

A blurred background image of a hospital hallway. In the foreground, a person in blue scrubs is walking away from the camera. In the background, other people are visible, including one in a white lab coat and another in blue scrubs. The hallway has white walls and a light-colored floor.

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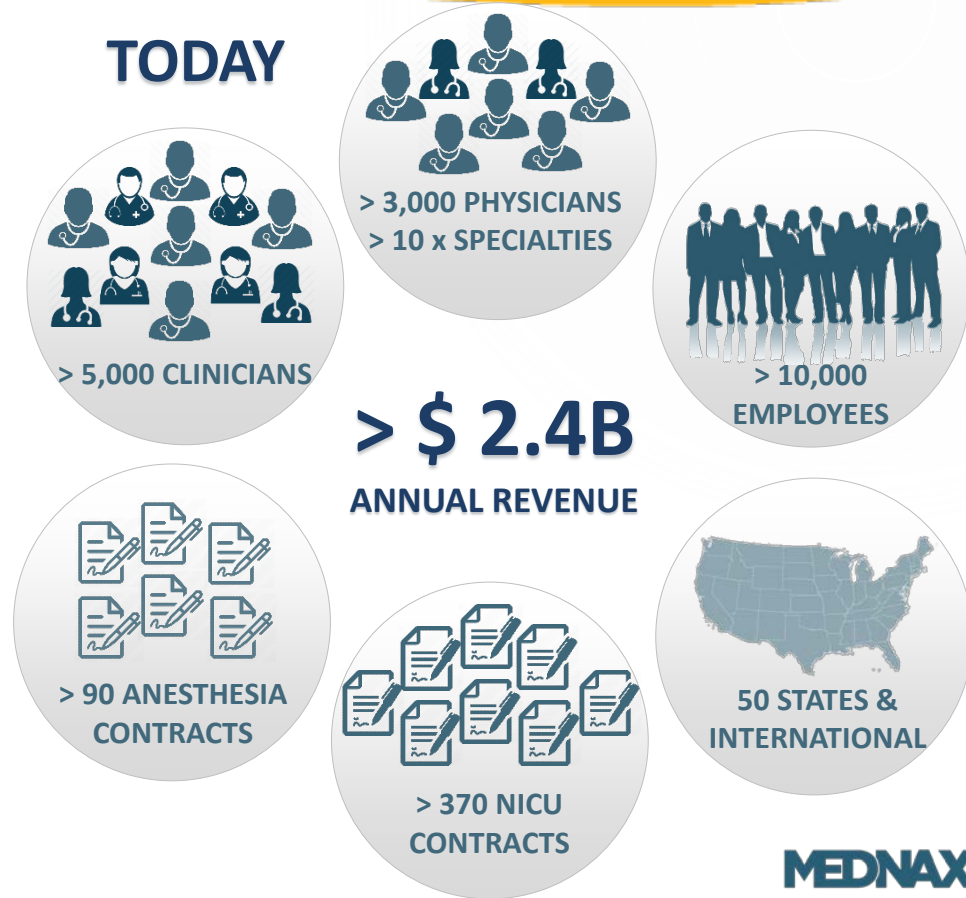


Roger J Medel, MD
Chief Executive Officer

MEDNAX: A History of Growth



TODAY



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Today, Every Day at MEDNAX

150 PICU
Children

5,500
NICU
Babies

2,135
Hearing
Screens

5,022
Anesthesia
Cases

1,800
Newborns
in the
Nursery

200
PEDS

450
Attended
Deliveries

15,000
Radiology
Studies

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AND WE'RE JUST GETTING STARTED.

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Operations Overview

Karl Wagner, President Eastern Division

David Clark, President Western Division

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Karl Wagner

1995-1997, East Region ASC Group of HCA

1997-1998, Controller, Pediatrix Medical Group

1998-2010, CFO, Pediatrix Medical Group

2010 – April 2015, President, American Anesthesiology

2000 – 2001, VP Operations, Magella Healthcare

**2001 – 2003, RVP South Central Region,
Pediatrix Medical Group**

2003 – 2008, SVP Operations, Pediatrix Medical Group

2008 – April 2015, COO, Pediatrix Medical Group

Realigning for the Future

Our History

**Organizational
Changes**

Why Realign?

Realigning for the Future

Our History

**Organizational
Changes**

Why Realign?

Historical Perspective - Growth

2000 Pediatrix

- 452 Physicians, 1,419 Employees
- Neonatology & MFM
- Net Revenue \$243M

2008 MEDNAX

- 1,274 Physicians, 4,977 Employees
- Anesthesiology + 6 Specialties within Pediatrix
- Net Revenue \$1.07B

2015 MEDNAX

- >3,000 Physicians, >10,000 Employees
- > 10 Specialties + Complementary Service Offerings (TeleRad, RCM)
- Net Revenue > \$2.4B

Historical Perspective - Growth

2000

Practice/Specialty
Focused

2008

Market Focused-
Separation between PDX
and Anesthesiology

2015

??

Support Hospitals by
providing quality care
with no noise

Opportunistic partnering
with hospitals to provide
expanded solutions

??

Maintained specialty
separation in
operations/contracting

Consolidating focus of
relationships - separation
between Anesthesia and
PDX

??

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Realigning for the Future

Our History

Organizational
Changes

Why Realign?

Organizational Changes



From Specialty based to Geographically based

Western Division and Eastern Division

One unified organization under MEDNAX

New Clinical Services Division

New Shared Services Division

Realigning for the Future

Our History

Organizational
Changes

Why Realign?

Realigning for the Future: Why the Realignment



Changing Needs of Health System Partners

Movement to Value Based Reimbursement

Hospital Reimbursement Reductions

Increasingly Competitive Environment

IHI Triple Aim

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Realigning for the Future: Why the Realignment



Develop Single Point of Contact for Our Hospital Partners

Listen to Hospital Needs

Responding with Programs and Potentially Developing
Programs to Advance Partnership

Recognize That Not Every Market Will
Develop in the Same Manner

Add Services to Meet Hospital Concerns

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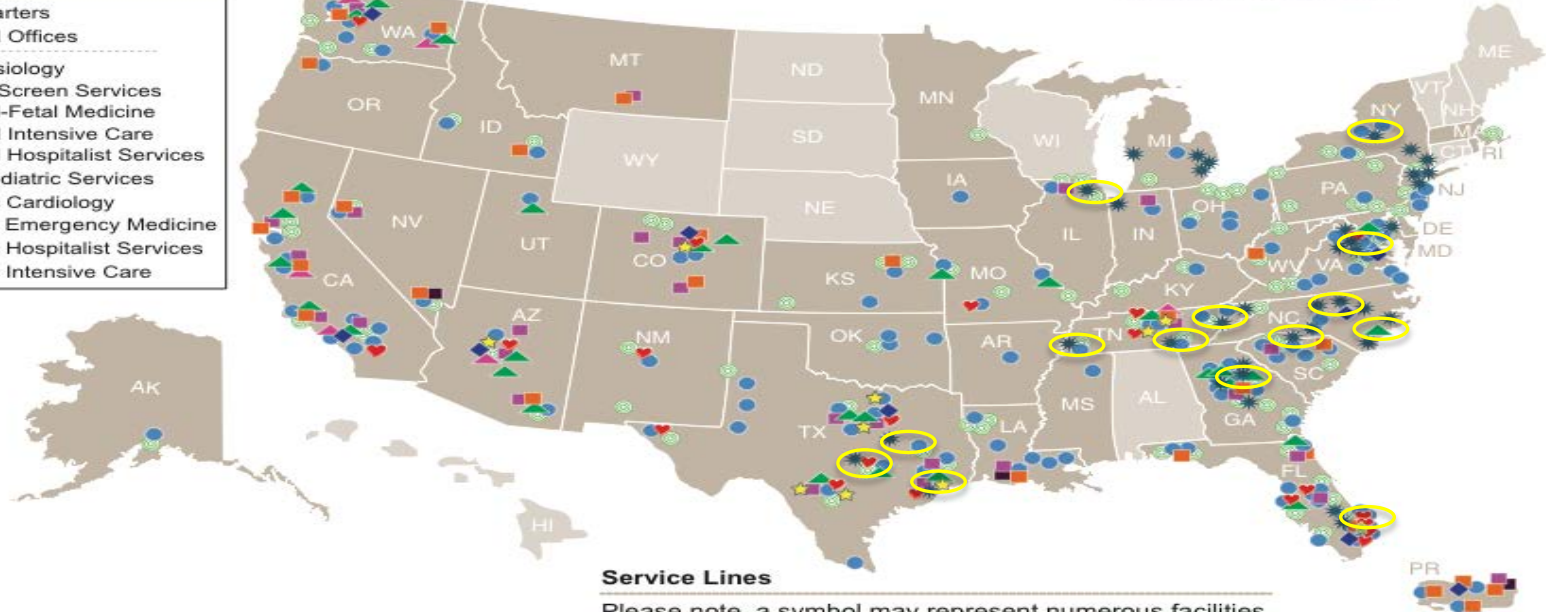
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Pediatrix/American Anesthesiology Overlap

July 2015

Legend

- ★ Headquarters
- ◆ Regional Offices
- ✱ Anesthesiology
- ⊙ Hearing Screen Services
- ▲ Maternal-Fetal Medicine
- Neonatal Intensive Care
- ▲ OB/GYN Hospitalist Services
- ★ Other Pediatric Services
- ♥ Pediatric Cardiology
- Pediatric Emergency Medicine
- Pediatric Hospitalist Services
- Pediatric Intensive Care



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Top Issues Confronting Hospitals

American College of Healthcare Executives 2014 Survey of Hospital CEOs

**Financial
Challenges**

**Healthcare
Reform
Implementation**

**Government
Mandates**

**Patient
Safety &
Quality**

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Hospital Financial Challenges

Financial Challenges (n = 338)¹

Medicaid reimbursement (including adequacy and timeliness of payment)	69%
Bad debt (including uncollectable emergency department and other charges)	67%
Decreasing inpatient volume	63%
Medicare reimbursement (including adequacy and timeliness of payment)	57%
Competition from other providers (of any type—inpatient, outpatient, ambulatory care, diagnostic, retail, etc.)	55%
Government funding cuts (<i>other than</i> reduced reimbursement for Medicaid or Medicare)	55%
Increasing costs for staff, supplies, etc.	55%
Revenue cycle management (converting charges to cash)	39%
Managed care payments	37%
Other commercial insurance reimbursement	37%
Inadequate funding for capital improvements	32%
Emergency department overuse	26%

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Healthcare Reform Implementation

Healthcare Reform Implementation (n = 338)¹

Reduce operating costs	78%
Shift to value-based purchasing	66%
Alignment of provider and payor incentives	65%
Align with physicians more closely	54%
Develop information system integrated with primary care MDs	48%
Regulatory/legislative uncertainty affecting strategic planning	47%
Study avoidable readmissions to avoid penalties	46%
Hire one or more primary care physicians	35%
Obtain funding from the American Recovery and Reinvestment Act for electronic records (meaningful use)	32%
Study avoidable infections to avoid penalties	26%

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Why the Realignment: Triple Aim Defined

Ensuring a high level of patient satisfaction and engagement

Improving the health of the population we serve

Providing cost effective care

These will be our guiding principles going forward

Realigning for the Future: *one*MEDNAX Defined

one | **MEDNAX**

One Company, One Brand, One Voice

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Historical Perspective - Growth

2000

Practice/Specialty
Focused

Support Hospitals by
providing quality care
with no noise

Maintained specialty
separation in
operations/contracting

2008

Market Focused-
Separation between PDX
and Anesthesiology

Opportunistic partnering
with hospitals to provide
expanded solutions

Consolidating focus of
relationships - separation
between Anesthesia and
PDX

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Market focus
across all services

Pursue Strategic
alignment with
hospital partners

Operations
Management of
all services within
a geography

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Market Case Study - Nashville

HCA Flagship Hospital in Nashville

657 bed women's and children's hospital with a large delivery service

In 2012, on-site Level III NICU (MEDNAX) with limited subspecialty support by local non-HCA children's hospital

Goal of Centennial to expand Children's Hospital services required for addition of pediatric subspecialty support and related services



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Market Case Study - Nashville

MEDNAX partnered with HCA to develop and implement a strategy for addition of required pediatric subspecialty and related services

MEDNAX established new practices at Centennial in:

- Pediatric Intensive Care
- Pediatric Hospitalists
- Pediatric Cardiology
- Pediatric Surgery
- Pediatric Urology
- OB Hospitalists

MEDNAX assisted HCA in developing other related services



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Clinical Services Division

Michael Stanley, MD, President Clinical Services

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Michael Stanley, MD

1980-1997, Medical Director, Cook Children's Ft Worth NICU

1997-1999, Medical Director, Ft Worth Neonatal

1999-2001, Regional Medical Officer, Pediatrix

2001-2012, South Central Region President, Pediatrix

2012-2015, Division President, Pediatrix

April 2015 – President, Clinical Division

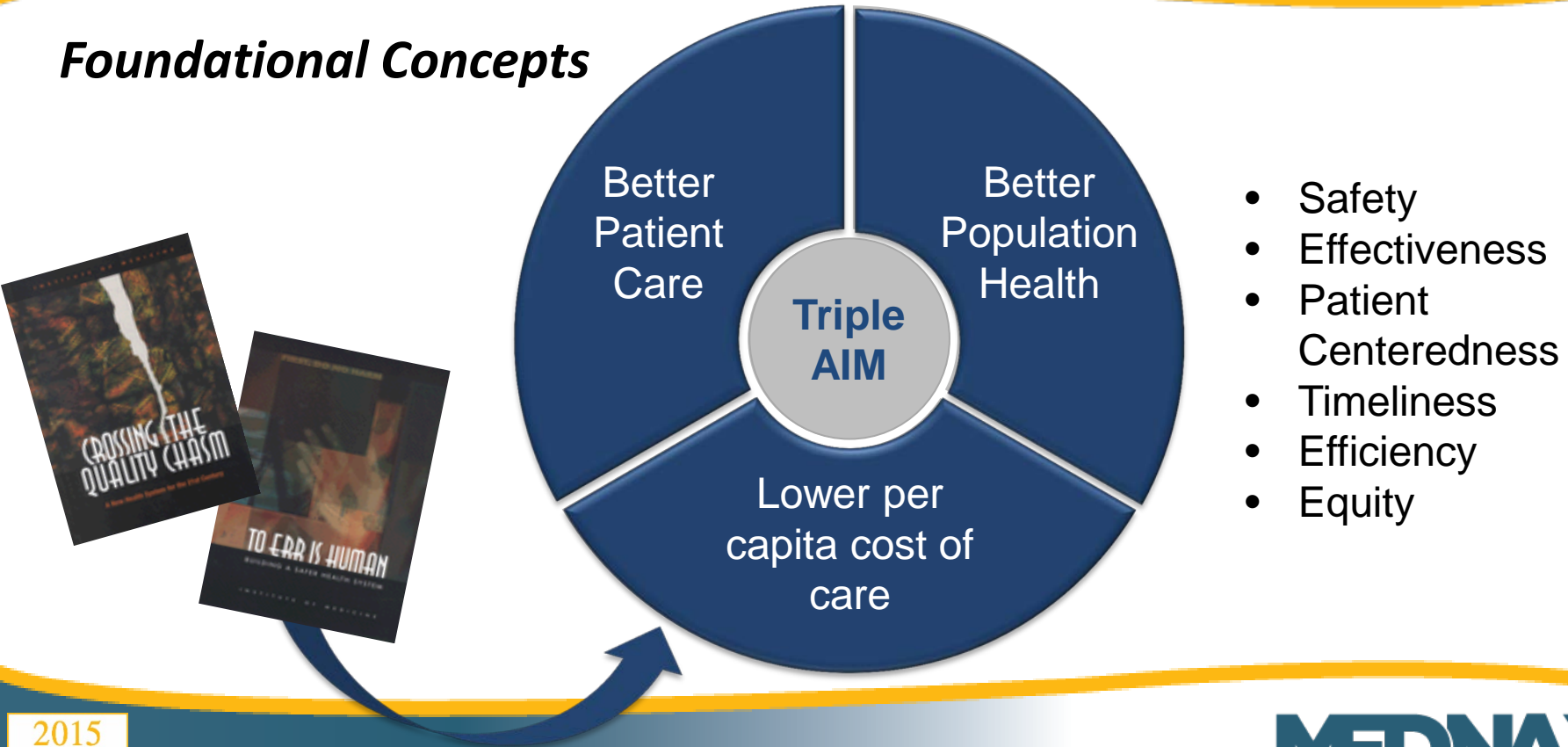
“...supporting clinicians at the bedside, developing and enhancing quality, safety and other programs across all specialties to ensure best practices and consistency across the organization.”

