

#### June 14, 2016

### William Blair 36<sup>th</sup> Annual Growth Stock Conference

Roger Medel, M.D. *Chief Executive Officer, MEDNAX* 

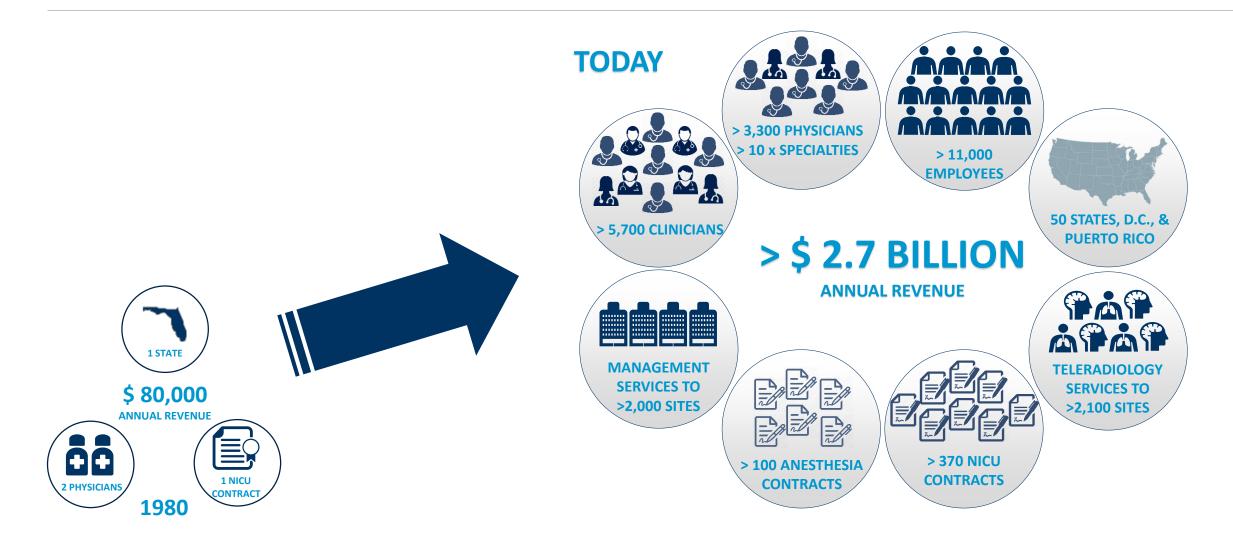


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*Certain statements and information in this presentation may be deemed to contain forward-looking statements* within the meaning of the Private Securities Litigation Reform Act of 1995, Section 27A of the Securities Act of 1933, as amended, and Section 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.

