



Lender Presentation

February 2022



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# **Table of Contents** Introduction

## **Company Introduction**

Nutex Health Inc. ("Nutex" or the "Company") operates a comprehensive and integrated care delivery platform comprised of a patient-centric network of micro-hospitals that is complemented by a wraparound, tech-enabled advanced primary care network

Patient-centric features:















Quality and outcomes focused



Tech-enabled capabilities







Recommended by communities





Full spectrum of healthcare services



#### **KEY FEATURES**

- 16 state-of-the-art facilities that are strategically located across 8 states to provide convenient access in local communities
- Provides comprehensive 24/7 services, including emergency care, inpatient care, and behavioral health, as well as a full suite of ancillary services
- Technology-enabled, risk-bearing advanced primary care network
- Data analytics + clinical network capabilities that optimize population health management
- Focused on quality outcomes and high patient satisfaction (~99% patient satisfaction rate historically)
- Robust in-house back-office support
- Cost-effective micro-hospital care settings
- Proven physician-ownership structure (>95% retention rate for physicians historically) that raises accountability and quality of patient care



# Mission Statement



- Fill the unmet and growing need for convenient and accessible care
- Provide a better patient experience than traditional hospitals and ERs
- Provide a better practice environment for medical professionals
- Improve the overall quality of care and outcomes of patients by using data analytics and population health management technology
- Align stakeholders interests across the entire healthcare ecosystem
- Be an important part of the local communities its facilities serve

## **Company Snapshot**

#### **NUTEX OVERVIEW**



- One of the leading operators of microhospitals and HOPDs in the US with 16 operating facilities across 8 states and 19 facilities under development across 3 incremental states
- Offers a full spectrum of healthcare services including emergency room visits, inpatient services, laboratory tests, on-site imaging services, behavior health services, and inpatient pharmacies
- Founded in 2011 by Dr. Tom Vo, the current CEO of Nutex

#### **QUICK FACTS**

#### LTM 9/30/21 Performance (1)

\$323 million

\$161 million

1.3x

Adjusted EBITDA

**Total Leverage** 

## **Nutex Highlights**

130,000+

Annual Patient Visits (2) 200

Physicians

>95%

Physician Retention Rate

## Clinigence Highlights

5,000+

Provider Network Relationships 2,500+

Hospital Network Relationships 5 million

Patient Records

#### PHYSICIAN OWNERSHIP STRUCTURE



- Nutex physicians are also shareholders, aligning interests to provide quality of care to patients and enhancing the Company's long-term value
- Numerous Nutex hospitals have been voted and awarded "Best Hospitals" in their respective communities
- > 95% annual physician retention rate has led to ~99% patient satisfaction rate

## INTEGRATED PLATFORM

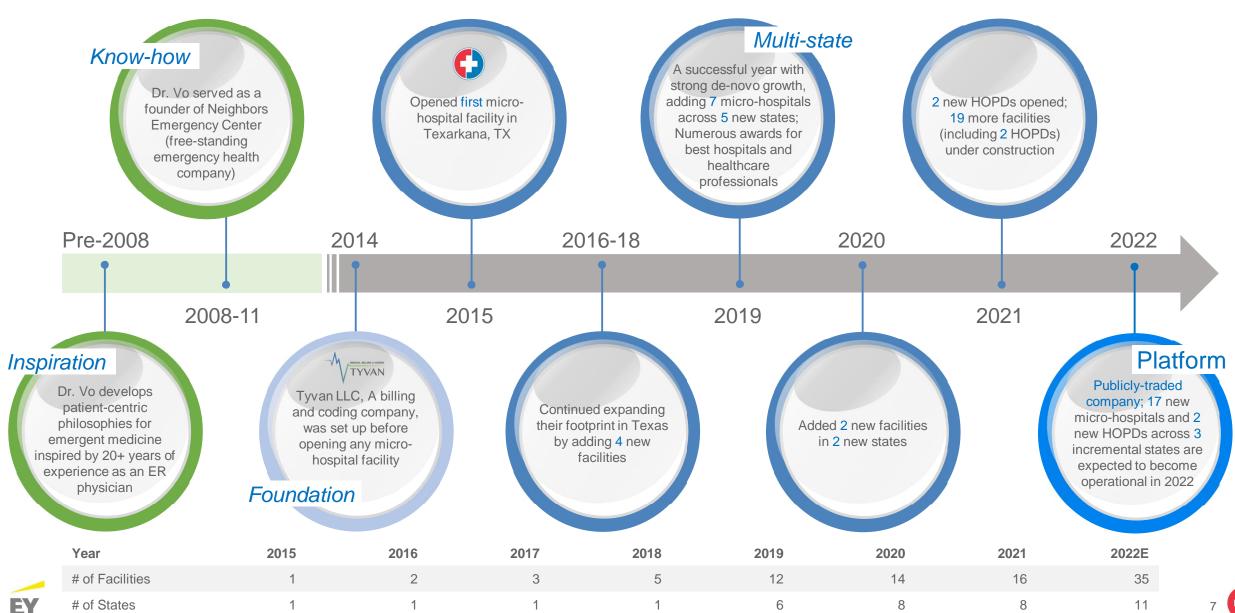


 Integrated micro-hospital and advanced primary care network facilitates population health capabilities and drives quality outcomes





# **Nutex Origin and Methodical Expansion Strategy**





## **Investment Highlights**





- Better practice environment for physicians and medical professionals to provide high-quality, concierge level patient care
- Robust in-house billing and collections infrastructure with bespoke features to drive efficiency
- Deep value proposition to healthcare ecosystem in ability to deliver quality and accessible care at a competitive price
- 5 Attractive cash flow generation with strong track record of financial performance
- 6 Substantial growth and operating efficiencies through the integration of Clinigence platforms
- 7 Strong management team with unparalleled expertise in the industry



# **Table of Contents Transaction Overview**

## **Transaction Summary**

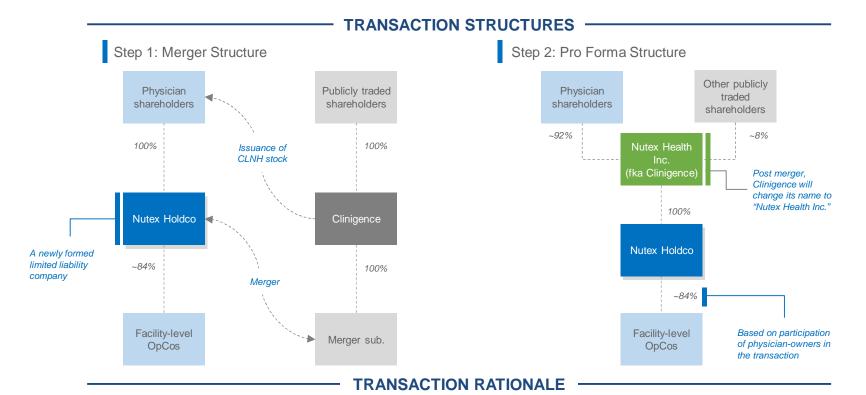
- On November 23, 2021, Nutex Health Holdco LLC announced a reverse merger with Clinigence Holdings, Inc. ("Clinigence"), a publicly traded technology-enabled population health management company whose platform combines medical management, data analytics and risk-bearing provider networks. The merged entity will be called "Nutex Health Inc."
- Management believes that the business combination brings attractive growth and operating synergies together through the integration of Nutex's micro-hospital platform with the data and population health management services of Clinigence
- The Company is seeking to raise a \$150 million revolving credit facility to (i) refinance existing debt, (ii) buy-out select minority physician-owners, and (iii) provide working capital for operating and strategic initiatives
- Pro forma for the transaction, total leverage approximates 1.3x based on LTM 9/30/21 PF Consolidated Adjusted EBITDA
- The debt financing will close simultaneously with or directly after the reverse merger closing anticipated in Q2 2022



## **Merger Transaction Description**

#### **MERGER TRANSACTION**

- On November 23, 2021, Nutex Health Holdco LLC announced a reverse merger with Clinigence Holdings, Inc., a publicly traded technologyenabled population health management company (OTCPK:CLNH) with a market capitalization of approximately \$206 million (1). The transaction is anticipated to close in Q2 2022 upon regulatory approval
- Clinigence is a leading technology-enabled, riskbearing population health management company.
   Clinigence includes an advanced, cloud-based platform that enables healthcare organizations to provide value-based care and population health management
- The two organizations complement each other and will advance the integrated care delivery platform, including technology-enabled, riskbearing value-based provider networks wrapped around efficient micro-hospitals
- Physician-owners who participate in the transaction will receive public shares in Clinigence in exchange for their ownership interests in Nutex Holdco. Certain physicianowners may not choose to hold their equity in the merged entity and will be taken out with proceeds from the financing transaction



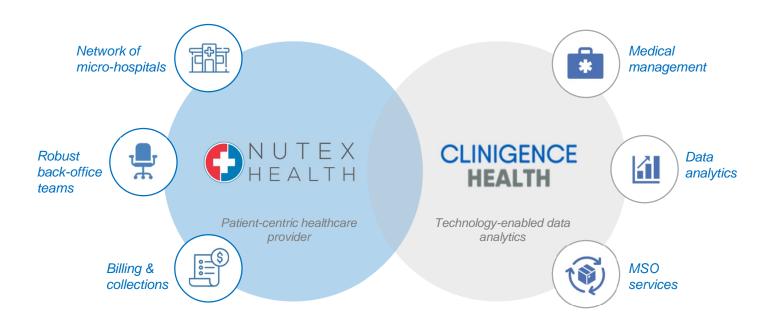


Creates a publicly traded technology-enabled, patient-centric healthcare delivery platform



# **Compelling Merger Rationale with Natural Synergies**

#### **CORE COMPETENCES**



The combined entity formed by Nutex and Clinigence will realize complementary synergies that enhance customer capture and improve the overall quality of care for patients

#### **SYNERGY OPPORTUNITIES**

Near-term

Long-term

Billing & collections + Data analytics:

Clinigence provides Nutex with SaaS-based technology for claims data that will add more precision to the billing and collections process under Tyvan

Result: Reduced collections cycle period

<u>Network of micro-hospitals + surrounding risk-bearing provider networks</u>

Clinigence's risk-bearing provider networks admit their patients to Nutex hospitals. Nutex hospitals are additionally used for (i) evaluation of high-risk patients and (ii) post-discharge checks

Result: Increased patient volumes and profitability

In-house back-office support + MSO services

Clinigence's MSO services along with Nutex's in-house back-office teams will provide non-clinical and administrative support, allowing physicians to focus on providing quality patient services

Result: Improved quality of care for patients



physicians

#### FINANCING TRANSACTION -

- In support of the merger, the Company is seeking to raise a \$150 million revolving credit facility, with proceeds used to (i) refinance existing debt, (ii) finance the buy-outs of certain minority physicianowners, and (iii) provide working capital for operating and strategic initiatives
- Pro forma for the transaction, total leverage approximates 1.3x based on LTM 9/30/21 PF Consolidated Adjusted EBITDA
- The debt financing will close simultaneously with or directly after the reverse merger closing anticipated in Q2 2022

#### OTHER CONSIDERATIONS ——

- Nutex is looking for financing partners with additional capital markets experience as the Company evaluates future public equity offerings and debt financing for its real estate affiliates
- The real estate affiliates have approximately \$64.3 million <sup>(1)</sup> of debt outstanding as of 9/30/21 (see appendix Real Estate Transaction). The mortgages are secured by the land and buildings with personal guarantees from certain physicians and unsecured guarantees from the facility-level OpCos. More information on the real estate affiliates forthcoming under a separate cover

	Source	CES AND USES ————	
Sources		Uses	
Revolver (\$150)	\$ 47	Refinance existing debt	\$ 26
		Est. shareholder take-out (1)	20
		Est. fees and expenses	1 Buybacks from minority investors
Total sources	\$ 47	Total uses	\$ 47 including certain

