

King's Daughters Health System Institutional Investors Call

March 25, 2014

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Agenda

- Introduction of new CEO, Kristie Whitlatch; Sheryl Mahaney, General Counsel; and new CFO, Autumn McFann
- Quality Focus
- Key Financial Trends
- FY2013 & FYTD2014 Financial Results
- Financial Improvement Plan
- Legal Environment
- Questions & Answers





- Ashland, KY native; wellestablished in the community
- Been with the Health System since 1987, serving in various nursing and leadership roles
- Registered Nurse; Bachelor's and Master's degrees in Nursing
- Wharton Executive Education program
- Served as Vice President and Chief Operating Officer since 2011



Sheryl Mahaney, Vice President/ General Counsel



- Resident of Huntington, WV
- Been with the Health System since 1997, serving in legal, corporate compliance, and risk management leadership roles
- Juris Doctorate; Bachelor's degree in Political Science
- Previously practiced medical malpractice and healthcare law with a large firm in Albuquerque, New Mexico







- Life-long resident of Ironton, Ohio
- Been with the Health System since 2004, serving in various financial leadership roles
- Certified Public Accountant (CPA);
 Bachelor's and Master's degrees in Business Administration
- Background in Public Accounting (1999-2004)
- Served as Corporate Controller since Jan. 2009





Quality Focus

2014 Carechex National Rankings Medical Excellence



* #1 in Ky.	Overall Medical Care (4,587)	Cardiac Care (3,746)	Heart Attack Treatment (3,746)	Heart Failure Treatment (3,559)	Interventional Coronary Care (1,233)	Coronary Bypass Surgery (1,196)	Cardiac Surgery (Major) (1,156)
KDMC	15 *	11 *	92	10 *	7 *	9 *	30 *
OLBH	115	349	561	401	-	-	-
SOMC	1,469	1,689	355	2,142	262	322	475
St. Mary's	2,417	853	1,797	2,975	514	959	598
СНН	986	1,707	1,062	1,270	-	-	-
Pikeville	2,349	1,695	699	2,158	795	980	1,100
CAMC	1,310	317	2,205	417	393	156	506

2014 Carechex National Rankings Medical Excellence



* #1 in Ky.	Pulmonary Care (4,008)	Neurological Care (4,512)	Stroke Care (4,493)	Orthopedic Care (3,583)	Orthopedic Care (Major) (3,583)	Joint Replacement (3,583)
KDMC	28*	281	66*	155	282	300
OLBH	327	491	701	261	668	649
SOMC	1,253	383	1,747	1,218	3,149	3,181
St. Mary's	1,694	1,069	3,642	1,654	1,263	2,473
СНН	695	343	2,963	2,666	623	972
Pikeville	897	4,374	2,694	2,911	223	419
CAMC	1,572	417	350	701	685	859

Healthgrades 2014: Cardiac Care



- One of America's 100 Best Hospitals for Cardiac Surgery[™] for two years in a row (2013-2014)
- Recipient of the Healthgrades Cardiac Surgery Excellence Award[™] for 2 Years in a Row (2013-2014)
- Ranked Among the Top 10% in the Nation for Cardiac Surgery for 2 Years in a Row (2013-2014)
- Five-Star Recipient for Coronary Artery Bypass for 2 Years in a Row (2013-2014)
- Five-Star Recipient for Treatment of Heart Failure in 2014

Healthgrades 2014: Neurosciences



- Recipient of Healthgrades Stroke Care Excellence Award™ in 2014
- Ranked Among the Top 10% in the Nation for Treatment of Stroke in 2014
- Five-Star Recipient for Treatment of Stroke for Three Years in a Row (2012-2014)



The Joint Commission

- Designated as a: Top Performer on Key Quality Measures
- Second year of this award program to recognize the top performing 33% of hospitals
- KDMC was recognized in the areas of:
 - Heart Attack
 - Heart Failure
 - Pneumonia
 - Surgical Care



