



November 29, 2016

### Bank of America Merrill Lynch 2016 Leveraged Finance Conference

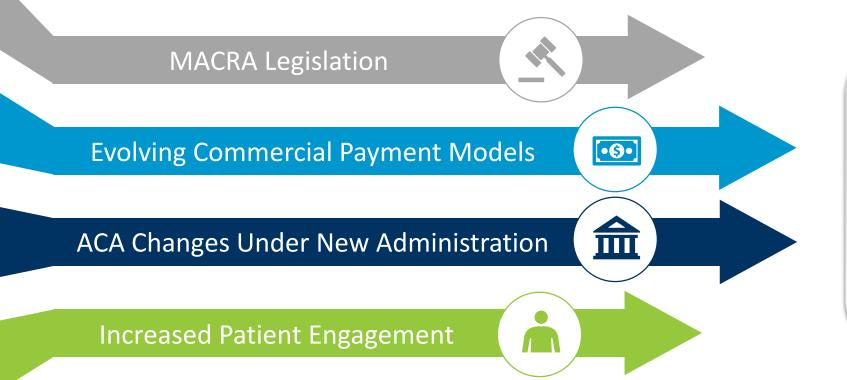
Vivian Lopez-Blanco
Chief Financial Officer, MEDNAX

# Forward Looking Disclosure

Certain statements and information in this presentation may be deemed to contain forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995, Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended. Forward-looking statements may include, but are not limited to, statements relating to our objectives, plans and strategies, and all statements, other than statements of historical facts, that address activities, events or developments that we intend, expect, project, believe or anticipate will or may occur in the future. These statements are often characterized by terminology such as "believe", "hope", "may", "anticipate", "should", "intend", "plan", "will", "expect", "estimate", "project", "positioned", "strategy" and similar expressions, and are based on assumptions and assessments made by MEDNAX's management in light of their experience and their perception of historical trends, current conditions, expected future developments and other factors they believe to be appropriate. Any forward-looking statements in this presentation are made as of the date hereof, and MEDNAX undertakes no duty to update or revise any such statements, whether as a result of new information, future events or otherwise. Forward-looking statements are not guarantees of future performance and are subject to risks and uncertainties. Important factors that could cause actual results, developments, and business decisions to differ materially from forward-looking statements are described in MEDNAX's most recent Annual Report on Form 10-K and its Quarterly Reports on Form 10-Q, including the sections entitled "Risk Factors", as well MEDNAX's current reports on Form 8-K, filed with the Securities and Exchange Commission.



### Healthcare Remains in Constant Evolution



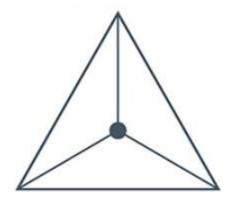
Continued
Evolution Away
From Fee-ForService Model
Toward ValueBased Payment
Structures



# Tenets of the Triple Aim Remain a Goal

### The IHI Triple Aim

Population Health



**Experience of Care** 

Per Capita Cost

# Regardless of the current landscape, pursuing the Triple Aim benefits MEDNAX and our healthcare partners

We seek to simultaneously achieve the three core tenets via:

- Clinical research, education, and quality
- Data capabilities
- Operational expertise



### Our Diverse Value Proposition

#### **Neonatal Services**

- Neonatology
- Newborn follow-up
- Newborn hearing screening
- Newborn nursery services

#### **Management Services**

- Billing and coding
- Eligibility and enrollment
- Patient pay
- Revenue recovery

#### Telemedicine

Teleradiology



#### **Anesthesia Services**

- Cardiothoracic
- Critical care
- Neurosurgical
- Obstetric

- Orthopedic
- Pain medicine
- Pediatric
- Regional

# Pediatric Subspecialty and Other Services

- Cardiology
- Developmental pediatrics
- Emergency medicine
- ENT
- Gastrointestinal
- Hospitalist
   Services
- Infectious disease

- Intensive care
- Maternal-fetal medicine
- OB hospitalist services
- Ophthalmology
- Otolaryngology
- Plastic surgery
- Surgery
- Urology