Roger Medel, M.D.

MEDNAX National Medical Director Meeting
San Diego, 2015

Healthcare Reform

Foundational Concepts



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Clinical Services Division: Department

Advanced Practitioner Program

- Oversight of Mid level provider issues
- Educational & Quality Programs

Coding Education & Audit

- ICD-10 Conversion
- Ongoing Audit Function
- CMS/State & Commercial Compliance

Clinical Information Systems

- Hospital Based: Babysteps/iNewborn/ECAPPS
- Office Based Systems: Nextgen PACS

Office Based Practices

- Workflow Process Improvement
- Standardization & Optimization Initiatives

Clinical Services



- Outcomes Research
- Clinical Trials
- Sponsored Research



- CQI Summits
- Clinical Advisory Board



- Patient Safety Initiative
- Simulation



- Clinical Meetings
- Outlier Program

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Specialty Initiatives

Neonatal Clinical Data Warehouse

- 1,000,000+ patient records
- Represents a 5,300 bed virtual NICU
- Fed by Babysteps, a MEDNAX proprietary health information system

Anesthesiology Quantum Data Registry

- Approved CMS Data Reporting Registry
- 17 reportable metrics; 83 practice level quality metrics

Maternal Fetal Medicine

- Nextgen Medical Record Extraction
- Team of Physicians, Research Nurses & Clinical Staff
- Multicenter clinical & basic research Projects

Cardiology

- Multisite clinical collaboratives
- Development of Quality Metrics & CDW underway

Ever-Increasing Data Demand

Sponsored Trials

- Pharma Co.
- Device Mfgr

Core Research

- Duke University
- Gates Foundation

Internal Queries

- Outcomes Research



Quality



100K Babies Campaign

**CQI Summit Meetings: 3X/year; Multidiscipline:
Neo/PICU/CARDI/MFM**

Practice/Hospital Collaboratives: DFW, San Antonio

Outliers Program

Simulation

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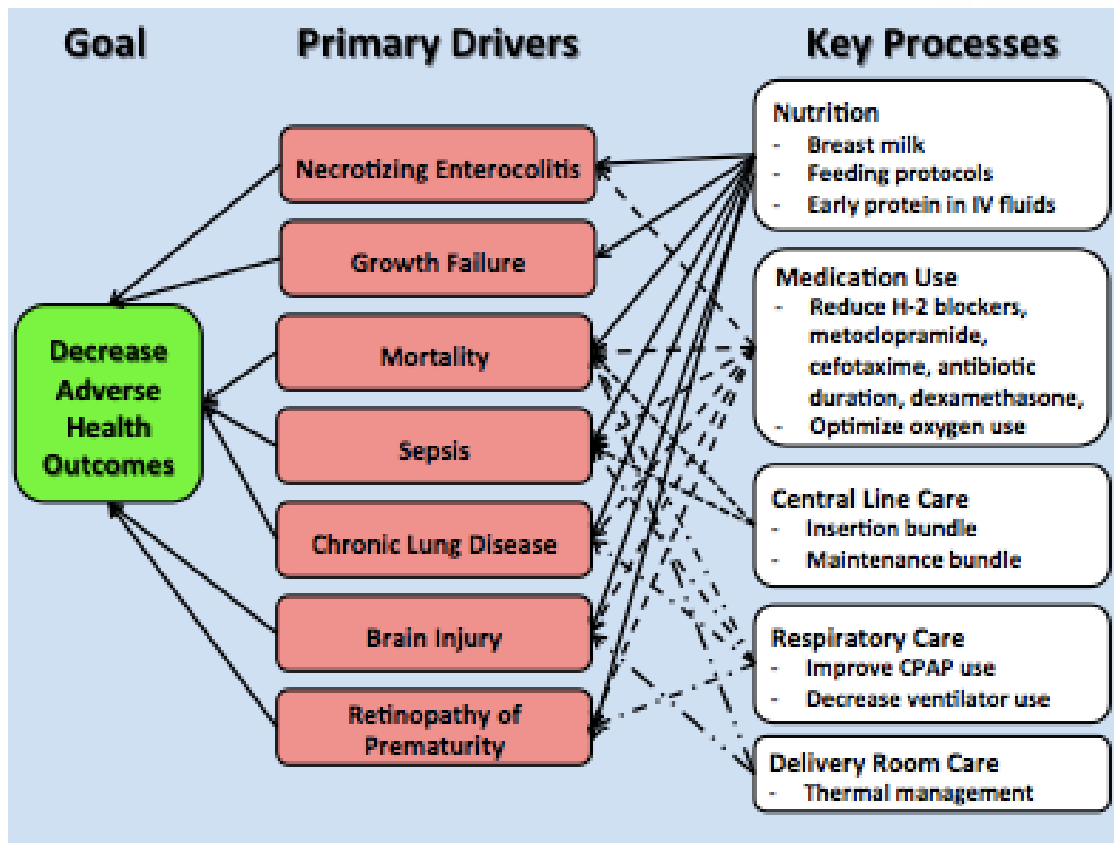
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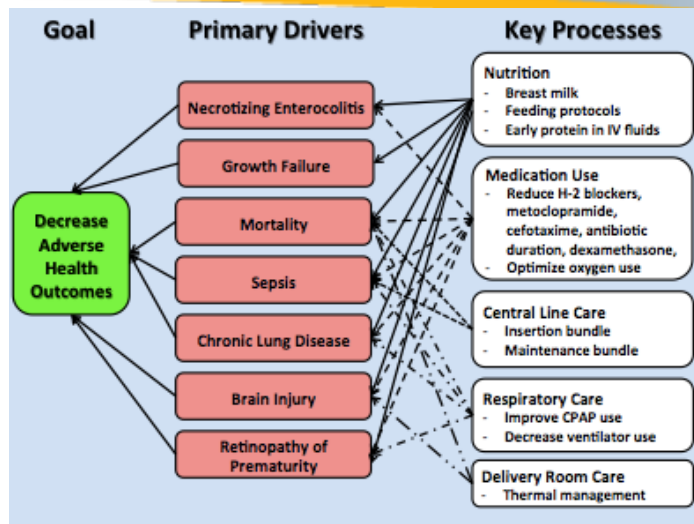


100K Babies Campaign

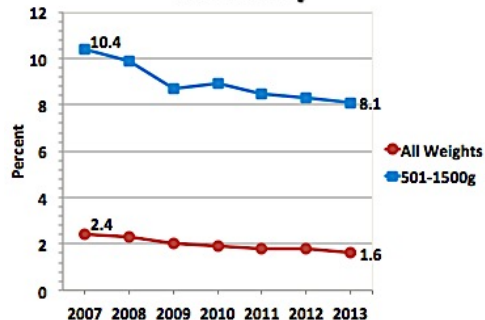




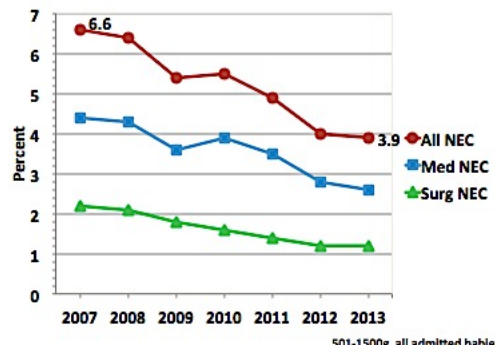
100K Babies Campaign



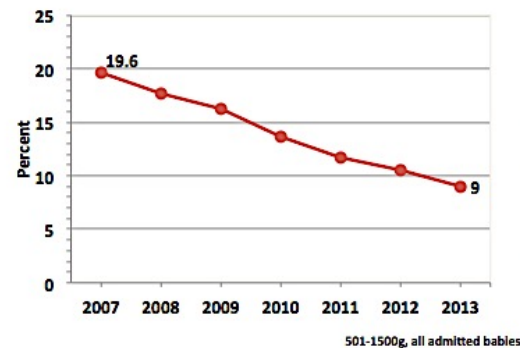
Mortality



Necrotizing Enterocolitis



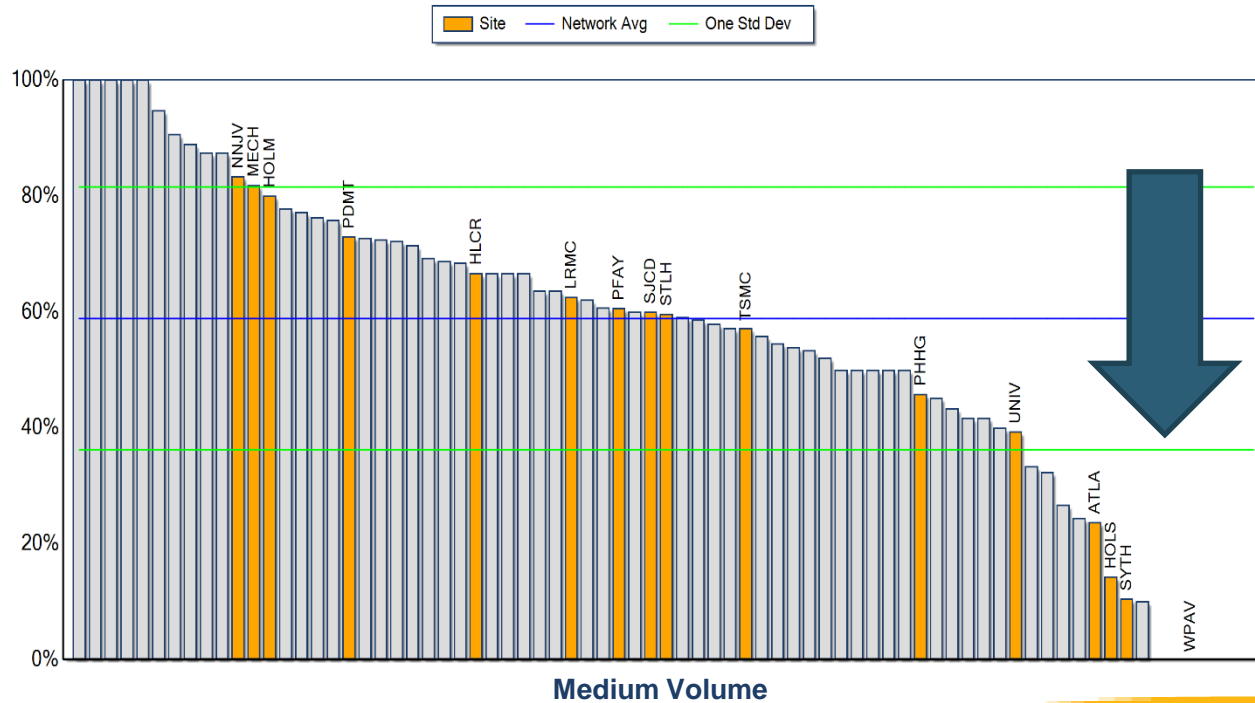
Late Onset Sepsis (after day 3)





Outliers Program

Breast
Milk First
Week of
Life



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Safety Climate Survey

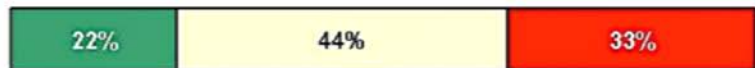
Communication Openness

Positive Neutral Negative

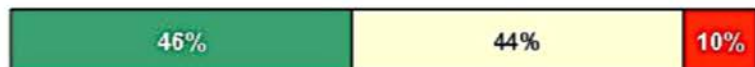
1. Staff will freely speak up if they see something that may negatively affect patient care. (C2)



2. Staff feel free to question the decisions or actions of those with more authority. (C4)



R3. Staff are afraid to ask questions when something does not seem right. (C6)



“...one of the hallmarks of a High Reliability Organization is when the most junior person is willing to speak up to the most senior on matters of patient safety....”

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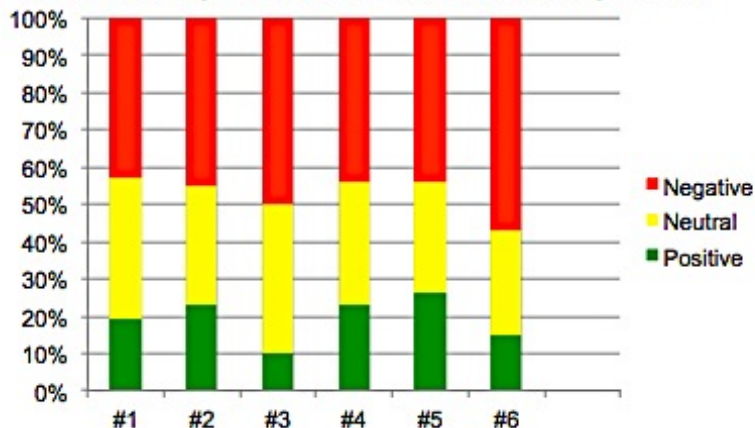
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Communication Openness

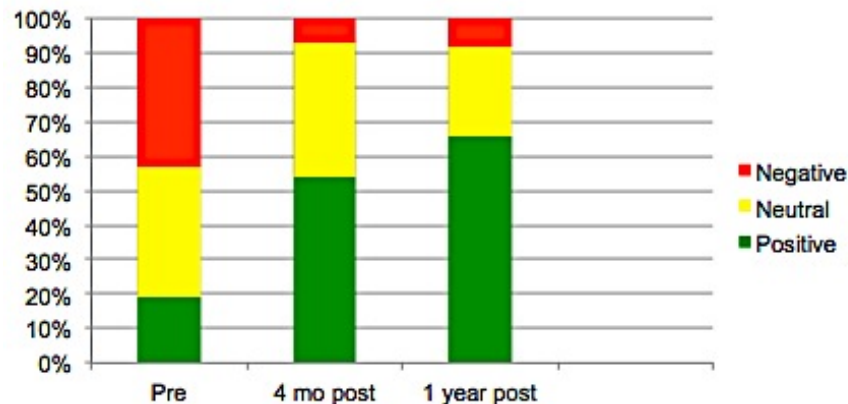
Pre HRO

Q31: When a mistake is made but has no potential to harm the patient, how often is this reported?



