

9th Annual Investor Summit

December 15, 2016



Welcome to our 9th Annual Investor Summit

Dana Quattrochi
Investor Relations



- 1 Opening & Closing Remarks**
Jonathan Bush, Chairman & Chief Executive Officer
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Karl Stubelis, Chief Financial Officer
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- 5 The Network is the Growth Engine for the Future**
Jonathan Porter, Network Services
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Prakash Khot, Chief Technology Officer
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Stephen Kahane, M.D., M.S., Client Organization

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In our earnings releases, conference calls, slide presentations, or webcasts, we may use or discuss non-GAAP financial measures as defined by Regulation G. The GAAP financial measure most directly comparable to each non-GAAP financial measure used or discussed, and a reconciliation of the differences between each non-GAAP financial measure and the comparable GAAP financial measure, is available within this presentation and within our public filings with the Securities and Exchange Commission, available on the Investors section of our website at <http://www.athenahealth.com>.



Opening Remarks

Jonathan Bush
Chairman & CEO





*"the network
is the computer"*

Year-end 2015

75K

Providers on
the network

74M

Patient
records

38M

Patient records
used*

124M

Patient visits

4.3M

Patients visited
more than one
athena provider

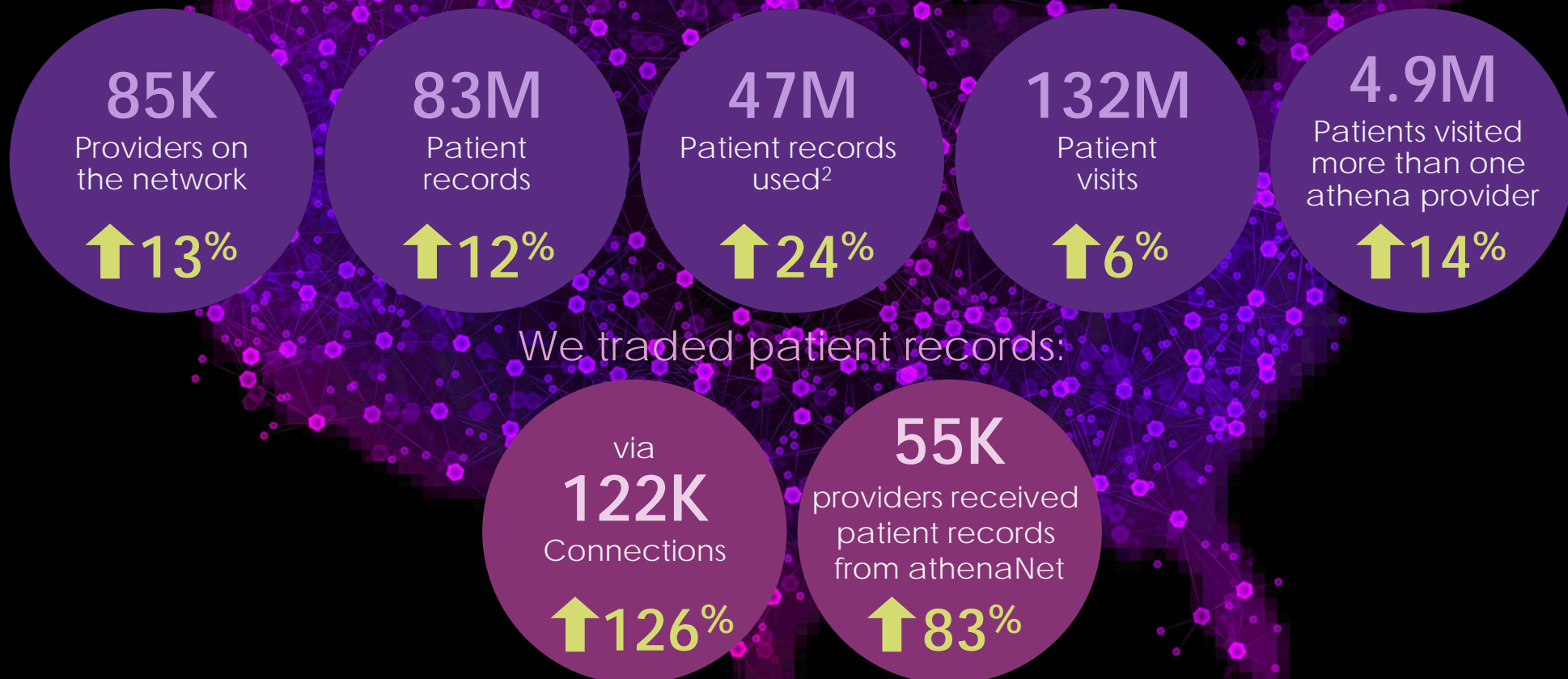
We traded patient records:

via
54K
connections

30K
providers received
patient records
from athenaNet

* Represents the number of unique patient records (claim or encounter) over the last 18 months

Year-to-date 2016¹



¹athenahealth data as of Q3 2016 or the nine month period from Q1 2016 to Q3 2016

²Represents the number of unique patient records (claim or encounter) over the last 18 months



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Care Plan

Goals & Tasks Assessments (2 unread)

Lose weight to reduce cardiac strain Review due 5-30-2015 High Priority

Start date	2-15-2015	Review frequency	Weekly	Target date	6-1-2015
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Patient Tasks [ADD PATIENT TASK](#)

Record your weight (lbs)

Every Monday

Active ▾
5-2-2015

TAG HIGH PRIORITY MOVE TO ... TIMING ...

1000

POPULATION HEALTH 2.0

Utilization

2-2015 3-2015 4-2015 5-2015 6-2015 7-2015 8-2015 9-2015

Go for a 30 min walk

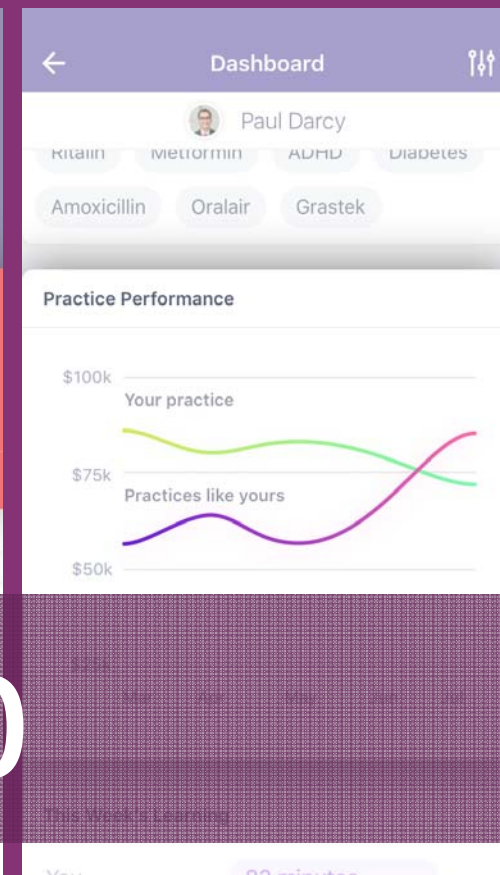
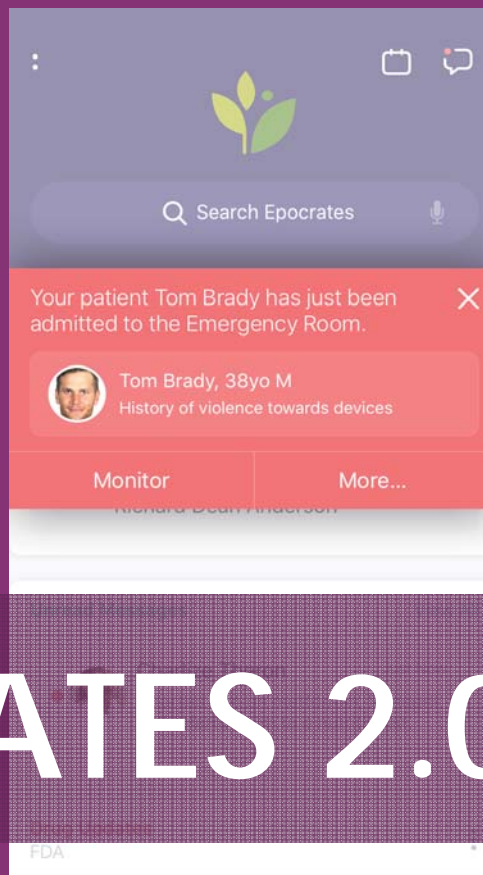
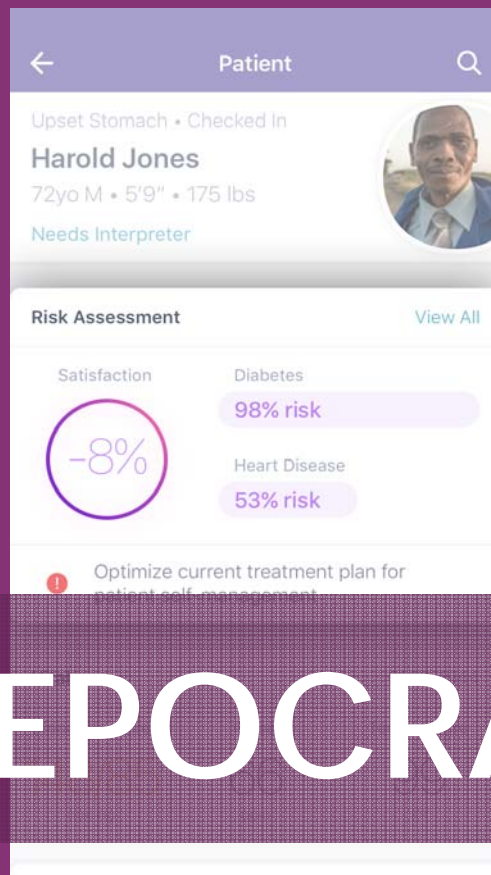
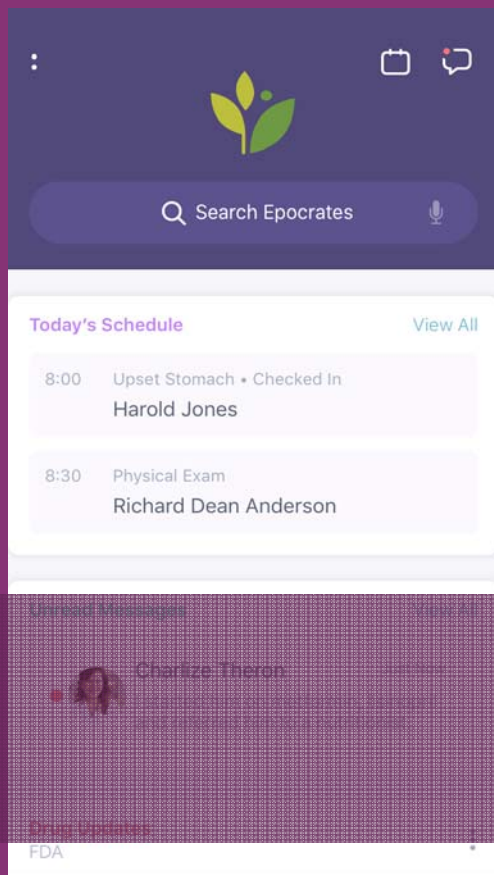
Every day

Active ▾
5-2-2015

Read labels for calories, sugars, carbohydrates, and fats

Every day

Active ▾
5-2-2015



EPOCRATES 2.0



HOSPITAL EXPANSION

92

hospitals contracted

35

live on athenaOne

9

development partners



NEW CONNECTIONS

Record sharing with
1,429 Cerner clients

Record sharing with
152 Epic clients

140,096
Network Endpoints

Get Meaningful Use

NATIONAL
AVERAGE
33%

Avoid PQRS Penalties

NATIONAL
AVERAGE
60%

Get Shared Savings

NATIONWIDE
OF ALL ACOS
29%

GOVERNMENT PROGRAMS

ATHENAHEALTH
CLIENTS

98.2%

ATHENAHEALTH
CLIENTS

93.6%

ATHENAHEALTH
ACO CLIENTS

73%

Government mandates are evaporating and becoming less significant.

“2016 will be an enormous and pivotal year for progress and it’s starting off with a bang”

–Andy Slavitt, Acting CMS Administrator
January 2016





‘On day one of the Trump Administration, we will ask Congress to immediately deliver a full repeal of Obamacare.’

– *Healthcare Reform page, donaldjtrump.com*



1

In the absence of government mandates, we will focus on **deepening our services**.

2

We will help our clients grow their **market share**.

3

We will continue to **create network-effect**.

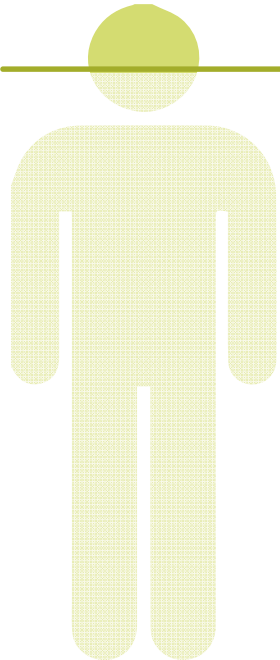
We take a lot of work off their plates... but we'll need to take more in 2017.

2016

Client work

athena work

0.8 FTE savings



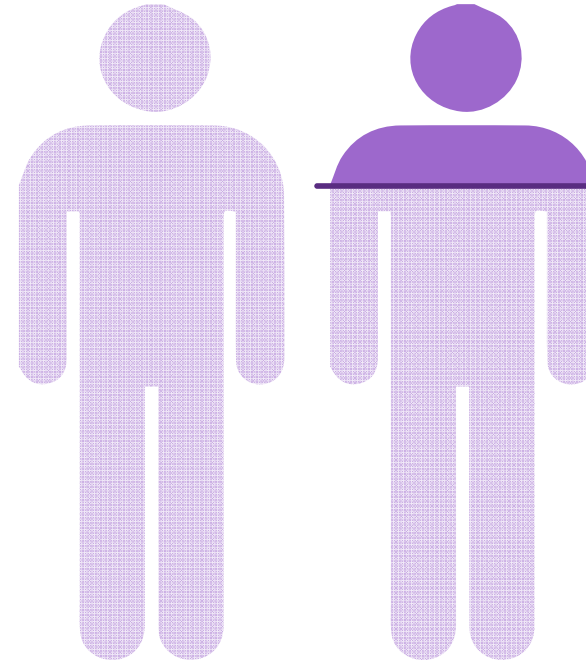
- Improve BPO quality
- Reduce duplicate faxes
- Real-time medication benefit checking
- Auto-label documents
- Improved scanning workflow
- Improved EDI rate
- Increase % of outbound orders that get a result
- Auto-close certain lab results
- Improve Rx Renewal workflows
- Reduce number of physician authorizations required
- Follow-up on unreadable faxes

2017

Client work

athena work

1.8 FTE savings

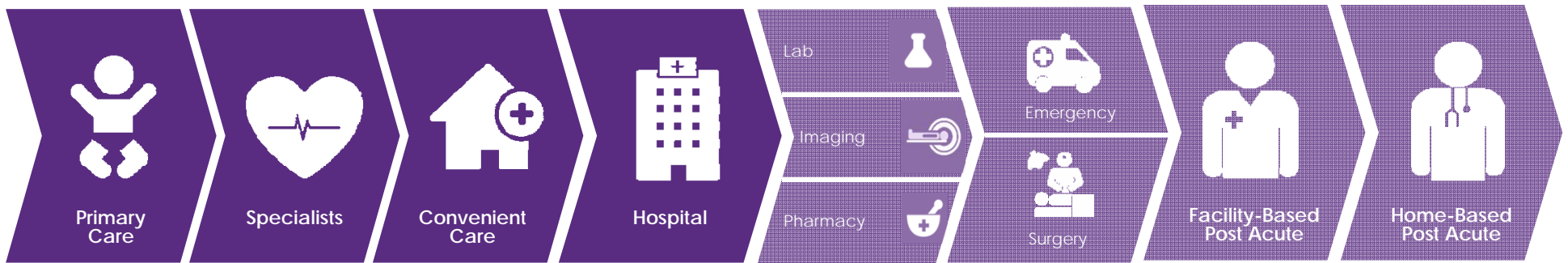


- 0.2 Front Office FTE savings
- 0.5 Clinical Support FTE savings
- 0.3 Billing Support FTE savings

We will reuse more data-assets across more points of care.

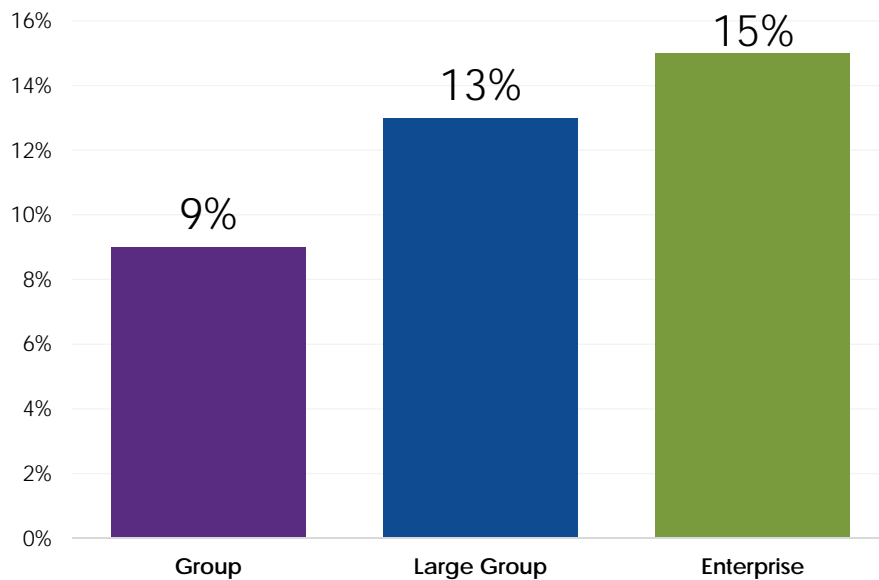
Our strategy:

The full continuum of care

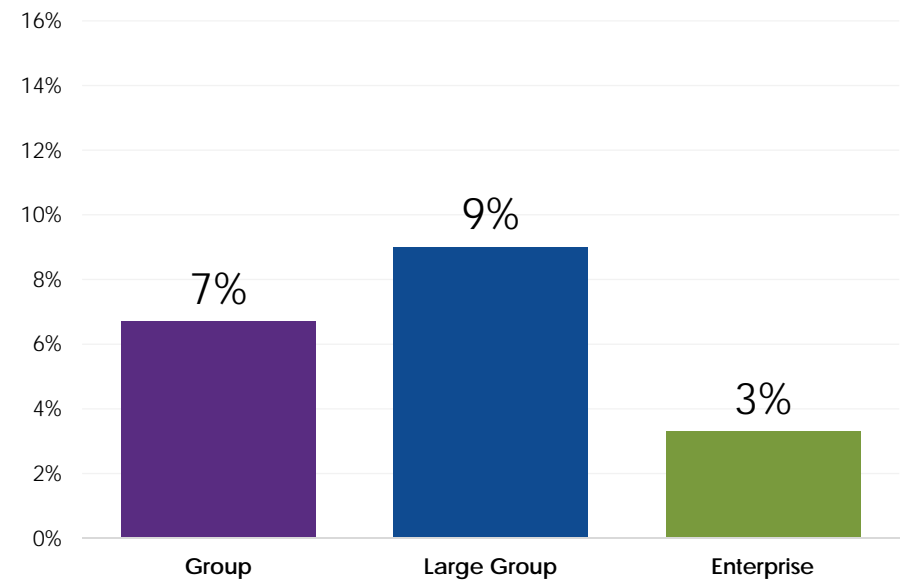


We also need to grow our clients' market share.

Total Collections Growth



Same-Store¹ Collections Growth



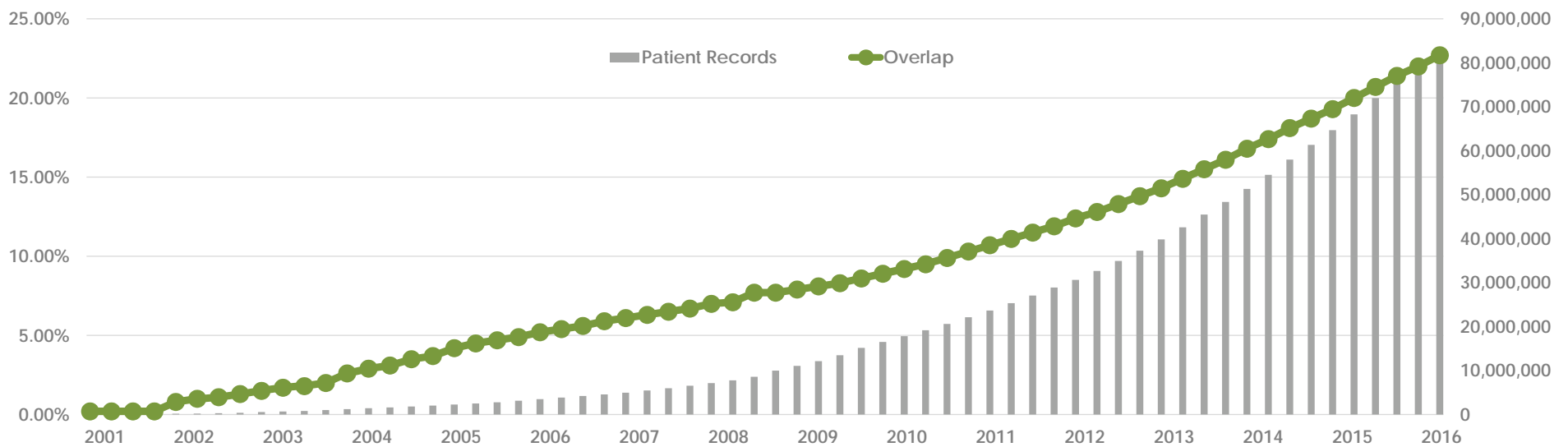
¹ Average collections growth of departments live at beginning of measurement period.
SAMPLE: all Group, Large Group and Enterprise clients

So we will go to the Cloud and find new patients.



