Welcome to our 2017 Annual Report. We are so blessed to lead this unique health care organization. Together, the more than 95,000 staff of Catholic Health Initiatives serve an incredible variety of communities across 17 states, from small towns to major cities. In each, we strive to be a beacon of hope and healing, and enhance the well-being of the community and its people.

For 21 years, CHI has been dedicated to a mission of creating healthier communities. Each year, we’ve advanced our enduring mission through clinical and operational initiatives; grant and investment programs that help care for the most vulnerable people; and advocacy that promotes health care access and coverage for all.

Now, we are on the threshold of some of the most exciting and challenging opportunities that CHI has ever faced. We’re making significant progress toward new and transformative models of care that promote total health of body, mind and spirit. We continue to innovate to meet consumer demands for convenient access and exceptional service. And, as you’ll see in this report, we’re taking a creative and disciplined approach to ensuring that we meet our ambitious goals.

Thank you for your support and interest in our journey.

Christopher Lowney
Chair, Board of Stewardship Trustees

Kevin E. Lofton, FACHE
Chief Executive Officer
We’re here to provide the best care, the most innovative services, and the promise of a healthier future for the people and communities who need us.

We’re here to earn and keep the trust of the people we serve, the people and providers who choose to work with us, and the organizations that are part of our networks of care.

We’re here to support vulnerable populations and entire communities with new models of care that combine sophisticated treatments with attention to the most basic human needs.

We’re CHI, and we’re here to work together with our patients, residents, partners and communities. Because together, we’re stronger.
Mission

The Mission of Catholic Health Initiatives is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities.

Vision

As a ministry of the Catholic Church, we will lead the transformation of health care to achieve optimal health and well-being for the individuals and communities we serve, especially those who are poor and vulnerable.
Core Values

Reverence: Profound respect and awe for all of creation, the foundation that shapes spirituality, our relationships with others and our journey to God.

Integrity: Moral wholeness, soundness, fidelity, trust, truthfulness in all we do.

Compassion: Solidarity with one another, capacity to enter into another’s joy and sorrow.

Excellence: Preeminent performance, becoming the benchmark, putting forth our personal and professional best.

Core Strategies

Vibrant Ministry
We will be leaders and stewards in growing, living and transforming the ministry of Catholic health care.

Energized Community
We will build and energize relationships with employees, clinicians, consumers and partners to strengthen our communities.

Exceptional Care
We will come together as a system to engage clinicians and align resources to assure the delivery of exceptional care.

Distinctive Value
We will transform our health delivery models to offer distinctive value, based on access, quality, safety, service and cost.
How We Measure Our Success

While we live our mission of creating healthier communities every day, we want to ensure that we’ve living it in the best possible way. One way we measure our progress is through our Living Our Mission Measures.

These nine measures provide a common definition of success across our system; they are the centerpiece of performance monitoring and management throughout CHI.

Positive results in each measure also advance us toward becoming a higher performing organization. Learn more about the measures in which we excelled during fiscal year 2017 – Service to the Poor & Vulnerable, Quality, Safety and Transformation – in our 2017 Annual Report video, “Together We’re Stronger,” at chiannualreport.net.
Service to the Poor & Vulnerable

Employee Engagement

Physician Satisfaction

Quality

Patient Experience

Safety

Growth

Transformation

Operating EBIDA
At A Glance

Operations in 17 States

Fiscal Year 2017
(July 1, 2016-June 30, 2017)

- Hospitals: 100
- Home health services locations: 52
- Critical access hospitals: 30
- Long-term care facilities: 16
- Clinically integrated networks: 11
- Academic health centers and a major teaching hospital: 3
- Community health services organizations: 2
How We Cared for People

Physician and advanced practice clinician visits: 10.5 million

Acute care admissions: 504,593

Emergency visits: 2.2 million

Outpatient non-emergency visits: 5.8 million

Home visits: 1.1 million
Financial Highlights

$22.0 billion in assets

$15.5 billion in total annual operating revenues

Employee Community

More than 95,000 employees including approximately 4,700 employed physicians and advanced practice clinicians (APCs)

Physicians account for 63% of total provider types

Employed providers by region

- Northwest: 983
- Minnesota/ND: 366
- Iowa: 561
- Nebraska: 1,037
- Texas: 414
- Southeast: 1,371

- Leadership: 1% of all physicians
- Hospitalists: 13% of those, 71% physicians, 29% APCs
- Primary Care: 32% of those, 60% physicians, 40% APCs
- Specialists: 56% of those, 62% physicians, 38% APCs
Community benefit includes the cost of supplies and labor to meet community health needs, provide public health education, and provide care for people who can’t afford to pay or whose health insurance doesn’t cover the full cost of their care.