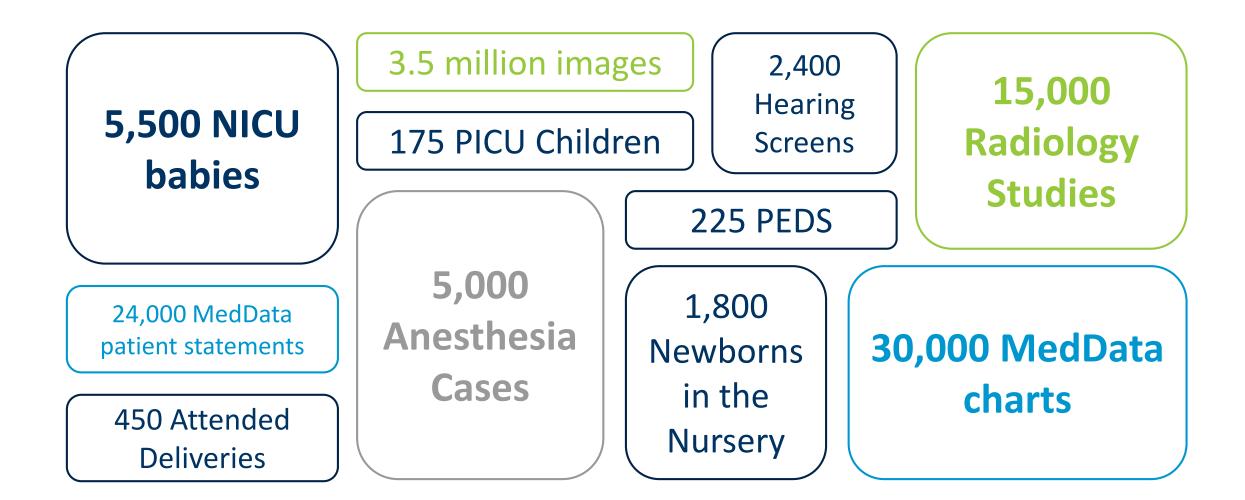


### **MEDNAX: A History of Growth**





### Every Day at MEDNAX





### **Our Diverse Value Proposition**

#### **Neonatal Services**

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

#### **Management Services**

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

#### Teleradiology

 Extensive subspecialty training in areas such as: body, neuroimaging, musculoskeletal, pediatric, and nuclear imaging



#### Anesthesia Services

- Cardiothoracic
- Critical care
- Neurosurgical
- Obstetric

• Pediatric

Orthopedic

Pain medicine

Regional

## Pediatric Subspecialty and Other Services

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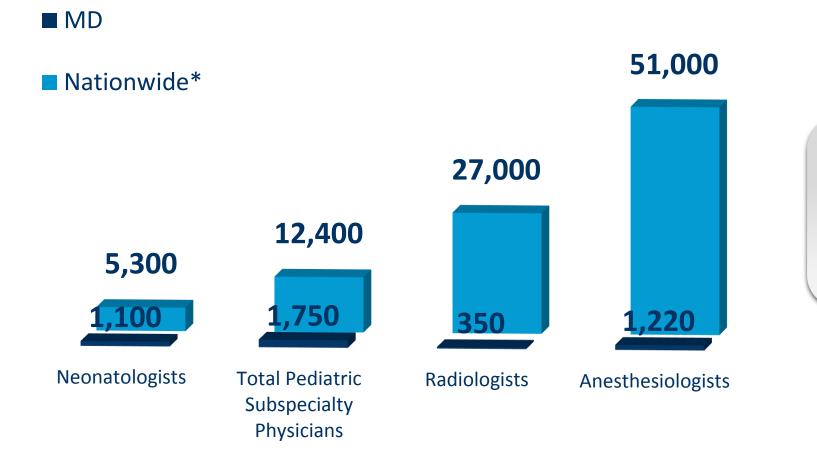
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- Cardiology
- Developmental
  - pediatrics
- Emergency
- medicine
- ENT
- Gastrointestinal
- Hospitalist
  Services
- Infectious disease•

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



### **Positioning in Our Specialties**



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



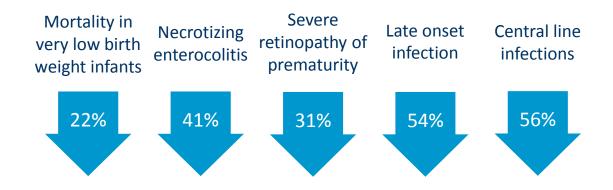
#### Demonstrating our Value: In Neonatology

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

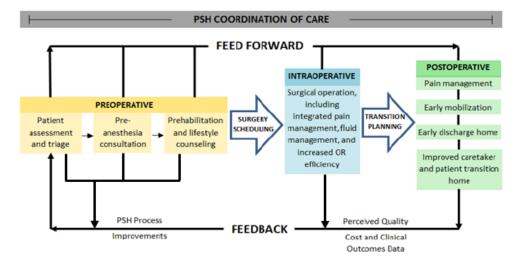


Source: "A Multifaceted Approach to Improving Outcomes in the NICU: The 100,000 Babies Campaign," as published in *Pediatrics*, the official journal of the American Academy of Pediatrics