And, finally, we will continue to create network-effect.

Patient Overlap by Quarter



- Patient Overlap = % of patient records for which the patient is present in multiple contexts
- Unique patient is identified by DOB, First Initial, Last Name, Sex
- Each data point represents set of patient records in athenaNet on first day of that Quarter





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LIVE

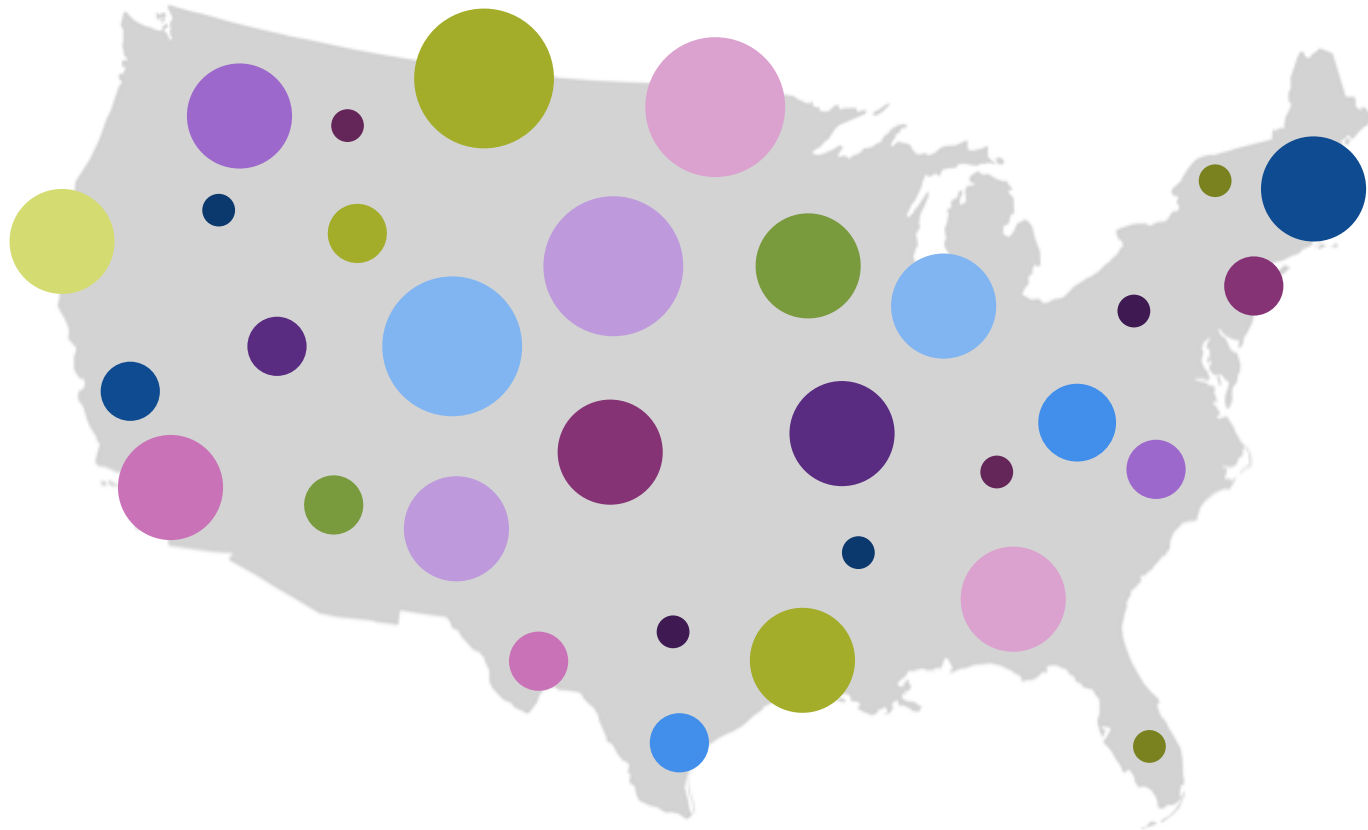


\$400M-\$450M

Business Model and Financial Guidance

Karl Stubelis
Chief Financial Officer





The **largest network** in healthcare



NETWORK

Providers

85K
total providers
22K
primary care providers
323K
active Epocrates MD
users

Connections

5B+
electronic transactions per year
296K
total interfaces
140K
total endpoints on athenaNet

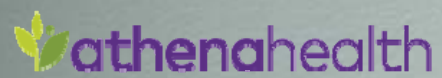
Patients

83.4M
patient records
1 in 10
Americans seen by athenahealth
providers each year
142M
patient visits per year

Claims

\$22B
collections posted per year
166M
claims submitted per year
13M
paper claims processed per year

Source: athenahealth data as of Q3 2016 or TTM (Q4 2015 – Q3 2016)



VISION

To build the information backbone that helps healthcare work as it should.

MISSION

To be healthcare providers' most trusted service, helping them do well by doing the right thing.

We continue to focus our work on critical corporate goals during fiscal year 2017

athenaNation



- Implement athena core values
- Complete DRI implementation at least at Sr. Manager and above
- Complete our Agile transformation

athenaNet



- Weekly useful message to each user of our network (athenaNet Social Feed)
- Live and breathe "Product Market Fit"
- Launch at least one new adjacent market
- Mainstream hospital services
- Prove Network Services as an engine for athenaNet adoption

We continue to measure our performance using a balanced corporate scorecard

Stability

(10% weight)

- Voluntary Turnover
- New Hires Leaving in 12 Months
- Employee Engagement

Performance

(40% weight)

- Service Performance Index

Satisfaction

(15% weight)

- Client Net Promoter Score
- Inbound Contacts Per Provider Per Month

Financial

(35% weight)

- Bookings
- Non-GAAP Adj. Operating Income Growth

We have a consistent track record of growth and profitability as we build out the healthcare internet

1

Our strategies target massive, untapped addressable market opportunities

2

Our success is aligned with our clients' long-term success

3

Our focused investments fuel future growth, profitability, and cash flow

We have a consistent track record of growth and profitability as we build out the healthcare internet

1

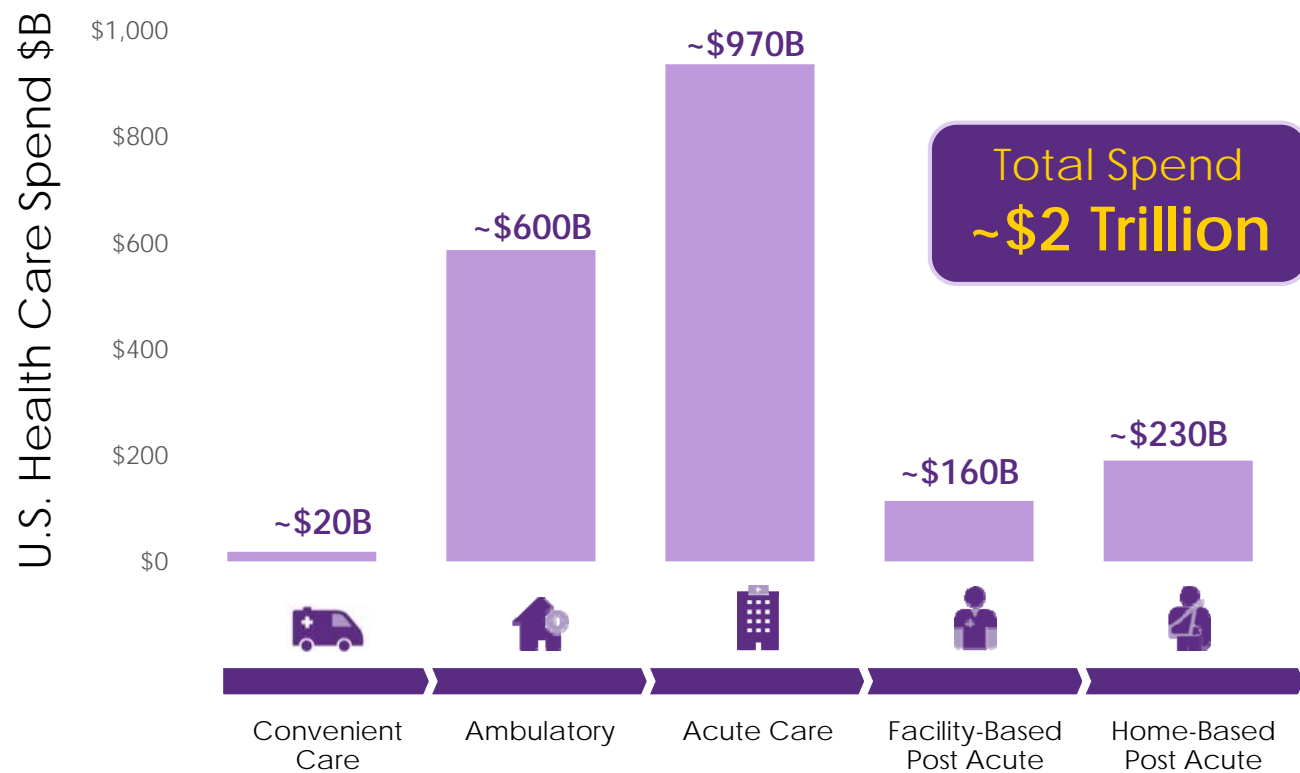
Our strategies target massive, untapped addressable market opportunities

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Our focused investments fuel future growth, profitability, and cash flow



Post-Acute Care: Facility-based settings, including SNFs and CCRCs

Home: Home-based settings, including home health, residential and personal care services

Sources: Centers for Medicare & Medicaid Services, National Health Expenditures Highlights, 2014; athenahealth data.

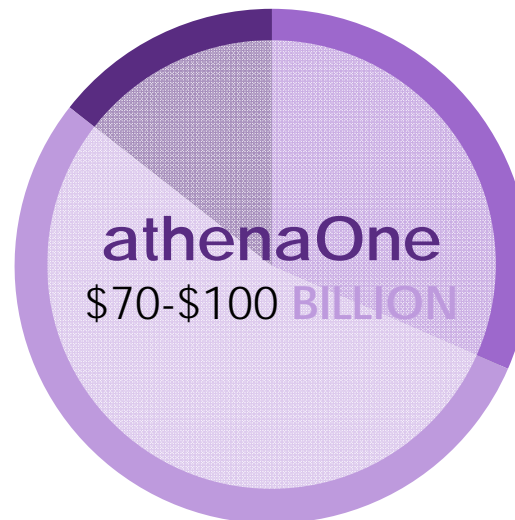
We believe our total addressable market is massive and growing

Roadmap to Support Full Continuum of Care

Ambulatory Market
\$30-35 Billion¹

Acute Care Services
\$30-50 Billion¹

Facility-Based & Home-Based Post Acute
\$10-15 Billion²



¹ Calculated by multiplying athenahealth's average billing rate of each service offering by ~\$970B Hospital Expenditures and ~\$600B Physician & Clinical Services, Centers for Medicare & Medicaid Services, National Health Expenditures Highlights, 2014.

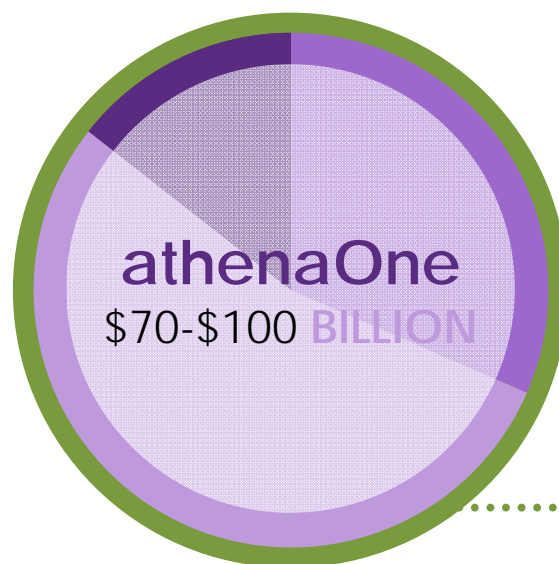
² Calculated by multiplying athenahealth's average billing rate of each service offering by ~\$160B Post-Acute Market Expenditures, Centers for Medicare & Medicaid Services, National Health Expenditures Highlights, 2014; athenahealth data.

² Calculated by multiplying athenahealth's average billing rate of each service offering by ~\$230B Home Health Expenditures, Centers for Medicare & Medicaid Services, National Health Expenditures Highlights, 2014; athenahealth data.



We believe our total addressable market is massive and growing

And even larger when you layer on our Network Services, like **Population Health**



.....● **Population Health**
\$30-40 **BILLION**¹

¹ HIT Consultant, "Population Health Management Market to Reach \$40.6 Billion by 2018", 4/22/2014; athenahealth data.

We have a consistent track record of growth and profitability as we build out the healthcare internet

1

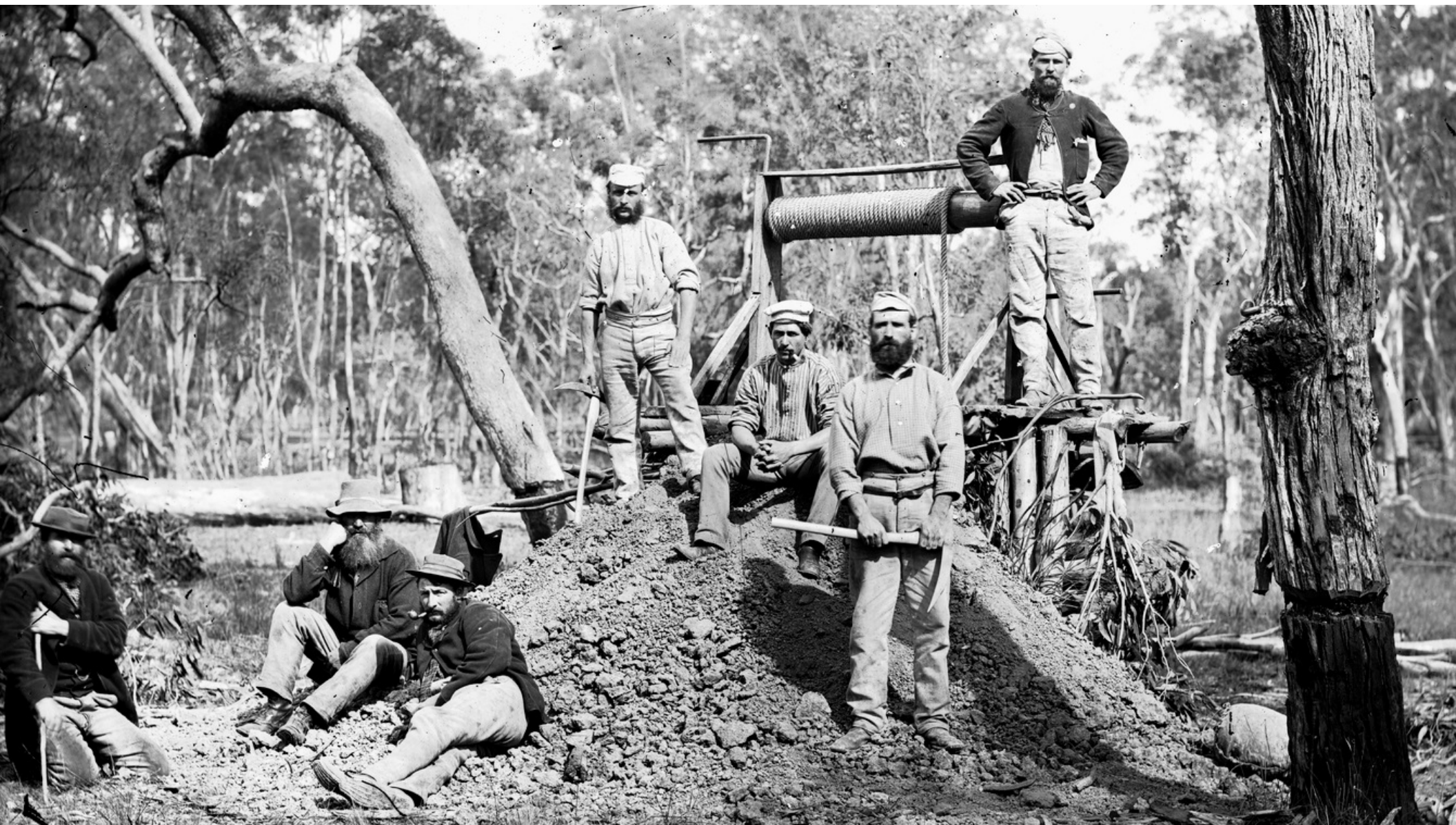
Our strategies target massive, untapped addressable market opportunities

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Our success is aligned with our clients' long-term success

3

Our focused investments fuel future growth, profitability, and cash flow



We've been successful at performing against everything the government has thrown at us.

Get Meaningful Use

NATIONAL
AVERAGE

33%

ATHENAHEALTH
CLIENTS

98.2%

Avoid PQRS Penalties

NATIONAL
AVERAGE

60%

ATHENAHEALTH
CLIENTS

93.6%

Get Shared Savings

NATIONWIDE
OF ALL ACOS

29%

ATHENAHEALTH
ACO CLIENTS

73%

Post Meaningful Use, we co-source with our clients to reduce unnecessary work

Total work

Client work

athenahealth work

We have a consistent track record of growth and profitability as we build out the healthcare internet

1

Our strategies target massive, untapped addressable market opportunities

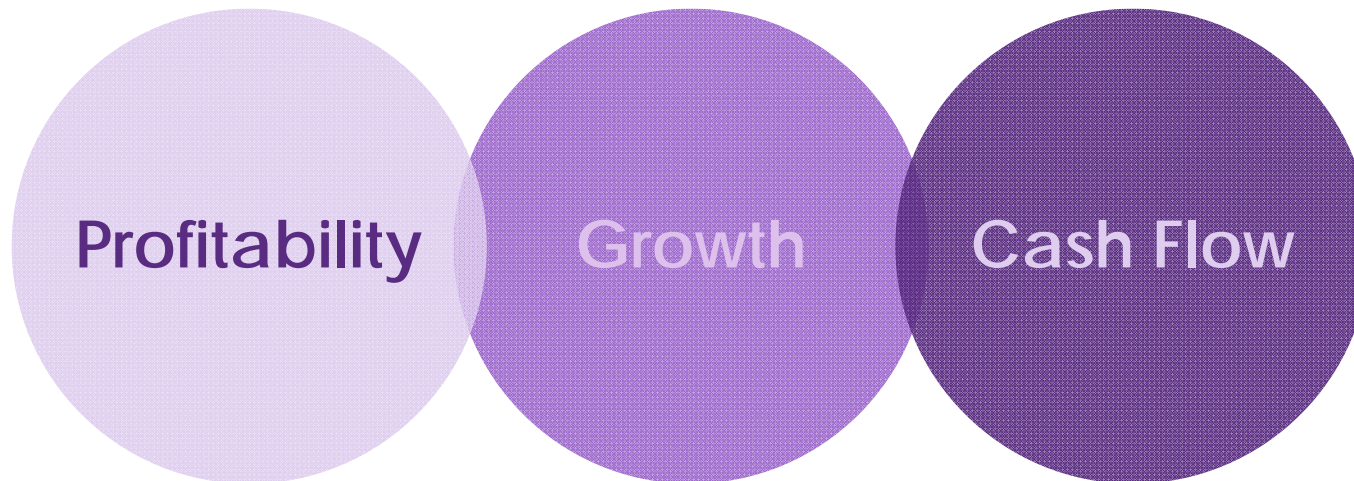
2

Our success is aligned with our clients' long-term success

3

Our focused investments fuel future growth, profitability, and cash flow

We remain focused on profitable growth and generating cash



BACK TO SCHOOL: BOOKINGS 101

What is athena's definition of a booking?