#### PRO FORMA CAPITALIZATION

	As of 9/30	)/21		Pro forma as	of 9/30/21
Facility	Amount	Lev (2)	Adj	Amount	Lev (2)
Cash and cash equivalents	\$ 30			\$ 30	
Capital leases (3)	169			169	
Existing debt	26		(26)		
Revolver (\$150)			47	47	
Total debt	195	1.2x		216	1.3x
Consolidated Adjusted EBITDA (2)	\$ 161			\$ 161	

<sup>(1)</sup> Assumes contemplated shareholder take-out amount of \$20 million post merger



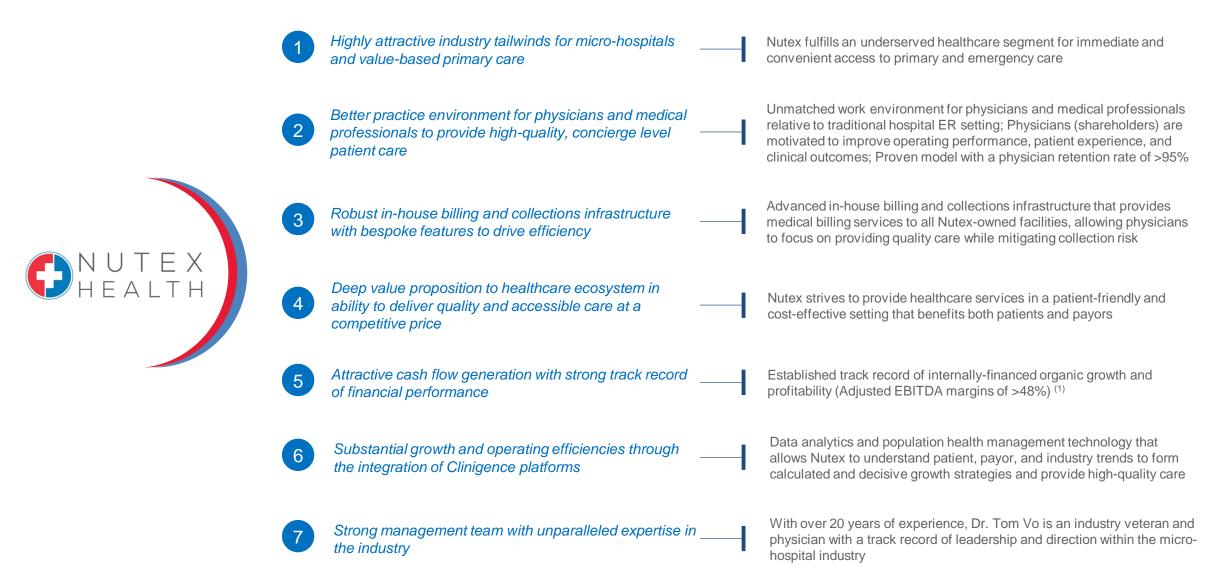


<sup>(2)</sup> Based on LTM 9/30/21 PF Consolidated Adjusted EBITDA of Nutex and Clinigence, adjusted for net income attributable to physicians not participating in the merger (minority interest)

<sup>(3)</sup> Capital leases include finance lease obligations required to be shown as indebtedness on Nutex Holdco's balance sheet under U.S. GAAP



## **Investment Highlights**







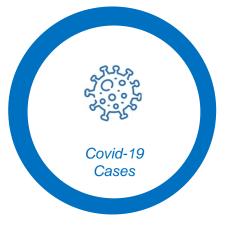
## **Nutex Value Proposition for Emergent Care**

There are several factors that drive demand for Nutex's high-quality and patient-centric services









Each year, there are ~140 million ER visits in the U.S. (~42 visits for every 100 Americans) Traditional hospital ER settings can be unpleasant with longer wait times (>100 minute median wait time) <sup>(1)</sup> ~87% of annual ER visits are considered mid-acuity cases (stable condition) that can be treated more efficiently outside of traditional hospitals (2) Epidemiologists project multiple waves of Covid-19 cases even as the pandemic transitions into an endemic causing ER capacity constraints



Key Attributes Network of strategically located facilities across the mid-west to south regions to service ER visits Open 24 hours a day, seven days a week with wait time averaging <10 minutes Compelling patient-friendly alternative to traditional hospital ER setting especially for mid-acuity level cases

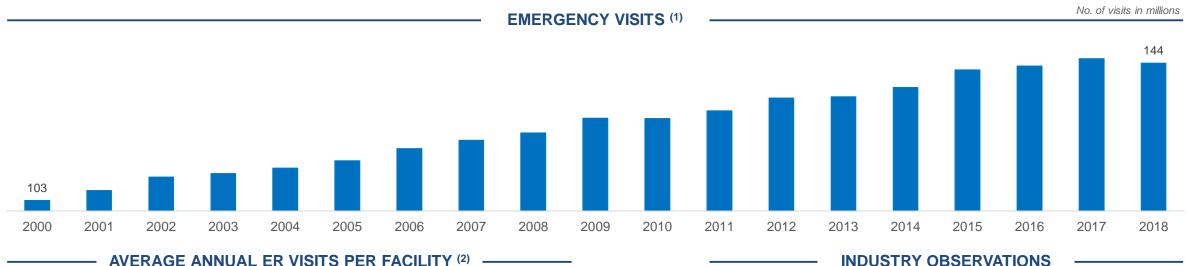
Extensive front line Covid-19 emergency support experience gained during the height of the pandemic in early 2020

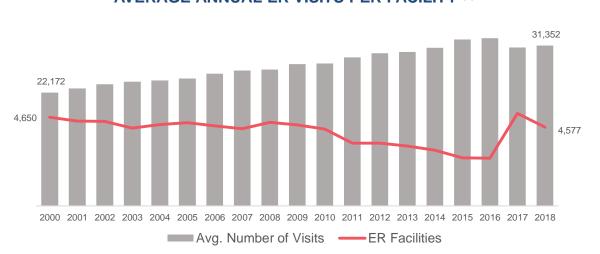


# **Attractive Industry Dynamics: Emergency Visits**



Emergency room visits continue to rise, while the number of ER facilities remained largely unchanged since 2000. This supply / demand imbalance suggests stable patient volume growth for emergency service providers





#### INDUSTRY OBSERVATIONS

- Average number of ER visits per facility has increased steadily since 2000, overburdening existing ER facilities and hospital networks and compromising the quality of patient services
- This has lead to an increase in median ER room wait time of approximately 103 minutes in 2020 in the U.S.(3), compared to 30 minutes notched in 2010 (4)
- Increase in wait times combined with supply and demand imbalances in emergency rooms has created an opportunity for micro-hospitals to step in and provide high-quality, convenient and patient-centric care





# **Attractive Industry Dynamics: Value-based Care**



## Shift to value-based care models and increasing market demand is reshaping U.S healthcare

Multiple macro health trends converging to drive shift to value-based care models...

Unsustainable costs

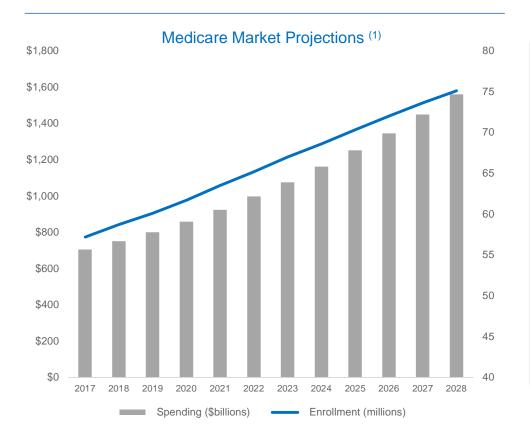
- Nearly \$3.8 trillion in healthcare spending, growing ~4% annually
- Rapidly aging US population

2

Poor outcomes

- Growth in chronic disease, reflecting 96% of Medicare spend
- \$760 935bn / yr. is wasteful spending
   (~25% of healthcare expenditures)
- Dissatisfied patients
- Average primary care physician are overloaded, seeing an ever-increasing number of patients per day
- Provider accountability
- Providers are being held accountable for quality and financial outcomes by both CMS and payors. Providers now have to report data directly to CMS and payors regularly

...coupled with rapidly growing market demand...



...result in need for innovative advanced primary care models at the forefront of the U.S. healthcare movement to valuebased care



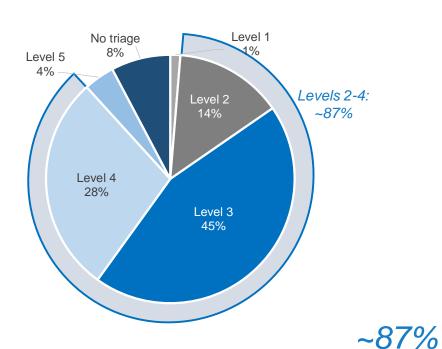


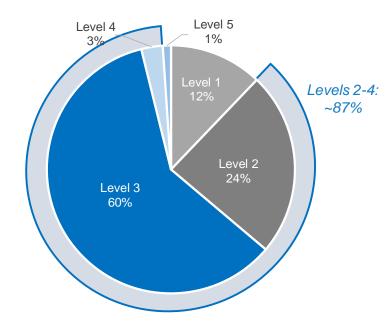
# **Common Emergent Cases: Mid-acuity (stable condition)**



Nutex facilities have ability to treat patient cases with acuity levels that are largely in line with ER visit acuity levels across the United States

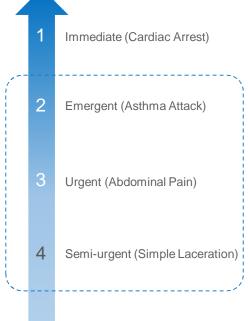
## U.S. VISITS BY ACUITY LEVEL (1) ———— NUTEX VISITS BY ACUITY LEVEL (2) ———





of emergency room visits in the U.S. ranged from emergency – semi-urgent in 2018, aligning with the acuity level of Nutex's visits over the past 3 years

## **Emergency Severity Index**









## **Unmatched Practice Environment**



Better practice environment for physicians and medical professionals to provide high-quality, concierge level patient care

#### POSITIVE WORK ENVIRONMENT

- Nutex physicians and healthcare professionals work in a better practice environment relative to their peers at traditional hospital ER departments. Common benefits include:
  - Quarterly performance-based bonuses, which is uncommon in other traditional hospitals
  - Work/life balance programs such as flexible scheduling and personal time off
  - Decision-making authority for physicians with no red tape from the administration
  - Limited burden from administration tasks with Nutex's centralized back-office operations - allows physicians and nursing staff to focus more on the patient care
  - Physician shareholder model allows equity ownership in a publicly-traded healthcare provider (92% physician-owned) with opportunities for ancillary investments (e.g., real estate) and liquidity events
- All Nutex micro-hospitals have remained fully staffed and operational since the beginning of the pandemic, while many other hospital networks have faced labor shortages and some have been forced to shut down departments or facilities all together (1)
- Positive work environment has resulted in a strong physician retention rate of >95% and patient satisfaction ratings near 99%

#### VALUE GENERATION THROUGH HIGH-QUALITY SERVICE

Dr. Vo believes the efforts to create a positive work environment incentivizes physicians and healthcare professionals to provide consistent, high quality care that results in patient satisfaction and generates a strong patient base through positive reviews and referrals



Better work environment for physicians and healthcare professionals

leads to...



results in...

enhanced equity

shareholders...