#### Demonstrating our Value: In Anesthesiology

#### Value Added Programs

- Perioperative surgical home
- ERAS
- Safety
- Simulations



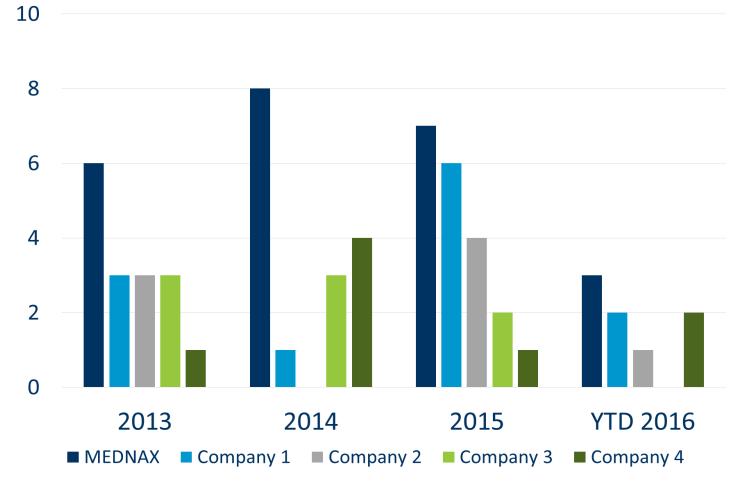
#### **Surgical Directions Engagement**

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





### Partner of Choice in a Fragmented Industry



Annual Anesthesiology Private Practice Acquisitions

Over the last 3 years, more private anesthesiology practices have chosen to partner with MEDNAX than any other organization



Data as of June 2016. Source: company press releases and other publicly available resources.

### **Expanding Our Footprint in Anesthesia**

#### **Practices providing services in 14 states**



- Most recent addition: Northwest Anesthesia, Minneapolis, MN
- First Minnesota-based practice
- Clinical care team of 128 full-time equivalent clinicians



### Teleradiology

Highly scalable platform and radiology network

Average licensed teleradiologists per state

Subspecialty-trained teleradiologists

# of radiology studies in database

U.S. community hospital covered

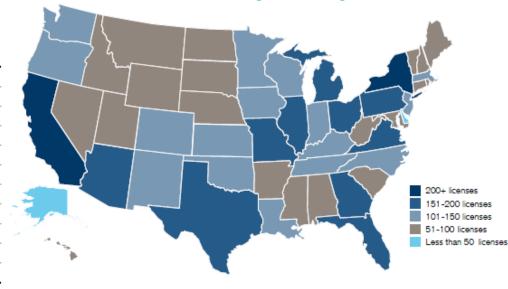
Number of facilities networked to vRad

Total investment in technology platform

Number of imaging devices networked to vRad

Studies handled annually

Images handled annually



#### National coverage of radiologists

#### **Extensive subspecialty expertise**

Subspecialty	Radiologists
Body	105
Neuroimaging	56
Musculoskeletal	37
Vascular	23
Pediatric	17
Nuclear medicine	11
Women's imaging / mammography	8
Cardiac	7
Other	3

Leading outsourced radiology physician services and telemedicine company

350+

112

75%

5M+

1.3B+

30M+

2,100+

35%

50,000+

\$55M+

15

- 350+ U.S.-based radiologists provide services to >2,100 facilities across all 50 states, D.C. and Puerto Rico
- More than 75% of teleradiologists subspecialty-trained
- Teleradiologists average more than 190 facility credentials and more than 17 state licenses

