



EXECUTIVE SUMMARY

Healthcare payers are feeling the pressure to achieve greater cost containment and reduce fraud, waste and abuse that costs the U.S. at least \$120 billion annually. Shifting from traditional cost-containment methods of the past to technologies like artificial intelligence (AI) has reshaped the industry's future.

Coupled with new technologies, several trends are influencing the payment integrity market:

- A shift to pre-pay evolving with audits and claims reviews for payers
- A focus on increased accuracy
- A rise in identity fraud

- Payer provider collaboration is becoming prevalent
- Emerging reimbursement models reshaping go-to market strategies

At the same time, providers are evolving and making changes to their billing processes based on new models. In order to mitigate potential payment errors, health plans are moving from a retrospective process of identification and recovery to a more cost-effective prospective approach. Clinical audits are focused on the provider type, place of service, and their reimbursement models, and plans can verify that services billed were performed, ensure proper payments, and avoid the costs of recovery.

New laws surrounding surprise billing are adding complexity to the payment integrity market. According to a recent survey, 74% of respondents were unsure if they can meet Advanced Explanation of Benefits (AEOB) requirements, further fueling market turmoil with patients bearing more payment responsibility.



HCIT M&A Update Consolidation is shrinking the competitive landscape, including vendor M&A, health plans, healthcare systems and non-traditional technology from other sectors. There have been 1,652 PE and Strategic M&A deals in the HCIT sector over the last 5 years, totaling \$118B in capital. More consolidation will occur as smaller vendors look to compete with larger vendors and as large vendors look to fill solution gaps quickly.

HCIT Private Capital Update With the consolidation, investment continues to pour into HCIT. There have been 9,025 private placement rounds in the HCIT sector over the last 5 years, raising \$70.6B in capital. 2021 is on pace to be the sixth consecutive year of record deal volume and capital raised. Of the ten largest private placements since 2016, eight occurred in the last two years.

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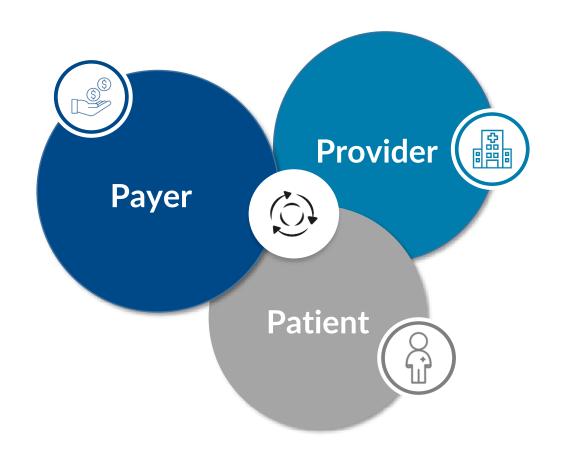
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HCIT PAYMENTS MARKET DEFINED

Healthcare Payments are a Vast Network of Interconnected Entities and Processes

- HCIT Payments are defined as structured payment models that help pay for treatments though direct, copay, or insurance coverage
- The payment landscape consists of three main stakeholders: patients, payers, and providers
 - Patients: Consumers
 - Payers: Health Insurance Companies
 - Providers: Hospitals, Health Clinics, Other Medical Offices
- Move towards to Value-Based Care rather than Fee-for-Service
- Traditional billing is done by mail which can take weeks to arrive to the patient
- Modern payment solutions attempt to make the interactions between payers, providers, and payers more efficient by simplifying and automating the payment process
- Increasing medical costs has led to a larger financial burden for patients

Healthcare Payments Network Players

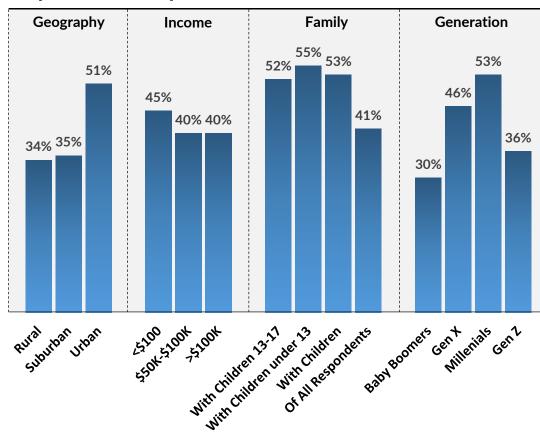


PATIENTS INCREASINGLY BEAR MORE PAYMENT RESPONSIBILITY

Increased Healthcare Costs and Changing Insurance Policies Shift Financial Burden on Patient's Shoulders

- Patient payment and financially responsibility has increased due to the rising cost of healthcare in the United States
- Deductibles, premiums, and co-pays have largely grown, leaving the patient to face growing medical bills and out-of-pocket costs
 - 66.5% of personal bankruptcies in the US are tied to medical debt
- Recent shift in insurance plans towards high-deductible health plans (HDHP) increase out-of-pocket costs for consumers
- Due to high premiums, patients choose HDHP which tend to have lower monthly premiums
 - Average annual deductible has increased by 100% from 2009-2019
 - > HDHP enrollment among adults with employment-based insurance has gone from 20% in 2010 to 51% in 2019
 - > In 2019, patients paid \$406.5B in out-of-pocket costs
- Healthcare providers now need patients to represent a larger percentage of total revenue
 - > Revenues paid by patients accounted for 35% of total provider revenue in 2017, compared to just 5% in 2005
- Overall, the combination of these factors lead to one thing: a larger financial burden for the average consumer

Population Group Concerns Overs Medical Costs

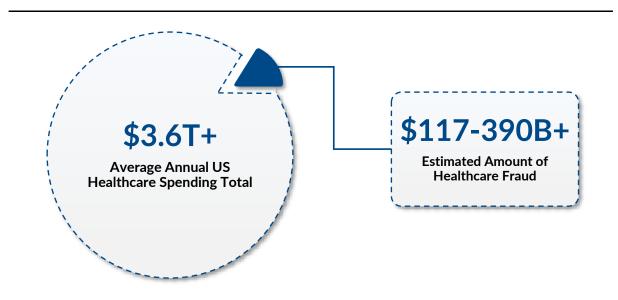


WIDESPREAD HEALTHCARE FRAUD CONTRIBUTES TO BILLIONS IN WASTED SPENDING

Complexity of the Healthcare System Allows Providers to take Advantage of Patients

- The National Health Care Anti-Fraud Association estimates that healthcare fraud accounts anywhere from 3-10% of total U.S. healthcare spending
 - > Equates to \$117-\$390B
- Most commonly, healthcare providers take advantage of the complex insurance claim system to commit fraud
- There is rising demand for payment integrity solutions to detect and prevent healthcare fraud
- Fraud is wasted spending, leading to increases in the cost of insurance, again placing the burden on patients

Healthcare Fraud in Overall Healthcare Market



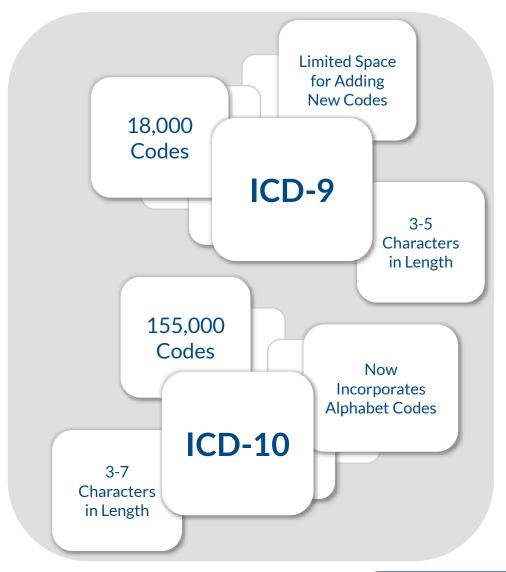
Different Forms of Healthcare Fraud



EXISTING COMPLEX CODING AND PAYMENTS SYSTEM CREATES INEFFICIENCIES

Medical Coding has Expanded to Include a Vast Number of Codes to Represent Different Medical Scenarios for Billing

- Medical systems use the International Classification of Diseases (ICD) to code medical information
 - > In 2015, medical systems switched from ICD-9 to ICD-10
- With the change to ICD-10, the number of diagnoses and provider codes increased from 18,000 to 155,000
- To learn and implement the new codes, medical provider employees required extensive training
- However, the complexity of learning the new coding system has caused errors in the claims and billing management process
- Incorrect coding information can result in claim denial or improper billing
 - 9% of claims are denied on first submission due to improper information including improper coding
 - > \$8 billion spent on denial management
- Demand for payment integrity systems and revenue cycle management (RCM) solutions has increased due to the more complex medical coding and interactions



