

Hospice Industry Overview

October 2013

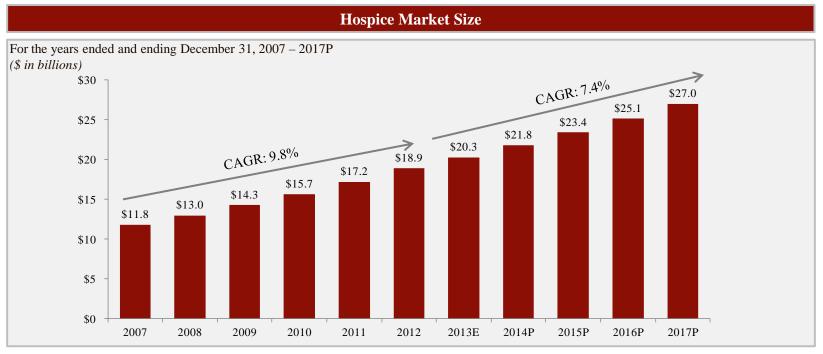


Attractive Industry Dynamics

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The \$18.9 billion hospice industry is projected to grow 7.4% annually through 2017P.

- Hospice is the provision of holistic and individualized care to patients facing a life limiting illness and their families.
 - Congress created the Medicare hospice benefit in 1982
 - Goal of hospice is to maximize quality of life and comfort, not to cure
- Hospice is gaining wider acceptance as an alternative to curative care at the end of life.
 - Approximately 44% of Medicare decedents in 2010 received hospice care compared to 23% in 2000
- Growth in the hospice industry will be driven by shifts in patient preferences towards non-acute care, hospice's cost saving value proposition, and the aging of the U.S. population.



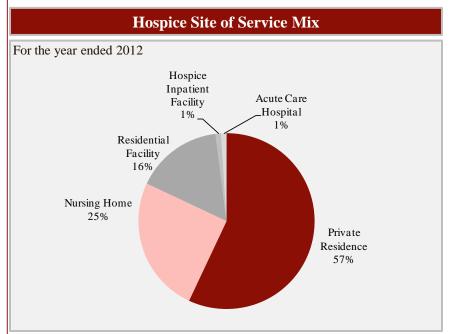
Source: IBIS.

Industry Growth Driver Shift to Non-Acute Care

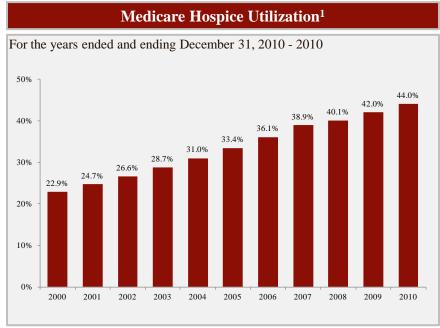
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Utilization of hospice care is increasing as patient preference shifts to receiving end-of-life care in non-acute settings.

- Overall shift towards treating patients outside of costly acute care settings benefits hospice utilization.
 - 98% of hospice patient care days are delivered in a non-acute setting
 - The percentage of elderly who died in acute care hospitals fell from 33% in 2000 to 25% in 2009
- Patients and families continue to become more educated on the many benefits of hospice, driving utilization.



Source: MedPac and National Hospice and Palliative Care Organization ("NHPCO").



Source: MedPac and NHPCO.

(1) Defined as deaths under hospice care divided by total annual deaths.

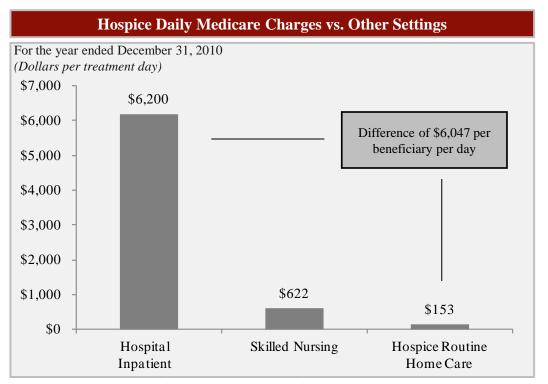


Industry Growth Driver Cost Saving Value Proposition

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Hospice offers a compelling value proposition as the lowest cost alternative for treating terminally-ill patients.