The sum of the expected annualized recurring revenue from athenahealth-branded services and the contracted value from Epocrates-branded services; net of any charge backs

- Bookings exclude one-time fees (e.g., consulting, training, go-live support, implementation fees)
- Contracts for athenahealth-branded services are typically one-year auto renewals
- Contracts often include a contractual commitment to go live within six months or forfeit a modest deposit fee

Other things to know:

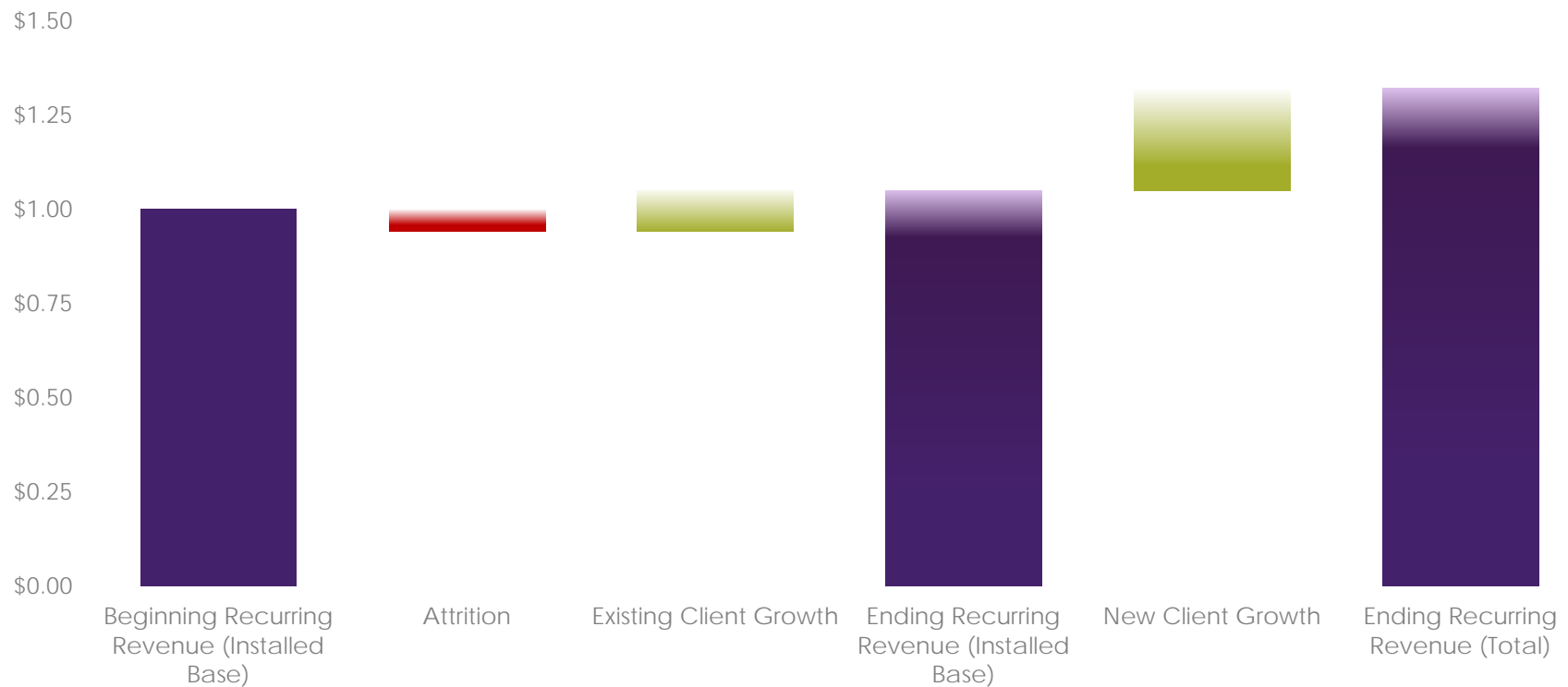
FIRST, bookings values are estimated based on data provided by clients

SECOND, bookings are reported net of any charge backs

THIRD, timeline to convert bookings to revenue varies by sales segment and service offering

FOURTH, we adjust pricing based on actual versus estimated performance on our network

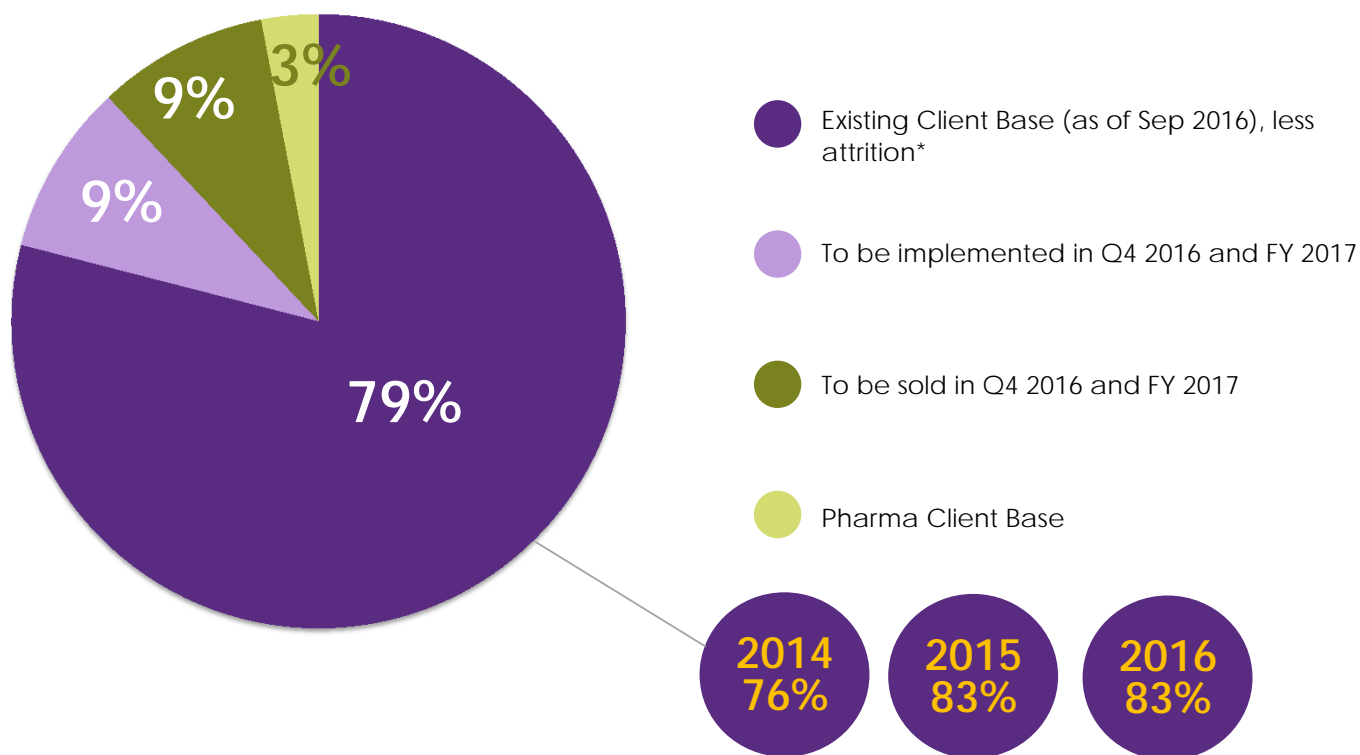
We generate growth from both new and existing clients



Note: Business model simplified for illustration purposes

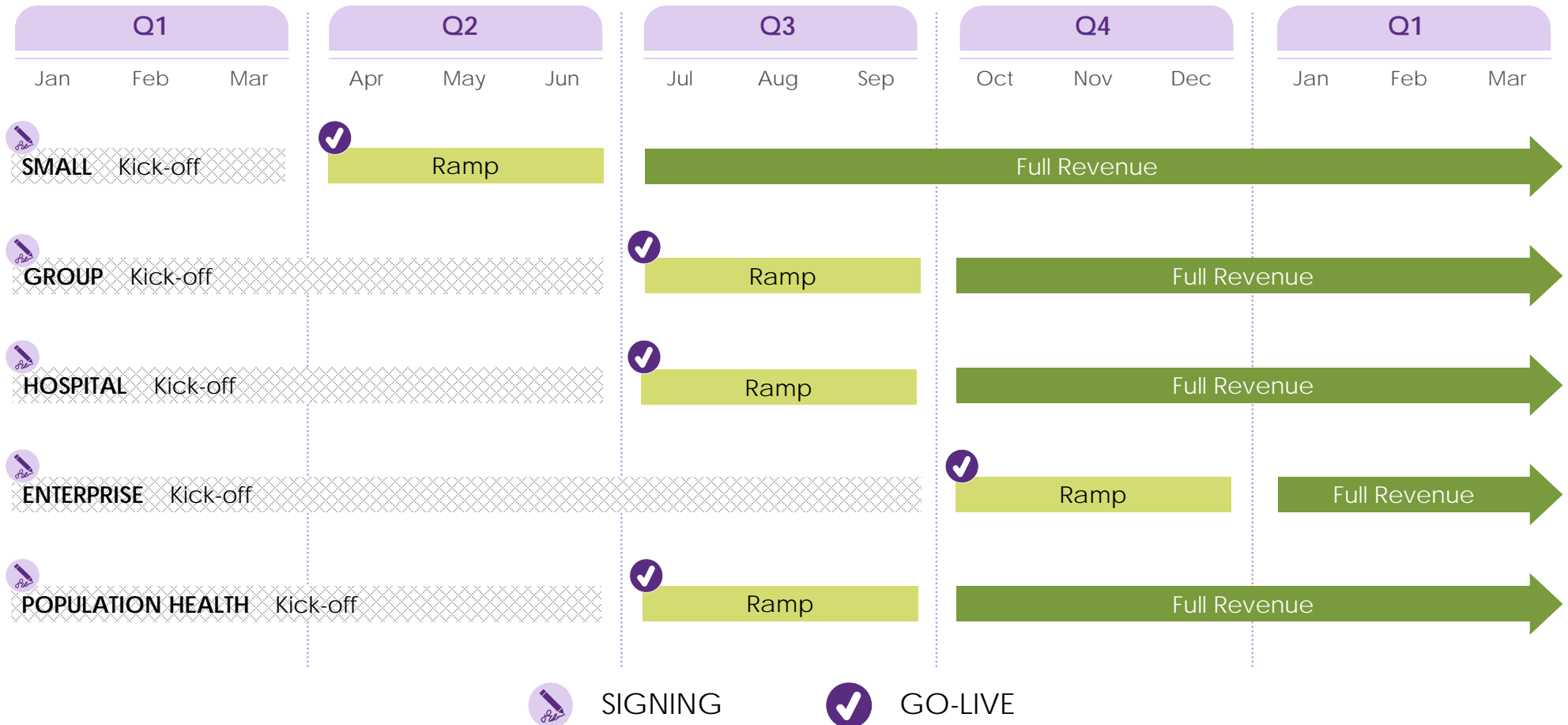
We continue to enjoy strong revenue visibility into next year

2017 Revenue Budget



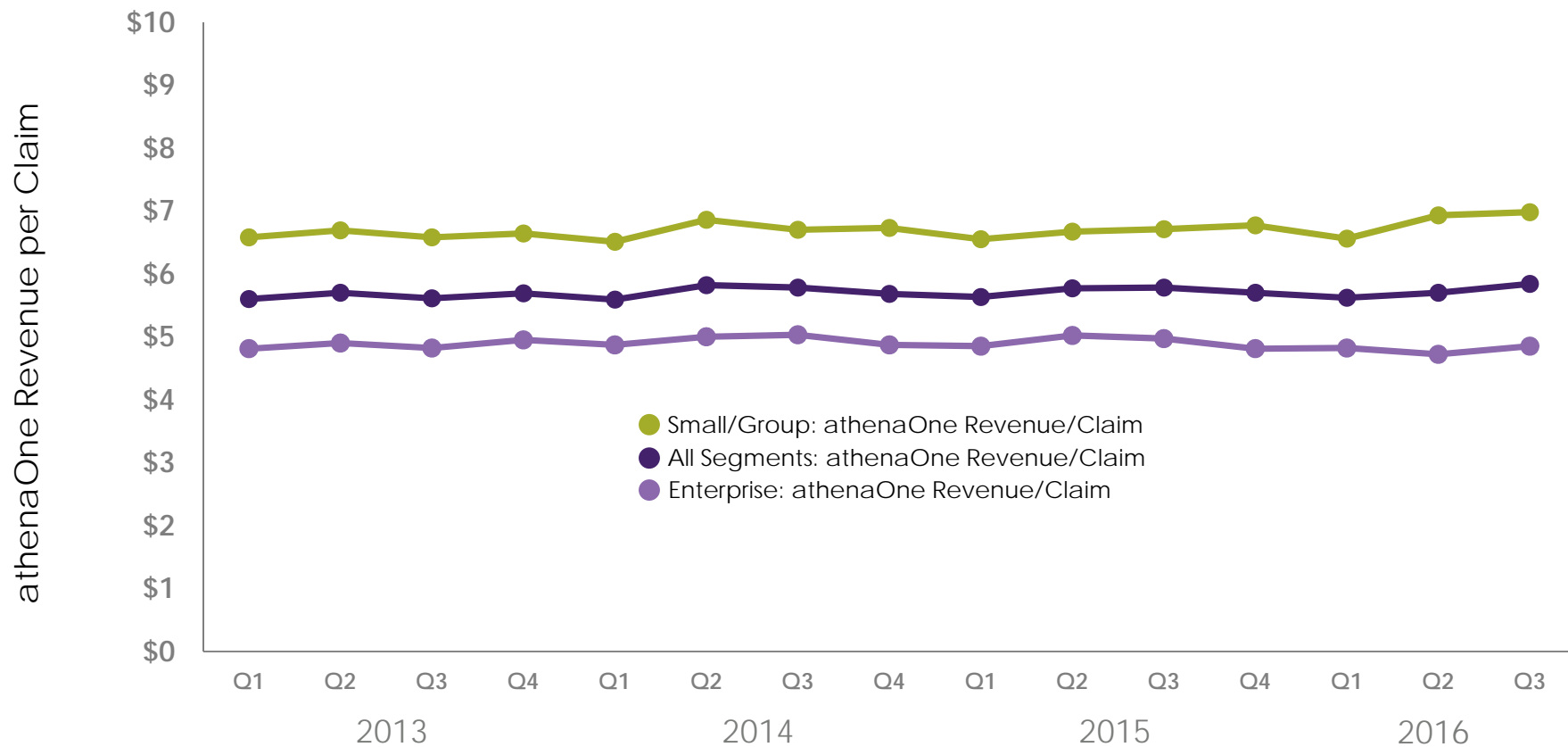
*Includes Epocrates subscription revenue and third-party tenant revenue

While bookings-to-revenue varies by segment, we continue to compress the process over time

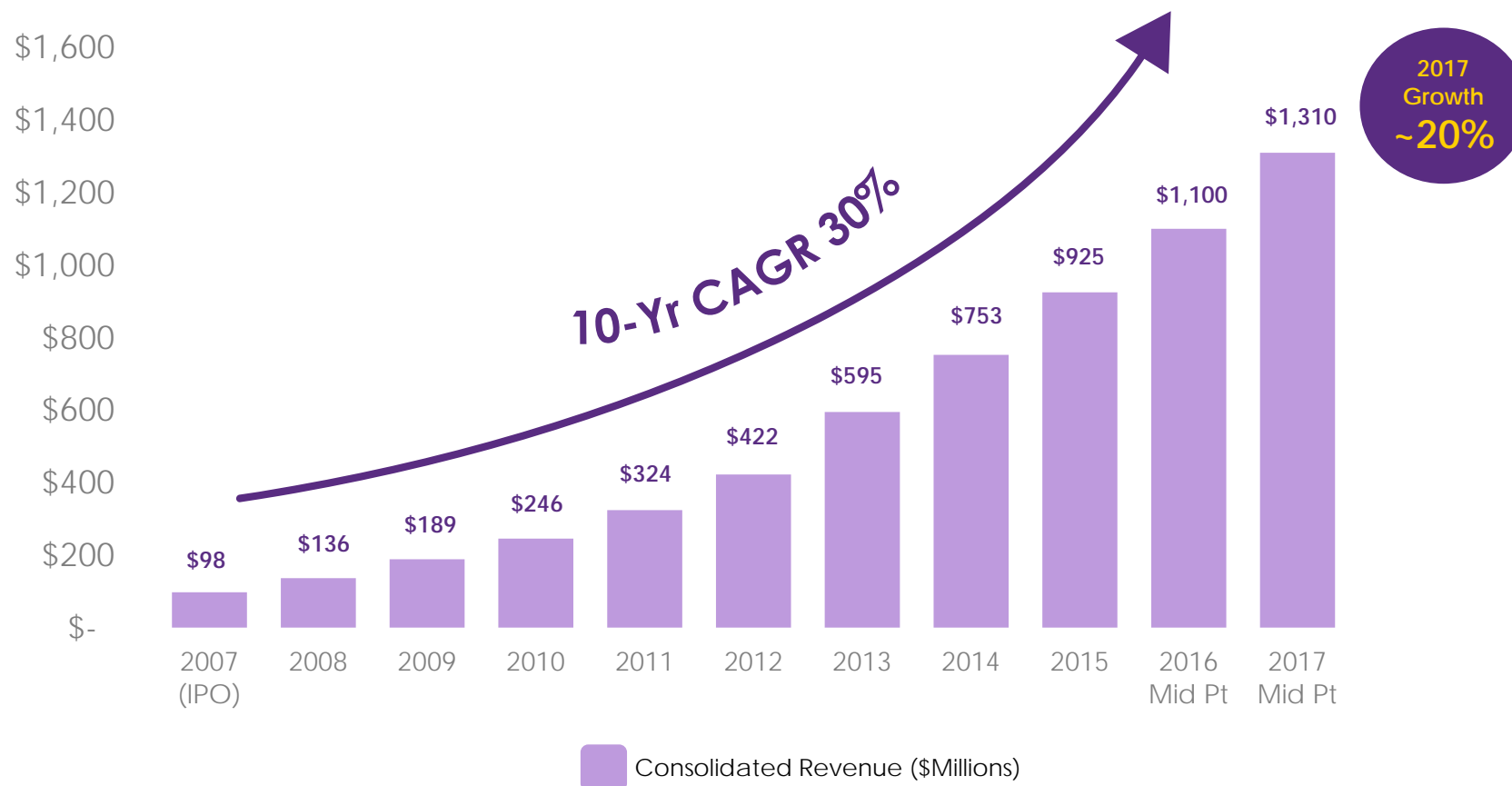




We have been very disciplined with our pricing as we grow the business

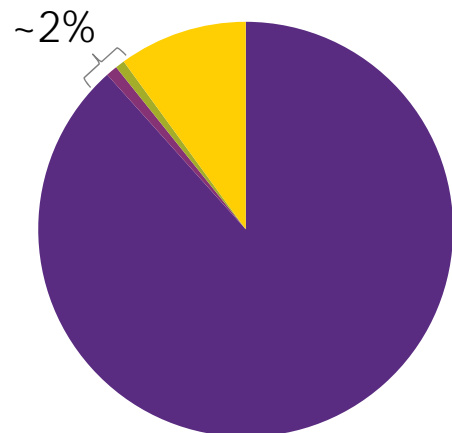


We have a history of strong revenue growth
...and expect it to continue

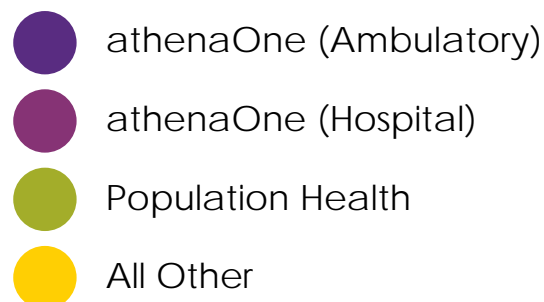
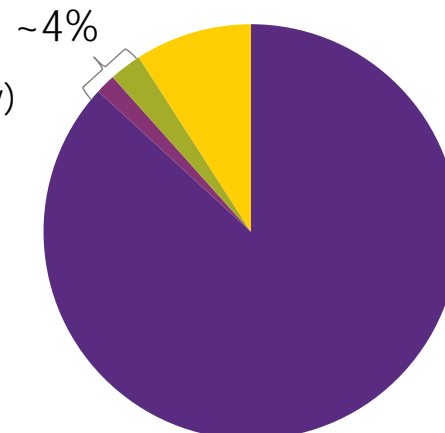


Our growth drivers are beginning to change as we expand across the continuum

2016 Revenue Forecast



2017 Revenue Budget



Pricing Framework

Key Metric

As of Q3 2016

athenaOne (Ambulatory)

% of Collections

Providers

~85,000

athenaOne (Hospital)