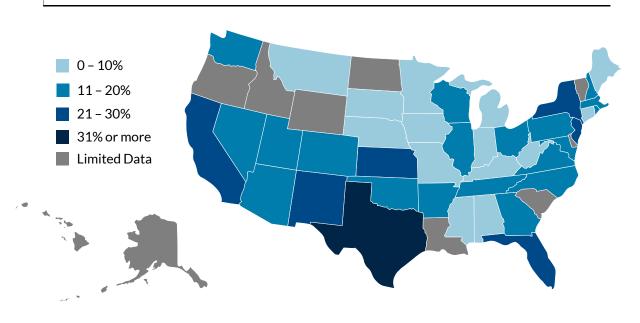
AGC Partners

LARGE AMOUNTS OF SURPRISE BILLS ARE A RESULT OF LOWER TRANSPARENCY

Unclear Insurance Networks and Policies Leave Healthcare Consumers with Large Surprise Bills

- Patients are unexpectedly billed for services because of insurance intricacies unware to the patient
 - > For instance, a patient could go to the hospital and unknowingly be seen by a physician outside of their insurance network
 - ✓ As a result, they are billed fully for their visit with no insurance help
- According to a Kaiser Family Foundation survey, 1 in 3 insured adults report receiving an unexpected medical bill from 2017-2019
- Patients on health maintenance organization (HMO) insurance plans are more commonly hurt by these situations
 - > HMO plans tend to have lower premiums and deductibles, but typically have no out of network care

Percentage of Emergency Department Visits Resulting in At Least One Surprise Bill



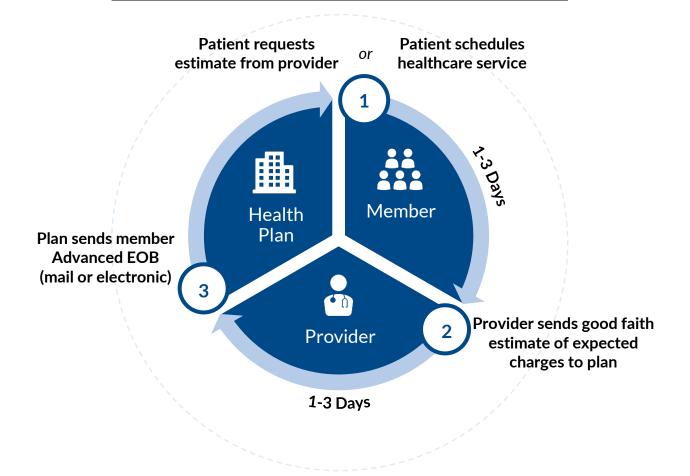
- In 2020, the No Surprises Act was passed to provide new federal consumer protections against surprise medical bills (goes into effect at the start of 2022 insurance plans)
 - In a study by USC Schaeffer Center for Health Policy & Economics, surprise billing reform could reduce insurance premiums by \$12B to \$38B

NO SURPRISES ACT (NSA) TRANSPARENCY CONCERNS

Healthcare Executives are Increasingly Concerned about the NSA's Transparency Requirements

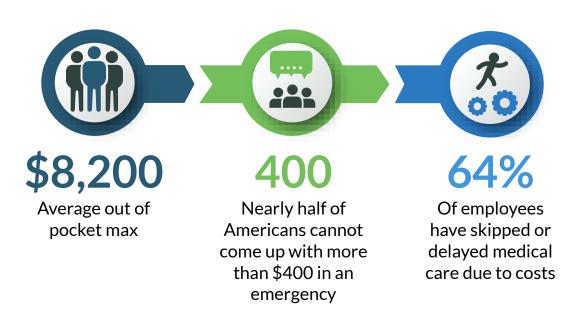
- In a survey conducted by Zelis in July 2021, more than 100 healthcare executives were asked about the No Surprises Act
- 74% of respondents unsure if they can meet Advanced Explanation of Benefits (AEOB) requirements
- 63% unsure how they can obtain the necessary provider estimates for AEOBs
- 58% unsure about their ability to obtain data required for AEOBs
- "73% of insurers rely on paper-based processes for payments and more than half aren't sure how to get the necessary pricing data" -Matthew Albright, Chief Legislative Affairs Officer at Zelis
- NSA increases importance of payment digitization and efficient processes in place to comply with new regulations

Advanced Explanation of Benefits Process

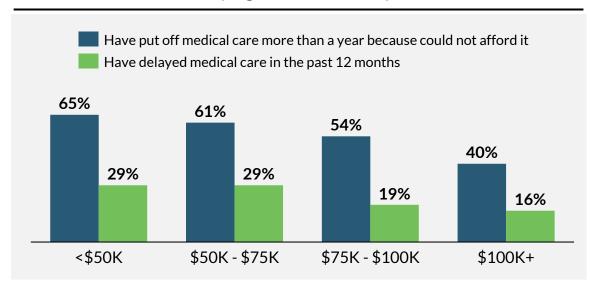


THE AVERAGE INSURANCE PLAN PLACES A SIGNIFICANT BURDEN ON THE PATIENT

Plan Out-of-Pockets Exceed the Average Patient's Emergency Funds Preventing Them from Seeking Healthcare and Leading to Medical Care Avoidance



Share of Americans Delaying Medical Care by Household Income



- Out-of-pocket maximums have continued to increase each year and currently average ~\$8,200 per year, up 30%+ since 2013
- Almost 40% of American adults wouldn't be able to cover a \$400 emergency with cash, savings or a credit-card charge that they could quickly pay off and another 12% of adults said they wouldn't be able to pay their current monthly bills if faced with the unexpected \$400 expense
- High deductibles have become a large deterrent in seeking timely medical care which not only impacts the longer-term well-being of employees but also has negative economic consequences through lost productivity, increased need for medical care in the longer-term, higher premiums and increased administrative waste

Sources: HealthBridge AGC Partners

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SEGMENT DEFINITIONS

HCIT Payments





Revenue Cycle: The cycle of revenue generated between the interaction with Patient, Healthcare Provider, and Payer



Payment Integrity: Tech that verifies the process of confirming that a health claim is paid correctly by eligible members, responsible parties, and free of abuse or fraud



Financial Engagement & Bill Presentation Tech:

Technology aimed to improve the bill payment process by reducing payment time and overall costs for all parties



Patient Financing: Solutions that offer payment options for medical bills unable to be paid in full and help cover out-of-pocket medical costs

HCIT PAYMENTS LANDSCAPE

Revenue Cycle & Eligibility Estimation and Risk Analysis

= Parent / Acquirer (Logo on Top)









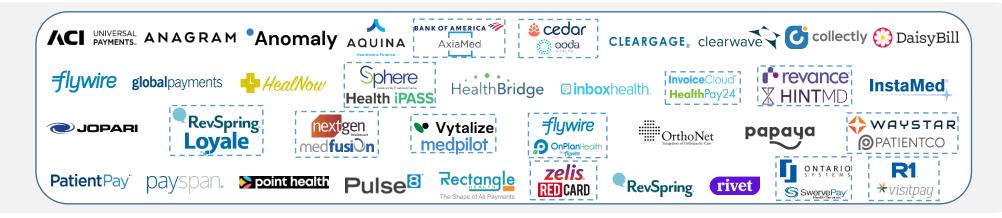
HCIT PAYMENTS LANDSCAPE

Financial Engagement and Bill Presentation & Patient Financing

= Parent / Acquirer (Logo on Top)

Financial Engagement and Bill Presentation





Patient Financing





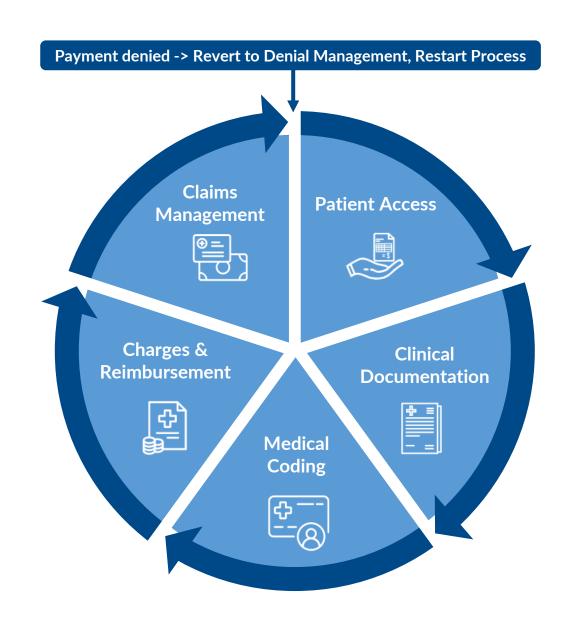
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SEGMENT FOCUS: REVENUE CYCLE

