVELOPMENT - REGIONS WAS ALSO ASKED TO SPEAK ABOUT THE MOCK CODE PROC ESS AND EFFECTIVE CODE MANAGEMENT SKILLS THIS DISCUSSION PROVIDED AN OVERVIEW OF THE PROC ESS, SHARED DATA COLLECTED, DISCUSS EXPECTATIONS OF SKILLS AND PERFORMANCE, AND ALLOWED TH E PARTICIPANTS TO VIEW AND RATE TWO VIDEOS OF MOCK CODES TO DIFFERENTIATE BETWEEN EFFECTIV E AND INEFFECTIVE MANAGEMENT - THE OVERALL FEEDBACK WAS VERY POSITIVE FOR THE CLASS, THE STAFF ENJOYED THE VIDEO OF THE PATIENT'S STORY AND DISCUSSION MANY STAFF REQUESTED IN-PER SON SIMULATIONS AND PROVIDED CONTENT SUGGESTIONS FOR 2015 SAFETY EDUCATION MOCK CODES- "F IRST FIVE MINUTE" MOCK CODES - REGIONS CONTINUED TO FACILITATE MOCK CODES ON ALL NURSING U NITS EVERY SHIFT, EVERY QUARTER - IM RESIDENT MOCK CODES - INTERNAL MEDICINE RESIDENTS AN D MED STUDENTS COME TWICE A MONTH FOR A MOCK CODE EXPERIENCE - IT IS AN INTERPROFESSIONAL EXPERIENCE WITH THE ICU NURSE EDUCATORS (DNES) PARTICIPATION AS THE CODE RNS THEY ALSO B RING NURSES ORIENTING TO THE CODE II RN ROLE TO THESE FOR EXPERIENCE RESPIRATORY THERAPY AND PHARMACY ALSO PARTICIPATE WHEN ABLE - SURGICAL SERVICES - REGIONS PACU - PARTICIPATION IS MANDATORY FOR ALL NURSING STAFF ANNUALLY - OCCUR AT NINE SCHEDULED TIMES A YEAR - ST AFF PERFORMANCES OVERALL HAVE BECOME TIMELIER AND MORE EFFECTIVE - REGIONS AMBULATORY SUR GICAL SERVICES - OR & PACU - OCCURRED ONCE WITH SYSTEM ISSUES IDENTIFIED AND CORRECTED - D IGESTIVE CARE MOCK CODE - CONTINUE TO BE QUARTERLY - PEDIATRIC MOCK CODES - IN PARTNERSHIP WITH GILLETTE HOSPITAL, REGIONS PROVIDES PEDIATRIC MOCK CODES FOR THE ENTIRE PEDIATRIC CO DE TEAM QUARTERLY IN VARIOUS LOCATIONS THROUGHOUT REGIONS' CAMPUS CODE CART REVISION- BROS ELOW CART REVISION - ASSISTED WITH REVISING THE SUPPLIES IN THE BROSELOW CART FOR STANDARD IZATION - EXPIRED ITEMS WERE FROM THE BROSELOW CARTS - CLINICAL SIMULATION DEVELOPED A B ROSELOW CART REFERENCE BINDER, NOW ON ALL CODE II CARTS, WITH SCHEMATICS AND PICTURES - CO DE CART REVISION - ASSISTED WITH REVIEWING AND MAKING IDENTIFIED CHANGES TO THE SUPPLIES O N THE CODE II CART - REGIONS ENSURED ALL CODE CARTS ARE UP TO DATE - REGIONS ASSISTED WI TH THE CODE CART CHECKLIST REVISION LUCAS TRAINING- LUCAS TRAINING - PROVIDED HANDS-ON TRA INING FOR ALL RESPIRATORY THERAPISTS ON CORRECT APPLICATION & USE OF THE LUCAS II DEVICE - PROVIDED SIMULATION EXPERIENCE FOR THE CARDIOVASCULAR LAB THROUGH SIMULATIONS AND TIMED LUCAS APPLICATION TO DISCUSS THE CHALLENGES, DEVISE SOLUTIONS, AND PREPARE THEIR STAFF WIT H PRACTICE TO BE EFFICIENT IN APPLYING AND OPERATING THE LUCAS ON THE ACTUAL CATH LAB TABL E WHILE MAINTAINING INTRAVENOUS LINE MANAGEMENT - PROVIDED LUCAS II TRAINING FOR NEW CODE II NURSES EMERGENCY MEDICINE RESIDENTS- EM BOARDS - HIGH STAKES OSCE TESTING THAT OCCURS ANNUALLY TO ENSURE RESIDENT COMPETENCY - EM PROCEDURES - THIS IS AN 8 HOUR COURSE FOCUSED ON PROVIDING RESIDENTS WITH EXPERIENCE IMPLEMENTING, PERFORMING, PRACTICING, AND TEACHING OF RESIDENCY REQUIRED PROCEDURAL SKILLS INCLUDING ADVANCED AIRWAY, THORACOTOMY, CHEST TUBE PLACEMENT, PERICARDIOCENTESIS - 3-4 PARTICIPANTS MONTHLY - TAUGHT BY AN ATTENDING PHYSI CIAN FROM THE ED - EM SMALL GROUP - EM RESIDENTS (1ST-3RD) ATTEND A 2 5 HR SESSION/MONTHLY THEY CYCLE THROUGH THREE 50 MINUTE STATIONS - EACH STATION IS LED BY AN ATTENDING PHYSI CIAN - THE STATIONS VARY EACH MONTH THEY MAY INVOLVE SIMULATION, USE OF TASK TRAINERS FO R PROCEDURES, HYBRID OF BOTH SIMULATION AND TASK TRAINERS, GROUP DISCUSSIONS, INTERACTIVE HANDS-ON ACTIVITIES, AND DIDACTIC - EACH TOPIC IS DETERMINED BY THE ATTENDING PHYSICIAN T O MEET AN IDENTIFIED KNOWLEDGE OR SKILL GAP WITH THE RESIDENTS - EM CENTRAL LINE - EM RESI DENTS (1ST-3RD) COURSE HELD ONCE A MONTH FOR 2 HOURS - FOCUSED ON BEST PRACTICE SKILLS AN D INFECTION PREVENTION FOR CENTRAL LINE INSERTION USING ULTRASOUND - TAUGHT BY AN ATTENDI NG PHYSICIAN FROM THE ED STAFF ORIENTATION- RN SPECIFIC - CARING FOR THE ACUTE CARE PATIE NT - PROGRESSIVE CARE ORIENTATION - CRITICAL CARE ORIENTATION - ADDED COHORTS TO ACCOMMODA TE THE NEEDS OF REGIONS HIRING NEEDS - RECOGNIZING AND RESPONDING TO DETERIORATING MEDICA L CONDITIONS IN MENTAL HEALTH - EMERGENCY DEPARTMENT CRITICAL CARE - MATERNAL HEALTH ORIE NTATION - PILOT CENTRAL NURSING ORIENTATION - FOR NEW NURSES TO ACUTE CARE, MENTAL HEALTH, EMERGENCY DEPARTMENT, PROGRESSIVE, OR CRITICAL CA

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 11 - CHNA IMPLEMENTATION ACTIVITIES (CONTINUED)	RE INCLUDES AN INTRODUCTION AND REVIEW OF REGIONS POLICIES AND PROCEDURES, REINFORCES BES T PRACTICE, CORE MEASURES, AND PROVIDES INFORMATION ON AVAILABLE RESOURCES - INDEPENDENT NURSING ORDERS - FALLS HUDDLE - SKIN ASSESSMENT - RRT - CHAIN OF COMMAND - MEDICATION ADMI NISTRATION SPECIFIC TO UNIT TYPE - END OF LIFE - LABELING OF THE IV PUMPS FOR CHARGING - I NFECTION PREVENTION - SCOPE OF PRACTICE - BEDSIDE HANDOFF & "NURSING OUT LOUD" - PROCEDURE S SPECIFIC TO UNIT TYPE - EMERGENCY RESPONSE PROCESSES - PRACTICE IMPLEMENTING EFFECTIVE C OMMUNICATION TECHNIQUES - VASCULAR ACCESS - FOCUSED ON SAFE AND BEST PRACTICES FOR MANAGEM ENT OF ALL VASCULAR ACCESS LINES WITH THE GOAL TO PREVENT COMPLICATIONS AND INFECTIONS - CENTRAL LINE COMPETENCIES ARE COMPLETED - IV INFUSION PUMP USE AND TROUBLESHOOTING - ALLIE D STAFF - PCA ORIENTATION - FOCUS ON EQUIPMENT, EMERGENCY RESPONSE PROCESSES, PATIENT SAFE TY MEASURES, SCOPE OF PRACTICE, AND IDENTIFYING WHEN TO NOTIFY NURSE ABOUT CHANGES IN A PA TIENT CONDITION - RESPIRATORY HEMODYNAMIC MONITORING - RESPIRATORY THERAPY ICU ORIENTATIO N OTHER-ORANGE ALERT DRILL - PROVIDED REGIONS BASED SIMULATED PATIENTS - ASSISTED WITH T HE MOULAGE OF ALL SIMULATED PATIENTS - PROVIDED FEEDBACK FOR SYSTEM IMPROVEMENTS - EARLY AMBULATORY PILOT - FACILITATED INTERPROFESSIONAL SIMULATIONS SPECIFIC TO HOW TO ASSIST A V ENTILATED PATIENT TO BE AMBULATORY - TROUBLESHOOT THE PROCESS AND EQUIPMENT NEEDS - IDEN TIFY REQUIRED ROLES FOR EACH STAFF MEMBER AND A SYSTEM TO EFFECTIVELY AND EFFICIENTLY AMBU LATE A PATIENT WHO IS ON A VENTILATOR - SURGICAL SERVICES - MALIGNANT HYPERTHERMIA (MH) - OR - MH KIT UPDATED AND DEVELOPED INTO A CART WITH ALL SUPPLIES UPDATED - MH RESOURCES AR E POSTED IN EVERY OR - ROLES AND PROCESSES DISCUSSED IN LENGTH AND BROUGHT TO LEADERSHIP, - PACU - ORIENTATION TO THE NEW MH CART - INTRODUCTION TO MH RESOURCES WITH PLANS TO POS T IN PACU - SYSTEM ISSUES IDENTIFIED AND IN THE PROCESS OF CORRECTING - LAB MH PANEL - DETERMINE WHAT LABS ARE PART OF THIS PANEL AND PROVIDE EDUCATION ON THE PROPER TUBES - NO MH EPIC DOCUMENTATION FOR PACU RN-CONNECTING WITH EPIC TO USE THE ANESTHESIA TEMPLATE IN EPIC FOR PACU RN DOCUMENTATION - NEED FOR MH ORDER SET - PACU PEDIATRIC MOCK CODES - HAND S ON OPPORTUNITY TO FIND AND USE EQUIPMENT IN THE REVISED BROSELOW CART - DISCUSSION OF P ROCESSES-EXPLORING THE NEED FOR THE PEDIATRIC CODE TEAM TO RESPOND - IDENTIFICATION OF GA PS WITH PLANS FOR 2015 EDUCATION AND PROCESS IMPROVEMENT - INTERPROFESSIONAL - IM RESIDENT MOCK RRT WITH RRT NURSES - OPPORTUNITY FOR IM RESIDENTS TO PRACTICE AND BECOME MORE COMFO RTABLE, COMPETENT, AND CONFIDENT - A PROCESS TO FORMATIVE FEEDBACK TO PROMOTE PROFESSIONA L GROWTH - PROMOTE EFFECTIVE COMMUNICATION AMONG TEAM MEMBERS - EMERGENCY DEPARTMENT SPE CIFIC - TRIAGE COURSE RN AND PARAMEDIC - CARE OF THE CRISIS PATIENT RN, ERT, SECURITY, SOCIAL WORKER - ED SKILLS DAYS HUC, RN, ERT, PARAMEDIC- ONCOLOGY COMPETENCY EDUCATION - E DUCATION SPECIFIC TO CHEMOTHERAPY ADMINISTRATION, HYPERSENSITIVITY REACTION, EXTRAVASATION OF A VESICANT, AND CHEMOTHERAPY SPILL - THIS EDUCATION WAS DONE IN PREPARATION FOR THE 2 015 HIGH STAKES COMPETENCY ASSESSMENT FOR INPATIENT AND OUTPATIENT NURSES WHO ADMINISTER C HEMOTHERAPY - RESPIRATORY THERAPY COMPETENCIES - ANNUAL MANDATORY EDUCATION THAT WAS HANDS -ON CONNECTED TO MANNEQUINS OR USE OF VIRTUAL TRAINERS FOR A REALISTIC PRACTICE EXPERIENCE - AS A RESULT, THERE WAS A REDUCTION IN ERRORS RELATED TO PERFORMANCE AND MANAGEMENT OF PROCEDURES AND EQUIPMENT