Post HRO

Q31: When a mistake is made but has no potential to harm the patient, how often is this reported?



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Clinician and System Competency

Multi-disciplinary

- Emergency
- Trauma
- Code/OR Fire

Competency

- NNP
- Physician



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Business Development
Steve Collins, SVP

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Business Development



Contributes to MEDNAX corporate growth objectives by completing strategic acquisitions that are accretive to earnings.

Acquisition growth funded by investing cash flow from operations and utilizing MEDNAX's existing credit facility.

Target Areas:

1. Hospital based specialties
Anesthesiology, Neonatology, PICU, Pediatric Hospitalist
2. Office based specialties
Pediatric Cardiology, Perinatology, Pediatric ENT,
3. New business lines – Surgical Directions, MedData, vRad

Track record of closing acquisitions each year has contributed to consistent, double digit earnings growth

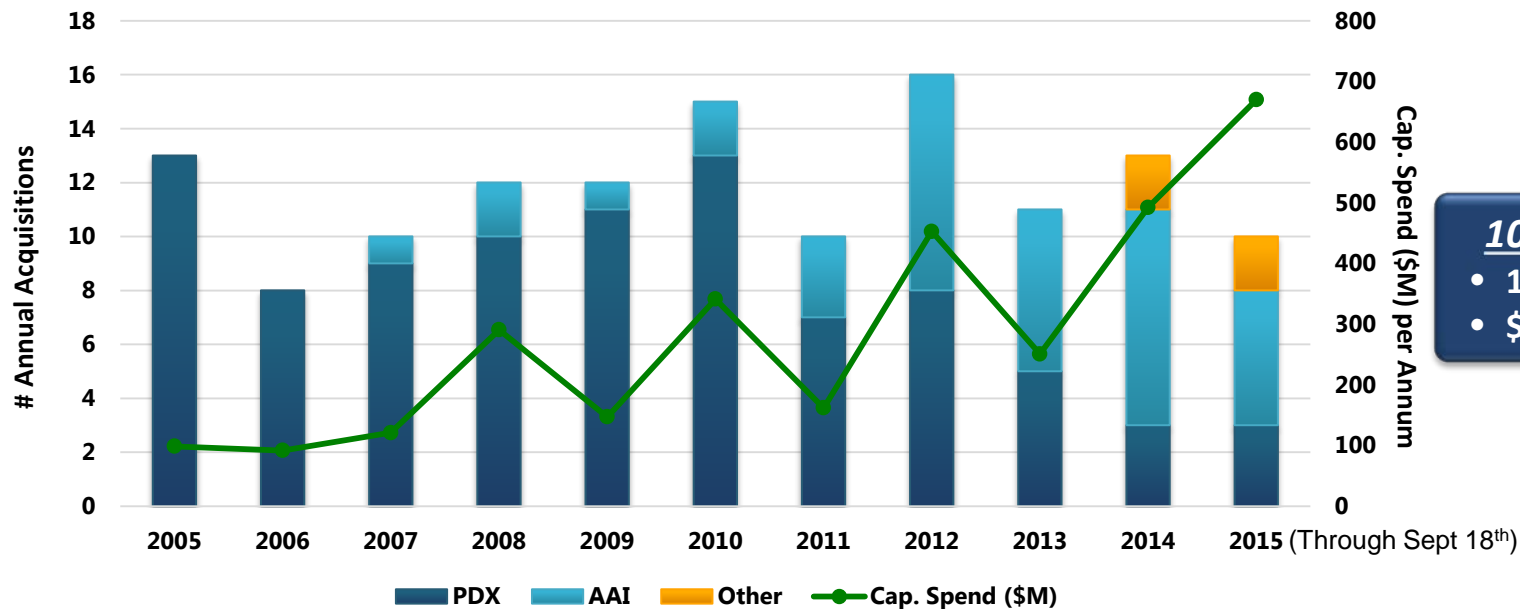
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Acquisitions – 2005 to 2015 YTD

Acquisitions and Cap. Spend (\$M) by Year



10 Year Overview

- 130 Acquisitions
- \$ 3.12B Cap. Spend

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Business Development Team

Transaction Leaders

Steve Collins, Sr. Vice President

3 Vice Presidents

3 Directors

Valuation and Due Diligence

2 Senior Analysts

4 Analysts

Market Development

1 Manager

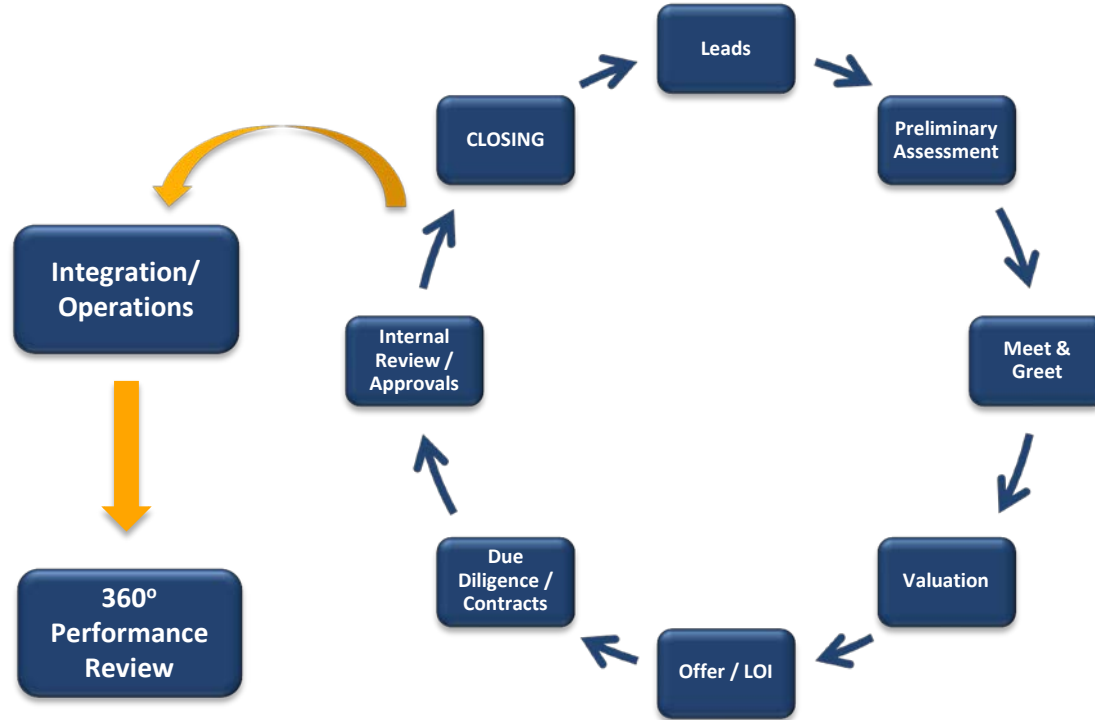
1 Analyst

Administrative Support

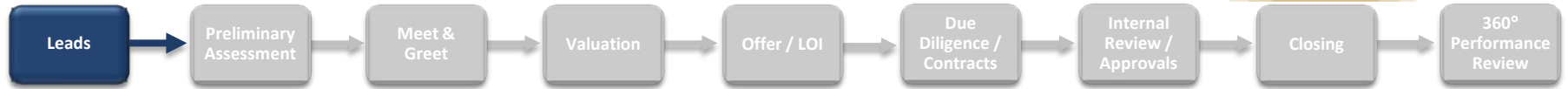
1 Executive Assistant

1 Administrative Assistant

Business Development Process

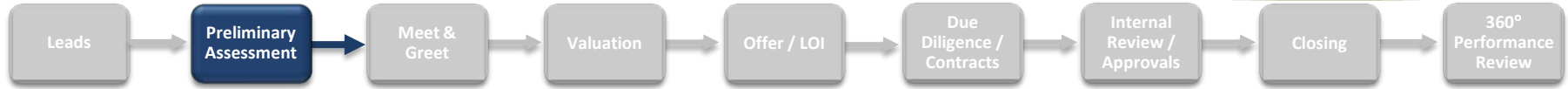


Deal Sourcing



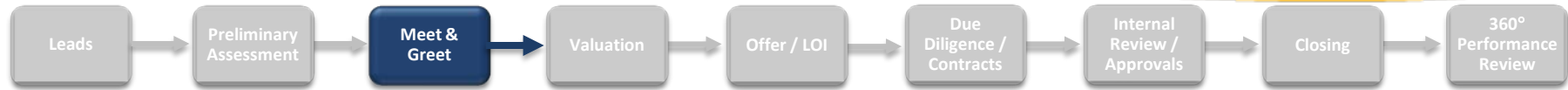
- Market Planning and Research
 - Broad database of potential targets
 - Prioritization
 - Outreach
- Brokered Deals
- Existing MEDNAX Physician Groups and Medical Directors
- Regional Management
- Direct Inbound
- Conferences

Preliminary Assessment



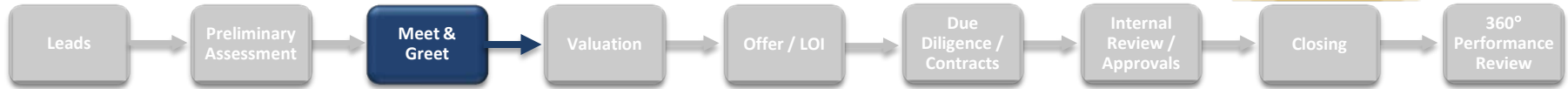
- Geographic location
- General mix of payors
- Connectivity to other MEDNAX physician groups, operations and customers
- Early intelligence on practice dynamics, clinical reputation, hospital relationships, etc.
- Profitability, subsidies, qualitative assessment of opportunity for synergy

Meet and Greet



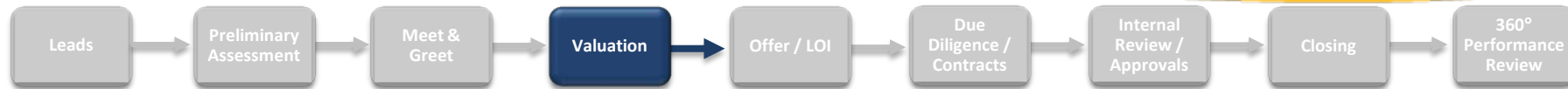
- Gather additional information about the practice
- Provide background and overview of MEDNAX
 - value-adds of our proven clinical and business models
 - culture and fit
 - track record
- Discuss process and timing
- Initiate actionable steps for moving to the next stage in the process

Key MEDNAX Advantages



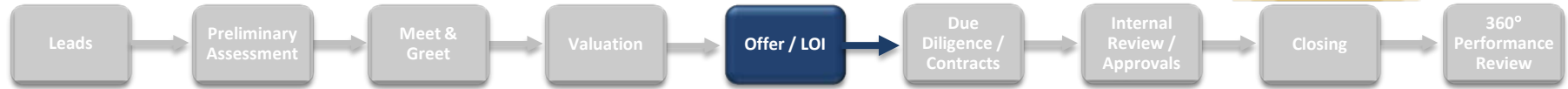
- MEDNAX's commitment to clinical excellence, quality improvement programs, research and education
- Experience in navigating uncertain outlook in healthcare regulation and reimbursement
- Physician engagement at all levels of company management
- Physicians maintain clinical autonomy and control over their schedule
- Proven track record of physician satisfaction and low turnover
- Opportunity for liquidity
- Incentives for growth and strong performance

Valuation



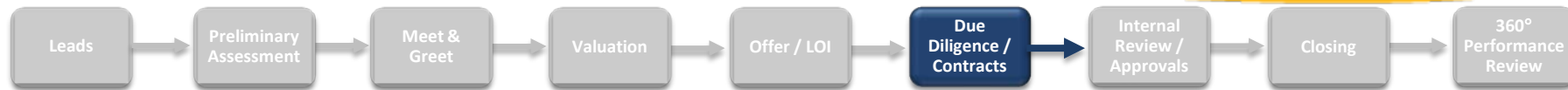
- Financial model built off of forward-looking earnings:
 - Foregone shareholder compensation
 - Synergies
- Shareholder compensation typically adjusted downward
 - Important to understand staffing costs and needs at this stage
- Anesthesia multiples have trended higher as competition has intensified

Purchase Offers



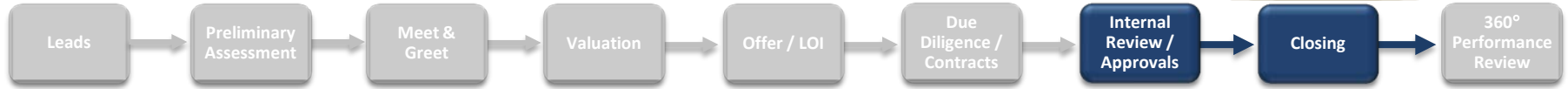
- Practice purchase
 - Cash at closing
 - Contingent consideration
 - Primary assets acquired are goodwill and fixed assets
 - Limited assumption of liabilities
 - Tax efficient structures
- Employment
 - Long-term employment offered to shareholders
 - Associate physicians and extenders offered shorter term employment agreements
 - Participation in an incentive plan
- Upon agreement on the transaction business terms, enter into a non-binding letter of intent

Due Diligence



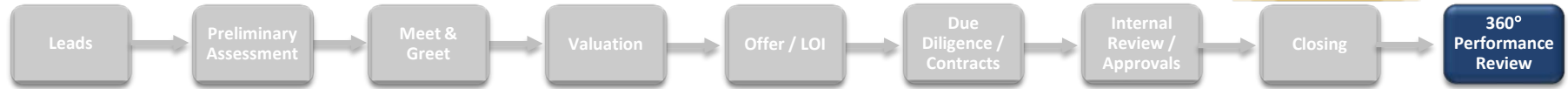
- Detailed due diligence review performed on all physician groups
 - Financial
 - Legal
 - Coding and compliance
 - Medical malpractice
 - Human resources
 - Operations
 - Hospital and referral relationships
- Integration and Operations materially participate in diligence to prepare for transitioning and operating the practice post-closing
- Process credentialing applications for all physicians and advanced practitioners
- Negotiate definitive documents including a Purchase Agreement and Employment Agreements
- Pursue required third party consents such as hospital contracts and leases

