Trinity Health Reports Improved Operating Income for the year ended June 30, 2021

Summary Highlights for Fiscal Year Ended June 30, 2021

In fiscal year 2021, Trinity Health reported improved operating results driven by higher operating revenue and strong cost controls on discretionary spending compared to fiscal year 2020. In addition, strong investment returns drove non-operating gains higher. Operating income before other items of $845.8 million in fiscal year 2021 increased $771.1 million compared to operating income of $74.7 million in the prior fiscal year. The system's operating margin before other items for fiscal year 2021 was 4.2 percent compared to 0.4 percent in fiscal year 2020, while operating cash flow margin before other items was 9.8 percent for fiscal year 2021 compared to 6.4 percent during fiscal year 2020. Provider Relief Fund (PRF) grant revenue recognized in fiscal year 2021 totaled $618.8 million compared to $643.6 million in fiscal year 2020. While most of the Corporation’s pandemic related losses occurred during the Corporation’s fiscal year 2020, significant PRF grants were recognized in revenue during the Corporation’s fiscal year 2021 based on recognition requirements from the Department of Health and Human Services (HHS).

Excluding PRF grant revenue, operating income before other items was $226.9 million in fiscal year 2021 compared to an operating loss before other items of $568.9 million in the prior fiscal year, while operating margin before other items was 1.2 percent for fiscal year 2021 compared to a loss of 3.1 percent in the prior fiscal year. Further, operating cash flow margin before other items was 7.0 percent in fiscal year 2021 compared to 3.3 percent during fiscal year 2020.

For fiscal year 2021, operating revenue of $20.2 billion increased $1.3 billion, or 7.1 percent compared to fiscal year 2020. Excluding PRF grant revenue, operating revenue grew 7.5 percent during fiscal year 2021, primarily as a result of a $1.3 billion increase in net patient service revenue. Year-over-year volumes, as measured by case mix adjusted equivalent discharges ("CMAEDs"), increased 2.8 percent and surgeries increased 12 percent (4.3% excluding the impact of fiscal year 2021 acquisitions) while emergency room visits decreased 10.1 percent and discharges decreased 5.4 percent during fiscal year 2021 compared to the prior fiscal year. Patient volumes and related revenue for most of the Corporation’s health care services were materially impacted by the pandemic in the spring of 2020, and volumes continue to fluctuate with COVID-19 pandemic surge and recovery waves, as patient volumes are returning but have yet to return to pre-pandemic levels. The Corporation expects patient volume growth to continue to be impacted by COVID-19 surge and recovery waves during fiscal year 2022. During fiscal year 2021, payment rate increases and improvements in case mix, impacted by both COVID-19 patients as well as declines in lower acuity non-
COVID-19 volumes, helped to mitigate the impact of volume declines. Expenses for fiscal year 2021 increased by $559.6 million, or 3.0 percent, to $19.3 billion, primarily driven by increased supplies including pandemic-related personal protective equipment, lab and drug costs, and increased labor costs, partially offset by lower purchased services and medical claims driven by discretionary cost controls.

In fiscal year 2021, other items include $76.7 million of restructuring costs related to Mercy Health System of Chicago, primarily related to severance and termination benefits and loss on sale of property, plant and equipment and non-cash asset impairment charges of $111.5 million. Other items incurred during fiscal year 2020 resulted in a net charge to operations of $419.4 million, including $212.9 million for severance and termination benefits under a restructuring program to right-size the Corporation as a result of the COVID-19 pandemic. Non-cash asset impairment charges of $202.7 million primarily related to certain facilities with continued adverse financial trends as well as impairments related to vacated lease space, were also part of right-sizing the Corporation. The fiscal year 2020 other items were incurred under a number of aggressive and proactive steps designed to position the Corporation for financial recovery in fiscal year 2021.

In fiscal year 2021, Trinity Health reported non-operating gains of $3.3 billion compared to $310.1 million during fiscal year 2020. Higher gains in fiscal year 2021 were primarily a result of strong investment earnings due to a rebound in the financial markets and favorable equity in earnings of unconsolidated affiliates. Excess of revenue over expenses for fiscal year 2021 totaled $3.9 billion, compared to the deficiency of revenue over expenses of $75.5 million in fiscal year 2020.