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 11 - CHNA IMPLEMENTATION ACTIVITIES (CONTINUED)	- TRAUMA TEAM ACTIVATION VIDEO - VIDEO FOCUSED ON SAFE HANDOFF BETWEEN EMS PERSONNEL AND R EGIONS STAFF UPON RECEIVING A TRAUMA PATIENT IN ORDER TO DECREASE ERRORS FROM MISSED INFOR MATION OR LACK OF CLEAR COMMUNICATION - DEVELOPED TO BE DISTRIBUTED FOR NATIONAL EDUCATIO N - THIS WORK WAS COMPLETED IN PARTNERSHIP WITH THE CRITICAL CARE RESEARCH TEAM AND DR M CGONIGAL - "SHARING BAD NEWS" WITH ONCOLOGY RESIDENTS - USING STANDARDIZED PATIENTS WHO HA VE HAD DIAGNOSIS OF CANCER, RESIDENTS HAD AN IMMERSIVE EXPERIENCE SHARING BAD NEWS WITH A PATIENT IN A SIMULATED SETTING THE DEBRIEF PROVIDED OPPORTUNITIES TO DISCUSS WHAT WENT WE LL AND ADDRESS CHALLENGES EXPERIENCED WITH THE GOAL OF PREPARING RESIDENTS TO BE MORE PREP ARED FOR THESE SENSITIVE SITUATIONS - PARTNERSHIP WITH THE UNIVERSITY OF MINNESOTA - ULTR ASOUND COURSE AND PRACTICE - INTERNAL MEDICINE AND EMERGENCY MEDICINE RESIDENTS FORMAL SES SION WITH SENIOR STAFF PHYSICIANS AS FACULTY - INDIVIDUAL PRACTICE OPPORTUNITIES FOR CARD IAC, THORACIC AND ABDOMINAL ULTRASOUND - INVASIVE PROCEDURE PRACTICE FOR RESIDENTS AND MED ICAL STUDENTS - RESIDENTS/MEDICAL STUDENTS CAN PRACTICE PROCEDURAL SKILLS INCLUDING CENTRA L LINE INSERTION, INTUBATION, COLONOSCOPY, ETC - JOINT EMERGENCY MEDICINE RESIDENT CONFERE NCE - PROVIDED 4 HOUR SIMULATION SESSION FOR RESIDENTS OF BOTH PROGRAMS - RARE PROCEDURES WORKSHOP FOR SENIOR EM FACULTY- OB EMERGENCY WORKSHOP FOR OBGYN RESIDENTS - RESIDENTS PART ICIPATED IN A 4 HOUR SIMULATION-BASED WORKSHOP INCLUDING SHOULDER DYSTOCIA, POST-PARTUM HE MORRHAGE AND FETAL DISTRESS PROGRAM METRICS - IN 2014, OVER 6,250 PARTICIPATED IN A SIMULA TION CENTER ACTIVITY - REGIONS DEVELOPED A PROCESS TO LOOK AT HOW PARTICIPANTS HAVE TRANS FERRED CONTENT FROM THE SIMULATION ACTIVITY TO THE BEDSIDE & INCORPORATED THE KNOWLEDGE/SK ILL INTO THEIR PRACTICE ON-SITE AND ON-LINE MEDICAL LIBRARY RESOURCESAT WWW REGIONSHOSPITA L COM PATIENTS CAN FIND A VARIETY OF HEALTH EDUCATION MATERIALS AND LINKS TO TRUSTED SITES FOR ADDITIONAL SUPPORT AND RESOURCES PATIENTS CAN PERUSE THE WEBSITE OR ARE DIRECTED THE RE THROUGH SOCIAL MEDIA REGIONS MEDICAL LIBRARY MAINTAINS BOTH ON-SITE AND ONLINE ACCESS TO SUBSCRIPTION, KNOWLEDGE-BASED RESOURCES FOR ALL REGIONS AND HEALTHPARTNERS EMPLOYEES P RINT JOURNALS AND BOOKS ARE AVAILABLE AT THE MEDICAL LIBRARY LOCATED IN THE EAST SECTION O F THE CAMPUS ONLINE RESOURCES, WHICH INCLUDE JOURNALS, BOOKS AND DATABASES, CAN BE ACCESS ED THROUGH THE LIBRARY'S INTRANET SITE AVAILABLE ON ANY NETWORKED COMPUTER, REMOTELY THROU GH CITRIX, AND OPENATHENS, A PROXY SERVER THE LIBRARY'S COLLECTION INCLUDES RESOURCES FOR PHYSICIANS AND NURSES AND MOST ALLIED HEALTH PROFESSIONALS IT INCLUDES OVER 3,000 ONLINE JOURNAL TITLES AND 19 DATABASES OVER 400 LITERATURE SEARCHES ARE PERFORMED BY LIBRARIANS EACH YEAR IN SUPPORT OF PATIENT CARE, EDUCATION AND RESEARCH PROGRAM METRICS OVER 400 LI TERATURE SEARCHES ARE PERFORMED BY LIBRARIANS EACH YEAR IN SUPPORT OF PATIENT CARE, EDUCAT ION AND RESEARCH PRIORITY 4 IMPROVE SERVICE INTEGRATIONHOSPITAL TO HOME (PILOT) PROGRAMGU ILD INCORPORATED, HEARTH CONNECTION, REGIONS , AND THE MINNESOTA DEPARTMENT OF HUMAN SERVI CES HAVE PARTNERED TO IMPLEMENT THE HOSPITAL TO HOME PILOT INNOVATION, A PILOT PROGRAM THA T COMBINES MEDICAL AND MENTAL HEALTH TREATMENT WITH OTHER LIFE ENHANCING ASSISTANCE PROGRA MS REGIONS WILL CONTINUE TO OPERATE THE HOSPITAL TO HOME PILOT PROGRAM, WHICH AIMS TO GET PATIENTS THE RIGHT CARE AT THE RIGHT TIME FOR THE PILOT, REGIONS IDENTIFIED PATIENTS WHO HAD USED ITS EMERGENCY DEPARTMENT FIVE OR MORE TIMES IN THE PREVIOUS YEAR AND HAD ONE OR MORE CHRONIC HEALTH CONDITIONS, SERIOUS AND PERSISTENT MENTAL ILLNESS, AND LONG HISTORIES OF HOMELESSNESS FROM THE PATIENTS IDENTIFIED BY REGIONS, SEVEN INDIVIDUALS WERE ENROLLED IN THE HOSPITAL TO HOME PILOT BETWEEN AUGUST 2009 AND MAY 2010 HOSPITAL TO HOME AIMS TO - SUPPORT PARTICIPANTS IN SECURING STABLE HOUSING, WHICH IS A STRONG DETERMINANT OF POSITIV E PHYSICAL AND MENTAL HEALTH OUTCOMES - REDUCE PARTICIPANT EMERGENCY DEPARTMENT VISITS, TH US FREEING UP EMERGENCY DEPARTMENT RESOURCES FOR ACUTE MEDICAL CRISES AND REDUCING UNNECES SARY HEALTHCARE EXPENDITURES - INCREASE PARTICIPANT RELATIONSHIPS WITH PRIMARY CARE CLINIC S SO THEY WILL SEEK MEDICAL CARE FROM CLINICS RATHER THAN EMERGENCY DEPARTMENTS - ASSIST P ARTICIPANTS WITH ACCESSING AFFORDABLE MEDICATIONS FROM A LIMITED NUMBER OF PHARMACIES TO A LLOW FOR MEDICATION MONITORING - PROMOTE PARTICIPANT SELF-RELIANCE AND LIFE FUNCTIONING 20 14 ACCOMPLISHMENTS THE 2014 HOSPITAL TO HOME COHORT INCLUDED 17 PARTICIPANTS ALL PARTICI PANTS DECREASED THEIR USE OF EMERGENCY DEPARTMENTS AFTER ENROLLING IN HOSPITAL TO HOME TH E DECREASE RANGED FROM 1 TO 26 FEWER VISITS PER PERSON BETWEEN THE SIX MONTHS BEFORE ENROL LMENT AND THE MOST RECENT SIX MONTH PERIOD FOR WHICH DATA ARE AVAILABLE (MEDIAN OF 6 FEWER VISITS, AVERAGE OF 10 FEWER VISITS) OVER HALF OF PARTICIPANTS (65%) HAD AN INPATIENT HOSP ITAL STAY IN THE YEAR PRIOR TO ENROLLMENT, BUT FEW

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 11 - CHNA IMPLEMENTATION ACTIVITIES (CONTINUED)	ER THAN HALF (41%) HAD A HOSPITAL STAY IN THE YEAR AFTER ENROLLMENT THE MAJORITY OF PARTI CIPANTS (65%) MOVED INTO STABLE HOUSING WITHIN TWO MONTHS OF ENROLLMENT, AND THE REMAINING PARTICIPANTS BECAME HOUSED WITHIN THREE (18%) OR FOUR MONTHS (18%) ACCORDING TO MINNESOT A COURT RECORDS, 76 PERCENT OF HOSPITAL TO HOME PARTICIPANTS HAVE A CRIMINAL HISTORY A CR IMINAL HISTORY CAN INTERFERE WITH PARTICIPANTS' ABILITY TO ACCESS STABLE HOUSING AND COMMU NITY SERVICES MOST PARTICIPANTS (82%) HAD NO CRIMINAL CHARGES AFTER ENROLLING IN HOSPITAL TO HOME PROGRAM METRICS - PROGRAM PARTICIPANTS SERVED - AT ANY GIVEN TIME THE PROGRAM CAN SERVE UP TO 25 INDIVIDUALS- PERCENTAGE OF PARTICIPANTS THAT ACHIEVED STABLE HOUSINGELECTR ONIC MEDICAL RECORD (EMR)REGIONS IS COMMITTED TO THE EFFICIENCY AND FLUIDITY OF THE CONTIN UUM OF CARE THE ELECTRONIC MEDICAL RECORD SYSTEM REDUCES THE OPPORTUNITY FOR ERROR, EXPED ITES THE PATIENT TRANSFER PROCESS, AND ALLOWS FOR EASIER SCHEDULING OF APPOINTMENTS REGIO NS WILL EVALUATE POTENTIAL OPPORTUNITIES TO EXTEND THE ELECTRONIC MEDICAL RECORD TO KEY CO MMUNITY PARTNERS, OR EVALUATE IMPROVED WAYS TO APPROPRIATELY SHARE DISCHARGE INFORMATION W ITH THE PATIENT'S CAREGIVERS, TO ENSURE SMOOTH HANDOVERS AND TRANSITIONS OF CARE 2014 ACCO MPLISHMENTS - ELECTRONIC MEDICAL RECORD EMERGENCY DEPARTMENT AND HOSPITAL MEDICINE CARE PL ANS - ACTIVITY EMERGENCY DEPARTMENT-BASED CARE PLANS, OR HOSPITAL MEDICINE CARE PLANS CRE ATED WHILE PATIENTS ARE ADMITTED TO REGIONS, ARE USED TO ADDRESS PATIENTS WITH HIGH RATES OF NON-EMERGENT EMERGENCY DEPARTMENT (ED) VISITS AND POTENTIALLY AVOIDABLE ADMISSIONS ALL CARE PLANS ARE VIEWABLE TO ALL HOSPITAL CARE PROVIDERS THE PLAN ALLOWS FOR CONTINUITY OF CARE FOR CONDITIONS LIKE NARCOTIC SEEKING BEHAVIOR, VERBAL ABUSE OF STAFF, ETC WHEN THE PATIENT IS SEEN IN THE EMERGENCY DEPARTMENT, THE PROVIDER REVIEWS THE CARE PLAN RECOMMENDA TIONS AND TALKS THROUGH TREATMENT OPTIONS FOR THE PATIENT A PATIENT IS NOTIFIED OF THEIR CARE PLAN ONCE IT IS CREATED, AND THE SPECIFIC TREATMENT OPTIONS ARE DOCUMENTED IN THE ELE CTRONIC MEDICAL RECORD (EMR) AND AVAILABLE TO REGIONS' EMERGENCY DEPARTMENT PHYSICIANS AND NURSES THE PURPOSE IS TO SUPPORT HIGHER QUALITY, SAFER CARE FOR THE PATIENT IN THE BEST AVAILABLE SETTING THE CARE PLAN SPECIFIES A TREATMENT PATHWAY FOR THE PATIENT RELATING TO THE CONDITION THAT SEEMS TO PRECIPITATE THE EXCESSIVE ED VISIT AND/OR HOSPITAL ADMISSIONS WHEN A PATIENT RETURNS TO THE ED, PROVIDERS FOLLOW THE CARE PLAN OUTLINED IN THE EMR, WH ICH ALLOWS FOR CONSISTENT CARE AND COMMUNICATION AMONG THE NUMEROUS PROVIDERS IN OUR ED C URRENTLY IT IS A MANUAL PROCESS TO DEVELOP AND ENTER A CARE PLAN INTO THE EMR, AND THE CRE ATION OF A WORKFLOW MAP FOR CREATION OF THESE PLANS HAS RECENTLY BEEN COMPLETED THE WORK PLAN IS TO DEVELOP A MORE SYSTEMIC PROCESS THAT WILL ROLL OUT IN 1Q2015 TO LEVERAGE EPIC T O OBTAIN MORE REFERRALS AND SUPPORT FOR GATHERING INFORMATION TO STREAMLINE THE PROVIDERS' DECISION MAKING FOR THE CARE PLAN - PROGRESS SINCE OCTOBER 2014, 55 PATIENTS WERE REFER RED FOR ED CARE PLAN EVALUATION THE ED CARE PLAN COMMITTEE HAS REVIEWED 10 AND IMPLEMENTE D CARE PLANS FOR ALL PATIENTS THE COMMITTEE WILL CONTINUE TO MEET REGULARLY TO REVIEW THE ADDITIONAL REFERRED PATIENTS AND DETERMINE WHETHER A CARE PLAN IS NEEDED OUR EVALUATION OF DATA FOR HOSPITAL MEDICINE CARE PLANS SHOWED PATIENT REFERRED FOR A HOSPITAL MEDICINE C ARE PLAN HAD AN AVERAGE DECREASE OF 1 31 ED VISITS IN THE 90-DAYS POST CARE PLAN IMPLEMENT ATION SIMILARLY, HOSPITAL ADMISSIONS WERE REDUCED BY AN AVERAGE OF 1 08 IN THE 90-DAYS PO ST IMPLEMENTATION

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 11 - CHNA IMPLEMENTATION ACTIVITIES (CONTINUED)	- CARE MANAGER OUTREACH TO PATIENTS - ACTIVITY A RN CARE MANAGER IS AVAILABLE IN THE ED T O PROVIDE FACE-TO-FACE AND/OR TELEPHONIC EDUCATION AND SUPPORT FOR PATIENTS THIS CARE MAN AGER ASSISTS PATIENTS WITH INSURANCE APPLICATION/RENEWAL IF ELIGIBLE THEY WILL ALSO HELP WITH ESTABLISHING A PRIMARY CARE PHYSICIAN IF THE PATIENT IS NOT FOLLOWING WITH A CLINIC O R PROVIDER THIS CAN INCLUDE SETTING UP THE FIRST APPOINTMENT THE CARE MANAGER WILL DISCU SS OPTIONS FOR NON-EMERGENT NEEDS SUCH AS URGENT CARE, CONVENIENCE CLINICS AND WALK-IN VIS ITS WITH THE WALK-IN NURSE PRACTITIONER AT HEALTHPARTNERS ST PAUL CLINIC WHEN WORKING WI TH PATIENTS WITH COMPLEX NEEDS AND/OR POOR FOLLOW-UP, THE CARE MANAGER OFTEN COLLABORATES WITH OUTPATIENT PROVIDERS THE CARE MANAGER WILL MAKE A REFERRAL TO HEALTHPARTNERS CASE MA NAGEMENT OR REACH OUT TO CLINIC NURSES DIRECTLY TO REQUEST HEALTH CARE HOME SHARED VISITS THIS CARE MANAGER WILL REFER PATIENTS FOR A CARE PLAN, PARTICIPATES ON THE CARE PLAN COMM ITTEE AND PROVIDES OUTREACH TO PATIENTS ONCE THE CARE PLAN IS IN PLACE TO DISCUSS BARRIERS TO GETTING THEIR NEEDS MET IN THE COMMUNITY THE CARE MANAGER IS AVAILABLE DURING HIGHER VOLUME DAYS/TIMES - PROGRESS - DURING 2014, THE CARE MANAGER COMPLETED RISK ASSESSMENTS ON AVERAGE WITH ABOUT 100 PATIENTS PER MONTH - DURING 2014, THE CARE MANAGER TOUCH/REVIEW ED APPROXIMATELY 475 PATIENTS PER MONTH- COMMUNITY PARAMEDIC DEVELOPMENT - ACTIVITY TO PI LOT AND IMPLEMENT THE USE OF A COMMUNITY PARAMEDIC TO FOLLOW UP WITH HOSPITAL PATIENTS IN THEIR HOMES, IN COLLABORATION WITH THE ST PAUL FIRE DEPARTMENT THE COMMUNITY PARAMEDIC, UNDER THE ORDERS OF A PHYSICIAN, WILL MAKE ONE OR MORE HOME VISITS TO IDENTIFIED PATIENTS TO SUPPORT CLINICAL STABILIZATION, PATIENT EDUCATION, AND PREVENT UNNECESSARY HOSPITAL REA DMISSIONS AND EMERGENCY DEPARTMENT VISITS - PROGRESS ONE COMMUNITY PARAMEDIC PROGRAM HAS COMPLETED THE DESIGN PHASE AND WILL BEGIN ACTIVE VISITS IN JANUARY 2015 FOR FOLLOW-UP WIT H DESIGNATED AND HOSPITAL-IDENTIFIED PATIENTS THE INITIAL PILOT WILL FOCUS ON PATIENTS WI TH CONGESTIVE HEART FAILURE, BUT WE ANTICIPATE BROADENING THIS PROGRAM TO INCLUDE OTHER CO NDITIONS TOWARD THE END OF 2015 - ELECTRONIC MEDICAL RECORD ED VISIT DATA FEED TO PRIMARY CARE PROVIDERS AND COMMUNITY CLINICS - ACTIVITY WITHIN 24 HOURS OF AN EMERGENCY DEPARTMEN T VISIT, THE VISIT INFORMATION IS SENT ELECTRONICALLY TO THE APPLICABLE PRIMARY CARE PROVI DER REGIONS AND ST PAUL & MINNEAPOLIS CHILDREN'S (CHILDREN'S) HOSPITALS ARE SENDING VISI T INFORMATION TO THE HEALTHPARTNERS CLINICS REGIONS BEGAN REPORTING IN OCTOBER 2012 AND C HILDREN'S COMPLETED IMPLEMENTATION IN APRIL 2013 IN ADDITION, REGIONS SENDS THE VISIT INF ORMATION TO MULTIPLE LOCAL COMMUNITY CLINICS AND CONTINUES TO ADD CLINICS - PROGRESS ADD ITIONAL COMMUNITY CLINICS CONTINUE TO BE ADDED TO THESE DATA FEEDS THE HEALTHPARTNERS CLI NICS PERFORM NURSE OUTREACH TO THE PATIENTS TO FOLLOW UP ON THE EMERGENCY DEPARTMENT VISIT AND TO SEE IF THE PATIENT NEEDS TO COME IN TO THE CLINIC THE COMMUNITY CLINICS ARE PERFO RMING SIMILAR OUTREACH AS THEIR RESOURCES ALLOW - REGIONS HOSPITAL SUPPORT FOR CHILDREN'S EMERGENCY DEPARTMENTS - ACTIVITY REGIONS PARTNERED WITH HEALTHPARTNERS HEALTH PLAN TO PR OVIDE SUPPORT TO CHILDREN'S IMPROVEMENT INITIATIVES RELATED TO THE EMERGENCY DEPARTMENT T HE WORK INCLUDED MONITORING EMERGENCY DEPARTMENT OUTREACH EFFORTS INCLUDING PROVIDING SUPP ORT TO CHILDREN'S TO INFORM PATIENTS ABOUT THE HEALTHPARTNERS ST PAUL CLINIC PROVIDING WA LK-IN CARE AND SOCIAL WORK SUPPORT IN ADDITION, AFTER LEARNING MORE ABOUT THE REGIONS EME RGENCY DEPARTMENT CARE MANAGER MODEL, CHILDREN'S HIRED CASE MANAGERS TO SUPPORT THEIR EMER GENCY DEPARTMENT - PROGRESS CONTINUED SHARING OF BEST PRACTICES PATIENT SATISFACTION AND FOLLOW-UP SURVEY - ACTIVITY REGIONS EMERGENCY DEPARTMENT CONTRACTS WITH EMERGENCY EXCELL ENCE (EM EX) TO CALL 100% OF OUR ENGLISH AND SPANISH SPEAKING DISCHARGE TO HOME PATIENTS BELOW IS THE SURVEY AS WELL AS OUR FURTHER FOLLOW UP ALGORITHM - SURVEY QUESTIONS 1 IS YOUR MEDICAL CONDITION BETTER, WORSE, OR THE SAME? IF CONDITION WORSE, PATIENT RECEIVES CA LL FROM CHARGE RN 2 DO YOU UNDERSTAND YOUR DISCHARGE INSTRUCTIONS? IF NO, PATIENT RECEIVE S CALL FROM OUR CHARGE RN 3 DURING YOUR ED STAY, WERE YOU TOLD WHAT WOULD HAPPEN NEXT AND HOW LONG IT WOULD TAKE? YES-DEFINITELY, YES-SOMETIMES, NO 4 PLEASE RATE YOUR OVERALL EM ERGENCY DEPARTMENT EXPERIENCE ON A SCALE OF 1-10 WITH 10 BEING THE BEST AND 1 THE WORST I F RATE < 4, PATIENT REP OFFICE IS NOTIFIED 5 PLEASE RATE YOUR CARE BY DR JONES, YOUR EME RGENCY PHYSICIAN FROM 1-10 (FIRST STAFF PHYSICIAN SIGNED UP FOR THE PATIENT) 6 PLEASE RA TE YOUR CARE BY NURSE DAVIS, YOUR EMERGENCY NURSE FROM 1-10 (LAST/DISCHARGE RN SIGNED UP FOR THE PATIENT) 7 PLEASE RATE YOUR CARE BY PA/RESIDENT PHYSICIAN TOM SMITH FROM 1-10 (F IRST MIDLEVEL SIGNED UP FOR THE PATIENT) 8 DO YOU HAVE ANY COMMENTS YOU WOULD LIKE ME TO SHARE ABOUT YOUR OVERALL EMERGENCY DEPARTMENT EXPE