Creating Healthier Communities

Direct Community Investment Program:

- **$54.8 million** in loans to community-based programs.

$2.1 billion in community benefit and financial assistance provided to our communities, including the unpaid costs of government programs.

Mission and Ministry Fund:

- **During the past 21 years,** the Mission and Ministry Fund has awarded almost 500 grants totalling more than **$77 million.**
- **$9.3 million** in grants in 2017 to build healthier communities in the U.S. and around the globe.

International Ministries:

- Helping to build healthier communities in Haiti, India, Jamaica, Peru and more. During 2017, we helped a program for reducing neonatal mortality rates, Helping Babies Survive, expand to the Kavre District of Nepal.

United Against Violence:

- As a national innovator in violence prevention, since 2009 we have allocated **$19.5 million** in grants – **$638,000** in fiscal year 2017 alone – to eradicate violence in the communities we serve.
President’s Council

Kevin E. Lofton, FACHE  
Chief Executive Officer

Paul W. Edgett III  
Executive Vice President  
Chief Strategy Officer

Anthony K. Jones, FACHE  
Interim Executive Vice President, Operations

Thomas R. Kopfensteiner, STD  
Executive Vice President, Mission

Mitch H. Melfi, Esq.  
Executive Vice President, Corporate Affairs and Chief Legal Officer

Ketul J. Patel, MHA, MBA  
Senior Vice President, Divisional Operations – Pacific Northwest (Oregon and Washington)  
CEO, CHI Franciscan Health

Cliff A. Robertson, MD, MBA  
Senior Vice President, Divisional Operations – Nebraska and Southwest Iowa  
CEO, CHI Health

Kathleen D. Sanford, DBA, RN, FACHE  
Senior Vice President and Chief Nursing Officer

J. Dean Swindle, CPA  
President, Enterprise Business Lines and Chief Financial Officer

Patricia G. Webb, FACHE  
Executive Vice President and Chief Administrative Officer/Chief Human Resources Officer

Robert J. Weil, MD  
Senior Vice President and Chief Medical Officer
Leadership

As of December 2017

Mark Andersen
Interim Chief Information Officer

Peter D. Banko
Senior Vice President, Divisional Operations – Colorado President and CEO, Centura Health

Nick Barto
Senior Vice President, Corporate Finance and Investments

A. Michelle Cooper
Senior Vice President and Corporate Responsibility Officer

Michael H. Covert, MHA
Senior Vice President, Divisional Operations – Texas CEO, CHI St. Luke’s Health

Jeffrey S. Drop
Senior Vice President, Divisional Operations – Minnesota and North Dakota

Philip L. Foster
Senior Vice President, Enterprise Risk Management and Chief Risk Officer

Cheryl Harelstad
Senior Vice President, Supply Chain Management

Elaine Lisko, Esq., Esq.
Senior Vice President, Legal Services

Peggy A. Martin, OP, JCL
Senior Vice President, Sponsorship and Governance

Charles W. Neumann
Interim President and CEO, KentuckyOne Health

Larry P. Schumacher
Senior Vice President, Divisional Operations – Southeast (Arkansas, Kentucky, Ohio, Tennessee) CEO, CHI Memorial

Robert G. Strickland
Senior Vice President, Performance Excellence

Danielle Weber
Senior Vice President, Revenue Cycle

Robert P. Ritz
Senior Vice President, Divisional Operations – Iowa CEO, Mercy Health Network

Joyce M. Ross
Senior Vice President, Marketing and Communications

M. Colleen Scanlon, RN, JD
Senior Vice President and Chief Advocacy Officer
Year in Review: Our Accomplishments

Fiscal Year 2017
(July 1, 2016 – June 30, 2017)
Vibrant Ministry: 
Living the ministry of health

- On May 1, we celebrated 21 years of advancing our mission with a ministry culture grounded in Reverence, Integrity, Compassion and Excellence. Prayer services held across CHI honored the anniversary with gratitude and hope for the future.

- Our rigorous plan for $800 million in financial and operational improvement was achieved by the end of the fiscal year. Reducing operating expenses and generating increased revenue helped us meet our goal for the enterprise-wide financial turnaround.

- The CHI Board of Stewardship Trustees in January approved our Advocacy Priorities through 2018, affirming “Access and Coverage for All” as the highest advocacy priority.

- We announced plans in May to restructure our operations in Kentucky. The new KentuckyOne Health, to be focused primarily in central Kentucky, will continue to serve residents across the state.