Highlights for the year ended June 30, 2021, include:

- Total assets of $33.6 billion and net assets of $18.5 billion;
- Operating revenue of $20.2 billion, a 7.1 percent increase over fiscal year 2020;
- Operating income before other items of $845.8 million, or 4.2 percent operating margin before other items, including PRF grants;
- Unrestricted cash and investments of $12.8 billion; and days cash on hand of 254 days compared to 245 days for the year ended June 30, 2020, including lines of credit draws and the deferred employer portion of social security taxes (both fully repaid in fiscal year 2021) and CARES Act Medicare cash advances, of which $337.5 million was repaid in fiscal year 2021; excluding these items, June 30, 2021 days cash on hand of 228 days improved 39 days since June 30, 2020.
Discussion and Analysis of Financial Condition and Results of Operations for Trinity Health

June 30, 2021
Introduction to Management's Discussion & Analysis

Trinity Health Corporation, an Indiana nonprofit corporation headquartered in Livonia, Michigan, and its subsidiaries ("Trinity Health" or the "Corporation"), controls one of the largest health care systems in the United States.

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management of the Corporation to make assumptions, estimates and judgments that affect the amounts reported in the financial statements, including the notes thereto, and related disclosures of commitments and contingencies, if any. The Corporation considers critical accounting policies to be those that require more significant judgments and estimates in the preparation of its financial statements, including the following: recognition of net patient service revenue, which includes explicit and implicit price concessions; financial assistance; premium revenue; recorded values of investments and derivatives; goodwill; evaluation of long-lived assets for impairment, reserves for losses and expenses related to health care professional and general liabilities; and risks and assumptions for measurement of pension and retiree medical liabilities. Management relies on historical experience and other assumptions, believed to be reasonable under the circumstances, in making its judgments and estimates. Actual results could differ materially from those estimates.

Certain statements constitute “forward looking statements.” Such statements generally are identifiable by the terminology used such as “plan,” “expect,” “predict,” “estimate,” “anticipate,” “forecast” or similar words. The achievement of certain results or other expectations contained in such forward-looking statements involve known and unknown risks, uncertainties and other factors, many of which the Corporation is unable to predict or control, that may cause actual results, performance or achievements to be materially different from those expressed or implied by forward-looking statements.

Coronavirus Pandemic

Beginning in March of 2020, the global coronavirus disease 2019 ("COVID-19") pandemic began to significantly affect the U.S. health care industry and the Corporation’s patients, communities, employees and business operations. In the spring of 2020, restrictions on nonessential medical services, travel and shelter-in place orders implemented by federal, state and local governments in response to the COVID-19 pandemic materially impacted patient volumes and related revenue for most of the Corporation’s health care services. Patient volumes and related revenue for the Corporation’s health care services continue to fluctuate with COVID-19 pandemic surge and recovery waves with prolonged reduced patient volumes compared to pre-COVID-19 periods. Furthermore, the Corporation’s service mix, revenue mix and patient volumes still endure negative impacts from broad economic factors, such as elevated unemployment rates and reduced consumer spending. The Corporation’s response to the COVID-19 pandemic continues to require additional contract labor staff and increased premium labor rates. Both labor and supply chain disruptions, including shortages, delays and significant price increases in medical supplies, pharmaceuticals and personal protective equipment, have impacted and are expected to continue to impact the Corporation’s operations. Risks and uncertainties caused by the COVID-19 pandemic continue to impact the Corporation’s business, financial condition, results of operations and cash flows.

The Corporation has taken and continues to take various actions to mitigate the impact on operations from the COVID-19 pandemic. Furthermore, the Corporation has taken steps to control capital and operational spending and reallocate resources to support its hospitals and clinicians. With concerns of potential liquidity needs eased, the Corporation paid back all revolving credit facilities as of June 30, 2021 that were drawn upon during fiscal year 2020. The Corporation received Provider Relief Fund ("PRF") grants, under both the Coronavirus Aid, Relief and Economic Security Act (the “CARES Act”) and the Paycheck Protection Program and Health Care Enhancement Act (“PPPHCE Act,” collectively the “Acts”), which added to unrestricted cash reserves and also partially offset a portion of the revenue shortfalls and operating expenses incurred as a direct result of the COVID-19 pandemic. Compliance with the Department of
Health and Human Services (“HHS”) Provider Relief Fund
General and Targeted Distribution Post-Payment Notice of
Reporting Requirements is complex and subject to HHS
audit. The Corporation transferred both General
Distribution and Targeted Distribution PRF grants
amongst its subsidiaries. Transferred Targeted
Distribution payments face an increased likelihood of an
audit by HHS. There can be no assurance that HHS will not
challenge the Corporation’s compliance with these
reporting requirements, however the Corporation
believes it has fully complied with all requirements.