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 11 - CHNA IMPLEMENTATION ACTIVITIES (CONTINUED)	RIENCE, OR YOUR DOCTOR OR NURSE? - PATIENTS THAT LEFT WITHOUT BEING SEEN/FINISHED WILL BE ASKED - WE UNDERSTAND THAT YOU LEFT THE EMERGENCY DEPARTMENT BEFORE BEING SEEN BY A PHYSI CIAN AND WE ARE CALLING TO CHECK UP ON YOU IS YOUR MEDICAL CONDITION BETTER, WORSE, OR TH E SAME? IF CONDITION IS WORSE, THESE PATIENTS WILL RECEIVE A FOLLOW UP CALL FROM OUR CHARG E RNS - WE REALLY WANT TO FIND OUT WHY YOU LEFT BEFORE BEING SEEN COULD YOU PLEASE SHARE THE REASON AND ANY OTHER COMMENTS ABOUT YOUR OVERALL EMERGENCY DEPARTMENT EXPERIENCE? - PR OGRESS EVERY DAY OUR PROVIDERS RECEIVE AN EMAIL FROM EM EX WITH FEEDBACK FROM THE PATIENT S THEY SAW THE DAY OR TWO BEFORE THE EXPERIENCE SCORES ARE ON A 1-5 (5 BEING THE BEST) SC ALE WE RECEIVED SEVERAL DATA SLICES, E G , TIME OF DAY, PATIENT ACUITY, AGE, ETC RESULTS DISPLAYED BELOW PROGRAM METRICS - EMERGENCY DEPARTMENT VISIT VOLUME 79,666- STROKE, STEM I, CAP, SEPSIS CORE MEASURES - STROKE - DOOR TO IV TPA WITHIN 60 MINUTES 54% - THROMBOLY TIC ADMINISTERED WITHIN 180 MIN OF ONSET 93% - STEMI - AVERAGE DOOR TO EKG 7 MIN - AVERA GE EKG TO STEMI PAGE 9 MIN - PNEUMONIA - BLOOD CULTURE PRIOR TO ANTIBIOTIC 100% - SEPSIS - MORTALITY RATE 9 2% - ANTIBIOTICS WITHIN 3 HOURS 71%- READMISSIONS DATA - OUR RESULTS AROUND RE-ADMISSION REDUCTION HAVE ALSO BEEN POSITIVE FOR 2014 OUR NON-ELECTIVE 30 DAY R EADMIT RATE WAS 10 03%, DOWN FROM OUR HIGHEST RATE OF 11 96% IN 2010 - CARE MANAGEMENT WA S INVOLVED IN THE DEVELOPMENT OF A POST-ACUTE CARE STRATEGY FOR THE EAST METRO TO ENHANCE RELATIONSHIPS AND IMPROVE CARE TRANSITIONS WITH POST ACUTE CARE FACILITIES THIS STRATEGY WILL BE ROLLED OUT IN 2015 EPIC CAREREGIONS WILL ALSO CONTINUE TO WORK CLOSELY WITH COMMUN ITY CLINIC PARTNERS IN THE SERVICE AREA ON CONTINUITY OF CARE AND LINKAGES TO REGIONS, AS PART OF THE EAST METRO SAFETY NET HEALTHPARTNERS MEDICAL GROUP PHYSICIANS CONTINUE TO PRO VIDE ON CALL SERVICES FOR THESE CLINICS WHEN THEIR PATIENTS ARE HOSPITALIZED AT REGIONS 20 14 ACCOMPLISHMENTS REGIONS HAS MOVED FORWARD WITH EPICCARE LINK OVER THIS LAST YEAR TO D ATE WE HAVE SEVEN SITES LIVE, FIVE SITES READY TO GO LIVE AND FOUR SITES IN THE QUEUE TO B EGIN THE IMPLEMENTATION PROCESS OUR USE CASES WERE RECENTLY EXPANDED BEYOND THE INITIAL T WO WHICH WERE NON-HEALTHPARTNERS FAMILY OF CARE PROVIDERS REFERRING PATIENTS TO REGIONS AN D THIRD PARTY BILLING PROVIDERS TO ALSO INCLUDE REGIONS REFERRING PATIENTS OUT TO NON- HEA LTHPARTNERS FAMILY OF CARE PROVIDERS

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 11 - CHNA IMPLEMENTATION ACTIVITIES (CONTINUED)	CARE MANAGEMENT REGIONS HOSPITAL WILL ACTIVELY LEAD OR PARTICIPATE IN THE COMPANY-WIDE CAR E MANAGEMENT TRANSFORMATION EFFORTS THIS WORK INTENDS TO IMPROVE HEALTH OUTCOMES AND THE EXPERIENCE FOR PATIENTS WITH CHRONIC OR COMPLEX CONDITIONS BY INTEGRATING SERVICES AND SMO OTHING HANDOVERS AND TRANSITIONS THIS INITIATIVE INCLUDES - POPULATION HEALTH MANAGEMENT BY DEVELOPING CARE PLANS FOR USE ACROSS THE CONTINUUM OF CARE AND PROVIDING A VARIETY OF S UPPORTS TO PATIENTS TO HELP THEM MANAGE OR IMPROVE THEIR CONDITION - REDUCING READMISSIONS BY ENSURING SMOOTH CARE TRANSITIONS AND ENHANCING PATIENT SUPPORTS - REDUCING USE OF THE EMERGENCY DEPARTMENT BY EDUCATING AND LINKING PATIENTS WITH A VARIETY OF WAYS TO ACCESS PR IMARY CARE INCLUDING PHONE VISITS, A NURSE CARELINE, ONLINE SERVICES AND CLINIC VISITS - A S DESCRIBED BY ATUL GAWANDE, HOT SPOTTING IS USING GEOGRAPHIC INFORMATION SYSTEMS TO IDENT IFY GEOGRAPHIC AND DEMOGRAPHIC PREDICTORS FOR PREVENTABLE EMERGENCY DEPARTMENT PATIENT VIS ITS THAT ARE PROXY INDICATORS OF POOR COMMUNITY HEALTH AND HEALTHCARE ACCESS REGIONS EMER GENCY DEPARTMENT WILL IMPROVE HEALTH AND HEALTHCARE QUALITY AND TO THEREBY REDUCE COSTS BY DEVELOPING COLLABORATIVE COMMUNITY HEALTH SOLUTIONS FOR PREVENTABLE CONDITIONS BY ANALYZI NG ED UTILIZATION DATA USING GEOGRAPHIC INFORMATION SYSTEMS (GIS) TO IDENTIFY GEOGRAPHIC A ND DEMOGRAPHIC "HOTSPOT" PREDICTORS FOR PREVENTABLE EMERGENCY DEPARTMENT PATIENT VISITS AN D PREDICTIONS OF PREVENTABLE EMERGENCY ROOM VISITS THIS WILL BE USED TO DEVELOP AN ALERT IN THE ELECTRONIC MEDICAL RECORD (EMR) TO IDENTIFY PATIENTS MOST AT RISK OF EMERGENCY DEPA RTMENT UTILIZATION THAT EMR ALERT WILL THEN BE INTEGRATED AS A TRIGGER FOR TARGETED SUPPO RT THROUGH OUR COMMUNITY PARTNERS 2014 ACCOMPLISHMENTS REGIONS INTEGRATION EFFORTS CONTI NUED IN 2014 WITH A FOCUS ON CARE PLANS TO HELP PATIENTS MANAGE THEIR CARE, TRANSITIONS WO RK TO CONNECT PATIENTS THROUGH THE CARE CONTINUUM AND CASE MANAGEMENT SUPPORT IN THE ED AN D HOSPITAL UNITS TO FACILITATE SAFE AND APPROPRIATE DISCHARGES AND MANAGE READMISSION RISK REGIONS CONVENED AN INTERDISCIPLINARY COMMITTEE, WHICH MEETS MONTHLY TO ADDRESS ED VISITS AND HOSPITAL ADMISSIONS CARE PLANS ARE IMPLEMENTED ON PATIENTS CONSIDERED HIGH RISK INCL UDING THOSE WITH NARCOTIC ABUSING/SEEKING BEHAVIOR AND THOSE WITH HIGH RATES OF POTENTIALL Y MEDICALLY UNNECESSARY ED VISITS ALSO IMBEDDED IN THE ED ARE CARE MANAGERS WHO PROVIDE ED UCATION AND SUPPORT TO PATIENTS, CONNECT THEM TO PRIMARY CARE AND TO COMMUNITY RESOURCES IN ADDITION, GEOGRAPHIC STUDIES WERE COMPLETED AND WE ARE PARTNERING WITH COMMUNITY PARAME DICS IN NEIGHBORHOODS WHERE WE SEE A HIGH UTILIZATION OF THE EMERGENCY DEPARTMENT MANY EF FORTS 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 OTHE R CRITERIA, IS USED BY CARE MANAGEMENT STAFF AND PHYSICIANS TO PUT IN PLACE ACTIVITIES TO MANAGE THE RISK REGIONS CARE MANAGEMENT WORKS CLOSELY WITH THE HEALTHPLAN DISEASE AND CAS E MANAGEMENT STAFF TO ENSURE HIGH RISK PATIENTS ARE BEING FOLLOWED OUTSIDE THE HOSPITAL R EGIONS CARE MANAGEMENT ALSO WORKS CLOSELY WITH GERIATRICS, HOSPICE AND HOME CARE TO ESTABL ISH SMOOTH TRANSITIONS AND EXCHANGE OF INFORMATION REGULAR MEETINGS TAKE PLACE WITH TCU'S , LTAC'S, SNF'S AND OTHER FACILITIES TO ESTABLISH AND MAINTAIN PROCESSES THAT SUPPORT EFFI CIENT AND EFFECTIVE TRANSITIONS TO AND FROM THE ACUTE CARE SETTING PROGRAM METRICS 2014 RE -ADMISSION RATE 10 45%WORK CLOSELY WITH COMMUNITY CLINICSREGIONS WORKED CLOSELY WITH COMM UNITY CLINIC PARTNERS IN THE SERVICE AREA ON CONTINUITY OF CARE AND LINKAGES TO REGIONS, A S PART OF THE EAST METRO SAFETY NET HEALTHPARTNERS MEDICAL GROUP PHYSICIANS CONTINUE TO P ROVIDE ON CALL SERVICES FOR THESE CLINICS WHEN THEIR PATIENTS ARE HOSPITALIZED AT REGIONS REGIONS CONDUCTED A TELEMEDICINE SERVICES PILOT TO ASSIST SMALL HOSPITALS AND RURAL COMMUN ITIES TO INCREASE ACCESS TO CLINICAL EXPERTISE IN SELECT SUBSPECIALTY AREAS BASED ON COMM UNITY CLINIC 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 RETU RNED TO THEIR HOME CLINICS (BASED ON PATIENT'S PERMISSION) REGIONS HAS COMMITTED AND IS I N THE PROCESS OF IMPLEMENTING A NEW PORTAL THAT WILL PROVIDE EASIER ACCESS TO THE PATIENT' S ELECTRONIC 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 COMMUNITY WILL BE PUBLISHED TO THEIR LIST OF PATIENTS FOR EASE OF SELECTION PRIORITY 5 PROMOTE CHANGE IN UNHEALTHY LIFESTYLES (TOBACCO / ALCOHOL / SUBSTANCE ABUSE)REGIONS AL COHOL AND DRUG ABUSE PROGRAM (ADAP) REGIONS ALCOHOL AND DRUG ABUSE PROGRAM (ADAP), ESTABLIS HED IN 1972, MATCHES CLIENTS WITH APPROPRIATE COMMUNITY RESOURCES TO BUILD THE FOUNDATION FOR VIABLE, SUSTAINABLE RECOVERY THE STAFF OF LIC