- Our first enterprise-wide promotional campaign received honors at the 34th Annual Healthcare Advertising Awards in June. The “Together” campaign was designed to reflect who we are as an organization and how the people of CHI live our mission every day. The campaign includes print, TV, radio and digital content.

- Omaha-based CHI Health completed a merger of its Creighton Health University Medical Center and Bergan Mercy Medical Center in June. The new flagship facility, called CHI Health Creighton University Medical Center Bergan Mercy, supports collaboration between academic and community physicians. It has a Level I Trauma Center, emergency department and clinical decision treatment unit, the region’s largest intensive care unit, a new clinic building and a new academic tower.

Our “Together” advertising campaign earned national recognition.
Exceptional Care: Using our strengths

- We exceeded our goals to improve patient quality and safety across our hospitals. Collectively, we ranked in the top third of hospitals nationwide based on patient ratings for seven quality measures and in the top 20% of hospitals across the country based on eight safety indicators.

- We implemented a clinically-driven supply chain operating model that supports both excellent patient outcomes and a significant reduction in supply costs as a percentage of net patient services revenues: from 18% to 17.3% in the first half of the 2017 fiscal year. Our 2020 goal is 16.5%.

- Our Medication Use and Evaluation Committee brings together clinicians from across our enterprise to evaluate and promote the use of effective and high-value medication therapies. The committee’s decisions impacted more than 1,300 products in fiscal year 2017.

- As a fundamental component of achieving our Living Our Mission Measures goals for safety and quality, our clinical analytics team created an advanced analytics function that serves as a “single source of truth” for safety- and quality-related metrics. This enables us to track real progress and compare results among markets.
Energized Community: Building our relationships

- In the spirit of our founding congregations, we seek to strengthen our healing ministry to meet the challenges of today and tomorrow. In October, 2016, we signed a Letter of Intent to explore an alignment with Dignity Health, San Francisco, California, that would expand our shared commitment to serve communities across the nation.

For more information, visit: AdvancingHealthCareTogether.org

- Hundreds of administrative, clinical and board leaders from across the enterprise gathered in September for the 10th CHI National Leadership Conference. With a theme of Why Bridges?, the Conference focused on the importance of making new connections and renewing existing relationships to advance our legacy and strategic priorities.

- Along with other U.S. Catholic health systems and organizations, we donated much needed medical supplies and equipment for the new Bishop Joseph M. Sullivan Center for Health which opened in March in Côtes-de-Fer, Haiti. The hospital will serve more than 50,000 Haitians who would otherwise have to travel 90 miles through rough terrain to reach a health care facility.

- Inspirational stories of sacred connections with patients, community members and colleagues, written by employees and other members of our CHI family, filled the 18th edition of Sacred Stories, a signature publication of CHI that's released each February.

- The American Hospital Association reached out to us to partner in a new violence prevention effort, Hospitals Against Violence, which started with a June digital media campaign to raise awareness of this serious public health issue. We're also a member of Faiths United to Prevent Gun Violence, and a founding member of the Institute of Medicine’s Forum on Global Violence Prevention, part of the National Academies of Science.

- Our Mission and Ministry Fund presented $9.3 million in grants to innovative programs designed to build healthier communities. During the past 21 years, the Mission and Ministry Fund has given nearly 500 grants totaling approximately $77 million to support projects that improve the health of communities, often by serving disadvantaged individuals and populations.

- In January, we announced a new, enterprise-wide system for the professional development of all employees. This new system encourages employees and their managers to maintain ongoing conversations about performance and progress toward individual, team and enterprise goals.
Distinctive Value: Providing high-value care

- Our long-term care and senior living business line, CHI Living Communities, continued to grow by adding three campuses: CHI Franciscan Villa, South Milwaukee, Wisconsin; CHI Riverview, Fargo, North Dakota; and CHI Linus Oakes, Roseburg, Oregon. CHI Living Communities provides comprehensive care and a vibrant lifestyle for seniors on a dozen campuses.

- The Precision Medicine Alliance, established by CHI and Dignity Health in 2016, prepared for the implementation of 11 oncology programs across our systems; in November, the Alliance leaders presented at the White House Cancer Moonshot conference. The Alliance is designed to offer patients faster and more accurate cancer diagnoses and treatments based on their genetic profiles. When fully developed, it will be the largest community-based precision medicine program in the country.

