

Forward-Looking Statements

Nasdaq: LHCG

Please visit the Investors section on our website at Investor.LHCgroup.com for additional information on LHC Group and the industry.

This presentation contains “forward-looking statements” (as defined in the Securities Litigation Reform Act of 1995) regarding, among other things, future events or the future financial performance of the Company. Words such as “anticipate,” “expect,” “project,” “intend,” “believe,” “will,” “estimate,” “may,” “could,” “should,” “outlook,” and “guidance” and words and terms of similar substance used in connection with any discussion of future plans, actions, events or results identify forward-looking statements.

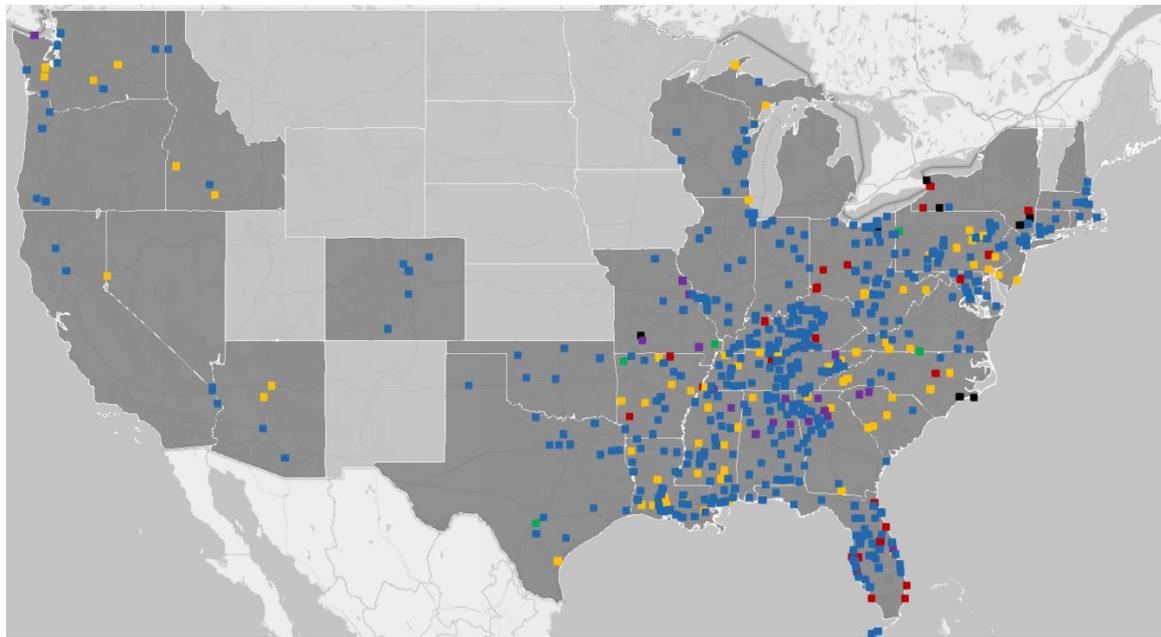
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This presentation includes certain financial measures that were not prepared in accordance with U.S. generally accepted accounting principles (“GAAP”), including EBITDA and Adjusted EBITDA. The company uses these non-GAAP financial measures in operating its business because management believes they are less susceptible to variances in actual operating performance that can result from the excluded items. The company presents these financial measures to investors because they believe they are useful to investors in evaluating the primary factors that drive the company’s operating performance. The items excluded from these non-GAAP measures are important in understanding LHC Group’s financial performance, and any non-GAAP measures presented should not be considered in isolation of, or as an alternative to, GAAP financial measures. Since these non-GAAP financial measures are not measures determined in accordance with GAAP, have no standardized meaning prescribed by GAAP and are susceptible to varying calculations, these measures, as presented, may not be comparable to other similarly titled measures of other companies. EBITDA of LHC Group is defined as net income (loss) before income tax benefit (expense), interest expense, and depreciation and amortization expense. Adjusted EBITDA of LHC Group is defined as net income (loss) before income tax expense benefit (expense), depreciation and amortization expense, and transaction costs related to previous transactions.