High-quality, concierge level emergency care and diagnostic services



8= Positive reviews and referrals







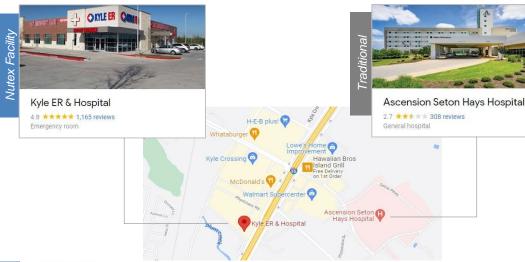
## **Proven High-Quality, Concierge Level Service**



Better practice environment for physicians and medical professionals to provide high-quality, concierge level patient care

Nutex's high-quality patient service leads to positive online reviews, a key source of patient volumes

#### **ONLINE REVIEWS**



★★★★ 5 months ago

Very clean and most importantly they did not have me wait for more then 5 minutes. All the staff were very sweet and informative. Brought my 7 month son in and they treated him with so much care unlike any ER I have been to for kids. Highly recommend advance ER.

★★★★ a month ago

Kyle ER is a wonderful place to get treatment for almost anything. The staff is very professional and extremely kind. It is quick to get in to be seen and they take great care of you. They are down to earth and listen to you. Great place to go when in need.

★★★★★ 3 months ago

The staff, nurses and doctors always go above and beyond. I have gone to this location three times and I will continue come back. Thank you all for compassion and care.

SOURCE OF PATIENT VOLUMES

Approximately **64%** of the patient visits in 2021 were generated through internet searches and referrals, reflecting positive online reviews and a strong word-of-mouth presence

Referrals
18%

Drive By
24%

Advertising
10%

Others

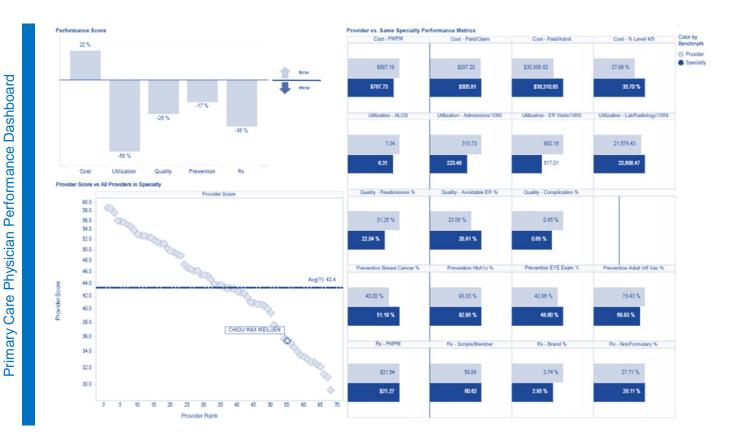
Generates a strong patientbase



Sample Google Reviews

Clinigence's clinical and physician utilization dashboards provide actionable insights into improving the quality of patient care for Nutex

#### PERFORMANCE ENHANCING DATA ANALYTICS



#### **ENHANCING PATIENT CARE**



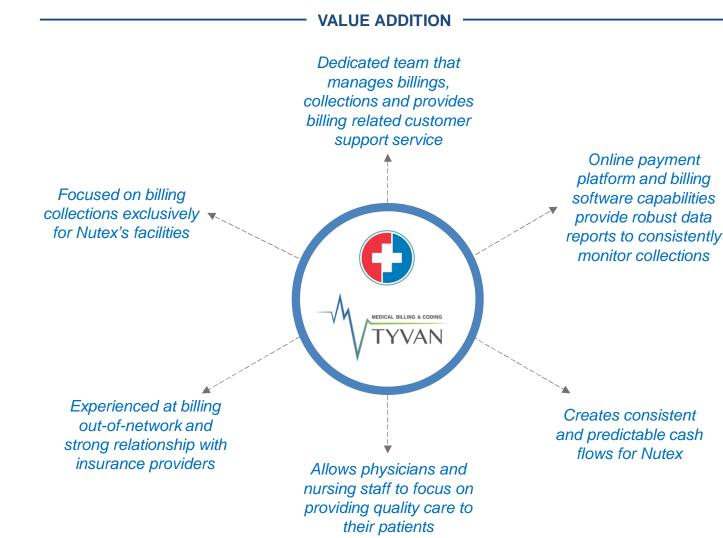
- Performance metrics that inform physicians and enhance overall quality of patient care
- 2 Real-time utilization data to drive operating efficiency
- 3 Identification of gaps in patient care
- 4 Risk-stratification of patients
- 5 Data-driven predictive analysis



Nutex's has a dedicated in-house billing and collections company, Tyvan LLC, that ensures robust, consistent and predictable collections

#### WHY TYVAN?

- Competing micro-hospital and freestanding emergency departments ("FSED") networks have faced challenges with timely billing and collections in the past
- Third-party collection companies often work on a contract basis and typically have multiple customers, and are not directly invested in company's performance
- Excess charging, erroneous charges and other errors generally result in patient dissatisfaction and discourage recurring patient visits
- To mitigate these risks, Dr. Vo created a billing and collections company dedicated to servicing Nutex facilities even before setting up micro-hospital facilities – Tyvan LLC ("Tyvan")
- Tyvan allows Nutex to control their revenue cycle and cash collections more efficiently, which leads to improved liquidity position and better overall patient experience
- Tyvan also has dedicated staff to cater to customer's billing related queries and concerns. This further improves the overall patient outcome and ensures outstanding end-toend services, aligning with Nutex's patient-centric business model





# **Billing and Collections Process**



#### ILLUSTRATIVE BILLING AND COLLECTIONS LIFE CYCLE Patient comes in, Information is received by Follow-up is typically made with Insurance providers perform due diligence service is provided practice management insurance provider regarding on claim, where timing and reimbursement system and provided to is contingent on nature and severity of and corresponding claim sent Tyvan's billing and coding documentation is service(s) provided, along with insurance populated provider tendencies team Claim paid within 3-6 months Patient information Coding team audits Discrepancies or need for additional Physicians may be asked to perform peer Reaction documented information information may be addressed review for the claim to verify necessity of is documented. insurance provider is depending on customer insurance emergency services / supporting info and sends status and service(s) provided reimbursement claim identified upon approval 45-90 days 90-180 days 15-20 days Tyvan Strengths Dedicated personnel / Highly experienced team Claims are sent as a team dealing with each that understands single comprehensive and insurance provider to insurance provider "clean" charge ensure timely reimbursement patterns correspondence

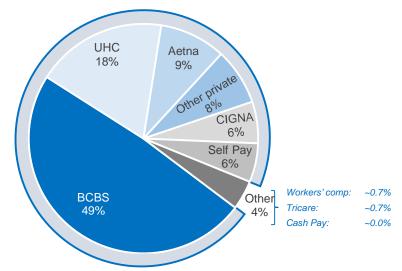
## **Robust Billing and Collections**

#### **BILLING AND COLLECTIONS OVERVIEW**

- Nutex recognizes revenue primarily from patient healthcare services and receives a majority of the reimbursements from third party commercial insurance organizations. It also receives reimbursements directly from patients through co-pay and self-pay arrangements, which accounted for less than 6% of the payor mix
- Nutex does not balance bill, or "surprise bill," their patients the additional cost (i.e., difference between the total service charges and the amount reimbursed by insurance providers) is not passed on to patients. This differentiates Nutex from many other hospitals in this space and reflects their patient-centric model
- Each of the micro-hospitals are considered "out-of-network" with commercial health plans. As there are no contractual rates established with the insurance entities, revenues are estimated based on historical collections experience, historical trends of refunds and historical payor payment adjustments. Final collections may require specific negotiation of a payment amount, typically at a significant discount from Nutex's usual and customary rates
- Nutex has a strong track of negotiating and collecting payments from commercial insurance companies. Historically, Nutex has collected approximately 65% of their accounts receivable within 90 days

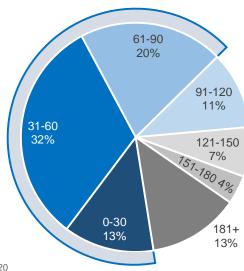
HISTORICAL PAYOR MIX (1)

Commercial insurance accounts for >90% of the Company's payor mix



## HISTORICAL COLLECTIONS (2)

Historically, ~65% of payments are collected within 90 days





Clinigence's robust claims systems integrated with Tyvan will enhance the billing and collections cycle



A robust claims system built to adjudicate claims in a timely and accurate manner, complementary to Tyvan

## CLINIGENCE HEALTH

Claims and clinical data from multiple EHR and claims systems that inform a more efficient billing and collections process Enhanced Collection Cycle



Out-of-network reimbursement expertise that has maintained active communication with insurance providers since 2014



Methodical coding and billing procedures with regular training sessions focused on maintaining accuracy



## **Compelling Value Proposition**



Deep value proposition to healthcare ecosystem in ability to deliver quality and accessible care at a competitive price

Nutex adds value to the healthcare ecosystem by offering high-quality services in a cost-effective and patient-centric environment

#### **VALUE PROPOSITION**



- Open to patients 24/7
- Minimal average wait time (<10 minutes) across services offered</li>
- Convenient locations for members of local communities with proximity to other traditional hospital locations



- Board-certified physicians motivated to treat with speed, compassion and expertise
- Physician ownership model incentivizes consistent high-quality care
- Limited scale of operations enables customized and focused patient care
- Healthy and happy patient relationships fostered through physician experience and community influence



- Lower average rates as compared to other traditional hospitals
- Reduced wait times and expedited emergency care leads to fewer outpatient-toinpatient transfers and ,in turn, lower total cost of care
- Direct and fast access to emergency care can improve patient outcomes and lower the total cost of care



- Suite of services creates convenient access point for emergencies to all members of the community
- Expanded reach into the community by receiving patient volumes from overburdened hospitals
- Patient transfer agreements with larger hospitals to ensure patient safety under high-acuity conditions

#### RELATIVE PATIENT-CENTRIC FEATURES

		Traditional Hospital ER		Urgent Care
Patient Experience	Open 24/7/365	✓	✓	*
Patient E	Shortest wait time possible	×	✓	*
rtise	Board-certified physicians	✓	✓	✓
Expertise	Only treated by licensed physicians	✓	✓	*





# **Advanced Analytics-driven Solutions**

4

Deep value proposition to healthcare ecosystem in ability to deliver quality and accessible care at a competitive price

Clinigence's fully integrated and comprehensive data-enabled population health management expertise can enhance the quality of patient care, increase operating efficiency, and reduce overall healthcare costs for Nutex – both near and long-term

#### **CLINIGENCE'S KEY COMPETENCIES**

Proprietary cloud-based data analytics platform

Clinical care expertise and medical management

Predictive analytics that identify high-risk patients and determine appropriate level of care

Quality outcome reporting that monitors and manages performance

Population health analytics solutions to drive higher quality of care at lower costs

Ability to handle all core administrative operations, enabling physicians to spend more time on patient care



A patient-centric and tech-enabled healthcare provider

Generates positive results











# **Strong and Sustainable Cash Flow Generation**



Nutex is able to maintain robust margins and strong cash flows through a cost-effective business model and a focus on profitable services

#### **CASH FLOW AND MARGIN DRIVERS**



Robust billing and collections

- Nutex has a strong track of negotiating and collecting payments from commercial insurance companies
- Physician owners are incentivized to code and bill quicker and more efficiently than physicians working for a paycheck in a traditional hospital setting



Focus on higher margin services

- Nutex service lines generate higher margins and can be maintained in a cost-effective manner
- Other traditional hospitals are burdened by other less profitable services, resulting in lower margins and operational efficiency



Minimal maintenance expenditure and overhead costs

- Nutex's service lines require relatively lower average maintenance expenditure as compared to the services provided by other traditional hospitals
- Leaner staffing and physicians strength result in relatively lower payroll expenses