There is Increased Need for Adaptable Solutions to Inefficiencies in Healthcare Revenue Cycle

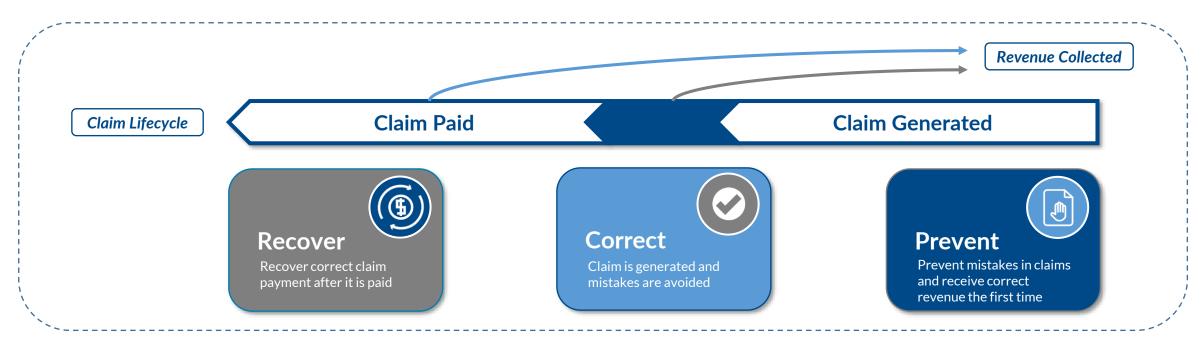
- Traditional Revenue Cycle has faced complications and issues with the advancing complexity of revenue management tasks
 - > 81% of payers still deliver checks to providers
- Ongoing shift from fee-for-service reimbursement models to valuebased care payment models
- Inefficient payment processes leave providers to collect, on average, only 55% of what is owed
 - Non-transparent process leaves patients with bills they cannot afford or were not expecting
- Revenue Cycle Management (RCM) technology has become increasingly popular to automate and simplify end-to-end healthcare interactions and transactions
- Demand for RCM increased due to: claims and denial management, fraud, complex medical coding, declining medical reimbursements, increasing deductible costs
- Global RCM market is projected to grow from \$23.6B in 2016 to \$65.2B in 2025, representing a nine-year CAGR of 12%



SEGMENT FOCUS: PAYMENT INTEGRITY

With Move to Online Healthcare Payments, the Ability to Secure and Verify Payments is Becoming a Necessity

- The payer's success is tied to the ability to quickly and accurately process insurance claims
 - > Around 1/3 of claims are paid incorrectly each year, resulting in almost \$1T in wasted spending
- Incorrectly filled out claims, fraud, and abuse cause revenue cycles to be interrupted and inefficient
- Modern AI payment integrity solutions allow insurance payers to use proactive analytics and share data to properly and correctly process payments the first time
 - Solutions also analyze for potential fraudulent and abusive claims and allow for further investigation into legality of these claims



Sources: FT Partners, MultiPlan

AGC Partners

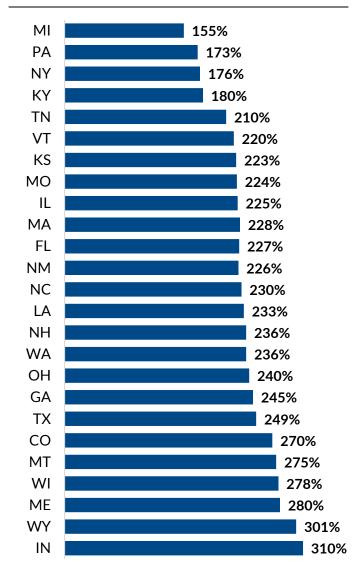
SEGMENT FOCUS: REFERENCE BASED PRICING

Setting Predetermined Reimbursement

- Increased scrutiny on employer health benefit model involving traditional insurance plans has led to Reference Based Pricing innovation
- Reference Based Pricing is an employer health benefit plan different than other traditional insurance plans
 - Pricing is set outside of other insurance carriers, and provider reimbursement is based on a set fixed percentage rate
 - ✓ i.e. 120%-170% of the Medicare reimbursement rate
- 3rd party vendor pays up to set rate and then employee must cover the remaining expense
 - > Rate is not contractually agreed upon between the employer and provider
- Individual employee is responsible for normal insurance related expenses
- Pros
 - High cost savings potential for employers
 - No network restrictions
 - > Predictable costs
- Cons
 - Potential high medical cost burden for employees to cover on their own
 - ACA compliance
 - No contractual agreement protection with providers

Financial Category Breakdown of RBP Plan Pharmacy Claims Stop Loss Premium Vendor Fixed Fees Vendor Variable Fees Facility Claims Professional Claims

Commercial RBP Rates as % of Medicare by State

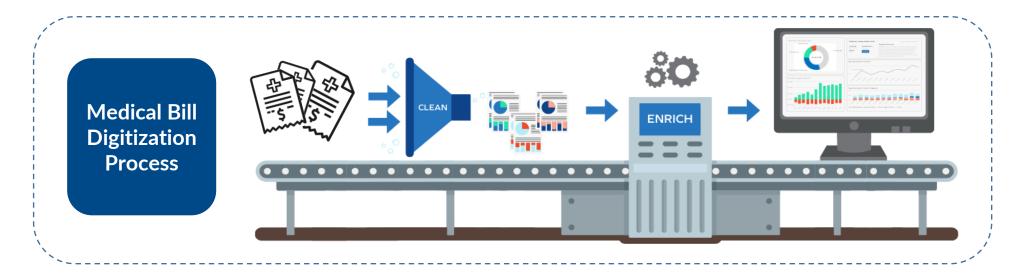


Sources: Mercer

SEGMENT FOCUS: FINANCIAL ENGAGEMENT AND BILL PRESENTATION TECH

Move to Digitization of Billing Simplifies Patient Billing Experience

- Medical bills can be characterized by a higher level of complexity and a lower level of transparency
- Many times the main reason for patients not making payments is because they do not understand their bills
- Healthcare patients look to healthcare providers and payers to move towards a more consumer friendly, digital platform for bill payments similar to other online payment solutions in other industries
- If eligibility and risk factors are estimated beforehand, patients' bills can be presented and paid prior to their arrival
- The results of study by InstaMed, a medical payment services company, show that:
 - More than half of patients say they would change providers if the billing experience was easier to understand
 - > 78% of patients prefer their bills to be delivered through a digitized platform
- Digitization of medical billing helps patients better understand their financial obligations, allowing providers to better engage patients and improve collections



SEGMENT FOCUS: PATIENT FINANCING

High Medical Bills Spur Patient Financing Programs

- With the increase in out-of-pocket medical costs, there is need for additional financing for medical bills patients cannot fully cover
 - Out-of-pocket spending grew 4.6% to \$406.5B in 2019
 - 66% of Americans are concerned they cannot afford medical care in 2021
- Third-party options offer a pay-over-time model for patients' costly medical bills
- Three types of patient financing:
 - > External funding: Recourse or Non-Recourse
 - Medical credit cards
 - > Internal funding: Medical Line of Credit from provider
- Two kinds of patient financing plans:
 - Recourse: Providers usually receive a higher payout percentage but are also are responsible for any amount left unpaid by the patient
 - Non-Recourse: Lenders are responsible for stop-pays and non-pays, providers receive a lower payout
- Medical credit cards can be issued and used for specific medical treatments and services

U.S. Out-of-Pocket Spending Market 2019-2028



U.S. Medical Patient Financing 2011-2021

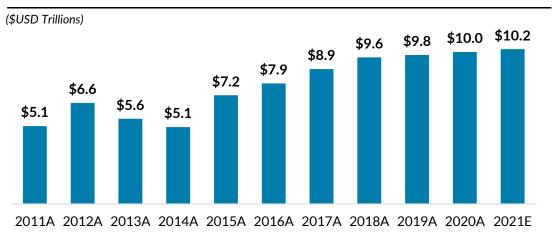


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CASE STUDY: HEALTHBRIDGE

Health**Bridge**"

Vendor Profile

HealthBridge's benefit solution and technology platform allows individuals to manage and pay for out-of-pocket medical expenses – copayments, coinsurance, and deductibles. HealthBridge pays the provider what the member owes and creates a consolidated, concierge-like experience with the best, most affordable repayment terms in the industry. In the process, provider revenue cycle management costs are greatly reduced, significant waste is removed from the system, patients gain the confidence to seek care when it's needed, and value is added to the underlying health insurance plan. HealthBridge creates something a health plan alone can't – financial security.