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 11 - CHNA IMPLEMENTATION ACTIVITIES (CONTINUED)	ENSED DRUG AND ALCOHOL COUNSELORS ARE SUPPORTED BY A TEAM OF MENTAL HEALTH CARE PROFESSION ALS THROUGH LONG-ESTABLISHED COMMUNITY RELATIONSHIPS WITH SOCIAL SERVICE, COUNTY AGENCIES , AND FINANCIAL AND HOUSING ORGANIZATIONS, REGIONS ADAP PROGRAM WILL CONTINUE TO CONNECT C LIENTS WITH APPROPRIATE COMMUNITY RESOURCES TO SUPPORT THEIR LONG-TERM RECOVERY THE ADAP P ROGRAM NAVIGATED SEVERAL CHANGES IN MANAGEMENT AND STAFFING STRUCTURE IN 2014 IN SEPTEMBE R OF 2014, THE FINAL LEADERSHIP STRUCTURE WAS IN PLACE AND SINCE THAT TIME, EFFORTS HAVE F OCUSED ON INCREASING THE AVAILABILITY OF RESIDENTIAL AND OUTPATIENT PROGRAMS, BY INCREASIN G STAFF NUMBERS AND EXPERTISE, IMPROVING THE AMOUNT AND QUALITY OF PROGRAMMING, AND BY ACT IVELY BUILDING RELATIONSHIPS WITH OUR REFERRAL SOURCES AND COMMUNITY PARTNERS AS A RESULT OF CHANGES, VOLUMES OF PATIENTS SERVED IN RESIDENTIAL, OUTPATIENT AND ASSESSMENT CLINICS HAVE BEEN INCREASING, AS HAVE THE PATIENTS' LEVEL OF SATISFACTION 2014 ACCOMPLISHMENTS - STREAMLINED INTAKE PROCESS- EDUCATED STAFF ON EVIDENCE BASED, GENDER SPECIFIC PROGRAMMING- DEVELOPED MARKETING BROCHURES AND BEGAN COMMUNITY MEETINGS TO INCREASE KNOWLEDGE OF ADAP SERVICES- UPDATED ENVIRONMENT WITH NEW CENTRAL STATION, EXERCISE ROOM, CLIENT LOUNGES - TR AINED ALL STAFF IN MOTIVATIONAL INTERVIEWING- ADAP SERVED OVER 9800 CLIENTS IN RESIDENTIAL CARE AND PROVIDED APPROXIMATELY 30,000 HOURS IN OUTPATIENT COUNSELING PROGRAM METRICS - IN PROCESS OF DEVELOPING PROGRAM METRICS PARALLEL WITH GUIDELINES FROM SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION PLANNED METRICS ARE - CLIENT SATISFACTION - READM ISSIONS - WAITING LIST >7 DAYS/SIZE OF LIST - % OCCUPANCY - COMPLETION % - HOMELESSNESS - MEDICAL CO-MORBIDITY - SYMPTOM REDUCTIONSCREENING, BRIEF INTERVENTION AND REFERRAL TO TREA TMENT (SBIRT) SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT) IS AN EVIDEN CE-BASED PRACTICE USED TO IDENTIFY, REDUCE, AND PREVENT PROBLEMATIC USE, ABUSE, AND DEPEND ENCE ON ALCOHOL AND ILLICIT DRUGS FOR APPROPRIATE EMERGENCY DEPARTMENT AND TRAUMA PATIENT S, REGIONS USED THE SBIRT TOOL AND SCREENED 2,311 PATIENTS FOR YEAR 2014 NEEDS NOT ADDRESS ED IN CHNA "INCREASE ACCESS TO DENTAL SERVICES" WAS IDENTIFIED AS THE SIXTH PRIORITY IN TH E COMMUNITIES SERVED BY REGIONS, LAKEVIEW, HUDSON AND WESTFIELDS HOSPITALS WHILE THIS IS A CONCERN IN THE COMMUNITY, THE TEAM DECIDED TO FOCUS THEIR EFFORTS ON THE OTHER FIVE PRIO RITIES BECAUSE HEALTHPARTNERS AS AN INSURANCE COMPANY 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 REGIONS AND IS OUTSIDE THE SCOPE OF REGIONS' INFLUENCE AS A RESULT, COM MUNITY BENEFIT ACTIVITIES WOULD BE MORE BENEFICIAL IN THE OTHER PRIORITIZED AREAS WHILE O VERALL THE TEAM DECIDED NOT TO FOCUS EFFORTS ON ORAL HEALTH SERVICES, IT IS NOTEWORTHY THA T ST CROIX COUNTY IS ADDRESSING "ORAL HEALTH" AS A SUBSET WITHIN THE "ACCESS TO PRIMARY A ND PREVENTIVE HEALTH SERVICES" HEALTH PRIORITY AND TASK FORCE

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320071265

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

2014

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 Domestic Organizations and Domestic Governments.

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 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			8,000				PROGRAM SUPPORT

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** 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: 93493320071265

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.**

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

OMB No 1545-0047

2014

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), 501(c)(4), and 501(c)(29) organizations 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 in column(B) 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 $116,004 MARY K BRAINERD 136,341 HEIDI G CONRAD 25,999 KATHLEEN M COONEY 54,474 BROCK D NELSON 42,147 BRIAN H RANK 33,856 -------- TOTAL $408,821
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 SENIOR VICE PRESIDENT, VICE PRESIDENT, DIRECTOR, MANAGER, OTHER SPECIFICALLY IDENTIFIED LEADERS) AND THE ACHIEVEMENT OF BUSINESS AND HEALTH IMPROVEMENT GOALS ESTABLISHED IN A VARIETY OF AREAS GOALS WILL BE RELATED TO THE ORGANIZATION'S STRATEGIC PLAN AND WILL BE BALANCED THESE AREAS MAY INCLUDE BUT ARE NOT LIMITED TO PATIENT SATISFACTION, EMPLOYEE SATISFACTION, WORK ENVIRONMENT, EMPLOYEE AND/OR LEADERSHIP DEVELOPMENT, CARE DELIVERY, PATIENT EDUCATION, 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 $ 232,710 KATHLEEN M COONEY $ 48,008 KAREN A QUADAY, MD $ 988 BRIAN H RANK, MD $ 32,856 HEIDI G CONRAD $ 18,115 BROCK D NELSON $ 138,162 DAVID ABELSON, MD $ 135,325 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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID ABELSON MD, DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	933,438	355,500	145,485	212,674	63,157	1,710,254	135,325
1 MARY K BRAINERD, DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	1,004,089	510,806	246,336	427,831	80,736	2,269,798	232,710
2 KATHLEEN M COONEY, DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	578,508	221,200	70,279	219,838	52,088	1,141,913	48,008
3 BRET C HAAKE MD, DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	528,002	44,000	0	38,122	43,215	653,339	0
4 BROCK D NELSON, DIRECTOR, PRESIDENT & CEO	(I)	0	0	0	0	0	0	0
	(II)	469,162	130,015	138,162	145,083	45,212	927,634	138,162
5 KAREN A QUADAY MD, DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	281,093	0	2,311	58,849	30,454	372,707	988
6 BRIAN H RANK MD, DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	563,458	170,198	56,867	182,005	43,538	1,016,066	32,856
7 MIGUEL RUIZ MD, DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	253,841	0	0	40,219	34,702	328,762	0
8 CHRISTINE M BOESE, VP, PATIENT CARE SERVICE	(I)	263,513	45,707	0	21,320	22,785	353,325	0
	(II)	0	0	0	0	0	0	0
9 HEIDI G CONRAD, VP,CHIEF FINANCIAL OFFICER	(I)	0	0	0	0	0	0	0
	(II)	312,976	51,850	18,115	94,486	39,176	516,603	18,115
10 MARIAN M FURLONG, VP, HUDSON HOSPITAL PRESIDENT	(I)	253,909	35,330	0	21,320	32,301	342,860	0
	(II)	0	0	0	0	0	0	0
11 BETH L HEINZ, VP - OPERATIONS	(I)	233,852	42,774	0	21,320	32,455	330,401	0
	(II)	0	0	0	0	0	0	0
12 GRETCHEN M LEITERMAN, VP, OPERATIONS & SPECIALTY SERVICES	(I)	0	0	0	0	0	0	0
	(II)	231,995	47,672	0	39,715	25,840	345,222	0
13 STEVEN MASSEY, VP-REGIONS & CEO-WESTFIELD	(I)	217,846	45,566	0	21,320	30,019	314,751	0
	(II)	0	0	0	0	0	0	0
14 GREG S MELLESMOEN, DIRECTOR - SURGICAL SERVICES	(I)	202,583	23,204	0	18,293	22,697	266,777	0
	(II)	0	0	0	0	0	0	0
15 LUANN M YERKS, MANAGER - ANESTHESIA	(I)	199,503	18,418	0	17,489	22,197	257,607	0
	(II)	0	0	0	0	0	0	0
16 BRAD L PLOWMAN, SR DIR - FINANCIAL PLANNING	(I)	181,660	22,608	0	16,494	33,423	254,185	0
	(II)	0	0	0	0	0	0	0
17 TYLER R SCHMITZ, EXEC DIR - ANCILLARY SERVICE	(I)	178,598	24,196	0	16,723	37,129	256,646	0
	(II)	0	0	0	0	0	0	0
18 KIMBERLY T EGAN, EXEC DIR - HUMAN RESOURCES	(I)	180,279	21,352	0	15,959	30,504	248,094	0
	(II)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320071265

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

OMB No 1545-0047

2014

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 (REGIONS) 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
C	HRA OF THE CITY OF ST PAUL MN HEALTH CARE REVENUE BONDS-SERIES 2014A	52-1440935	NONE99999	03-18-2014	30,860,000	REFUND SERIES 1998 BONDS & EXPANSION OF REGIONS HOSPITAL (REGIONS) FACILITY		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	9,370,000	727,031		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	198,836,067	2,651,612	30,860,000	
4	Gross proceeds in reserve funds	17,170,552			
5	Capitalized interest from proceeds	15,443,609			
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,988,857	51,612	257,873	
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	2001	

		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	X			
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		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		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		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		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		X		
c	Are there any research agreements that may result in private business use of bond-financed property?		X		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 ▶	0 %		0 %		0 %			
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 ▶	0 %		0 %		0 %			
6	Total of lines 4 and 5	0 %		0 %		0 %			
7	Does the bond issue meet the private security or payment test?	X		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		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		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X			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 "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			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		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		X		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		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		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

Return Reference	Explanation
PART II, LINE 4 - COMPONENTS OF AMOUNT	THE AMOUNT SHOWN IN COLUMN A CONSISTS OF $16,748,110 IN A DEBT SERVICE RESERVE FUND, PLUS $422,442 IN DEBT SERVICE FUND DEPOSITS

Return Reference	Explanation
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

Return Reference	Explanation
SCHEDULE K, PART IV, LINES 4B & 4C, COLUMN A - PROVIDER NAME & TERM OF GIC	MORGAN STANLEY CAPITAL SERVICES INC WITH A TERM OF 24 5 YEARS

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
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: 93493320071265

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2014

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" FOUNDED IN 1957, HEALTHPARTNERS IS AN INTEGRATED SYSTEM OF HEALTH CARE DELIV ERY AND HEALTH CARE FINANCING ORGANIZATIONS, AND IS ONE OF THE LARGEST CONSUMER-GOVERNED O RGANIZATIONS IN THE COUNTRY HEALTHPARTNERS' MISSION IS TO IMPROVE HEALTH AND WELL-BEING I N PARTNERSHIP WITH OUR MEMBERS, PATIENTS AND COMMUNITY HEALTHPARTNERS SEEKS TO TRANSFORM HEALTHCARE THROUGH A RELENTLESS FOCUS ON THE TRIPLE AIM - PROVIDING EXCEPTIONAL EXPERIENCE FOR THE INDIVIDUAL, IMPROVING THE HEALTH OF THE POPULATION, AND MAINTAINING AFFORDABILITY , ALL AT THE SAME TIME HEALTHPARTNERS INCLUDES AN ARRAY OF TAX-EXEMPT AND TAXABLE ORGANIZ ATIONS WITH HEALTH CARE ACTIVITIES PRIMARILY OPERATING IN MINNESOTA AND WESTERN WISCONSIN HEALTHPARTNERS PROVIDES A FULL-RANGE OF HEALTH CARE DELIVERY AND HEALTH PLAN SERVICES INC LUDING INSURANCE, PATIENT CARE, ADMINISTRATION AND HEALTH AND WELL-BEING PROGRAMS HEALTHP ARTNERS HEALTH PLAN'S SERVE MORE THAN 1 5 MILLION MEDICAL AND DENTAL MEMBERS NATIONWIDE, A ND IS THE TOP-RANKED COMMERCIAL PLAN IN MINNESOTA HEALTHPARTNERS MEDICAL CARE SYSTEM INCL UDES MORE THAN 1,700 PHYSICIANS, SIX HOSPITALS, 55 PRIMARY CARE CLINICS, 22 URGENT CARE LO CATIONS AND NUMEROUS SPECIALTY PRACTICES IN MINNESOTA AND WESTERN WISCONSIN IN ADDITION, HEALTHPARTNERS DENTAL CARE SYSTEM HAS MORE THAN 60 DENTISTS AND 22 DENTAL CLINICS HEALTHP ARTNERS ALSO PROVIDES MEDICAL EDUCATION AND TRAINING TO MEDICAL PROFESSIONALS AND CONDUCTS RESEARCH AND FUND RAISING ACTIVITIES THAT SUPPORT THE HEALTH CARE DELIVERY SYSTEM A COMP LETE LISTING OF ALL ORGANIZATIONS WITHIN THE HEALTHPARTNERS FAMILY, AND THE RELATIONSHIP B ETWEEN THEM, CAN BE FOUND ON SCHEDULE R WITHIN THIS 990 RETURN DETAILED INFORMATION ABOUT THE COMMUNITY BENEFIT ACTIVITIES AND ACCOMPLISHMENTS OF EACH TAX-EXEMPT ORGANIZATION CAN BE FOUND IN THE INDIVIDUAL FORM 990 RETURN FOR THAT ORGANIZATION HEALTHPARTNERS IS DRIVIN G CHANGE THAT HELPS OUR MEMBERS AND PATIENTS LIVE HEALTHIER LIVES HEALTHPARTNERS COLLABOR ATE WITH OTHER PLANS, CARE PROVIDERS AND OTHER COMMUNITY AND BUSINESS ORGANIZATIONS IN THE REGION AND THROUGHOUT THE NATION TO INCREASE ACCESS, CREATE AND SHARE QUALITY MEASURES AN D INITIATIVES, PARTICIPATE IN DEVELOPMENT OF PUBLIC POLICY, AND COLLABORATE IN IMPROVEMENT S THAT SUPPORT THE TRIPLE AIM AMONG HEALTHPARTNERS' SIGNATURE INITIATIVES CONTINUING IN 2 014 ARE TOTAL COST OF CARE MEASUREMENTS (DEVELOPMENT OF A NATIONALLY RECOGNIZED METRIC, EN DORSED BY THE NATIONAL QUALITY FORUM, ENABLING MEASUREMENT AND INCENTIVES BASED ON COORDIN ATION AND EVIDENCE-BASED PRACTICES), MENTAL HEALTH (REDUCING STIGMA, AND ASSURING ACCESS T O HIGH QUALITY CARE IN THE MOST APPROPRIATE SETTINGS), CHILDREN'S HEALTH (IMPROVING CHILD HEALTH BY PROMOTING EARLY BRAIN DEVELOPMENT, PROVIDING FAMILY CENTERED CARE, AND STRENGTHE NING COMMUNITIES), AND SUSTAINABILITY (ENERGY EFFICIENCY, WASTE REDUCTION, AND RESOURCE MA NAGEMENT) HEALTHPARTNERS, INC (HPI) IS THE PARENT ENTITY OF HEALTHPARTNERS AND IS THE SO LE CORPORATE MEMBER OF HPI-RAMSEY HPI IS A MINNESOTA NON-PROFIT CORPORATION AND LICENSED HEALTH MAINTENANCE ORGANIZATION (HMO) RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER I NTERNAL REVENUE CODE (IRC) SECTION 501(C)(4) HPI-RAMSEY IS THE SOLE CORPORATE MEMBER OF T HE FOLLOWING NON-PROFIT CORPORATIONS ALL OF WHICH ARE EXEMPT UNDER IRC SECTION 501(C)(3) REGIONS (A FULL SERVICE HOSPITAL AND LEVEL 1 TRAUMA CENTER), REGIONS HOSPITAL FOUNDATION, CAPITOL VIEW TRANSITIONAL CARE CENTER, STILLWATER HEALTH SYSTEM (WHICH IS THE PARENT ENTIT Y OF LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC AND STILLWATER MEDICAL GROUP), RAMSEY IN TEGRATED HEALTH SERVICES (A HOME CARE PROVIDER), AND, RH-WISCONSIN, INC , A WISCONSIN NON- STOCK CORPORATION RH-WISCONSIN TOGETHER WITH GROUP HEALTH PLAN, INC (A STAFF MODEL HMO) ARE THE SOLE CORPORATE MEMBERS OF THREE TAX-EXEMPT WISCONSIN HOSPITALS - HUDSON HOSPITAL, INC , WESTFIELDS HOSPITAL, INC , AND, AMERY REGIONAL MEDICAL CENTER, INC REGIONS, A PREMI ER, FULL-SERVICE HOSPITAL PROVIDING OUTSTANDING MEDICAL AND SURGICAL CARE, HAS SERVED THE TWIN CITIES AND SURROUNDING REGION FOR OVER 140 YEARS THE MISSION OF REGIONS IS TO IMPROV E THE HEALTH OF ITS PATIENTS AND THE COMMUNITY BY PROVIDING HIGH QUALITY HEALTH CARE, WHIC H 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 CENTERS IN THE STATE OF MINNESOTA II BENEFITS TO PATIENTS AND THE COMMUNITY IN 2014 CHARITY CARE REGIONS IS THE PRIMARY "SAFETY NET" HOSPITAL FOR LOW-INCOME UNINSURED AND UNDERINSURED PEO PLE IN THE EAST METRO IN 2014 ALONE, REGIONS PROVIDED $50 0 MILLION IN CHARITY CARE CHARG ES ($10 8 MILLION IN CHARITY CARE COSTS) TO CARE F