Other operational efficiencies

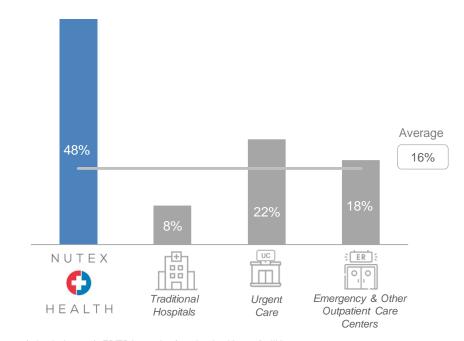
- Lower set-up cost per sqr. footage than other traditional hospitals
- Owner-physician model incentivizes quality performance and cost control at facility level



Historically, Nutex's new micro-hospital facilities take ~6 months on average to become cash flow positive

#### AVERAGE EBITDA MARGINS (1)

Proven performance







Clinigence's robust data-enabled healthcare platform will enable Nutex's facilities to provide a higher quality of patient services

#### **CLINIGENCE HEALTH PLATFORM**



#### **CLINICAL QUALITY PLATFORM**

## Clinical Quality Dashboard

- Detailed performance measurement for the entire patient population
- Identifying gaps in care for individual patients relative to the measures

## Risk Registry Dashboard

 Unified patient records with patient information, summary data, active problems, medication, immunizations and demographics

#### Health Claims Platform

- Patient summary reports including major KPI trends and savings opportunities
- Cost & utilization reports
- Provider performance reports

## Point-of-care Quality GAP Reporting

- Allows EHR user to identify gaps in care and other health care information missing from the ER chart
- Provides additional guidance on the measures required and expected actions needed to close the gaps



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Strong management team with unparalleled expertise in the industry

Name	Title	Industry Exp. (Yrs.)	Background and Select Experience
Thomas T. Vo, M.D.	Chief Executive Officer	20+	Thomas T. Vo, MD. has since 2010 served as the Founder and Chief Executive Officer of Nutex. He is recognized as one of the pioneers and leaders in the FSED and micro-hospital sector. He has been instrumental in start-up and management of 30+ FSEDs and micro-hospitals nationally. Although no longer practicing, Dr. Vo. worked as an emergency medicine physician in Houston, Texas for over twenty years. Between the years of 2008 and 2011, Dr. Vo served as a Founder and original partner at the free-standing emergency health company, Neighbors Emergency Center. Dr. Vo holds a bachelor's degree in Life Sciences from Kent State University, and received his M.D. from Northeastern Ohio University College of Medicine. In 2004, Dr. Vo also received his MBA from Rice University
Warren Hosseinion, M.D.	President	20+	Dr. Hosseinion has served as Chairman of the Board for Clinigence Holdings, Inc. since April 2019. Dr. Hosseinion is also a Co-Founder of Apollo Medical Holdings, Inc. (Nasdaq: AMEH) and served as a member of the Board of Directors since July 2008, the Chief Executive Officer from July 2008 to December 2017, and the Co-Chief Executive Officer from December 2017 to March 2019. Dr. Hosseinion received his B.S. in Biology from the University of San Francisco, his M.S. in Physiology and Biophysics from the Georgetown University Graduate School of Arts and Sciences, his M.D. from the Georgetown University School of Medicine and completed his residency in internal medicine from the LA County-University of Southern California Medical Center
Michael Bowen	Chief Financial Officer	50+	Michael Bowen served as the Chief Financial Officer of Accountable Healthcare America, Inc. (AHA) since 2014. Mr. Bowen has over 50 years of broad experience in the world of finance including public transactions such as Initial Public Offerings, mergers and acquisitions, private equity transactions and extensive experience of international securities markets. Mr. Bowen has worked with prestigious financial institutions such as Goldman Sachs, Salomon Brothers, Chase Manhattan Ltd and Kleinwort Benson. For the past 10 years, Mr. Bowen has been CFO for a predecessor company of AHA and for AHA. Before AHA, he served as CFO of Diversified Health & Fitness from 2008 to 2014 and was COO for TruBamboo Inc previously. Mr. Bowen has an MBA from the Darden School of the University of Virginia and received his B.A. from UVA as well
Denise Pufal	Chief Operating Officer	30+	Denise Pufal brings over 30 years of progressive career experience having helped create and ensure the financial stability and well being of a full spectrum of healthcare operations — from start-ups to billion-dollar institutions. Her command of industry-specific financial accounting, business improvement processes and organizational change along with operational analytics and key performance indicators has consistently resulted in improved operational performance that directly empowers enhanced patient care

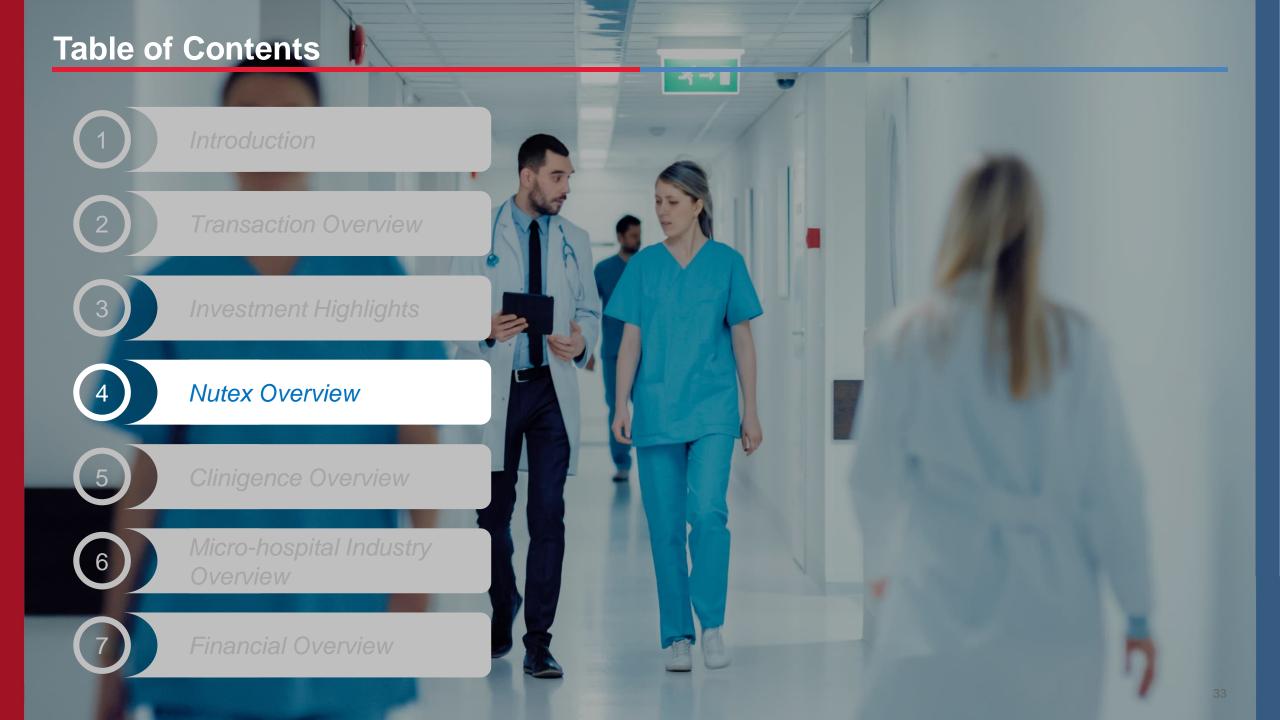




Strong management team with unparalleled expertise in the industry

Name	Title	Industry Exp. (Yrs.)	Background and Select Experience
Michael Chang, M.D.	Chief Medical Officer	20+	Trained and boarded in emergency medicine, Dr. Chang brings more than 20 years of experience in managing and treating sick patients, from sports injuries to heart attacks. His clinical interest also include wellness and addiction medicine, which stems out of his passion to help others live healthier and happier lives. Dr. Chang also brought his business expertise to the practice of medicine, as he was instrumental in the start-up and management of several FSEDs in Texas. In addition to clinical practice, Dr. Chang also serves as a team physician for the Houston Texans. Dr. Chang received his B.S. from Stanford University, MD from UCSF and completed his emergency medicine residency at Vanderbilt University
Larry Schimmel, M.D.	Chief Medical Information Officer	20+	Dr. Schimmel is a director and the Chief Medical Officer of Clinigence, LLC. In 2013 he co-founded and served as CMO of QualMetrix, Inc. ("QualMetrix"), a healthcare analytics company headquartered in South Florida. Previously, Dr. Schimmel was the managing partner of Allied Health Advisors, LLC a boutique healthcare consulting company in Miami. Dr. Schimmel is a serial medical-related business entrepreneur having been Co-Founder and CEO of Allied Health Group, a national medical management company. Before that, Dr. Schimmel was the Founding Chairman and served on the Board of Directors of Megabank and subsequently served on the Board of Directors of Executive National Bank. Dr. Schimmel practiced General and Vascular Surgery in the Miami community for 18 years. He received his B.A. from Rutgers College, received his Doctor of Medicine degree from the New Jersey College of Medicine and conducted his post graduate training at the University of Miami
Elisa Luqman, J.D.	Chief Legal Officer	20+	Ms. Luqman served as the CFO and General Counsel of Clinigence Holdings, Inc. ("CLNH") since October 29, 2019 where she was responsible for maintaining the corporation's accounting records, SEC filings and compliance requirements. Ms. Luqman also served as a Director and Secretary of the Board for Clinigence Holdings, Inc. She was the co-founder of bigVault Storage Technologies a cloud- based file hosting company. From March 1, 2006 through February 28, 2009, Ms. Luqman was employed as COO of the Vault Services Division of Digi-Data Corporation, and subsequently during her tenure with the company became General Counsel for the entire corporation. On March 1, 2009, she rejoined iGambit Inc. ("IGMB") as CFO and General Counsel. Ms. Luqman received her B.A., J.D in Law, and MBA in Finance from Hofstra University
Pamela Montgomery, R.N., J.D.	Chief Legal Officer (Healthcare) & Secretary	28+	Pamela Montgomery, R.N., J.D. has over 28 years of experience as a practicing attorney and many years as a nurse before that. Pam started her career in the ICU at Texas Children's Hospital, having received her Bachelor of Science in Nursing from the University of Texas and Master of Science in Nursing from Texas Women's University. After 10 years as a sole practitioner, Pamela worked at a Houston based defense firm, where, as a supervising shareholder, she defended multi-million-dollar dockets consisting of personal injury, product liability, toxic tort, and real estate transactions. She received her J.D. from South Texas College of Law and Masters in Health Law from the University of Houston





## **Company Description**

#### **NUTEX OVERVIEW**

- Nutex is a patient-centric healthcare organization that provides high quality medical care through a network of 13 micro-hospitals, 2 HOPDs and 1 FSED operating across eight states. Micro-hospitals are small-scale inpatient facilities that offer convenient and high-quality medical services in a small, neighborhood setting. They run 24/7, all year long, and have a limited number of inpatient beds where patients can be observed or admitted for a short stay
- The micro-hospitals can provide patients with general healthcare and emergency care services traditionally offered by hospitals in a patient-friendly and costeffective setting. By leveraging its fully equipped micro-hospital facilities, Nutex improves patient access, reduces wait times and provides high-quality clinical and diagnostic services on-site
- There is historically strong demand for microhospitals indicated by Nutex's financial performance and facilities expansion