Customer

Large global manufacturer located in the Midwest that sponsors a self-funded health plan with a high deductible and a tiered benefit design.

Challenge

(1) Increasing migration to and utilization of the high-value provider in their service area, (2) Closing care gaps, (3) Increasing care adherence, (4) Driving adoption of the company's HAS product, and (5) Enhancing the company's benefit offering to help attract and retain employees in a highly competitive labor market.

Solution

HealthBridge created a customized financial security program allowing the Company's plan participants to pay for and manage their large health plan out of pockets on consumer-friendly terms. HealthBridge also curated the network to provide additional incentives to access the high value providers in the care management program.

Results

Overall medical cost of care (PEPM) went from \$529 PEPM in 2019 to \$408 in 2020, saving the Company \$3.2M in medical claim costs, and tier 1 (high-value provider choice) utilization grew from 10.42% in 2019 to 37% in 2020. Additionally, the provider partner calculated administrative cost savings of ~\$10 per claim. All parties concluded that the HealthBridge program was a success and renewed the following year. The program remains in place.

AGC Partners

CASE STUDY: ZELIS

zelis

Vendor Profile

Zelis is a provider of healthcare information technology designed for end-to-end healthcare claims cost management and payments services. The company's healthcare information technology offers network management, claims integrity and electronic payments serving healthcare payer clients, healthcare providers and healthcare consumers in the medical, dental and workers' compensation markets nationwide.

Customer

Provider of healthcare coverage. This plan offers a personalized approach to healthcare, working closely with hospitals and doctors in the communities they serve to provide quality, affordable healthcare.

Solution

Zelis used its payments optimization to streamline the plan's existing payment operations, impact their bottom line, and increase provider payment options, all while meeting the plan's compliance needs, minimizing provider abrasion, and seamlessly integrating with their existing process.

Challenge

This plan offered a direct-to-provider fund transfer program where both Par and Non-Par providers⁽¹⁾ could participate. After several years, provider adoption plateaued, placing an on-going cost burden on the plan. The plan struggled with eliminating the "last mile" of check payments as well as creating a more equitable Non-Par electronic offering.

Results

By choosing to add Zelis payments optimization to existing payment processes, this plan experienced a 40% increase in adoption of electronic payments and received \$1.2M in annual ROI while ensuring minimal disruption and maximum options for their providers. By offering more choices for payment modality, the plan increased electronic adoption and provider satisfaction.

CASE STUDY: WELLRITHMS



Vendor Profile

WellRithms' unique payment methodology, along with their state-of-the art technology platform and plan and patient indemnification, provides savings and guarantees that are unequaled in the market. The use of next generation pricing based on costs (instead of the arbitrary medicare multiples used by most reference-based pricing vendors) allows for correct payments and fewer balance bill problems for both the patient and the plan. WellRithms takes on the risk of indemnification and effectively deals with the headache of balance billing by removing both the plan and the patient from the claim.

Customer

Large national self-funded multi-employer ERISA plan, not subject to state mandated insurance laws. Provides both in-network and out-of-network benefits.

Solution

WellRithms created a customized integrated technology solution that received claims in an automated fashion after no in-network pricing was available and returned them after checking for errors and repricing according to WellRithms methodology – usually the same day. WellRithms provided patient education and support and indemnification if requested by the plan.

Challenges

(1) Increase out of network annual savings by at least \$1M, with minimal disruption to members. (2) Provide a technology solution with high degree of automation that can scale to large volume of daily bills seamlessly integrated with current workflow.

Results

WellRithms increased out of network savings from 40% to 75%, resulting in an additional \$15M in annual savings. Out of 54,725 total out-of-network claims annually, only 96 appeals were received, and only \$10,547 in additional allowance was paid to providers.

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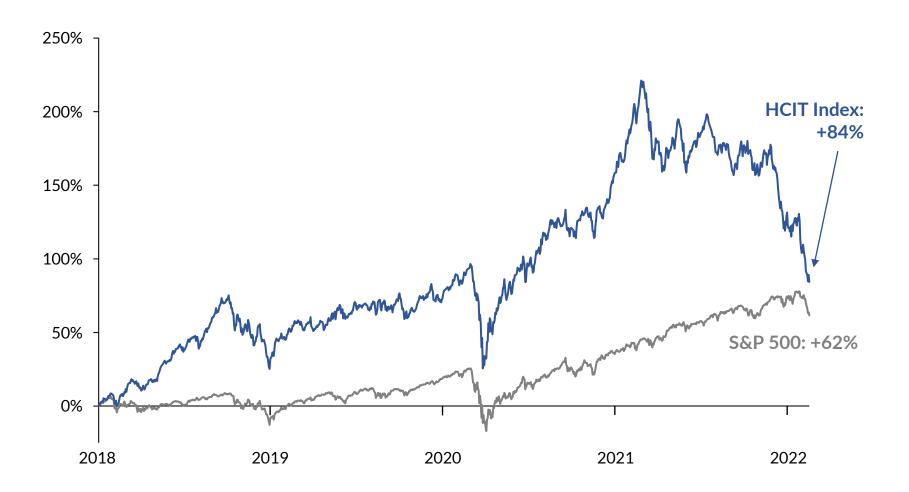
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PUBLIC MARKETS: HCIT AND PAYMENTS COMPS

(\$ in millions)	Stock Price	Enterprise Va	lue / Revenue		Enterprise Va	alue / EBITDA	Revenue	e Growth	2021E Margins	
Company	% of 52 Week	2020A	2021E	Enterprise Value	2020A	2021E	2020A / 2019A	2021E / 2020A	EBITDA	Gross
≣ IQVIA [™]	83%	5.1x	4.2x	\$57,477	27.8x	19.2x	2%	22%	22%	33%
global payments	63%	6.7x	6.5x	50,053	20.0x	13.8x	51%	4%	47%	66%
experian.	79%	7.8x	6.8x	41,248	22.6x	19.7x	4%	15%	35%	43%
Veeva	64%	22.3x	17.7x	32,664	NM	42.7x	33%	26%	41%	75%
Gerner	98%	5.1x	4.8x	27,921	16.0x	14.6x	(3%)	5%	33%	83%
Teladoc.	23%	11.4x	6.2x	12,473	NM	47.5x	98%	85%	13%	68%
GoodR	40%	17.2x	12.6x	9,455	NM	40.6x	42%	36%	31%	94%
Multi Plan,	42%	7.8x	6.5x	7,283	37.9x	8.7x	(5%)	19%	75%	83%
R1	70%	5.5x	4.7x	6,935	33.9x	20.3x	7%	16%	23%	29%
₹lywire	46%	18.9x	14.2x	2,495	NM	NM	39%	34%	13%	70%
babylon	36%	31.4x	7.8x	2,491	NM	NM	394%	305%	(44%)	15%
⊗ Allscripts	98%	1.6x	1.6x	2,388	24.4x	8.1x	(8%)	0%	20%	42%
signifyhealth:	30%	3.6x	2.8x	2,174	30.7x	13.2x	22%	25%	22%	50%
evolent O	66%	2.1x	2.4x	2,150	NM	36.9x	21%	(12%)	6%	26%
Go Health ^e	17%	1.7x	1.2x	1,476	42.9x	4.8x	NM	42%	25%	79%
HealthCatalyst	47%	7.0x	5.5x	1,321	NM	NM	22%	27%	(5%)	52%
Phreesia	37%	8.2x	5.8x	1,225	NM	NM	19%	42%	(30%)	63%
Alignment Healthcare	25%	1.1x	0.9x	1,047	NM	NM	27%	19%	(4%)	11%
Model N	54%	5.9x	4.9x	977	NM	41.9x	14%	21%	12%	57%
© sharecare	33%	2.6x	2.1x	857	NM	29.0x	NM	26%	7%	51%
Craneware*	76%	11.5x	6.8x	850	35.0x	21.2x	3%	70%	32%	91%
Health Stream,	79%	3.1x	3.0x	764	15.9x	14.7x	(4%)	5%	20%	65%
TabulaRasa HealthCare*	18%	2.4x	2.1x	703	NM	35.7x	4%	11%	6%	30%
Optimize R ×	43%	15.8x	11.3x	687	NM	NM	76%	41%	12%	56%
amwell	10%	1.6x	1.6x	393	NM	NM	65%	2%	(56%)	41%
oscar	17%	0.5x	0.1x	298	NM	NM	6%	351%	(18%)	5%
Median	44%	5.7x	4.8x	\$2,162	27.8x	20.0x	20%	24%	16%	54%