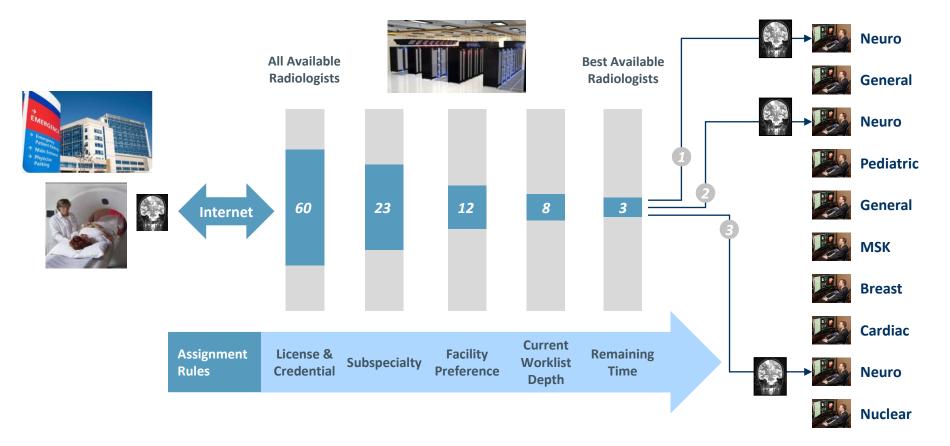


Radiologists

Patents granted

#### Demonstrating our Value: In Teleradiology

Getting the right study to the right physician – at the right time – saves lives





### **Management Services**

- 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
- RCM/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

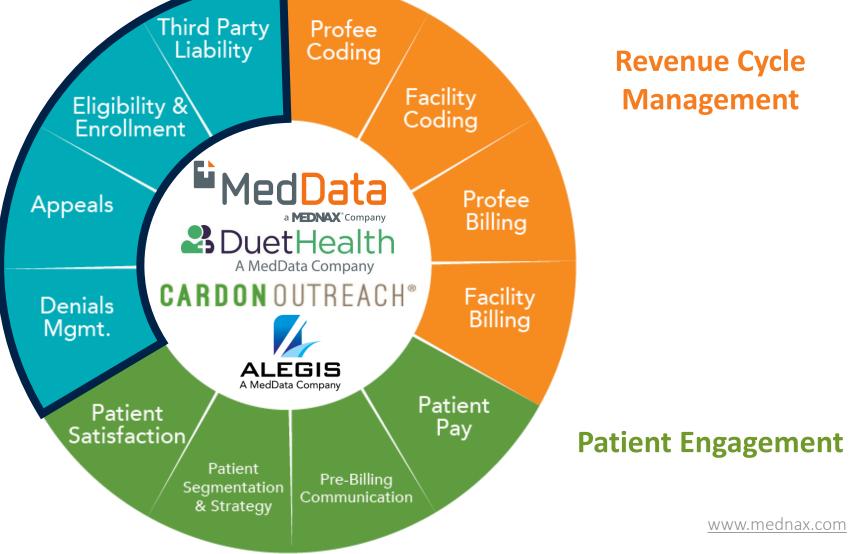
Increasing service requirements are broadening the scope of traditional RCM



#### Demonstrating our Value:

#### In Management Services







### Cardon Outreach

- Providing services to hospitals for 20+ years
- 800+ hospital and other facility clients in 46 states
- MPOWER technology provides interoperability and data exchange across service lines and integrates seamlessly with hospitals, patients, and payors
- Common platform includes over 2,000 payor program rules and regulations
- Adds an additional cross-selling opportunity into the existing MEDNAX customer base