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	OR 43,237 PATIENTS WHO DID NOT HAVE INSURANCE OR COULD NOT AFFORD CARE. CHARITY CARE REPRE SENTED 1 7 PERCENT OF REGIONS' TOTAL OPERATING EXPENSES OF THE 74,626 TOTAL PATIENT ACCOU NTS WRITTEN OFF IN 2014, 30,577 WERE PURE SELF-PAY PATIENTS WITH NO COVERAGE AND NO ABILIT Y TO PAY APPROXIMATELY 23 PERCENT OF THESE SELF-PAY PATIENTS WERE BETWEEN THE AGES OF 18 AND 24 THE REMAINING 44,049 PATIENTS HAD SOME COVERAGE BUT WERE UNABLE TO PAY THE "PATIEN T RESPONSIBILITY" PORTION OF THEIR BILL REGIONS DEFINES CHARITY CARE AS THE COST OF CARE DELIVERED TO PATIENTS WHO ARE WILLING, BUT UNABLE, TO PAY FOR THE SERVICES THEY RECEIVE. T HIS INCLUDES PATIENTS WHOSE CHARGES ARE FORGIVEN OR REDUCED BECAUSE OF INABILITY TO PAY, P ATIENTS WHO ARE UNABLE TO PAY THE BALANCE LEFT BY A THIRD-PARTY PAYER, AND PATIENTS FOR WH OM UNUSUAL CIRCUMSTANCES OR SPECIAL FINANCIAL HARDSHIP WARRANT SPECIAL CONSIDERATION REGI ONS IS COMMITTED TO PROVIDING NEEDED SERVICES EVEN AT A FINANCIAL LOSS FOR EXAMPLE, IN 20 14, REGIONS PROVIDED INPATIENT AND OUTPATIENT EMERGENCY SERVICES TO SELF-PAY PATIENTS TOTA LING $32 7 MILLION IN CHARGES APPROXIMATELY $11 5 MILLION OF THESE CHARGES WERE WRITTEN-O FF BY REGIONS AT A NET LOSS REGIONS' EMERGENCY CENTER EXPANDED IN 2010 TO 54,000 SQUARE F EET AND 53 BEDS BEING THE LARGEST IN THE EAST METRO REGIONS PROVIDES INPATIENT AND OUTPAT IENT CARE, INCLUDING EMERGENCY DEPARTMENT SERVICES, TO A LARGE NUMBER OF MEDICARE, MEDICAI D AND OTHER GOVERNMENT PROGRAM PATIENTS IN FACT, PATIENTS FROM GOVERNMENT PROGRAMS FOR SE NIORS CONSTITUTED 38 8% PERCENT OF REGIONS' CHARGES, PATIENTS FROM GOVERNMENT PROGRAMS FOR THE POOR CONSTITUTED 22% PERCENT OF REGIONS' CHARGES, AND CHARITY CASES WERE 3 1% OF CHAR GES ONLY 35 7% OF CHARGES WERE FOR COMMERCIAL OR GOVERNMENT PATIENTS ALTHOUGH MOST OF RE GIONS' REIMBURSEMENT COMES FROM GOVERNMENT PROGRAMS, IT SHOULD ALSO BE NOTED THAT THESE PR OGRAMS OFTEN DO NOT COMPENSATE HOSPITALS FOR THE FULL COST OF PROVIDING CARE. REGIONS PAID $13 5 MILLION IN 2014 IN MINNESOTA HEALTH CARE TAXES EQUAL TO 2 1 PERCENT OF ITS NET REVE NUE 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 FULL Y 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 (PORTICO) IS A NONPROFIT ORGANIZATION THAT HELPS ABOUT 350 PEOPLE PER MONTH ENRO LL IN FREE OR LOW-COST HEALTH COVERAGE PROGRAMS SINCE 1995, PORTICO OUTREACH WORKERS HAVE PROVIDED ASSISTANCE IN COMPLETING APPLICATIONS FOR PROGRAMS SUCH AS MINNESOTA CARE OR MED ICAL ASSISTANCE. IN ADDITION, PORTICO OFFERS ITS OWN COVERAGE PROGRAM AND COVERS PRIMARY A ND SPECIALTY CARE CLINIC VISITS, URGENT CARE SERVICES, AND PRESCRIPTION DRUGS ALONG WITH I NTERPRETER AND TRANSPORTATION SERVICES IN 2014, REGIONS PROVIDED $97,193 TO PORTICO IN OR DER TO IMPROVE ACCESS AND COVER ADMINISTRATIVE COSTS FOR PEOPLE WITHOUT HEALTH INSURANCE.

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	COMMUNITY SERVICES IN ADDITION TO THE CHARITY CARE DESCRIBED ABOVE, REGIONS PROVIDED THE FOLLOWING MULTILINGUAL HEALTH RESOURCES EXCHANGE THE MULTILINGUAL HEALTH RESOURCES EXCHA NGE (EXCHANGE) IS A COLLABORATION AMONG MANY MINNESOTA ORGANIZATIONS (INCLUDING HOSPITALS, CLINIC SYSTEMS, HEALTH PLANS, PUBLIC HEALTH AGENCIES, AND COMMUNITY GROUPS) TO SHARE TRAN SLATED HEALTH MATERIALS AND INFORMATION TO MEET THE HEALTH EDUCATION AND INFORMATION NEEDS OF PEOPLE WITH LIMITED ENGLISH PROFICIENCY REGIONS WAS INSTRUMENTAL IN STARTING THE EXCH ANGE IN 2001 EACH MEMBER OF THE EXCHANGE CONTRIBUTES MATERIALS TRANSLATED BY THEIR ORGANI ZATION TO THE EXCHANGE WEBSITE (WWW HEALTH-EXCHANGE NET) WHERE ALL PARTNER ORGANIZATIONS C AN 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 ORGANI ZATIONS ANNUALLY, HEALTHPARTNERS AND REGIONS TOGETHER CONTRIBUTE $2,500 TO THE EXCHANGE FINANCIAL COUNSELING TO SECURE A PAY MENT SOURCE FOR UNINSURED AND UNDERINSURED PATIENTS, REGIONS ESTABLISHED A FINANCIAL COUNSELING PROGRAM THE PROGRAM WAS STARTED IN THE ADMITTI NG INPATIENT DEPARTMENT IN 1995 BUT SINCE THEN, THE PROGRAM HAS BEEN IMPLEMENTED THROUGHOU T REGIONS, INCLUDING THE EMERGENCY DEPARTMENT THE PROGRAM WAS FUNDED BY REGIONS AT A COST OF OVER $1 1 MILLION IN 2014 12 COUNSELORS, 20 REGISTRATION FINANCIAL SPECIALISTS AND 1 5 OF RAMSEY AND DAKOTA COUNTY EMPLOYEES HELP PATIENTS ENROLL IN GOVERNMENT PROGRAMS OR FIN D OTHER SOURCES OF COVERAGE SPECIFICALLY, THE COUNSELORS ARE ABLE TO ASSIST PATIENTS WITH MEDICAL ASSISTANCE APPLICATIONS, SETTING UP PAY MENT PLANS OR APPLY ING FOR CHARITY CARE T O 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 AFTE RCARE IN 2014, FINANCIAL COUNSELORS SUCCESSFULLY ENROLLED NEARLY 1,250 INDIVIDUALS IN GOV ERNMENT HEALTHCARE PROGRAMS THIS PROVIDED APPROXIMATELY $8 2 MILLION TO REGIONS FOR CARE THAT OTHERWISE WOULD HAVE BEEN CONSIDERED CHARITY CARE FOR 2014, THE APPLICATION BREAKDOW N WAS AS FOLLOWS IN THE EMERGENCY DEPARTMENT, THERE WERE 1,121 APPLICATIONS TAKEN AND 600 WERE SUCCESSFULLY OPENED (53% SUCCESS RATE), FOR INPATIENTS, THERE WERE 1,075 APPLICATION S TAKEN AND 650 WERE SUCCESSFULLY OPENED (60% SUCCESS RATE) EMERGENCY PREPAREDNESS TERRO RISM PREPAREDNESS REGIONS IS A LEADER IN EMERGENCY MANAGEMENT FOR THE EAST METRO REGIONS STAFF ARE PREPARED FOR ANY SITUATION THAT MAY ARISE AND COLLABORATES WITH OTHER HOSPITALS AND PUBLIC SAFETY OFFICIALS TO ENSURE THAT PLANNING AND RESPONSE PLANS ARE INTEGRATED RE GIONS PARTICIPATION IN AN INSPECTION CONDUCTED BY THE CENTERS FOR MEDICARE AND MEDICAID SE RVICES RECEIVED HIGH MARKS FOR EMERGENCY MANAGEMENT AND OVERALL PLAN OF SUSTAINABILITY RE GIONS ALSO HAS THE ONLY MASS (NON-MILITARY) DECONTAMINATION SITE IN RAMSEY COUNTY THAT STA NDS READY TO HANDLE ANY MAJOR EVENT REGIONS CAN TREAT UP TO 150 PEOPLE PER HOUR IN THE EV ENT OF BIOLOGICAL, CHEMICAL, OR NUCLEAR INCIDENTS AND IS COMPLETELY COMPLIANT WITH THE OCC UPATIONAL SAFETY AND HEALTH ADMINISTRATION THIS SYSTEM IS TESTED ANNUALLY IN CONJUNCTION WITH A MASS CASUALTY DRILL THAT INVOLVES OUR COMMUNITY PARTNERS AND PUBLIC SAFETY AGENCIES REGIONS IS A MEMBER OF THE METROPOLITAN HOSPITAL COMPACT, ALONG WITH 29 TWIN CITIES HOSP ITALS REGIONS HAS PLAYED A VITAL ROLE IN THE DEVELOPMENT OF COMMUNITY WIDE PLANNING TO IM PROVE EMERGENCY MANAGEMENT THROUGHOUT HEALTHCARE AND ESTABLISH INTERFACING WITH PUBLIC SAF ETY INCLUDING CITY AND COUNTY EMERGENCY MANAGERS 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 O F MINNESOTA AND THE FEDERAL GOVERNMENT EMERGENCY MEDICAL SERVICES (EMS) REGIONS EMS DELI VERS 24-HOUR MEDICAL DIRECTION AND CONSULTATION TO A DIVERSE GROUP OF PRE-HOSPITAL PROVIDE RS IN MINNESOTA AND WESTERN WISCONSIN ONE UNIQUE WAY THEY DO THIS IS BY PROVIDING CUSTOMI ZED RESOURCE DIRECTORY THIS DIRECTORY INCLUDES BEST PRACTICE GUIDELINES AND STATE REGULAT IONS, ALONG WITH A CUSTOMIZED MEDICAL DIRECTION PLAN FOR EACH ORGANIZATION BASED ON THEIR LOCAL RESOURCES AND ENVIRONMENT THE DEPARTMENT CURRENTLY REPRESENTS 28 SERVICES WITH 1,50 0 PROVIDERS INCLUDING RURAL VOLUNTEER FIREFIGHTERS AND EMERGENCY MEDICAL TECHNICIANS, URBA N PARAMEDICS AND SUBURBAN PUBLIC SAFETY PERSONNEL LIFE LINK III REGIONS IS A CORPORATE M EMBER (ALONG WITH SEVERAL OTHER AREA HOSPITALS) OF LIFE LINK III, A CRITICAL CARE TRANSPOR T SERVICE THAT PROVIDES HELICOPTER AND AIRPLANE OPTIONS TO THE MOST SEVERELY ILL AND INJUR ED TRAUMA PATIENTS BY COLLABORATING ACROSS THE COMMUNITY, THESE AREA HOSPITALS AVOID DUPL ICATION OF EXPENSIVE AIR TRANSPORT SERVICES THEREBY REDUCING THE COST OF HEALTHCARE MEDIC AL RESOURCE CONTROL CENTER (MRCC) MRCC SERVES AS