#### HEALTHCARE FACILITIES ACROSS THE CARE CONTINUUM











Traditional Hospitals

Micro-hospitals

Freestanding Emergency Rooms Urgent Care Primary Care

Illustrative company	HCA∜ Healthcare	•	HIGHLAND PARK	NextGare urgent care	N NOVANT
Acuity level	High to low	High to low	High	Mid to low	Low
Open 24/7	✓	✓	✓	×	×
Emergency Room care	✓	✓	✓	×	×
Overnight bed facilities	✓	✓	×	×	Key distingu trait
Radiology services	✓	✓	✓	✓	×
Laboratory services	✓	✓	<b>√</b>	✓	×
Pharmacy	✓	✓	✓	✓	×
	Acuity level  Open 24/7  Emergency Room care  Overnight bed facilities  Radiology services  Laboratory services	Acuity level  High to low  Open 24/7  Emergency Room care  Overnight bed facilities  Radiology services  Laboratory services	Acuity level  High to low  Open 24/7  Emergency Room care  Overnight bed facilities  Radiology services  Pharmacy  High to low  High to low  High to low   High to low    High to low	Acuity level High to low High to low Open 24/7  Emergency Room care  Overnight bed facilities  Radiology services  Pharmacy  High to low  High to low  High to low  High  Acuity level  Acuity level  High to low  High  Acuity level  High to low  High  Acuity level  High to low  High  Acuity level  Acuity level  High to low  High to low  High  Acuity level  Acuity level  Acuity level  Acuity level  Acuity level  High to low  High to low  High  Acuity level  Acuity level  Acuity level  High to low  High  Acuity level  Acuity l	Acuity level High to low High to low  Open 24/7  Emergency Room care  Overnight bed facilities  Radiology services  Pharmacy  High to low  Acuity level  High to low  High to low  Acuity level  High to low  High to low  Acuity level  Acuity level  High to low  Acuity level  Acuity level  Acuity level  High to low  Acuity level  Acuity level  High to low  Acuity level  Acuity level  High to low  Acuity level  Acuity level  Acuity level  Acuity level  High to low  Acuity level  Acuity

## **Micro-hospital Model**

#### **NUTEX'S FACILITIES AT A GLANCE**

- Nutex's micro-hospitals are fully compliant with each states hospital licensure requirements
- The Company's micro-hospital model provides several advantages over stand-alone FSEDs and third-party HOPDs or hospital JV models:
- Having a hospital license eliminates the dependence on any third-party hospital systems for expansion;
- Micro-hospitals are able to generate revenue from both emergency services and in-patient services (vs. most FSEDs that lack in-patient services). This provides more operating leverage on fixed costs and increases the earning potential of each individual facility; and
- The Company's micro-hospitals will be reimbursed by private insurance companies as a hospital provider

#### TRANSITION PLAN

- Nutex has 1 existing FSED which will be converted into micro-hospital within the next 6-12 months
- The license to operate as a hospital has already been obtained, and will allow the facility to utilize the micro hospital model once converted
- The expected cost to convert is approximately \$4 to \$6 million

#### **MICRO-HOSPITAL PROFILE**

Startup cost	\$12 - \$20 million including real estate
Average square feet	~13,000
Licensure	Fully compliant
Beds	2 - 10 in-patient / 7 - 8 emergency per facility
Services	Emergency; Inpatient; Outpatient Imaging; others
Physician staffing	4-10 (including Emergency Physicians and Hospitalists)
Payor mix	>90.0% from commercial insurance companies



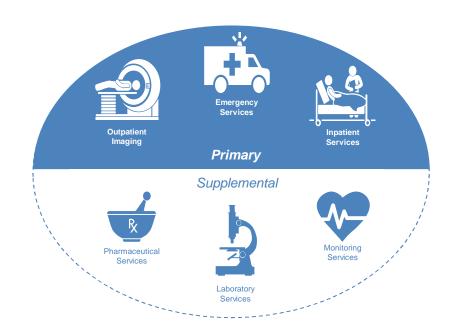


## **Comprehensive Service Offerings**

Nutex provides a wide range of services and is capable of servicing approximately 95% of patient healthcare needs

#### SERVICE OFFERINGS

• Nutex provides patients with general healthcare and emergency care services offered by traditional hospitals but in a more patient-friendly and cost-effective setting. All of Nutex micro-hospitals have overnight stay / bed facilities where patients can be observed and admitted for a short stay. The services offered by Nutex facilities include but are not limited to those shown below:



#### **KEY TREATMENTS**



Abdominal pain



Fever



Injuries and wounds



Chest pain



Flu like symptoms



Headache



**Broken bones** 



Cough



Vomiting / Diarrhea



# **Robust In-house Back-office Operations**

# Each Nutex facility is supported by a comprehensive back office function that mitigates administrative burden on physicians



- Full Revenue Cycle Management
- Financial Account Management
- Invoice Reconciliation & Vendor Payments
- Monthly Financial Reporting
- Physician Payroll



- Pre-employment Screening
- Team Acquisition
- Employee Payroll Management
- Payroll Reporting
- Group Insurance Policies



- Facility & Provider Credentialing
- Medical Coding and Billing (Facility & Professional)
- Insurance Collections
- Payment Reconciliation & Posting
- Patient Billing, Complaints, & Payment



- Content Writing
- Market Research & Analysis
- Google Search and SEO
- Reputation Management
- Social Media Management



- Hospital Policies & Procedures
- Establish Facility Licensing
- · Establish Pharmacy, Lab and Radiology Licensing
- State Compliance Assistance



- Operational & Physician Agreements
- Vendor Contracts
- Real Estate Transactions
- Mergers and Acquisitions
- Hospital Mutual Transfer Contracts





# **Nutex's Differentiated Business Model**



# Other micro-hospitals and FSEDs

Ownership	<ul> <li>Physician ownership aligns interests of all parties and drives operating efficiencies, margins and superior patient care</li> </ul>	No meaningful physician ownership and economic alignment
Management	<ul> <li>Tenured physician-led management team with 20+ years of experience in emergency medicine</li> </ul>	Senior management turnover
Patient experience	<ul> <li>Physician ownership improves patient experience</li> <li>Concierge-level medicine experience</li> </ul>	<ul> <li>Changing management and higher physician turnover lead to inconsistency in the quality of care</li> </ul>
Billing and coding	<ul> <li>In-house dedicated billing and coding team provides greater control over cash flows</li> </ul>	Third party billing and collections, resulting in unstable cash flow
Market and site selection	<ul> <li>Markets identified by competition, population density, growth and employment / insurance characteristics</li> <li>Site selection is critical – visibility and access are priorities</li> </ul>	<ul> <li>JVs and partnerships with other entities may not lead to optimal location selection</li> </ul>
Payors	<ul> <li>Almost entirely commercial and private pay - most profitable payor segments</li> </ul>	<ul> <li>Partially from government reimbursement - least profitable payor segment</li> </ul>
Growth opportunities	<ul> <li>De novo micro-hospital growth</li> <li>Convert existing FSEDs into micro-hospitals</li> </ul>	<ul> <li>Usually dependent on partnerships and JVs</li> </ul>



# **Awards and Recognition**

Nutex's facilities and professionals have received several awards & recognition owing to high-quality and convenience of healthcare services they provide in their respective communities

## **SELECT AWARDS & ACCOLADES**













## OTHER SELECT RECOGNITION





Sanjay K. Kholwadwala – Top ER doctor in Albuquerque by The Magazine 2021





Kim Valerio – Top Notch Nurse in Albuquerque by The Magazine 2021





Brian Baird – AY's Best Healthcare Professionals 2021





Wylie ER – Best ER in 2018, 2020, and 2021





Tulsa ER & Hospital – 2020 New Business of the Year





# **Facilities Overview**

# **FACILITIES SUMMARY**

- 13 micro-hospitals and 2 HOPDs across eight states in the mid-west to south region
- 1 free-standing emergency department under conversion into micro-hospital within the next (6-12 months)
- 19 facilities (including 2 HOPDs) under development across 3 incremental states

Facility name	Location	Туре	Opening Date	Lease Maturity	Growth stage	Size (sqr. feet)	No. of inpatient beds
Texarkana Emergency Center & Hospital	Texarkana, TX	Micro-hospital	11/18/2015	7/31/2034	Mature	9,610	4
Kyle ER LLC	Kyle, TX	Micro-hospital	3/17/2016	4/30/2031	Mature	8,145	4
The Colony	The Colony, TX	Micro-hospital	2/1/2017	11/30/2033	Mature	14,000	2
Oklahoma ER	Edmond, OK	Micro-hospital	1/16/2019	1/31/2034	Mature	16,000	4
Phoenix ER	Chandler, AZ	Micro-hospital	3/1/2019	3/31/2037	Mature	16,000	3
Albuquerque ER, LLC - Albuquerque Hospital	Albuquerque, NM	Micro-hospital	5/22/2019	12/31/2028	Mature	16,000	4
Little Rock Hospital 1, LLC Cabot	Cabot, AR	Micro-hospital	8/1/2019	2/28/2033	Mature	16,000	4
Tulsa ER & Hospital LLC	Tulsa, TX	Micro-hospital	8/1/2019	3/31/2039	Mature	16,000	8
Tucson Hospital, LLC	Tucson, AZ	Micro-hospital	8/1/2019	12/31/2027	Mature	15,000	4
Alexandria Hospital, LLC	Alexandria, LA	Micro-hospital	9/1/2019	9/30/2038	Mature	20,000	10
Northwest Indiana Hospital LLC	Hammond, IN	Micro-hospital	1/15/2020	5/1/2039	Ramping	16,000	4
Texoma ER	Sherman, TX	Micro-hospital	4/1/2018	7/31/2037	Ramping	8,000	4
Topeka ER Hospital LLC	Topeka, KS	Micro-hospital	1/15/2020	4/30/2039	Ramping	15,000	4
The Colony - West Plano	Plano, TX	HOPD	4/1/2021	12/1/2026	Ramping	7,500	8
The Colony - Coppell	Coppell, TX	HOPD	6/1/2021	12/3/2026	Ramping	7,500	8
Wylie ER, LLC	Wylie, TX	FSED	4/1/2018	1/31/2033	Mature	8,000	n/a
Tyvan LLC	Houston, TX	Billing	1/1/2015	3/21/2036	Mature	n/a	n/a

No. of Micro-hospitals	13
No. of FSEDs	1
No. of HOPDs	2
Total no. of beds	75
Average sqr. footage	13,000





# **Highly Actionable Growth Strategy**

# Nutex continues to build market density through strong de-novo growth

## MICRO-HOSPITALS UNDER CONSTRUCTION

- Albuquerque, NM
- Mandeville, LA
- Fort Myers, FL
- Gahanna, OH
- Miami, FL
- New Braunfels, TX
- San Antonio, TX
- Jacksonville, FL
- Humble, TX
- Houston, TX

- Dublin, OH
- Gilbert, AZ
- Fort Smith, AR
- Green Bay, WI
- Milwaukee, WI
- Royse City, TX
- Houston, TX
- Maricopa, AZ
- Odessa, FL

## **BENEFITS OF ACTIONABLE GROWTH**



**Market Growth:** Growth into new geographic regions presents opportunities to capture growing demand for micro-hospital services in the underserved regions



**Brand Recognition:** De-novo growth into new states and cities builds brand credibility and recognition among patients across the U.S.