- The Robert Wood Johnson Foundation awarded a $2.5 million grant to CHI in August, which will support the development of our innovative model of primary care that addresses the social determinants of health. These determinants – the conditions in which people are born, grow, work, live and age – are an integral component of health. We matched the Robert Wood Johnson Foundation grant with a $2.5 million award from our Mission and Ministry Fund.
Distinctive Value (continued)

- Four years after we launched our OneCare program, a CHI-sponsored electronic health record is present in nearly all of our markets. In addition, nearly 450,000 people have registered to use our patient portals for quick online access to their appointment schedules, test results and other information from their electronic health records.

- Our National Hospital Medicine Service Line reported that hospitalist physicians are caring for more patients; hospitalist visits increased 7.5% in fiscal year 2017. At the same time, the service line achieved improvements in mortality, complications and length of stay for inpatients attended by hospitalists.

- During fiscal year 2017, the 12,000 physicians and advanced practice clinicians who belong to our clinically integrated networks (CINs), along with more than 200 clinical care management staff, managed the total health of 835,000 people under value-based care agreements. Most of these providers are not employed by CHI, but choose to join our CINs and provide value-based care. Non-CHI health-related facilities and ancillary providers are also joining our CINs to help expedite care transitions, improve care quality and enhance the patient experience.

- We geared up for the Medicare Access and CHIP Reauthorization Act (MACRA), passed by Congress in 2015, which will transform reimbursement for care provided to patients covered by Medicare. The result will be a greater focus on reimbursement for quality care, rather than for the volume of patients treated.
During 2017, our operational and financial performance showed steady progress as a result of a comprehensive performance improvement plan designed to reduce expenses and improve efficiency.

We met our projected operating EBIDA margin of 6% for the year (before restructuring, impairment and other losses), led by several of our markets. Our non-operating performance was also strong, with investment gains of almost $640 million.

Including operating and non-operating performance, the excess of revenue over expenses was about $128 million for the year, a margin of nearly 1% and a net positive change of more than $700 million from 2016.

Our enterprise-wide efforts toward becoming a higher performing organization – financially, clinically and operationally – will continue throughout 2018 and beyond. We know it will be another demanding year of continued challenges throughout the health care industry, such as reduced payments, decreased utilization and uncertainties about the Affordable Care Act at both the state and federal levels. However, the positive results of 2017 provide momentum that our staff, clinicians and leaders will use to improve our performance and continue creating healthier communities.
**Summary Statement of Operations**

*(in 000s) For the year ended June 30, 2017*

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating revenue</td>
<td>$15,547,464</td>
</tr>
<tr>
<td>Salaries and benefits</td>
<td>$7,495,878</td>
</tr>
<tr>
<td>Purchased services</td>
<td>$2,402,478</td>
</tr>
<tr>
<td>Patient care supply expenses</td>
<td>$2,550,328</td>
</tr>
<tr>
<td>Other expenses</td>
<td>$3,684,027</td>
</tr>
<tr>
<td>Total operating expense</td>
<td>$16,132,711</td>
</tr>
<tr>
<td><em>(Loss) Income from operations</em></td>
<td>$(585,247)</td>
</tr>
<tr>
<td>Total nonoperating (losses) gains</td>
<td>$713,637</td>
</tr>
<tr>
<td>Net income</td>
<td>$128,390</td>
</tr>
<tr>
<td>Operating EBIDA before restructuring, impairment and other losses</td>
<td>$930,687</td>
</tr>
<tr>
<td>Operating EBIDA margin before restructuring, impairment and other losses</td>
<td>6.0%</td>
</tr>
</tbody>
</table>

**Summary Balance Sheet**

*(in 000s) For the year ended June 30, 2017*

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property and equipment, net</td>
<td>$8,569,313</td>
</tr>
<tr>
<td>Cash and investments</td>
<td>$7,884,798</td>
</tr>
<tr>
<td>Other assets</td>
<td>$5,477,639</td>
</tr>
<tr>
<td>Total assets</td>
<td>$21,931,750</td>
</tr>
<tr>
<td>Total debt</td>
<td>$8,702,410</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>$5,502,606</td>
</tr>
<tr>
<td>Net assets</td>
<td>$7,726,734</td>
</tr>
<tr>
<td>Total liabilities and net assets</td>
<td>$21,931,750</td>
</tr>
</tbody>
</table>

