

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, DC 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d) of the
Securities Exchange Act of 1934

Date of report (Date of earliest event reported): January 11, 2023

APOLLO MEDICAL HOLDINGS, INC.
(Exact Name of Registrant as Specified in Charter)

Delaware
(State or Other Jurisdiction
of Incorporation)

001-37392
(Commission
File Number)

95-4472349
(I.R.S. Employer
Identification No.)

1668 S. Garfield Avenue, 2nd Floor, Alhambra, California 91801
(Address of Principal Executive Offices) (Zip Code)

(626) 282-0288
Registrant's Telephone Number, Including Area Code

(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- Pre-commencement communication pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- Pre-commencement communication pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

| Title of each class | Trading Symbol(s) | Name of each exchange on which registered |
|---------------------|-------------------|---|
| Common Stock | AMEH | Nasdaq Capital Market |

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

Item 7.01 Regulation FD Disclosure.

Apollo Medical Holdings, Inc. (the “Company”) is scheduled to present at the 4th Annual J.P. Morgan Healthcare Conference and has prepared presentation materials that the Company intends to use in this regard. A copy of the presentation materials to be used is furnished as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated herein by reference.

The information contained in this Current Report on Form 8-K, including the exhibit referenced herein, is being furnished and shall not be deemed “filed” for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the “Exchange Act”), or otherwise subject to the liabilities of that section. Such information shall not be incorporated by reference into any filing under the Securities Act of 1933, as amended, or the Exchange Act, whether made before or after the date hereof, regardless of any general incorporation language in such filing. The furnishing of this information will not be deemed an admission as to the materiality of any information contained herein.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

| <u>Exhibit No.</u> | <u>Description</u> |
|--------------------|--|
| 99.1 | Corporate Presentation |
| 104 | Cover Page Interactive Data File (the cover page XBRL tags are embedded within the inline XBRL document) |

Forward-Looking Statements

This current report on Form 8-K contains forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended. These statements include words such as “forecast,” “guidance,” “projects,” “estimates,” “anticipates,” “believes,” “expects,” “intends,” “may,” “plans,” “seeks,” “should,” or “will,” or the negative of these words or similar words. Forward-looking statements involve certain risks and uncertainties, and actual results may differ materially from those discussed in each such statement. A number of important factors could cause actual results to differ materially from those included within or contemplated by the forward-looking statements, including, but not limited to, the factors described in our filings with the Securities and Exchange Commission, including the Company’s most recent annual report on Form 10-K and any subsequent quarterly reports on Form 10-Q. The Company does not undertake any responsibility to update any of these factors or to announce publicly any revisions to any of the forward-looking statements contained in this or any other document, whether as a result of new information, future events, or otherwise.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

APOLLO MEDICAL HOLDINGS, INC.

Date: January 11, 2023

By: /s/ Thomas S. Lam
Name: Thomas S. Lam, M.D., M.P.H.
Title: Co-Chief Executive Officer and President



Apollo Medical Holdings

January 2023

Powered by Technology.

Built by Doctors.

For Patients.



Forward-looking statements

This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995, Section 27A of the Securities Act and Section 21E of the Exchange Act. Forward-looking statements include any statements about the Company's business, financial condition, operating results, plans, objectives, expectations and intentions, expansion plans, integration of acquired companies and any projections of earnings, revenue, EBITDA, Adjusted EBITDA or other financial items, such as the Company's projected capitation and future liquidity, and may be identified by the use of forward-looking terms such as "anticipate," "could," "can," "may," "might," "potential," "predict," "should," "estimate," "expect," "project," "believe," "plan," "envision," "intend," "continue," "target," "seek," "will," "would," and the negative of such terms, other variations on such terms or other similar or comparable words, phrases or terminology. Forward-looking statements reflect current views with respect to future events and financial performance and therefore cannot be guaranteed. Such statements are based on the current expectations and certain assumptions of the Company's management, and some or all of such expectations and assumptions may not materialize or may vary significantly from actual results. Actual results may also vary materially from forward-looking statements due to risks, uncertainties and other factors, known and unknown, including the risk factors described from time to time in the Company's reports to the U.S. Securities and Exchange Commission (the "SEC"), including without limitation the risk factors discussed in the Company's Annual Report on Form 10-K for the year ended December 31, 2021, and subsequent Quarterly Reports on Form 10-Q.

Because the factors referred to above could cause actual results or outcomes to differ materially from those expressed or implied in any forward-looking statements, you should not place undue reliance on any such forward-looking statements. Any forward-looking statements speak only as of the date of this presentation and, unless legally required, the Company does not undertake any obligation to update any forward-looking statement, as a result of new information, future events or otherwise.

ApolloMed

is a **physician-centric, tech-powered, value-based** healthcare platform accelerating the transition towards a future where all can get access to high quality healthcare



\$1.05B

TTM Revenue¹

\$132M

TTM Adj. EBITDA¹

1.3M

Patients Managed
in VBC Contracts²

>4.2X

Gross Savings vs. Median
ACO 2017-2021³

(1) For more information, see "Reconciliation of TTM and 12 Months Net Income to EBITDA and Adjusted EBITDA" and "Use of Non-GAAP Financial Measures" slides for more information

(2) As of December 2022. This figure excludes patients that are purely Fee-for-Service

(3) Gross savings defined as total benchmark expenditures less total aligned beneficiary expenditures



ApolloMed investment highlights



1. Accelerating high quality, value-based care across **all patient populations**¹



2. TAM of **\$2T**, growing across all populations and geographies



3. Scalable approach that empowers entrepreneurial providers to **deliver value-based care** and industry-leading outcomes



4. Purpose-built technology platform leveraging **25+ years** of real-world clinical data



5. **Profitable**, highly replicable unit economics



6. **Strong growth**, with **3-year CAGR**² for revenue of **25-26%**, and for adj. EBITDA of **36-45%**



(1) Medicare Advantage, Managed Medicaid, Commercial, ACA Exchange, and Medicare FFS

(2) ApolloMed 2019 to 2022E revenue growth; ApolloMed 2019 to 2022E adj. EBITDA growth. Please refer to the "2022 Guidance Reconciliation of Net Income to EBITDA and Adjusted EBITDA" and "Use of Non-GAAP Financial Measures" slides for more information

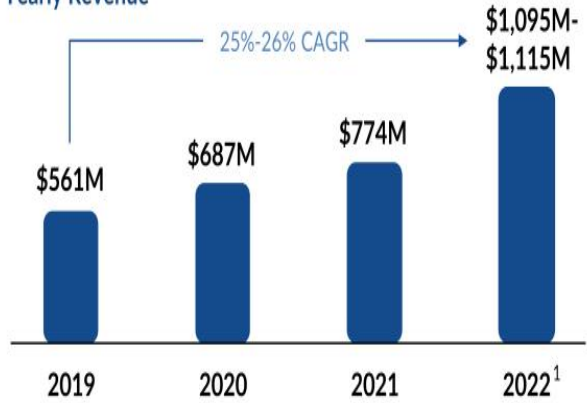
We have laid a solid foundation for rapid growth

Longstanding Relationships with National and Local Payers

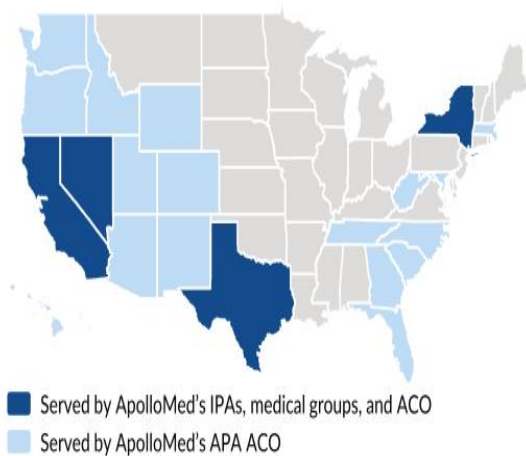
Average tenure: ~15 years

+ Many more payers

Yearly Revenue



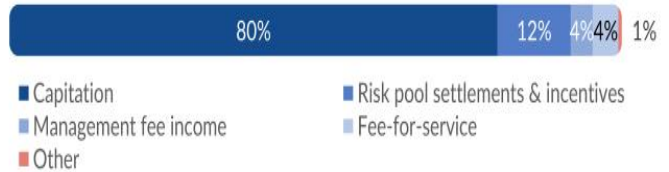
Our Geographic Footprint



Revenue by Line of Business²

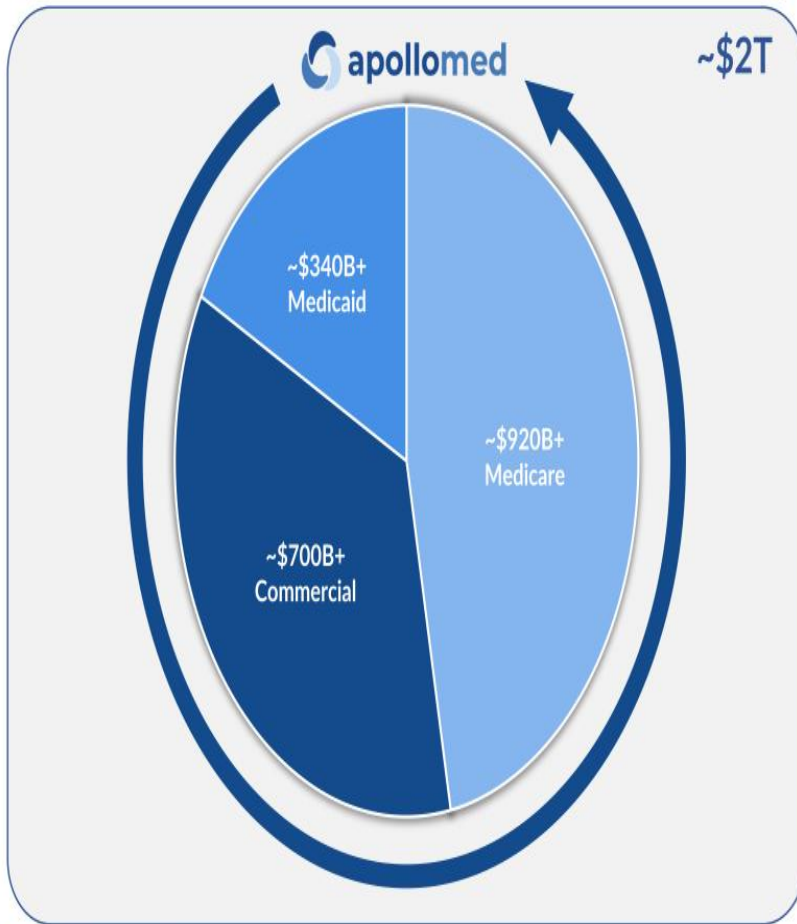


Revenue by Type²



(1) 2022 Yearly Revenue reflects range of guidance issued Nov 2022.
 (2) Figures reflect 1Q22-3Q22