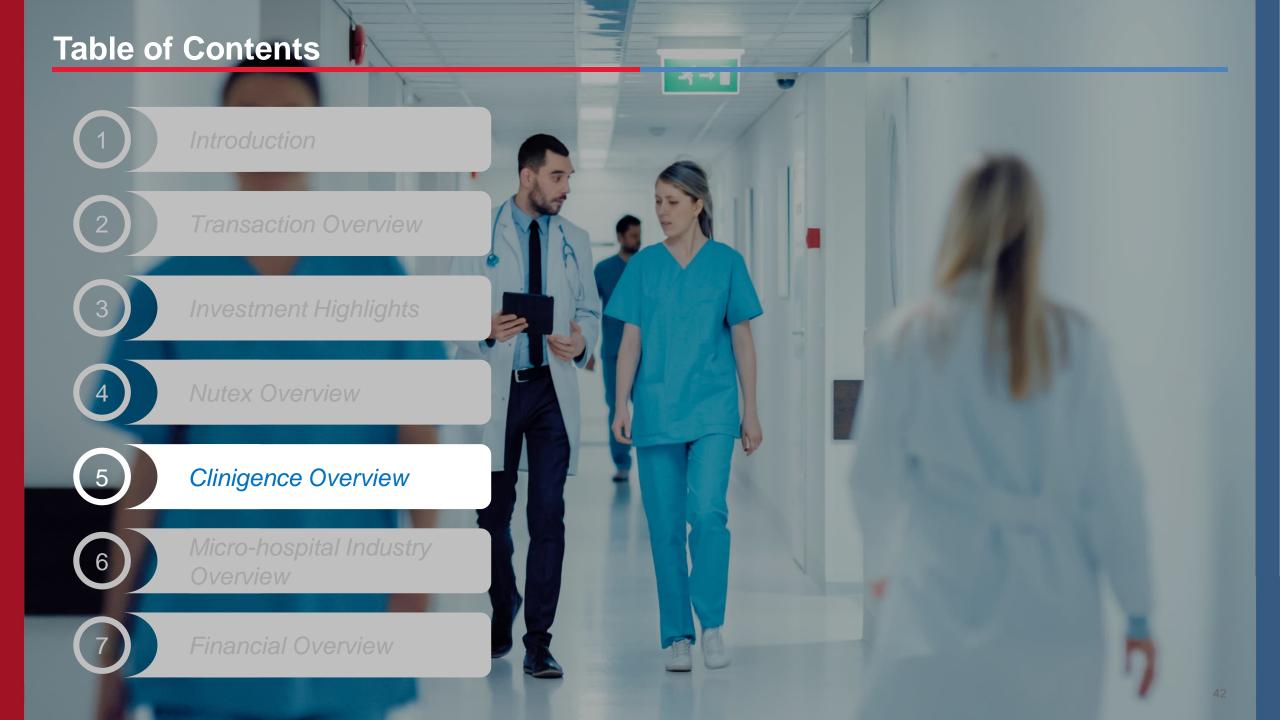


**Economies of Scale:** Addition of facilities across the country reduces Nutex's administrative and back office costs per facility, realizing benefits from economies of scale

## NUTEX GEOGRAPHIC GROWTH







### FULLY INTEGRATED AND COMPREHENSIVE SERVICES

# **CLINIGENCE**







Provides SaaS and other analytics-driven solutions to payers and providers to optimize clinical and financial performance

#### **Key Services & Solutions:**



Patient & Member Metrics



Customer Analytics & Reporting



Predict & Mitigate Risk



Cost & Utilization



Population Health Management



Commercial CQMs & Gaps in Care

Provides Medicare and Medicaid management services that improve quality of care, enhance health outcomes and reduce overall costs

### **Key Services & Solutions:**



Medicare Management



Cost Improvement Plans



Performance Improvement Plans



Performance Metrics



Best **Practices** 



Health Management

Leading MSO that provides services for HMOs and IPAs in Southern and Northern California

## Key Services & Solutions:







- Quality Management
- Utilization Management
- HCC/RAF Education and Management
- Member and Provider Relations

Risk-bearing medical group in Southern California that provides care for over 22,000 patients through a network of 141 primary care physicians and 660 specialists

### **Key Services & Solutions:**



- For Members:
  - · Referrals to strong network of talented specialists
  - Large network of urgent cares
- For Providers:
  - Submit and check status of claims
  - Request and check status of authorizations
  - Verify eligibility

and comprehensive data-enabled population health ecosystem that improves the quality of care, reduces healthcare costs and drives optimized financial and clinical outcomes for patients and

providers

A fully integrated

5 million patient records 2,500 hospitals & 5,000 + providers

Provide EHR & claims data

25 different ERs

Provide integrated data



(1) Based on 2021E run rate revenue

\$22 million+

Revenue (1)

13 ACOs | MSOs/IPAs | HMOs

Across 26 States





# **Medical Management**

- Care Coordination
- High-risk care managers
- Enhanced documentation & optimized coding
- Clinical best practices & telemedicine
- Annual Wellness Exams
- Chronic Care Management
- Performance Management & QA
- AHA CMO: Clinical Management / Provider engagement

# **Data Analytics**

- Outcome driven healthcare analytics
- Unique integration of claims and clinical data with ability to extract from multiple platforms
- Predictive Analytics
- Financial, clinical & utilization dashboards provide actionable insights
- Fuses clinical expertise with data science on cloudbased technologies
- Demonstrated ROI for payors, health systems, and providers

## **MSOs**

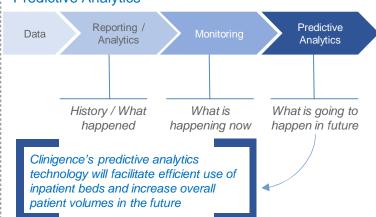
- Handles core functions finance, human resources, IT
- Global governance and oversight
- Regulatory compliance
- Data driven management
- Allows subsidiaries to focus on core competencies and performance
- Reduced redundancy and increased scalability
- Higher ROI on talent and expertise

## Point-of-care Quality GAP Reporting

Allows electronic health record (EHR) user to identify gaps in care and other health care information missing from the ER chart; provides additional guidance on the measures required and expected actions needed to close the gaps



# **Predictive Analytics**



## Integrating Resource

Clinigence's MSO service offerings provide key integrating resources that allows physicians and operating facilities to focus on core competencies and performance:

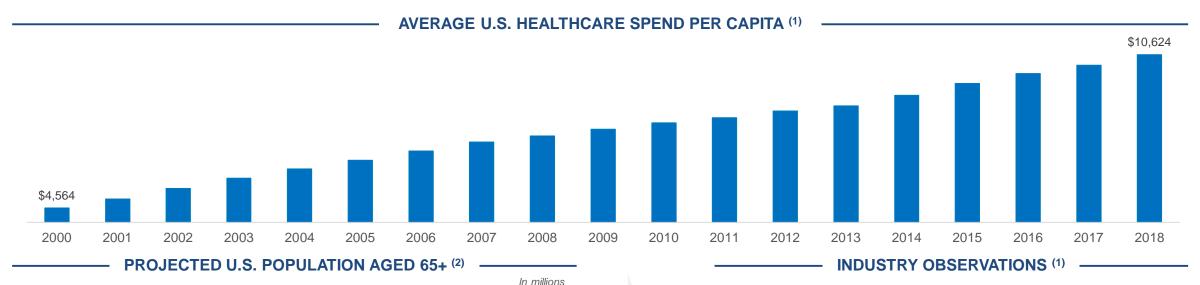


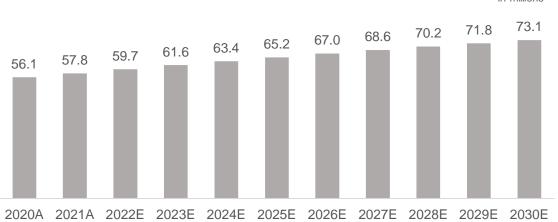




# **Positive Industry Trends**

Historical increases in average healthcare spend per capita and anticipated increases in population aging will support future Clinigence growth





- Healthcare spend has increased over 130% since 2000, with a CAGR of 4.80%
- Healthcare spending as a % of GDP has risen from 12.5% in 200 to 16.9% in 2018, indicating patients are spending more on healthcare than they were previously
- U.S. residents aged 65+ years old are expected to make up approximately 21% of the population in 2030, up for 4% from 2020
- An aging population coupled with growing healthcare spend per capita generates a growing gap for healthcare services that Clinigence can fill with their suite of products and services







# **Micro-hospital Introduction**

## WHAT IS MICRO-HOSPITAL?

- Micro-hospitals are small-scale inpatient facilities that typically have 8 to 12 beds and 15,000 to 40,000-square feet of space (1) (2)
- Micro-hospitals offer core services (emergency rooms, pharmacy, laboratory, imaging) plus other services (outpatient surgery, women's health, rehabilitation services) and meets ~90% of patient needs within a community with minimal patient transfers
- Micro-hospitals operate 24/7, all year along, and offer service in a cost-effective and efficient manner. Average wait times are often much less than traditional hospitals
- Types of patients served mainly include lower to medium acuity, primary care, shorter-stay, and emergency care patients
- Micro-hospitals can bill patients at the same rates as large hospital and often are more profitable because microhospitals have smaller overhead costs
- Micro-hospitals are largely present in the suburban and underserved areas with limited access to healthcare services by other providers

### **VALUE ADDITION BY MICRO-HOSPITALS**





Strengthens a health system's relationship with the community by filling gaps in the underserved markets



\_\_\_\_

Convenient locations cater to the patient-centric model



\_\_\_

Open 24/7, 365 days a year, with the capabilities to admit and observe emergency cases



\_\_

Creates more efficiency by reducing average wait time and providing quality care



-

Direct and fast access to emergency care can improve patient outcomes and lower the total cost of care



Compact, efficient, and easier to maintain the service quality than traditional large-scale hospitals



# Micro-hospital Services Across the Care Continuum

Micro-hospitals provide efficient, cost effective care by combining services of primary care, urgent care and free-standing emergency departments in one conveniently located healthplex

High acuity

Low acuity

# Hospital-based Emergency Rooms



Hospital-based facility with resources to provide care for the highest-acuity conditions, from acute heart attack to major trauma and stroke

# 酯

# Micro-hospital acuity coverage

# Free-standing Emergency Departments



A licensed facility that is structurally separate and distinct from a hospital and provides emergency care; capable of stabilizing, treating or transferring high-acuity conditions

# **Urgent Care**



Provides care for acute conditions while administering other services generally not available in a primary care setting (X-rays, diagnostic lab services, etc.) on a walk-in basis

# **Primary Care**



Typically administered by a generalist physician, serving as a point of first contact into the healthcare system operating within normal business

# **Retail Clinic**



Walk-in clinic located at retail outlets such as grocery stores, department stores, malls, and supermarkets. Generally limited to addressing simple and less acute conditions

# Micro-hospitals

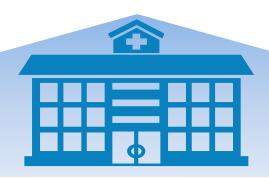


Competitive Advantages By offering emergency rooms and overnight beds, microhospitals can treat patients who require an overnight stay Open 24 hours a day, seven days a week; equipped to handle more emergent cases Single access point for multiple levels of care and specialty including emergency cases



# **Micro-hospital Market Basics**

# There are several key considerations to take into account when building up micro-hospitals



### **Location and Costs**

- Basis for location is predicated on (i) ease of access for consumers "close to home," and (ii) proximity to community and campus hospitals with service gaps, capturing excess demand and maintaining adequate distance for patient transfers
- Cost of construction falls within the \$10-\$25 million range, but is contingent on the breadth of services offered, number of inpatient beds and facility square footage (1) (2)

## **Resources Requirement**

- Micro-hospitals typically host 8–12 beds spread between in-patient and emergency services (2)
- Standard size of 15,000–40,000 square feet, split between ER and hospital functionalities (3)
- Must have at least one board-certified physician on site 24/7, with total staff that consists of nurses, physicians assistants and administrative employees (size of staffing dependent on facility size) (4)

## **Industry Payor Mix**

- Industry payor mix made up primarily of customers who have private health insurance
- Collections for services performed are largely composed of reimbursement from private health insurance providers of visiting patients
- Micro-hospitals with hospital licenses are reimbursed by private insurance companies at rates similar to larger hospital ER rates

# Regulation And Licensing Requirements

- Operational: A typical hospital licensure process involves successfully obtaining several facility licenses in addition to a hospital license, including pharmacy and radiology. All physicians and staff must also be credentialed
- Architectural: A city construction permit must be obtained, along with approval of the facility design by the state in compliance with the Facility Guideline Institute's (FGI) rules for hospital construction
- Additional fire safety, flood protection, parking, room capacity and sanitation facility requirements must be met





