Trinity Health's proactive response to healthcare pandemic aftershocks significantly mitigated operating losses and strengthens the system for strategic growth

For the year ended June 30, 2022

Summary Highlights for the year ended June 30, 2022
Key highlights in fiscal year 2022, include net patient service revenue growth and containment of contract labor costs. Net patient service revenue increased $307.6 million, or 1.8 percent, primarily due to same facility increased outpatient volume and payment rates, which were partially offset by less favorable case mix and payor mix. Contract labor costs reached unprecedented highs during fiscal year 2022. Targeted efforts to reduce these costs were realized during the fourth quarter of the fiscal year 2022, with June costs decreasing 60 percent from the peak reached in March.

Trinity Health reported growth in operating revenue of 1.3 percent to $19.8 billion in fiscal year 2022 compared to $19.5 billion in fiscal year 2021, excluding Provider Relief Fund (“PRF”) grant revenue. PRF grant revenue recognized in fiscal year 2022 totaled $140.5 million compared to $618.8 million of PRF grants recognized in the prior fiscal year. Patient volumes continue to fluctuate with COVID-19 pandemic surge and recovery waves and patient volumes are stable but have yet to return to pre-pandemic levels. After the winter 2022 surge that required temporary voluntary curbing of elective surgeries due to staffing shortages, the Corporation has been able to manage workflows, capacity issues and personal protective equipment (“PPE”), successfully preventing any further significant suspensions of elective surgeries and effectively limiting the voluntary curbing of elective surgeries to peak surge periods.

Operating expenses for fiscal year 2022 increased by $764.3 million, or 4.0 percent, to $20.1 billion, driven by an $841.2 million, or 8.2 percent, increase in labor costs as the pandemic continues to drive industry wide staffing shortages and wage inflation. Salaries and wages rose $519.0 million, or 6.2 percent, with a 5.9 percent increase in rate and a 0.3 percent increase in FTEs. Although contract labor expense decreased in the last quarter of the fiscal year, on a year over year basis, contract labor expense increased $345.4 million, or 123.0 percent. The labor cost increases were partially offset by decreases in insurance costs, purchased services, depreciation and amortization, and interest.

Downward pressure on fiscal year 2022 margins was caused by expense growth outpacing revenue growth, primarily due to increased labor costs coupled with a reduction in PRF grant funding. The impacts were exacerbated late in the second quarter and throughout the third quarter of fiscal year 2022 which included the most recent fiscal year 2022 COVID-19 omicron surge, as contract labor costs rose to unprecedented
levels. These items resulted in an operating loss before other items of $148.5 million (operating margin of 0.7 percent and cash flow margin of 4.8 percent) for fiscal year 2022 compared to operating income before other items of $845.8 million (operating margin of 4.2 percent and cash flow margin of 9.8 percent) in the prior fiscal year. The Corporation is focused on clinical optimization and access, revenue growth opportunities, labor retention, recruitment and stabilization, new care delivery models, and continued cost reduction plans to improve operating performance in fiscal year 2023.

In fiscal year 2022, other items included a $128.7 million gain on the sale of Gateway Health Plan, L.P. (“GHP”) as the Corporation sold its 50 percent interest in GHP to the existing partner and parent owner, Highmark Ventures on August 31, 2021. Other items also included non-cash asset impairment charges of $113.9 million and restructuring costs of $72.6 million, primarily for administrative cost reductions. In fiscal year 2021, other items included non-cash asset impairment charges of $111.5 million and $76.7 million of restructuring costs related to the sale of Mercy Health System of Chicago. Including other items, operating loss totaled $206.3 million with an operating margin of (1.0) percent in fiscal year 2022, while operating income totaled $657.6 million with an operating margin of 3.3 percent in fiscal year 2021.