Payer agnostic platform captures outsized TAM and delivers better experience for patients, providers, and payers



Better for patients

- Enhanced patient experience and care continuity across payer, plan, and stage of life

Better for providers

- Can be empowered across their entire panel via ApolloMed platform

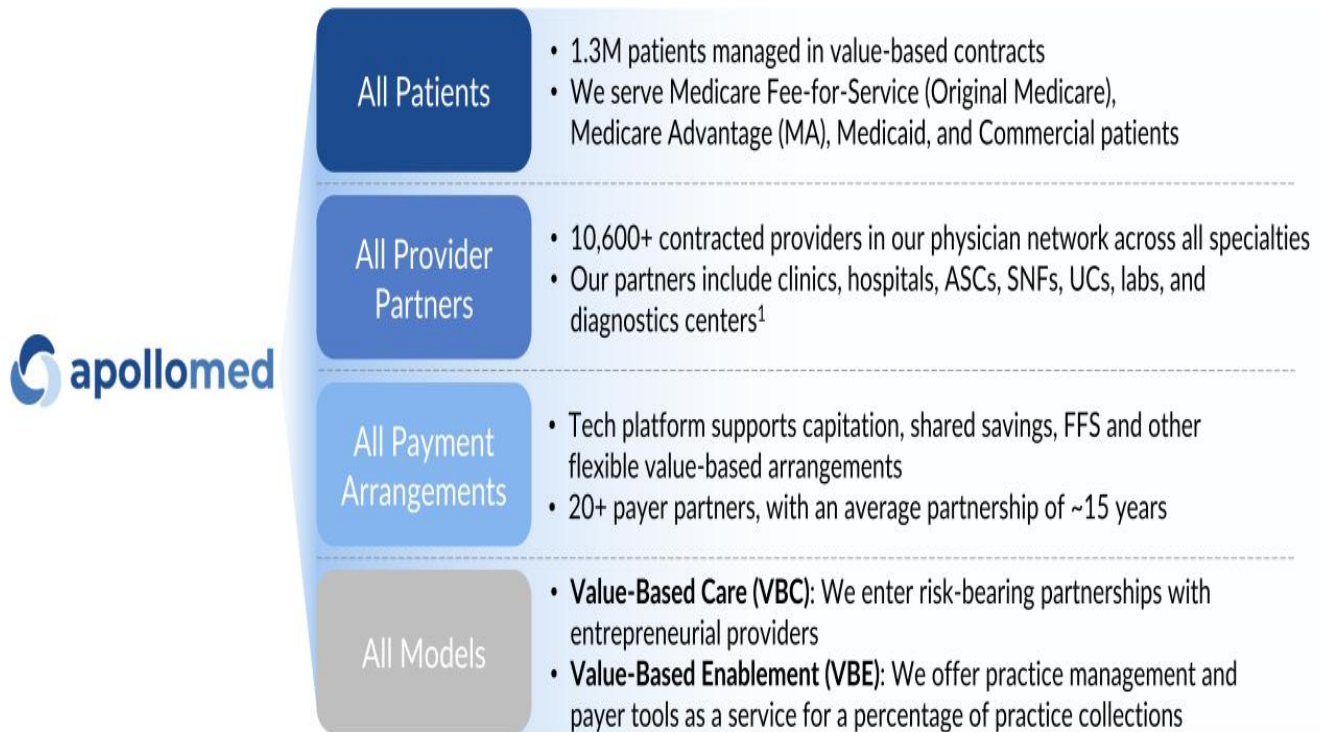
Better for payers

- Can partner with ApolloMed across all their lines of business



Source: CMS and HCP-LAN (2021)

We are radically transforming how care is delivered at scale, serving...



VBC infrastructure and tech stack drives highly replicable and scalable results across all patients, allowing providers to grow and succeed across value-based arrangements

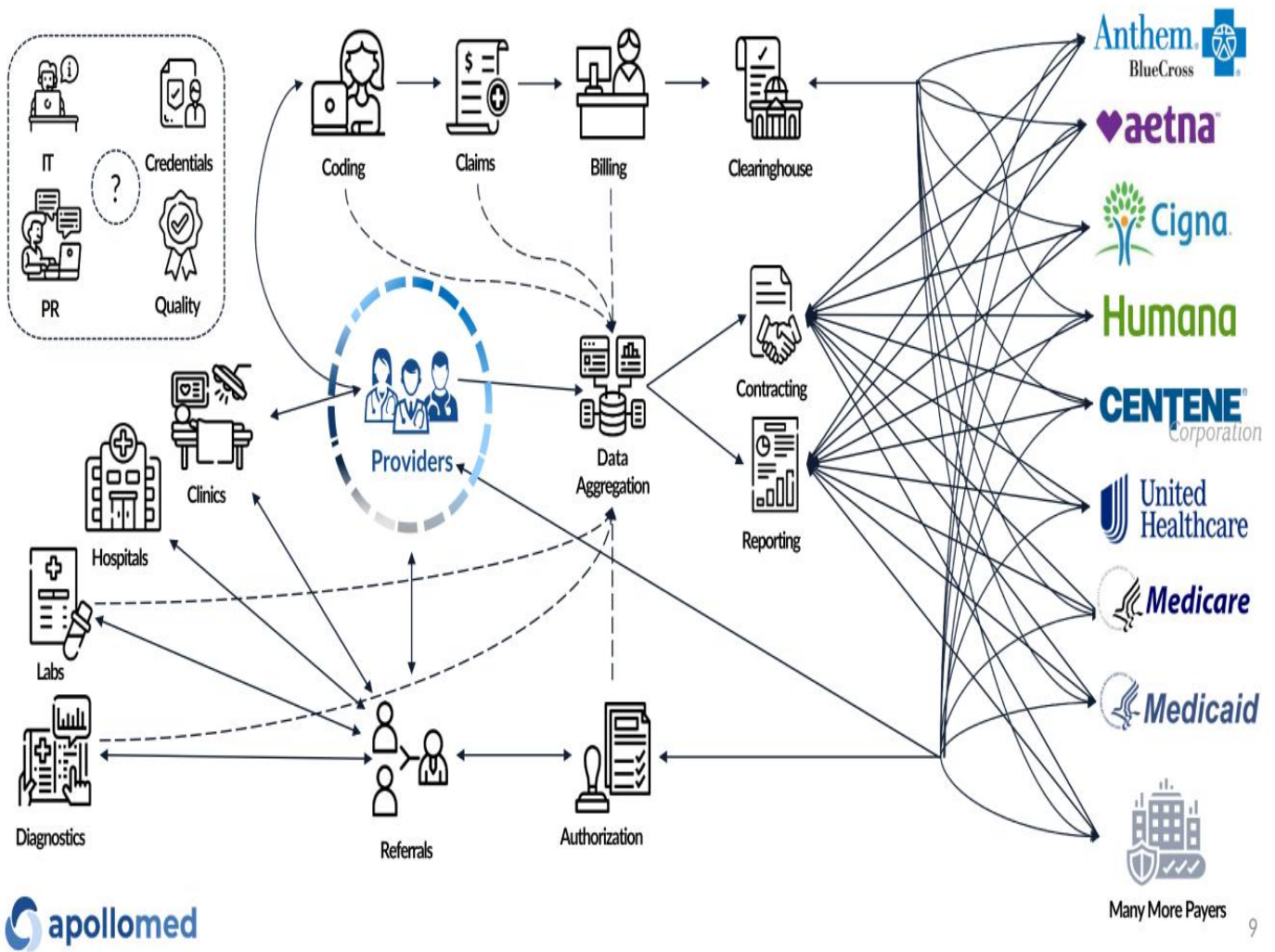


(1) ASC is ambulatory surgical center, i.e., outpatient procedures; SNF is skilled nursing facility; UC is urgent care

Industry Overview and ApolloMed Value Proposition



Providers currently face complex administrative and care coordination hurdles

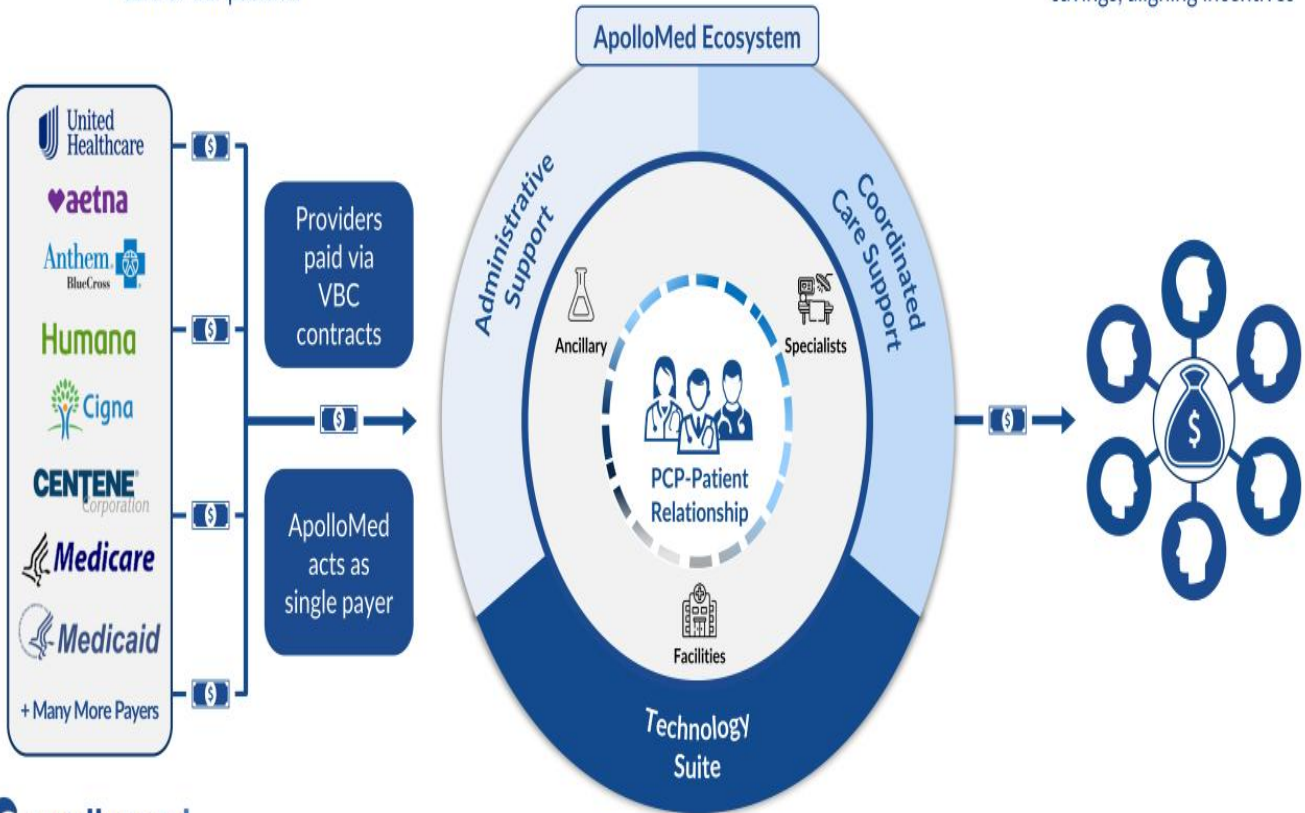


ApolloMed acts as a “single payer,” connects health ecosystem participants, and integrates clinical, tech, and administrative support for providers