Approvals



- Thorough internal review process - Acquisition Review Committee (ARC) for executive approval
 - ✓ All critical functional areas have signed off
 - ✓ Credentialing committee has approved providers
 - ✓ Operations ready to integrate and operate the practice
- Deal closed, funded and announced

360 Degree Deal Review



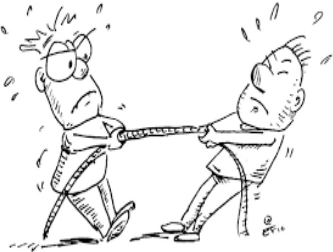
- Comprehensive look back on deal performance relative to expectations
 - Volume
 - Payor mix and reimbursement
 - Staffing levels and costs
 - Other operating expenses
- Functional areas involved include Business Development, Integration, Finance and Operations
- Apply lessons learned – repeat successes, reduce deficiencies

Risk Mitigation



- Acquisitions carry a certain degree of risk that could impair returns on investment
 - Changes in hospital relationship, requirements or financial terms
 - Physician productivity post-closing, particularly office-based
 - Culture and fit
 - Exposure to pre-closing liabilities and claims
 - Resistance from payors to add new physicians to managed care agreements
 - Market, regulatory and reimbursement forces
- MEDNAX continually assesses and mitigates risk
 - Thorough and collaborative due diligence
 - Meeting with hospital administration pre-closing
 - Contingent consideration where warranted
 - Solid transaction agreements
 - Restrictive covenants

Opportunities and Challenges



- Positive Forces

- Changes in healthcare have more practices open to at least exploring options
- MEDNAX track record frequently positions us as an attractive partner
- Market alignment with Triple Aim consistent with how MEDNAX has developed our model over time
- MEDNAX widely seen as a positive from culture and fit standpoint

- Challenges

- Hospital demands
- Competitive environment
- High volume of leads – varying quality
- Ensuring consistent flow to maintain target growth rate

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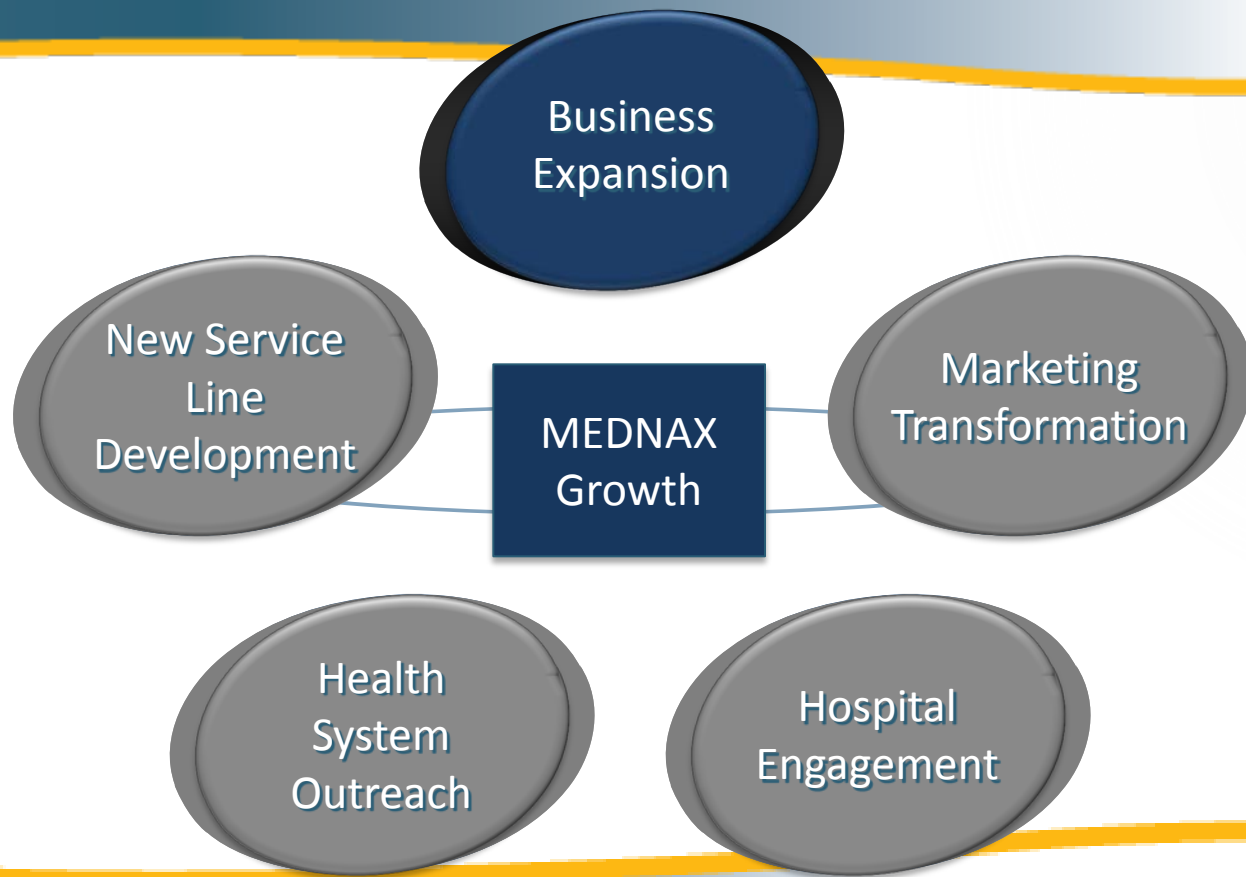
Business Expansion

**Jim Swift, MD, FAAP
Chief Development Officer**

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Business Expansion Development



Emphasis from acquisitive growth to market based, organic growth

Active development of organic growth on a national basis with focus on core service line expansion

Detailed market analysis and customer engagement both at a local level and through Divisional initiatives for growth

Catalog hospital service needs and growth plans: key in existing and new relationships

Becoming a “Solutions Partner” where service line development makes sense

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Business Expansion: Focus on Organic Growth

Lead Generation on Multiple Touch Points

Current Hospital Relationships

- Cross sell between current service lines
- New opportunities in existing services extended to new facilities
- Identify market needs for healthcare partners

New Opportunities Outside Current Partners

- RFP responses; alternate channel engagement
- Inside sales lead generation
- Distributive sales team engaging to corresponding level decision maker

Cross Sell between Core Business and Portfolio Service Lines

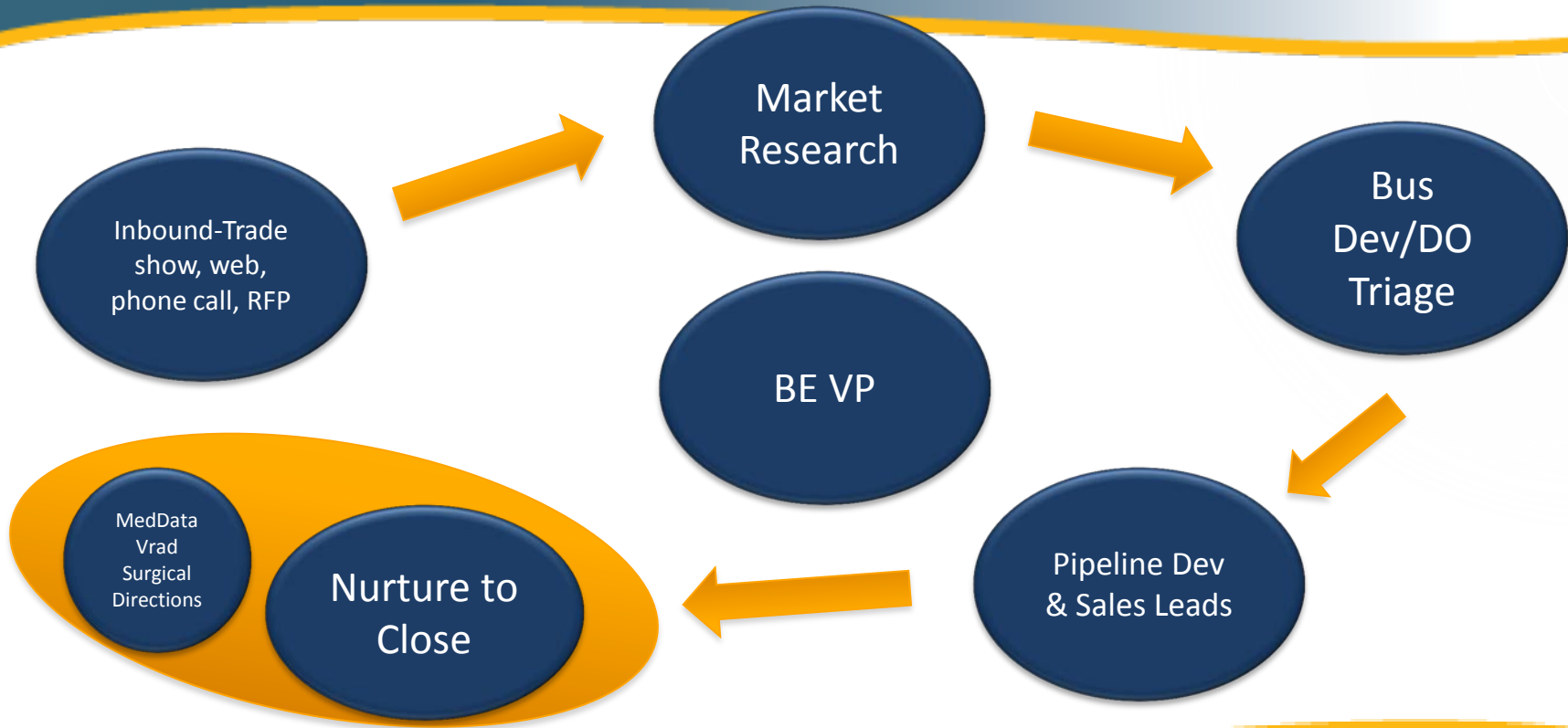
- Sales Team Coordination
- Business Intelligence from Portfolio Companies

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Business Expansion: Inbound Process

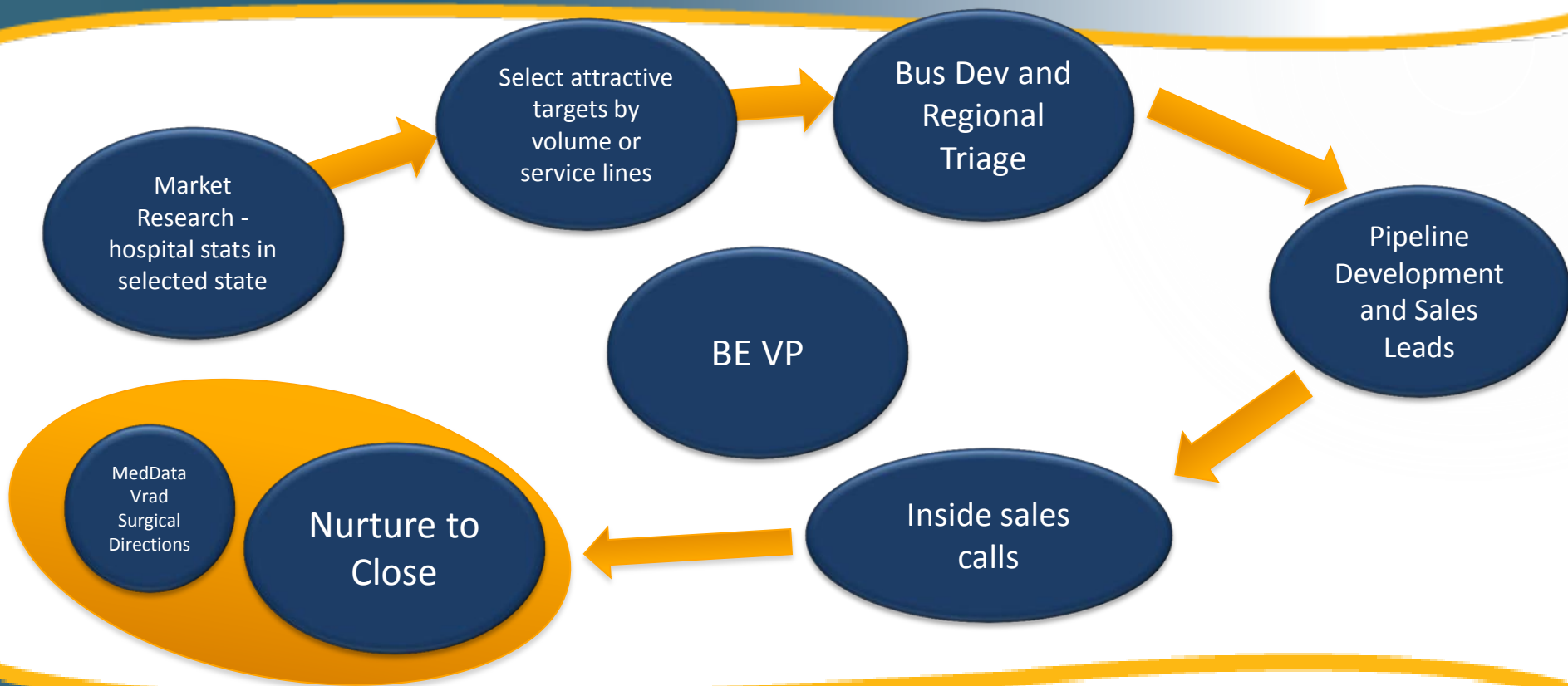


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Business Expansion: Outbound Process



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Business Expansion and Marketing Collaboration