The Corporation received $1.3 billion of PRF grants under
both the CARES Act and the PPPHCE Act through June 30,
2021, with $489.2 million received during the year ended
June 30, 2021. PRF grants recognized as revenue totaled
$618.8 million and $643.6 million for the years ended June
30, 2021 and 2020, respectively. The Corporation believes
the amount of PRF grants recognized as grant revenue is
appropriate under the various and changing guidance
from HHS and continues to monitor progression of
clarifying guidance issued by HHS.

In April 2020, the Corporation requested and received
$1.6 billion of cash advances from accelerated Medicare
payment requests under the CARES Act, which have been
recorded as current and long-term Medicare cash
advances on the consolidated balance sheets as of June
30, 2021 and June 30, 2020, based on the repayment
requirements as of those dates. The Corporation repaid $337.5 million of the Medicare cash advances as of
June 30, 2021.

Lastly, the CARES Act provides for deferred payment of
the employer portion of social security taxes between
March 27, 2020, and December 31, 2020. The Corporation
began deferring the employer portion of social security
taxes in mid-April 2020. As of March 5, 2021, the
Corporation fully repaid the deferred employer portion of
social security taxes.

Recent Developments

Consolidation of Saint Agnes/Dignity/USP Surgery
Centers, L.L.C. – Effective July 1, 2020, a venture was
created between Saint Agnes Medical Center (“Saint
Agnes”), CHI National Services and USP Fresno Inc, a
California corporation (collectively, “Saint Agnes / Dignity
/ USP Surgery Centers”, L.L.C., a California limited liability
company). Saint Agnes owns a controlling interest of
50.1% in the venture. Saint Agnes / Dignity / USP Surgery
Centers simultaneously acquired a 71.35% interest in two
surgical hospitals. Saint Agnes / Dignity / USP Surgery
Centers recorded operating revenue of $106.4 million,
operating income of $6.3 million, and excess of revenue
over expenses of $4.1 million for the year ended June 30,
2021. As a result of the acquisition, the Corporation
recorded $101.3 million of goodwill in its consolidated
balance sheet.

Consolidation of the Surgery Center at Easton (“Easton”) – On December 31, 2020, Mount Carmel Health System, a
wholly controlled subsidiary of Trinity Health, acquired a
50% controlling interest in Easton. The remaining 50% interest is held by physician investors. Easton owns and
operates an ambulatory surgery center in Columbus,
Ohio. Easton recorded operating revenue of $29.0 million
and excess of revenue over expenses of $18.5 million for
the six months ended June 30, 2021. As a result of the
transaction, the Corporation recorded goodwill of $272.2
million in the consolidated balance sheet as of December

Mercy Health System of Chicago, Chicago, Illinois
(“MHSC”) - Due to deteriorating and sustained financial
losses on February 10, 2021, both Mercy Hospital and
Medical Center (“Mercy”) and MHSC filed a petition for
bankruptcy under Chapter 11 of title 11 of the United
States Code in the United States Bankruptcy Court for the
Northern District of Illinois (the “Chapter 11 Cases”). The
Chapter 11 Cases followed MHSC’s announcement in July
2020 of a clinical transformation plan for Mercy to a
community-based health care organization, to be named
Mercy Care Center. The Chapter 11 Cases were dismissed
in May 2021 and on June 1, 2021, Mercy and MHSC sold
certain assets, including the land and hospital building on
the Mercy campus, to Insight Chicago, Inc., an Illinois not-
for-profit corporation. Mercy Care Center is currently
providing a limited number of services and the
Corporation anticipates that Mercy Care Center will begin
providing all the services contemplated under the
transformation plan in late calendar year 2021.