1 ApolloMed is paid to assume risk for the care of our patients

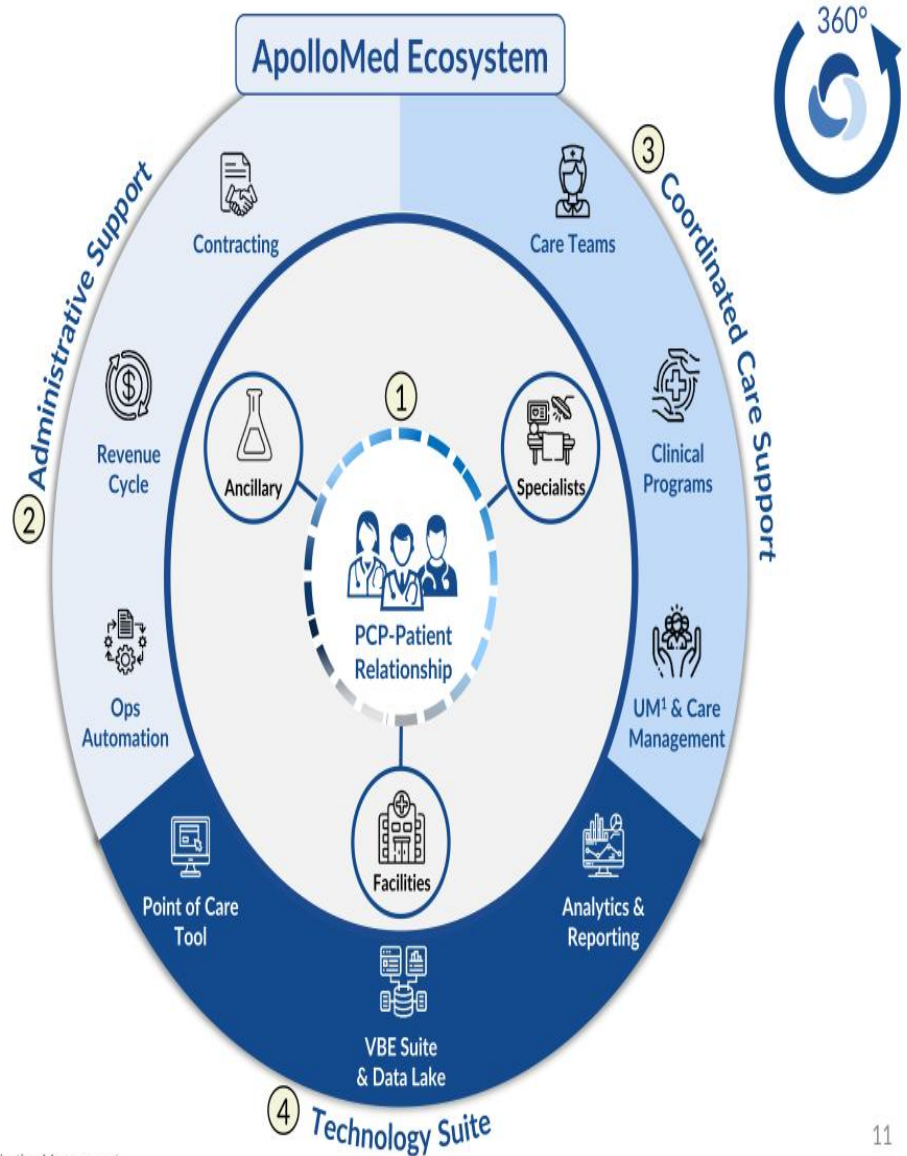
2 We build high-quality networks and enable providers via our care teams and technology platform

3 We reimburse providers in a subscription model and share savings, aligning incentives



The ApolloMed 360° care model seamlessly wraps around our providers' operations, enabling them to thrive in value-based care arrangements






- 1 We build high quality specialist and facility networks around our PCPs
- 2 Our providers leverage ApolloMed's scaled, seamless administrative solutions
- 3 Coordinated care teams create unified care plans for patients and support them throughout healthcare journey
- 4 Our technology suite provides an interoperable, best-in-class experience








(1) UM: Utilization Management

We are changing healthcare through a physician-centric approach that provides flexibility and scale for our providers

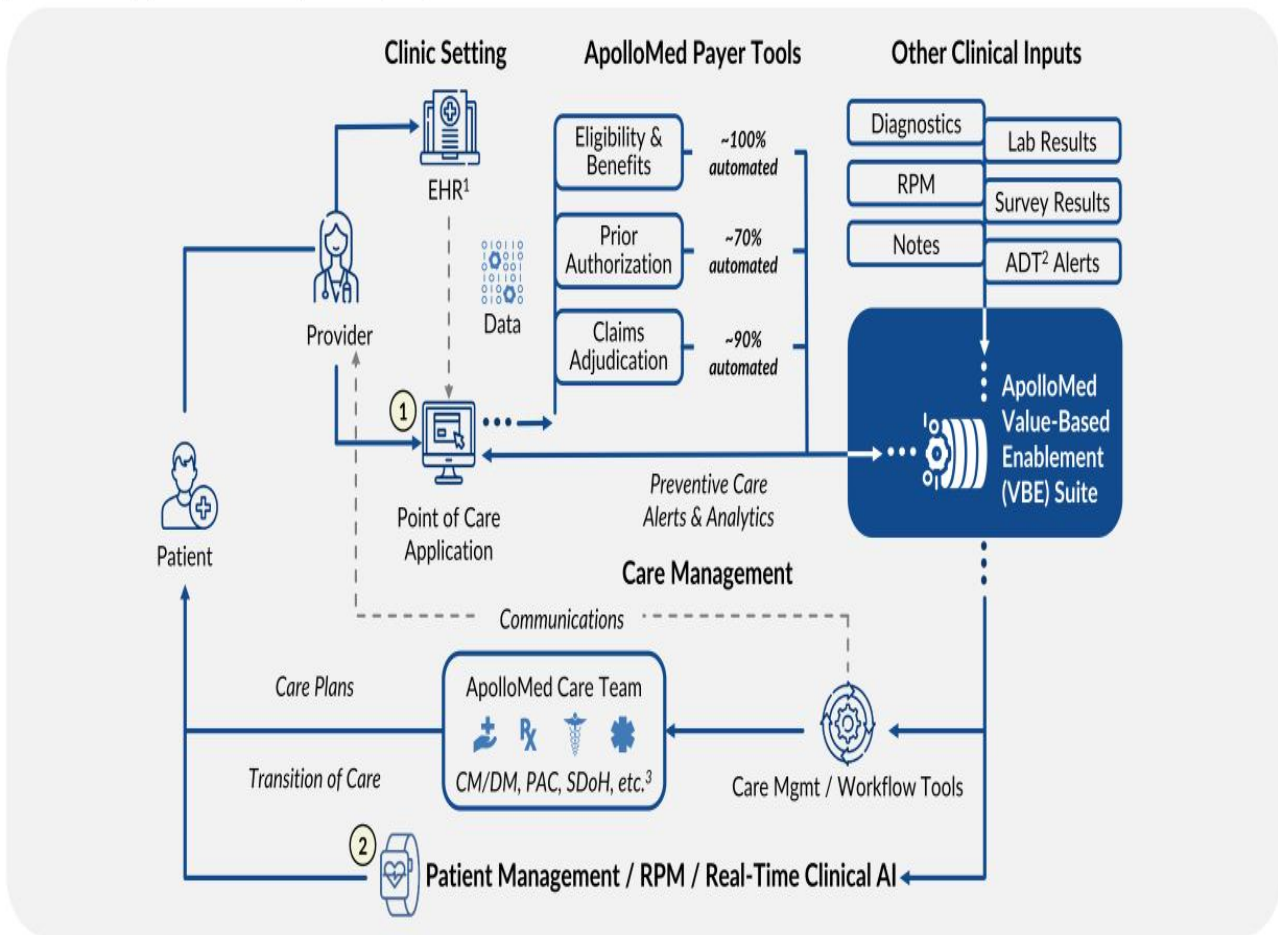
Industry Status Quo

-  No unified care plan for patients across multiple visits to a fragmented healthcare system
-  Physicians must choose to be employed or tackle administrative functions alone
-  Complex reporting requirements and incongruous incentives from different payers
-  Many different tech stacks and non-interoperable point solutions
-  Physicians can only serve limited patients

ApolloMed

-  Patients supported throughout care journey by our ecosystem and care teams
-  Entrepreneurial physicians can remain independent and partner with ApolloMed
-  Capitated reimbursement and value-based incentives with ApolloMed as payer
-  Data aggregated onto interoperable platform; providers leverage ApolloMed tech-suite
-  Physicians can support patients through different life stages and payer choices

Our platform is powered by our proprietary technology suite, connecting patients, providers, and payers



(1) EHR: Electronic Health Record
 (2) ADT: Admission, Discharge, and Transfer
 (3) CM: Care Management, DM: Data Management, PAC: Post Acute Care, SDoH: Social Determinants of Health