Meetings with BE, vRad, Surgical Directions & MedData



Define common goals, process and customer engagement

Resource Allocation for Sales and Marketing

Create a pathway for cross selling, up selling services and customer hand off

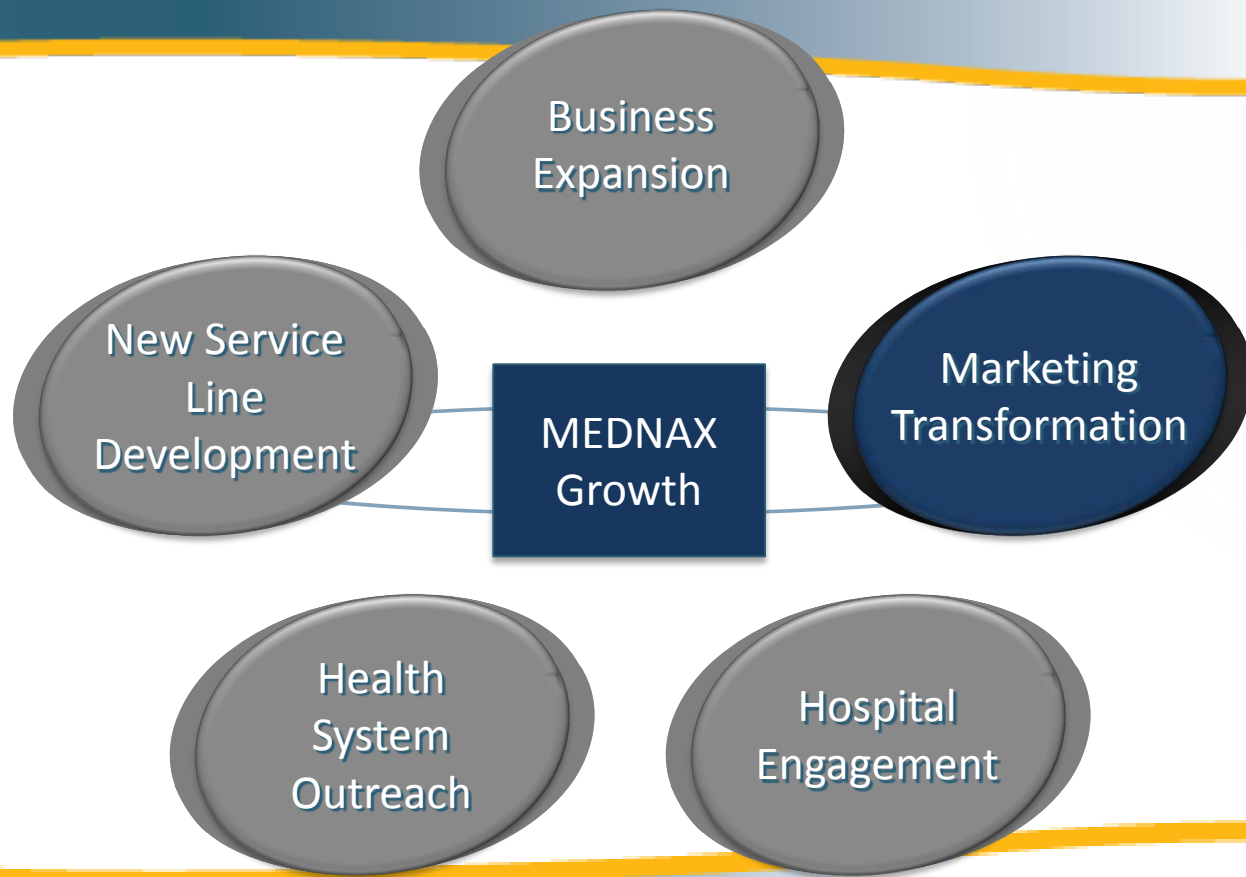
Prevent unnecessary collisions in lead generation and sales

Develop a more cohesive sales and marketing process

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Marketing Transformation: People



Hired Director of Marketing and Growth Initiatives

**New Marketing Manager solely for
Physician Practice Strategy**

**Aligning where possible with Surgical Directions, vRad
and MedData Marketing in Sales/Marketing Messaging**

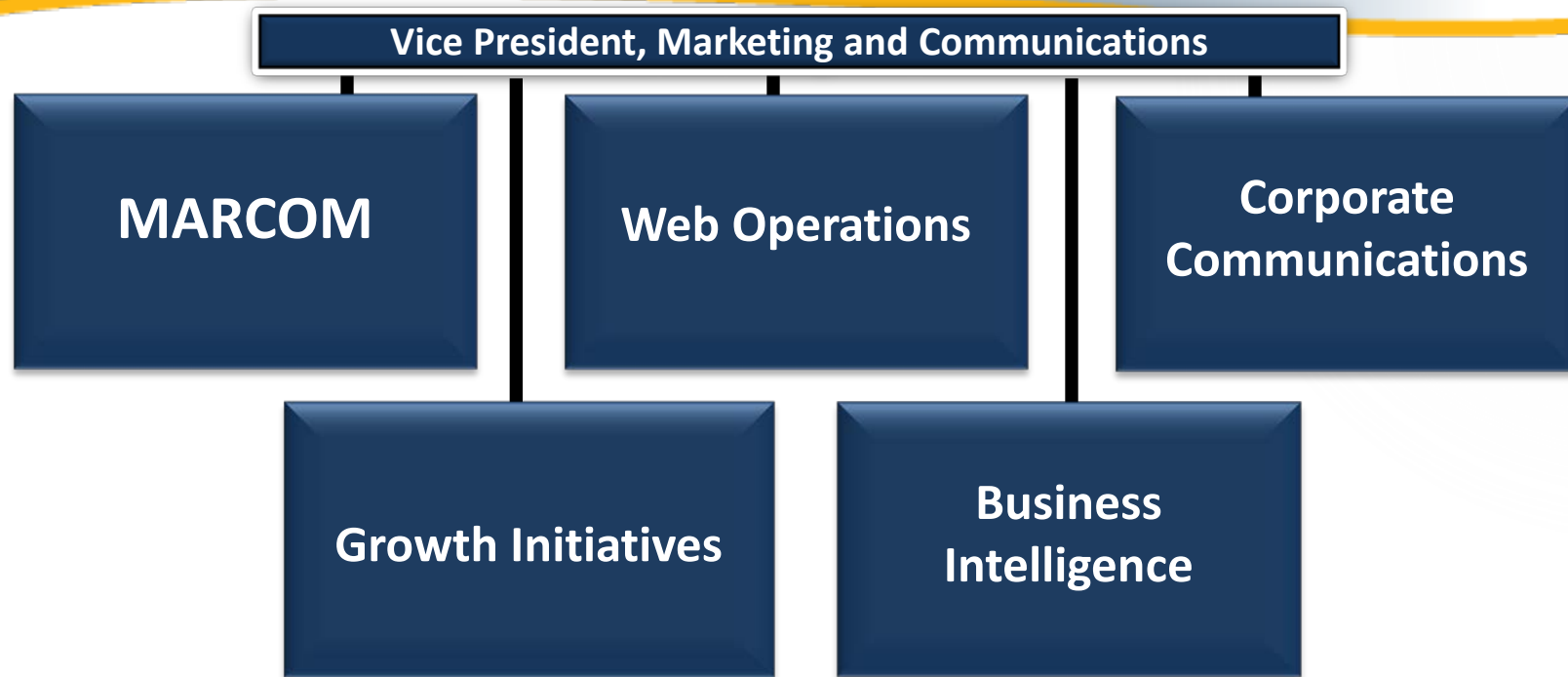
**Realigned Department into 5 Key Areas to align for Best in Class,
Marketing Driven Organization**

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Marketing Transformation: People



From Company-Driven, Internally Focused, to Market Driven, Customer-Focused

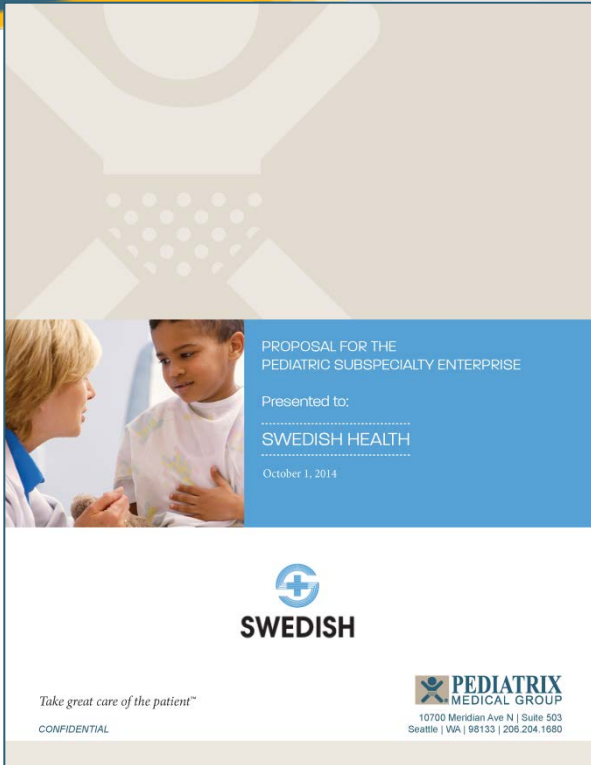
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Marketing Transformation: Performance

Custom RFP's and Proposals




PROPOSAL FOR THE
PEDIATRIC SUBSPECIALTY ENTERPRISE

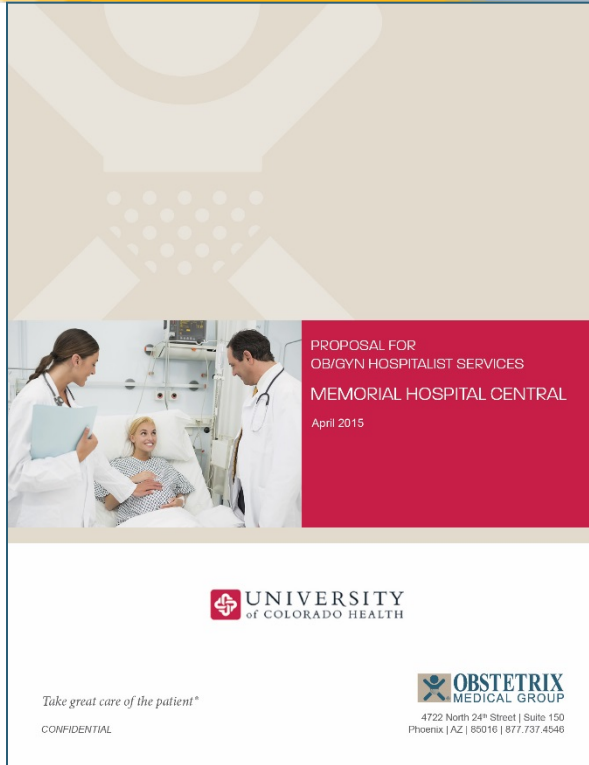
Presented to:
SWEDISH HEALTH
October 1, 2014


SWEDISH


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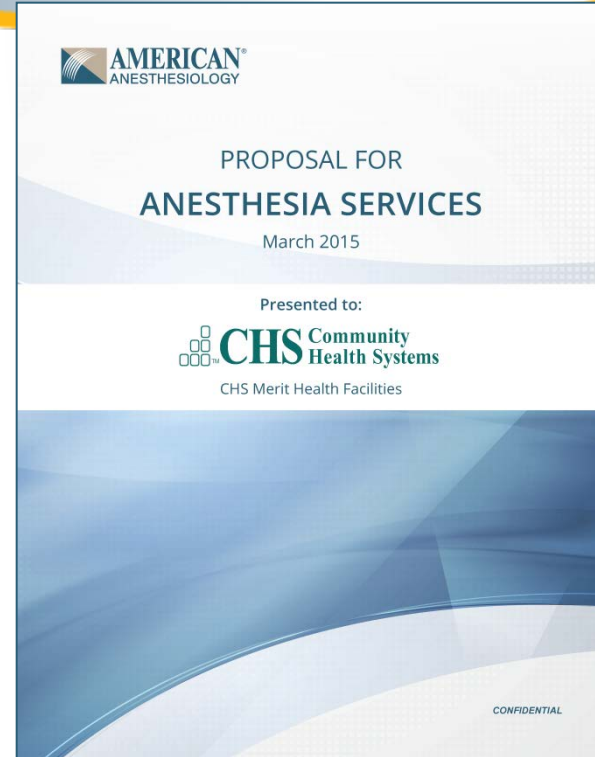
PROPOSAL FOR
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MEMORIAL HOSPITAL CENTRAL
April 2015



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AMERICAN
ANESTHESIOLOGY

PROPOSAL FOR
ANESTHESIA SERVICES
March 2015

Presented to:

CHS Community
Health Systems
CHS Merit Health Facilities

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2015

Analyst and
Investor Day

MEDNAX®

Marketing Transformation: Performance



2015

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Marketing Transformation: Performance

American Society of Anesthesiology Conference



Pre-conference mailer to all attendees

Wine/food sponsor at welcome reception

10 x 20 exhibit space

National Press release

Twitter, Facebook and LinkedIn posts

2015

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Marketing Transformation: Our Presence



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Performance: Market Leadership

- ✓ April issue of Becker's Hospital Review
- ✓ Promotion of speakers, positioning MEDNAX as an industry leader/soft sell
- ✓ Reach: 18,500 health care leaders

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Transforming health care through data-driven solutions

Join us at Becker's Hospital Review 6th Annual Meeting,
May 7-9, and hear insights from industry leaders.



Richard Gilbert, MD, MBA
Chief Medical Officer, MEDNAX

Bending the Health Care Cost Curve: Using Data to Drive Value in Health Care

Thursday, May 7, 2:15-2:55 pm



Alan Spitzer, MD, Senior Vice President and Director
Center for Research, Education and Quality, MEDNAX

Harnessing Data to Improve Care and Reduce Costs: Creating a Quality Culture in a Cost-Cutting Era

Friday, May 8, 2:10-2:50 pm



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AHA San Francisco 2015



- ✓ Pre-conference mailer to approx. 600 hospital contacts
- ✓ 10 x 20 exhibit space
- ✓ Press release
- ✓ Social media posts

2015

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Pediatric cardiology national newsletter – 10K+ reach

The Beat Issue 2

Contents

FEATURED STORY:
Clinical Case: The Child with High Cholesterol
Cover

Congenital Heart Disease Quiz:
By the Numbers
Page 4

When to Consider Referral to a Cardiologist
Page 5

Preventive Cardiology
Frequently Asked Questions
Page 6

Pediatric Cardiology
Crossword Puzzle
Page 7

Pediatric Cardiology Practices
Page 8

Editorial Board

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Margate, FL

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St. Petersburg, FL

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Austin, TX

Created by PediatrIX Marketing



Clinical Case: The Child with High Cholesterol

By Ashleigh Payne, MD

An 11-year-old without a concerning family history has a fasting lipid panel at his parents' request: total cholesterol 260 mg/dL, LDL 193 mg/dL, HDL 45 mg/dL, triglycerides 110 mg/dL.

- 1.) What is the next step to treat this patient?
- 2.) Does this patient need a statin?

The National Heart, Lung, and Blood Institute recently recommended screening all children for lipid disorders. Unfortunately, risk-based screening was found to miss 30% to 60% of children with dyslipidemia. Some patients have a familial predisposition to high cholesterol; childhood obesity has also increased the incidence of elevated cholesterol in childhood. Studies have shown that high childhood cholesterol predicts earlier adult atherosclerosis, and decreasing lipids over a lifetime decreases atherosclerosis. Pediatricians play an important role in preventing adult coronary artery disease and stroke by screening children.

(continued on page 2)



The most common lipid abnormality in children today is associated with obesity – the typical profile shows decreased HDL, elevated triglycerides, and normal to mildly elevated LDL cholesterol.

When to consider referral to a cardiologist

We offer services for many types of patients. Some common reasons for referral:

- Physical exam findings: heart murmur or click, elevated blood pressure, cyanosis
- Family history: parent or sibling with congenital heart disease or sudden death
- Symptoms (with or without exercise): dizziness, syncope, chest pain, palpitations, dyspnea
- Suspected electrical abnormalities: bradycardia, tachycardia, irregular heartbeat
- Laboratory abnormalities: elevated cholesterol or triglycerides
- Comorbidity: suspected or established neuromuscular/metabolic disorders, Marfan syndrome
- Abnormal fetal echocardiogram

About what percentage of children report passing out before the age of 21?

usually, about how many die under the age of 35 die only in the United States?