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	THE ONLINE TRIAGE LIAISON BETWEEN EMS AMBULANCE CREWS AND DESTINATION HOSPITALS MRCC PROV IDES MEDICAL CONTROL COMMUNICATIONS TO AMBULANCE SERVICES AND PRE-HOSPITAL EMERGENCY CARE PROVIDERS IN THE EAST METRO COUNTIES OF DAKOTA, RAMSEY AND WASHINGTON IN MINNESOTA AND ARE AS OF WESTERN WISCONSIN MRCC IS IN CONTACT WITH METRO AREA EMERGENCY DEPARTMENTS THE COM MUNICATIONS CENTER ITSELF IS LOCATED IN REGIONS EMERGENCY CENTER MRCC STAFF PROVIDES AMBU LANCE PERSONNEL WITH A SINGLE CONTACT POINT FOR RELAYING PATIENT INFORMATION, AN EMS GUIDE LINE RESOURCE, HOSPITAL DIVERSION INFORMATION, MEDICAL RESOURCE ACCESS, COORDINATION OF MA SS CASUALTIES, EMS COMMUNICATION EDUCATION AND CQI AND EMS CALL DATA COLLECTION TRAUMA SE RVICES TRAUMA CENTER ADMINISTRATION REGIONS TRAUMA PROGRAM TRACKS TRAUMA-RELATED INJURIE S FOR A REGISTRY USED FOR PERFORMANCE IMPROVEMENT, QUALITY ASSURANCE AND PUBLIC HEALTH REP ORTING THE TRAUMA CENTER IS VERIFIED BY THE AMERICAN COLLEGE OF SURGEONS, AS A LEVEL I AD ULT TRAUMA CENTER AND A LEVEL I PEDIATRIC TRAUMA CENTER MINNESOTA STATE TRAUMA SYSTEM RE GIONS IS ACTIVE IN THE MINNESOTA STATE TRAUMA SYSTEM (STAC) DR PETER COLE IS A MEMBER OF STAC REGIONS STAFF PARTICIPATED IN SUBCOMMITTEES ASSOCIATED WITH STAC INCLUDING THE INJU RY PREVENTION AND DATA ELEMENTS TRAUMA LEADERSHIP PROVIDES A CONSULTATIVE ROLE TO HOSPITA LS IN MINNESOTA BY HELPING THEM PREPARE FOR THEIR STATE TRAUMA SYSTEM HOSPITAL VERIFICATIO N SITE REVIEWS THIS IS A SERVICE PROVIDED TO THE FACILITIES AT NO COST TO THEM ADDITIONA LLY, REGIONS PROVIDED LEADERSHIP FOR THE DEVELOPMENT OF THE MINNESOTA -METRO REGION TRAUMA ADVISORY COMMITTEE THAT REPORTS TO STAC DR MICHAEL MCGONIGAL IS THE COMMITTEE CHAIR WE ST CENTRAL REGIONAL TRAUMA ADVISORY COMMITTEE REGIONS IS AN ACTIVE MEMBER OF THE WEST CEN TRAL REGIONAL TRAUMA ADVISORY COMMITTEE, WHICH WAS CREATED BY THE STATE OF WISCONSIN TO SE RVE AS THE REGIONAL TRAUMA SYSTEM FOR THE WESTERN WISCONSIN REGION THE SYSTEM COORDINATES WITH REGIONS AS THE AREA'S ONLY LEVEL I ADULT AND LEVEL I PEDIATRIC TRAUMA CENTERS TO TRE AT SEVERE TRAUMA PATIENTS FROM PIERCE, POLK AND ST CROIX COUNTIES IN WISCONSIN TRAUMA LE ADERSHIP PROVIDES A CONSULTATIVE ROLE TO HOSPITALS IN WISCONSIN BY HELPING THEM PREPARE FO R THEIR STATE TRAUMA SYSTEM HOSPITAL VERIFICATION SITE REVIEWS THIS IS A SERVICE PROVIDED 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 CONFERE NCES, EMS AND TRAUMA EDUCATION THE NEXT GENERATION SEVERAL COMMUNITY GRAND ROUND EDUCATI ONAL EVENTS ARE PROVIDED BY PROFESSIONAL STAFF CANCER AND PALLIATIVE CARE PATRICIA D LU NDBORG 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-RELATED BOOKS AND VIDEOS AVAILABLE F OR CHECK OUT ALSO, THE LIBRARY OFFERS BROCHURES FROM THE AMERICAN CANCER SOCIETY, THE NAT IONAL CANCER INSTITUTE, THE LEUKEMIA AND LYMPHOMA SOCIETY, CANCERCARE, LIVESTRONG AND MANY OTHER ORGANIZATIONS THE LIBRARY PROVIDES INFORMATION IN DIFFERENT FOREIGN LANGUAGES INCL UDING SPANISH, CHINESE, RUSSIAN, VIETNAMESE, HMONG AND THAI IN ADDITION, A LIBRARY INTRAN ET WEBSITE OFFERS LINKS TO OVER 300 WEB PAGES WITH CANCER-RELATED RESOURCES THE ENTIRE CO LLECTION, INCLUDING BROCHURES AND ONLINE RESOURCES IS ORGANIZED BY A SIMPLIFIED SET OF CAT EGORIES THAT ALLOW PEOPLE TO QUICKLY LOCATE MATERIAL, REGARDLESS OF THE FORMAT YOGA SESSI ONS WERE ALSO OFFERED TO CANCER PATIENTS IN CONJUNCTION WITH THE LUNDBORG CANCER LIBRARY STATEWIDE CANCER REGISTRY IN 2014, REGIONS CONTINUED TO SUPPORT THE ONGOING OPERATIONS OF A STATEWIDE SYSTEM THAT RECEIVES AND CATALOGUES REPORTS OF CANCER INCIDENTS

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	SEXUAL ASSAULT NURSE EXAMINER THE SEXUAL ASSAULT NURSE EXAMINER (SANE) PROGRAM HAS COLLAB ORATED WITH SEXUAL OFFENSE SERVICES OF RAMSEY COUNTY TO PROVIDE COMPREHENSIVE, COMPASSIONA TE CARE TO SEXUAL ASSAULT VICTIMS, AGE 13 AND OLDER, SINCE 2002 THE REGISTERED NURSES WIT HIN THE SANE PROGRAM ARE SPECIALLY TRAINED TO PROVIDE FOR THE UNIQUE NEEDS OF SEXUAL ASSAU LT VICTIMS FROM BOTH A MEDICAL AND A FORENSIC PERSPECTIVE ON DECEMBER 1, 2011, REGIONS SA NE PROGRAM BEGAN PROVIDING SANE SERVICES TO LAKEVIEW MEMORIAL HOSPITAL PATIENTS ON JULY 1 , 2013, REGIONS BEGAN OFFERING SANE SERVICES TO THE 3 HEALTHEAST FACILITIES (WOODWIND'S, S T JOSEPH'S AND ST JOHN'S HOSPITAL) CANVAS HEALTH PROVIDES THE ADVOCACY SERVICES TO OUR 2 WASHINGTON COUNTY SITES (LAKEVIEW MEMORIAL HOSPITAL AND WOODWINDS HOSPITAL) REGIONS SANE PROGRAM CARED FOR 272 PATIENTS IN 2014 REGIONS SANE PROGRAM STAFF ACTIVELY PARTICIPATED I N EDUCATIONAL PROGRAMS IN THE COMMUNITY, INCLUDING PRESENTING TO MEDICAL STUDENTS AT THE U NIVERSITY OF MINNESOTA, STUDENTS AT THE COLLEGE OF SAINT CATHERINE, DNP STUDENTS AT THE UN IVERSITY OF MINNESOTA, HAMLINE LAW SCHOOL ALUMNI, RAMSEY COUNTY PUBLIC HEALTH, MN SANES, P ROSECUTORS, LAW ENFORCEMENT, COUNTY AND STATE CORRECTIONS PERSONNEL, AND ADVOCATES FROM TH E NATIONAL GUARD AND SOS OF RAMSEY COUNTY REGIONS SANE PROGRAM NURSES ARE MEMBERS OF THE RAMSEY COUNTY SEXUAL ASSAULT PROTOCOL TEAM AND SERVE ON ADVISORY COMMITTEES FOR THE MINNES OTA COALITION AGAINST SEXUAL ASSAULT SANE PROGRAM PERSONNEL PARTICIPATED IN PUBLIC SERVIC E ANNOUNCEMENTS REGARDING SEXUAL ASSAULT AND BEST PRACTICES FOR TREATING VICTIMS PROGRAM PERSONNEL ARE A RESOURCE FOR THE MINNESOTA COALITION AGAINST SEXUAL ASSAULT (MNCASA) AND P ROVIDE INPUT INTO INITIATIVES THAT SERVE VICTIMS AND VICTIM SERVICE PROVIDERS MENTAL HEAL TH SERVICES REGIONS' BEHAVIORAL HEALTH DEPARTMENT IS THE LEADING PROVIDER OF COMPREHENSIV E MENTAL AND CHEMICAL HEALTH SERVICES IN THE TWIN CITIES EAST METRO AREA AND WESTERN WISCO NSIN FOR EXAMPLE, HOVANDER HOUSE, A SHORT-TERM RESIDENTIAL LIVING FACILITY AND PROGRAM FO R BEHAVIORAL HEALTH PATIENTS WHO ARE CLINICALLY AND PHY SICALLY STABLE BUT WHO REQUIRE FURT HER SUPPORT AND ASSISTANCE BEFORE RETURNING TO A COMMUNITY SETTING HOVANDER HOUSE IS STAF FED BY MENTAL HEALTH PROFESSIONALS FROM REGIONS AND CAN ACCOMMODATE UP TO NINE ADULTS AT A TIME IN 2014, HOVANDER HOUSE SERVED 282 ADULTS WITH AN AVERAGE LENGTH OF STAY OF 8 7 DAY S APPROXIMATELY 27 PERCENT OF PATIENTS REFERRED TO HOVANDER HOUSE DID NOT HAVE INSURANCE IN ADDITION TO HELPING PATIENTS TRANSITION INTO THE COMMUNITY, HOVANDER HOUSE HAS SAVED A N ESTIMATED 2,167 INPATIENT HOSPITAL DAYS ADDITIONALLY, SAFE HOUSE AND SAFE ALTERNATIVES IS A LICENSED INTENSIVE RESIDENTIAL TREATMENT PROGRAM PROVIDING SUPPORTIVE AND TREATMENT S ERVICES FOR UP TO 90 DAYS TO APPROXIMATELY 60 ADULTS PER Y EAR SUFFERING FROM MENTAL AND CH EMICAL HEALTH PROBLEMS SAFE HOUSE SAFE ALTERNATIVES ASSISTS CLIENTS IN FINDING SAFE AND A FFORDABLE HOUSING AS WELL AS PROVIDING LONG-TERM SUPPORT IN MAINTAINING HOUSING TO OVER 20 0 ADULTS WITH MENTAL AND CHEMICAL HEALTH PROBLEMS EACH Y EAR MAKE IT OK TO REDUCE AND SOM EDAY ELIMINATE STIGMA, REGIONS IS WORKING WITH OVER 20 LOCAL COMMUNITY ORGANIZATIONS SUCH AS THE NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) MINNESOTA, TWIN CITIES PUBLIC TELEVISION (TPT) AND THE ADVERTISING FIRM PRESTON KELLY TO CREATE THE MAKE IT OK ANTI-STIGMA CAMPAIG N ALTHOUGH OUR CAMPAIGN INCORPORATES SOME EDUCATION OF THE PUBLIC ABOUT MENTAL ILLNESS, I T IS MORE ABOUT CHANGING HEARTS AND ATTITUDES BY MAKING MENTAL ILLNESSES LESS SCARY AND M ORE LIKE OTHER DISEASES, PEOPLE WILL BE MORE LIKELY TO TAKE THE NECESSARY STEPS TOWARD HEA LING THE CAMPAIGN IS COMMUNITY BASED AND NOT BRANDED BY HEALTHPARTNERS, SO OTHER ORGANIZA TIONS HAVE ACCESS TO THE SAME MATERIALS THE CAMPAIGN HARD LAUNCHED IN MAY 2013 WITH AN AD VERTISING "FLIGHT" THAT INCLUDED TELEVISION, RADIO, PRINT, SOCIAL MEDIA, ONLINE VIDEO, INT ERNET PURCHASES AND TRANSIT SHELTERS MORE ROBUST FLIGHTS WERE LAUNCHED IN SEPTEMBER 2013 AND THE SPRING AND FALL OF 2014 ALL THESE EFFORTS HAVE BENEFITTED GREATLY FROM THE IN-KIN D SUPPORT OF OUR MEDIA PARTNERS THROUGH OCTOBER 2014, WE ESTIMATE THAT OUR TELEVISION, RA DIO AND ONLINE ADS ACHIEVED 127 MILLION IMPRESSIONS THROUGH OCTOBER 2014, MAKEITOK ORG HA D 49,000 UNIQUE VISITORS BY THE END THE Y EAR, 5,112 PEOPLE TOOK THE SITE'S PLEDGE TO BECO ME STIGMA FREE IN ORDER TO SPREAD OUR ANTI-STIGMA MESSAGE IN A FORMAT THAT ALLOWS FOR MOR E DEPTH THAN IS AVAILABLE WITH ADVERTISING OR PSAS, WE WORKED WITH TPT TO PRODUCE 10 PROFI LES OF MINNESOTANS WHO HAVE EXPERIENCED MENTAL ILLNESS AND STIGMA THESE STORIES WERE USED TO CREATE FOUR HALF-HOUR DOCUMENTARIES THAT ARE BEING BROADCAST ON TPT IN PRIMETIME THE SERIES BEGAN AIRING STATEWIDE IN OCTOBER 2013 AND WILL CONTINUE THROUGH 2018 IT HAS ALSO BEEN MADE AVAILABLE ON THE TPT WEBSITE AND MAKEITOK ORG THE TPT SERIES HAS BEEN AN UNQUAL IFIED SUCCESS - THE NATIONAL ACADEMY OF TELEVISIO

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	N ARTS & SCIENCE (NATAS) HONORED THE SERIES WITH THE UPPER MIDWEST CHAPTER BOARD OF GOVERN ORS AWARD THIS IS THE MOST PRESTIGIOUS REGIONAL EMMY AWARD IN THE CHAPTER AND HONORS THE CREATIVE AND EFFECTIVE USE OF BROADCASTING TO ADVANCE A MISSION OR MESSAGE - THROUGH OCTO BER 2014, MORE THAN 115,000 VIEWERS HAD WATCHED THE FIRST THREE INSTALLMENTS THE THIRD DO CUMENTARY, WHICH PREMIERED ON FEBRUARY 28, WAS THE MOST WATCHED LOCAL PUBLIC TELEVISION PR OGRAM IN AMERICA THAT NIGHT VIEWERSHIP OF THE PROGRAM WAS SO STRONG THAT IT HELPED MAKE T PT THE MOST VIEWED PUBLIC TELEVISION STATION IN THE COUNTRY THAT EVENING THROUGH OCTOBER 14, 2014, THE SERIES HAD BEEN VIEWED 6,565 TIMES ON THE TPT WEBSITE THIS IS MORE THAN ANY OTHER SERIES ON THE SITE WE ARE ALSO TARGETING BUSINESSES, HEALTH CARE ORGANIZATIONS, PO LICE DEPARTMENTS, COLLEGES AND UNIVERSITIES, COMMUNITIES OF FAITH AND OTHER SECTORS OF OUR SOCIETY FOR A DEEPER DIVE INTO THE TOPICS OF MENTAL ILLNESS AND STIGMA WE PACKAGED OUR M ESSAGE IN A TOOLKIT THAT WE ARE SHARING WITH THESE ORGANIZATIONS SO THEY CAN SHARE IT WITH THEIR OWN STAFF AND IN OTHER SETTINGS WE WILL TRAIN POTENTIAL TRAINERS WITHIN THESE ORGA NIZATIONS SO THE MESSAGE CAN BE BEST SPREAD WE ARE ALSO TRAINING A LINEUP OF "AMBASSADORS " WHO CAN TALK ABOUT THE HARM OF STIGMA AND THE THINGS WE CAN DO TO FIGHT IT IN JUNE WE T RAINED 25 AMBASSADORS, AND IN NOVEMBER WE TRAINED 10 AT THE UNIVERSITY OF MINNESOTA SCHOOL OF SOCIAL WORK IN THE FALL OF 2014 WE FINALIZED MAKE IT OK INTERACTIVE, AN ON-LINE, DYNA MIC LEARNING TOOL FOR USE BY A VARIETY OF ORGANIZATIONS, INCLUDING BUSINESSES OVER THE NE XT TWO YEARS, WE WANT TO WORK MORE CLOSELY WITH FOUR OTHER COMMUNITIES IN MINNESOTA THAT C OALESCE IN ORDER TO FIGHT STIGMA WE ARE PILOTING THESE EFFORTS IN RED WING, MINNESOTA WIT H HELP FROM RED WING SHOE COMPANY FOUNDATION DONATIONS DAKOTA AND FREEBORN COUNTIES ARE P ARTNERING WITH US AS WELL THE MAKE IT OK CAMPAIGN HAS RECEIVED VERY POSITIVE REVIEWS THE FOLLOWING QUOTE IS FROM A STAR TRIBUNE EDITORIAL DATE JUNE 12, 2013 "MINNESOTA, SO OFTEN AHEAD OF THE HEALTH CARE CURVE, IS AGAIN A PUBLIC HEALTH PACESETTER THANKS TO THE MAKE IT OK CAMPAIGN, WHICH BOLDLY BUT PRAGMATICALLY MOVES BEYOND PREVIOUS EFFORTS TO REDUCE THE S TIGMA OF MENTAL ILLNESS " STORIES ALSO APPEARED IN MINNPOST AND ON FOX 9 NEWS NAMI WALK IN FALL, 2014 REGIONS SPONSORED A TEAM OF NAMI WALK PARTICIPANTS THERE WERE 82 PARTICIPAN TS ON THE REGIONS TEAM AND THE TEAM RAISED APPROXIMATELY $5,700 TO CONTRIBUTE TO NAMI IN T HE EFFORT TO INCREASE AWARENESS OF MENTAL ILLNESS AND TO ELIMINATE STIGMA ADDITIONALLY, R EGIONS STAFF HOSTED TWO SCRAPBOOKING DAYS AT A LOCAL CHURCH, TO RAISE FUNDS FOR THE WALK T EAM STAFF TIME TOTALED APPROXIMATELY 56 HOURS REGIONS MENTAL HEALTH FACILITY IN DECEMBE R 2012, REGIONS AND HEALTHPARTNERS OPENED A $36 MILLION MENTAL HEALTH CENTER, REPLACING TH E CURRENT CENTER THAT WAS BUILT IN 1964 AS A NURSE DORM THE NEW FACILITY PROVIDES PRIVATE ROOMS FOR PATIENTS AND SEPARATE DINING AND COMMONS AREAS THERE IS ALSO AMPLE SPACE AND P RIVACY FOR FAMILIES AND VISITORS THE FACILITY IS EIGHT STORIES, 115,000 SQUARE FOOT, HAS 100 PRIVATE INPATIENT ROOMS WITH AN OPTION TO ADD 20 MORE THE FACILITY IS HANDICAP ACCESS IBLE, AND PROVIDES SECURED OUTDOOR AREA FOR GROUP PATIENTS WITH THE NEW BUILDING AND CARE MODEL, REGIONS EXPERIENCED GROWTH IN VOLUMES AND IMPROVED PATIENT SATISFACTION IN 2014, REGIONS CONTINUED TO RUN THE FACILITY AT FULL OCCUPANCY