In fiscal year 2022, the Corporation reported non-operating losses of $1.2 billion compared to $3.3 billion of non-operating income reported during the prior fiscal year. The reduction was due primarily to investment returns of (8.4) percent in fiscal year 2022 compared to returns of 26.0 percent in fiscal year 2021. (Deficiency) excess of revenue over expenses for the fiscal year 2022 totaled ($1.4 billion) (net margin of (7.6) percent), compared to $3.9 billion (net margin of 16.5 percent) in the same period of fiscal year 2021.

Highlights for the year ended June 30, 2022, include:

- Total assets of $31.1 billion and net assets of $16.9 billion;
- Operating revenue growth of 1.3 percent to $19.8 billion compared to fiscal year 2021, excluding the impact of PRF grant revenue;
- Operating loss before other items of $148.5 million, or (0.7) percent operating margin;
- Recognized $140.5 million in PRF grant revenue compared to $618.8 million recognized in fiscal year 2021;
- Unrestricted cash and investments of $11.1 billion; days cash on hand of 211 days compared to 254 days for the year ended June 30, 2021, including CARES Act Medicare cash advances, of which $907.1 million were repaid in fiscal year 2022; excluding Medicare cash advances, June 30, 2022 days cash on hand of 203 days decreased 25 days since June 30, 2021.
Discussion and Analysis of Financial Condition and Results of Operations for Trinity Health

June 30, 2022
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. 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. On a same facility basis, COVID-19 discharges reached their highest levels of the pandemic during the month of January 2022, necessitating voluntary curbing of elective surgeries across most markets for a period early in the third quarter of fiscal year 2022. Overall COVID-19 discharges decreased 0.6 percent during the fiscal year ended June 30, 2022 when adjusted for locations that were divested in fiscal year 2022 compared to the same period in the prior fiscal year. The Corporation continues to focus on providing safe care for all patients during the ongoing pandemic. The Corporation’s service mix, revenue mix and patient volumes still endure negative impacts from broad economic factors, such as the on-going nationwide shortage of nursing staff, reduced consumer spending and rising inflation rates. The Corporation’s response to the COVID-19 pandemic continues to require additional contract labor staff and increased premium labor rates but utilization of both was significantly reduced during the fourth quarter of fiscal year 2022. Both labor and supply chain disruptions, including shortages, delays and significant price increases in medical supplies, pharmaceuticals, and personal protective equipment ("PPE"), 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 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. The Corporation received Provider Relief Fund and Rural payments (collectively “PRF”) grants, under the Coronavirus Aid, Relief and Economic Security Act (the “CARES Act”), the Paycheck Protection Program and Health Care Enhancement Act (“PPPHCE Act”) and the
American Rescue Plan Act of 2021, ("ARP," collectively the "Acts"). Grant funding received added to unrestricted cash reserves and 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. 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. For the year ended June 30, 2022, the Corporation recognized $140.5 million of PRF grant revenue which was a significant reduction over the $618.8 million of PRF grant revenue recognized during the prior fiscal year.

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, 2022 and June 30, 2021, based on the repayment requirements as of those dates. The Corporation repaid $907.1 million and $337.6 million of the Medicare cash advances for the years ended June 30, 2022 and 2021, respectively. The balance of the advances outstanding was $389.5 million as of June 30, 2022.

Recent Developments

Divestiture of 50% Interest in Gateway Health Plan, L.P., and Subsidiaries ("GHP") – Effective August 31, 2021, the Corporation, through its wholly owned subsidiary, Mercy Health Plan, sold its 50 percent interest in GHP, accounted for under the equity method, to the existing partner and parent owner, Highmark Ventures, Inc. As a result of the transaction the Corporation received a $62.5 million dividend distribution on August 27, 2021. Furthermore, the Corporation recorded a gain on the sale of $128.7 million in the consolidated statement of operations and changes in net assets for the fiscal year ended June 30, 2022.