As a result of the clinical transformation and the decision
to sell certain assets to Insight Chicago, Inc., the
Corporation recorded restructuring charges of $76.7
million for the year ended June 30, 2021, in the
consolidated statement of operations and changes in net
assets, primarily for severance and termination benefits.
and loss on sale of property, plant and equipment. Mercy recorded operating revenue of $165.7 million and $275.6 million, respectively, and incurred a deficiency of revenue over expense of $141.1 million and excess of revenue over expenses of $4.1 million, respectively, for the years ended June 30, 2021 and 2020.

Results from Operations

Operating Income
In fiscal year 2021, Trinity Health reported improved operating results driven by higher operating revenue and strong cost controls on discretionary spending compared to fiscal 2020. Operating income before other items of $845.8 million in fiscal year 2021 increased $771.1 million compared to operating income of $74.7 million in the prior fiscal year. The system’s operating margin before other items in fiscal year 2021 was 4.2 percent compared to 0.4 percent in the prior fiscal year, while operating cash flow margin before other items was 9.8 percent in fiscal year 2021 compared to 6.4 percent during the prior fiscal year. Results also include $618.8 million of PRF grant revenue recognized in fiscal year 2021 compared to $643.6 million recognized in fiscal year 2020. While most of the Corporation’s pandemic related losses occurred during the Corporation’s fiscal year 2020, significant PRF grants were recognized in revenue in the Corporation’s fiscal year 2021 based on recognition requirements from HHS.

Excluding PRF grant revenue, operating income before other items totaled $226.9 million in fiscal year 2021 compared to an operating loss before other items of $568.9 million in the prior fiscal year 2020, while operating margin before other items was 1.2 percent in fiscal year 2021 compared to a loss of 3.1 percent in the prior fiscal year. Further, operating cash flow margin before other items was 7.0 percent in fiscal year 2021 compared to 3.3 percent during the prior fiscal year.

For the fiscal year ended June 30, 2021, year-over-year volumes, as measured by case mix adjusted equivalent discharges ("CMAEDs"), increased 2.8 percent, surgeries increased 12.0 percent (4.3% excluding the acquisition of the surgical hospitals in California and Easton) while emergency room visits decreased 10.1 percent and discharges decreased 5.4 percent compared to the prior fiscal year. The Corporation expects patient volume growth to continue to be impacted by COVID-19 surge and recovery waves during fiscal 2022.

Revenue
Total operating revenue of $20.2 billion increased $1.3 billion, or 7.1 percent, for fiscal year 2021 compared to fiscal year 2020, whereas excluding PRF grants, the increase was 7.5 percent. Net patient service revenue increased $1.3 billion due primarily to payment rate increases and improved case mix, increased case mix adjusted equivalent discharges and surgeries, partially offset by less favorable payor mix. Other revenue in fiscal year 2021 includes $618.8 million of PRF grant revenue, compared to $643.4 million in fiscal year 2020 and was also favorably impacted by improved equity in earnings of unconsolidated affiliates, mainly the Corporation’s investment in Gateway Health Plan.

<table>
<thead>
<tr>
<th></th>
<th>FY20</th>
<th>FY21</th>
<th>FY21*</th>
<th>FY21*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Income*</td>
<td>$74.7</td>
<td>($568.9)</td>
<td>$845.8</td>
<td>$226.9</td>
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<tr>
<td>Operating Revenue</td>
<td>$18,813.0</td>
<td>$18,189.4</td>
<td>$20,163.7</td>
<td>$19,544.8</td>
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<tr>
<td>Operating Margin**</td>
<td>0.4%</td>
<td>-3.1%</td>
<td>4.2%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Operating Cash Flow Margin**</td>
<td>6.4%</td>
<td>3.3%</td>
<td>9.8%</td>
<td>7.0%</td>
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</tbody>
</table>

*Excludes PRF grant revenue of $618.8 million in FY21 and $643.6 million in FY20
**Before other items