# **Certificate of Need State Laws**

### **CERTIFICATE OF NEED STATE LAWS**

- Certificate-of-need (CON) laws require healthcare providers to seek permission from state regulators before they offer new services, expand facilities or invest in technology (1)
- CON requirements exist to attempt control of price inflation and poor quality of service associated with excessive and unused facility capacity by limiting expansion to facilities deemed fit to adequately attract patient volumes and provide quality care (2) (3)
- While the original hope was that CON laws would restrain healthcare costs, increase healthcare quality, and improve access to care for lower income and underserved communities, a large body of academic research suggests that CON laws have instead limited access, degraded quality, and increased costs (1) (3)
- Several states have repealed select CON requirements as they have become decreasingly popular among legislators and public perception as they raise "competitive concerns" in the healthcare industry, as emphasized by the DOJ Antitrust Division and FTC (4) (5)

## NOTABLE CON REPEALS FOR HOSPITALS (5) (6)



Florida: Requirements repealed for new hospitals in 2019

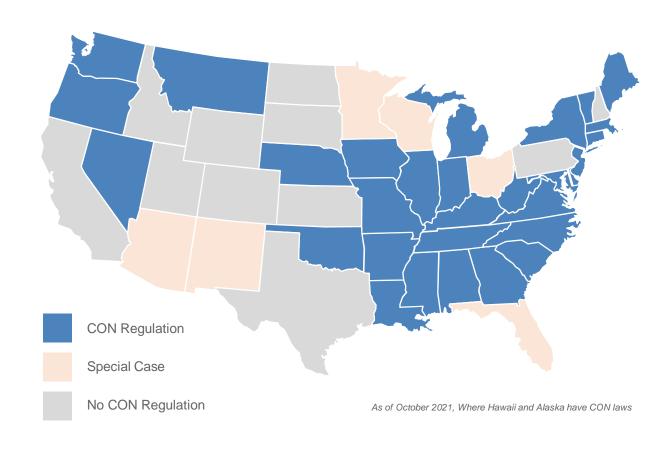


Ohio: Only required for long-term care facilities as of 2019



Wisconsin: CON requirements repealed after reinstated in 1993, special case requirements exist for state

# CERTIFICATE OF NEED BY STATE (1)





# **Key Emergency Medical Services Laws and Acts**

A majority of the services provided by micro-hospitals are emergent cases and, as such, are subject to reimbursement by payors on an in-network rate basis regardless of the type of insurance or service used by patients

Key Regulations and Standards Applicable to Micro-hospitals and Emergency Services Providers in the U.S.

Usual Customary and Reasonable Costs <sup>(1)</sup>

Added in 1965

Prudent Layperson Standard <sup>(2)</sup> Enacted in 1997

> Affordable Care Act (1)

Enacted in 2010

Surprise
Medical Bills (3)
Effective in mid-2022

- Usual customary and reasonable costs (UCR) was added to the Social Security Act of 1965, with the idea to keep prices in competition and regulate healthcare
- In order to reimburse, insurance companies monitor the average fees for doctors, medical services, and general healthcare related services in each area to determine what they'll consider a reasonable charge
- Enacted in 1997 by Congress, the Prudent Layperson Standard is a part of federal law that provides an
  important patient protection and ensures that anyone can receive emergency care regardless of insurance
  status or ability to pay
- The health insurers must cover the cost of going to the emergency department if the patients reasonably believe that they are having a medical emergency, regardless of the final diagnosis
- As a result of the Prudent Layperson Standard regulation, each insurance company is obliged to reimburse the micro-hospitals, FSEDs, or traditional hospitals for treating any type of emergency visits
- Under the Affordable Care Act, insurers are required to cover out-of-network emergency services similar to in-network care, which means the deductible and coinsurance can't be higher than the regular in-network amounts
- The emergency services providers such as micro-hospitals, FSEDs, or hospital based ERs shall be reimbursed on the in-network rate basis as well
- No Surprise Medical Bills Act will protect patients from receiving surprise medical bills resulting from gaps in coverage for emergency services and certain services provided by out-of-network clinicians at in-network facilities, including air ambulances
- The No Surprise Act aims to ensure transparency and affordable care for all individuals regardless of the type of healthcare services (i.e., in-network or out-of-network) used







# **Financial Performance Summary**

# FINANCIAL PERFORMANCE

	2019A	2020A	LTM 9/30/21
Consolidated Net Revenue	\$83.4	\$229.8	\$322.7
Nutex	82.0	228.2	309.5
Clinigence	1.4	1.6	13.3
Growth YoY (%)	n/a	175.6%	n/a
Consolidated Operating Expenses (Excl. D&A)	50.2	89.8	127.2
Nutex	44.4	84.8	108.2
Clinigence (Inc. COGS)	5.8	5.0	19.0
Add: Physician Subsidy (1)	3.0	2.8	(0.7)
Less: Net Income Attributable to Nutex's Minority Shareholders (2)	5.9	20.9	33.5
Consolidated Adjusted EBITDA	\$30.2	\$122.0	\$161.3
Nutex	34.7	125.4	167.0
Clinigence	(4.5)	(3.4)	(5.7)
Consolidated Adjusted EBITDA Margin (%)	36.2%	53.1%	50.0%
Key Operating Metrics			
No. of Facilities (End of Period)	12	14	16
Patient Volume (Annual Visits)	43,300	164,500	210,900

### **COMMENTARY**

#### Net revenue

- Consolidated net revenue growth from 2019 to 2020 is driven by the maturation of 7 new facilities opened in 2019 and increase in total patient visits from Covid-19 cases (see next page for more details)
- Nutex also opened 2 new facilities in both 2020 and 2021, which contributed to the increasing patient volume and revenue for LTM 9/30/21
- The Covid visits at Nutex facilities started declining since the beginning of 2021 before rising again in mid-2021 due to the Delta variant. Despite the decreasing Covid visits in 2021, Nutex's revenue showed an increasing trend driven by higher quality patient services, de novo growth and maturation of recently opened facilities
- The increase in Clinigence's revenue in 2021 was primarily due to the acquisition of AHP

## Operating expenses

 The increase in consolidated operating expenses in 2020 and the LTM 9/30/21 period was mainly attributable to the opening of new facilities. Payroll and medical supplies expenses also increased, primarily driven by patient volume that resulted in higher usage of medical supplies and longer work hours

# EBITDA Margins

 The increase in EBITDA margins from 2019 to 2020 was mainly driven by the maturation of 7 new facilities opened in 2019. Historically, Nutex's new micro-hospital facilities take only ~6 months on average to become cash flow positive





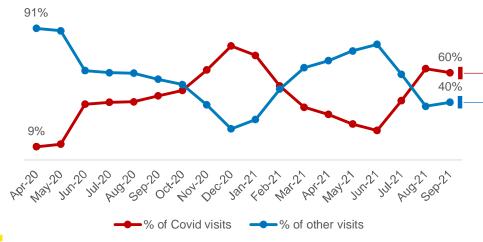
# **Covid Impact**

While Covid-19 volumes surged around the country in the wake of different variants impacts and post-infection complications, Nutex has also experienced strong non-Covid sustainable growth since the start of the Pandemic





### **COVID VS NON-COVID VISITS**



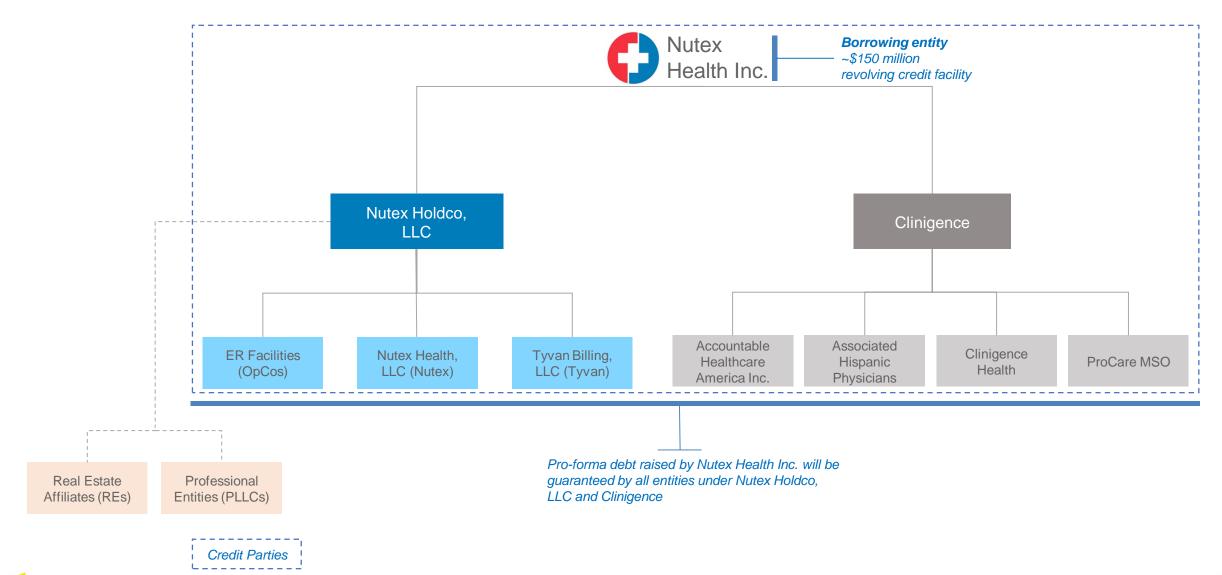
- While volumes and treatment mix are expected to remain consistent into the future, non-Covid visit growth and volume continues to grow rapidly
- Nutex facilities continued to treat medium to high acuity emergency visits given its ability to offer customized patient care while also capturing Covid-related patient visit demand through the pandemic
- Non-Covid visits grew 116% from April 2020 September 2021, indicating strong and sustainable patient volume growth
- The month-over-month rate of non-Covid growth from April 2020 September 2021 generated strong volume growth at a monthly average growth rate of 7.5%

- Covid patients are expected to continue generating volumes as different variants and Covid aftershock continue to negatively impact patients with chronic conditions who require more intense care from ER facilities equipped with emergent resources
- Epidemiologists project multiple waves of Covid-19 cases resulting variants such as Omicron and the Delta variant, even as the pandemic transitions into an endemic, causing ER capacity constraints
- Throughout the pandemic, the population with chronic conditions delayed required medical care to avoid exposure to an influx of Covid patients in hospital settings.
   Months of treatment delays have exacerbated chronic conditions and worsened symptoms, resulting in more ER visits and inpatient care





# **Appendix - Organizational Structure**





# **Appendix – Real Estate Transaction**

## REAL ESTATE TRANSACTION -

- The Company is also evaluating future debt financing for its real estate affiliates (the "Real Estate Transaction")
- The existing real estate entities (see table) will be rolled up into one real estate entity ("Nutex RE Holdco") and the pro-forma debt will be raised by Nutex RE Holdco, guaranteed by each of its real estate affiliates
- The real estate affiliates have approximately \$64.3 million of debt outstanding as of 9/30/21. The mortgages are secured by the land and buildings with personal guarantees from certain physicians and unsecured guarantees from the facility-level OpCos. More information on the real estate affiliates forthcoming under a separate cover

## **KEY STATISTICS** -

Total real estate debt balance (3)	\$64.3 million
Average capitalization rate (1)	7.6%
Average facility size	13,000 sqr. ft