PUBLIC MARKETS: HCIT OUTPERFORMING S&P 500 SINCE 2018

HCIT Share Price % Change - 1/1/18 To Date

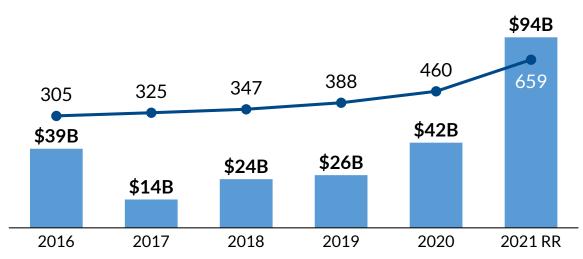


PUBLIC MARKETS COMMENTARY

- The HCIT Index is up 84% since 2018, slightly outperforming the S&P 500
- The strongest recent performers in the index are Allscripts and Cerner, which are all currently trading within 5% of their 52-week highs
- HCIT stock performance was strong pre-COVID, gaining 71% relative to the S&P 500 in two years
- The recent SaaS market correction has cut the HCIT Index in half relative to its Feb '21 peak and erased 70% of its post-COVID gains

HCIT M&A TRENDS

DEAL VALUE & COUNT



M&A COMMENTARY

- There have been 1,652 PE and Strategic M&A deals in the HCIT sector over the last 5 years, totaling \$118B in capital.
- We are on pace for 659 deals worth \$94B in 2021, which would mark the fifth consecutive year of record deal volume and capital raised.
- Five of the top ten M&A transactions involved a strategic buyer, with the largest being Livongo's \$13.9B sale to Teladoc Health in October '20. The largest, MSP Recovery at \$32.6B, was executed via SPAC.
- Bain and Hellman & Friedman's \$17B acquisition of Athenahealth came just two years after the Company was bought by a consortium of PEs for \$5.6B.

TOP 10 M&A TRANSACTIONS OF THE LAST 5 YEARS

Date	Company	Туре	Lead Investor(s)	Size (\$B)	EV/Rev	Date	Company	Туре	Lead Investor(s)	Size (\$B)	EV/Rev
Jul-21	MSP RECOVERY OFFICER HITEMER	SPAC	LIONHEART ACQUISTION CORP	\$32.6	NM	Oct-20	Multi Plan.	SPAC	CHURCHILL CAPITAL III	\$11.0	11.3x
Nov-21	vathena health	PE	▼ BainCapital Hellman & FRIEDMAN	17.0	ND	Jul-21	Inovalon	PE	Nordic Capital	7.3	9.7x
Oct-20	Livongo [™]	Strat.	Teladoc.	13.9	43.9x	Jul-21	CIOX	Strat.	Ø DATAVANT	7.0	ND
Jan-21	CHANGE HEALTHCARE	Strat.	OPTUM° UNITEDHEALTH GROUP	13.0	5.4x	Aug-19	RED CARD	Strat.	zelis.	6.0	ND
Dec-21	Hillrom.	Strat.	Baxter	12.5	3.5x	Jun-18	COTIVITI	PE	VERITAS CAPITAL	4.9	6.6x

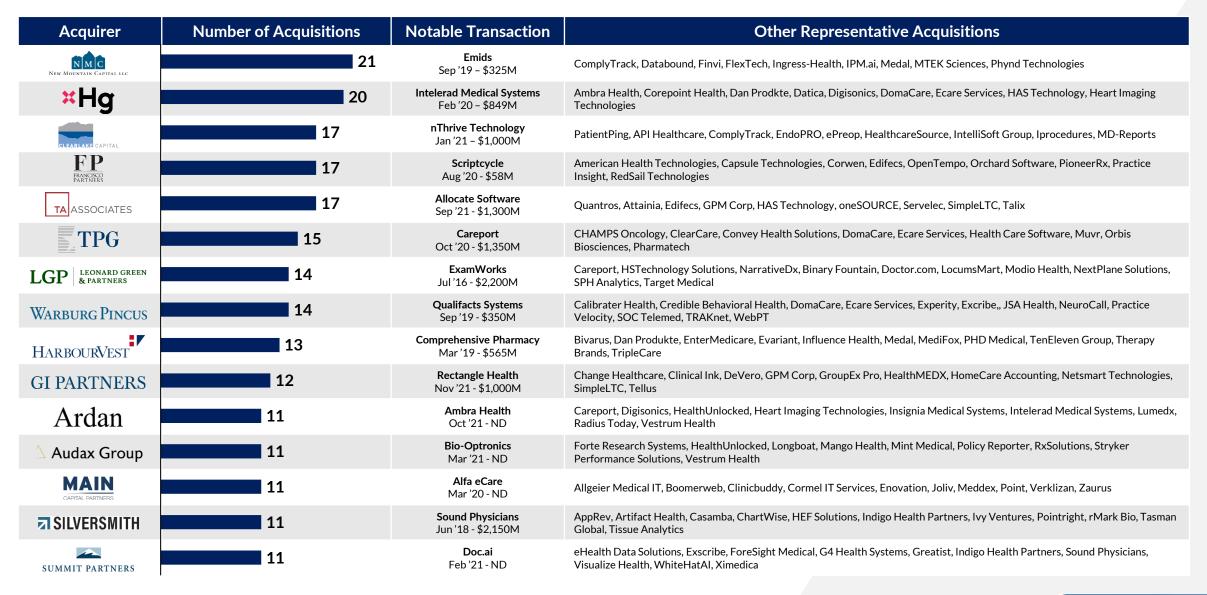
NOTABLE HCIT PAYMENTS M&A TRANSACTIONS (SEP '17 – JAN '22)

(\$ in million	s)		M&A Transactions			
Date	Target	Acquirer	Business Description	EV	Net Rev ⁽¹⁾	EV/Rev
Jan-21	CHANGE HEALTHCARE	OPTUM* UNITEDHEALTH GROUP*	Provides medical revenue cycle management SaaS for businesses in the healthcare sector globally.	\$13,000	\$1,650	7.7x
Aug-19	RED CARD	zelis.	Provides healthcare payments and communications SaaS to businesses. Software enables enrollment and claims communications, and provider e-payments.	6,000	ND	ND
Jun-18	COTIVITI	VERITAS CAPITAL	Provides cost management and billing services to businesses in healthcare and retail industries.	4,900	738	6.6x
Jan-22	cloudmed.	R1	Provider of revenue recovery and consulting services catering to hospitals and health care systems nationwide.	4,100	ND	ND
Apr-21	O hms	gainwell Veritas CAPITAL	Provider of healthcare technology, analytics and engagement services intended to save time, improve efficiency and member satisfaction.	3,400	673	5.1x
Jun-19	€ €QUIAN	UNITEDHEALTH GROUP'	Provides medical claims billing, payments, error detection and related analytics outsourced services and SaaS for healthcare providers globally.	3,200	369	8.7x
Aug-20	eSolutions	WAYSTAR	Provides revenue cycle management and claims review SaaS to healthcare providers and health insurers.	1,350	ND	ND
Mar-18	■ ABILITY® An Inovalon Company	Inoval on	Provides data integration SaaS for healthcare organizations to send information to Medicare, insurance companies and other payers for reimbursement.	1,190	138	8.6x
Nov-20	(n)thrive	PAMPLONA CAPITAL MANAGEMENT	The technology division of nThrive, which Provides healthcare ERP and SCM SaaS for hospitals and healthcare clinics in the United States.	1,000	ND	ND
Sep-17	ZÍRMED	♦ WAYSTAR ■ BainCapital	Provides medical revenue cycle management and electronic health record management SaaS.	750	ND	ND
Aug-18	AdvancedMD	global payments	Provides electronic health record (EHR) management software and SaaS for small to medium-sized businesses in the medical sector.	700	125	5.6x
May-19	InstaMed	J.P.Morgan	Provides payment and transaction processing SaaS for the healthcare sector, including both payers and providers.	600	58	10.3x
Jul-21	PATIENTCO	⇔ WAYSTAR	Provides patient billing and payments management SaaS and related mobile application for businesses in the healthcare sector in the US.	450	ND	ND
			-			