ApolloMed Provider Portal

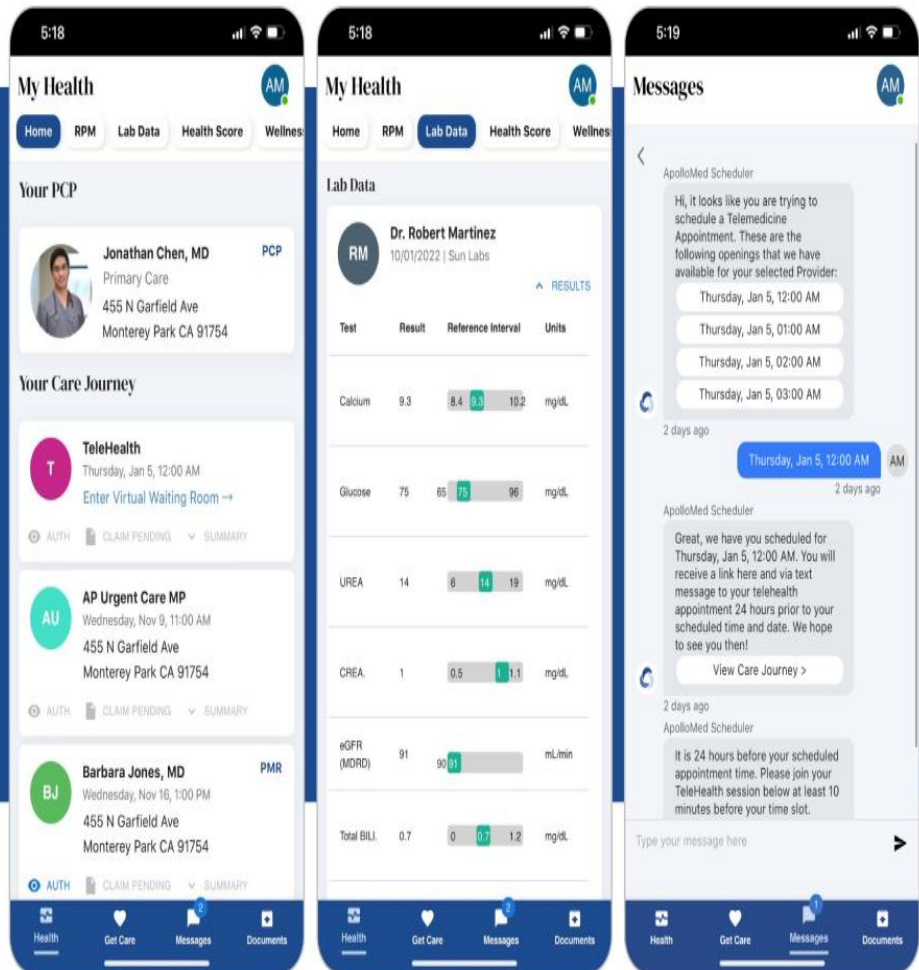
- 1 Quality performance
- 2 Member eligibility
- 3 Care plans
- 4 Authorizations and claims
- 5 Gaps in care
- 6 Longitudinal patient record

The screenshot displays the 'Quality Overview' section of the ApolloMed Provider Portal. The left sidebar contains navigation options: Quality Overview (selected), Eligibility, Authorization, Claims, Case Management (with a red notification badge '7134'), New Documents, HCC, Resources, Contact Us, Vendor Portal, Legacy Portal (with a 'SWITCH' button), Account Settings, and Logout. The main content area is titled 'Quality Overview' and includes a 'PROVIDER' dropdown menu. Below this is a 'Member Overview' section with filters for 'Past 3 Months' (selected) and 'Year to date', along with 'Print' and 'Download' buttons. A table lists members with columns for 'New members' (count 16), 'Start Date', and 'Termed Members' (count 8). The 'Senior Quality Measures Overview' section shows an 'Overall Star Rating: 4.33' (5 stars) and an 'AWV Completion Rating: 85.86%' (5 stars). A horizontal bar chart compares 'Best Measures' (Controlling High Blood Pressure (COP) with 5 stars) and 'Needs Improvement' (Transitions of Care (TRC) Medication Reconciliation Post-Discharge (MRP) with 2 stars). The chart scale ranges from 'Poor' to 'Excellent'.

2 Patient Care Application

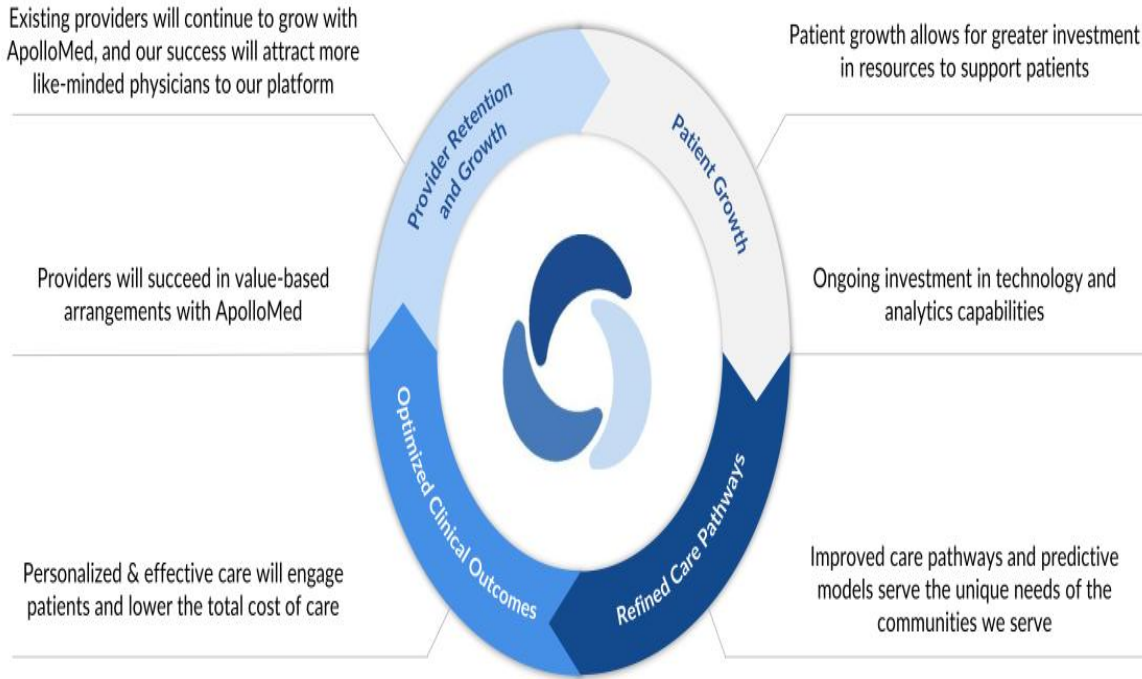
ApolloMed Patient App

- 1 Telehealth scheduling
- 2 Personal health data
- 3 Virtual wellness checks
- 4 Past and upcoming visits



Note: Patient and provider data has been sanitized

ApolloMed creates a flywheel powered by deep experience, an extensive provider network, and proprietary technology



Our flywheel drives sustainable growth & entrenches us as the platform of choice for providers, payers and patients

Growth Strategy



Two clear levers combine to drive 30%+ growth per year

Expanding membership

Develop clinical excellence and local scale to attract membership

Membership expansion drivers

| | |
|----------------|--|
| Core CA | Leveraging our dense, high quality provider network and best-in-class facilities |
| New CA | Extending our specialist & facility partnerships around existing anchor PCP groups |
| Ex-CA | Securing nationwide payer contracts and establishing local provider partnerships |

Increasing risk in value-based contracts

Take more risk and manage to great clinical outcomes

Members by risk type and geography

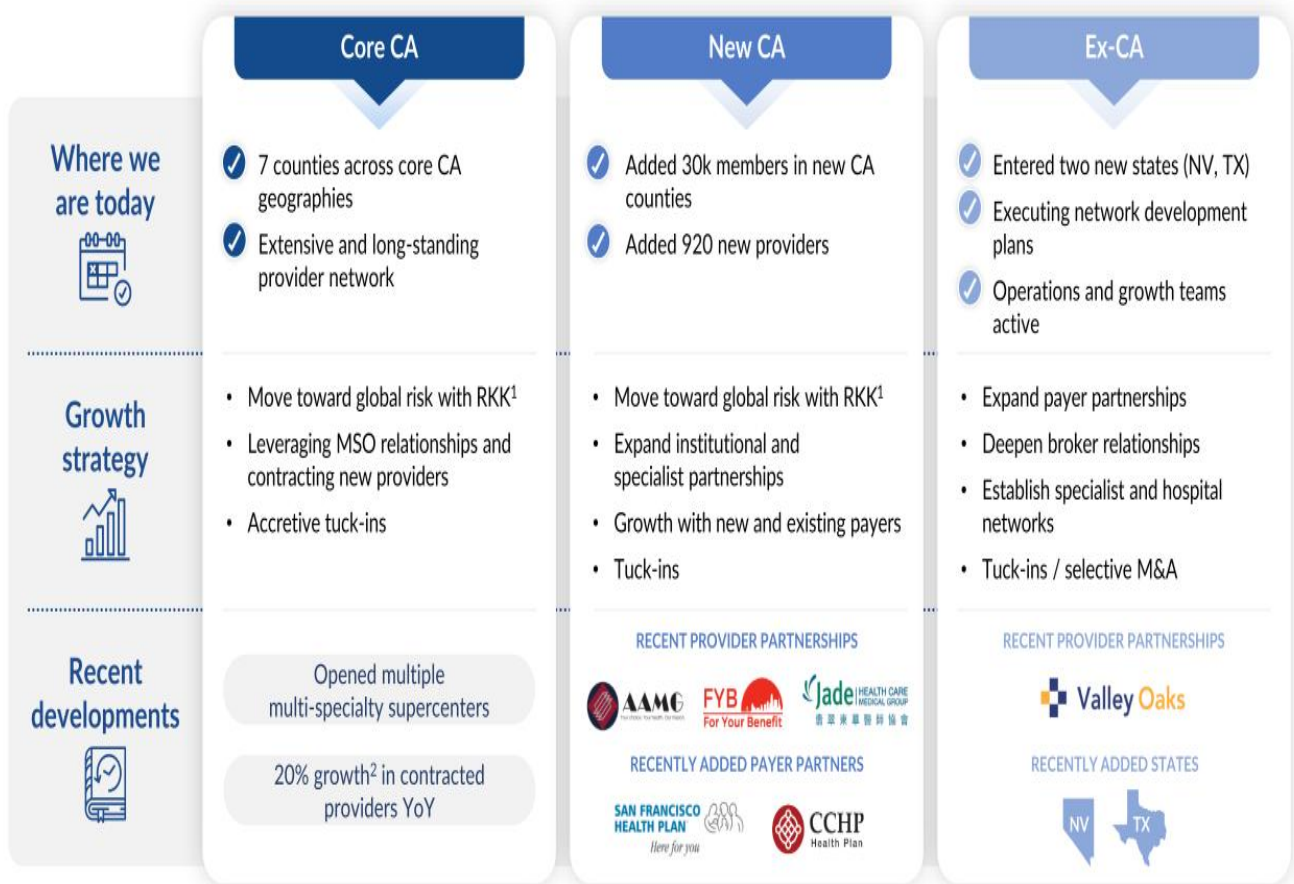
Lower risk (\$)  Higher risk² (\$)

| | FFS | PCP Cap Only ¹ | Professional Risk | Full Risk | Global Risk |
|----------------|-------|---------------------------|-------------------|-------------|-------------|
| Core CA | 500K+ | N/A | 250K - 500K | 250K - 500K | 10K - 100K |
| New CA | 500K+ | N/A | 5K - 10K | 5K - 10K | <5K |
| Ex-CA | 500K+ | <5K | N/A | N/A | N/A |



Data as of Q3 2022; (1) Note that in CA markets we have capability to more quickly accelerate new patients along risk ladder, and start patients beyond PCP Cap Only; (2) Increasing risk in value-based contracts corresponds to larger opportunity size in value-based care

Multi-faceted growth strategy across our markets



Data as of December 2022; (1) RKK is a Restricted Knox-Keene license. The RKK License permits an Entity to enter into global risk arrangements with fully licensed health plans on a contract-by-contract basis. For more information on the impact of RKK, please refer to the "Path to Global Risk" section of the appendix; (2) For core CA region IPAs Dec 2021 – Dec 2022, which include Allied Pacific IPA, Accountable Health Care IPA, and Alpha Care Medical Group