% of Collections

Discharge Bed Days

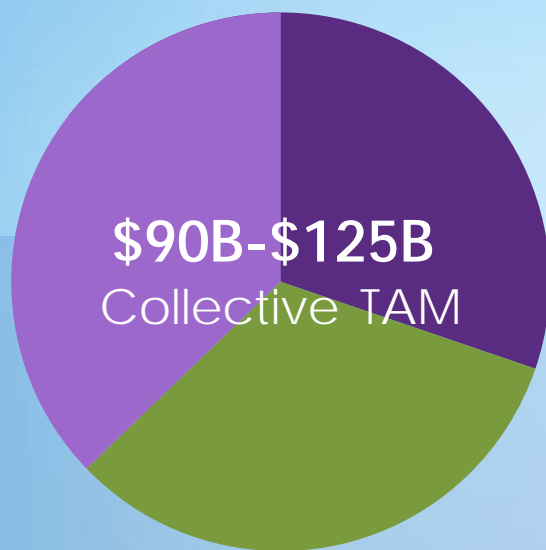
~3,800




athenahealth Population Health

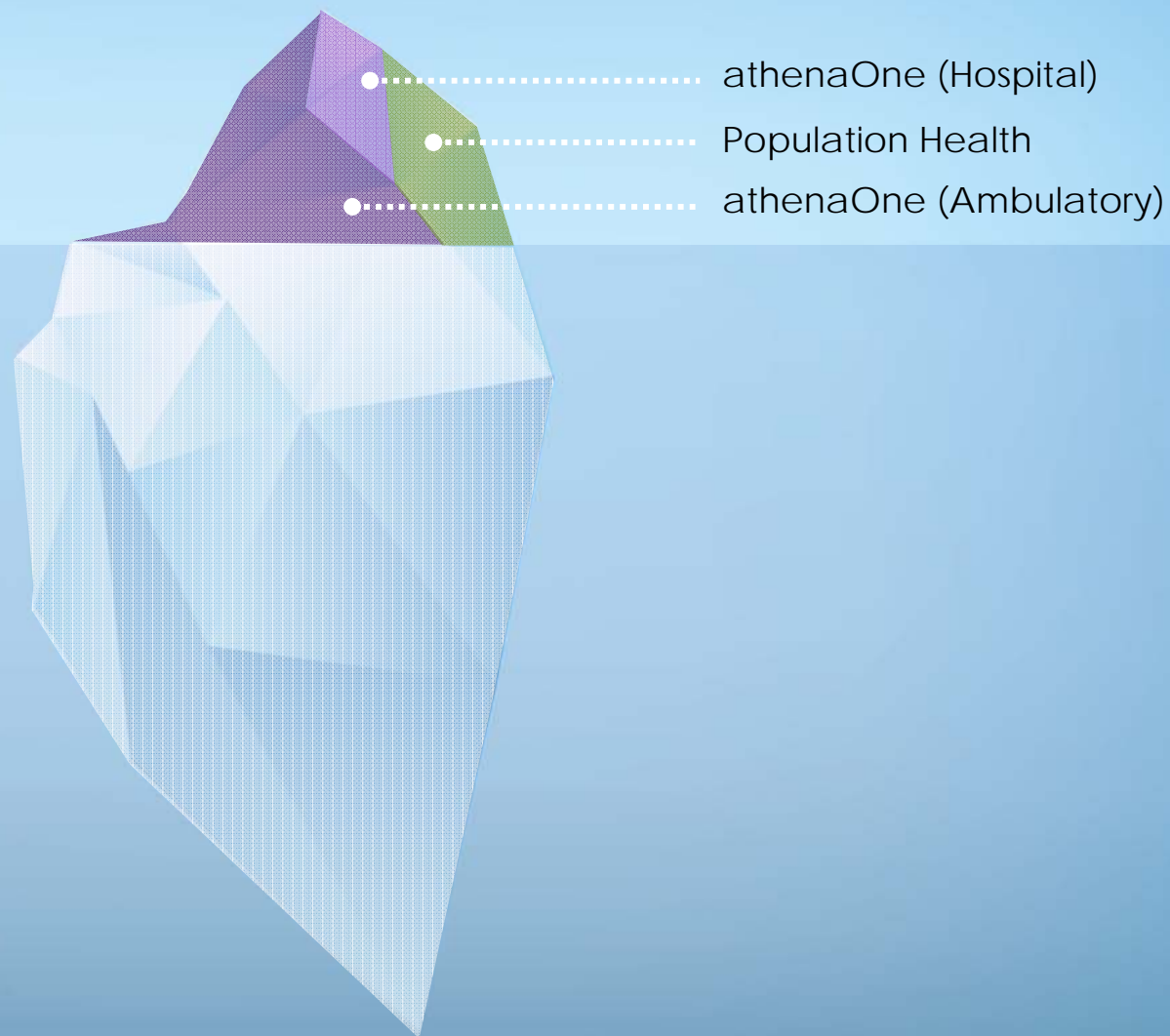
Per Member Per
Month + Gain Share

Covered Lives

~2,000,000

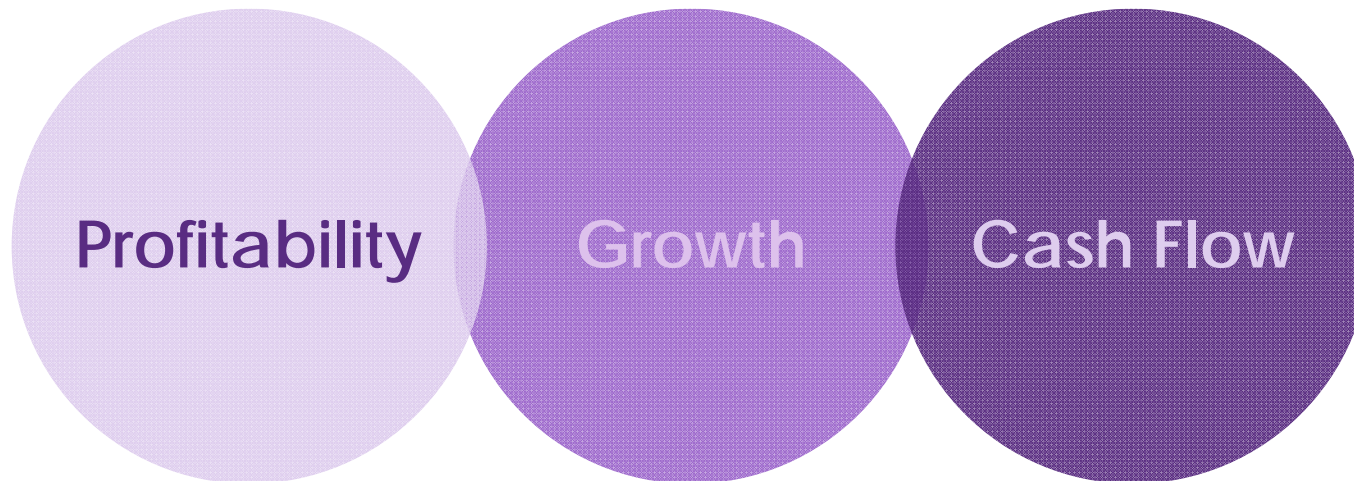


-  athenaOne (Ambulatory)
\$30-\$35B TAM
-  Population Health
\$30-\$40B TAM
-  athenaOne (Hospital)
\$30-\$50B TAM



NOTE: Total Addressable Market ("TAM") excludes the estimated facility-based and home-based post acute TAM of \$10 billion to \$15 billion.

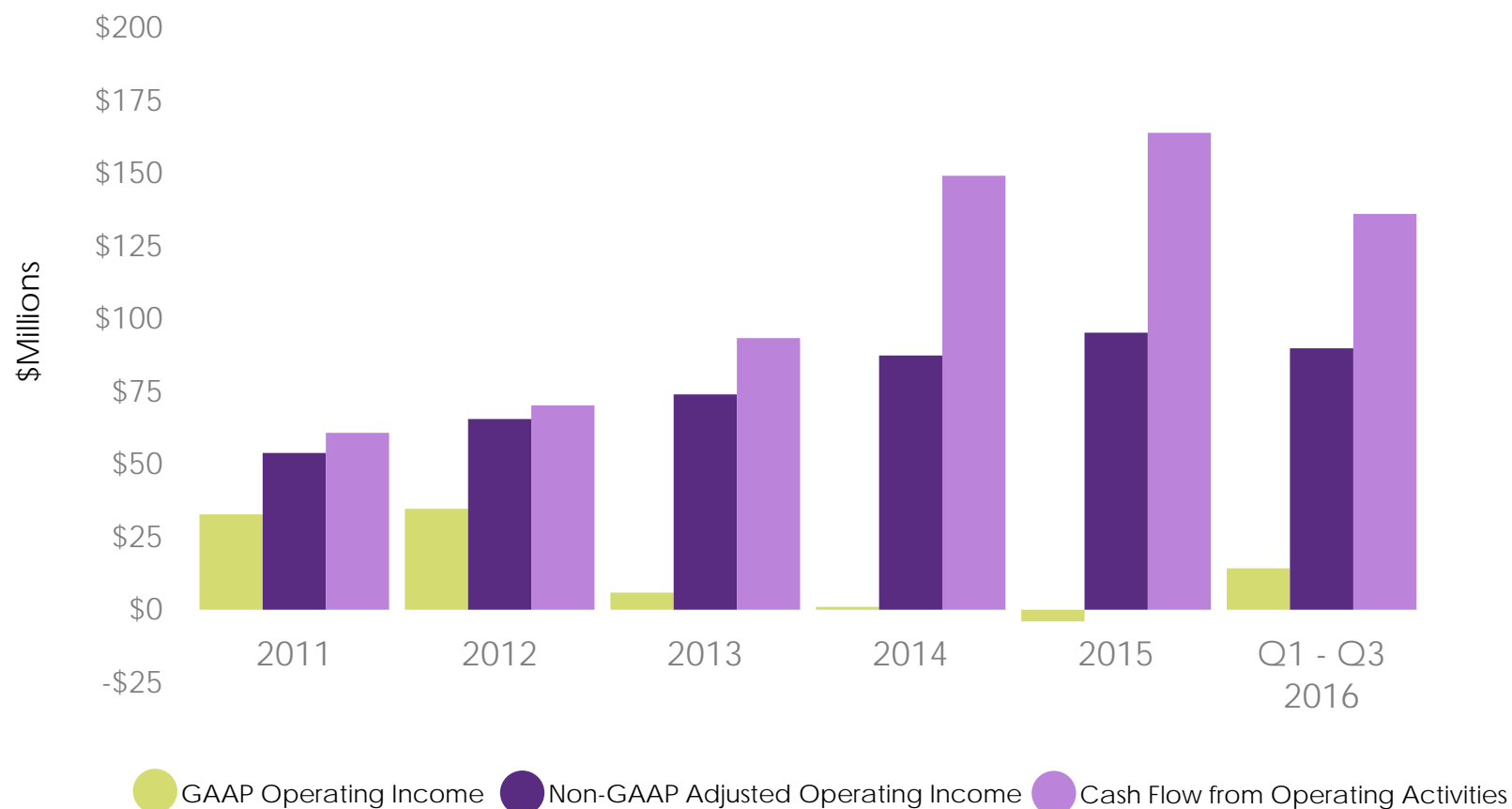
We remain focused on profitable growth and generating cash



Our economic model is starting to mature

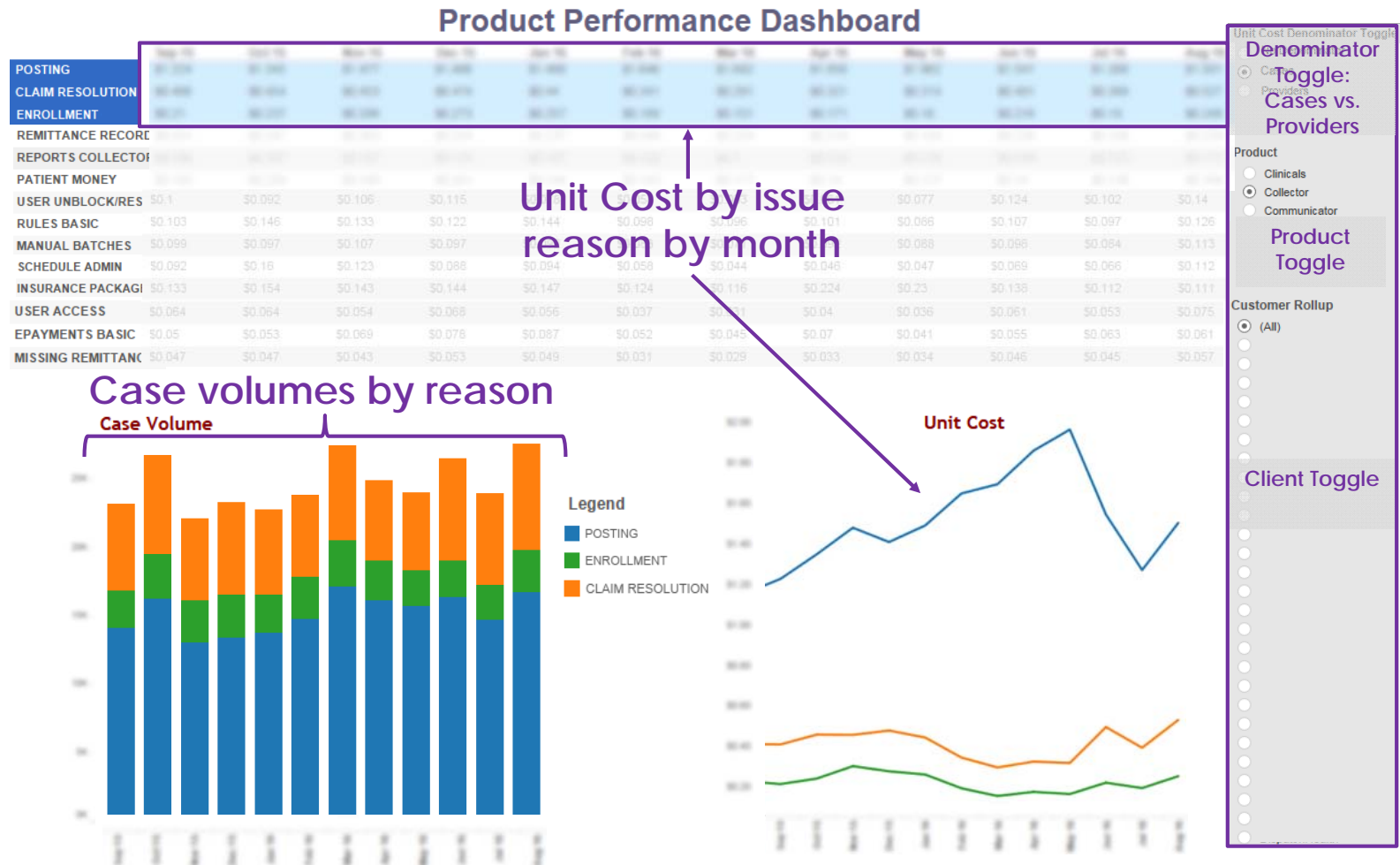
HISTORICAL/TODAY	NEAR TERM	LONG-TERM GOAL
Revenue Growth >20%	Revenue Growth ~20%	Market Share Top 3 HCIT Vendors
Selling and Marketing Investments >Revenue Growth	Selling and Marketing Investments <Revenue Growth	Selling and Marketing Investments <<Revenue Growth
Research & Development Investments >Revenue Growth	Research & Development Investments ~Revenue Growth	Research & Development Investments <Revenue Growth
G&A % of Revenue Scale	G&A % of Revenue Scale ~50+ bps/year	G&A as % of Revenue ¹ ~10%
Non-GAAP Adj. Operating Margin Scale	Non-GAAP Adj. Operating Margin Improvement ~100+ bps/year	Non-GAAP Adjusted Operating Margin ~30%
Capex Growth < Revenue Growth	Capex Growth < Revenue Growth	Capex Growth << Revenue Growth

As a result, we expect profitability and cash flow to improve as we grow and scale

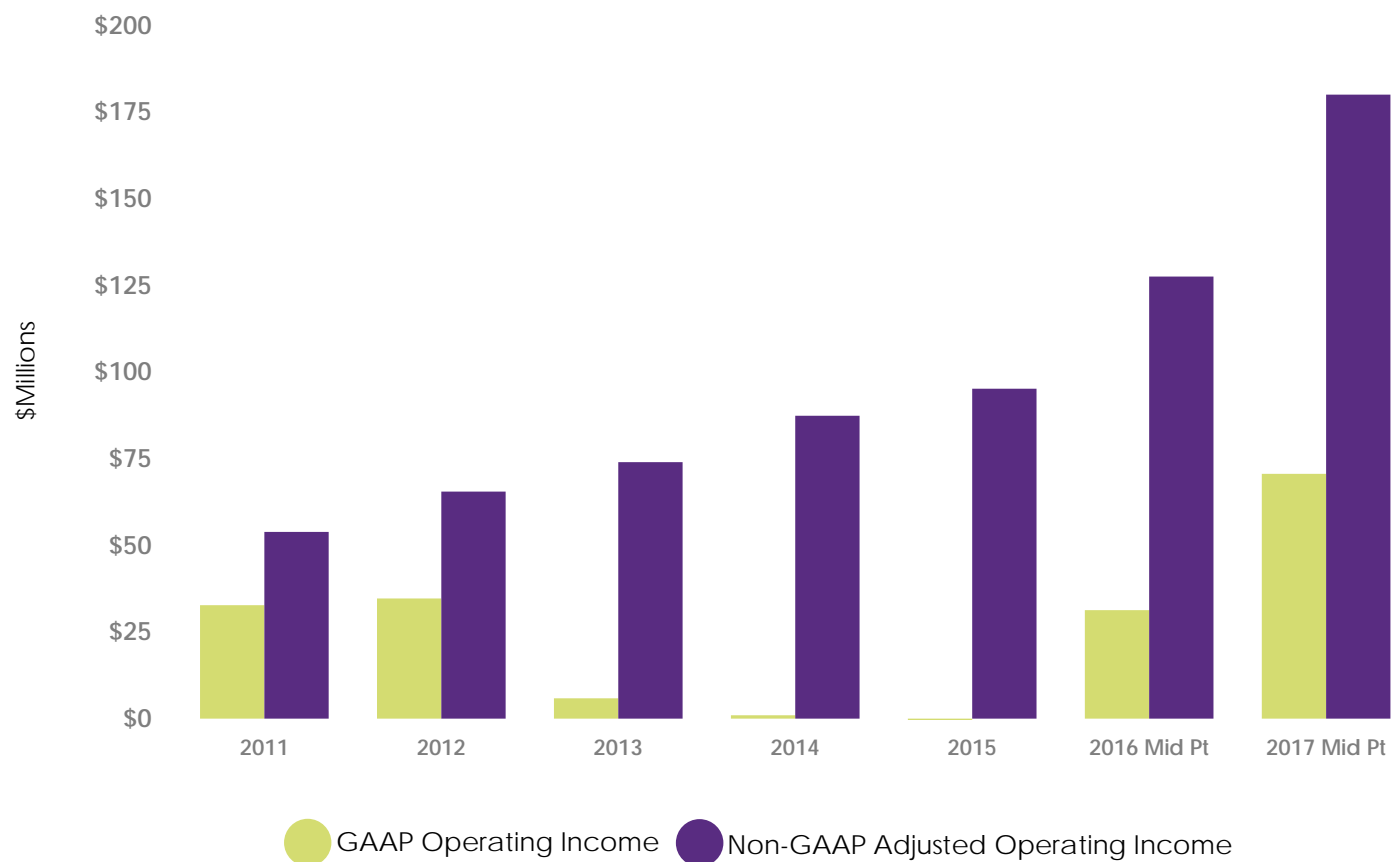




Our massive data set allows us to instrument our business at unparalleled levels



We expect our profitability to improve significantly in fiscal year 2017



1

Grow bookings to \$400 - \$450 million

2

Scale operations and improve automation rates across each of our services

3

Improve cost of bookings relative to fiscal year 2016

4

Maintain investment in research and development to expand our core services, network services, & platform

5

Scale general & administrative expenses

We are making changes to our financial guidance measures for fiscal year 2017

- Starting in 2017, we will no longer guide to the financial metric we previously referred to as **Non-GAAP Adjusted Gross Margin**.
- We will continue to provide a bridge to this number in the Non-GAAP tables in our earnings materials for fiscal year 2017.
- We will refer to this metric as **service automation rate**.

We are introducing our fiscal year 2017 growth and profitability expectations

Fiscal Year 2017 Expectations	
<i>Financial Measures</i>	
GAAP Revenue	\$1,290 million – \$1,330 million
GAAP Operating Income	\$61 million – \$81 million
Non-GAAP Adjusted Operating Income ¹	\$170 million – \$190 million
<i>Financial Metrics</i>	
Annual Bookings	\$400 million – \$450 million

Note: These estimates reflect our current operating plan as of December 15, 2016, and are subject to change as future events and opportunities arise.