100
000
000

10%
15%

5%



For more information visit us at:
www.pediatricx.com

PEDIATRIX CARDIOLOGY PRACTICES

Pediatric Cardiology is a national provider of outpatient and inpatient cardiology care of the fetus, infant, child and adolescent, as well as adults with congenital heart disease. Our affiliated cardiologists provide care to patients through 21 practices.



*Symbol represents primary office location for each practice. Practices may also have outreach clinics located throughout the state and in neighboring states. For a comprehensive listing of all clinic locations, please contact your local provider.

Atlanta Pediatric Cardiology
Fleming, AZ

Child Cardiology Associates
Fairfax, VA
Rockville, MD

Children's Cardiology Associates
Austin, TX
Nashville, TN

Children's Heart Center
El Paso, TX

Children's Heart Center
El Paso, TX

Children's Heart Center
El Paso, TX

Children's Heart Center
El Paso, TX

Children's Heart Center
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Children's Heart Center
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Children's Heart Center
El Paso, TX

Children's Heart Center
El Paso, TX

NorthWest Congenital Heart Care
Tacoma, WA
Seattle, WA

Pediatric Cardiology Associates
St. Petersburg, FL

Pediatric Cardiology Associates
San Antonio, TX

Pediatric Cardiology Associates
Austin, TX

Pediatric Heart Center
Pembroke Pines, FL

Pediatric Cardiology Associates
Albuquerque, NM

Pediatric Cardiology Associates
Albuquerque, NM

Pediatric Cardiology Associates
Albuquerque, NM

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Albuquerque, NM

Pediatric Cardiology Associates
Albuquerque, NM

Pediatric Cardiology Associates
Albuquerque, NM

Pediatric Cardiology of Broward
Broward County, FL

Pediatric Cardiology of Dallas
Dallas, TX

Pediatric Cardiology of Miami
Miami, FL

Pediatric Cardiology of North Texas
Dallas, TX

Pediatric Cardiology of Orange County
Orange, CA

Pediatric Cardiology of Orlando
Orlando, FL

Pediatric Cardiology of Palm Beach
West Palm Beach, FL

Pediatric Cardiology of Springfield
Springfield, MO

Pediatric Cardiology of Springfield
Springfield, MO

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Pediatric Cardiology of Springfield
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We value your feedback. Please let us know what you think of The Beat and provide future topic recommendations at surveymonkey.com/s/thebeatfeedback.



CREQ Support



International Cardiology Neonatology Symposium

October 8-10, 2015
InterContinental® • Miami, FL



TARGET AUDIENCE:

- pediatric cardiologists
- neonatologists
- cardiac surgeons
- intensivists
- physician assistants
- advanced practice nurses
- bedside clinical nurses in NICU and CVICU
- perfusionists
- pediatric cardiology and neonatology fellows
- pediatric residents

www.neocardisymposium.com

CONFERENCE PRICING

Type	Program	Price
Physician	Symposium Pre-Conference	\$125.00
	Pre-Conference and Neo-Cardi Symposium	\$900.00
	Daily Rate	\$795.00
API/Nurse/NNP/PA/Fellow	Symposium Pre-Conference	\$75.00
	Pre-Conference and Neo-Cardi Symposium	\$580.00
	Daily Rate	\$525.00
Business/Other	Symposium Pre-Conference	\$125.00
	Pre-Conference and Neo-Cardi Symposium	\$900.00
	Daily Rate	\$795.00

CANCELLATION POLICY

Cancel by:	Cancellation fee:
March 30th - May 8th	\$100.00
May 9th - August 31st	\$175.00
After August 31, 2015	No refunds

ACCOMMODATIONS

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Enjoy breathtaking views of Biscayne Bay and relax in richly appointed accommodations. You can also venture out to nearby South Beach, Coconut Grove and Coral Gables and explore white sand beaches, designer shops or the vibrant Miami nightlife.
Attendees may dial 1.800.327.3005 and use the group code YAD.

EXPLORE THE CITY

Whether you're looking for family-friendly locations, fine dining or night-life, the InterContinental hotel is centrally located. Visit the link below to choose from a variety of fun activities and locations.
Learn more: www.miamianbeaches.com/things-to-do



As neonatal cardiac care becomes increasingly complex, optimal outcomes will be obtained when neonatologists and pediatric cardiologists work together as a team. On behalf of our organizing committee we would like to invite you to a three-day conference featuring over 35 national and international distinguished faculty known for their clinical expertise and teaching abilities in both neonatology and cardiology. This three-day conference will include a highly-focused lecture program, panel discussions, debates and comprehensive case discussions. We will provide the most up-to-date information on topics related to the diagnosis, management and outcome of cardiovascular disease, including the daily challenges faced in managing neonates with congenital heart disease, an isolated patent ductus, pulmonary hypertension and arrhythmias. We will also explore the effects of cardiovascular disease on the neonatal lung, brain and kidney.

CONFERENCE SESSIONS

Thursday, October 8, 2015 *Optional Pre-Conference*

Early Morning Session: Congenital Heart Disease in the Neonate – Moderators: Leo Lopez & Erik Ellsworth

9:30 am - 10:00 am	D-Transposition of Great Vessels	Paul Weinberg
	Total Anomalous Pulmonary Venous Return	Leo Lopez
	Hypoplastic Left Heart Syndrome (HLHS)	Richard G. Ohye

10:00 am - 11:30 am *Break and Visit the Exhibits*

11:30 am - 12:00 pm	Ebstein's Anomaly	Paul Weinberg
	Pulmonary Atresia/Intact Ventricular Septum	Erik Ellsworth
	Tetralogy of Fallot and Pulmonary Atresia	Redmond Burke

12:00 pm - 1:00 pm *Lunch and Visit the Exhibits*

1:00 pm - 1:30 pm	Critical Aortic Stenosis	Paul Weinberg
	Matching Genotypes with Anatomy: "An Understanding Beyond DiGeorge"	Joseph Graziano
	Heterotaxy: "Two Wrongs Do Not Make a Right"	Paul Weinberg
		Meryl Cohen

Day 1: Thursday, October 8, 2015

PLENARY #1: Neonatology & Cardiology Teamwork – Moderators: Mitchell Cohen & Alan Spitzer

3:00 pm - 3:15 pm	Opening Remarks	Mitchell Cohen
3:15 pm - 3:30 pm	Defining or Refining Neonatal CHD: Concepts of Teamwork	Gil Wernovsky
3:30 pm - 3:50 pm	Categorizing CHD Based Upon Complexity and Expected Postnatal Course	Jack Rychik
3:50 pm - 4:10 pm	"It Is All in the Genes": De Novo Mutations and CHD	Betsy Goldmuntz
4:10 pm - 4:30 pm	The Pragmatic Neonatologist in the Pre-op Cardiac Baby	Lance Wyble
4:30 pm - 4:50 pm	What the Surgeon Needs from the Neonatologist	Richard G. Ohye
4:50 pm - 5:10 pm	Balancing Prenatal Selective Hearing with Parental Expectations from the Team	Kathy Mussatto
5:10 pm - 6:10 pm	Honorary Lecture: Surviving and Thriving from Childhood Disease	Tiffany Christensen
6:30 pm	Welcome Reception and Visit the Exhibits	

Government Relations Support



- A Message from our CEO
- Election 2014: What a Republican Senate May Mean for Health Policy
- CREQ Success: Breast Milk Benefits and Education for Policymakers
- Medicaid Parity After 2014: What's Next?
- Inaugural Lobbyist Conference Prepares Us for Tomorrow, Today
- Veterans Affairs Health Care Legislation: A Legislative Call to Action
- MEDNAX PAC at a Glance

2015 MEDNAX GOVERNMENT RELATIONS update



By Darren Patz, Esq.,
Vice President
Government Affairs

Highlights include:

- ★ Health policy in the final years of the Obama presidency
- ★ The future of Medicaid payments to primary care providers and pediatric subspecialists
- ★ Solving Medicare's sustainable growth rate
- ★ Our approach to the new Congress

ELECTION 2014: What a Republican Senate May Mean for Health Policy

The 2014 elections will be remembered as a Republican wave, a wave that was predicted to be large, but splashed ashore with even more volume than anticipated. In Congress, Republicans won their largest margin in the House of Representatives since the Hoover Administration, control of the Senate, and most of 2014's competitive Senate races, taking seats in Colorado, Alaska, Arkansas, Iowa, Louisiana and, unexpectedly, North Carolina. Republicans now control 54 seats in the Senate and control both Congressional Houses. Republicans will have an opportunity to prove they can legislate and collaborate with President Obama during his final two years in office.

What does this mean for health policy in the final years of the Obama presidency? And, can we expect any changes to President Obama's signature law that now bears his name? The Republican-controlled House had voted over 40 times to repeal Obamacare in the past, but they never had a willing partner in the Democratic-controlled Senate. A new Republican Senate majority will likely move early to try to repeal Obamacare through a process called "reconciliation" or "budget reconciliation" which only requires 51 votes instead of 60 to avoid a filibuster. The Senate reconciliation process can only be used for legislation that has revenue or cost associated with it; therefore, it is unlikely that the Senate Parliamentarian will allow legislation that attempts to repeal all of Obamacare under this process. As a result, "reconciliation" could potentially be used to repeal the Medicaid expansion, subsidies for purchasing health insurance or even the individual mandate. Although many hours will be spent to determine how to modify Obamacare under the "reconciliation" process, the President will be sure to veto a repeal of his greatest domestic legislative achievement.

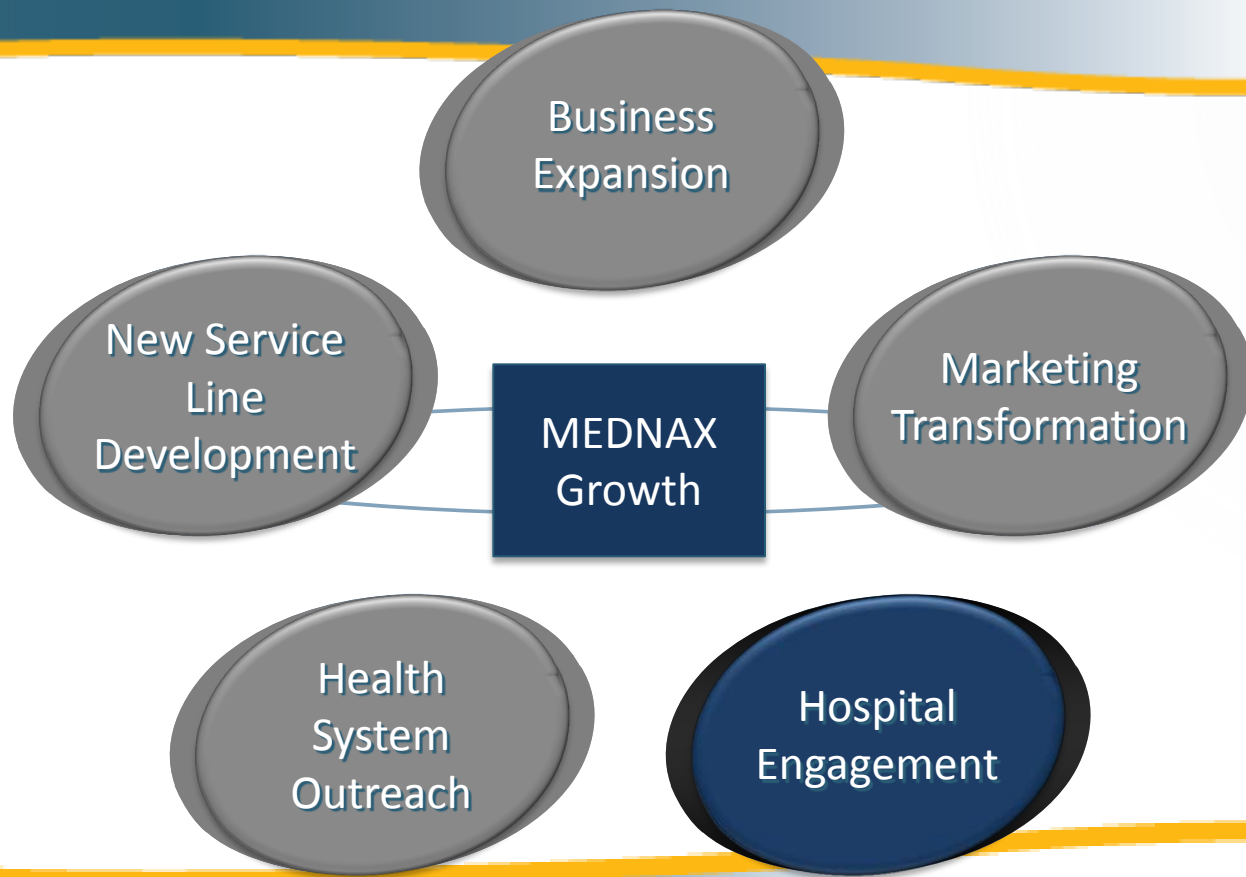
Republicans hope that this exercise will show voters how they would execute a strategy to strip the health care law of parts they find unacceptable or problematic, should they take back the White House and keep control of Congress in 2016.