Recent Accreditations

- Full accreditation of cardiac catheterization and percutaneous coronary intervention (PCI) program from the Accreditation for Cardiovascular Excellence (ACE)
 - The only hospital in Kentucky, Ohio or West Virginia to achieve this distinction and one of fewer than 20 facilities nationwide
- Designated Hypertension Center by the American Society of Hypertension
 - For medical practices that have demonstrated expertise in treating patients with complex hypertension and its co-morbidities



Key Financial Trends



FY2013 Key Volume Issues

- Admissions declined 6.5% from the prior year
- Surgeries declined 12.4% from the prior year
- Cardiac catheterizations declined 48.3% from the prior year
- MRIs / CT scans declined 17.2% from the prior year



Key Reasons for Volume Decline

- National and State trends of declining utilization
- Shift in patient responsibility for payment (higher co-pays, deductibles, etc.) driving down utilization
- Loss of market share due to highly publicized DOJ investigation
- Insurance company "steerage" for imaging services

How Are We Addressing Volume Declines?



- Improving community perception and community relations
- "Rebranding" campaign
- Focus on Quality
- Changing pricing strategy
- Improving team member morale
- Improved transparency with team members and community members
- Volume Growth Tactical Team



Payor Mix Trends

	2011	2012	2013	2014 YTD
Medicare	49.2%	49.1%	50.7%	50.1%
Medicaid	16.4%	16.4%	15.2%	16.2%
Insurance	27.2%	27.0%	27.0%	27.7%
Self-Pay	7.2%	7.5%	7.1%	6.0%



Bad Debt & Charity Trends

Bad Debt/Charity/Self-pay Discount as a % of Gross Revenue:

FY2011	FY2012	FY2013	FYTD14
8.0%	8.4%	8.1%	6.6%



FY2013 & FYTD2014 Financial Results



FY2013 Financial Highlights

- Net Revenue of \$485.9 million was 12.1% under prior year due to the volume decline in key areas
- Total Expenses of \$522.5 million were 3.7% under prior year primarily due to:
 - Salaries & Benefits were \$22.1 million (7.4%) under prior year
 - Supplies were \$6.0 million (6.0%) under prior year
- Operating Loss of \$36.6 million
- Net Loss of \$12.4 million
- Days cash on hand of 195 was below prior year days cash on hand of 214

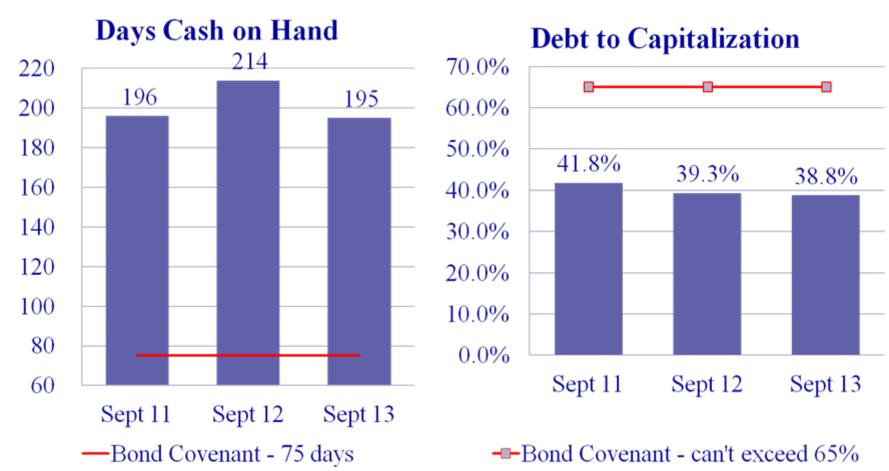


FY2013 Debt Service Coverage

- Ongoing Department of Justice investigation over 2 years
- Accrued liability for DOJ settlement in the amount of \$40.9 million, plus \$8 million for related legal expenses
- FY2013 audited financial statements released 3/24/14
- Triggered a violation of the debt service coverage covenant under the Reimbursement Agreement with BB&T and the Master Trust Indenture (MTI)
- BB&T granted a waiver; effective on 3/5/14
- Consultant call-in is required under the MTI
- Hired Huron Healthcare effective March 2014