**Statistical Highlights**

*Fiscal year ended June 30, 2017*

<table>
<thead>
<tr>
<th>Description</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute inpatient days</td>
<td>2,366,980</td>
<td>2,382,402</td>
</tr>
<tr>
<td>Acute admissions</td>
<td>504,593</td>
<td>498,464</td>
</tr>
<tr>
<td>Acute average length of stay, in days</td>
<td>4.7</td>
<td>4.8</td>
</tr>
<tr>
<td>Outpatient emergency visits</td>
<td>1,966,342</td>
<td>1,951,714</td>
</tr>
<tr>
<td>Outpatient non-emergency visits</td>
<td>5,804,586</td>
<td>5,557,647</td>
</tr>
<tr>
<td>Physician visits</td>
<td>10,540,482</td>
<td>9,635,875</td>
</tr>
<tr>
<td>Residential days</td>
<td>665,885</td>
<td>751,072</td>
</tr>
<tr>
<td>Long-term care days</td>
<td>483,151</td>
<td>503,450</td>
</tr>
<tr>
<td>Full-time equivalent employees</td>
<td>84,463</td>
<td>79,194</td>
</tr>
<tr>
<td>Employees</td>
<td>95,968</td>
<td>93,697</td>
</tr>
<tr>
<td>Acute inpatient revenues as a percentage of total</td>
<td>44.7%</td>
<td>44.7%</td>
</tr>
</tbody>
</table>
Employee Community

Our employee community is more than 90,000 colleagues – including more than 21,000 registered nurses and 4,700 employed physicians and advanced practice clinicians – working in 17 states. Our CHI team members earned $7.5 billion in salaries, wages and benefits while serving our patients, residents and communities.

$7.5 Billion

Payer Revenue Mix

Quarterly and Annual Disclosure Statement

Catholic Health Initiatives’ Quarterly and Annual Disclosure statements are available on our website. Visit the Financial Information section online: catholichealthinitiatives.org.
Community benefit is, and always has been, essential to the mission of Catholic Health Initiatives. Our emphasis on human dignity and social justice goes along with providing health-related benefits, including charity care, to our communities.

A Measured and Collaborative Approach

We have a planned, organized and measured approach to community benefit, and we believe the best way to serve a community is to reach out and collaborate with others — civic leaders, charitable organizations, educational institutions, community residents and more — to identify unique needs and the best solutions.

Many Forms in Many Settings

At CHI, community benefit takes many forms in many settings. In our facilities, we provide care at no or reduced charge to people who don’t have health insurance and can’t afford to pay, or whose insurance doesn’t cover the full cost of care.

Out in our communities, we provide a variety of free or discounted services to people who are poor or have special needs, as well as to the community as a whole. We also make donations and in-kind contributions to organizations that help people who are poor or underserved.

More than $2 Billion in Assistance

We provide community benefit in every community we serve. During fiscal year 2017, our total cost of community benefit was $2.1 billion, an increase of approximately $72 million from 2016. This includes the cost of supplies and labor related to free clinics, donations and other services provided to people who are poor and to meet community needs.

Community benefit also includes the cost of services in excess of reimbursement for government programs, including Medicare and Medicaid.
Community Health Needs Assessment

Every three years, all of our licensed hospitals complete comprehensive community health needs assessments to guide the development of strategies to meet priority needs. This process complies with regulations in the Patient Protection and Affordable Care Act that have also expanded health insurance availability for millions of Americans. Each fall, we reach out to inform people about the opportunity to obtain health insurance and to help them enroll.

$2.1 billion in community benefit and financial assistance provided to our communities
Community Benefit Financial Report 2017
Benefit to the poor and broader community

<table>
<thead>
<tr>
<th></th>
<th>As of June 30</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2017</td>
</tr>
<tr>
<td><strong>Cost of Community Benefit</strong></td>
<td></td>
</tr>
<tr>
<td>Cost of financial assistance provided</td>
<td>$251,634</td>
</tr>
<tr>
<td>(Free or reduced-cost health services for people who cannot afford to pay)</td>
<td></td>
</tr>
<tr>
<td>Unpaid cost of public programs, Medicaid and other indigent care programs</td>
<td>605,930</td>
</tr>
<tr>
<td>(Cost of services in excess of government reimbursement)</td>
<td></td>
</tr>
<tr>
<td>Nonbilled services</td>
<td>29,355</td>
</tr>
<tr>
<td>(Clinics, meal programs, etc., provided free or at low cost)</td>
<td></td>
</tr>
<tr>
<td>Cash and in-kind donations</td>
<td>19,559</td>
</tr>
<tr>
<td>(Donations of food, equipment, supplies, etc., to address the needs of people who are poor or underserved)</td>
<td></td>
</tr>
<tr>
<td>Education and research</td>
<td>123,883</td>
</tr>
<tr>
<td>(Cancer prevention workshops, stop-smoking programs, heart disease programs, etc.)</td>
<td></td>
</tr>
<tr>
<td>Other benefit</td>
<td>109,463</td>
</tr>
<tr>
<td>Total cost of community benefit from continuing operations</td>
<td>1,139,824</td>
</tr>
<tr>
<td>Total cost of community benefit from discontinued operations</td>
<td>75,929</td>
</tr>
<tr>
<td><strong>Total Cost of Community Benefit</strong></td>
<td><strong>$1,215,763</strong></td>
</tr>
<tr>
<td>Unpaid cost of Medicare from continuing operations</td>
<td>911,572</td>
</tr>
<tr>
<td>Unpaid cost of Medicare from discontinued operations</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Unpaid Cost of Medicare</strong></td>
<td><strong>911,572</strong></td>
</tr>
<tr>
<td><strong>Total Cost of Community Benefit and the Unpaid Cost of Medicare</strong></td>
<td><strong>$2,127,325</strong></td>
</tr>
</tbody>
</table>