Outcomes

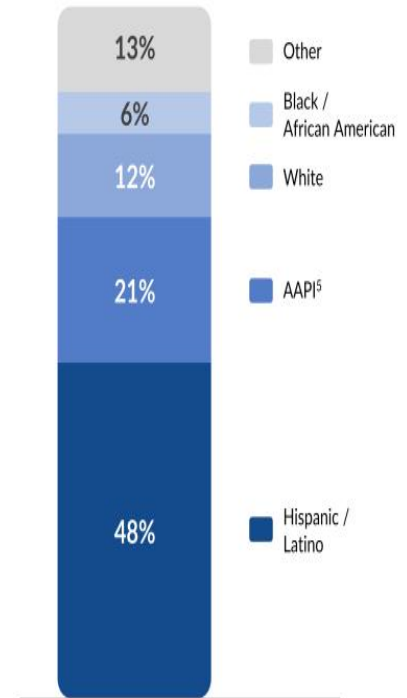


Consistent clinical outcomes across diverse populations and demographics

Medicare Advantage and ACO Clinical Outcomes

| | Inpatient Bed Days / K | | ER Visits / K | | Readmission Rate | |
|--------------------|------------------------|--|---------------|--|------------------|--|
| Medicare Advantage | 727 | 54% ² Lower than benchmark | 194 | 61% ² Lower than benchmark | 6.3% | 63% ³ Lower than benchmark |
| ACO ¹ | 751 | 53% ² Lower than benchmark | 328 | 34% ² Lower than benchmark | 8.2% | 52% ³ Lower than benchmark |

Ethnicities Served⁴



Purpose-built technology platform enables best-in-class clinical outcomes to be delivered for all Americans



Source: Internal data and analysis based on data from Jan-Sept 2022; (1) 2022 GPDC ACO Model; (2) Centers for Medicare and Medicaid Services, Office of Enterprise Data and Analytics, CMS Chronic Conditions Data Warehouse; (3) Agency for Healthcare Research and Quality (Department of Health and Human Services); (4) Ethnicities of members across all consolidated IPAs; (5) Asian American and Pacific Islander

Our ACO has demonstrated sustainable success, proving our ability to deliver savings and quality in value-based agreements

ApolloMed's ACO consistently among top analogous ACOs in country:

- #1

2021 gross savings \$
- #1

2020 gross savings \$
- #4

2019 gross savings \$

Gross savings (\$M)¹, 2017-2021

| Entity | Gross Savings (\$M) |
|---------------|---------------------|
| ApolloMed ACO | 160 |
| Median ACO* | 38 |

*Median gross savings for ACOs which participated in analogous program during 2017-2021

Transition to DCE in 2022

- ✓ Leveraged extensive ACO and AIPBP experience to seamlessly transition to paying claims and managing global risk in DCE
- ✓ Launched new care coordination initiatives for high-risk populations
- ✓ Created new quality initiatives to improve AWV completion and clinical outcomes



Source: CMS, Kaiser Family Foundation, US Census, Internal data and analysis
 (1) Gross savings defined as total benchmark expenditures less total aligned beneficiary expenditures

Key takeaways



(1) Adj. EBITDA margin range from 2020-2022E. 2022E adj. EBITDA margin is calculated using the midpoint of 2022E revenue and 2022E adj. EBITDA
(2) Across all consolidated ApolloMed IPAs for Medicare Advantage, benchmarks derived from CMS data

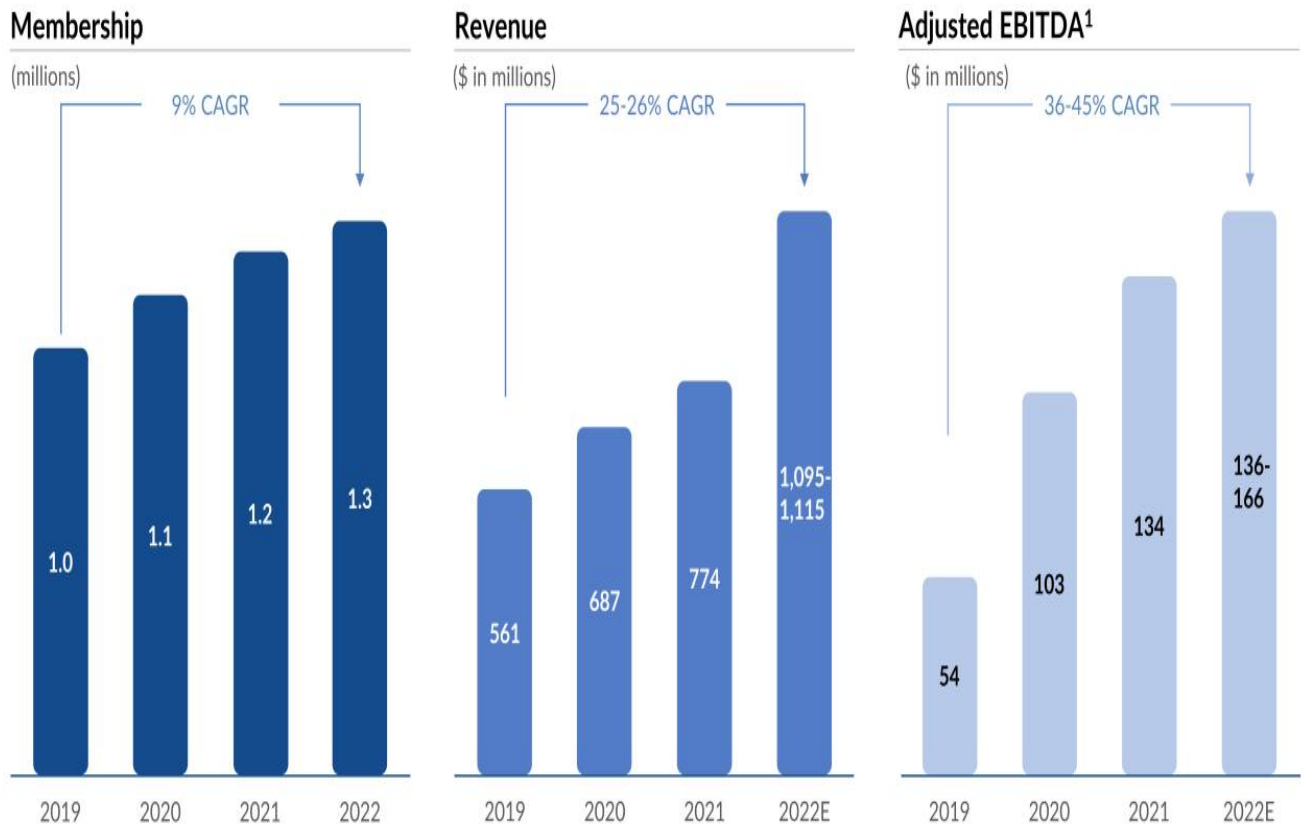
Appendix



Financial Data



We have a strong track record of revenue growth and a robust EBITDA profile



Source: Internal data; (1) Adjusted EBITDA is calculated as earnings before interest, taxes, depreciation, and amortization, excluding income or loss from equity method investments, non-recurring transactions, stock-based compensation, and APC excluded assets costs. Beginning in the third quarter ended September 30, 2022, the Company has revised the calculation for Adjusted EBITDA to exclude provider bonus payments and losses from recently acquired IPAs, which it believes to be more reflective of its business. Please refer to the "2022 Guidance Reconciliation of Net Income to EBITDA and Adjusted EBITDA," "Reconciliation of TTM and 12 Months Net Income to EBITDA and Adjusted EBITDA," and "Use of Non-GAAP Financial Measures" slides for more information



ApolloMed is a scaled player with a proven and profitable model



| Business Model ¹ | Affiliate-provider model | Affiliate-provider model | Affiliate-provider model | Affiliate-provider Model | Affiliate-provider model | Staff / Clinic Model |
|---|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------|
| Members Served | 1.3M | 846k ² | 356k ³ | 93k ⁴ | 102k ⁵ | 145k ⁶ |
| Serves All Patient Types ^{1,7} | ✓ | ✓ | ✗ | ✗ | ✗ | ✗ |
| Market Capitalization ⁸ | \$1.6B | \$2.7B | \$6.6B | \$323.4M | \$444.9M | \$5.0B |
| 2022E Revenue ⁹ | \$1,095M - \$1,115M ¹⁰ | \$1,317.5M ² | \$2,678.5M ³ | \$610M ⁴ | \$1,050M ⁵ | \$2,152.5M ⁶ |
| 2022E Adj. EBITDA ⁹ | \$136M - \$166M ¹¹ | \$60M ² | \$4.5M ³ | \$35M ⁴ | (\$123M) ⁵ | (\$290M) ⁶ |

(1) Based on recent company filings or investor presentations; (2) Privia Health Q3 2022 Earnings Release (Nov 2022); (3) agilon health Q3 2022 Earnings Release (Nov 2022); (4) CareMax Q3 2022 Earnings Release (Nov 2022); (5) P3 Health Partners Q3 2022 Press Release (Nov 2022); (6) Oak Street Health Q3 2022 Earnings Release (Nov 2022); (7) Patient types include Medicare (incl. Medicare Advantage), Medicaid, and Commercial members; (8) Diluted shares outstanding as of Q2/Q3 2022 10-Qs, stock prices used to calculate market cap as of 1/4/23; (9) Peer 2022E Revenue and Adj. EBITDA based on midpoint of company provided guidance; (10) ApolloMed 2022E Revenue as reported its Q3 2022 earnings release; (11) Please refer to the "2022 Guidance Reconciliation of Net Income to EBITDA and Adjusted EBITDA" and "Use of Non-GAAP Financial Measures" slides for more information



Updated 2022 Guidance

| <i>(\$ in millions)</i> | 2022 Guidance Range (as of May 5, 2022) | 2022 Guidance Range (as of November 3, 2022) |
|------------------------------|--|---|
| Total Revenue | \$1,055.0 - \$1,085.0 | \$1,095.0 - \$1,115.0 |
| Net Income ¹ | \$38.0 - \$57.0 | \$50.5 - \$67.0 |
| EBITDA ^{1,2} | \$81.0 - \$111.0 | \$107.5 - \$133.5 |
| Adjusted EBITDA ² | \$136.0 - \$166.0 | \$136.0 - \$166.0 |

(1) Net income and EBITDA forecast includes the impact of APC's investment in a payer partner that completed an initial public offering and became publicly traded on June 24, 2021. The revised net income and EBITDA guidance ranges assume the payer partner's stock price of \$1.05

(2) See "2022 Guidance Reconciliation of Net Income to EBITDA and Adjusted EBITDA" and "Use of Non-GAAP Financial Measures" slides for more information. There can be no assurance that actual amounts will not be materially higher or lower than these expectations. See "Forward-Looking Statements" on slide 2