Balance Sheet Performance





FYTD14 Financial Highlights

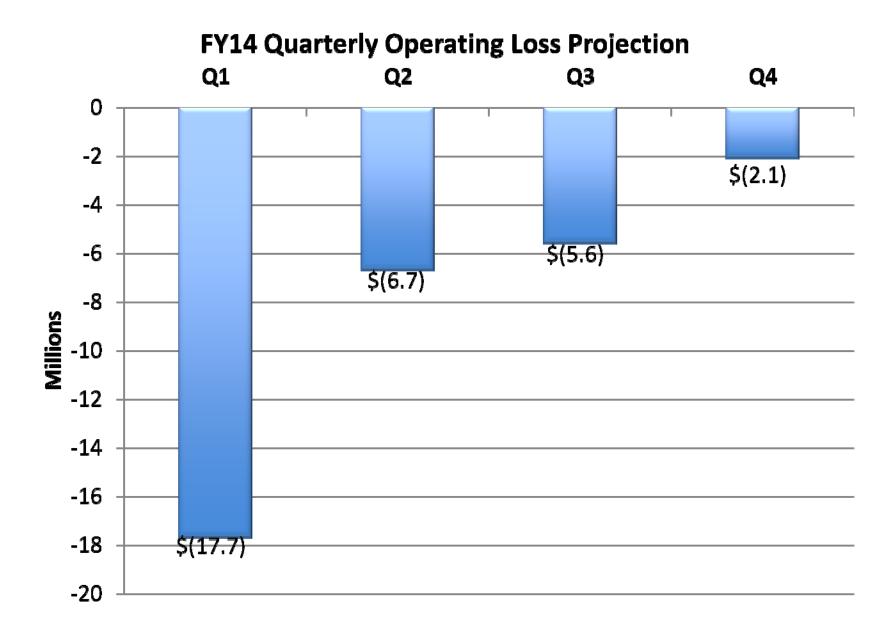
- Total Net Revenue of \$194.5 million is 1.6% ahead of budget, primarily due to lower bad debt/charity write-offs
- Total Expenses of \$217.0 million are 3.8% over budget, primarily due to higher salaries/benefits and purchased services
- Operating loss of \$22.5 million is behind the budgeted operating loss of \$17.6 million
- Net loss of \$10.9 million is ahead of budgeted net loss of \$15.6 million
- Days cash on hand of 187 is ahead of budgeted days cash on hand of 185

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FY2014 Improving Trends

- Of the FYTD \$22.5 million operating loss, \$17.7 million occurred in first quarter
- Included approximately \$1.8 million of severance pay
- January and February's operating losses improved significantly at \$2.5 million and \$2.3 million, respectively
- Flex budget/projection shows an estimated total operating loss of \$32.1 million for FY2014, with a break-even level by September 2014







Revenue Cycle

- Qualify patients for Medicaid and other coverage
- Implement patient responsibility estimator service
- Increase patient collections and reduce bad debt
- Redesign Epic system workflow and infrastructure to increase ongoing collections from insurance
- Implement computer assisted coding 3M system to improve coding and reimbursement



Staffing Productivity

- Implemented Reduction in Force (August 2013) and eliminated 150 positions
- Aggressive management of attrition
- Implemented Truven Action OI productivity benchmarking system and established standards for all patient care and support departments
- Cross-training and reallocation of staff



Supply Chain

- Implement Yankee Alliance service and collaborative
- Maximize Premier GPO contract purchasing
- Implement physician preference standardization

Hospital Service Lines

- Eliminate unprofitable services and combine areas to gain efficiencies
- Implement cost accounting and service line reporting system



Physician Practices

- Consolidate unprofitable primary care centers to gain efficiency
- Adjust physician contracts to reflect productivity
- Terminate contracts for selected physicians
- No new acquisitions planned
- Implement provider based billing and 340b drug program for select specialty clinics

Financial Improvement Plan Projected Impact (Annual)



<u> </u>	\$43.0M
\$1.5M	\$6.0M
\$1.0M	\$5.0M
\$2.0M	\$3.0M
\$18.0M	\$21.0M
\$2.0M	\$8.0M
Implemented Feb 2014	Total FY2014
	Feb 2014 \$2.0M \$18.0M \$2.0M \$1.0M



Legal Environment



Question & Answer Session