St. Francis Medical Center ("SFMC") – In connection with the System’s strategic evaluation of its remaining Ministry in New Jersey, SFMC, on December 21, 2021, the Corporation, its subsidiary Maxis Health System ("Maxis"), and SFMC signed a membership transfer agreement with Capital Health System, Inc. ("Capital") under which Capital will acquire the membership interest in SFMC and other associated operations of SFMC from Maxis, as well as $14.5 million of cash, and certain inventory and equipment. The membership interest transfer could occur during the Corporation’s fiscal year 2023 and is subject to customary closing conditions, and regulatory review and approval by certain governmental authorities. Management of the System believes this transaction will not have a material impact on the operations or financial condition of the System as a whole. There are no assurances that this transaction will occur. As a result of this transaction, the Corporation estimates restructuring charges in the range of $70 million to $100 million will be incurred. For the years ended June 30, 2022 and 2021, the Corporation’s consolidated statements of operations and changes in net assets included operating revenue of $142.8 million and $167.1 million, respectively, and deficiency of revenue over expense of $39.4 million and $2.9 million, respectively, related to the operations of SFMC.

MercyOne & Mercy Health Network ("MHN") – On September 1, 2022, the Corporation completed a transaction with CommonSpirit Health ("CSH") through which (i) the Corporation acquired CSH’s 50% interest in MHN, which is the sole member of Wheaton Franciscan Services Inc. ("WFSI") and the MHN subsidiary that owns and controls Central Community Hospital ("CCH") (see Note 3 in the audited financial statements for further information regarding MHN, WFSI and CCH), thereby becoming the sole corporate member of MHN, (ii) MHN became the sole corporate member of Catholic Health Initiatives-Iowa, Corp. d/b/a MercyOne Des Moines Medical Center ("MercyOne Des Moines"), a regional health care system located in Des Moines, Iowa, and (iii) Trinity Home Health Services d/b/a Trinity Health At Home, a subsidiary of the Corporation, acquired certain home care, hospice, and home infusion pharmacy operations from an affiliate of CSH located in the vicinity of Des Moines ("Iowa Home Care Assets", and collectively with (i) and (ii), the “MercyOne Transaction”). The cash paid to CSH in consideration for the MercyOne Transaction totaled $613.0 million. The fair value of identifiable assets acquired, and liabilities assumed, have not yet been determined as the Corporation is still in the process of obtaining third-party valuations of certain tangible and intangible assets and is still assessing the
economic characteristics of certain assets acquired and liabilities assumed. Thus, the opening consolidated balance sheet of entities and operations acquired at the effective date of the MercyOne Transaction is not yet available. The Corporation expects to substantially complete this assessment by December 31, 2022. Pro-forma financial data is not yet available.

For the years ended June 30, 2022 and 2021, respectively, reported operating revenue totaled $1,130.4 million and $1,130.6 million at MercyOne Des Moines, $381.0 million and $377.7 million at WFSI, $10.2 million and $10.2 million at CCH, and $18.6 million and $20.9 million for the Iowa Home Care Assets; reported excess (deficiency) of revenue over expenses totaled ($108.8) million and $89.6 million at MercyOne Des Moines, ($17.4) million and $24.6 million at WFSI, ($0.1) million and $0.9 million at CCH, and $0.3 million and $1.2 million at Iowa Home Care Assets.

Results from Operations

<table>
<thead>
<tr>
<th>For the years ended June 30,</th>
<th>FY21</th>
<th>FY22</th>
</tr>
</thead>
<tbody>
<tr>
<td>(dollars in millions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Income (loss)*</td>
<td>$845.8</td>
<td>($148.5)</td>
</tr>
<tr>
<td>Operating Revenue</td>
<td>$20,163.7</td>
<td>$19,933.7</td>
</tr>
<tr>
<td>Operating Margin*</td>
<td>4.2%</td>
<td>-0.7%</td>
</tr>
<tr>
<td>Operating Cash Flow Margin*</td>
<td>9.8%</td>
<td>4.8%</td>
</tr>
</tbody>
</table>