- Seniors age 65 and older account for approximately 40% of healthcare expenditures.
- Approximately 30% of a senior's total Medicare expenditures occur in the year preceding death.
- Managing end-of-life care is a key area of focus of healthcare cost containment.
- Patients who are admitted to hospice care spend up to nine fewer days in a hospital.
- Hospice is by far the lowest cost patient setting with a average per diem cost of \$153 per day.



Source: Hospice Associate of American and Health Affairs.



Industry Growth Driver Aging Population

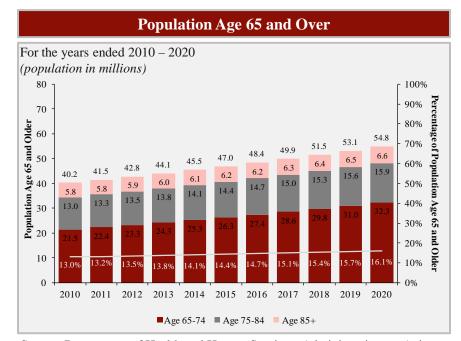
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The aging U.S. population will continue to drive growth in hospice utilization.

- Seniors over the age of 65 represent 83% of hospice patients.
 - Over 65 age group will grow from 40.2 million in 2010 to 54.8 million in 2020P

Patient Age	% of Total Hospice Patients	
Less than 24 years	0.4%	
25 - 34 years	0.4%	
35 - 64 years	16.0%	
65 - 74 years	16.3%	
75 - 84 years	27.6%	83%
85 years and over	39.3%	





Source: Department of Health and Human Services, Administration on Aging.

Reimbursement Overview

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Hospice care is covered under Medicare, Medicaid, and many private insurance plans.

- The Medicare hospice benefit is the predominant source of payment for hospice care in the U.S. and accounts for approximately 90% of reimbursement.
 - Hospice is provided free of charge to patients under the Medicare benefit
 - Medicare reimbursement rates vary based on the patient's acuity and the level of care needed
- The Medicare Cap ("Cap") is an annual limitation on reimbursement for providing hospice treatment.
 - Cap was \$25,377 per patient for 2013
 - Excessively long lengths of stay present risks of violating the Cap and incurring mandatory repayments to CMS
- In recent years, the hospice industry has received reimbursement increases from CMS.

1 01 0010		Current Hospice Reimbursement Overview					
For the year ending October 31, 2013							
Description	Per Diem Rate	Component Subject to Wage Index	Non- Weighted Amount				
Home care provided on a typical day	\$153.45	\$105.44	\$48.01				
Home care provided during periods of patient crisis	\$895.56	\$615.34	\$280.22				
Inpatient care for a short period to provide respite for primary caregiver	\$158.72	\$85.92	\$72.80				
Inpatient care to treat symptoms that cannot be managed in another setting	\$682.59	\$436.93	\$245.66				
	Home care provided on a typical day Home care provided during periods of patient crisis Inpatient care for a short period to provide respite for primary caregiver Inpatient care to treat symptoms that cannot be	Description Rate Home care provided on a typical day \$153.45 Home care provided during periods of patient crisis \$895.56 Inpatient care for a short period to provide respite for primary caregiver Inpatient care to treat symptoms that cannot be \$682.59	DescriptionPer Diem RateSubject to Wage IndexHome care provided on a typical day\$153.45\$105.44Home care provided during periods of patient crisis\$895.56\$615.34Inpatient care for a short period to provide respite for primary caregiver\$158.72\$85.92Inpatient care to treat symptoms that cannot be\$682.59\$436.93				

Source: CMS.

Historical Hospice Reimbursement Rate Changes For the years ending October 31, 2009 – 2013 3.6% 3.6% 3.0% 3% 2.6% 2.5% 2.1% 1.8% 2% 1.6% 1.4% 1% 2009 2010 2011 2012 2013 ■Gross ■Net1

Source: CMS.

(1) Net of BNAF phase-out and Wage Index change. Excludes impact from budget sequestration.

Competitive Landscape

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Hospice is a highly fragmented market with no individual provider comprising more than 7.4% of the market.

- 44% of the market is served by non-profit and government hospices.
- The top 4 players only account for approximately 17% market share.

For the year ended 2012 Hospital-Based 10% For Profit 46%

Source: CMS and public filings.

Hospice Platform	Daily Census Estimate	States of Operation	Market Share
Vitas	14,443	18	7.4%
Gentiva	12,700	29	6.5%
Amedisys	5,091	25	2.6%
LHC	1,100	19	0.6%
Other (Over 3,500 Hospices)	161,842	N/A	82.9%

Source: CMS and public filings.

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