For the years ended June 30,
**Expenses**
Total operating expenses of $19.3 billion increased $559.6 million, or 3.0 percent in fiscal year 2021 compared to fiscal year 2020. The increase in operating expenses was due primarily to increases in supplies of $353.6 million and labor expenses of $235.8 million (7.8% rate increase partially offset by a 5.1% reduction in FTEs). Such increases were partially offset by a decrease of $50.9 million in purchased services and medical claims due to tight controls on discretionary spend. COVID-19 pandemic direct costs totaled $272.1 million and $127.7 million, including $159.2 million and $69.2 million of labor costs, for the years ended June 30, 2021 and 2020, respectively. Labor costs were impacted by pandemic driven premium pay as well as related time-off costs. In addition, supply costs included incremental costs of $81.1 million and $38.1 million, during the years ended June 30, 2021 and 2020, respectively, for pandemic-related personal protective equipment, lab and drug costs. To a lesser extent increases in purchased services were also incurred.

**Other Items**
For the year ended June 30, 2021, other items include restructuring costs of $76.7 million related to the Corporation’s clinical transformation plan for Mercy Chicago and the sale of certain assets to Insight Chicago Inc. Fiscal year 2021 other items also included noncash asset impairment charges of $111.5 million, primarily for the impairment of certain facilities related to continuing care locations, investments in unconsolidated affiliates and other assets. Other items incurred during fiscal year 2020 resulted in a net charge to operations of $419.4 million, including $212.9 million for severance and termination benefits under a restructuring program to right-size the Corporation as a result of the COVID-19 pandemic. Non-cash asset impairment charges of $202.7 million primarily related to certain facilities with continued adverse financial trends as well as impairments related to vacated lease space, were also part of right-sizing the Corporation. The other items were incurred under a number of aggressive and proactive steps designed to position the Corporation for financial recovery in fiscal year 2021.

**Nonoperating Items**
The Corporation reported gains in nonoperating items of $3.3 billion for fiscal year 2021 compared to $310.1 million for the same period in fiscal year 2020. The $2.9 billion increase in gains in fiscal year 2021 was primarily a result of a $2.1 billion increase in investment earnings due to a rebound in the financial markets, a $740.6 million increase in equity in earnings of unconsolidated affiliates, and a $113.0 million improvement in market value and cash payments of interest rate swaps.

**Excess of Revenue over Expenses**
Excess of revenue over expenses for fiscal year 2021 was $3.9 billion compared to a deficiency of revenue over expenses of $75.5 million for the same period in fiscal year 2020. The increase was primarily due to higher nonoperating gains and increases in net patient service revenue, as the original restrictions from the COVID-19 pandemic receded allowing the safe return of patients to the Corporation's health ministries.

**Balance Sheet**
Total assets of $33.6 billion increased $3.2 billion, or 10.4 percent as of June 30, 2021, compared to June 30, 2020. The increase in assets was due primarily to the following: (i) $847 million increase in unrestricted cash and investments, (ii) $1.0 billion increase in investments in unconsolidated affiliates, (iii) $380.4 million increase in goodwill, mainly due to the acquisitions of Saint Agnes/Dignity/USP Surgery Centers and Easton, (iv) $362.4 million increase in patient accounts receivable, and (v) $257.7 million increase in prepaid pension and retiree health assets, primarily related to strong asset returns during fiscal 2021. Total assets include unrestricted cash and investments of $12.8 billion or 254 days of cash on hand. During fiscal year 2021, days cash on hand increased 9 days primarily related to investment earnings and $489.2 million of additional PRF grants received. Net days in accounts receivable decreased by 4.8 days to 42.5 days as of June 30, 2021 compared to June 30, 2020.

Total liabilities of $15.1 billion decreased $1.8 billion, or 10.7 percent. The decrease in liabilities included the following: (i) $1.0 billion to fully repay fiscal year 2020 lines of credit drawn for potential pandemic related liquidity needs, (ii) $734.4 million of accrued pension and retiree health costs (including cash funding of $141.9 million), primarily related to strong asset returns during fiscal year 2021, (iii) $337.5 million repayment of Medicare cash advances, (iv) $101.4 million repayment of the deferred employer portion of social security taxes, and (v) decreases in debt related to scheduled debt payments. Debt to capitalization as of June 30, 2021,
decreased to a ratio of 30% from 40% compared to June 30, 2020.