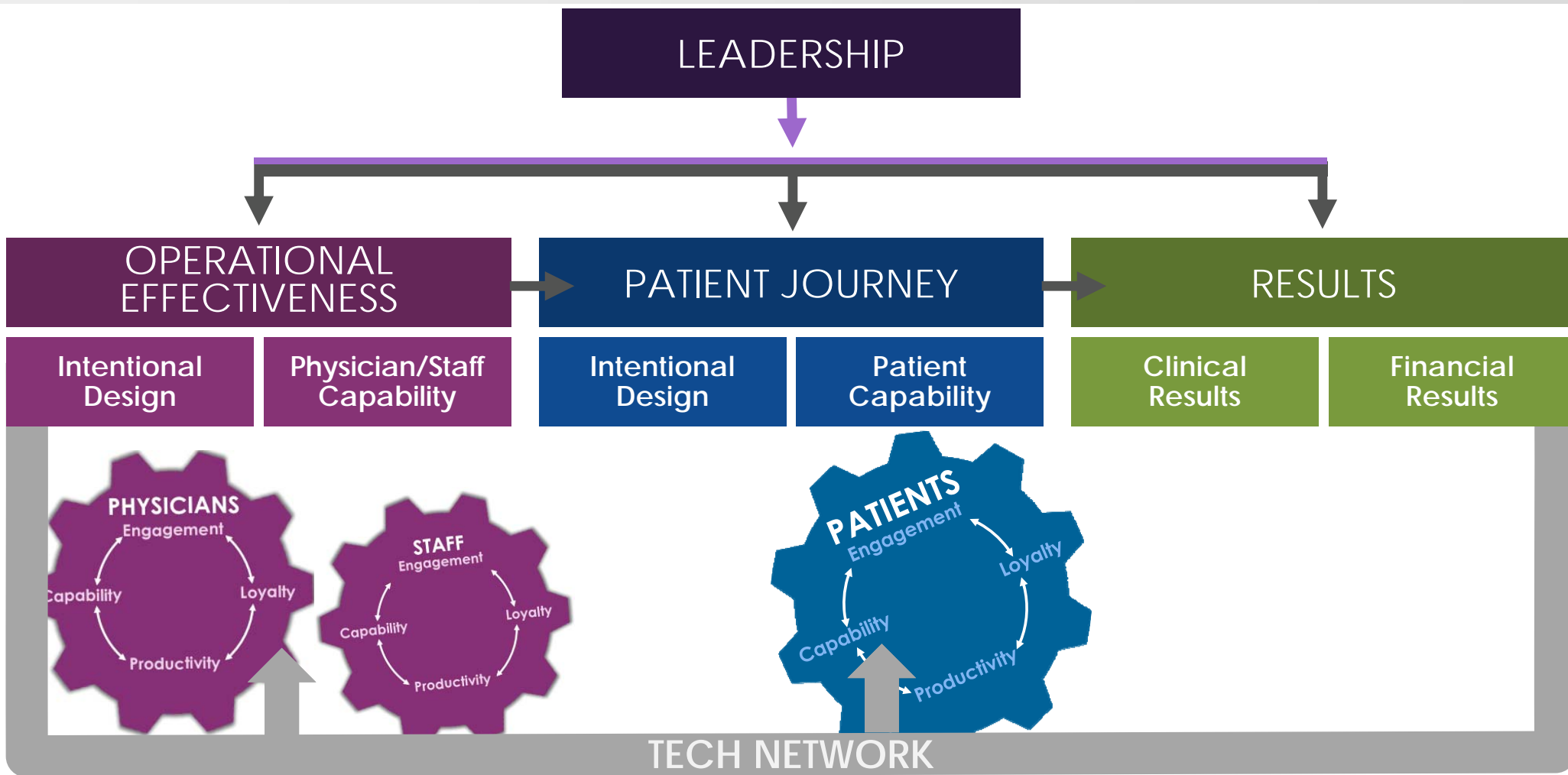
¹ See non-GAAP reconciliation tables included in the appendix to this presentation as well as in the 12/14/16 press release

The Service Profit Chain: Creating a New Framework for Healthcare

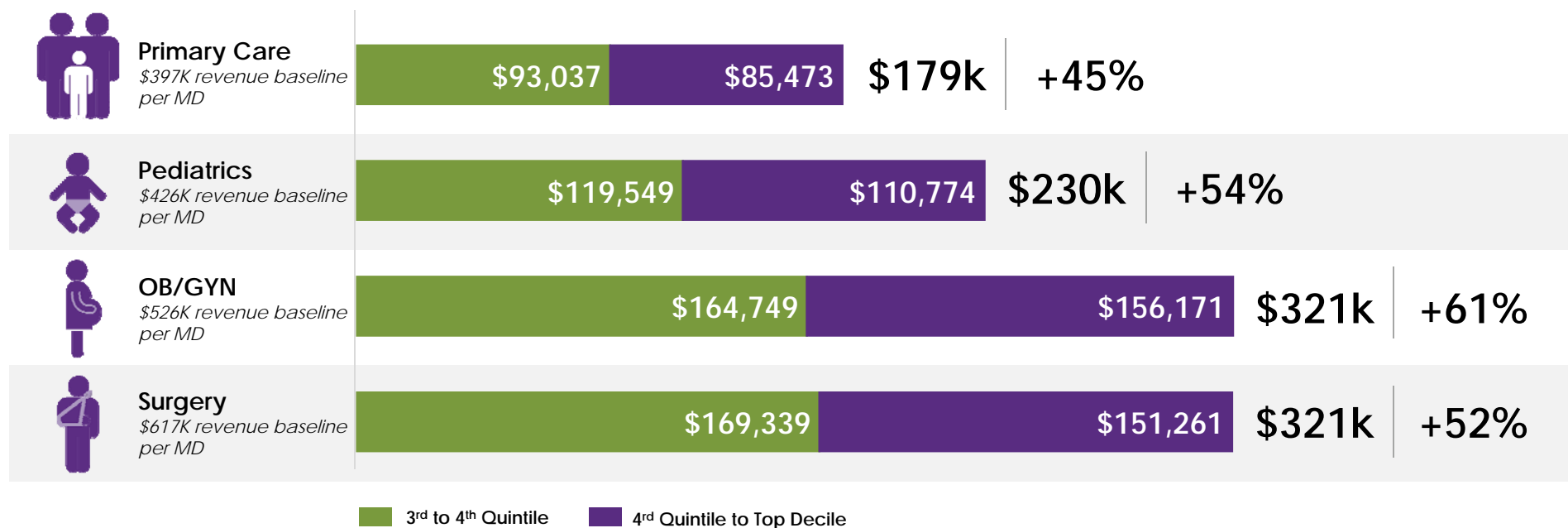
Leonard Schlesinger, Baker Foundation Professor
Harvard Business School



Introducing the High-Performing Physician Network model



Incremental Annual Revenue per Physician Associated with Quintile Improvement



Assuming athenaNet average payer mix and reimbursement rates (excluding self-pay). Revenue improvements from improved commercial rates, greater all-payer productivity and patient collections, and reduced receivables.

Productivity

wRVU per provider day

16%

Enterprise disadvantage

Patient Collections

Patient pay yield (excluding uninsured)

16%

Enterprise disadvantage

Patient Loyalty

18-month new patient retention rate

7%

Enterprise disadvantage

Patient Access

Time to 3rd available appointment
(specialty-adjusted, median % performance)

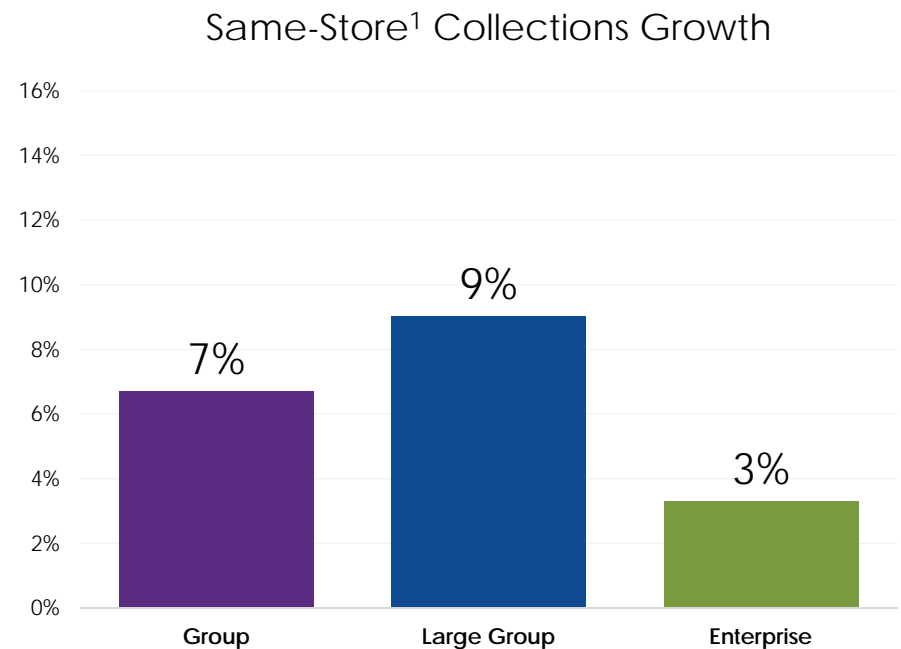
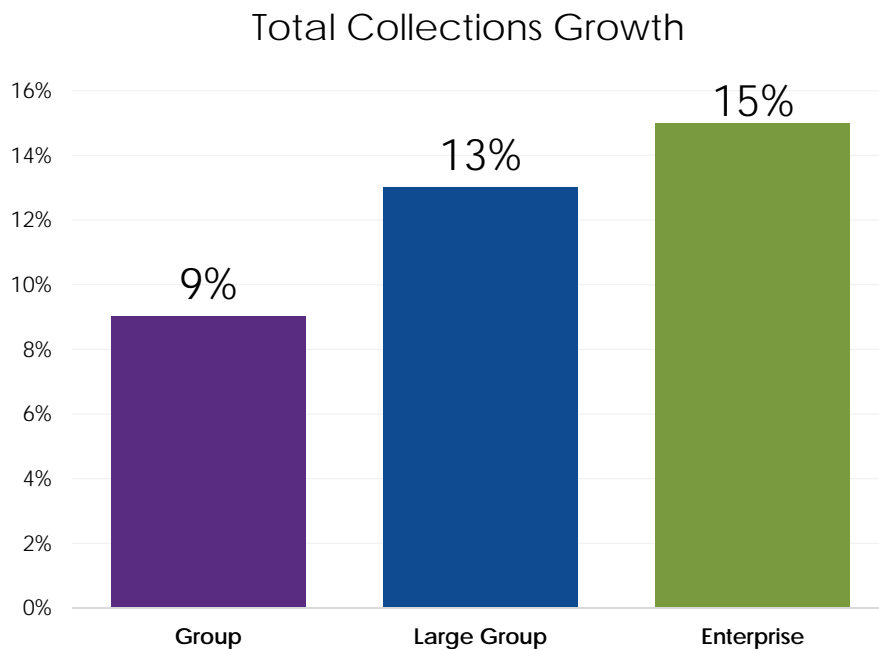
29%

Enterprise disadvantage

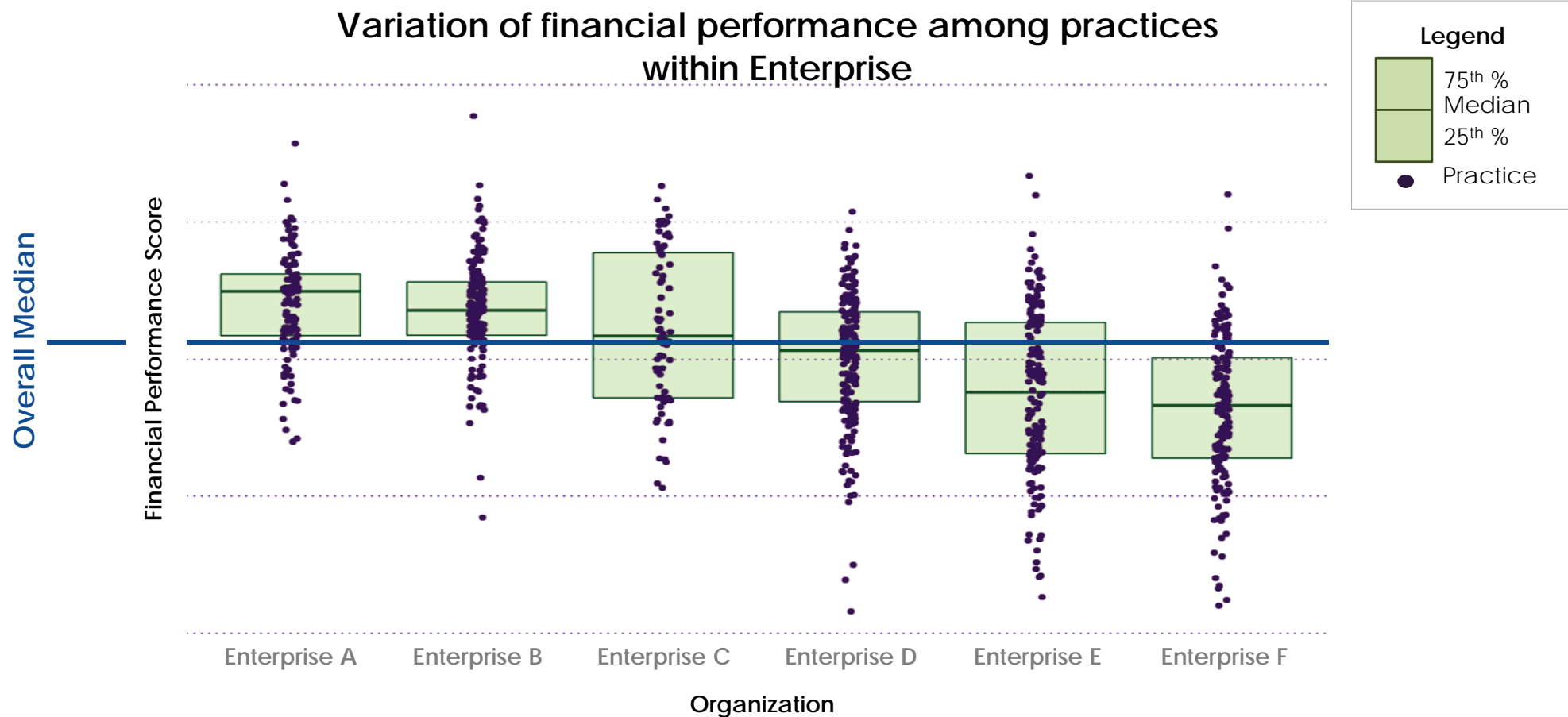
Small Group: 1-5 providers; Group: 6-50 providers; Large Group: 51-150 providers; Enterprise: 151+ providers

Large enterprises growing faster— but only through acquisition

Year-Over Year Collections Growth

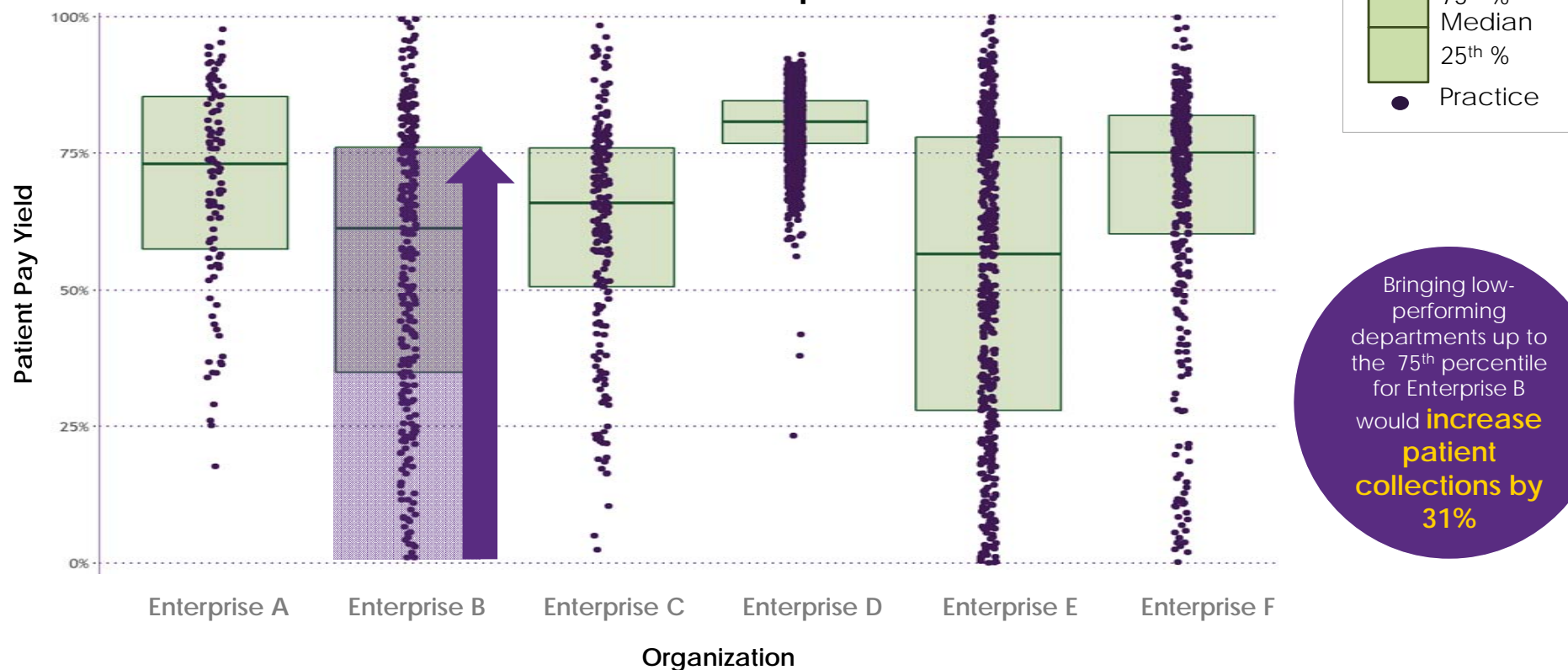


¹ Average collections growth of departments live at beginning of measurement period.
SAMPLE: all Group, Large Group and Enterprise clients

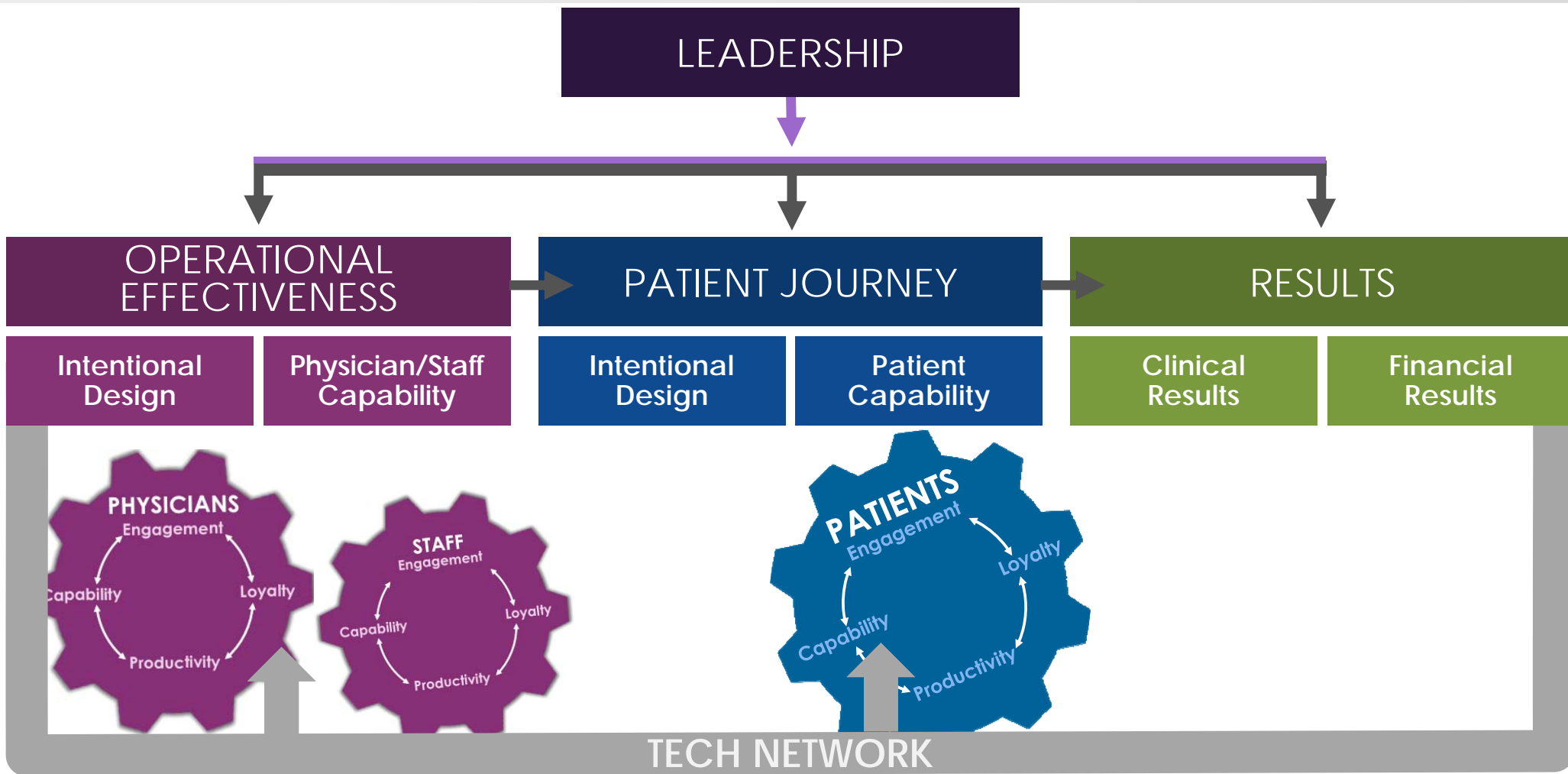


The value of improving patient collection stragglers

Variation of patient pay yield rate among practices within Enterprise



The High-Performing Physician Network 1.0 model



The Network: Going Deep and Expanding Across the Continuum

Kyle Ambrester
Chief Product Officer



2016

year in review

With Streamlined, we made a good change...

Providers are

11%

more efficient at
documenting
during encounters

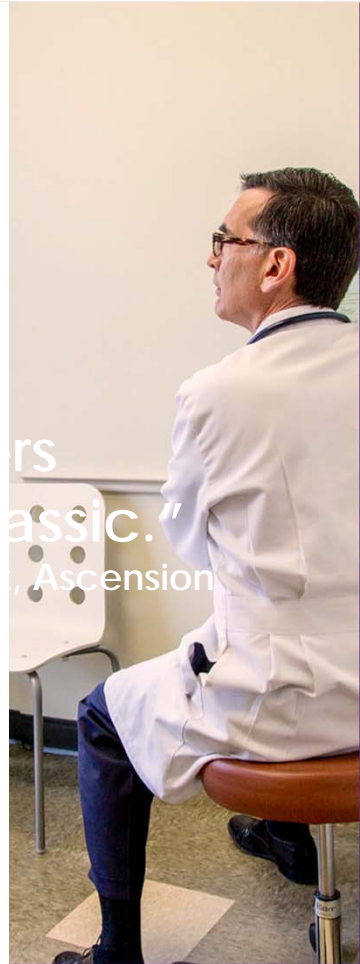
Providers see a

23%

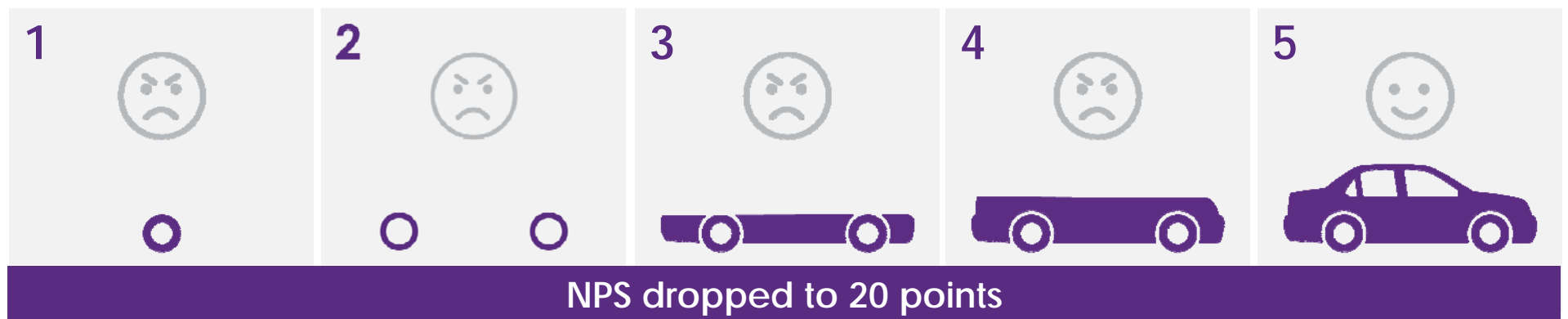
drop in
documentation
after the visit

"None of my providers
would go back to Classic."