2022 Guidance Reconciliation of Net Income to EBITDA and Adjusted EBITDA

| (\$ in millions) | 2022 Guidance Range (as of May 5, 2022) | | 2022 Guidance Range (as of November 3, 2022) | |
|--|--|-----------------|---|-----------------|
| | Low | High | Low | High |
| Net income | \$ 38.0 | \$ 57.0 | \$ 50.5 | \$ 67.0 |
| Interest expense | 4.0 | 4.0 | 8.0 | 8.0 |
| Provision for income taxes | 20.0 | 31.0 | 30.0 | 39.5 |
| Depreciation and amortization | 19.0 | 19.0 | 19.0 | 19.0 |
| EBITDA¹ | \$ 81.0 | \$ 111.0 | \$ 107.5 | \$ 133.5 |
| Loss (income) from equity method investments | \$ - | \$ - | \$ 1.0 | \$ 1.0 |
| Other, net | - | - | 1.5 | 1.5 |
| Provider bonus payments | 16.0 | 16.0 | - | - |
| Stock-based compensation | 13.0 | 13.0 | 14.0 | 16.0 |
| APC excluded assets costs | 9.0 | 9.0 | 12.0 | 14.0 |
| Net loss adjustment for recently acquired IPAs | 17.0 | 17.0 | - | - |
| Adjusted EBITDA¹ | \$ 136.0 | \$ 166.0 | \$ 136.0 | \$ 166.0 |

(1) See "Use of Non-GAAP Financial Measures" slide for more information



2022 Reconciliation of Three and Nine Months Net Income to EBITDA and Adjusted EBITDA

| (\$ in millions) | Three Months Ended September 30, | | Nine Months Ended September 30, | |
|--|----------------------------------|-----------------|---------------------------------|--------------------|
| | 2022 | 2021 | 2022 | 2021 |
| Net income | \$ 27.4 | \$ (5.4) | \$ 50.1 | \$ 68.6 |
| Interest expense | 2.4 | 1.0 | 5.3 | 4.3 |
| Interest income | (0.2) | (0.4) | (0.7) | (1.3) |
| Provision for income taxes | 13.9 | (0.1) | 26.1 | 31.6 |
| Depreciation and amortization | 4.8 | 4.7 | 13.5 | 13.1 |
| EBITDA¹ | \$ 48.2 | \$ (0.3) | \$ 94.3 | \$ 116.3 |
| (Income) loss from equity method investments | \$ (0.2) | \$ (0.1) | \$ (0.5) | \$ (0.2) |
| Gain on sale of equity method investment | - | (2.2) | - | (2.2) |
| Other, net | 1.4 ² | - | 1.4 ² | (0.9) ³ |
| Stock-based compensation | 3.5 | 1.4 | 10.5 | 4.3 |
| APC excluded assets costs | 4.2 | 64.0 | 10.7 | 0.9 |
| Adjusted EBITDA^{1,4} | \$ 57.1 | \$ 62.9 | \$ 116.4 | \$ 118.2 |

(1) See "Use of Non-GAAP Financial Measures" slide for more information

(2) Other, net for the three and nine months ended September 30, 2022 relates to transaction costs incurred, net of the write-off related to APCMG contingent consideration to reflect the fair value as of September 30, 2022

(3) Other, net for the nine months ended September 30, 2021, relates to stimulus checks received in 2021

(4) Adjusted EBITDA under the historical method for the three and nine months ended September 30, 2022 is \$68.5 million and \$137.8 million, respectively

Reconciliation of TTM and 12 Months Net Income to EBITDA and Adjusted EBITDA

| (\$ in millions) | TTM as of Sept 30, 2022 | Year ended December 31, | | |
|--|-------------------------|-------------------------|----------------|---------------|
| | | 2021 | 2020 | 2019 |
| Net income | \$30.8 | \$49.3 | \$122.3 | \$17.7 |
| Interest expense | 6.4 | 5.4 | 9.5 | 4.7 |
| Interest income | (0.9) | (1.6) | (2.8) | (2.0) |
| Provision for income taxes | 23.0 | 28.5 | 56.1 | 8.2 |
| Depreciation and amortization | 17.9 | 17.5 | 18.4 | 18.3 |
| EBITDA¹ | 77.1 | 99.1 | 203.5 | 46.8 |
| Goodwill impairment | - | - | - | 2.0 |
| (Income) loss from equity method investments | (0.5) | (0.3) | (0.0) | 0.2 |
| Gain on sale of equity method investment | - | (2.2) | - | - |
| Other | 0.6 | (1.7) | (0.5) | - |
| Stock-based compensation | 12.9 | 6.7 | 3.4 | 0.9 |
| APC excluded assets costs | 41.7 | 31.9 | (103.6) | 4.3 |
| Adjusted EBITDA¹ | \$131.7 | \$133.5 | \$102.8 | \$54.2 |

(1) See "Use of Non-GAAP Financial Measures" slide for more information



Summary of Selected Financial Results – Breaking Out Excluded Assets

| \$ in millions | Nine Months Ended September 30, 2022 | | | Year Ended December 31, 2021 | | | Year Ended December 31, 2020 | | |
|--|---|--------------------|---------------------|---------------------------------|--------------------|---------------------|---------------------------------|--------------------|---------------------|
| | ApolloMed Consolidated | Excluded Assets | ApolloMed Assets | ApolloMed Consolidated | Excluded Assets | ApolloMed Assets | ApolloMed Consolidated | Excluded Assets | ApolloMed Assets |
| Revenue | | | | | | | | | |
| Capitation, net | \$ 677.3 | - | 677.3 | \$ 593.2 | - | 593.2 | \$ 557.3 | - | 557.3 |
| Risk pool settlements and incentives | 101.7 | - | 101.7 | 111.6 | - | 111.6 | 77.4 | - | 77.4 |
| Management fee income | 30.5 | - | 30.5 | 36.0 | - | 36.0 | 34.9 | - | 34.9 |
| Fee-for-service, net | 35.7 | - | 35.7 | 26.6 | - | 26.6 | 12.7 | - | 12.7 |
| Other income | 4.8 | - | 4.8 | 6.5 | - | 6.5 | 5.0 | - | 5.0 |
| Total revenue | 850.0 | - | 850.0 | 773.9 | - | 773.9 | 687.3 | - | 687.3 |
| Total operating expenses | 758.3 | 2.9 | 755.4 | 675.7 | 2.6 | 673.1 | 606.7 | 2.1 | 604.6 |
| Income (losses) from operations | 91.7 | (2.9) | 94.6 | 98.2 | (2.6) | 100.8 | 80.6 | (2.1) | 82.7 |
| Total other (expense) income, net | \$ (15.5) | (9.3) | (6.2) | \$ (20.3) | (10.8) | (9.5) | \$ 97.9 | 102.9 | (5.0) |
| Net income (loss) | \$ 50.1 | (12.2) | 62.3 | \$ 49.3 | (13.4) | 62.7 | \$ 122.3 | 100.8 | 21.5 |

Summary Balance Sheet – Breaking Out Excluded Assets

| \$ in millions | September 30, 2022 | | | December 31, 2021 | | | December 31, 2020 | | |
|---|------------------------|-----------------|------------------|------------------------|-----------------|------------------|------------------------|-----------------|------------------|
| | ApolloMed Consolidated | Excluded Assets | ApolloMed Assets | ApolloMed Consolidated | Excluded Assets | ApolloMed Assets | ApolloMed Consolidated | Excluded Assets | ApolloMed Assets |
| Current assets | | | | | | | | | |
| Cash and cash equivalents | \$ 184.0 | 7.4 | 176.6 | \$ 233.1 | 62.5 | 170.6 | \$ 193.5 | 38.8 | 154.7 |
| Investments in marketable securities | 33.3 | 32.5 | 0.8 | 53.4 | 49.1 | 4.3 | 67.7 | 66.5 | 1.2 |
| Receivables, net | 69.4 | - | 69.4 | 10.6 | - | 10.6 | 7.1 | - | 7.1 |
| Receivables - related parties and loan receivable - related party | 91.2 | - | 91.2 | 73.4 | 4.0 | 69.4 | 49.4 | - | 49.4 |
| Other receivables, prepaid expenses and other current assets | 53.5 | 3.7 | 49.8 | 28.2 | 0.9 | 27.3 | 21.0 | - | 21.0 |
| Income taxes receivable | 12.2 | - | 12.2 | - | - | - | - | - | - |
| Total current assets | 443.6 | 43.6 | 400.0 | 398.7 | 116.5 | 282.2 | 338.7 | 105.3 | 233.4 |
| Non-current assets | | | | | | | | | |
| Land, property, and equipment, net | 104.2 | 97.3 | 6.9 | 53.2 | 42.1 | 11.1 | 29.9 | 24.5 | 5.4 |
| Goodwill and intangibles | 330.7 | - | 330.7 | 335.8 | - | 335.8 | 326.1 | - | 326.1 |
| Loan receivable and loan receivable - related parties, net of current portion | 2.6 | - | 2.6 | 0.6 | - | 0.6 | 4.6 | 4.1 | 0.5 |
| Investments in other entities and privately held entities | 39.9 | 26.5 | 13.4 | 42.6 | 25.0 | 17.6 | 80.4 | 62.0 | 18.4 |
| Other assets and right-of-use assets | 22.4 | - | 22.4 | 21.3 | - | 21.3 | 37.5 | 15.7 | 21.8 |
| Total non-current assets | 499.8 | 123.8 | 376.0 | 453.5 | 67.1 | 386.4 | 478.5 | 106.3 | 372.2 |
| Total assets | \$ 943.4 | 167.4 | 776.0 | \$ 852.2 | 183.6 | 668.6 | \$ 817.2 | 211.6 | 605.6 |