NOTABLE HCIT PAYMENTS M&A TRANSACTIONS (SEP '17 – JAN '22)

(\$ in millions	5)		M&A Transactions			
Date	Target	Acquirer	Business Description	EV	Net Rev ⁽¹⁾	EV/Rev
May-21	ooda	CEDAR CAPITAL	Developer of a healthcare enterprise platform designed to serve service providers, patients, and institutions.	\$425	ND	ND
Jul-21	*visitpay	R1	Provider of a cloud-based healthcare financial technology platform designed to simplify the entire patient billing experience.	300	ND	ND
Jul-18	SCIO health analytics	EXL	Developer of health analytic services platform that delivers actionable insights in the areas of payment integrity, risk and care management, and others.	240	ND	ND
Oct-20	Mede/Analytics [®]	JLL Partners	Developer of cloud-based financial performance analytics software intended for health care industry.	225	27	8.3x
Jan-21	DISCOVERY HEALTH PARTNERS	Multi Plan.	Provides healthcare insurance revenue and payments reconciliation SaaS and related services for insurance providers.	155	36	4.3x
Aug-20	Vital Ware Vision of Proceedings of Procedings of Proceedings of Procedings of Proc	∦ HealthCatalyst	Provides revenue cycle management and optimization, documentation and related analytics SaaS for the healthcare sector.	120	19	6.3x
Feb-20	-f lywire	Simplee	Provides patient personalized payment management SaaS for patients and healthcare providers in the U.S.	100	ND	ND
Sep-21	Sapphire"	zelis.	Developer of a healthcare engagement platform designed to make better choices about consulting doctors and treatments.	ND	ND	ND
Jul-21	greenphire	THOMABRAVO	Developer of financial lifecycle management software for clinical trials.	ND	ND	ND
Jan-21	Healthcare Fraud Shield	Charlesbank	Developer of unique fraud, waste and abuse automated solutions to the healthcare industry.	ND	ND	ND
Jul-20	Burgess	HEALTH EDGE Blackstone	Developer of a claims reimbursement management software designed to streamline medical claims reimbursement.	ND	ND	ND
Dec-19	RECONDO	* WAYSTAR	Provider of a cloud-based revenue cycle management platform intended to help enterprises to handle most complex challenges in revenue cycle.	ND	ND	ND
∕ledian				\$725	\$132	6.3x

TOP PRIVATE EQUITY HCIT ACQUIRERS

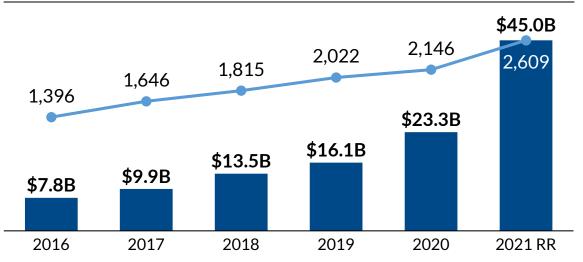


TOP STRATEGIC HCIT ACQUIRERS

Acquirer	Number of Acquisitions	Notable Transaction	Other Representative Acquisitions
PHILIPS	16	Capsule Technologies Jan '21 - \$635M	Aventura, Blue Willow Systems, CardioProlific, Carestream Health, Direct Radiology, Forcare, Medumo, NightBalance, PathXL, Reacts, Remote Diagnostic Technologies, VitalHealth Software, WellCentive, Xhale
A HARRIS	15	Ingenius Med Jun '21 - ND	AC digichart, Amazing Charts, Collain Healthcare, Gateway Electronic Medical Management, Iatric Systems, Integrated Medical Delivery, MorCare, OBIX, Quicksilva, SourceGroup CBO, Vizient
WELL Health TECHNOLOGIES CORP	13	Tia Health Nov '20 - \$47M	Circle Medical, Intrahealth, KAI Innovations, Trinity Healthcare Technologies, Indivica, Adracare, NerdEMR, OSCARwest, OSCARprn, MedBASE Software, Open Health Software Solutions, Wisp
ॐ CloudMD	10	IDYA4 Mar '21 - \$11M	iMD Health, Benchmark Systems, CloudPractice, Medical Confidence, Snapclarity, Aspiria, Canadian Medical Directory, Livecare Health Canada
≣ IQVIA [™]	10	STI Technologies Feb '17 - \$200M	Advanced Health Media, Linguamatics, DrugDev, Genae, Kairos, Optimum Contact, Privacy Analytics, Tarius, ValueCentric
) symplr	9	API Healthcare Apr '19 - \$290M	Cactus Software, ComplyTrack, Halo Health, IntelliSoft Group, Phynd Technologies, SpinFusion, The Patient Safety Company, TractManager
CGM CompuGroup Medical	8	eMDs Dec '20 - \$190M	Epsilog, VISUS Health IT, Qualizorg, Fablab, H&S Qualita nel Software, Dentadmin, Meta IT
Netsmart	7	DeVero Jul '17 - ND	Change Healthcare, GPM Corp, HealthMEDX, HomeCare Accounting, SimpleLTC, Tellus
	7	HealthGrid May '18 - \$110M	ZappRx, Practice Fusion, OneContent, NantHealth, Careport, Netsmart
Teladoc.	7	Livongo Oct '20 - \$13,938M	InTouch Health, Medecin Direct, Teladietitian, Advance Medical, Best Doctors, HealthiestYou

HCIT PRIVATE PLACEMENT TRENDS

CAPITAL INVESTED & DEAL COUNT



PRIVATE PLACEMENT COMMENTARY

- There have been 9,025 private placement rounds in the HCIT sector over the last 5 years, raising \$70.6B in capital.
- 2021 is on pace to be the sixth consecutive year of record deal volume and capital raised. Of the ten largest private placements since 2016, eight occurred in the last two years.
- Mega PE growth rounds featured prominently, highlighted by Waystar's \$2.3B growth round led by EQT
- Notable recent venture rounds include the \$1.2B Series D round for DevotedHealth, valuing it at \$12.7B, and the \$1.25B Late Stage VC round for VillageMD at a post-money value of \$3.4B.

TOP 10 FINANCING TRANSACTIONS OF THE LAST 5 YEARS

Date	Size (\$M)	Company	Туре	Lead Investor(s)	Date	Size (\$M)	Company	Туре	Lead Investor(s)
Sep-20	\$2,300	* WAYSTAR	PE Growth	EQT	Jan-19	\$630	Clover Health	Series D	GREENOAKS CAPITAL PARTNERS
Sep-21	1,200	■ Devoted Health	Series D	andreessen. horowitz ICONİQ SoftBank & & others	Oct-21	600	+ Hinge Health	Series E	COATUE TIGERGLOBAL
Jan-21	1,025	Village MD°	Late VC	Walgreens Boots Alliance	Mar-21	500	roman	Series D	FIRSTMARK — GENERAL (© CATALYST
Oct-20	755	RESILIENCE	Series B	8VC ARCH VENTURE PARTNERS	Jun-17	497	Outcome	Series A	Goldman Sachs
Sep-21	708	CITYBLOCK	Series C	TIGERGLOBAL	Jun-21	400	Olive	Series H	VISTA EQUITY PARTNERS

NOTABLE HCIT PAYMENTS PRIVATE PLACEMENT TRANSACTIONS (SEP '17 – DEC '21)

	Company	Series	Size (\$M)	Date	Lead Investor(s)
1.	WAYSTAR	PE Growth/ Expansion	\$2,308	Sep-20	EQT
		Later Stage VC	879	May-20	ROUTE SIXTY-SIX Velocity Capital French Venezus
2.	SoFi ‱	Series H	500	May-19	QIA QATAR INVESTMENT AUTHORITY
		Series G	370	Jan-21	T.RowePrice
3.	amwell	Series C1	291	Jun-18	Allianz X PHILIPS
Э.	♥ aniwett	Series C2	194	May-20	Allianz X Takeda Control Takeda Control Takeda Control Takeda Control Takeda Control Takeda
		Later Stage VC	268	Jun-21	ND
4.	<u>&</u> cedar	Series D	200	Mar-21	TIGERGLOBAL
4.	₩ ŒOGI	Series C	102	Jun-20	andreessen. horowitz
		Series B	36	Jun-18	(A) KINNEVIK
		Series D	250	Sep-21	INSIGHT PARTNERS TIGERGLOBAL
5.	papayaglobal	Series C	100	Mar-21	GREENOAKS CAPITAL FASTIFIES
Э.	papayagiobal	Series A	45	Oct-19	INSIGHT PARTNERS
		Series B	40	Sep-20	SCALE