-Dr. [Name], Ascension



...and we learned some valuable lessons during the roll-out, moving us from an “Agile ethos” to an “Agile process”



"The University of Toledo Medical Center continues to work closely with our athena partners to further develop and refine a state of the art cloud based EMR with a focus on improving the physician, nurse, and learner experience, patient outcomes and reducing costs. **We couldn't be happier with the level of involvement and interaction the UT team has had with athena** and look forward to the deployment of the system in the near future and ongoing optimization afterwards."



Bryan Hinch, M.D.
Chief Medical Officer

**University of Toledo
Medical Center**
256-bed Academic
Medical Center

We made notable progress in the hospital market in less than two years...



92

hospitals contracted



35

live on athenaOne

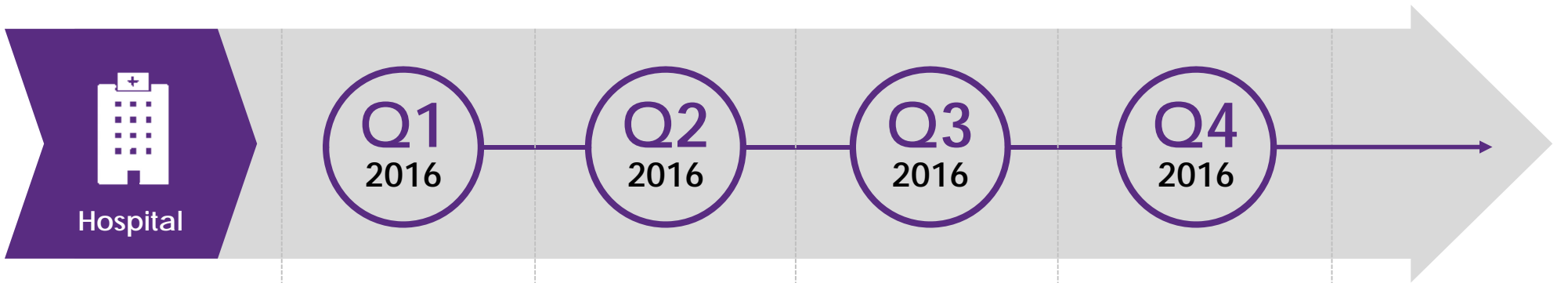


Already at

103%

of our FY16 bookings goal

Hospital Performance in 2016



Cash flow as a percentage of baseline trend	103.3%	98.2%	106.9%	104.3%	103.4% average
DAR	51	48	41	43	16% decrease
Percentage of claims paid in 40 days	72%	78%	79%	82%	14% increase
CPOE Adoption Rate	20%	26.5%	20%	27%	35% increase

Government mandates are evaporating and becoming less significant

"2016 will be an enormous and pivotal year for progress and it's starting off with a bang"

—Andy Slavitt, Acting CMS Administrator
January 2016



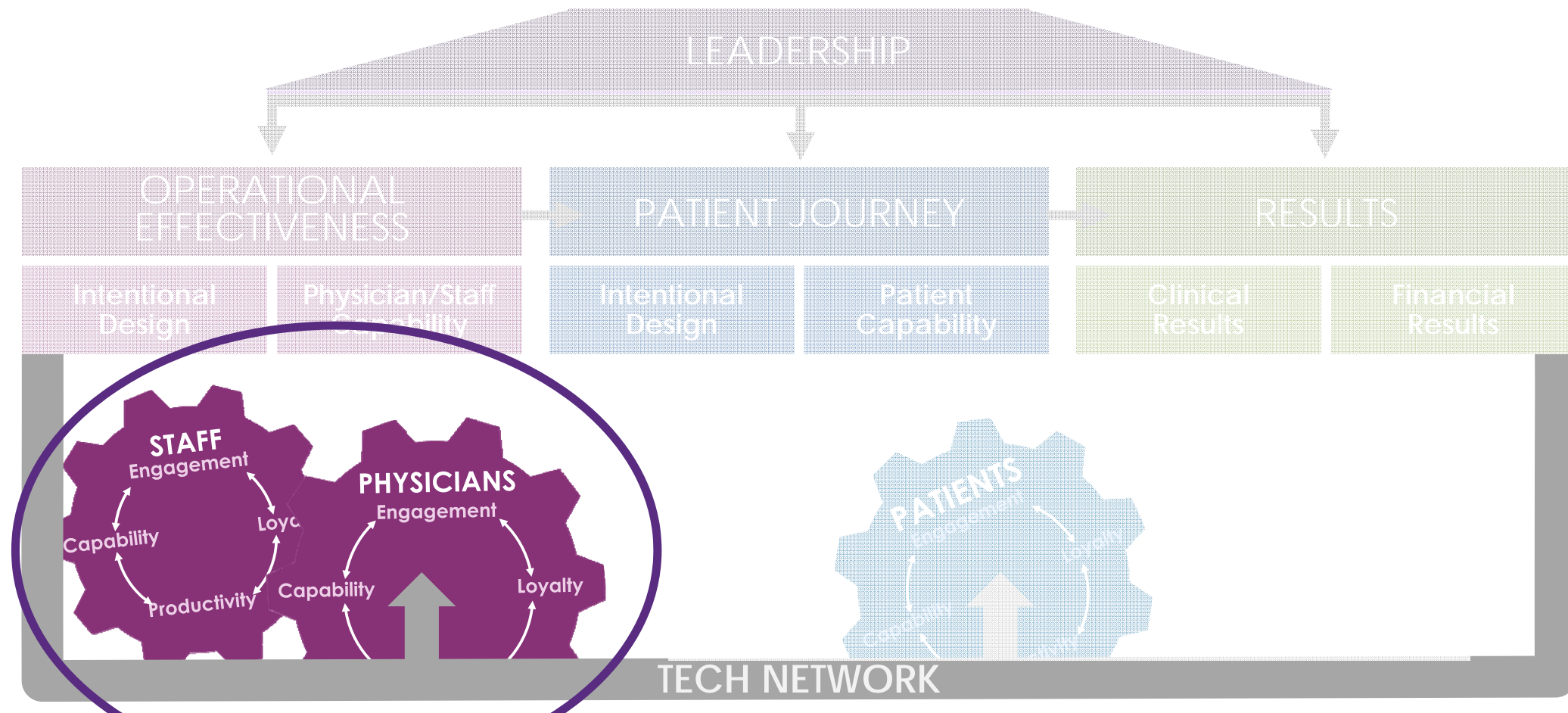
2017

what's to come

In 2017, we aim to...

- 1 continue to **deepen our services** with a focus on “Provider/Staff Capability”
- 2 continue our **expansion across the continuum**
- 3 **build enhanced connections** to legacy software to expand the network

We are hyper-focused on driving results and ROI for our clients by adding depth to our services



We've taken a lot of work off of our client's plates this year...
and we'll take on even more in 2017

0.8
FTE
savings
EOY 2016



**KEY WORK
REDUCTION EFFORTS**

- Clinicals: Removing documents from inboxes through automation, better connections, and enhanced machine learning
- Collector: Taking on all patient insurance, overpayments and refunds work from our clients
- Expanded services through pre-certifications and authorizations



1.8
FTE
savings
EOY 2017

While we continue to make existing workflows more effective and efficient, using human-centered design

MISSION CRITICAL WORKFLOWS INITIATIVE



In 2017, we aim to...

1

continue to **deepen our services** with a focus on “Provider/Staff Capability”

2

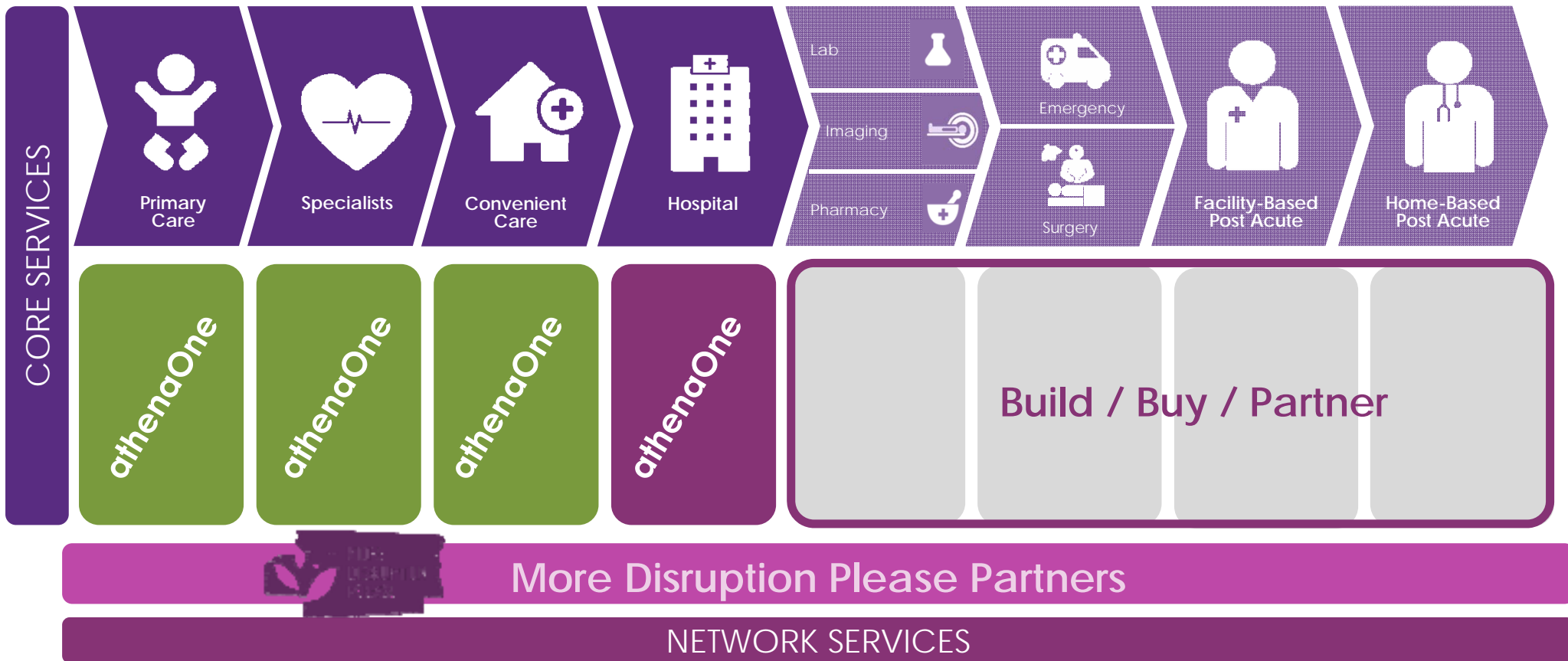
continue our **expansion across the continuum**

3

build enhanced connections to legacy software to expand the network

Our strategy:

The full continuum of care



Hospital Goals for 2017



Hospital

Eliminate Work

- Global formulary and tables
- Remote medication verification
- Expanded Authorization management services
- Launch coding/contract management services

Improve Performance

- Material cash flow improvements over baseline → Plan to reach **102%** with the addition of **100 new** hospitals
- Plan to double the current adoption rate to **60%**

Continuing our Long History of Adjacency Expansion

Freestanding EDs

- <\$1B market but rapidly growing
- Many still on paper T-sheets
- **323** hospitals operate **387** freestanding EDs (**76%** growth since 2008)
- Another **172** are independent

Ambulatory Surgery Centers

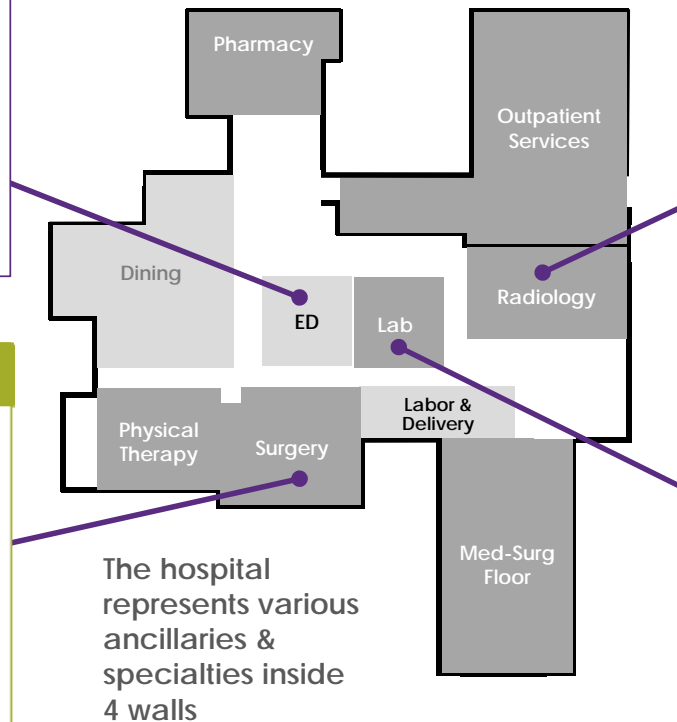
- \$24B market, \$1-1.5B TAM
- 85% facilities still on paper
- **6,300+** parent accounts
- **12,500+** child sites in the U.S.

Imaging Centers

- \$100B+ market, \$1-3B TAM
- Rising consolidation due to pressure from reimbursement cuts
- **6,740** outpatient diagnosis imaging centers
- Another **2,421** are independent

Standalone Lab

- \$75B+ market, \$1-3B TAM
- Reimbursement shifts toward FFV are pressuring lab spend
- **>135,000** labs nationwide
- **121,000** are in physician offices

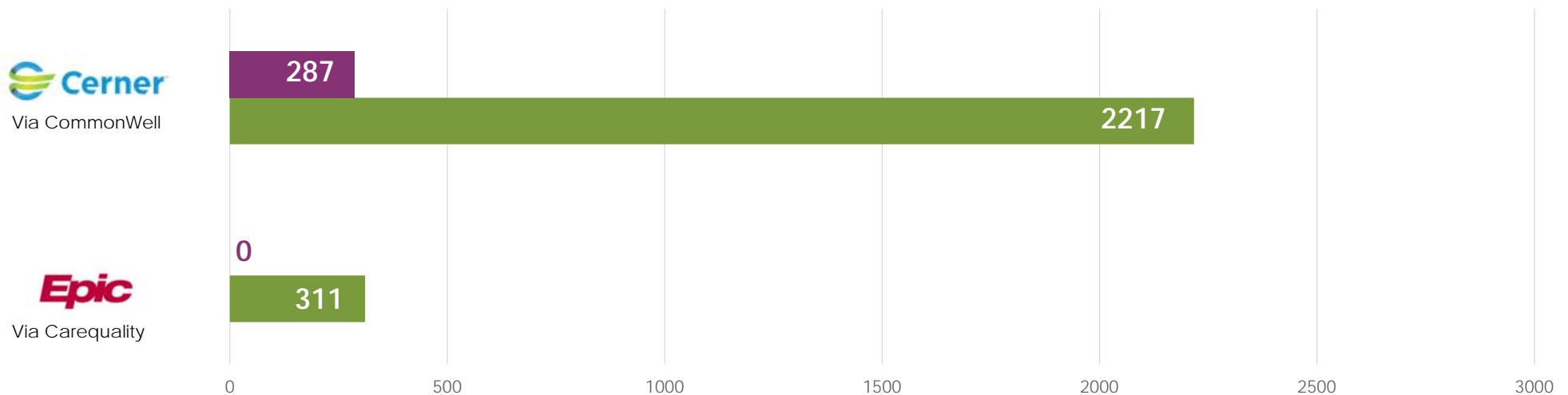


In 2017, we aim to...

- 1 continue to **deepen our services** with a focus on “Provider/Staff Capability”
- 2 continue our **expansion across the continuum**
- 3 **build enhanced connections** to legacy software to expand the network

We are now managing coverage across the continuum and have grown coverage dramatically during 2016

Year Start



Known Clients

Number of known clients eligible for participation in Patient Record Sharing (**on Streamlined**)

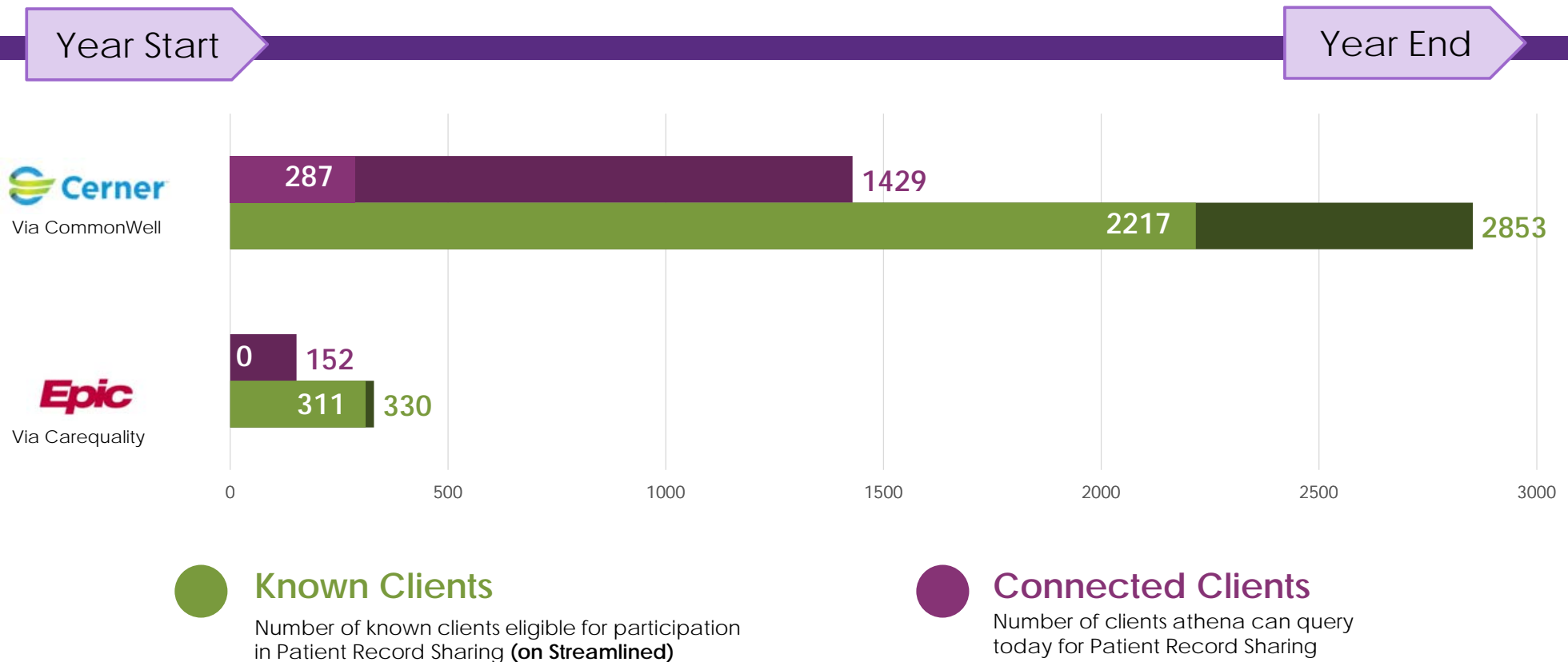


Connected Clients

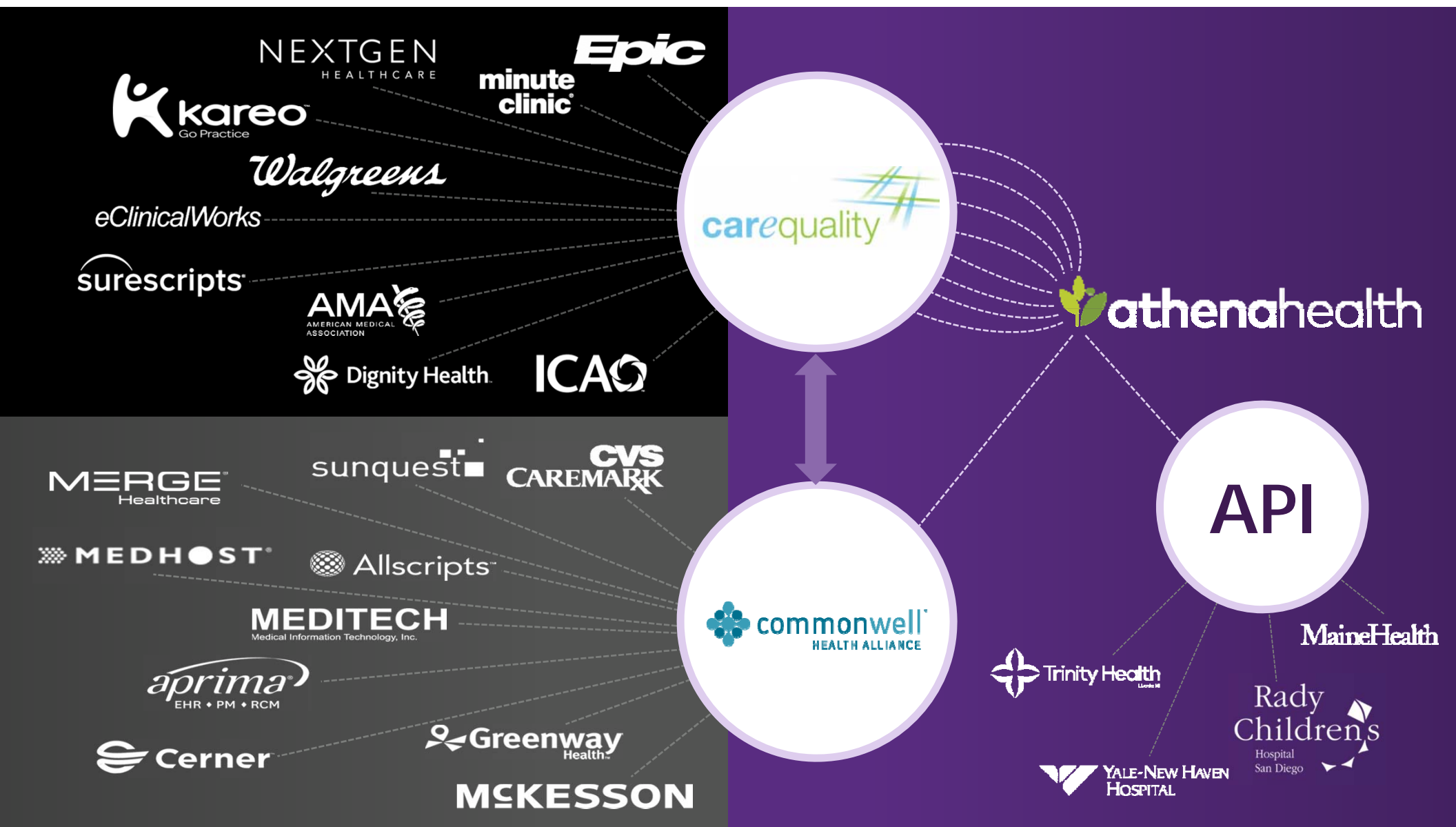
Number of clients athena can query today for Patient Record Sharing

Note: 1) athena & Epic reported on organization level while Cerner is reported on a facility level; 2) Cerner numbers are self-reported; and 3) Cerner & Epic include ambulatory sites
*Cerner end of year numbers are for February 2017.