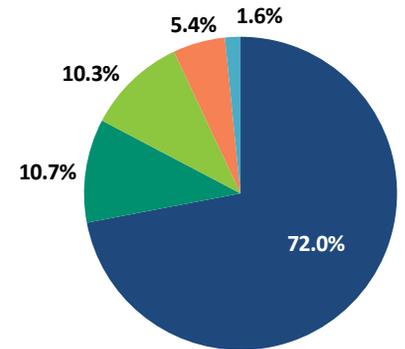
LHC Group Overview



- Home Health
- Hospice
- HCBS
- Home Health & Hospice
- Home Health & HCBS
- Home Health, Hospice, & HCBS

% of Revenue

- HH
- Hospice
- HCBS
- Facility-based
- HCI



555
home health
locations



60%
Of U.S.
population
aged 65+
included in
service area



109
hospice
locations



105*
home &
community
based
services
locations



13
Long term
acute care
hospitals
locations



27
other service
locations



809
total
locations



350
leading
hospital
JV partners



35
states and
District of
Columbia



* The number of locations for HCBS has been updated to not only include the physical standalone locations but also the locations that are part of a home health provider.

Proven Value Creator on Accelerated Growth Path

Today's Industry Vastly Different than 10 Years Ago

- ✓ Home health in front of industry tailwinds with transition to value-based reimbursement and visibility on the reimbursement landscape
- ✓ Preferred setting for lower cost-of-care and higher quality = improved value proposition

Unique Assets and Unique Positioning

- ✓ Comprehensive in-home healthcare solution on a national scale and proven leading partner for hospitals and health systems
- ✓ ACO management, managed care initiatives and favorable regulatory environment for partnerships complement leadership in clinical quality

Accelerated Growth with Multiple Levers

- ✓ Organic growth fed by industry-leading quality, co-location strategy, market share gains and sequential post-integration improvement at Almost Family
- ✓ Continued momentum of growth from existing and potential JV partners and acquisitions fueled by strong balance sheet

Historic Consolidation Opportunity

- ✓ PDGM and elimination of RAP payments expected to result in closure of 30% of smaller competitors beginning in 2020
- ✓ Proven track record of leveraging national scale to capture organic market share and executing M&A strategy to accelerate inorganic growth

In-Home Healthcare – What a Difference A Decade Makes

Then

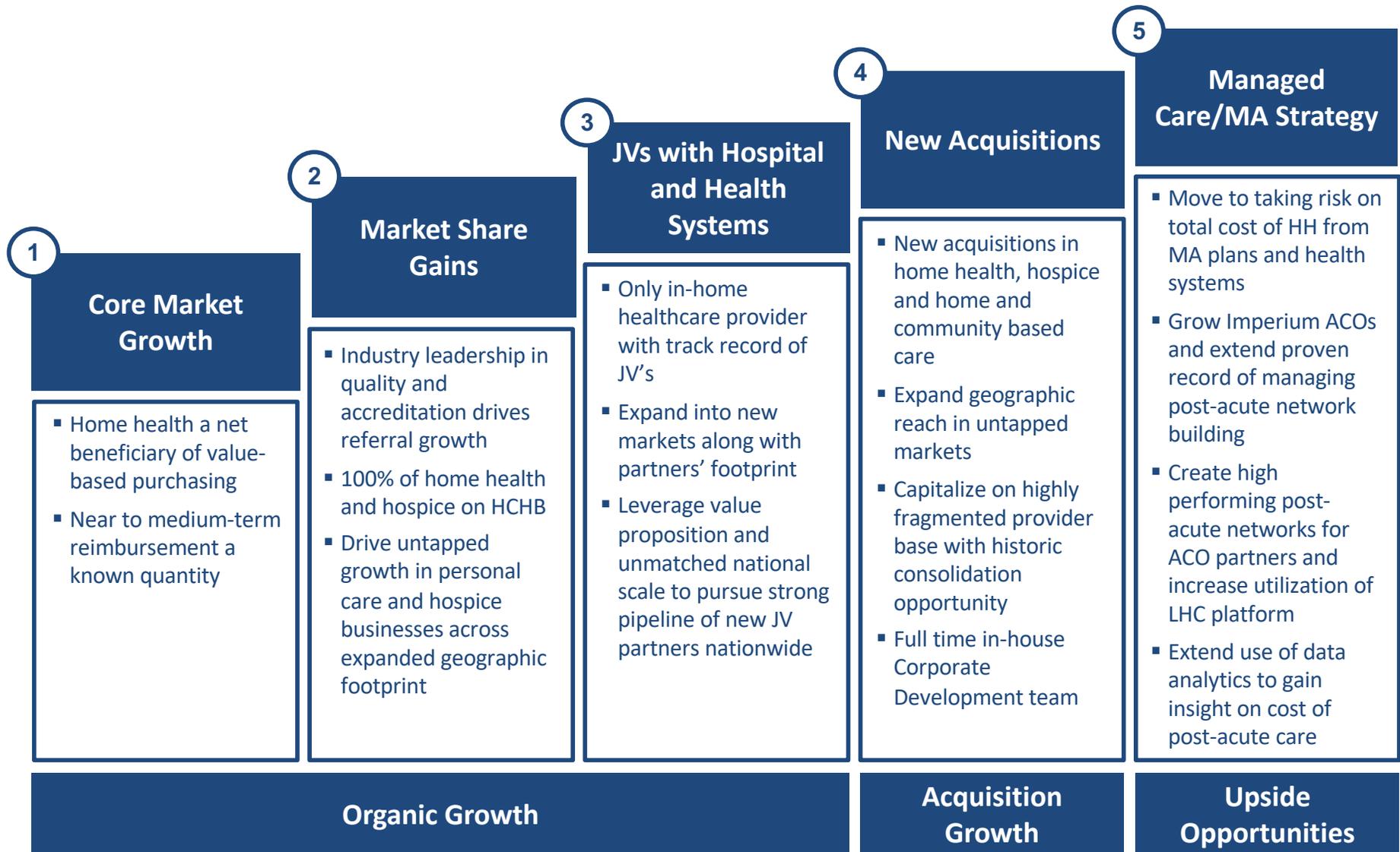
- **Annual target for rate cuts by CMS:** new case-mix model, changes to therapy thresholds and lapse of rural add-on
- **FFS incentivized facility-based care** and fueled growth of SNF industry
- **Home Health did not have an equal seat** at the table with payers and policy makers
- **Quality scores did not exist** for home health
- **Little, if any, managed care penetration** in home health