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	DAYBRIDGE IN MAY OF 2013, REGIONS OPENED DAYBRIDGE, A PARTIAL HOSPITALIZATION PROGRAM DA YBRIDGE IS A MENTAL HEALTH PROGRAM FOR ADULTS WHO NEED INTENSIVE 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 WEEKE NDS DAYBRIDGE ASSISTS INDIVIDUALS WITH REDUCING STRESS, UTILIZING PERSONAL STRENGTHS AND RESOURCES, DEVELOPING EFFECTIVE PATTERNS OF THINKING, FEELING AND BEHAVING, RESOLVING PROB LEMS THROUGH GOAL ACHIEVEMENTS AND SKILLFULLY COPING WITH CURRENT AND FUTURE STRESSES IND IVIDUALS ARE INVOLVED IN EVERY STEP OF THE HEALING PROCESS DAYBRIDGE FOCUS ON REHABILITAT ION AND PERSONAL STRENGTHS TO BEGIN OR RESUME RECOVERY FAMILIES ARE AN INTEGRAL PART OF T REATMENT AND ARE ENCOURAGED TO PARTICIPATE DAYBRIDGE OFFERS CUSTOMIZED TREATMENT PLANS FO R EACH PERSON BASED ON INDIVIDUAL NEEDS, ACCESS TO PSYCHIATRISTS AND PSYCHOLOGISTS FIVE DA YS PER WEEK AND EVIDENCE-BASED TREATMENT COMPONENTS PROGRAM COMPONENTS MAY INCLUDE GROUP AND INDIVIDUAL THERAPY, SENSORY INTEGRATION MODALITIES, PSYCHIATRIC ASSESSMENT AND MEDICAT ION MANAGEMENT, FAMILY THERAPY OR EDUCATION, INDIVIDUALIZED TREATMENT PLANNING, DISCHARGE PLANNING AND COORDINATION OF CARE OR EDUCATION ON RECOVERY, NUTRITIONAL HEALTH AND WELLNES S ADDITIONAL ACCOMPLISHMENTS IN 2014 INCLUDED STREAMLINED SCREENING PROCESS, UPDATED WEBS ITE DESCRIPTION OF PROGRAM WITH A WELCOME VIDEO FOR POTENTIAL CLIENTS, CONTINUED SPIRITUAL ITY AND MUSIC THERAPY GROUPS AND MEASUREMENT AND MONITORING OF PATIENT SATISFACTION IN 20 14, 248 PATIENTS SERVED AND AN AVERAGE OF 13 PATIENTS PER MONTH DIVERTED FROM INPATIENT ME NTAL HEALTH NEED MENTAL HEALTH CRISIS ALLIANCE (MHCA) MHCA IS A CRISIS RESPONSE SYSTEM T HAT 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, CONSUMERS AND ADVOCATES FORMED IN 2002 TO ADDRESS THE UNMET NEEDS OF ADULTS WHO EXPERIENCE BEHAVIORAL HEALTH CRISIS, MHCA PREVENT S AVOIDABLE EMERGENCY HOSPITALIZATION BY PROVIDING ADULT MENTAL HEALTH CRISIS STABILIZATIO N SERVICES IN HOMES, COMMUNITY SETTINGS, OR IN SHORT-TERM, SUPERVISED, LICENSED RESIDENTIA L PROGRAMS MHCA COMPLETED A REVIEW OF URGENT CARE AND CRISIS SYSTEM FUNDING SOURCES, COMP LETED A 3 YEAR STRATEGIC PLAN AND ADOPTED A SUSTAINABILITY PLAN MHCA RECEIVED AN AWARD FO R INNOVATIVE PROGRAMMING FROM THE AMERICAN PSYCHIATRIC ASSOCIATION ADDITIONALLY, MHCA REC EIVED A BUSH FOUNDATION GRANT TO EXPLORE PEER INTEGRATION AND SUSTAINABILITY AND WAS A FIN ALIST FOR A BUSH PRIZE MHCA ALSO RECEIVED A $75,000 GRANT FROM THE OTTO BREMER FOUNDATION FOR PSYCHIATRY AT UC MHCA HOSTED TWO LUNCHES AND LEARNS TO CONNECT ALLIANCE WITH EAST ME TRO HOUSING INITIATIVES AND CATHOLIC CHARITIES MHCA PROGRAM METRICS INCLUDED CRISIS ASSE SSMENT - WALK INS 870 - MOBILE 488 - PHONE 15,783 - 17% WOULD HAVE GONE DIRECTLY TO THE E R - 12% DID NOT KNOW WHAT THEY WOULD HAVE DONE CRISIS STABILIZATION = 500 SERVED PSYCHIATR Y = 642 SERVED - 33% WOULD HAVE GONE DIRECTLY TO THE ER - SIGNIFICANT DROP IN ER AND MH IN PATIENT UNIT FOR PSYCHIATRY CLIENTS AFTER 90 DAYS PEER SUPPORT = 236 SERVED - 91% OF CONSU MERS STRONGLY AGREE THAT STAFF WERE COURTEOUS AND FRIENDLY - 87% OF CONSUMERS STRONGLY AGR EE THAT THEY WERE GIVEN THE OPPORTUNITY TO TELL THEIR STORY AND PARTICIPATE IN THEIR CARE ALCOHOL AND DRUG ABUSE PROGRAM REGIONS ALCOHOL AND DRUG ABUSE PROGRAM (ADAP), ESTABLISHE D IN 1972, HAS THE EXPERIENCE AND TOOLS TO HELP PATIENTS SUCCEED THE STAFF OF LICENSED DR UG AND ALCOHOL COUNSELORS ARE SUPPORTED BY A TEAM OF MENTAL HEALTH CARE PROFESSIONALS THE PROGRAM MATCHES CLIENTS WITH APPROPRIATE COMMUNITY RESOURCES TO BUILD THE FOUNDATION FOR VIABLE, SUSTAINABLE RECOVERY THROUGH LONG-ESTABLISHED COMMUNITY RELATIONSHIPS WITH SOCIAL SERVICE, COUNTY AGENCIES, AND FINANCIAL AND HOUSING ORGANIZATIONS, CLIENTS ARE CONNECTED WITH APPROPRIATE COMMUNITY RESOURCES TO SUPPORT THEIR LONG-TERM RECOVERY IN 2014, UNDER N EW LEADERSHIP, ADAP ACCOMPLISHED THE FOLLOWING - STREAMLINED INTAKE PROCESS - EDUCATED ST AFF ON EVIDENCE BASED, GENDER SPECIFIC PROGRAMMING - DEVELOPED MARKETING BROCHURES AND BEG AN COMMUNITY MEETINGS TO INCREASE KNOWLEDGE OF ADAP SERVICES - UPDATED ENVIRONMENT WITH NE W CENTRAL STATION, EXERCISE ROOM, CLIENT LOUNGES - TRAINED ALL STAFF IN MOTIVATIONAL INTER VIEWING - ADAP SERVED OVER 9,800 CLIENTS IN RESIDENTIAL CARE AND PROVIDED APPROXIMATELY 30 ,000 HOURS IN OUTPATIENT COUNSELING COMMUNITY OUTREACH REGIONS CONTRIBUTED TO THE FOLLOWI NG COMMUNITY OUTREACH PROGRAMS IN 2014 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2012, REGIONS ALONG WITH OTHER HEALTHPARTNERS FAMILY OF ORGANIZATIONS CONDUCTED AND COMPLETED I TS FIRST COMMUNITY HEALTH NEEDS ASSESSMENT THE COMPLETED CHNA RESULTS IN THE FOLLOWING AS THE GREATEST HEALTH CONCERNS - TOBACCO, DRUG, AL

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	COHOL USE AND OTHER UNHEALTHY BEHAVIORS ARE LINKED TO THE LEADING CAUSES OF DEATH - OBESI TY, POOR NUTRITION AND LACK OF PHYSICAL ACTIVITY ARE GROWING CONCERNS - ACCESS IS LIMITED TO PRIMARY AND PREVENTIVE CARE FOR UNINSURED, UNDERINSURED, ETHNICALLY DIVERSE, ELDERLY A ND CHEMICALLY DEPENDENT PATIENTS - ACCESS 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 1 INCREASE ACCESS TO MENTAL HEALTH 2 PROMOTE POSITIVE BEHAVIORS TO REDUCE OBESITY BY IMPROVING NUTRITION AND EXERCI SE 3 INCREASE ACCESS TO PRIMARY AND PREVENTIVE CARE 4 IMPROVE SERVICE INTEGRATION 5 PROMOTE CHANGE IN UNHEALTHY BEHAVIORS A FULL REPORT OF THE HEALTHPARTNERS CHNA AND IMPLEM ENTATION PLAN IS POSTED ON THE REGIONS WEBPAGE AT WWW REGIONSHOSPITAL COM/RH/COMMUNITY- BEN EFIT/INDEX HTML A DETAILED REPORT OF THE 2014 REGIONS IMPLEMENTATION ACTIVITIES FOR THE AB OVE PRIORITIES CAN BE CAN BE FOUND IN SCHEDULE H OF THIS 990 REPORT REGIONS HUMAN RESOURC ES (HR) CONTRIBUTED A TOTAL OF 115 5 HOURS TO DIVERSE EVENTS IN 2014 WHICH INCLUDED PARTIC IPATION A HABITAT FOR HUMANITY, HEALTHCARE PROFESSIONALS PANEL FOR DEED, VICE CHAIRPERSON FOR THE HEIP COUNCIL, TRUTH POINT PATIENT CARE, BARAZA - AFRICAN AMERICAN HEALTH AND WELLN ESS LEADERSHIP FORUM AND CINCO DE MAYO 46 OF THE TOTAL HOURS WERE SPENT AT FEED MY STARVI NG CHILDREN, PACKAGING MEALS TO BE DISTRIBUTED TO COMMUNITIES IN HAITI HR ALSO FUNDRAISED $292 TOWARDS THE ORGANIZATION 27 OF THE TOTAL HOURS WERE SPENT ON A MENTAL HEALTH WORKFO RCE SUMMIT COMMUNITY SESSION IN PARTNERSHIP WITH WORKFORCE MINNESOTA FOOD AND NUTRITION IN 2014, THE FOOD AND NUTRITION STAFF CONTRIBUTED A TOTAL OF 53 5 HOURS TO THE COMMUNITY FOOD AND NUTRITION LEADERS PROVIDED FOOD AND SERVICE TO KEYSTONE COMMUNITY CENTER'S VOLUNT EER LUNCHEON AND THE CENTER'S SENIOR SUMMER LUNCHEON FOR NATIONAL NUTRITION MONTH, THE FO OD AND NUTRITION SERVICES SPENT 5 HOURS ORGANIZING A FOOD DRIVE, COLLECTING 72 POUNDS OF N ON- PERISHABLE FOOD PRODUCTS THE ITEMS COLLECTED WERE DONATED TO THE EAGAN RESOURCES CENTE R OF THE TOTAL HOURS, 6 5 HOURS CONTRIBUTED TO ORGANIZING AND MANAGING THE OVERLOOK COFFE E TIP DONATION THE OVERLOOK COFFEE AND DELI TIPS DONATED $2,635 TO THE MENTAL HEALTH CLOS ETS, MEDICAL EDUCATORS FOR LATIN AMERICA (MELA) AND CURE SEARCH FOR CHILDREN'S CANCER CENT ER NUTRITION SERVICES CONTRIBUTED $1,490 AND 30 HOURS TOWARDS THE GILLETTE CHILDREN'S HOS PITAL HOLIDAY MEAL AND TOY DRIVE WHERE APPROXIMATELY 60 PATIENTS AND FAMILY MEMBERS PARTIC IPATED FOUR ADDITIONAL STAFF HOURS WERE CONTRIBUTED TO PROVIDING EDUCATION TO 25 ST PAUL COLLEGE RESPIRATORY THERAPY PROGRAM STUDENTS