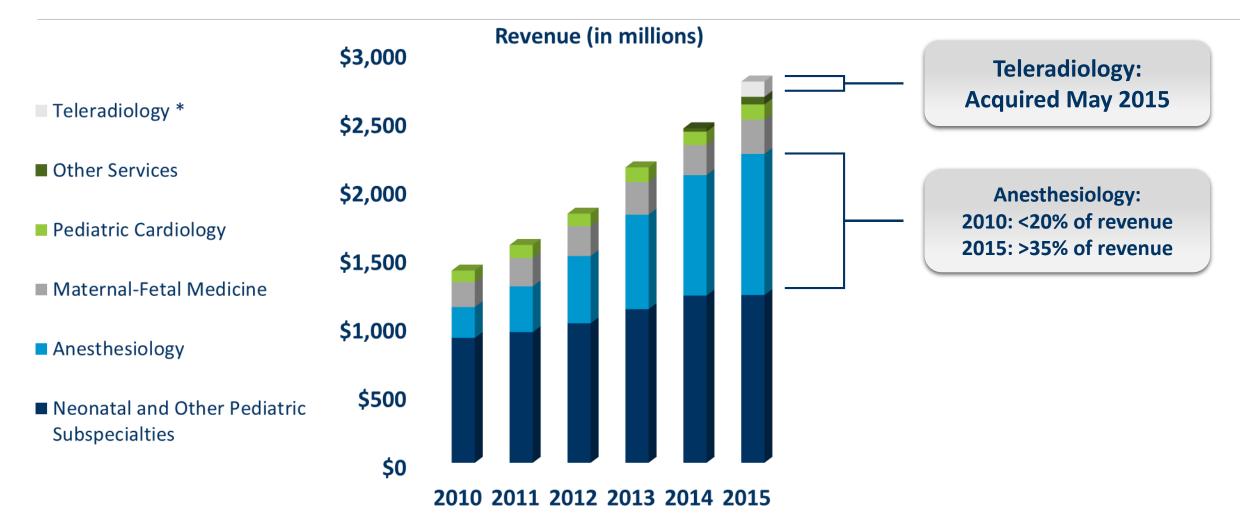






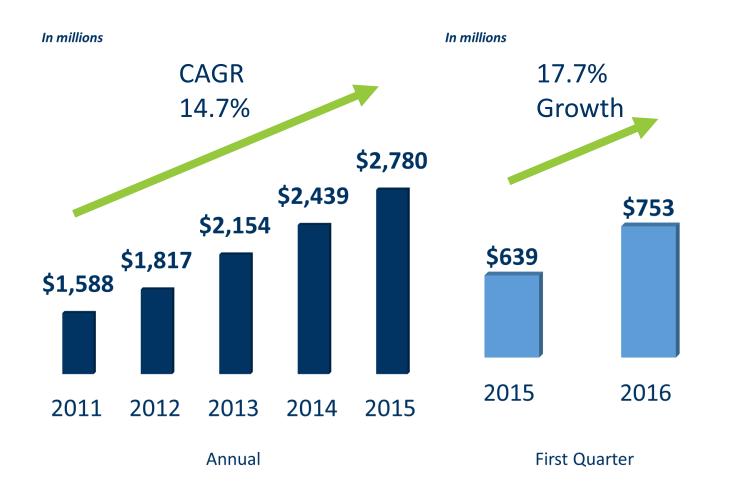
# Financial Results

### **Our Growth and Diversification**





#### Our Results – Revenue Growth



Revenue growth generated through acquisitions and organically

1Q16 same-unit revenue growth +2.6% (+3.6% excluding impact of parity)



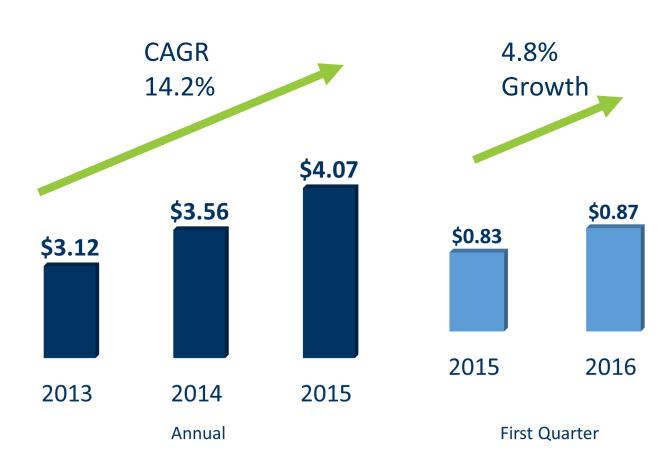
### Our Results – EBITDA Growth





Note: Reconciliations of non-GAAP financial measures to GAAP measures may be found on our website at www.mednax.com.

### Our Results – Adjusted EPS Growth



1Q16 adjusted EPS reflects the recent debt issuance and the absence of parity dollars



Note: Reconciliations of non-GAAP financial measures to GAAP measures may be found on our website at www.mednax.com.

### **Capital Structure and Deployment**



As of 3/31/2016:

\$1.2 billion available on credit facility
 Net Debt / EBITDA of 2.2x





# HEALTH SOLUTIONS PARTNER