In-Home Healthcare – Most Appropriate and Cost-Effective Care Setting

Now

- **65+** population in U.S. **expected to nearly double** by 2060 to **95 million**, share of the total population to **rise to 23 percent** and **all boomers 65+ by 2030**
- **Stable to increasing** reimbursement rates
- Government committed to **increasing utilization and** providing a **permanent seat** at the table as the **lowest cost care setting**
- **Transition to valued-based reimbursement** and highly coordinated care greatly benefits in home care
- Risk bearing entities are **looking to us for post acute cost and care management**
- **Quality scores** are driving strong organic growth, higher reimbursement tied to those scores, bonus payments and market share gains

Multiple Growth Levers



Historic Market Share and Consolidation Opportunity

- **Top five** home health providers **represent only 20%** of the current market
- Recent PDGM ruling is **more favorable than anticipated** and will create a **historic market consolidation opportunity** in 2020 and beyond
- **Approximately 30%** of home health providers **expected to close** beginning in **2020** due to RAP elimination
- **Incremental contributions** from recent joint ventures and other acquisitions set the stage for **additional market share gains**
- **Industry leading** quality and patient satisfaction scores **create differentiation** in each market for referral sources
- Recent regulatory and reimbursement **changes should accelerate** hospital and health systems **needs for experienced partner**

Focus for 2020

- ✓ Successful execution of our PDGM clinical pathway and efficiency plan
- ✓ Continue to lead the industry in quality and patient satisfaction scores
- ✓ Maintain disciplined capital allocation with new joint ventures and other M&A activity
- ✓ Accelerate plans for unlocking untapped potential of co-location strategy
- ✓ Maximize value of Healthcare Innovations segment
- ✓ Drive market share growth through incremental contributions from recent acquisitions, differentiation in clinical quality and capitalizing on historic disruption expected from recent regulations causing significant industry consolidation and closures of smaller agencies
- ✓ Continue our focus as an industry leader in key areas around employee recruitment and retention including vacancy rate and voluntary turnover along with employee satisfaction and employee engagement

INDUSTRY-LEADING QUALITY AND PATIENT SATISFACTION

Quality	Oct 2019 LHC Group Actual	Oct 2019 National Average	July 2019 LHC Group Actual	July 2019 National Average
LHC Group	4.65	3.28	4.65	3.27
Almost Family	3.82	3.28	3.78	3.27
Combined	4.30	3.28	4.27	3.27