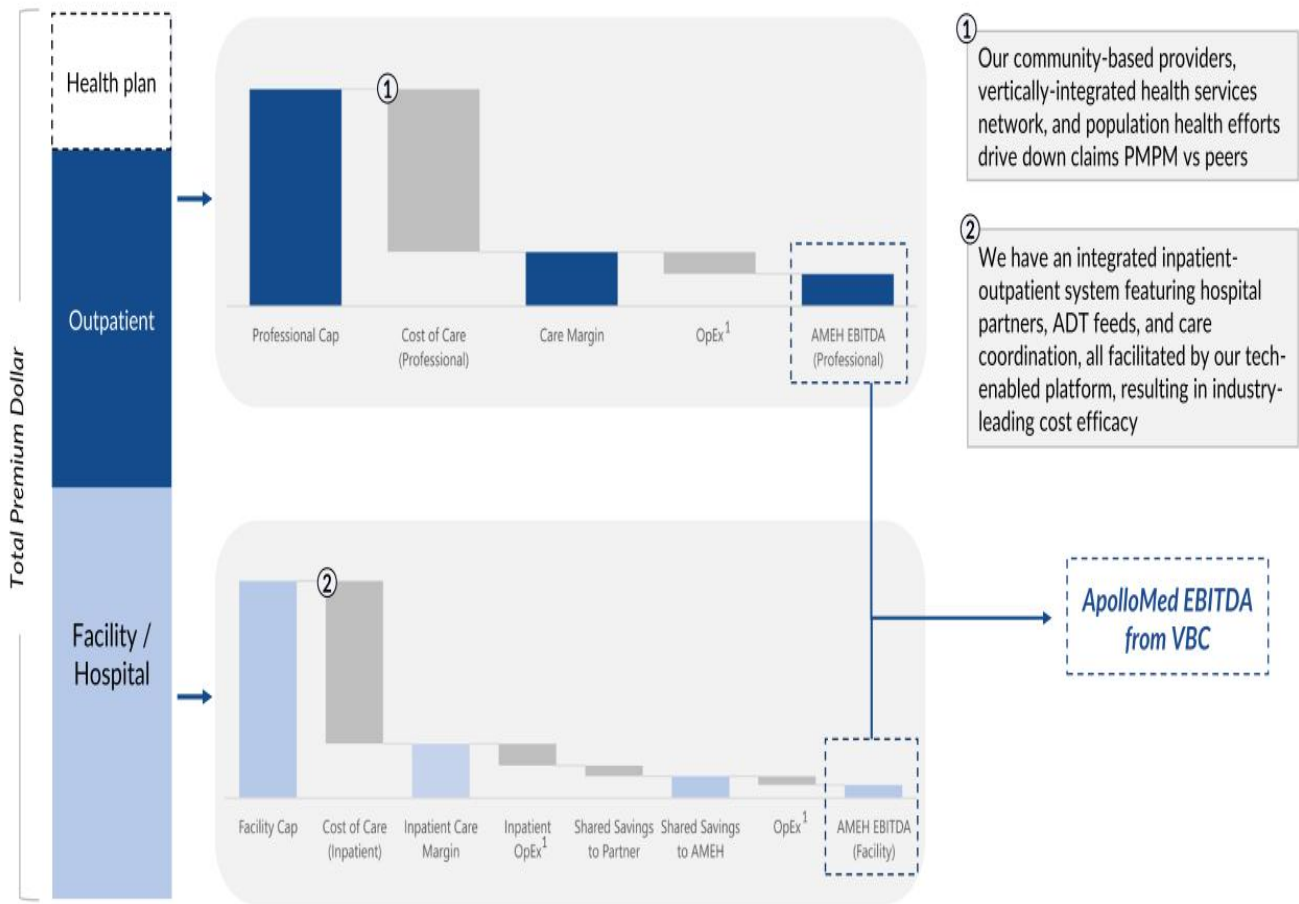
Summary Balance Sheet – Breaking Out Excluded Assets (continued)

| \$ in millions | September 30, 2022 | | | December 31, 2021 | | | December 31, 2020 | | |
|---|------------------------|-----------------|------------------|------------------------|-----------------|------------------|------------------------|-----------------|------------------|
| | ApolloMed Consolidated | Excluded Assets | ApolloMed Assets | ApolloMed Consolidated | Excluded Assets | ApolloMed Assets | ApolloMed Consolidated | Excluded Assets | ApolloMed Assets |
| Current liabilities | | | | | | | | | |
| Fiduciary payable, accounts payable and accrued liabilities | \$ 53.8 | 1.7 | 52.1 | \$ 54.5 | 0.3 | 54.2 | \$ 45.7 | - | 45.7 |
| Medical liabilities | 94.9 | - | 94.9 | 55.8 | - | 55.8 | 50.3 | - | 50.3 |
| Income taxes payable | - | - | - | 0.7 | - | 0.7 | 4.2 | - | 4.2 |
| Dividend payable | 0.6 | - | 0.6 | 0.6 | - | 0.6 | 0.5 | - | 0.5 |
| Finance and operating lease liabilities | 3.7 | - | 3.7 | 3.1 | - | 3.1 | 3.3 | - | 3.3 |
| Current portion of long-term debt | 3.2 | 3.2 | - | 0.8 | 0.5 | 0.3 | 10.9 | 0.2 | 10.7 |
| Total current liabilities | 156.2 | 4.9 | 151.3 | 115.5 | 0.8 | 114.7 | 114.9 | 0.2 | 114.7 |
| Non-current liabilities | | | | | | | | | |
| Deferred tax liability | 4.7 | - | 4.7 | 9.1 | - | 9.1 | 11.0 | - | 11.0 |
| Finance and operating lease liabilities, net of current portion | 17.1 | - | 17.1 | 14.2 | - | 14.2 | 16.2 | - | 16.2 |
| Other long-term liabilities | 13.0 | - | 13.0 | 14.8 | 0.9 | 13.9 | - | - | - |
| Long-term debt, net of current portion and deferred financing costs | 199.1 | 22.6 | 176.5 | 182.9 | 7.1 | 175.8 | 230.2 | 7.4 | 222.8 |
| Total non-current liabilities | 233.9 | 22.6 | 211.3 | 221.0 | 8.0 | 213.0 | 257.4 | 7.4 | 250.0 |
| Total liabilities | 390.1 | 27.5 | 362.6 | 336.5 | 8.8 | 327.7 | 372.3 | 7.6 | 364.7 |
| Total mezzanine equity and stockholder's equity | \$ 553.3 | 139.9 | 419.9 | \$ 515.7 | 174.8 | 340.9 | \$ 444.9 | 204.0 | 240.9 |

Path to Global Risk

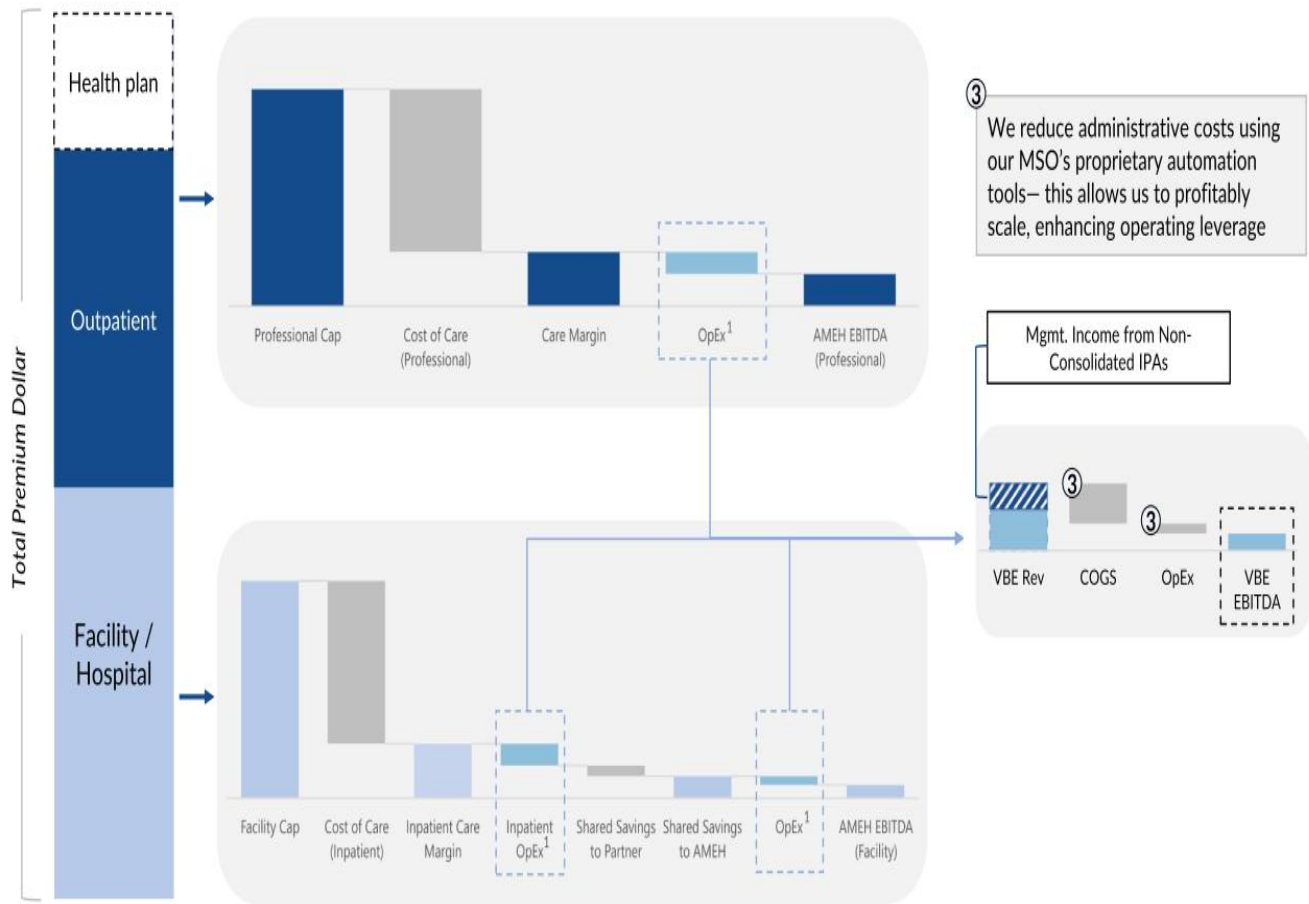


Our ability to succeed at managing care across our outpatient and inpatient risk contracts allows us to capture significantly more upside than our peers (1/2)



(1) Operating expenses excluding interest, tax, depreciation, and amortization

Our ability to succeed at managing care across our outpatient and inpatient risk contracts allows us to capture significantly more upside than our peers (2/2)