**Statement of Cash Flows**

Cash, cash equivalents and restricted cash decreased $1.4 billion during fiscal year 2021. Operating activities provided $919.0 million of cash, including $489.2 million of Provider Relief Fund grants received. Investing activities used $1.2 billion of cash including $172.5 million for net purchases of investments, $857.5 million for purchases of property and equipment and $224.6 million of net cash paid for acquisitions. Financing activities used $1.1 billion of cash, primarily for $1.0 billion of repayments on lines of credit drawn during fiscal year 2020 for potential pandemic-related liquidity needs.
## TRINITY HEALTH
Liquidity Reporting
June 30, 2021

($ in millions)
(unaudited)

### ASSETS

#### Daily Liquidity
- Money Market Funds (Moody's rated Aaa) $355
- Checking and Deposit Accounts (at P-1 rated bank) 395
- Repurchase Agreements -
- U.S. Treasuries & Aaa-rated Agencies -
- Dedicated Bank Lines 600

**Subtotal Daily Liquidity (Cash & Securities)** $1,350

- Undrawn Portion of $600M Taxable Commercial Paper Program 500

**Subtotal Daily Liquidity Including Taxable Commercial Paper Program** $1,850

#### Weekly Liquidity
- Exchange Traded Equity $3,939
- Publicly Traded Fixed Income Securities Rated at least Aa3 and Bond Funds 2,180
- Equity Funds 1,087
- Other 344

**Subtotal Weekly Liquidity** 7,550

**TOTAL DAILY AND WEEKLY LIQUIDITY** $9,400

#### Longer-Term Liquidity
- Funds, vehicles, investments that allow withdrawals with less than one-month notice 1,309
- Funds, vehicles, investments that allow withdrawals with one-month notice or longer 2,912

**Total Longer-Term Liquidity** $4,221

### LIABILITIES (Self-liquidity Variable Rate Demand Bonds & Commercial Paper)

#### Weekly Put Bonds
- VRDO Bonds (7-day) $195

#### Long-Mode Put Bonds
- VRDO Bonds (Commercial Paper Mode) 153

#### Taxable Commercial Paper Outstanding 100

**TOTAL SELF-LIQUIDITY DEBT AND COMMERCIAL PAPER** $448

Trinity Health
Financial Ratios and Statistics (Unaudited)

<table>
<thead>
<tr>
<th>Financial Indicators</th>
<th>June 30, 2021</th>
<th>June 30, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Liquidity Ratios (at June 30)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days Cash on Hand</td>
<td>254</td>
<td>245</td>
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<tr>
<td>Days in Accounts Receivable, Net</td>
<td>42.5</td>
<td>47.3</td>
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<tr>
<td><strong>Leverage Ratios (at June 30)</strong></td>
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<tr>
<td>Debt to Capitalization</td>
<td>30%</td>
<td>40%</td>
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<tr>
<td>Cash to Debt</td>
<td>175%</td>
<td>143%</td>
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<tr>
<td><strong>Profitability Ratios (For the Year Ended June 30)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Margin before Other Items</td>
<td>4.2%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Operating Cash Flow Margin before Other Items</td>
<td>9.8%</td>
<td>6.4%</td>
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<tr>
<td><strong>Statistical Indicators (For the Year Ended June 30)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rounded to nearest thousand</td>
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<td></td>
</tr>
<tr>
<td>Discharges</td>
<td>496,000</td>
<td>524,000</td>
</tr>
<tr>
<td>Patient Days</td>
<td>2,444,000</td>
<td>2,466,000</td>
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<tr>
<td>Outpatient Visits</td>
<td>20,564,000</td>
<td>18,593,000</td>
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<tr>
<td>Emergency Room Visits</td>
<td>1,828,000</td>
<td>2,032,000</td>
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<tr>
<td>Observation Cases</td>
<td>119,000</td>
<td>130,000</td>
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<tr>
<td><strong>Continuing Care</strong></td>
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<td></td>
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<tr>
<td>Home Health Admissions</td>
<td>85,000</td>
<td>86,000</td>
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<tr>
<td>Long-term Care Patient Days</td>
<td>590,000</td>
<td>797,000</td>
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