97% of LHC Group same-store locations have CMS 4 stars or greater for quality



Patient Satisfaction	Oct 2019 LHC Group Actual	Oct 2019 National Average	July 2019 LHC Group Actual	July 2019 National Average
LHC Group	4.41	3.72	4.26	3.64
Almost Family	3.86	3.72	3.72	3.64
Combined	4.19	3.72	4.05	3.64

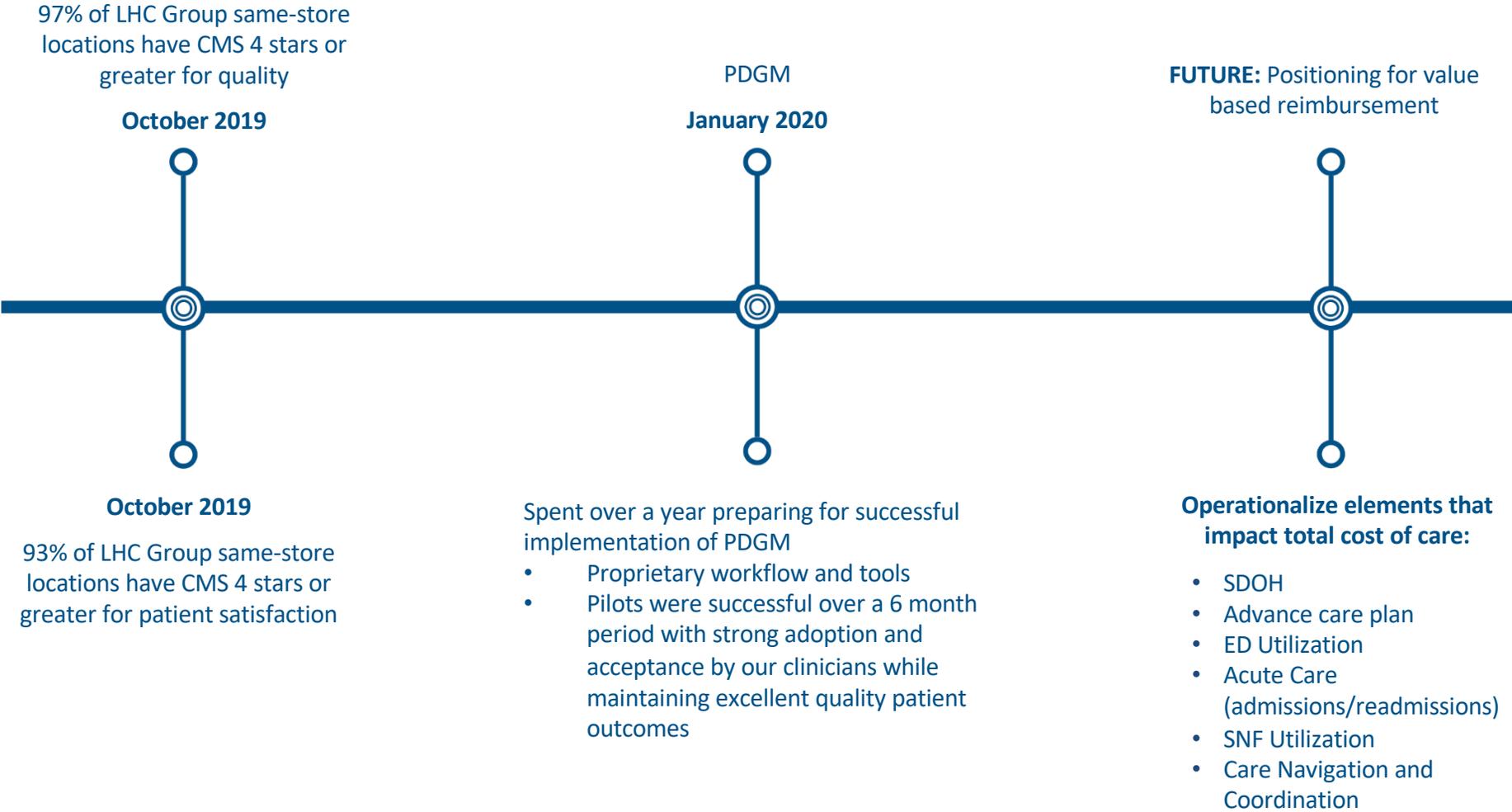
93% of LHC Group same-store locations have CMS 4 stars or greater for patient satisfaction