**Benefit to the poor and broader community**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Cost Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>21%</td>
<td>Cost of financial assistance provided</td>
</tr>
<tr>
<td>10%</td>
<td>Education and research</td>
</tr>
<tr>
<td>15%</td>
<td>Other benefit</td>
</tr>
<tr>
<td>2%</td>
<td>Nonbilled services</td>
</tr>
<tr>
<td>2%</td>
<td>Cash and in-kind donations</td>
</tr>
<tr>
<td>50%</td>
<td>Unpaid cost of public programs</td>
</tr>
</tbody>
</table>
Communities of Care

Arkansas
Arkansas Health Network – Clinically Integrated Network*
CHI St. Vincent, Little Rock
CHI St. Vincent Hot Springs, Hot Springs
CHI St. Vincent Infirmary, Little Rock
CHI St. Vincent Morrilton, Morrilton
CHI St. Vincent North, Sherwood
CHI St. Vincent Rehabilitation Hospital, Sherwood

St. Catherine Hospital, Garden City, KS
Bob Wilson Memorial Grant Hospital, Ulysses, KS
St. Mary-Corwin Medical Center, Pueblo
St. Thomas More Hospital, Canon City

Colorado Health Neighborhoods – Clinically Integrated Network*
CHI Foundation, Colorado Springs

CHI National Office, Englewood
CHI Direct Investments, Englewood
CHI Institute for Research and Innovation, Englewood
CHI Clinical Research supports CHI as a learning health care organization to empower knowledge that translates to advanced capabilities in evidence-based care, personalized medicine, innovative and cutting edge therapeutic clinical trials and data management capabilities.
CHI Physician Services, Englewood
QualChoice Health, Englewood

Part of CHI Health, Omaha, NE:
CHI Health Mercy Corning, Corning
CHI Health Mercy Council Bluffs, Council Bluffs
CHI Health Missouri Valley, Missouri Valley

Part of CHI Living Communities, Toledo, OH:
Bishop Drumm Retirement Center, Johnston

Kansas
Part of Centura Health, Centennial, CO:
St. Catherine Hospital, Garden City
Bob Wilson Memorial Grant Hospital, Ulysses
St. Rose Ambulatory & Surgery Center, Great Bend

Indiana
CHI Health at Home

Iowa
Mercy Health Network – Clinically Integrated Network*
Mercy Health Network, Des Moines
Mercy Health Network is a joint operating agreement between Catholic Health Initiatives and Trinity Health, Livonia, Michigan.
Mercy Clinics, Inc., Des Moines
Mercy College of Health Sciences, Des Moines
Mercy Medical Center-Des Moines, Des Moines
Iowa Heart Center, Des Moines
Skiff Medical Center, Newton
Mercy Medical Center-Centerville, Centerville
Mercy Medical Center-West Lakes, West Des Moines
Mercy Park Apartments, Des Moines

Part of CHI Living Communities, Toledo, OH:
Bishop Drumm Retirement Center, Johnston
Kentucky
KentuckyOne Health
Continuing Care Hospital, Inc., Lexington
Flaget Memorial Hospital, Bardstown
Frazier Rehab and Neuroscience Center, Louisville
Jewish Hospital, Louisville
Jewish Hospital Rudd Heart and Lung Center, Louisville
Jewish Hospital Shelbyville, Shelbyville
Medical Center Jewish East, Louisville
Medical Center Jewish Northeast, Louisville
Medical Center Jewish South, Louisville
Medical Center Jewish Southwest, Louisville
KentuckyOne Health Medical Group, Louisville
KentuckyOne Health Partners - Clinically Integrated Network*
Our Lady of Peace, Louisville
Saint Joseph Berea, Berea
Saint Joseph East, Lexington
Women’s Hospital Saint Joseph East, Lexington
Saint Joseph Hospital, Lexington
Saint Joseph Jessamine RJ Corman Ambulatory Care Center, Nicholasville
Saint Joseph Martin, Martin
Saint Joseph Mount Sterling, Mount Sterling
Sts. Mary & Elizabeth Hospital, Louisville