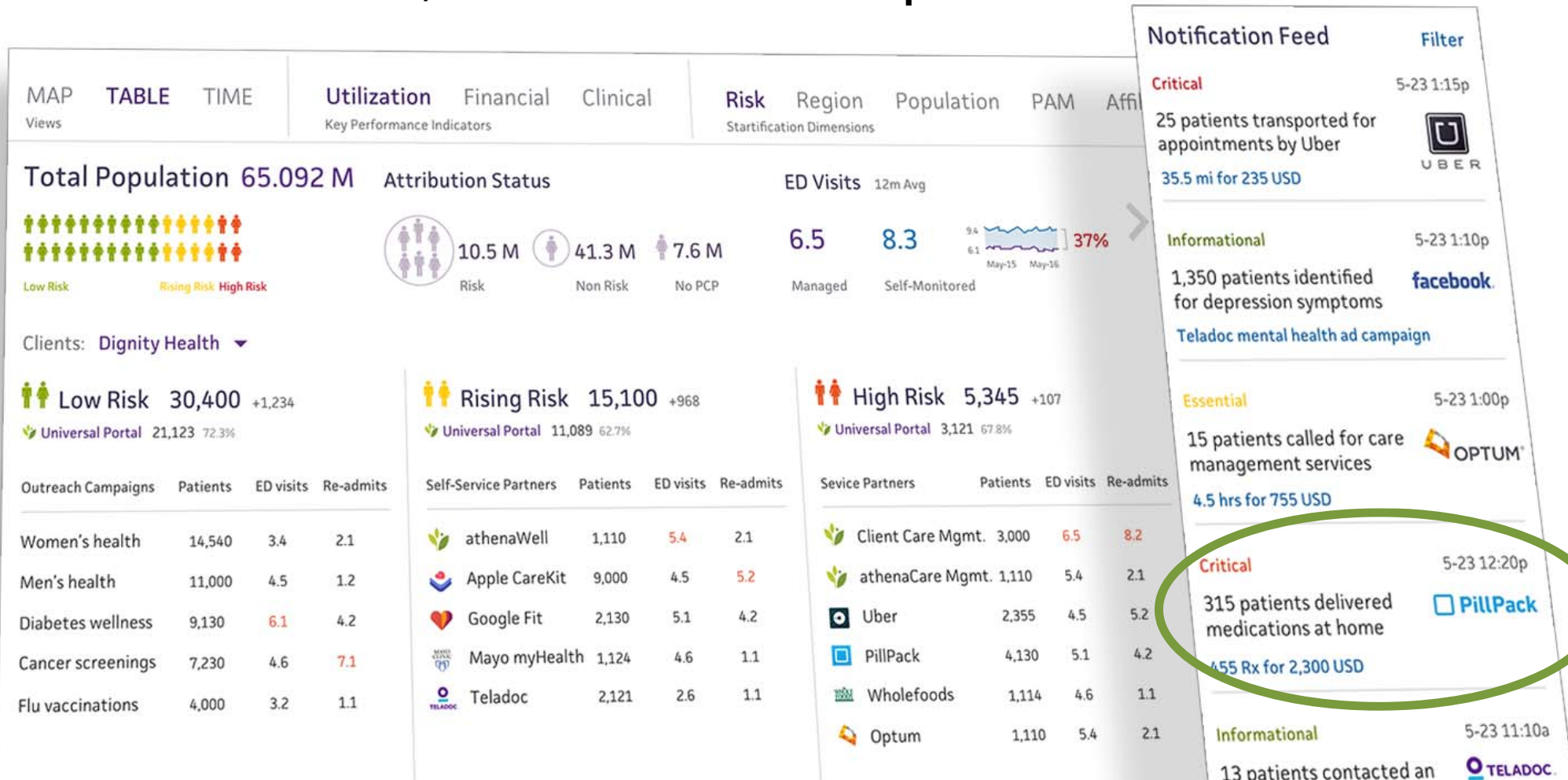
We are now managing coverage across the continuum and have grown coverage dramatically during 2016



Note: 1) athena & Epic reported on organization level while Cerner is reported on a facility level; 2) Cerner numbers are self-reported; and 3) Cerner & Epic include ambulatory sites
*Cerner end of year numbers are for February 2017.



Harnessing our enhanced data accessibility into meaningful, action-oriented, network-enabled experiences

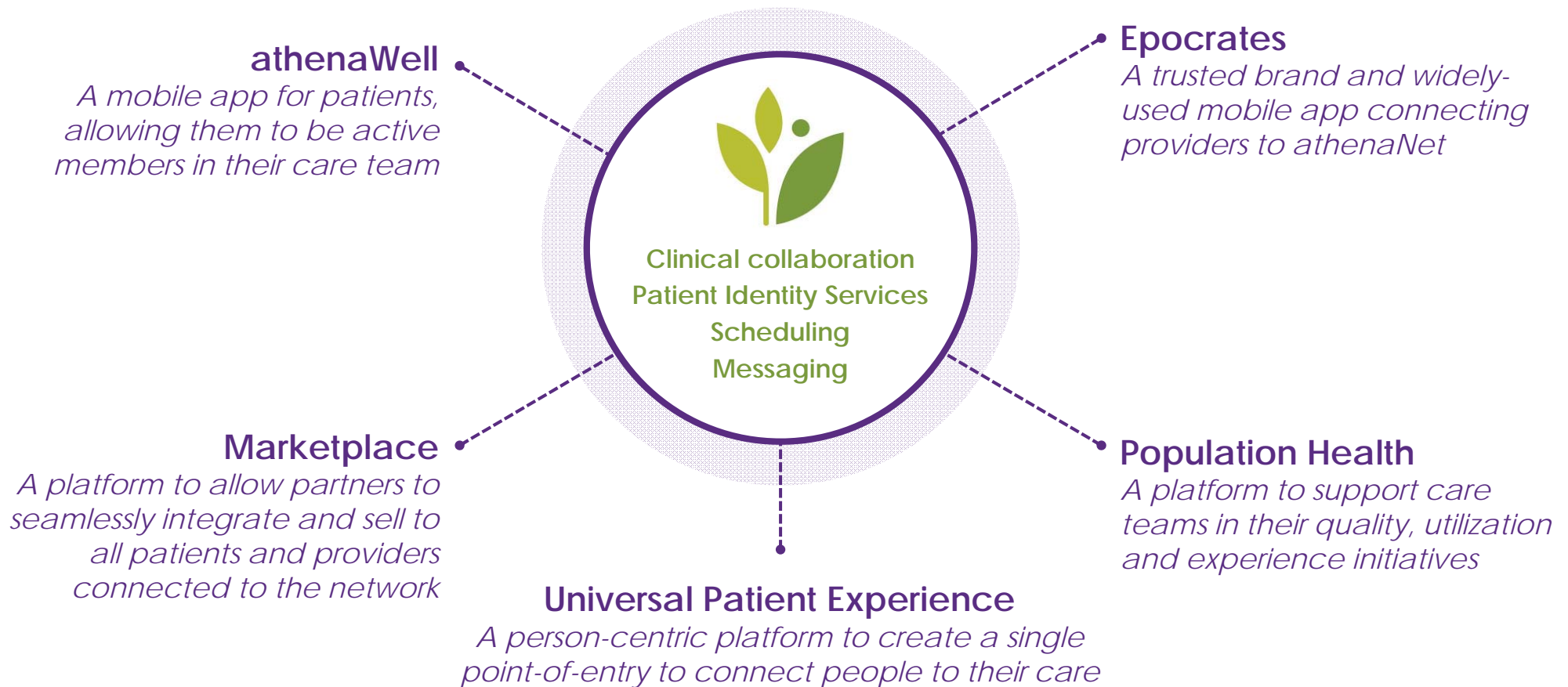


The Network is the Growth Engine for the Future

Jonathan Porter
Network Services



NETWORK SERVICES







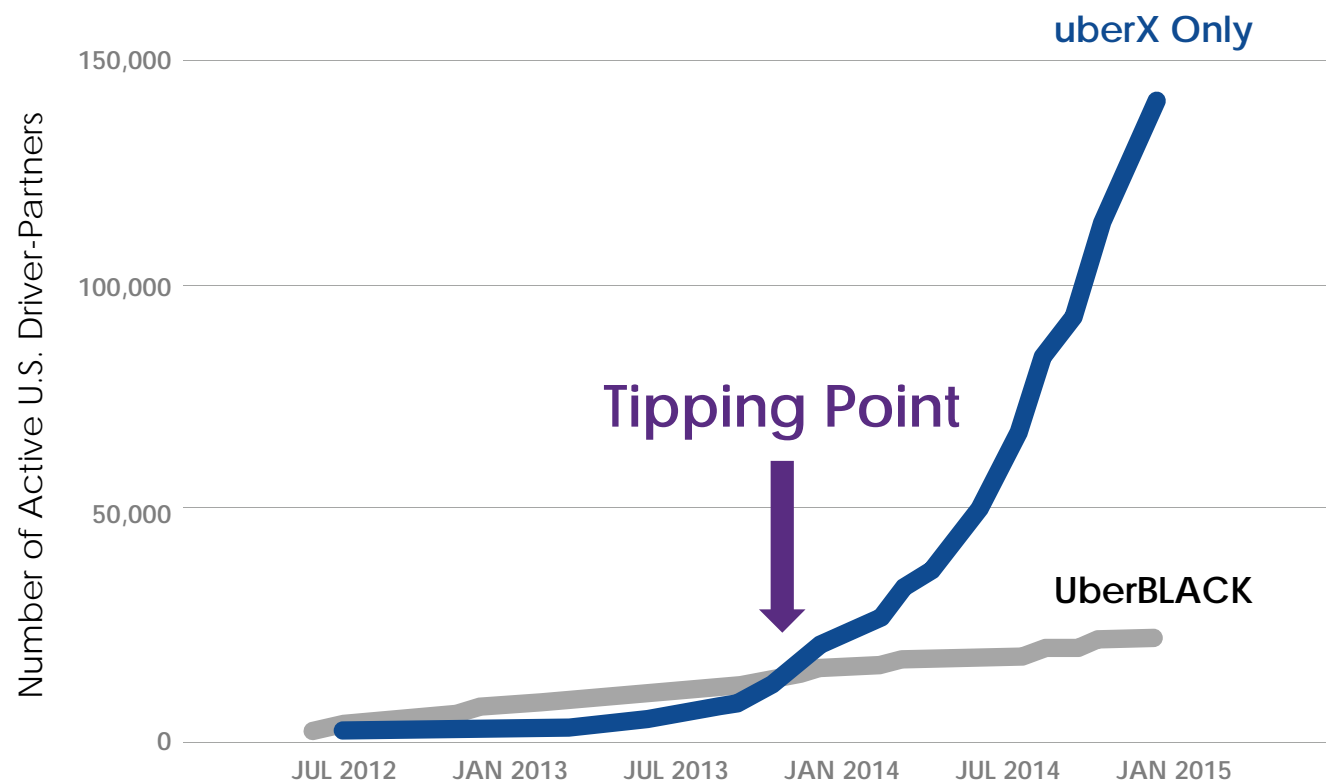
**VIRTUOUS
UBER
CYCLE**



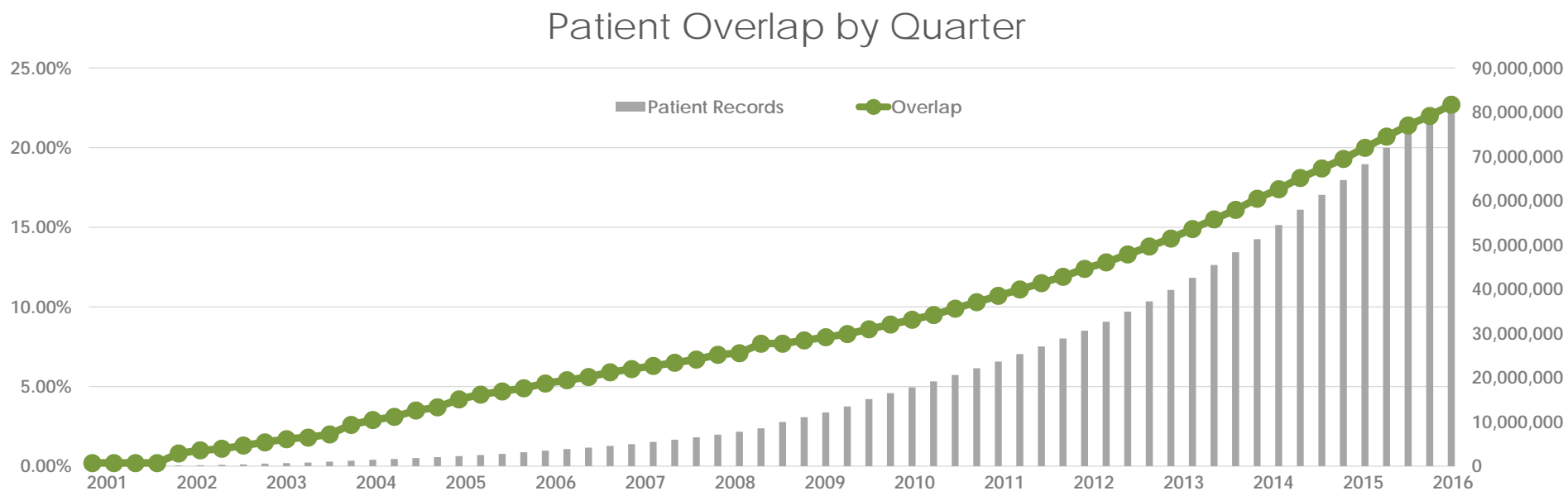
SUPPLY

DEMAND

Active Uber Drivers by Service

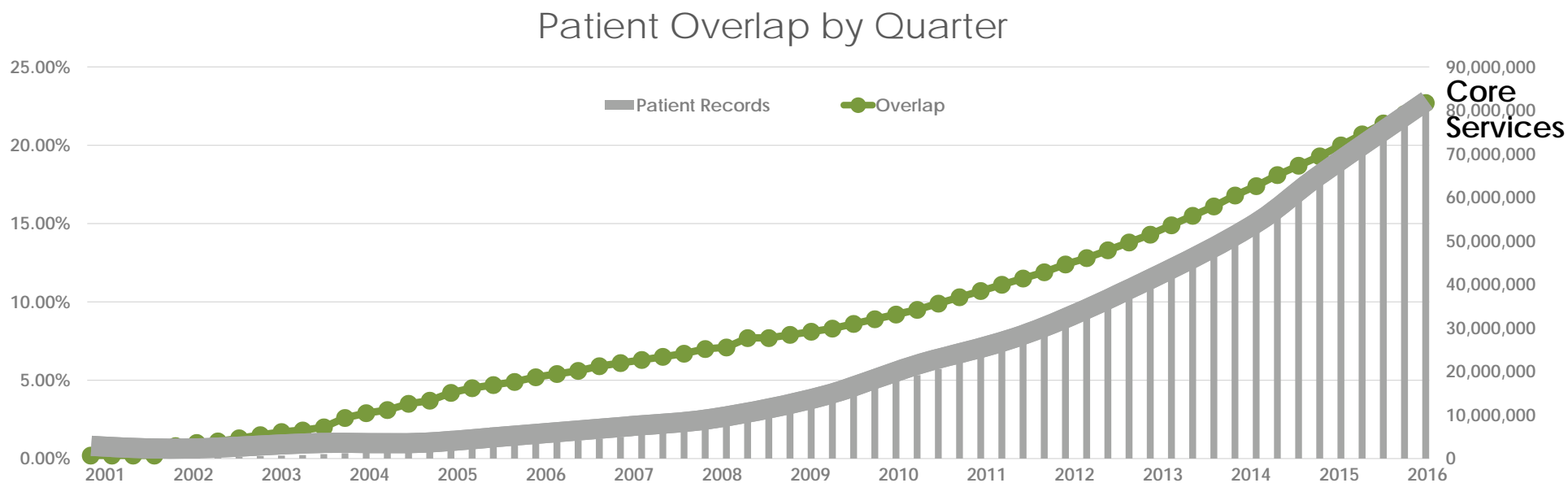


Patients shared across clients are reaching critical mass

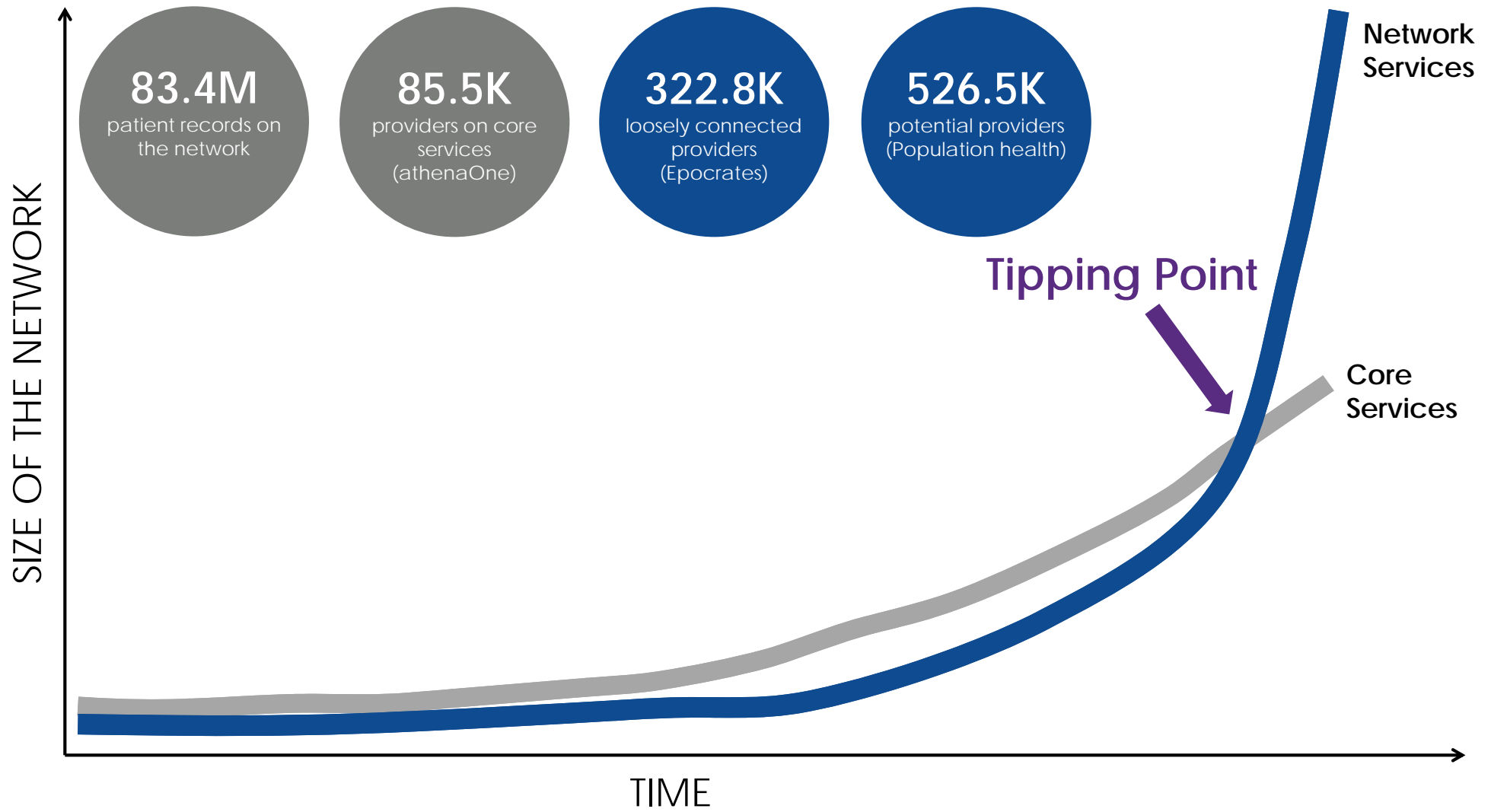


- Patient Overlap = % of patient records for which the patient is present in multiple contexts
- Unique patient is identified by DOB, First Initial, Last Name, Sex
- Each data point represents set of patient records in athenaNet on first day of that Quarter