* Before other items

<table>
<thead>
<tr>
<th>Excluding Provider Relief Fund Grants**</th>
</tr>
</thead>
<tbody>
<tr>
<td>For the years ended June 30,</td>
</tr>
<tr>
<td>(dollars in millions)</td>
</tr>
<tr>
<td>Operating Income (loss)*</td>
</tr>
<tr>
<td>Operating Revenue</td>
</tr>
<tr>
<td>Operating Margin*</td>
</tr>
<tr>
<td>Operating Cash Flow Margin*</td>
</tr>
</tbody>
</table>

* Before other items

Operating (Losses) Income Before Other Items

Trinity Health reported operating losses before other items of $148.5 million (operating margin of (0.7) percent and cash flow margin of 4.8 percent) for fiscal year 2022 compared to operating income before other items of $845.8 million (operating margin of 4.2 percent and cash flow margin of 9.8 percent) in the prior fiscal year. Downward pressure on margins was caused by expense growth outpacing revenue growth, primarily due to increases in pandemic-related labor costs that outpaced net patient service revenue growth by more than four times, coupled with a reduction in PRF grant revenue. During fiscal year 2022, labor costs increased $841.2 million, or 8.2 percent while PRF grant revenue declined $478.3 million. Results included PRF grants in fiscal years 2022 and 2021 of $140.5 million and $618.8 million, respectively. The impacts of rising labor costs were exacerbated late in the second quarter and throughout the third quarter of fiscal year 2022 but began to moderate during the fourth quarter of fiscal year 2022. The second and third quarters included the latest COVID-19 surge, as contract labor costs and premium labor pay rose to unprecedented levels. Targeted efforts to reduce contract labor costs were realized during the fourth quarter of the fiscal year 2022, with June 2022 costs decreasing 60 percent from the peak reached in March 2022. The Corporation is focused on clinical optimization and access, revenue growth opportunities, labor retention, recruiting and stabilization, new care delivery models and continued cost reduction plans to improve operating performance in fiscal year 2023.

Patient volumes were negatively impacted by the latest pandemic surge, most significantly early in the third quarter of fiscal year 2022 as COVID volumes peaked and staff were quarantined, necessitating voluntary curbing of elective procedures early in the third quarter. For the fiscal year ended June 30, 2022, emergency room visits increased 7.6 percent and outpatient volumes increased (as measured by Work Relative Value Units), while surgeries and inpatient discharges decreased 3.4 percent and 1.2 percent, respectively, when adjusted for locations that were divested in fiscal year 2021 and compared to the prior fiscal year 2021.

Patient volumes continue to fluctuate with COVID-19 pandemic surge and recovery waves and patient volumes are stable but have yet to return to pre-pandemic levels. After the winter 2022 omicron surge that required temporary voluntary curbing of elective surgeries due to staffing shortages, the Corporation has been able to manage workflows, capacity issues and personal protective equipment (“PPE”), successfully preventing any further significant suspensions of elective surgeries and effectively limiting the voluntary curbing of elective surgeries to peak surge periods.

Revenue

Excluding PRF grant revenue, total operating revenue of $19.8 billion increased $248.4 million, or 1.3 percent, for
the fiscal year ended June 30, 2022 compared to the prior fiscal year. Net patient service revenue increased $307.6 million, or 1.8 percent, primarily due to same facility increased volume and payment rates, which were partially offset by less favorable case mix and payor mix. Other revenue for fiscal year ended June 30, 2022 decreased $531.3 million compared to the prior fiscal year, driven by a $478.3 million reduction in PRF grant revenue. Fiscal year 2022 total operating revenue of $19.9 billion decreased $230 million compared to the prior fiscal year inclusive of the reduction in PRF grant revenue.

**Nonoperating Items**
In fiscal year 2022, the Corporation reported non-operating losses of $1.2 billion compared to $3.3 billion of non-operating income reported during the prior fiscal year. The reduction was due primarily to investment returns of (8.4) percent in fiscal year 2022 compared to returns of 26 percent in fiscal year 2021. As a result, a $3.3 billion reduction in investment earnings and a $1.1 billion reduction of equity in earnings of unconsolidated affiliates was reported compared to the prior fiscal year.