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Hospital Engagement



**Top Down and Bottom Up Approach to
System Engagement**

**Monthly/Quarterly corporate meetings with
Key Health System Partners**

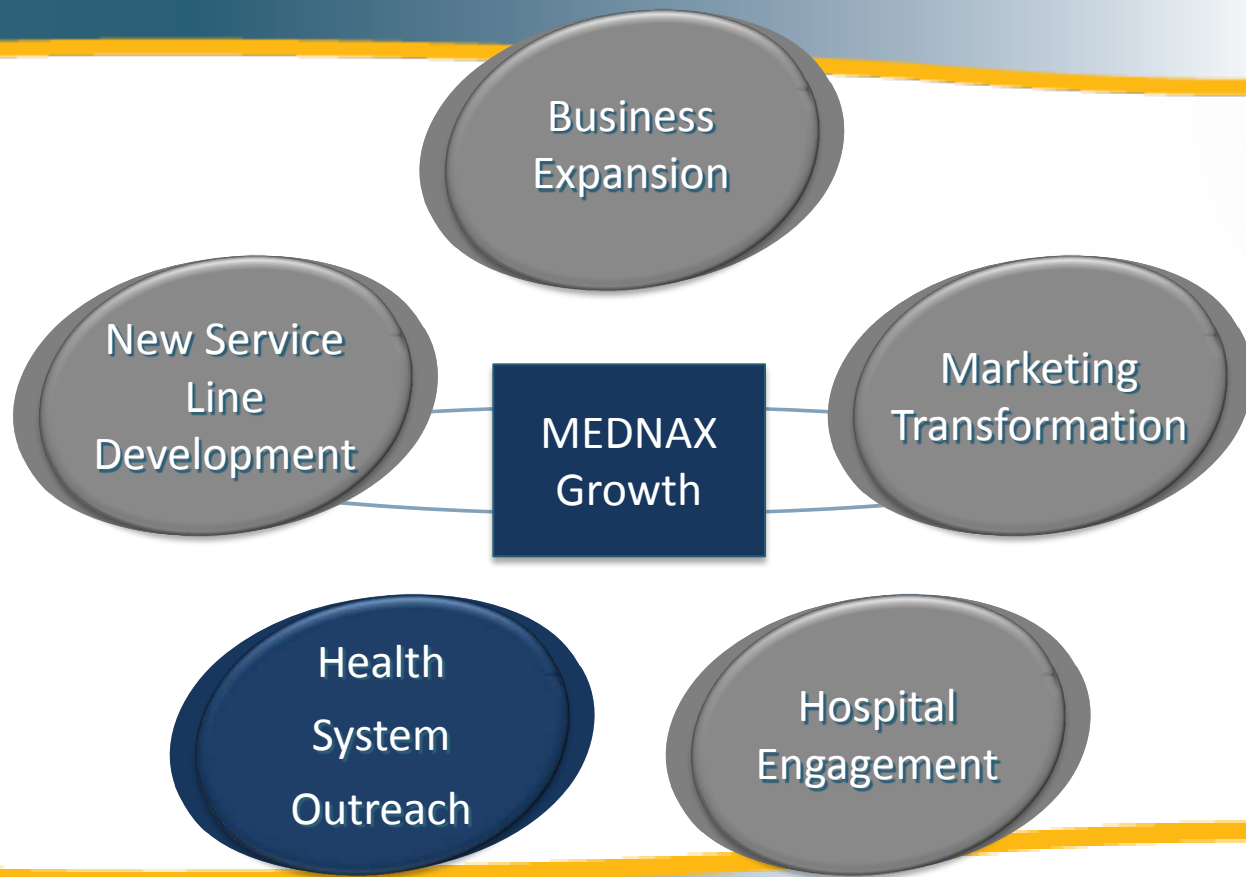
**Academic, University Health System and Children's
Hospital Engagement**

**Broader outreach to Community Hospitals through
GPO's Nationally**

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System Outreach: Enhancing the Conversation



**Development of Clinical Quality Metrics
and national reports**

**Better understanding of strategic initiatives in
core service lines and new service offerings**

**Better understanding of disconnect between
corporate and local markets**

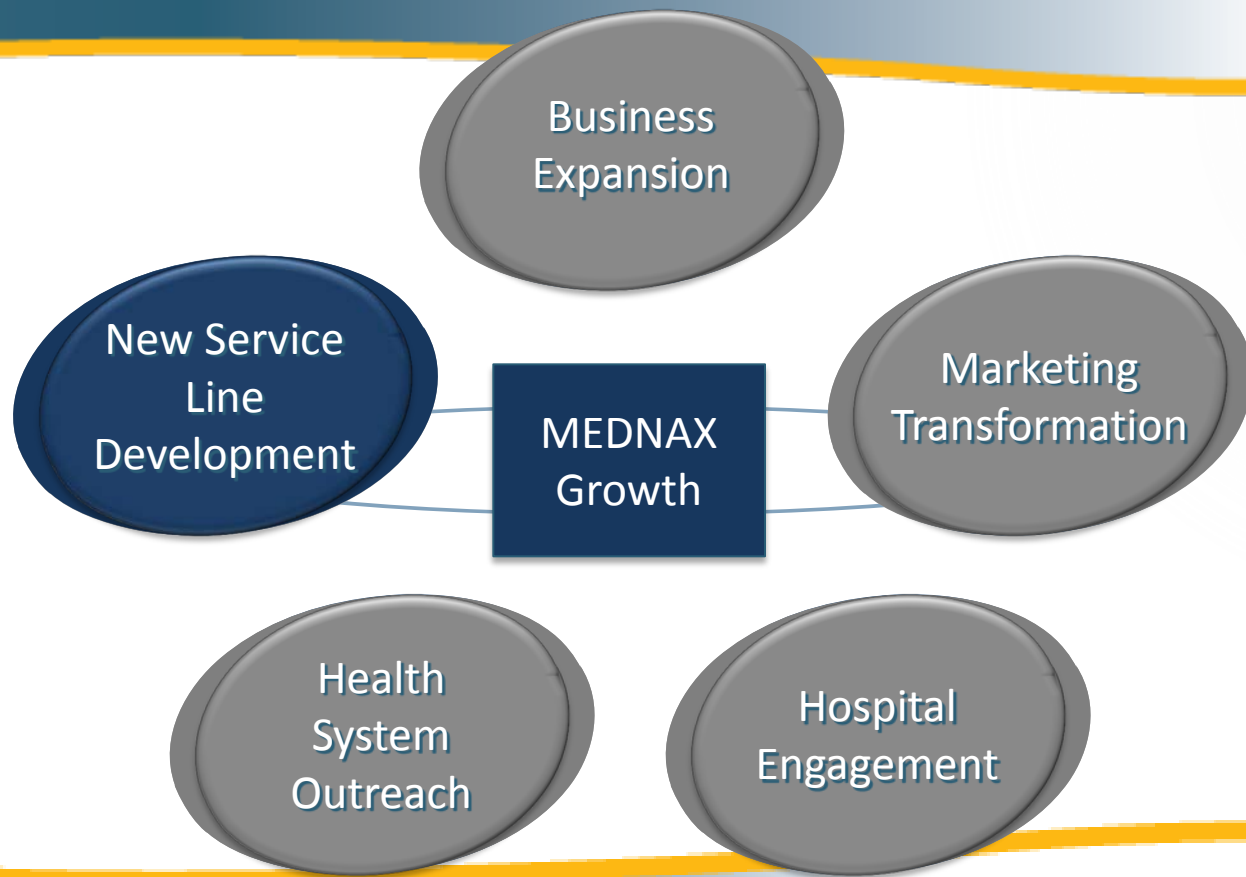
**Introduction of Portfolio Offerings and
New Service lines**

**Conversations on business relationships and
contracting methodology**

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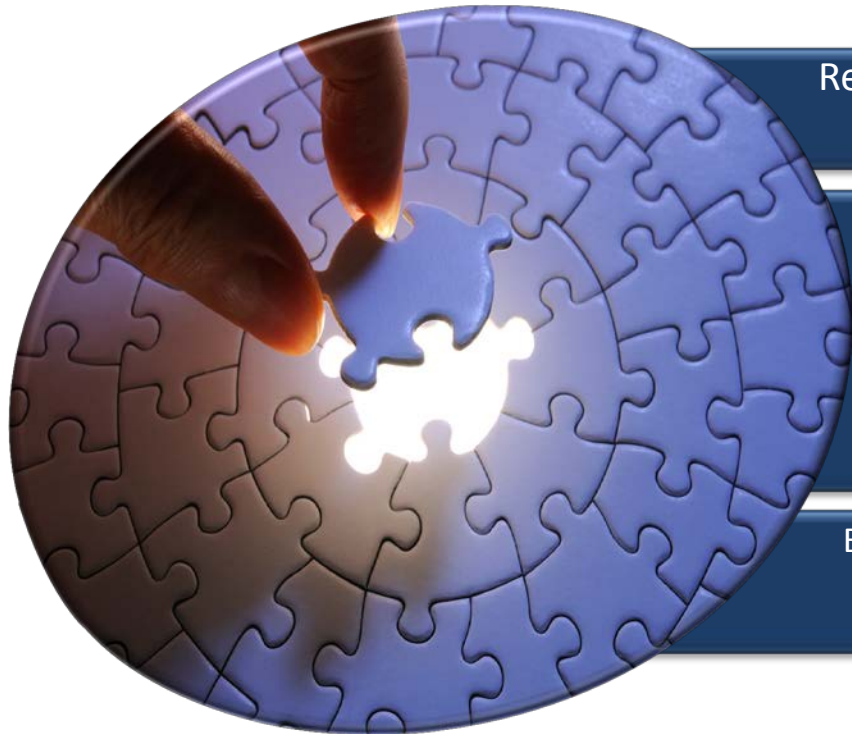


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New Service Line Development



Respond to requests from hospital partners to augment current service lines to add specialty depth

Pediatric medical and surgical subspecialties
Telemedicine services

Initiate or enhance clinical relationships with University and Academic Children's Hospitals: Inclusive of new business opportunities

Evaluate new clinical services as well as business relationships that may fall into our acquisition strategy or serve as a de novo entry into a new clinical space.

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A blurred background image of a hospital hallway. In the foreground, a person in blue scrubs is walking away from the camera. In the background, other people are visible, including one in white scrubs and another in blue scrubs. The hallway has white walls and a light-colored floor.

Progress to Date

2015

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A blurred background image of a hospital hallway. In the foreground, a person in blue scrubs is walking away from the camera. In the background, other people in scrubs are visible, and a gurney is being pushed. The scene is brightly lit with overhead lights.

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Ann Barnes
President

2015

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MedData, Inc. is among the nation's leading providers of revenue cycle management services including coding, billing, early out/patient pay, and patient satisfaction services – all with a proven compliance record.

Company Overview

- Founded in 1980; headquarters in Ohio
- 400 employees
- 150 customers
- 700+ medical facilities
- 3,500+ physicians across 44 states
- 8 million patient visits and over \$3 billion billed annually

Locations

- Corporate office in Brecksville, Ohio
- Additional offices in Grand Rapids, Michigan; Bellevue, Washington; Roseville, California; and Peoria, Illinois
- Four offshore partners with 1,500 dedicated resources in India and the Philippines

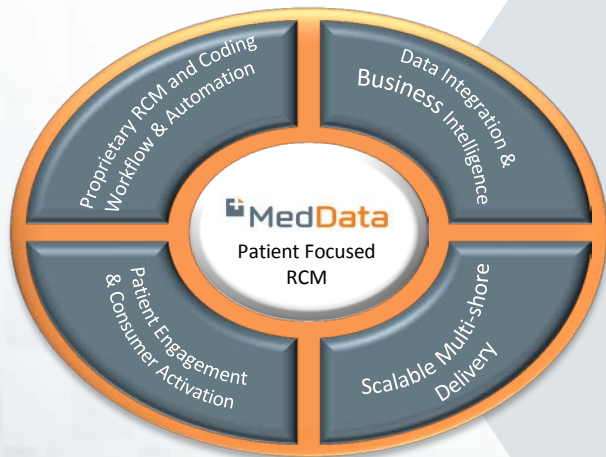
Markets Served

- Hospitals
- Hospital-affiliated physician practices
- National staffing companies
- Over 40 specialties
 - Emergency Medicine, Pathology, Hospitalists, etc.

Services Overview and IP

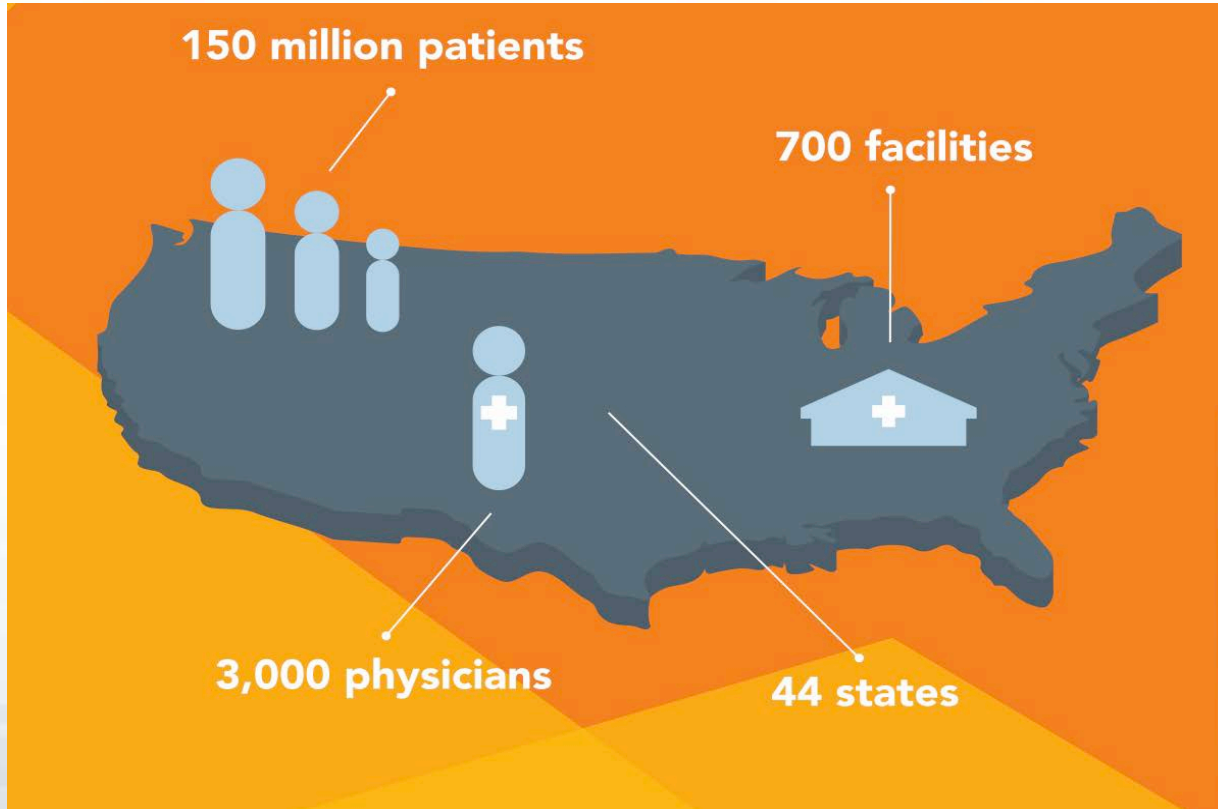
- Broad RCM services suite covering the entire physician and facility coding & billing workflow
- Unique early out/patient pay and engagement capabilities
- Unified platform leverages proprietary IP and automation
- Fully integrated “multi-shore” delivery model
- Sophisticated data analytics

MedData Service Offerings



Core RCM and Patient Engagement Services

- Comprehensive suite of RCM services including coding, billing, and collections for various hospital based-specialties including:
 - HIPAA and billing compliance management
 - Charge capture, coding, billing, and claims filing
 - Managed care credentialing and contract services
 - Regular audits of coding, compliance, timeliness and completeness
 - Payment posting, revenue reconciliation, and refund processing
 - Appeals, collection, and follow-up
 - A/R analysis
 - On-demand, standard, and custom reporting
- Patient Engagement Services
 - Patient engagement capabilities offered on a stand-alone basis
 - Addresses needs of hospitals and over 20 specialties
 - Focused on optimizing patient pay reimbursement, measuring patient satisfaction, and executing related patient communications



vRad Overview

Jim Burke, CEO



Who we are

vRad is a leading outsourced radiology physician services and telemedicine company