### Positioning in Our Specialties

**■** MEDNAX 51,000 ■ Nationwide\* 27,000 12,400 5,300 ,825 ,375 **Neonatologists Total Pediatric** Radiologists Anesthesiologists Subspecialty

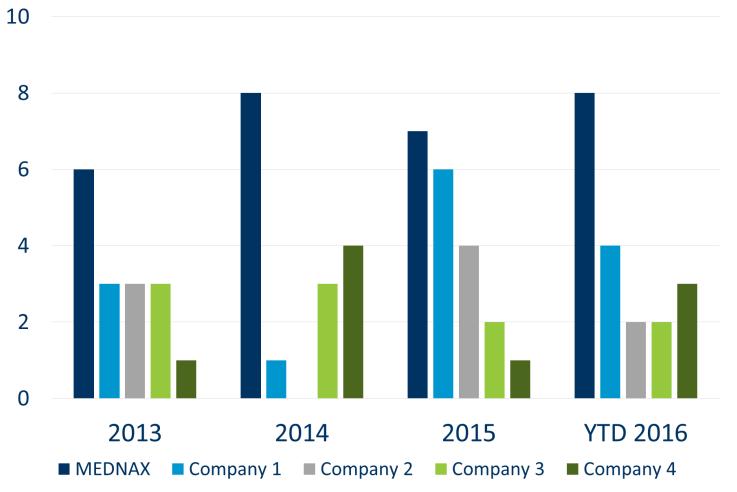
More than 220 private physician practices have joined MEDNAX over the last 20 years



**Physicians** 

# Partner of Choice in a Fragmented Industry

Annual Anesthesiology Private Practice Acqusitions



Over the last four years, more private anesthesiology practices have chosen to partner with MEDNAX than any other organization

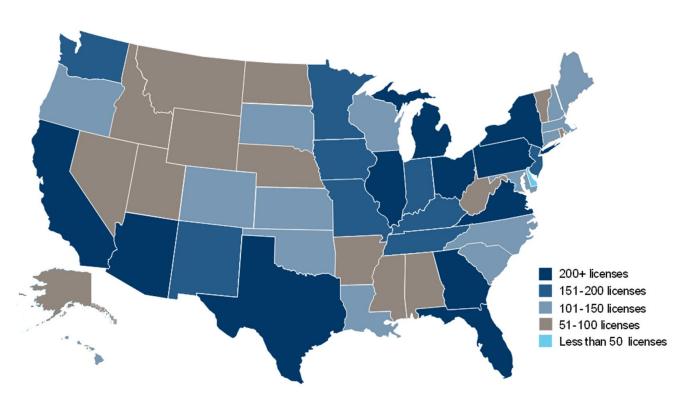


### Teleradiology

- Leading outsourced radiology physician services and telemedicine company
- ~400 U.S.-based radiologists provide services to >2,100 facilities across all 50 states, D.C. and Puerto Rico
- Teleradiologists average more than 140 facility credentials and more than 16 state licenses

Average licensed teleradiologists per state	130+
Subspecialty-trained teleradiologists	70%+
Studies handled annually	6.5M+
Images handled annually	1.9B
# of radiology studies in database	45M+
Number of facilities networked to vRad	2,100+
U.S. hospitals covered	30%+
Number of imaging devices networked to vRad	50,000+
Total investment in technology platform	\$55M+

#### Highly scalable platform and radiology network with extensive subspecialty expertise





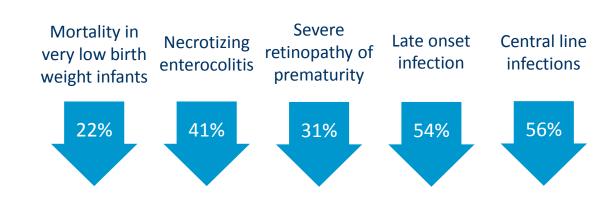
# In Neonatology

Results of our 100,000 Babies Campaign, as published in *Pediatrics*, the official journal of the American Academy of Pediatrics