**Excess of Revenue over Expenses**
For the fiscal year ended June 30, 2022, deficiency of revenue over expenses was $1.4 billion (net margin of (7.6) percent), compared to excess of revenue over expenses of $3.9 billion (net margin of 16.5 percent) for the prior fiscal year. The decrease was primarily due to nonoperating investment losses, and lower operating income driven by unprecedented growth in labor costs as well as a reduction in PRF grant revenue.

**Balance Sheet**
Trinity Health’s balance sheet and liquidity metrics remain strong despite stressors from the ongoing pandemic and investment market volatility. Total assets of $31.1 billion as of June 30, 2022 compared to $33.6 billion as of June 30, 2021. The decrease in assets was due primarily to a $1.7 billion decrease in unrestricted cash and investments. Total assets include unrestricted cash and investments of $11.1 billion or 211 days of cash on hand as of June 30, 2022 compared to 254 days of cash on hand as of June 30, 2021. Seven days of cash were generated from the sale of GHP offset primarily by $944.0 million of investment losses, $907.1 million in repayments of Medicare cash advances and $908.2 million of capital expenditures. Net days in accounts receivable remained the same at 42.5 days as of June 30, 2022 and 2021. Other

**Expenses**
Total operating expenses of $20.1 billion increased $764.3 million, or 4.0 percent for the fiscal year ended June 30, 2022 compared to the prior fiscal year, driven by a significant increase in labor costs, 8.2 percent. The increase in operating expenses was primarily due to: (i) a $519.0 million, or 6.2 percent, increase in salaries and wages (5.9 percent increase in rate and 0.3 percent increase in FTEs), (ii) a $345.4 million, or 123.0 percent increase in contract labor, and iii) to a lesser extent, a $55.1 million, or 1.6 percent increase in supplies. The increases were partially offset by decreases in insurance costs included in other expenses, purchased services, depreciation and amortization, and interest.

**Other Items**
For the fiscal year ended June 30, 2022, other items included a $128.7 million gain on the sale of the Corporation’s 50 percent equity interest in GHP. Other items also included non-cash asset impairment charges of $113.9 million primarily related to aged buildings and structures, operating leased space and related furniture and equipment to be vacated or no longer used, and restructuring costs of $72.6 million primarily for administrative cost reductions. In fiscal year 2021, other items included non-cash asset impairment charges of $111.5 million and $76.7 million of restructuring costs related to the sale of Mercy Health System of Chicago. Including other items, the Corporation reported operating losses of $206.3 million and operating income of $657.6 million for the fiscal years ended June 30, 2022 and 2021, respectively.
items contributing to the decrease in total assets were (i) a $353.6 million reduction in investments in unconsolidated affiliates primarily related to the sale of GHP and unfavorable investment returns impacting the Corporation’s investment in BayCare Health System, and (ii) a $232.7 million reduction in prepaid pension and retiree health assets. Weak investment returns in the pension plan asset portfolios were partially offset by increases in discount rates used to measure plan liabilities resulting in an overall decrease in funded status of the plans, from 101% funded as of June 30, 2021 to 98% funded as of June 30, 2022.

Total liabilities of $14.2 billion decreased $889.4 million, or 5.9 percent compared to June 30, 2021. The decrease in liabilities was primarily due to $907.1 million in repayments of Medicare cash advances, as well as a decrease of $44.1 million in accrued pension and retiree healthcare, including $27 million of cash funding during the year. Other long-term liabilities decreased $141.7 million primarily related to an $86.9 million improvement in market value of interest rate swaps. The decreases were partially offset by increases in payables under security lending agreements of $110.3 million and a net increase in debt of $81.6 million. Debt to capitalization as of June 30, 2022 was 32 percent compared to 30 percent as of June 30, 2021.