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	MEDICAL EDUCATION REGIONS IS ONE OF ONLY SIX MAJOR TEACHING HOSPITALS IN THE STATE OF MIN NESOTA IN PARTNERSHIP WITH THE UNIVERSITY OF MINNESOTA MEDICAL SCHOOL AND HEALTHPARTNERS INSTITUTE FOR EDUCATION AND RESEARCH (INSTITUTE), REGIONS TRAINS MORE THAN 500 RESIDENT PH YSICIANS (130 FTES) ANNUALLY IN 22 PROGRAMS AT REGIONS AND THE HEALTHPARTNERS MEDICAL GROU P AND CLINICS (HEALTHPARTNERS CLINICS) REGIONS' TEACHING AFFILIATIONS INCLUDE COLLEGES AN D UNIVERSITIES THROUGHOUT THE COUNTRY AREAS OF RESIDENT TRAINING INCLUDED - EMERGENCY ME DICINE - EMERGENCY MEDICAL SERVICES - PEDIATRIC EMERGENCY MEDICINE - PHYSICIAN ASSISTANT E MERGENCY MEDICINE - FOOT & ANKLE SURGERY - HAND SURGERY - HOSPITAL MEDICINE - MEDICAL TOXI COLOGY - OCCUPATIONAL MEDICINE - PSYCHIATRY (JOINT PROGRAM WITH ANOTHER AREA HOSPITAL) - P HYSICIAN ASSISTANT/NURSE PRACTITIONER FELLOWSHIP IN PSYCHIATRY - PHARMACY - MANAGED CARE P HARMACY THE INSTITUTE ALSO PROVIDED EDUCATION IN 10 OTHER RESIDENCY PROGRAMS AFFILIATED WI TH THE UNIVERSITY OF MINNESOTA RESIDENT PHYSICIANS PROVIDED CARE IN MANY HIGH-INTENSITY A REAS OF REGIONS, INCLUDING THE EMERGENCY CENTER, INTENSIVE CARE, SURGICAL SUITES, AND PATI ENT UNITS THEY PROVIDED CARE FOR PATIENTS FROM UNDERSERVED AND DISADVANTAGED COMMUNITIES IN ADDITION, RESIDENTS CONTRIBUTED TO MEDICAL RESEARCH AND THE ACADEMIC ENVIRONMENT THAT SUSTAINS REGIONS AND HEALTHPARTNERS' CUTTING-EDGE APPROACH TO CARE. RESIDENTS ALSO SERVED ON COMMITTEES AND TEAMS AT REGIONS AND HEALTHPARTNERS CLINICS, INCLUDING THE - GRADUATE M EDICAL EDUCATION (GME) COMMITTEE - RESIDENT FORUMS - PATIENT SAFETY AND QUALITY INITIATIVE S - THE INSTITUTE'S BOARD OF DIRECTORS - EDUCATION COMMITTEE OF THE INSTITUE - LEARNING EN VIRONMENT COMMITTEE THE REGIONS EMERGENCY MEDICINE RESIDENCY SUPPLEMENTS THE CLINICAL LEAR NING EXPERIENCE WITH LECTURES, WORKSHOPS AND PROCEDURAL SKILLS LABS THAT ARE OPEN (SPACE P ERMITTING) TO ALL RESIDENTS, FACULTY, STUDENTS, ALUMNI, NURSES, PHYSICIAN ASSISTANTS, CONS ULTANTS AND OTHERS FROM THE RESIDENCY COMMUNITY TO SHARE AND DISCUSS NEW KNOWLEDGE. PLEASE SEE THE INSTITUTE'S 2014 FORM 990 FOR MORE INFORMATION ON THEIR MEDICAL EDUCATION ACTIVIT IES EQUITABLE CARE REGIONS PARTICIPATED IN SEVERAL COMMUNITY INITIATIVES TO LEARN AND SH ARE BEST PRACTICES AND EXPERIENCES RELATED TO EQUITABLE CARE 2014 INITIATIVES INCLUDED DA TA COLLECTION HEALTHPARTNERS AND REGIONS SYSTEMATICALLY COLLECT DATA ON RACE, ETHNICITY A ND LANGUAGE PREFERENCES DIRECTLY FROM PATIENTS AND MEMBERS IN A VARIETY OF WAYS, ALL OF TH EM VOLUNTARY DATA IS COLLECTED THROUGH HEALTHPARTNERS COM, TELEPHONE CONTACTS WITH DEPART MENTS SUCH AS MEMBER SERVICES AND CASE MANAGEMENT AND ON-LINE THROUGH HEALTH ASSESSMENTS HEALTHPARTNERS AND REGIONS USE THE ELECTRONIC MEDICAL RECORDS IN THEIR CARE DELIVERY SYSTE M TO CAPTURE THIS DATA FACE-TO-FACE WITH PATIENTS THE DATA IS USED TO CONTINUALLY MONITOR THE QUALITY OF CARE DELIVERED AND PATIENT EXPERIENCE BY RACE AND LANGUAGE, AS WELL AS IDE NTIFY STRATEGIES TO REDUCE HEALTH DISPARITIES IN TREATMENT, OUTCOMES AND SERVICE. EQUITABL E CARE FELLOWS PROGRAM THE HEALTHPARTNERS EQUITABLE CARE FELLOWS PROGRAMS CONTINUED IN 20 14 THE 120 FELLOWS ARE STAFF MEMBERS AND PROVIDERS WHO RECEIVE EXPERT TRAINING SO THEY CA N BECOME ADVOCATES AND SERVE AS LOCAL RESOURCES FOR THEIR COLLEAGUES IN CARING FOR PATIENT S FROM DIVERSE CULTURES AND THOSE WITH LIMITED ENGLISH PROFICIENCY FELLOWS ARE EXPECTED T O BE ROLE MODELS, SHARING IDEAS WITH COWORKERS AND ACTIVELY PARTICIPATING IN RAISING OVERA LL CULTURE AWARENESS THEY CONTRIBUTE ARTICLES, REPRESENT HEALTHPARTNERS IN COMMUNITY CULT URAL EVENTS AND PARTICIPATE IN OR PLAN SEMINARS ON EQUITABLE CARE IN 2014, HEALTHPARTNERS AND REGIONS OFFERED THE FOLLOWING EQUITABLE CARE ACTIVITIES - PERIODIC "CULTURE ROOTS" A RTICLES CONTINUED TO BE AN ORGANIZATION-WIDE EDUCATIONAL TOOL - ONGOING MESSAGING AND NOT IFICATIONS TO FELLOWS ON COMMUNITY EVENTS, OPPORTUNITIES AND ARTICLES RELATED TO CROSS-CUL TURAL HEALTH CARE AND HEALTH DISPARITIES - A TEAM OF REGIONS LEADERS CONTINUES TO MONITOR DISPARITIES BASED ON RACE AND LANGUAGE FOR SELECTED DIAGNOSES AND PATIENT SATISFACTION SC ORES FINDINGS ARE GENERALLY SHARED WITH KEY LEADERS WHO ARE RESPONSIBLE FOR ADDRESSING AN Y ISSUES ONE EXAMPLE OF SUCH AN ACTION WAS TO CONDUCT PHYSICIAN AND STAFF SHADOWING TO IM PROVE INTERACTIONS AND COMMUNICATION WITH PATIENTS - THE REGIONS PATIENT & FAMILY ADVISOR Y COUNCIL CONTINUED ITS EFFORTS TO DIVERSIFY - THE FILM "AMERICAN HEART" WAS SHOWN IN MUL TIPLE VENUES TO STAFF WITHIN REGIONS AND HEALTHPARTNERS, AS WELL AS IN COMMUNITY AND EDUCA TIONAL SETTINGS - THE HEALTHPARTNERS EQUITABLE CARE FELLOWS ANNUAL EVENT FOCUSED ON FACIL ITATED DISCUSSIONS REGARDING 3 FILM CLIPS FROM "AMERICAN HEART" - EQUITABLE CARE FELLOWS PARTICIPATED IN COMMUNITY EVENTS, PROVIDING BLOOD PRESSURE AND BLOOD GLUCOSE READINGS TO T HE PUBLIC AT NO CHARGE. ENVIRONMENTAL CONSERVATION REGIONS HAS BEEN A LEADER IN REDUCING WASTE, RECYCLING AND CONSERVATION REGIONS HAS IMP

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	LEMENTED MANY PROGRAMS AROUND WATER CONSERVATION AND REDUCTION OF HAZARDOUS WASTE THROUGH RECYCLING AND PURCHASING ONLY THOSE ITEMS THAT ARE SAFE FOR THE ENVIRONMENT ADDITIONALLY, REGIONS TAKES ADVANTAGE OF OPPORTUNITIES TO BECOME "GREEN" WITH RESPECT TO NEW CONSTRUCTI ON, REMODELS AND ENERGY MANAGEMENT REGIONS SUSTAINABILITY TEAM CONTINUES TO ESTABLISH SPE CIFIC GOALS AROUND REDUCTION OF SOLID WASTE, REDUCTION IN PAPER USAGE, REDUCTION IN ENERGY CONSUMPTION AND IN EDUCATING AND ENCOURAGING STAFF TO RECYCLE MORE ACROSS THE ORGANIZATIO N CHAPLAINCY SERVICES REGIONS CHAPLAINCY SERVICES AIMS TO IMPROVE PATIENT CARE BY PROVID ING EMOTIONAL AND SPIRITUAL SUPPORT TO REGIONS PATIENTS, THEIR FAMILY MEMBERS, AND STAFF ITS GOAL IS TO PROMOTE A SENSE OF PURPOSE, MEANING, AND HOPE FOR THOSE SERVED CHAPLAINCY SERVICES MAKES OVER 6,300 PATIENT/FAMILY VISITS PER YEAR CHAPLAINS SUPPORT REGIONS STAFF THROUGH PROVIDING EDUCATION AS WELL AS CRITICAL INCIDENT DEBRIEFING SESSIONS AND HOSTING T EAS FOR THE SOUL IN 2014, REGIONS CHAPLAINCY STAFF PROVIDED OVER 87 HOURS OF LECTURES, SE MINARS AND PRESENTATIONS COVERING TOPICS SUCH AS ETHICS, SPIRITUALITY IN THE HEALTHCARE SE TTING, END OF LIFE CARE, GRIEF AND LOSS, BEREAVEMENT PALLIATIVE AND SCHWARTZ ROUNDS PRESEN TATIONS AND CARING FOR OURSELVES CHAPLAINCY SERVICES ALSO PROVIDE BEREAVEMENT SUPPORT FO R THE FAMILIES OF PATIENTS WHO DIED AT REGIONS THIS INVOLVES SENDING CONDOLENCE CARDS, AS WELL AS FOLLOW-UP LETTERS ONE MONTH AND A YEAR FOLLOWING THE DEATH FAMILIES ARE INVITED TO ATTEND A QUARTERLY MEMORIAL SERVICE DURING WHICH THEIR LOVED ONE IS NAMED AND REMEMBERE D APPROXIMATELY 600 FAMILIES ARE SERVED BY THIS PROGRAM EACH YEAR REGIONS DRIVING ABILIT Y PROGRAM REGIONS REHABILITATION INSTITUTE'S DRIVING ABILITY PROGRAM IS THE FIRST HOSPITA L-BASED DRIVING PROGRAM IN THE TWIN CITIES THE PROGRAM, LICENSED BY THE MINNESOTA DEPARTM ENT OF PUBLIC SAFETY, PROVIDES COMPREHENSIVE CLINICAL PRE-DRIVING ASSESSMENTS AND BEHIND-T HE-WHEEL EVALUATION AND TRAINING TO HELP PATIENTS RETURN TO DRIVING AFTER EXPERIENCING A M AJOR HEALTH COMPLICATION THE PROGRAM IS STAFFED BY OCCUPATIONAL THERAPISTS THE PROGRAM U TILIZES SOME FUNDS FROM THE REGIONS HOSPITAL FOUNDATION TO PROVIDE BEHIND THE WHEEL DRIVIN G ASSESSMENTS FOR SOME LOW-INCOME PATIENTS 19 HOURS CONTRIBUTED TO DRIVING EVALUATIONS FO R PATIENTS

Return Reference	Explanation
FORM 990, PART III, LINE 4A	NATIONAL RECOGNITION REGIONS HAS BEEN REGULARLY RECOGNIZED FOR ITS CARE. IN 2014, REGIONS RECEIVED THE FOLLOWING AWARDS AND RECOGNITIONS - THE JOINT COMMISSION AND THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION CERTIFIED REGIONS AS A COMPREHENSIVE STROKE CENTER. REGIONS WAS THE FIRST HOSPITAL IN MINNESOTA TO RECEIVE THIS DESIGNATION - REGIONS WAS AWARDED A 'GRADE A' IN THE LEAPFROG GROUP'S HOSPITAL SAFETY SCORE FOR THE FIFTH CONSECUTIVE YEAR. NATIONALLY, JUST 32 PERCENT OF HOSPITALS RECEIVED AN 'A' GRADE, THE SCORE IS DESIGNED TO RATE HOW WELL HOSPITALS PROTECT PATIENTS FROM ACCIDENTS, ERRORS, INJURIES AND INFECTIONS - REGIONS WAS NAMED ONE OF '150 GREAT PLACES TO WORK IN HEALTHCARE' BY BECKER HEALTHCARE. THE LIST WAS MADE UP OF HOSPITALS, HEALTH SYSTEMS AND OTHER HEALTH CARE ORGANIZATIONS THAT PROVIDE EXCELLENT WORK ENVIRONMENTS TO THEIR EMPLOYEES. REGIONS WAS THE ONLY HOSPITAL IN THE TWIN CITIES TO RECEIVE THIS RECOGNITION - REGIONS RECEIVED THE 'DISTINGUISHED HOSPITAL AWARD FOR CLINICAL EXCELLENCE' FROM HEALTHGRADES, WHICH PLACED REGIONS AMONG THE TOP 5 PERCENT OF HOSPITALS IN THE NATION WITH THE LOWEST RISK-ADJUSTED MORTALITY AND COMPLICATION RATES ACROSS 27 COMMON CONDITIONS AND PROCEDURES - FOR THE THIRD YEAR IN A ROW, REGIONS WAS RECOGNIZED FOR DELIVERING THE HIGHEST QUALITY CARE IN FOUR AREAS (HEART ATTACK, HEART FAILURE, PNEUMONIA AND SURGICAL CARE) IN THE JOINT COMMISSION'S TOP PERFORMER ON KEY QUALITY MEASURES REPORT - REGIONS WAS HONORED WITH A 'SUSTAINABLE SAINT PAUL AWARD' FOR ITS EFFORTS TO REDUCE ENERGY CONSUMPTION AND ENERGY COSTS, FOR UTILIZING CLEAN AND RENEWABLE ENERGY RESOURCES, AND FOR INVESTING IN ITS SUSTAINABILITY PROGRAMS - REGIONS CANCER CARE CENTER WAS RECOGNIZED WITH AN OUTSTANDING ACHIEVEMENT AWARD FROM THE AMERICAN COLLEGE OF SURGEONS' COMMISSION ON CANCER. REGIONS WAS ONE OF JUST 74 HEALTH CARE ORGANIZATIONS IN THE COUNTRY TO RECEIVE THIS NATIONAL AWARD

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

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 REGIONS' 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 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 -2,612,556 TRANSFER FROM AFFILIATE - WESTERN WISCONSIN EMERGENCY MEDICAL SERVICES 147,434 TRANSFER FROM AFFILIATES - REGIONS HOSPITAL FOUNDATION FOR CAPITAL ASSETS 1,040,000 BENEFICIAL INTEREST IN THE NET ASSETS OF REGIONS HOSPITAL FOUNDATION 646,792

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320071265

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

OMB No 1545-0047

2014

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

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	(i) No
(1) HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	HEALTHPARTNERS INC	C					No
(2) HEALTHPARTNERS ASSOCIATES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 52-2365151	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(3) HEALTHPARTNERS SERVICES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683568	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(4) HEALTHPARTNERS INSURANCE COMPANY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683523	MEDICAL AND DENTAL INSURANCE	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(5) DENTAL SPECIALTIES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 45-1297583	PROFESSIONAL DENTAL SERVICES	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(6) HEALTHPARTNERS CENTRAL MINNESOTA CLINICS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1236798	MEDICAL CLINIC STAFFING	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(7) PARK NICOLLET ENTERPRISES 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1656735	REAL ESTATE FOR RELATED ORGANIZATIONS	MN	PARK NICOLLET HEALTH SERVICES	C					No

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

		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	66,764,588	CASH AMOUNT
(2) HEALTHPARTNERS INC - RENT	P	751,000	CASH AMOUNT

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	
(6) AMERY REGIONAL MEDICAL CENTER INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0908320	HOSPITAL	WI	501(C)(3)	170(B)(1)(A)(III)	RH-WISCONSIN	Yes	
(7) AMERY REGIONAL MEDICAL CENTER FOUNDATION INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1726539	PROVIDE HOSPITAL PROGRAM FINANCIAL SUPPORT	WI	501(C)(3)	170(B)(1)(A)(VI)	AMERY REGIONAL MEDICAL CENTER INC	Yes	

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

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