#### **Data and scale**

- 420,000 babies across 330
   NICUs from 2007-13
- Compiled using our proprietary EHR system (BabySteps) and transferred to our clinical data warehouse

#### **Improved Processes and Outcomes**



The benefits of the 100,000 Babies Campaign are being recognized by MEDNAX's hospital and health system partners across the country



# In Anesthesiology

#### **Value Added Programs**

- ERAS
- Perioperative surgical home
- Safety
- Simulations

#### **Surgical Directions Engagement**

- Enhances care coordination
- Enforces best practices / standardization
- Improves communication
- Ensures follow-up after care transitions
- Optimizes patient expectations and outcomes

MEDNAX-Affiliated
Anesthesiologist Receives
First "Physician of
Excellence" Designation in
the United States by the
ERAS® Society

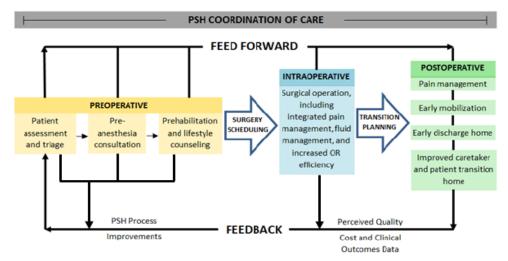
#### **ERAS Programs Can:**



Reduce post-op care time by up to 30%



Reduce complications by up to 50%





# In Teleradiology

Getting the right study to the right physician – at the right time – improves care, creates efficiency, and enhances the patient experience





### The Challenges of Evolving Healthcare Coverage

#### Provider Challenges:

- Healthcare reform creating complex reimbursement challenges
- Healthcare payment process structured around insurance providers
- Poor collections of patient balances: 75% are willing to pay, but only 19% do

#### Patient Trends:

- Increasing trend to outsourcing
- Increase in patient pay responsibility: from 3% in 2005  $\rightarrow$  35% currently  $\rightarrow$  50% by 2020
- Increased Medicaid enrollment driving need for onsite enrollment and eligibility services

Patient engagement is a clinical AND financial necessity



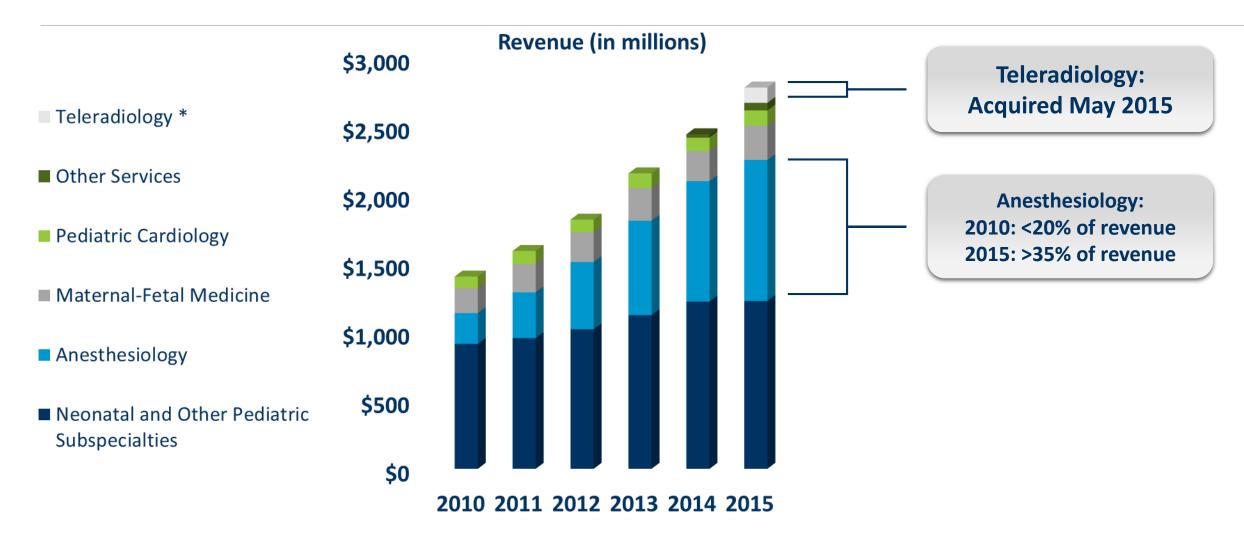
# In Management Services



Offering full service RCM affords the ability to become a trusted partner with clients at multiple levels, particularly as reimbursement and practice coordination become more complex