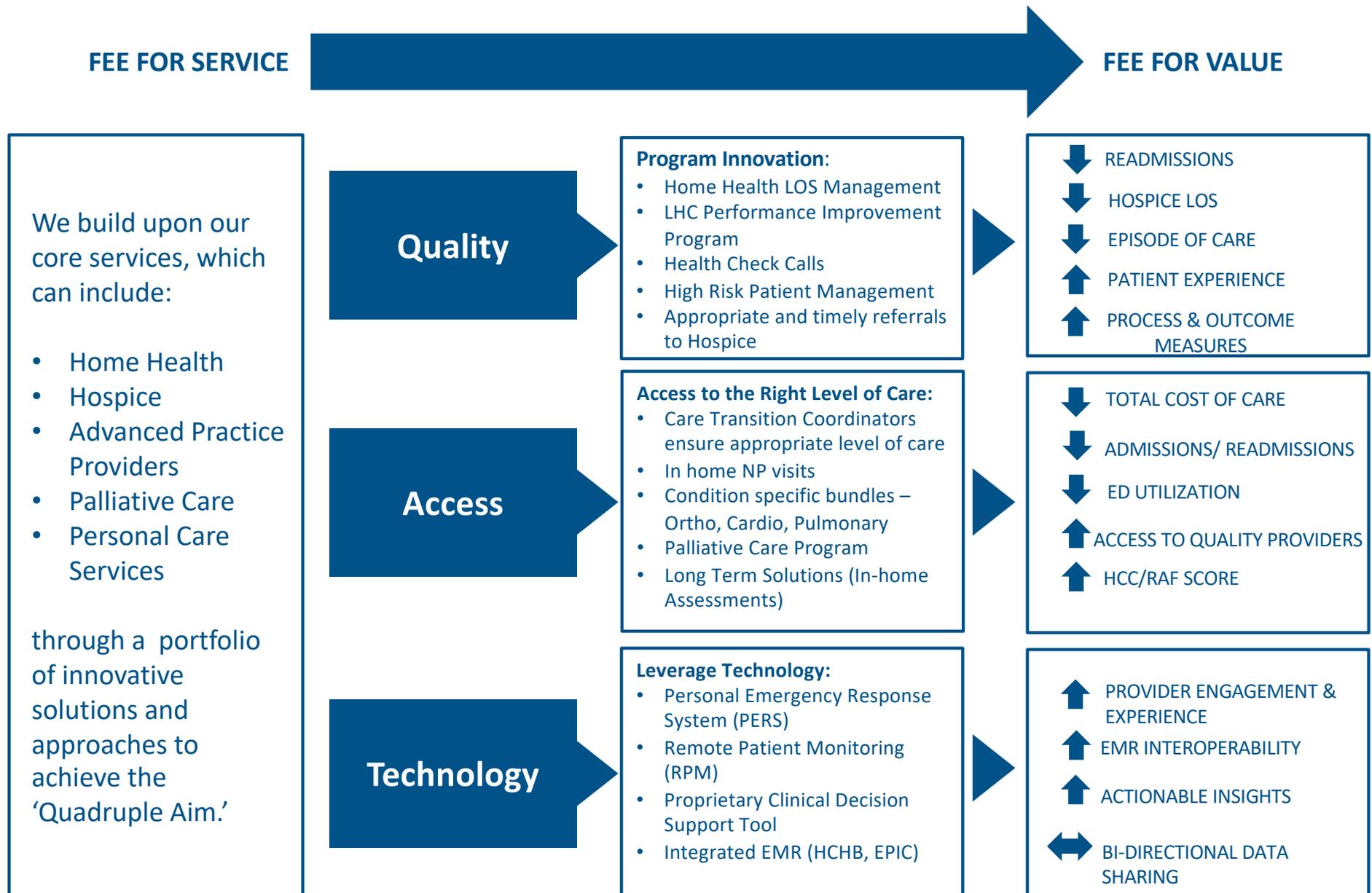
- The quality star ratings of AFAM agencies was up to 3.82 in the CMS October release, compared with 3.62 at the time of the merger. 60% of AFAM agencies are now 4 stars or greater compared to 47% at the time of merger.
- 100% of LHC Group agencies are Joint Commission accredited or are seeking accreditation
- Fewer than 15% of all home care agencies nationwide earn Joint Commission accreditation