Part of CHI Living Communities, Toledo, OH:
Madonna Manor, Villa Hills

Minnesota
CHI LakeWood Health, Baudette

CHI St. Francis Health, Breckenridge
CHI St. Francis Health St. Francis Medical Center, Breckenridge
CHI St. Francis Health St. Francis Home, Breckenridge
CHI St. Francis Health Appletree Court, Breckenridge

CHI St. Joseph’s Health, Park Rapids
CHI St. Gabriel’s Health, Little Falls
CHI St. Gabriel’s Health Alverna Apartments, Little Falls
CHI St. Gabriel’s Health St. Camillus Place, Little Falls
CHI St. Gabriel’s Health St. Gabriel’s Hospital, Little Falls

Nebraska
CHI Health
CHI Health Alegent Creighton Clinic, Omaha
CHI Health Creighton University Medical Center-Bergan Mercy, Omaha
CHI Health Good Samaritan, Kearney
  Richard Young Behavioral Health Center, Kearney
CHI Health Immanuel, Omaha
CHI Health Lakeside, Omaha

CHI Health Mercy Corning, Corning, IA
CHI Health Mercy Council Bluffs, Council Bluffs, IA
CHI Health Midlands, Papillion
CHI Health Missouri Valley, Missouri Valley, IA
CHI Health Nebraska Heart, Lincoln
CHI Health Plainview, Plainview
CHI Health Schuyler, Schuyler
CHI Health St. Elizabeth, Lincoln
CHI Health St. Francis, Grand Island
CHI Health St. Mary’s, Nebraska City
Lasting Hope Recovery Center, Omaha
Nebraska Spine Hospital, Omaha
The Physician Network, Lincoln

UniNet – Clinically Integrated Network*

New Mexico
CHI St. Joseph’s Children, Albuquerque

North Dakota
CHI Friendship, Fargo
CHI Health at Home, Fargo
CHI Lisbon Health, Lisbon
CHI Mercy Health, Valley City
CHI Oakes Hospital, Oakes
CHI St. Alexius Health, Bismarck
CHI St. Alexius Health Bismarck Medical Center, Bismarck
  CHI St. Alexius Health Clinics, Bismarck

* A Clinically Integrated Network (CIN) coordinates patient care, services and payment across a broad spectrum of functions, processes and settings in order to maximize value. A CIN is a legal structure with shared provider governance and an integrated delivery system.
Communities of Care

CHI St. Alexius Health Carrington Medical Center, Carrington
CHI St. Alexius Health Devils Lake Hospital, Devils Lake
CHI St. Alexius Health Dickinson Medical Center, Dickinson
CHI St. Alexius Health Garrison, Garrison
CHI St. Alexius Health Turtle Lake, Turtle Lake
CHI St. Alexius Health Williston Medical Center, Williston
Part of CHI Living Communities, Lima, OH:
  CHI Riverview Place, Fargo, ND
North Dakota Clinically Integrated Network*

Ohio

Premier Health, Dayton
Premier Health is a joint operating agreement between Catholic Health Initiatives and MedAmerica Health Systems Corporation, Atrium Health System and Upper Valley Medical Center.
Dayton Heart & Vascular Hospital at Good Samaritan, Dayton
Good Samaritan Hospital, Dayton

Trinity Health System, Steubenville
  Trinity Hospital Twin City, Dennison
  Trinity Medical Center-East, Steubenville
  Trinity Medical Center-West, Steubenville

CHI Health at Home, Milford

CHI Living Communities, Toledo
  Bishop Drumm Retirement Center, Johnston, Iowa

CHI Linus Oakes, Roseburg, OR
CHI Riverview Place, Fargo, ND
Franciscan Care Center, Toledo
Franciscan Villa, South Milwaukee, WI

Madonna Manor, Villa Hills, KY
Medalion Retirement Community, Colorado Springs, CO
Namaste Alzheimer Center, Colorado Springs, CO
Providence Care Center, Sandusky
St. Clare Commons, Perrysburg
St. Leonard, Centerville
The Gardens at St. Elizabeth, Denver, CO
The Villas at Sunny Acres, Thornton, CO