Statement of Cash Flows
Cash, cash equivalents and restricted cash decreased $148.8 million during the fiscal year ended June 30, 2022. Operating activities used $62.9 million of cash which includes a $907.1 million repayment of Medicare cash advances. Investing activities used $124.1 million of cash including $908.3 million for purchases of property and equipment partially offset by $456.4 million for net proceeds from sales of investments and receipt of $323.4 million of cash from the sale of GHP. Financing activities provided $38.2 million of cash, primarily from the issuance of debt, partially offset by the repayment of debt and the distribution of dividends.
TRINITY HEALTH
Liquidity Reporting
June 30, 2022

($ in millions)
(unaudited)

ASSETS

Daily Liquidity
Money Market Funds (Moody’s rated Aaa) $ 392
Checking and Deposit Accounts (at P-1 rated bank) 565
Repurchase Agreements -
U.S. Treasuries & Aaa-rated Agencies -
Dedicated Bank Lines 600
Subtotal Daily Liquidity (Cash & Securities) $ 1,557

Undrawn Portion of $600M Taxable Commercial Paper Program 500
Subtotal Daily Liquidity Including Taxable Commercial Paper Program $ 2,057

Weekly Liquidity
Exchange Traded Equity $ 3,113
Publicly Traded Fixed Income Securities Rated at least Aa3 and Bond Funds 2,126
Equity Funds 893
Other 176
Subtotal Weekly Liquidity 6,308

TOTAL DAILY AND WEEKLY LIQUIDITY $ 8,365

Longer-Term Liquidity
Funds, vehicles, investments that allow withdrawals with less than one-month notice 1,543
Funds, vehicles, investments that allow withdrawals with one-month notice or longer 3,201
Total Longer-Term Liquidity $ 4,744

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

Weekly Put Bonds
VRDO Bonds (7-day) $ 185

Long-Mode Put Bonds
VRDO Bonds (Commercial Paper Mode) 146

Taxable Commercial Paper Outstanding 100

TOTAL SELF-LIQUIDITY DEBT AND COMMERCIAL PAPER $ 431

Trinity Health  
Financial Ratios and Statistics (Unaudited)

<table>
<thead>
<tr>
<th>Financial Indicators</th>
<th>June 30, 2022</th>
<th>June 30, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Liquidity Ratios (as of June 30)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days Cash on Hand</td>
<td>211</td>
<td>254</td>
</tr>
<tr>
<td>Days in Accounts Receivable, Net</td>
<td>42.5</td>
<td>42.5</td>
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<tr>
<td><strong>Leverage Ratios (as of June 30)</strong></td>
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<tr>
<td>Debt to Capitalization</td>
<td>32%</td>
<td>30%</td>
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<tr>
<td>Cash to Debt</td>
<td>150%</td>
<td>175%</td>
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<tr>
<td><strong>Profitability Ratios (For the Fiscal Year Ended June 30)</strong></td>
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<tr>
<td>Operating Margin before Other Items</td>
<td>(0.7%)</td>
<td>4.2%</td>
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<tr>
<td>Operating Cash Flow Margin before Other Items</td>
<td>4.8%</td>
<td>9.8%</td>
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<tr>
<td><strong>Statistical Indicators (For the Fiscal Year Ended June 30)</strong></td>
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<td></td>
</tr>
<tr>
<td>Rounded to nearest thousand</td>
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<td></td>
</tr>
<tr>
<td>Discharges</td>
<td>479,000</td>
<td>496,000</td>
</tr>
<tr>
<td>Patient Days</td>
<td>2,438,000</td>
<td>2,444,000</td>
</tr>
<tr>
<td>Outpatient Visits</td>
<td>20,047,000</td>
<td>20,564,000</td>
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<tr>
<td>Emergency Room Visits</td>
<td>1,913,000</td>
<td>1,828,000</td>
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<tr>
<td>Observation Cases</td>
<td>113,000</td>
<td>119,000</td>
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<tr>
<td><strong>Continuing Care</strong></td>
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<tr>
<td>Home Health Admissions</td>
<td>85,000</td>
<td>85,000</td>
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<tr>
<td>Long-term Care Patient Days</td>
<td>485,000</td>
<td>590,000</td>
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