LHC GROUP: STANDARDIZE PERFORMANCE EXCELLENCE

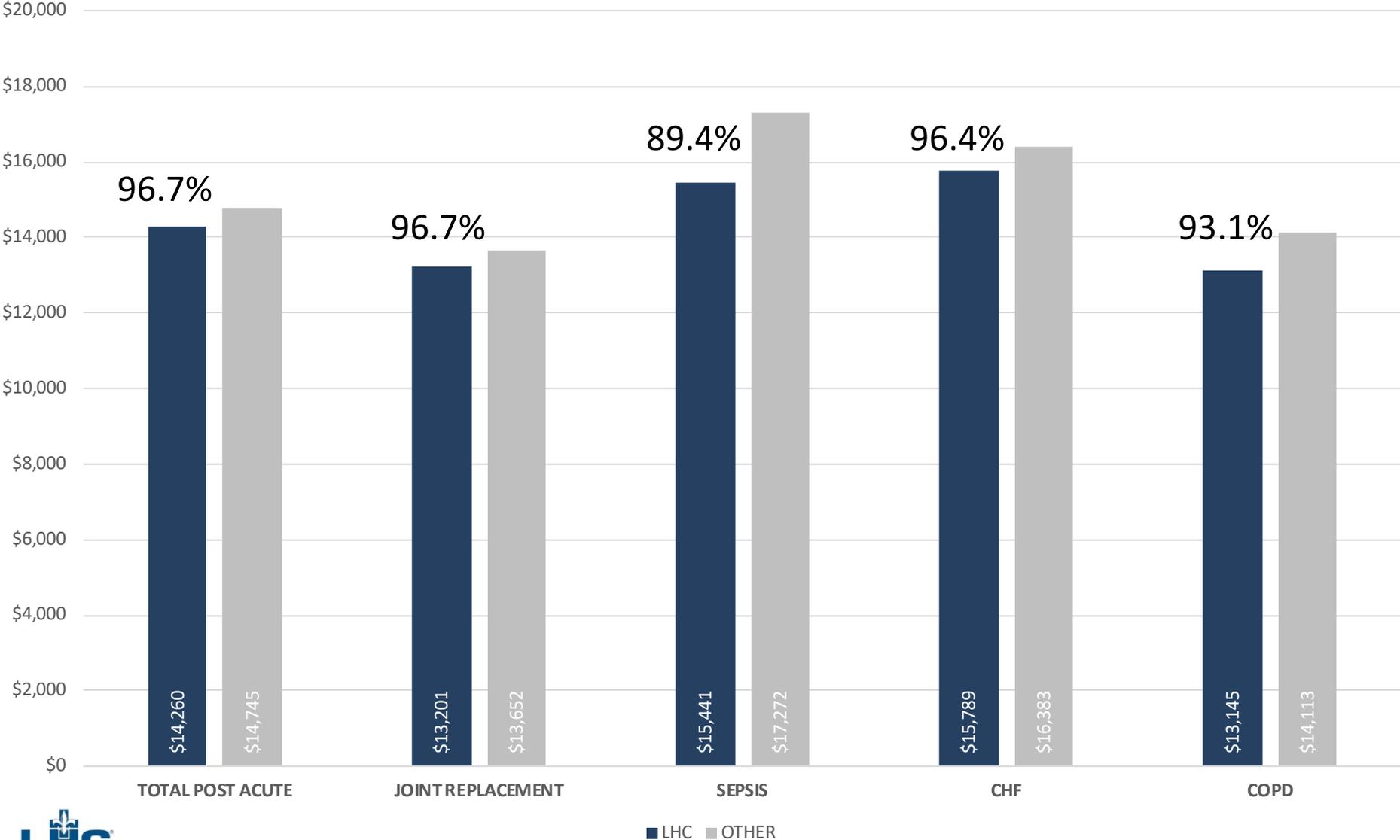


LHC GROUP PROGRESSION TOWARDS VALUE BASED CARE



LHC vs OTHER HHA: 180 DAY TOTAL COST OF CARE FROM ALL SETTINGS

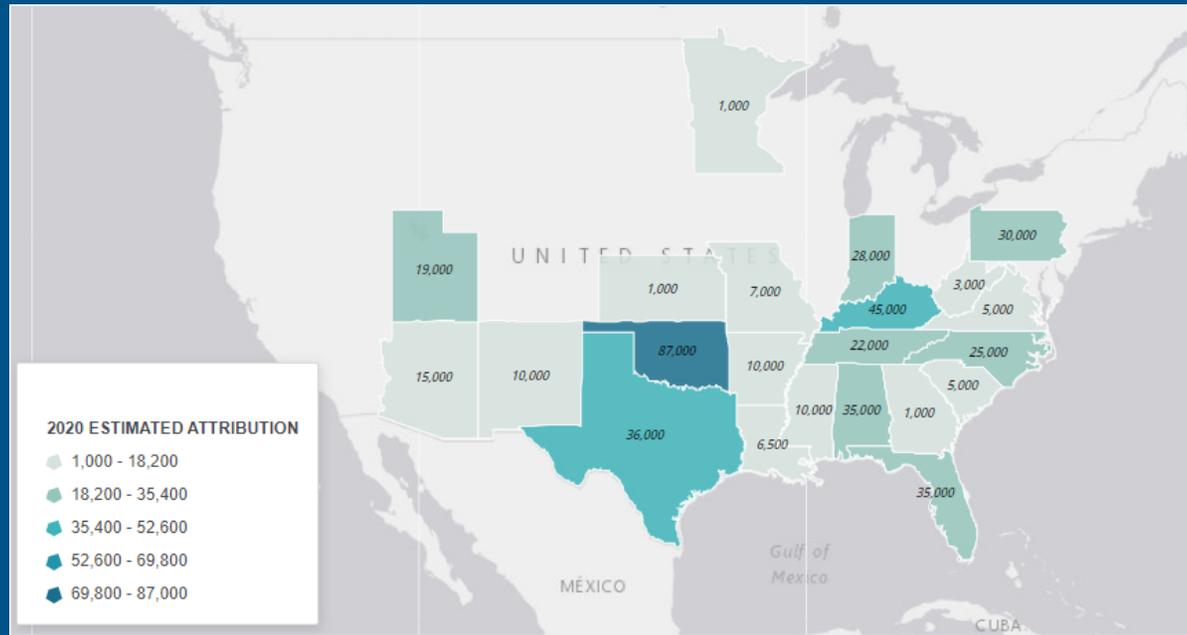
NATIONAL Average 180 Day Adjusted Cost of Care per Beneficiary



Data Source: CMS Medicare Fee For Service claims database, HH episodes from 2016-2018.

IMPERIUM HEALTH SUMMARY

Imperium ACO Attributed Beneficiaries by State



- One of the largest national and most successful Medicare Shared Savings Program ACO
- End-to-end ACO/CIN partner for providers and health systems
- Manages 25 Medicare, Commercial, and Medical Advantage ACO/CIN
- Outperforms high revenue ACO* on shared savings

	Percentage of ACOs Earning Shared Savings	Earned Shared Savings per Patient	Total Benchmark Savings per Patient
Imperium	33.3%	\$74.12	\$119.20
All MSSP	28.4%	\$62.12	\$89.23

* An ACO is considered 'high revenue' if it captures 35% or more of the Medicare Part A and Part B expenditures of its attributed patients.

Debt and Liquidity Metrics

Outstanding Debt <i>(amounts in thousands)</i>	As of Sept 30, 2019	Credit Facility <i>(amounts in thousands)</i>	As of Sept 30, 2019
Total Debt – Balance Sheet	\$232,000	Revolver Size	\$500,000
Less: Cash	\$29,302	Less: Outstanding Revolver	\$232,000
Net Debt	\$202,698	Less: Letters of Credit	<u>\$22,300</u>
Net debt to estimated 2019 adjusted EBITDA ratio	0.93x	Available Revolver	\$245,700
		Plus: Cash	\$29,302
		Plus: Accordion	<u>\$200,000</u>
		Total Liquidity	\$475,002

Cash Flow <i>(amounts in thousands)</i>	As of Sept 30, 2019
Free Cash Flow (9 Months Ended)	\$75,372
+ Cash adjustments to Q3 2019 EBITDA	33,227
= Adjusted Free Cash Flow (9 Months Ended)	\$108,599
DSO's	50 days



It's all about helping people.