#	Operating Facility	Real Estate Entity	Location	Sgr Ft.	Lease / Month	Cap Rate <sup>(1)</sup>	Total Debt (\$ in mm) As of 9/30/21
1	Texarkana ER, LLC	Texarkana Assets LLC	Texarkana, TX	9,610	\$34,000.0	28.4%	\$2.1
2	Albuquerque ER, LLC	Albuquerque assets LLC	Albuquerque, NM	16,000	76,500	12.8%	φ2.1 5.1
3	Tucson Hospital, LLC	Tucson Assets LLC	Tucson. AZ	15,000	76,000	6.4%	5.9
4	Phoenix ER. LLC	Phoenix Chandler Holding LLC	Chandler, AZ	16.000	73,000	0.4 %	6.6
5	Topeka ER Hospital, LLC	Medistar Topeka Hospital	Topeka, KS	16,000	75,000	6.8%	0.0
6	Texoma ER, LLC	Medi Star Sherman Hospital	Sherman, TX	8,000	33,119	2.9%	-
7	Alexandria, LLC	Alexandria Assets LLC	Alexandria, LA	20,000	70,000	9.6%	3.1
8	Tulsa ER & Hospital, LLC	Tulsa Assets PLLC	Tulsa, TX	16,000	88,652	0.0%	12.6
9	The Colony ER	Medi Star Colony Hospital	The Colony, TX	14,000	54,403	0.0%	12.0
10	NW Indiana ER Hospital, LLC	Medstar Hammnd Hospital	Hammond, IN	16,001	75,001	1.3%	•
11	Little Rock Hospital 1, LLC	Cabot Assets PLLC	Cabot, AR	16,000	60,000	7.3%	4.3
12	Wylie ER, LLC	Wylie Asset LLC	Wylie, TX	8.000	21,594	0.0%	3.7
		,		-,	,		0.0
13 14	Kyle ER, LLC Oklahoma ER Hospital, LLC	Kyle Assets, LLC	Kyle, TX	8,145	45,000 72,246	0.0% 6.8%	8.2
	• •	OKC Assets LLC	Edmond, OK	16,000	,		
15	Tyvan LLC (2)	Altor Ltd	Houston, TX	n/a	9,000	n/a	n/a
	Under Construction Entities						
16	ABQ Hospital, LLC	ABQ Assets 2 LLC	Albuquerque, NM	16,000	n/a	n/a	n/a
17	Columbus ER Hospital, LLC	Columbus Asset 2 LLC	Dublin, OH	n/a	n/a	n/a	n/a
18	Covington Hospital, LLC	Covington Assets LLC	Mandeville, LA	20,000	n/a	n/a	n/a
19	East Valley Hospital, LLC	Gilbert Assets LLC	Gilbert, AZ	40,000	n/a	n/a	8.4
20	Fort Myers Hospital, LLC	To be Created	Fort Myers, FL	n/a	n/a	n/a	n/a
21	Fort Smith Emergency Hospital, LLC	Fort Smith Assets LLC	Fort Smith, AR	16,000	n/a	n/a	n/a
22	Gahanna Hospital, LLC	Columbus Asset LLC	Columbus, OH	n/a	n/a	n/a	n/a
23	Green Bay Hospital, LLC	To be Created	Green Bay, WI	20,000	n/a	n/a	n/a
24	Miami ER & Hospital, LLC	To be Created	Miami, FL	n/a	n/a	n/a	n/a
25	Milwaukee Hospital, LLC	To be Created	Milwaukee, WI	20,000	n/a	n/a	n/a
26	NB Hospital, LLC	35NB, LLC & NBER LLC	New Braunfels, TX	15,000	n/a	n/a	n/a
27	Royse City ER, LLC	Royce City Assets LLC	Royse City, TX	16,000	n/a	n/a	n/a
28	SE Texas ER & Hospital	SETX Assets LLC	Humble, TX	32,000	102,000	3.4%	7.6
29	Vance Jackson Hospital, LLC	To be Created	San Antonio, TX	20,000	n/a	n/a	n/a
30	Starkey Hospital, LLC	Starkey Ranch Assets LLC	Odessa, FL	20,001	n/a	n/a	n/a
31	Jacksonville ER & Hospital, LLC	To be Created	Jacksonville, FL	n/a	n/a	n/a	n/a
32	Maricopa Hospital, LLC	To be Created	Maricopa, AZ	20,000	n/a	n/a	n/a
	Other (Excl. from Merger Transaction)						
33	Orange ER LLC	Orange Building LLC	Orange, TX	n/a	25,000	n/a	n/a
34	Victoria ER LLC	Victoria Building LLC	Victoria, TX	n/a	10,588	n/a	n/a
35	Lufkin ER LLC	Lufkin Assets LLC	Lufkin, TX	n/a	21,000	n/a	n/a
36	Laredo Emergency Center LLC	LEC Real Estate LLC	Laredo, TX	11,945	43,528	n/a	n/a
37	Stat Emergency Center LLC	LEC Real Estate 2 LLC	Laredo, TX	10,168	33,080	n/a	n/a
38	Eagle Pass ER	Stat Real Estate LLC	Eagle Pass, TX	9,250	32,000	n/a	n/a
39	Eastex ER 2 LLC	Eastex Assets LLC	Beaumont, TX	n/a	35,000	n/a	n/a
40	GTEC LLC	GTEC Assets LLC	Port Arthur, TX	n/a	\$35,000	n/a	n/a
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	For 12 Months ended December 2019				ı	For 12 Mon	ths ended De	cember 2020		
_	ERs	PLLCs	Real Estate	Eliminations	Consolidated	ERs	PLLCs	Real Estate	Eliminations	Consolidated
Net Revenue	\$82.0	\$15.0	\$ -	\$ -	\$97.1	\$228.2	\$45.2	\$ -	\$ -	\$273.4
Rental Income	-	-	25.9	(25.9)	-	-	-	18.5	(18.5)	-
Selling, General and Administrative Expenses										
Payroll	20.8	14.4	-	-	35.2	37.7	27.5	-	-	65.3
Contract Services	11.8	0.8	0.0	-	12.6	18.6	2.4	0.1	-	21.0
Medical Supplies	4.9	0.0	-	-	4.9	10.6	-	-	-	10.6
Insurance Expense	3.1	0.0	-	-	3.1	5.7	-	0.0	-	5.7
Other	3.7	0.2	0.0	-	4.0	12.2	0.3	0.1	-	12.5
Total Selling, General and Administrative Expenses	44.4	15.4	0.1	-	59.9	84.8	30.2	0.2	-	115.1
Depreciation	4.1	0.0	0.0	(1.6)	2.5	8.5	-	0.1	(2.6)	6.0
Operating Income (EBIT)	33.6	(0.4)	25.9	(24.4)	34.7	134.9	15.0	18.3	(15.9)	152.3
Interest Expense	4.2	-	(0.7)	0.1	3.5	9.0	-	(2.8)	0.2	6.4
Other Expense (Income)	1.8	(2.5)	(0.3)	-	(0.9)	1.4	(1.0)	(0.0)	-	0.3
Net Income	27.6	2.1	26.9	(24.4)	32.1	124.6	16.0	21.1	(16.1)	145.6
Less: Net Income Attributable to NCI	5.9	2.1	26.9	(23.7)	11.2	20.9	16.0	21.1	(13.2)	44.7
Net Income (Loss) attributable to Company	\$21.6	\$ -	\$ -	(\$0.7)	\$20.9	\$103.7	\$ -	\$ -	(\$2.9)	\$100.8
Adjusted EBITDA Calculation										
Net Revenue	\$82.0					\$228.2				
Operating Expenses (excluding D&A)	(44.4)					(84.8)				
Physician Subsidy Adjustment (1)	3.0					2.8				
Less: Net Income Attributable to Nutex Minority Shareholders (2)	(5.9)					(20.9)				
Nutex Adjusted EBITDA	34.7					125.4				
Add: Clinigence Adjusted EBITDA	(4.5)					(3.4)				
Consolidated Adjusted EBITDA	\$30.2				·	\$122.0				





	For 9 Months ended September 2020 For 9 Months ended September 2021									
	ERs	PLLCs	Real Estate	Eliminations	Consolidated	ERs	PLLCs	Real Estate	Eliminations	Consolidated
Net Revenue	\$141.5	\$25.8	\$ -	\$ -	\$167.3	\$222.7	\$43.8	\$ -	\$ -	\$266.5
Rental Income	-	-	4.9	(4.9)	-	-	-	6.0	(6.0)	-
Selling, General and Administrative Expenses										
Payroll	24.5	16.9	-	-	41.4	36.6	26.3	-	-	62.9
Contract Services	11.8	1.1	-	-	12.9	15.6	2.0	-	-	17.6
Medical Supplies	7.2	-	-	-	7.2	10.1	(0.0)	-	-	10.1
Insurance Expense	3.8	-	-	-	3.8	7.6	-	-	-	7.6
Other	8.5	0.2	0.1	-	8.8	9.2	1.3	0.1	-	10.7
Total Selling, General and Administrative Expenses	55.7	18.2	0.1	-	74.0	79.1	29.6	0.1	-	108.8
Depreciation	6.0	-	0.0	(1.8)	4.2	8.3	-	0.2	(2.7)	5.9
Operating Income (EBIT)	79.7	7.6	4.8	(3.1)	89.0	135.2	14.2	5.7	(3.3)	151.8
Interest Expense	6.0	-	(1.5)	0.1	4.7	6.9	0.0	(2.9)	0.3	4.3
Other Expense (Income)	3.7	(4.3)	(0.0)	-	(0.7)	(7.7)	0.4	0.0	-	(7.3)
Net Income	70.0	11.9	6.3	(3.3)	85.0	136.0	13.8	8.6	(3.6)	154.9
Less: Net Income Attributable to NCI	8.5	11.9	6.3	(2.3)	24.4	21.2	13.8	8.6	(6.3)	37.3
Net Income (Loss) attributable to Company	\$61.5	\$ -	\$ -	(\$0.9)	\$60.6	\$114.8	\$ -	\$ -	\$2.7	\$117.5
Adjusted EBITDA Calculation										
Net Revenue	\$141.5					\$222.7				
Operating Expenses (excluding D&A)	(55.7)					(79.1)				
Physician Subsidy Adjustment (1)	3.5					0.0				
Less: Net Income Attributable to Nutex Minority Shareholders (2)	(8.5)					(21.2)				
Nutex Adjusted EBITDA	80.7					122.4				
Add: Clinigence Adjusted EBITDA	(3.1)					(5.4)				
Consolidated Adjusted EBITDA	\$77.6					\$116.9				





_	For the LTM period September 2021							
_	ERs	PLLCs	Real Estate	Eliminations	Consolidated			
Net Revenue	\$309.5	\$63.2	\$ -	\$ -	\$372.6			
Rental Income	-	-	19.6	(19.6)	-			
Selling, General and Administrative Expenses								
Payroll	49.9	36.9	-	-	86.8			
Contract Services	22.4	3.2	0.1	-	25.7			
Medical Supplies	13.5	(0.0)	-	-	13.5			
Insurance Expense	9.4	-	0.0	-	9.5			
Other	13.0	1.3	0.1	-	14.4			
Total Selling, General and Administrative Expenses	108.2	41.5	0.2	-	149.9			
Depreciation	10.8	-	0.2	(3.5)	7.6			
Operating Income (EBIT)	190.4	21.7	19.1	(16.1)	215.2			
Interest Expense	9.9	0.0	(4.2)	0.3	6.0			
Other Expense (Income)	(10.0)	3.7	0.0	-	(6.3)			
Net Income	190.6	18.0	23.3	(16.4)	215.5			
Less: Net Income Attributable to NCI	33.5	18.0	23.3	(17.2)	57.7			
Net Income (Loss) attributable to Company	\$157.1	\$ -	\$ -	\$0.7	\$157.8			
Adjusted EBITDA Calculation								
Net Revenue	\$309.5							
Operating Expenses (excluding D&A)	(108.2)							
Physician Subsidy Adjustment (1)	(0.7)							
Less: Net Income Attributable to Nutex Minority Shareholders (2)	(33.5)							
Nutex Adjusted EBITDA	167.0							
Add: Clinigence Adjusted EBITDA	(5.7)							
Consolidated Adjusted EBITDA	\$161.3							