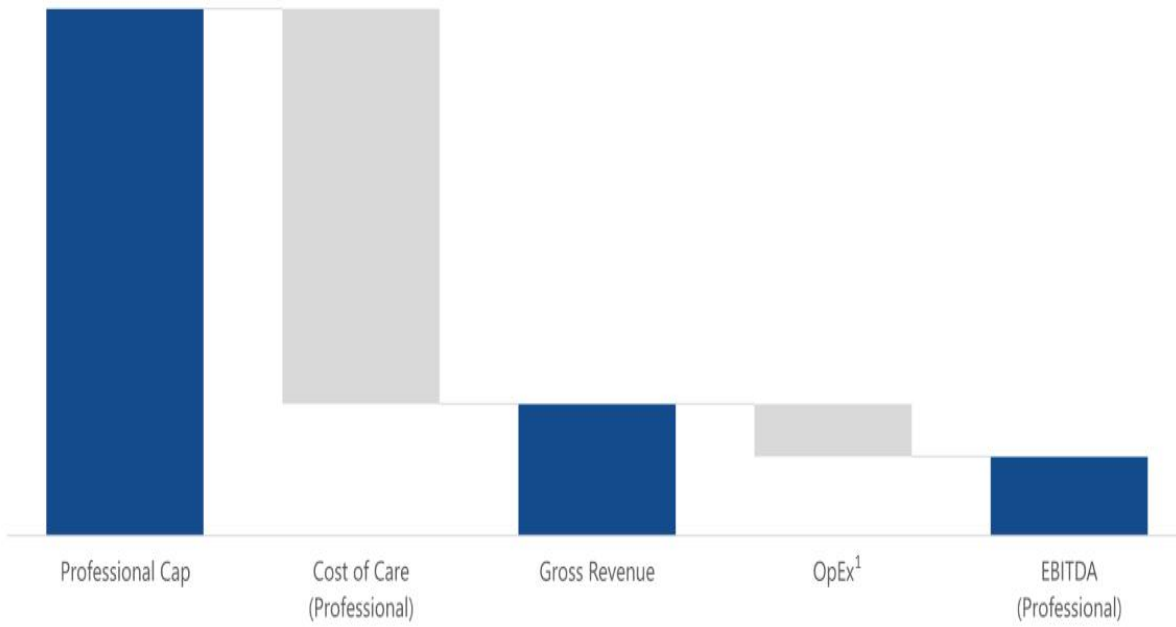


(1) Operating expenses excluding interest, tax, depreciation, and amortization

We see a clear path to success as we continue to move our existing contracts along the risk spectrum and expect to do so in new markets as well

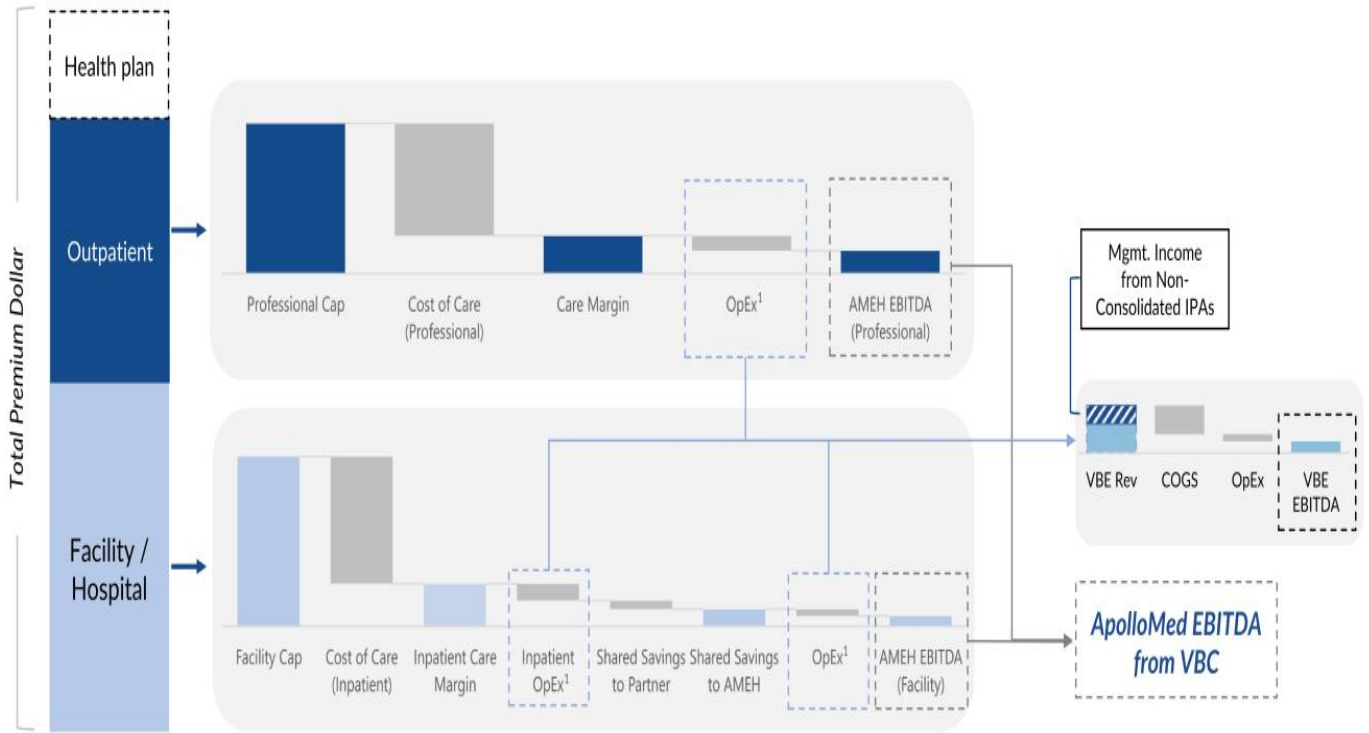


A significant part of our revenue today is generated by capitation from our professional risk contracts



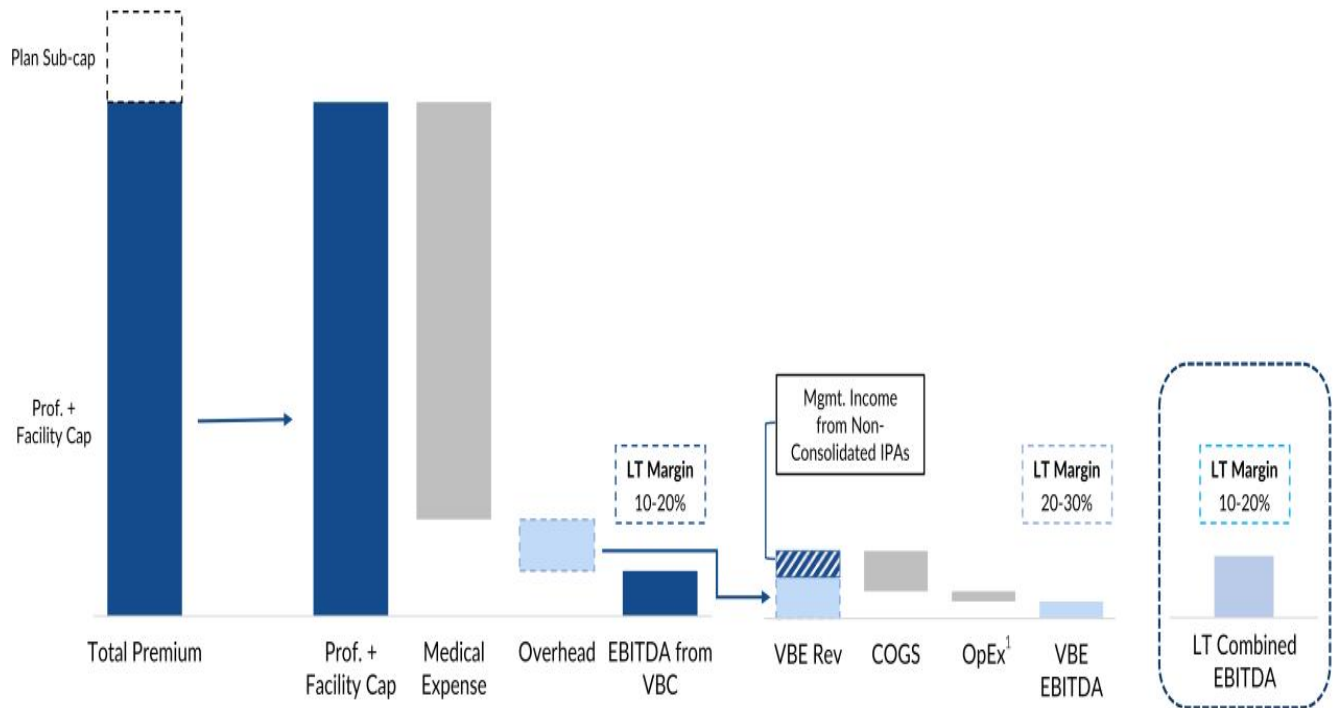
(1) Operating expenses excluding interest, tax, depreciation, and amortization

We also receive additional revenue and upside from full risk contracts that we share with our facility partners



(1) Operating expenses excluding interest, tax, depreciation, and amortization

With an RKK, we will be able to manage the whole professional and facility risk capitation dollar and achieve more downstream synergies and upside



(1) Operating expenses excluding interest, tax, depreciation, and amortization

Key acronyms

- **ACO:** Accountable Care Organization
- **ACO REACH:** Accountable Care Organization Realizing Equity, Access, and Community Health
- **AIPBP:** All-Inclusive Population-Based Payments
- **APC:** Allied Physicians of California IPA
- **CMMI:** Centers for Medicare and Medicaid Innovation Center
- **CMS:** Centers for Medicare and Medicaid Services
- **DC:** Direct Contracting
- **DCE:** Direct Contracting Entity
- **DME:** Durable Medical Equipment
- **Health Plan / Payers:** Health Insurance Companies
- **HMO:** Health Maintenance Organization
- **IPA:** Independent Practice Association
- **NCI:** Non-Controlling Interest
- **NMM:** Network Medical Management, Inc.
- **MSA:** Master Service Agreement
- **MSO:** Management Services Organization
- **NGACO:** Next Generation Accountable Care Organization
- **PCP:** Primary Care Physician
- **PMPM:** Per Member Per Month
- **SNF:** Skilled Nursing Facility
- **VIE:** Variable Interest Entity
- **RKK:** Restricted Knox-Keene

Use of Non-GAAP Financial Measures

This presentation contains the non-GAAP financial measures EBITDA and adjusted EBITDA, of which the most directly comparable financial measure presented in accordance with U.S. generally accepted accounting principles ("GAAP") is net (loss) income. These measures are not in accordance with, or an alternative to, GAAP, and may be different from other non-GAAP financial measures used by other companies. The Company uses adjusted EBITDA as a supplemental performance measure of the Company's operations, for financial and operational decision-making, and as a supplemental means of evaluating period-to-period comparisons on a consistent basis. Adjusted EBITDA is calculated as earnings before interest, taxes, depreciation, and amortization, excluding income from equity method investments, provider bonuses, stock-based compensation, APC excluded assets costs, impairment of intangibles, provision of doubtful accounts, and other income earned that is not related to the Company's normal operations. Adjusted EBITDA also excludes non-recurring items, including the effect on EBITDA of certain recently acquired IPAs.

The Company believes the presentation of these non-GAAP financial measures provides investors with relevant and useful information, as it allows investors to evaluate the operating performance of the business activities without having to account for differences recognized because of non-core or non-recurring financial information. When GAAP financial measures are viewed in conjunction with non-GAAP financial measures, investors are provided with a more meaningful understanding of the Company's ongoing operating performance. In addition, these non-GAAP financial measures are among those indicators the Company uses as a basis for evaluating operational performance, allocating resources, and planning and forecasting future periods. Non-GAAP financial measures are not intended to be considered in isolation from, or as a substitute for, GAAP financial measures. To the extent this release contains historical or future non-GAAP financial measures, the Company has provided corresponding GAAP financial measures for comparative purposes. The reconciliation between certain GAAP and non-GAAP measures is provided above.