Company	Series	Size (\$M)	Date	Lead Investor(s)
6. O CONSENSYS	Series C	\$200	Nov-21	HSBC animica skanus
	Series A	65	Apr-21	mastercard.
7. sidecar health	Series C	125	Jan-21	DRIVE CAPITAL
· ·0=	Series B1	20	Jul-20	CATHAY
	Series E	120	Feb-20	Goldman Sachs
8. flywire	Series D	100	Jul-18	TEMASEK
	Series F	60	Apr-21	Advent international
9. MealthCatalyst	Series F	100	Feb-19	OrbiMed Hadillace facil Management
9. WHealthCatalyst	Series E	55	Jul-18	3M Ventures NORWEST
10. (=) AKASA	Series B	60	Mar-21	BOND
10. ARASA	Series A	20	Nov-19	andreessen. horowitz
^{11.} Pulse ⁸	Later Stage VC	59	Mar-19	
12. Healthcare Fraud Shield	PE Growth/ Expansion	50	Jan-21	Charlesbank
13. Ocarepay	Series A	45	May-19	Pharm Access

	Company	Series	Size (\$M)	Date	Lead Investor(s)
14.	СОТА	PE Growth/ Expansion	\$44	Nov-20	Horizon W Heathbare Partners Millennia Partners & others
14.	COIA	PE Growth/ Expansion	40	Feb-18	■IQVIA®
15.	ooda	Series A	41	Sep-18	OAK HC/FT Threshold
16.	☐ Macro Health	Series A	39	Jun-20	Providence Ventures NEWSPRING
17.	CIOX	PE Growth/ Expansion	30	Jul-19	NMC HARBOURVEST
18.	arc/dia HEALTHCARE SOLUTIONS	PE Growth/ Expansion	30	Dec-19	Cigna. VENTURES
19.	P ATIENTCO	Series B	28	Jul-18	AKKR
20.	PRIMA	Series A	26	Jul-21	ND
21.	KenSci	Series B	22	Jan-19	polarispartners
22.	SALUCRO	Later Stage VC	21	Sep-21	ND
23.	@ sharecare	PE Growth/ Expansion	20	Jun-18	WELLS FARGO
24.	PONDERA	Series A	20	Sep-17	impact Serent
25.	米 visitpay	Series A	15	Dec-18	NORWEST
26.	inboxhealth.	Series A	15	Apr-21	ZIK Commerce Ventures
27.	Health Bridge	Series B	14	May-21	4400 4100 0000

TOP HCIT PRIVATE PLACEMENT INVESTORS

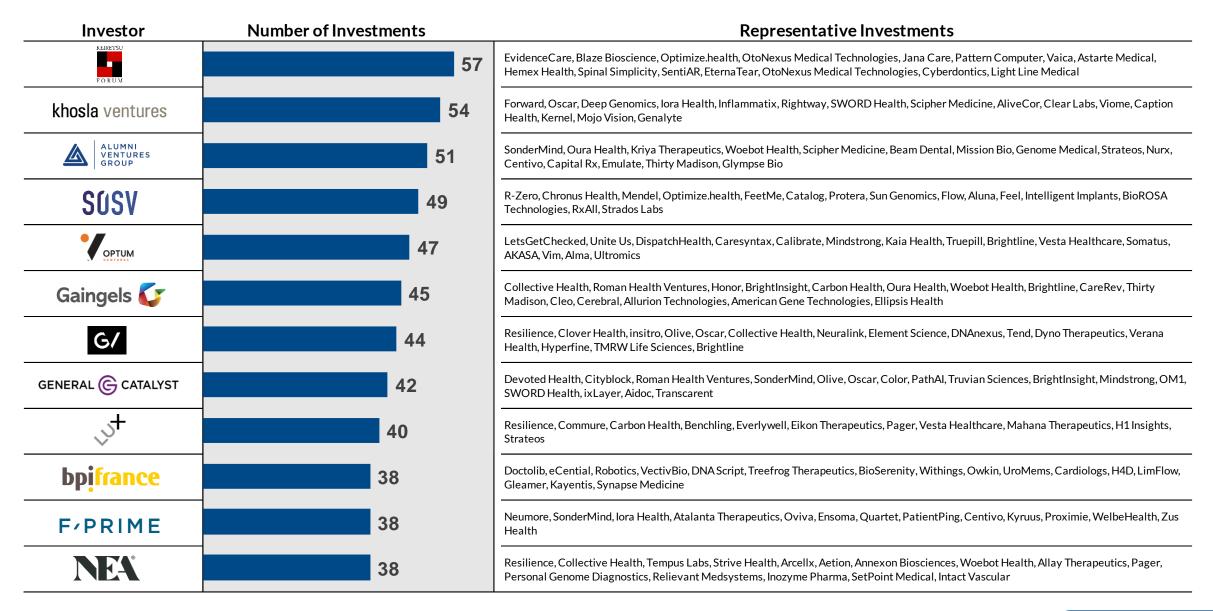


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GLOBAL LEADER IN TECH ADVISORY – 453 CLOSED DEALS



AGC ranked Top M&A Middle-Market Software Advisor of 2020 by Merger Trends



50+ deals closed in the last 15 months



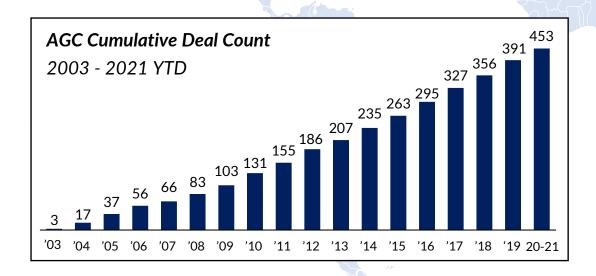
21 Partners, 32 new hires in 2021, and 50+ active engagements



453 deals generates lots of goodwill and bonding with PE and Strategic tech buyers for our next engagement



Partners on the ground in 12 major cities across the US and Europe



		451 Research SaaS Rankings*					
7		Firm	# Trans.				
	1.	AGC PARTNERS	139				
	2.	William Bla	<i>ir</i> 127				
	3.	RAYMOND J	AMES 99				
\prec	4.	MorganStanle	77				
	5.	STIFEL	70				
~ }	6.	HOULIHAN LOKEY	70				
7	7.	GCA	69				
1	8.	Evercore	60				
	9.	$cg_{\text{Genuity}}^{\text{Canaccord}}$	60				
	10.	KeyBank 💠	n . 56				
	*451 Research deal count based on all SaaS related Sell-Side transactions since 2010. Excludes co- managed deals.						

Top Sell-Side Tech Deal Makers in 2019-21 YTD*

	Firm	# Trans.
1.	Raymond James	75
2.	AGC Partners	73
3.	Houlihan Lokey	67
4.	Canaccord Genuity	66
5.	William Blair & Co.	63
6.	Morgan Stanley	63
7.	Goldman Sachs	62
8.	Jefferies	59
9.	GCA Advisors	58
10.	Evercore Partners	57
11.	J.P. Morgan	54
12.	Robert Baird & Co.	54
13.	Barclays Capital	39
14.	Moelis & Company	33
15.	Qatalyst Partners	30
*45	1 Research deal count based on	all disclosed

technology related Sell-Side transactions from

2019-2020. Excludes co-managed deals.