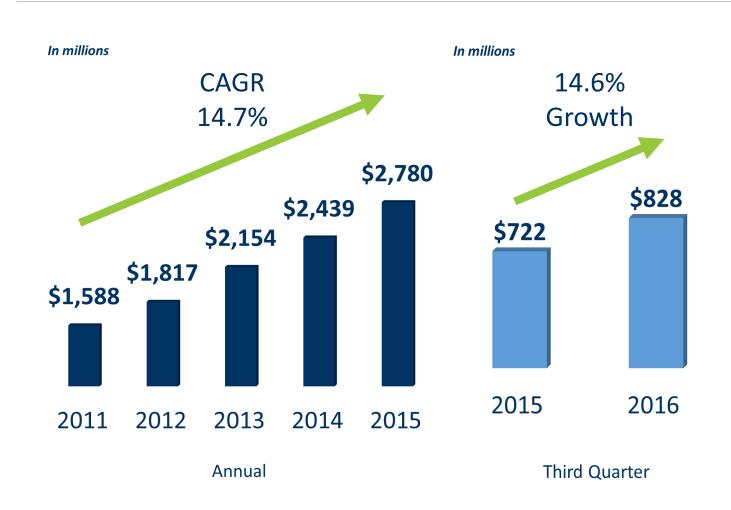


### Our Growth and Diversification





### Our Results – Revenue Growth



Revenue growth generated through acquisitions and organically

3Q16 same-unit revenue growth +1.4%



### Our Results – EBITDA Growth



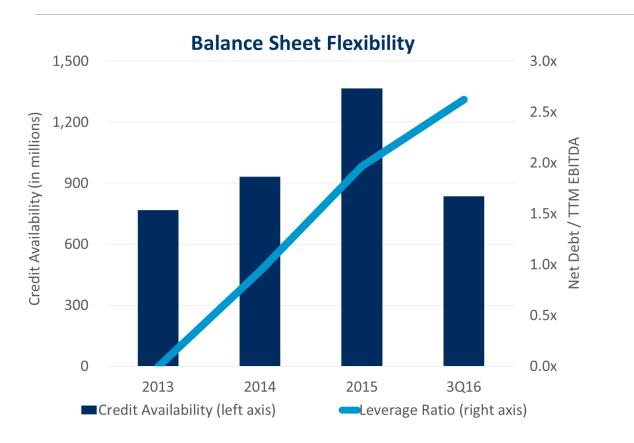
3Q16 EBITDA growth impacted by physician capacity constraints in teleradiology

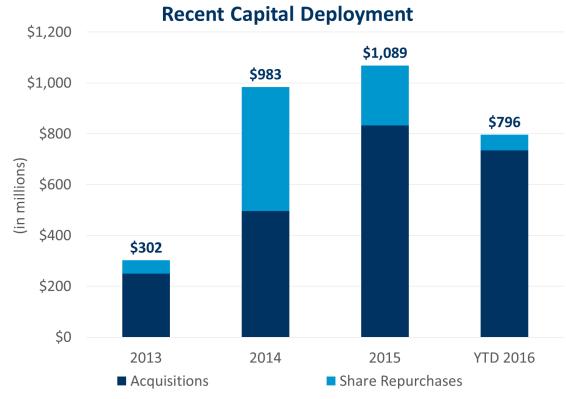
11.4% EBITDA growth in 2015

Beyond the Parity program, our specialty mix limited our exposure to the implementation of the ACA in 2014 and 2015



# Capital Structure and Deployment





- \$836 million available on credit facility
  - Net Debt / EBITDA of 2.7x