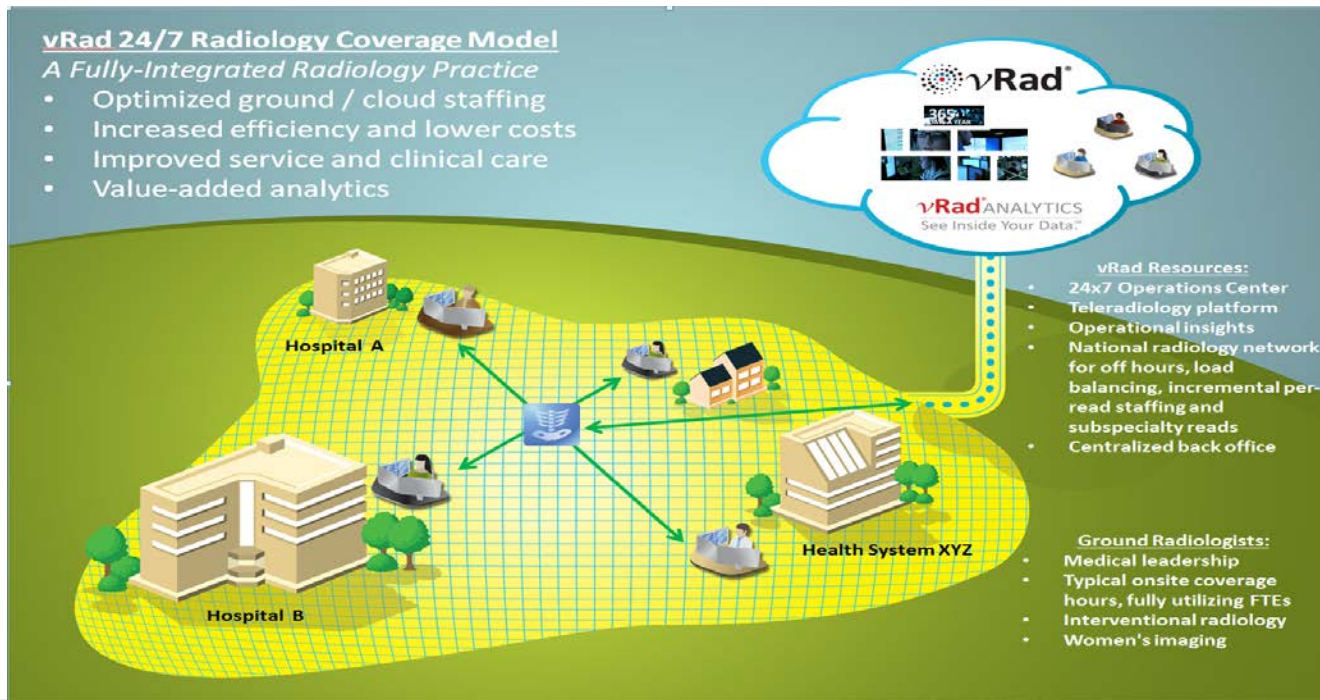
- Radiology services provided to 2,100+ healthcare facilities across all 50 states, including nearly 35% of US community hospitals
- 350+ radiologists
- 24/7/365 national coverage with over 75% of radiologists subspecialty-trained
- Industry-leading clinical quality and turnaround times - and most cost-effective solution
- 90% fewer misinterpretations, 33% faster turnaround and 40% less costly than average private practice

Highly scalable platform and radiology network

Average licensed radiologists per state	115	Number of facilities networked to vRad	2,100+
Subspecialty-trained radiologists	75%	Number of imaging devices networked to vRad	50,000+
# of radiology studies in database (and growing)	33mm+	Total investment in technology platform	\$55mm+
Studies handled annually	5mm+	Patents granted	15
Images handled annually	1.3 bn+	Number of calls / online chats daily	3,000+

What we do

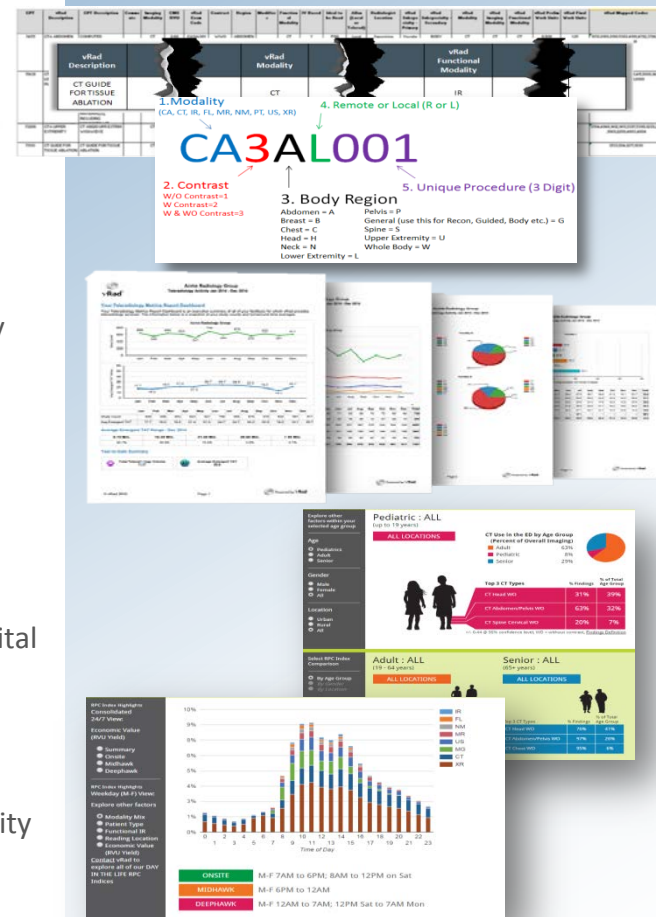
Optimized clinical and economic outcomes enabled by proprietary technologies and workflows



How we extend value

Leveraging vRad Analytics

- Analytics leverages the industry's largest radiology clinical database of over 33mm studies – and growing at 400k/month
- The database is made useful through vRad's proprietary normalization methodology and natural language processing
- Extensive, actionable outcomes-based information:
 - Referring physician utilization and yield
 - Radiologist productivity (onsite and teleradiology)
 - Quality as measured by positive / negative findings yield
- Analytics highlight previously unknown problem areas for radiology group and hospital customers
 - Consistent and transparent view of radiology performance across customer facilities and vs. customizable peer universes
 - Helps customers optimize radiology staffing, imaging utilization and clinical quality
- Developing Deep Learning capabilities to further improve speed and accuracy in clinical diagnoses





Thank You





Jeff Peters, President
Surgical Directions

September 22, 2015

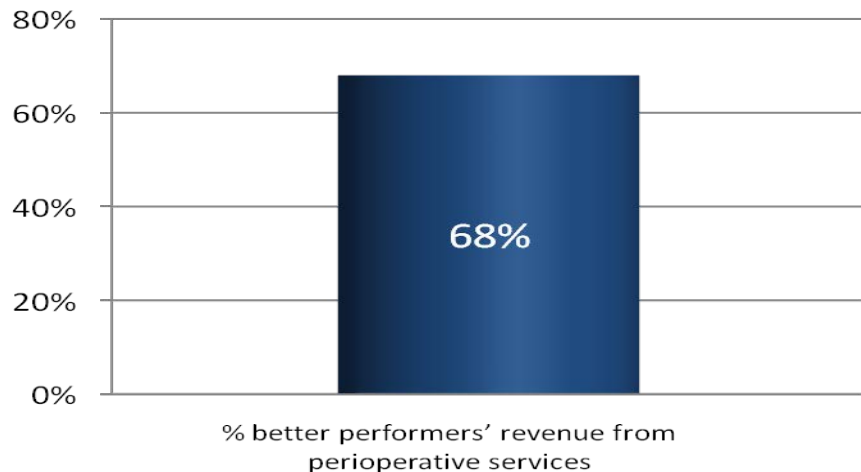
Surgical Directions:

Sample Clients



Why Focus on Perioperative Services?

Perioperative Services *are key* to a hospital's success



Perioperative services drive hospitals' performance.

- *Over 68% of better-performing hospitals' revenue*
- *60% of margin is derived from better-performing perioperative services.*
- *Successful system under Value-Based Purchasing/ACO provides both surgeons and payors more value for surgical services.*
*Equation: **Outcome/Cost***

By helping our clients tackle the complexities and minimize the political and cultural barriers, our clients have experienced significant improvements in surgeon, staff, and patient satisfaction. These improvements have resulted in improved access to the OR, sustainable growth in surgical volume, and increased market share.

The New Paradigm:

Shift from Volume-Based to Value-Based Reimbursement

Surgical Directions is the hospital's trusted partner
to
optimize perioperative services value



Surgical Directions:

Added-Value Strengthening Hospital Partnership

Surgical Directions Service Offerings:

Strategy

Performance Improvement

Supply Chain

Workforce Solutions

Staffing Solutions

Surgical Directions:

Hospital's Partner in Strengthening the Perioperative Service Line

Financial

- Improvement of \$200K - \$400K per OR through OR case volume growth, process improvement, and expense reduction

Operational

- Improved on time first case starts, turn over time, and case time
- Improved block time and OR utilization

Clinical

- Reduction in LOS, SSI, and thirty-day readmissions through PAT and clinical pathways, including surgical home model

Case Study:

Beaumont Health, Royal Oak Hospital

Detroit Metro-Area and Michigan's Largest* Hospital

* As measured by number of licensed beds

– Total Beds	1,061
– Total Surgical Procedures	40,139
– Total Operating Rooms	55

Issues:

- Improve financial performance
- Improve surgeon satisfaction
- Increase capacity with existing resources

Case Study:

Beaumont Health, Royal Oak Hospital

Stated Goals and Performance Objectives:

- Become #1 academic medical center in the United States
 - Drive profitability and surgical case volume
 - Ensure surgeons are satisfied with services provided
 - Ensure surgical outcomes exceed those of University Health System Consortium's (UHC) benchmarks
 - Relieve hospital administration of t
- erative service line



Overview of Beaumont Royal Oak Hospital Perioperative Improvement

Governance
Structure and
Leadership

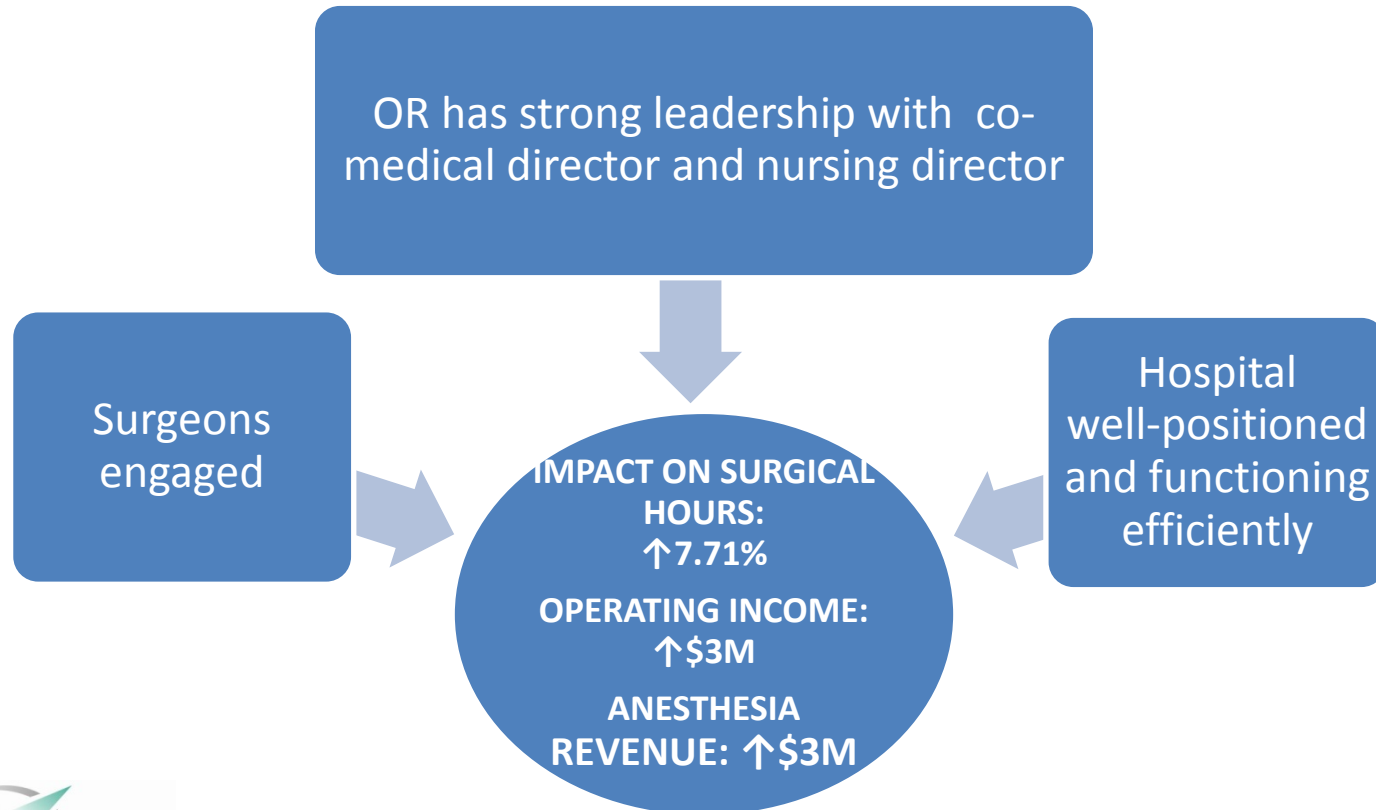
Process
Improvement
Efficiency
Initiatives

Anesthesia/Pre-
Anesthesia Testing

Surgeon
Scorecards &
Access

Strategic Growth

Results: Beaumont Royal Oak



Case Study:

Beaumont Health, Royal Oak Hospital

Case Study – Beaumont Health, Royal Oak Hospital-1,070-Bed

Needs

- Improve financial performance
- Improve surgeon satisfaction
- Increase capacity with existing resources

Intervention

- Established a collaborative governance
- Upgraded scheduling and pre-admission testing
- Realigned block time, revised block guidelines, provided block adjudication protocols
- Improved OR efficiency through Lean methodology process improvement
- Provided transparent information and fostering data-driven decision making
- Mentored anesthesia and nursing leadership to emulate best-practice

Outcome

Hospital:

- 915 cases above budget
- \$2,384,311.55 Contribution Margin
- Reduction in turnover and case time
- Improvement in productivity and core processes
- Improvement in clinical outcomes
- Growth in volume and profitability
- **\$3M** improvement net operating income

Anesthesia Practice: - **\$600,000** in incremental revenue

YTD Surgical Cases 4.75% 

YTD Surgical Hours 7.71% 

A blurred background image of a hospital hallway. In the foreground, a person in blue scrubs is walking away from the camera. In the background, other people are visible, including one in a white lab coat. The hallway has white walls and a light-colored floor.

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