TriHealth, Cincinnati
TriHealth is a joint operating agreement between Catholic Health Initiatives and Bethesda, Inc. Cincinnati.
  Good Samaritan College of Nursing and Health Science, Cincinnati
  Good Samaritan Hospital, Cincinnati
TriHealth – Clinically Integrated Network*

Oregon

Architrave Health – Clinically Integrated Network*

CHI Mercy Health, Roseburg
  CHI Mercy Health Mercy Medical Center, Roseburg

CHI St. Anthony Hospital, Pendleton
Part of CHI Living Communities, Toledo, OH:
  CHI Linus Oakes, Roseburg, OR

Pennsylvania

CHI St. Joseph Children’s Health, Lancaster

Tennessee

CHI Memorial, Chattanooga

Mission HealthCare Network – Clinically Integrated Network*

Texas

CHI St. Joseph Health, Bryan

TriHealth – Clinically Integrated Network*

CHI St. Joseph Health Bellville Hospital, Bellville
CHI St. Joseph Health Burleson Hospital, Caldwell
CHI St. Joseph Health Grimes Hospital, Navasota
CHI St. Joseph Health Madison Hospital, Madisonville
CHI St. Joseph Health Regional Hospital, Bryan
CHI St. Joseph Health Skilled Nursing and Rehabilitation Bryan, Bryan

CHI St. Joseph’s Health Baylor St. Luke’s Medical Center is a joint operating agreement between Catholic Health Initiatives and Baylor College of Medicine, Houston
CHI St. Luke’s Health Hospital at The Vintage, Houston
CHI St. Luke’s Health Lakeside Hospital, The Woodlands
CHI St. Luke’s Health Patients Medical Center, Pasadena
CHI St. Luke’s Health Springwoods Village, Spring
CHI St. Luke’s Health Pinecroft, Shenandoah
CHI St. Luke’s Health Sugar Land Hospital, Sugar Land
CHI St. Luke’s Health The Woodlands Hospital, The Woodlands

CHI St. Luke’s Health Memorial, Lufkin
CHI St. Luke’s Health Memorial Medical Center-Livingston, Livingston
CHI St. Luke’s Health Memorial Medical Center-Lufkin, Lufkin
CHI St. Luke’s Health Memorial Medical Center-San Augustine, San Augustine
CHI St. Luke’s Health Memorial Specialty Hospital, Lufkin

St. Luke’s Health – Clinically Integrated Network*

Washington
CHI Franciscan Health, Tacoma
CHI Franciscan Health Harrison Medical Center-Bremerton, Bremerton
CHI Franciscan Health Harrison Medical Center-Silverdale, Silverdale

CHI Franciscan Health Highline Medical Center, Burien
CHI Franciscan Health Medical Group, Tacoma
CHI Franciscan Health Regional Hospital for Respiratory and Complex Care, Burien
CHI Franciscan Health St. Anthony Hospital, Gig Harbor
CHI Franciscan Health St. Clare Hospital, Lakewood
CHI Franciscan Health St. Elizabeth Hospital, Enumclaw
CHI Franciscan Health St. Francis Hospital, Federal Way
CHI Franciscan Health St. Joseph Medical Center, Tacoma

Rainier Health Network – Clinically Integrated Network*

Wisconsin
Part of CHI Living Communities, Toledo, OH:

Franciscan Villa, South Milwaukee

*A Clinically Integrated Network (CIN) coordinates patient care, services and payment across a broad spectrum of functions, processes and settings in order to maximize value. A CIN is a legal structure with shared provider governance and an integrated delivery system.
together we’re stronger
## National Offices

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Englewood</strong></td>
<td>Home Office</td>
<td>303.298.9100</td>
</tr>
<tr>
<td></td>
<td>198 Inverness Drive West</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Englewood, CO 80112</td>
<td></td>
</tr>
<tr>
<td><strong>Meridian</strong></td>
<td>11045 East Lansing Circle</td>
<td>720.875.7100</td>
</tr>
<tr>
<td></td>
<td>Englewood, CO 80112-5909</td>
<td></td>
</tr>
<tr>
<td><strong>Northern Kentucky</strong></td>
<td>3900 Olympic Boulevard</td>
<td>859.594.3000</td>
</tr>
<tr>
<td></td>
<td>Suite 400</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Erlanger, KY 41018-1099</td>
<td></td>
</tr>
<tr>
<td><strong>Fargo</strong></td>
<td>4816 Amber Valley Parkway</td>
<td>701.237.8100</td>
</tr>
<tr>
<td></td>
<td>Suite 100</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fargo, ND 58104</td>
<td></td>
</tr>
</tbody>
</table>