AGC'S THREE PRIMARY SOURCES OF BUSINESS







AGC'S DEDICATED HCIT PAYMENTS TEAM

Hugh Hoffman, Partner



- Hugh is a Partner in the Investment Banking Group at AGC Partners, focusing on Life Sciences Technology and HCIT out of the firm's Minneapolis office
- Hugh is a 25-year technology M&A veteran who ran Piper Jaffray's M&A practice in Software and Services for more than 8 years before joining Craig-Hallum Capital Group in 2006, where he led their M&A practice
- He has completed more than 150 transactions during his career and has worked at Dain Rauscher Corporation, where he started the firm's software practice, and Dillon, Read and Co. Inc. in New York and London
- He received an M.B.A. from Harvard Business School and graduated Summa Cum Laude from the University of Denver

Benjamin Howe, CEO, Co-Founder



- Ben is a co-founder and the CEO of AGC Partners
- In 30+ years as an investment banker, Ben has completed more than 300 transactions
- Prior to AGC, he served as Managing Director, Head of M&A and Executive Committee Member at SG Cowen Securities, and prior to that served as Head of Technology Investment Banking for the East Coast and Europe at Montgomery Securities
- He serves as co-chairman of Excel Academy, which has four charter schools in East Boston, and served on the board of Portsmouth Abbey and the advisory board of Trinity College
- He holds a B.A. in Economics from Trinity College and an M.S. in Accounting from The Stern School of Business at NYU

Charlie Schopp, *Partner*



- Charlie is a Partner at AGC Partners
- Charlie joined AGC as an Analyst and has advised on over 40 closed transactions ranging from sell-side M&A to equity and debt financings
- Charlie has been a part of deal teams spanning a broad sector base within the Technology landscape and focuses on vertical software / SaaS applications and HCIT
- Charlie holds a B.A. cum laude in Economics with a minor in Psychology from Middlebury College where he was also a member of the men's lacrosse team



AGC'S MOMENTUM

~40 Deals Closed in 2021 With Transaction Values Ranging From \$50M - \$1B+ Across All Hot Sectors













AGC'S LEADING HCIT AND LIFE SCIENCES TECHNOLOGY FRANCHISE

HCIT & Life Sciences Deep Dives



AI & Enterprise IT



Telehealth: The Future of Healthcare



Genomics Data Management



Real Time Hospital



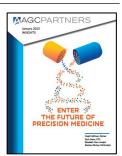
Healthcare & Life Sciences AI



Healthcare IoT



NextGen Telemedicine



Precision Medicine

Recent HCIT and Life Sciences Deals









































AGC'S EXTENSIVE EXPERIENCE WITH PES (2019 - 2021 YTD)

Established Private Equity Relationships

- Our Tech PE friends Insight Partners, JMI, K1, Luminate, Silversmith, Sumeru and Vista, among others, are hiring AGC at a steady cadence to sell their portfolio companies
- AGC's exits are constantly at premier multiples with recent deals ActivTrak, ComplySci, Crossinx, FixFlo, Greenphire and PDFTron generating revenue multiples between 10x - 20x
- AGC has developed tight-knit relationships with decision makers at top-tier PEs by running transparent and efficient processes, generating significant goodwill and trust that can be leveraged when AGC goes to market. Thoma Bravo has acquired 15 of AGC's clients

Select Platform Deals with Private Equity Firms



Select Deals with PE Portfolio Companies



DEEP DOMAIN KNOWLEDGE: ~180 MARKET LEADING PRIVATE TECH SECTOR REPORTS

Partner Led From Start to Finish

- ~180 industry thought pieces published by AGC Partners covering Vertical Software, Cyber Security, Infrastructure, Internet, HCIT, FinTech, and 60+ subsectors
- Partner-led and authored, with 6-person AGC research team working on perfecting each piece, going deep on the market, TAM, key trends, challenges, M&A and financings activity
- Developed and implemented over 18 years proprietary processes and procedures that will typically unearth 100-200 leading private companies in each sector

"This is a beautiful report, it is better than anything we have seen from Gartner or any of the other investment banks. We see stuff from Houlihan Lokev and Deloitte and this blows it away."

Steven Maroulis, CEO of Jarvis Dental, on recent Dental **Tech publication**



"This may be one of

the only cold emails

that I have actually

responded to...Report

is awesome. Happy

to chat.

Kassam, CEO of Connect the Doc. on recent Dental **Tech publication**

Industry Leading Research Covering the Most Coveted Private Sectors of Technology



Vertical Software

Automotive Building / Engineering CRM/CXM C-Suite Education Food/Restaurant GovTech Healthcare HR Tech Insurance Legal **Public Sector** Real Estate Travel & Leisure



Cyber Security

APT **CASB** Cybersecurity Endpoint IAM IOT/SCADA Network Security Orchestration Security Services Threat Intelligence **User Behavior Analytics**

Vulnerability



Infrastructure

ΑI BI / Analytics Big Data Cloud Computing Communication Data Center DevOps **Energy & Industrial** ERP / Supply Chain Internet of Things **IT Services Mobility Solutions Smart Cities Technical Software** Storage



Internet

AdTech **Augmented Reality** Consumer E-Commerce Food Tech Gaming Internet Marketplaces MarTech Mobile Social Retail Virtual Reality



HCIT

Clinical Decision Support Clinical Trials **Dental Solutions** EHR Genomics Data Mgmt. HIS

Paver Solutions Pharma Analytics **PMS**

Precision Medicine RCM / Payment Solutions Telehealth



FinTech & Payments

Blockchain

Digital Lending

FinTech Market Updates

Mobile App Monetization

Mobile Money

Payments

Remittance / Money Transfer

Selected Recent Partner Authored Whitepapers



Real Estate Tech Market Update



De-Masking The SPAC



PE Buver Tiger Global



eCommerce Marketplaces Go Mainstream



C-Suite



Cloud Native



Telehealth

THE BEST MIDDLE-MARKET GROWTH TECHNOLOGY CONFERENCES GLOBALLY

Testimonials

"We achieved in one single day the equivalent of 2+ weeks of prospecting work"

"Excellent and highly productive event; AGC gathers the most relevant group of companies and PE/VC investors in one

"Superb event and opportunity for entrepreneurs to tell their story to the investor community

Premier Global Technology Conferences

- AGC Partners is one of the only investment banks to hold middlemarket industry conferences solely focused on driving relationships among strategic acquirers, PEs, and emerging private growth companies spanning all major tech sectors - At our last conference pre COVID in Feb'20 we had 3,000 one-on-ones
- Offers insights from leaders in their respective industries, and direct engagement with the most active investors in the space
- Includes 500+ early and growth stage technology companies (revenues \$10-\$100M ARR) and 600+ private equity firms and strategic acquirers
- High caliber panels and 30-minute pre-arranged one-on-one meetings lead to hundreds of new leads, several new engagements, and drive the marketing efforts for pre-engaged clients

2020 San Francisco Conference Stats

1,585

\$1.3T

3.000

Attendees

In AUM Represented

1-On-1 meetings

Во	ston
Oc	tober, 2021





	San Francisco	London	Boston	Total
Attendees	1,585	414	719	2,718
Private Companies	485	112	225	822
Investors	343	85	190	618
Strategics	233	26	50	309
Total 1-on-1 Meetings	3,000	915	2,250	6,165

Select Strategic Attendees

















Select Private Equity Attendees









































CEO AND BUYER TESTIMONIALS



"We have greatly appreciated AGC Partners' continuous commitment to Greenphire over the past several years and their work during our process. AGC Partners is highly regarded by The Riverside Company and Greenphire."

Joe Manning, Senior Partner





"Thanks to AGC's **persistence and experience** throughout the COVID period, we were able to close a great deal."





"We are very grateful for their **invaluable advice**, quick action and 'always-on' approach."

Barry Kelly, Founder & CEO





A.J. Rohde, Senior Partner | THOMABRAVO





"The AGC team was simply extraordinary. They dig in, roll up their sleeves, and work hard."

Jim Quagliaroli, Co-Founder, Managing Partner | I SILVERSMITH



"Selecting AGC was the best decision I made. AGC got smart about who we are and worked harder than anyone I had ever seen."

Weston Lunsford . Founder & CEO |



di. DENTALINTELLIGENCE



"AGC went **above and beyond in every respect** to ensure we completed a transaction that exceeded all expectations."

John Borland, Founder & CEO



■ Perceptyx



"AGC's expertise was **invaluable in helping us navigate strong investor interest** and connect with a great partner."





"At the start of our engagement Ben promised that **no one** works harder than the team at AGC, and he was right."

Michael Monteiro, CEO | G Buildium®





"AGC proved highly effective in efficiently delivering a superior outcome for our partnership and employees."

Mike Volk, Managing Partner



DISCLOSURE



Note: This document is for information and discussion purposes only, and it is intended for institutional and sophisticated investors. This document is based upon sources believed to be reliable; however, we do not guarantee the sources' accuracy. Unless otherwise indicated, AGC does not believe that the information contained herein is sufficient to serve as the basis of an investment decision. There can be no assurance that the statements, estimates or forecasts (if any) will be achieved and actual results may be materially different. The testimonials contained herein may not be representative of the experience of other customers or clients. Testimonials are no guarantee of future performance or success. This is not a solicitation of an offer of any kind. To learn more about the company/companies that is/are the subject of this document, contact one of persons named herein.