Patients shared across clients are reaching critical mass



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- Unique patient is identified by DOB, First Initial, Last Name, Sex
- Each data point represents set of patient records in athenaNet on first day of that Quarter



Over the next 2 years, we aim to accomplish 3 goals:

1

Everyone **gains value** from being on the network

2

Virally grow the network

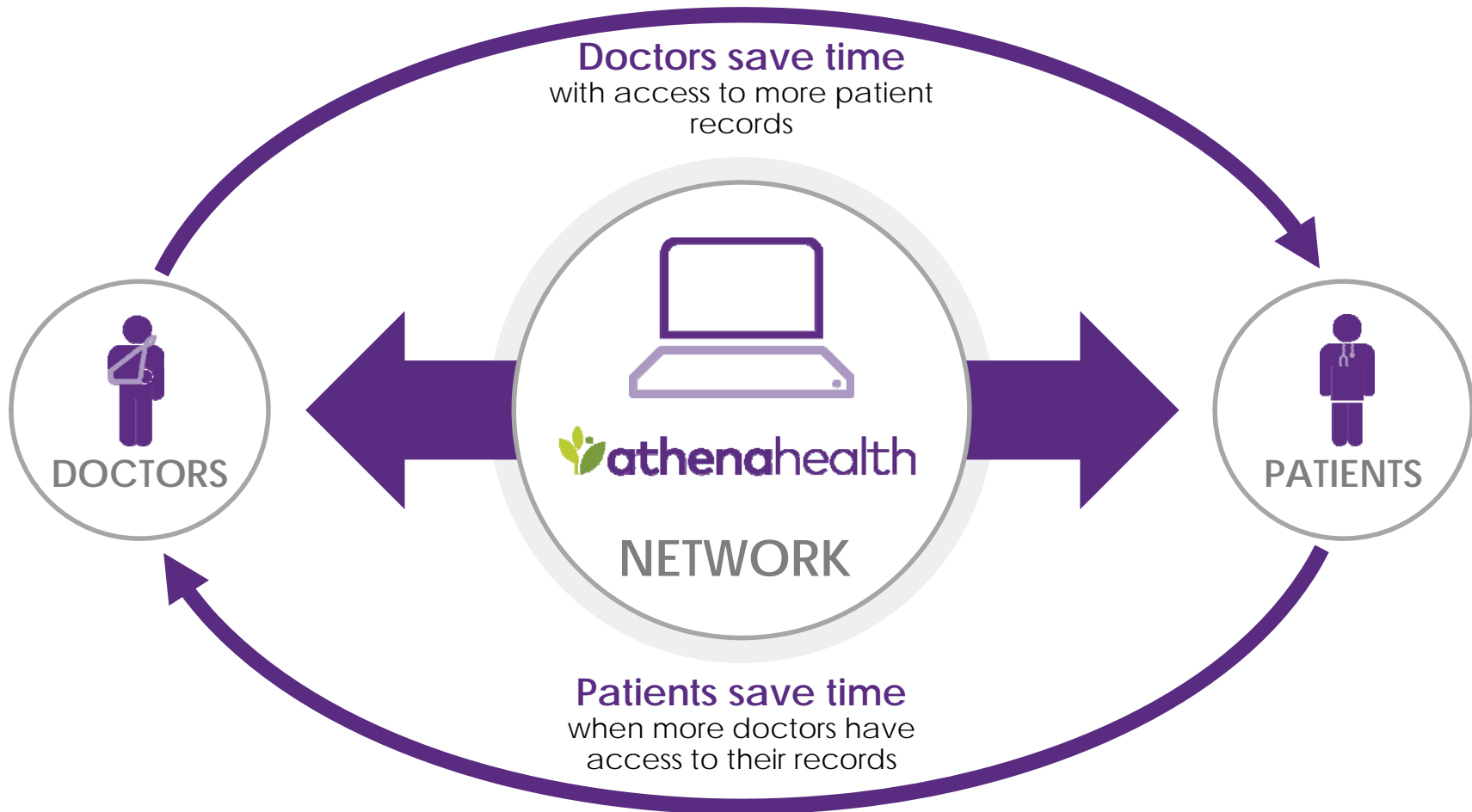
3

Create reasons for network (free) users to **become core (paid) users**

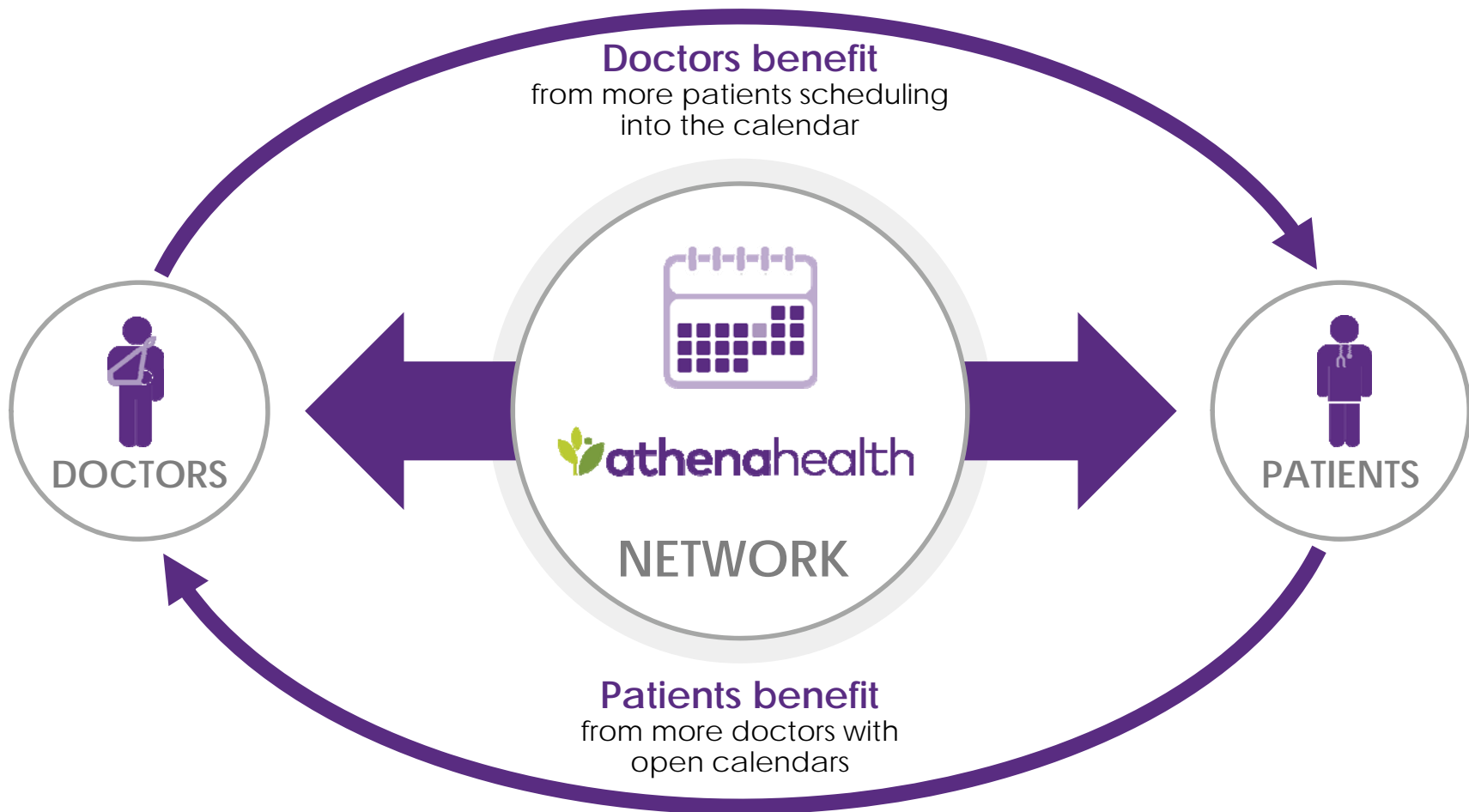
1 Everyone gains value from being on the network



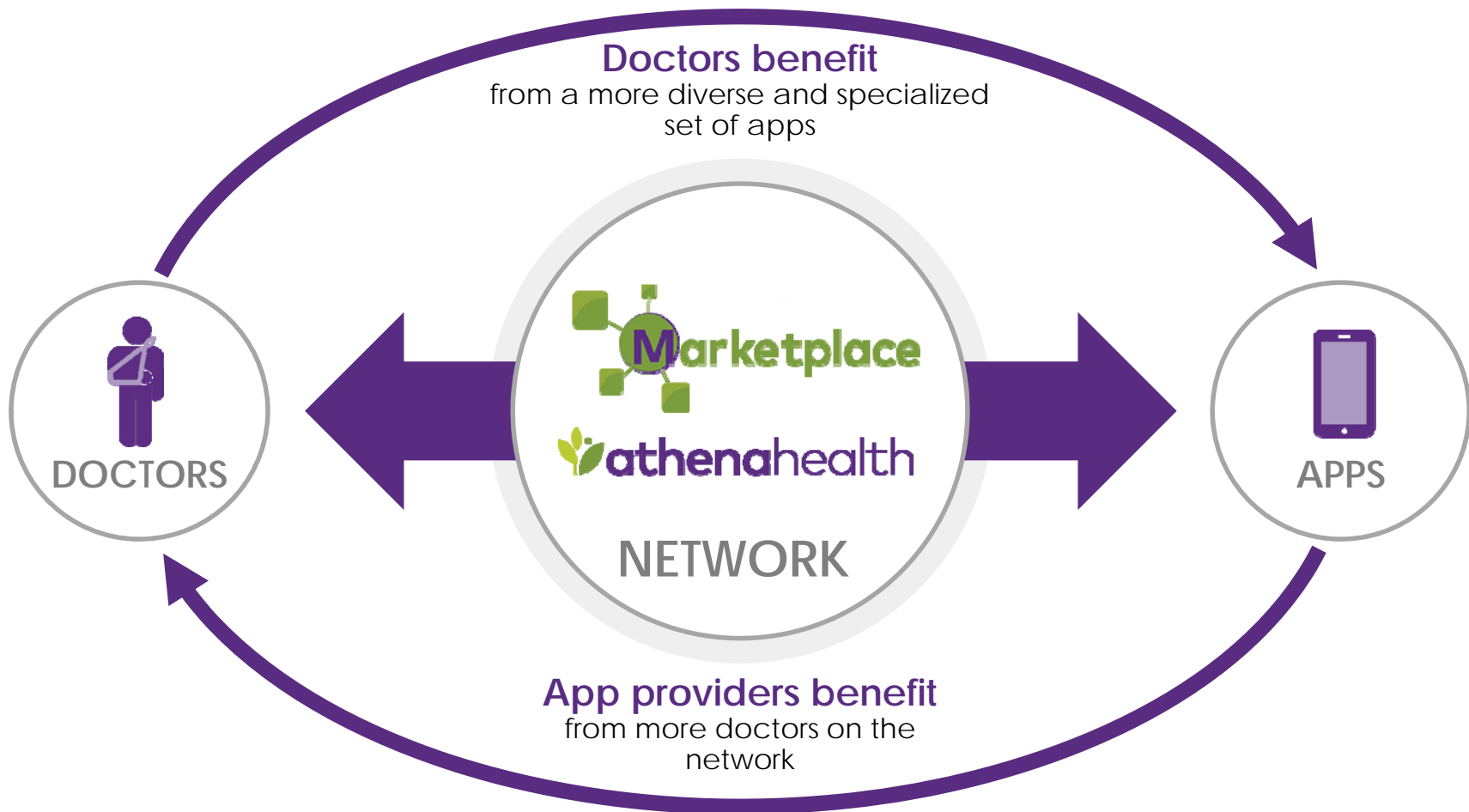
Common Collaboration Platform



Common Calendar

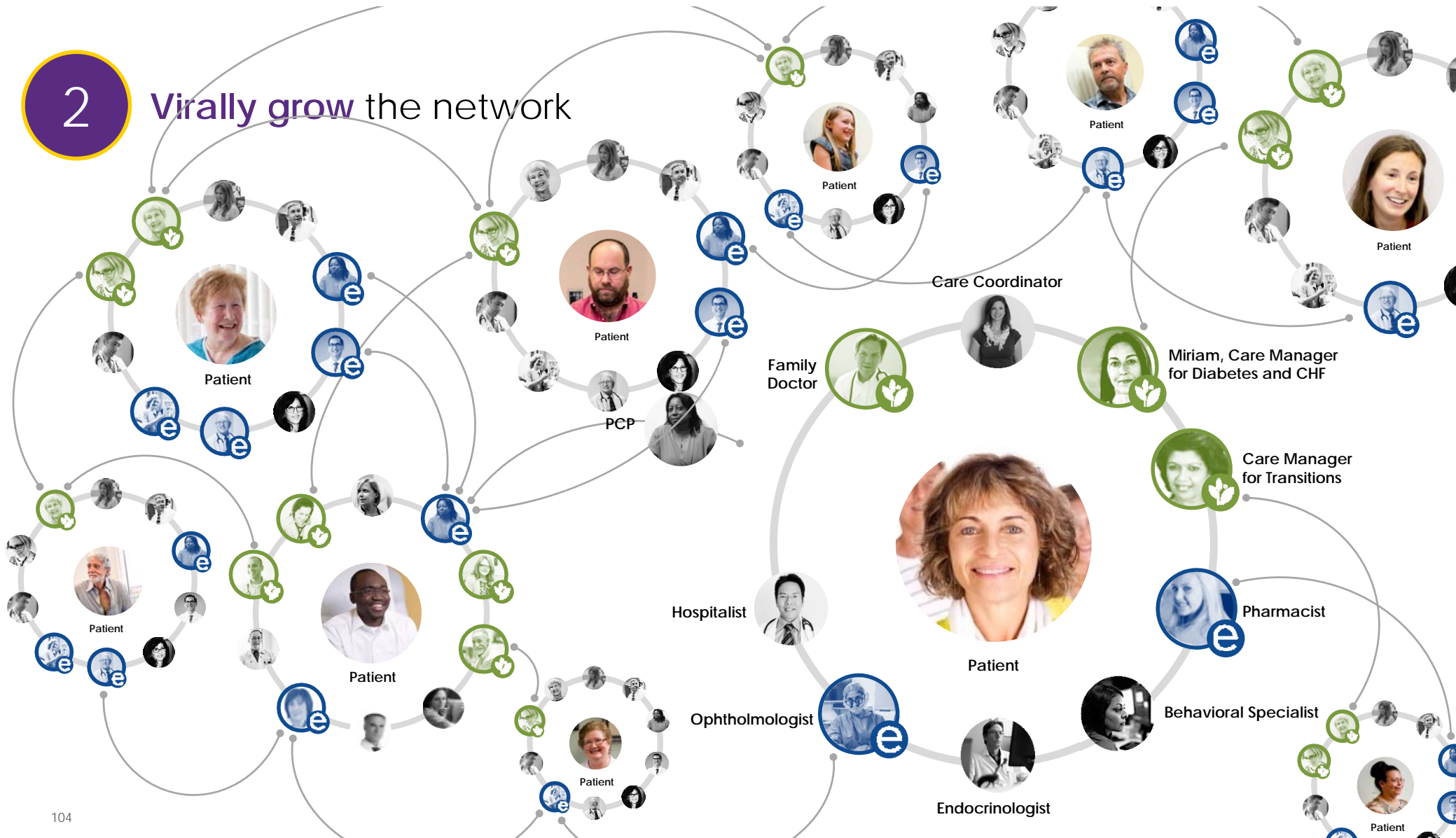


More Disruption Please



2

Virally grow the network



3

Create reasons for network (free) users to **become core (paid) users**

A large white billboard is mounted on a building in an urban setting. The billboard features the text "IF YOU LIVED HERE, YOU'D BE HOME BY NOW." in a bold, dark blue, sans-serif font. The billboard is positioned in front of a red brick building with many windows. In the background, other city buildings and a clear blue sky with some clouds are visible. A street lamp is also visible in the foreground.

**IF YOU LIVED HERE,
YOU'D BE HOME BY NOW.**

The Network is the Platform

Prakash Khot
Chief Technology Officer





"Facebook is pretty much the **GPS for this revolution**. Without the street there's no revolution, but add Facebook to the street and you get real potential."

Foetus

Chief Technology Officer
Tazrik: Tunisian street resistance network

TRUMP

MAKE AMERICA GREAT AGAIN!



Donald J. Trump ✓

@realDonaldTrump

The official Twitter profile for Donald Trump
donaldjtrump.com

TWEETS
27.7K

FOLLOWING
42

FOLLOWERS
4.08M

FAVORITES
50



Following

Tweets

Tweets & replies

Photos & videos



Donald J. Trump @realDonaldTrump · 51m

I'm on Bill @oreillyfactor tonight at 8 PM. It will be another lively interview about how to #MakeAmericaGreatAgain!

Who to follow · Refresh · View all



EvangelicalsForTrump @E... ✕

Followed by Trump2016 an...

Follow

OUTSMART TRAFFIC WITH THE WORLD'S LARGEST COMMUNITY OF DRIVERS



waze
Waze is a free, real-time navigation app.



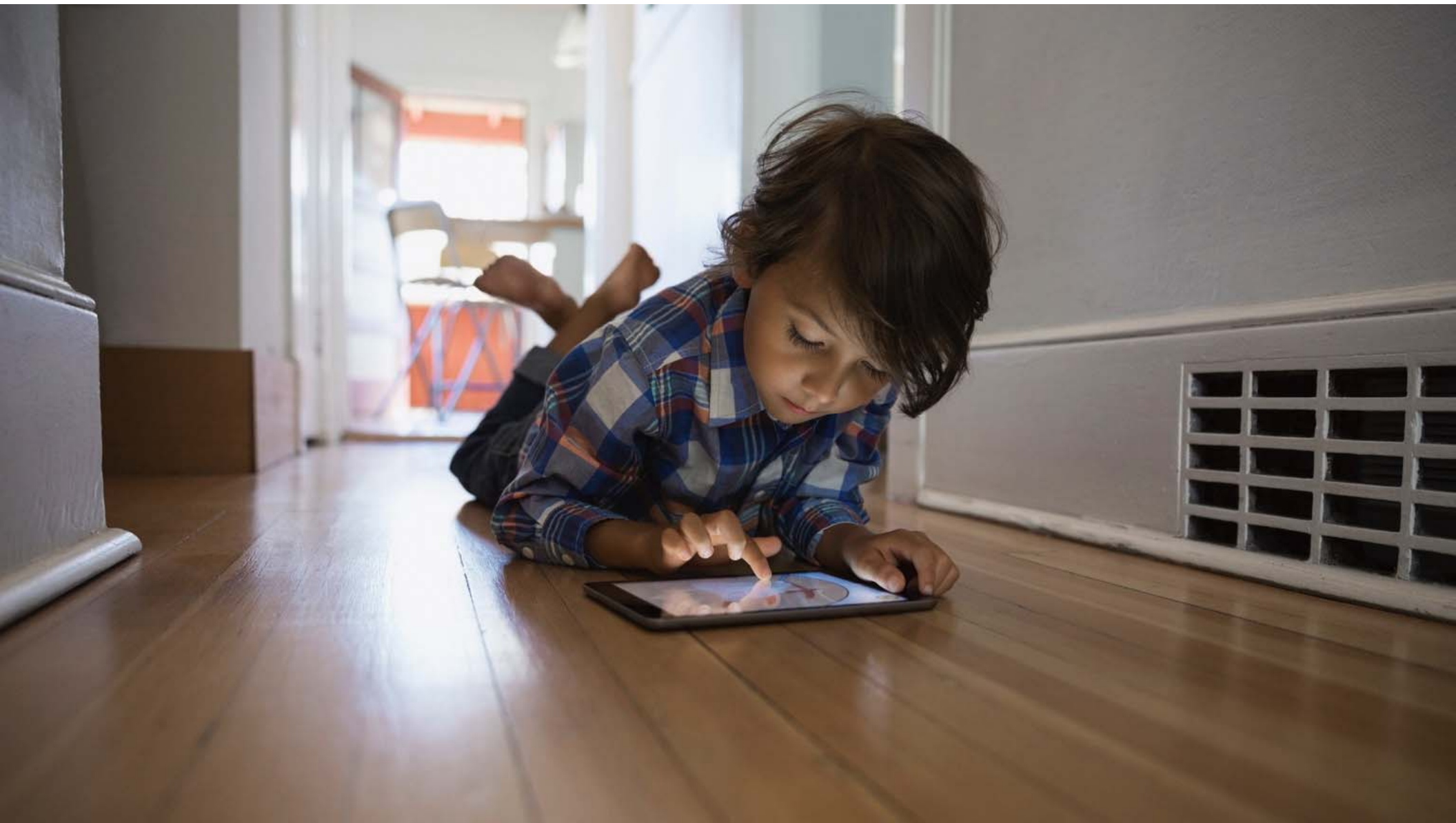
Delivered
**2,000 flu
shots** in
4 hours



UberHEALTH

FLU PREVENTION ON DEMAND







"Alexa, turn on
Welcome Home"

"Alexa, turn on my
Chill Time"



"Alexa, turn off my
Bedroom Sonos"

"Alexa, turn on
the TV"



95%

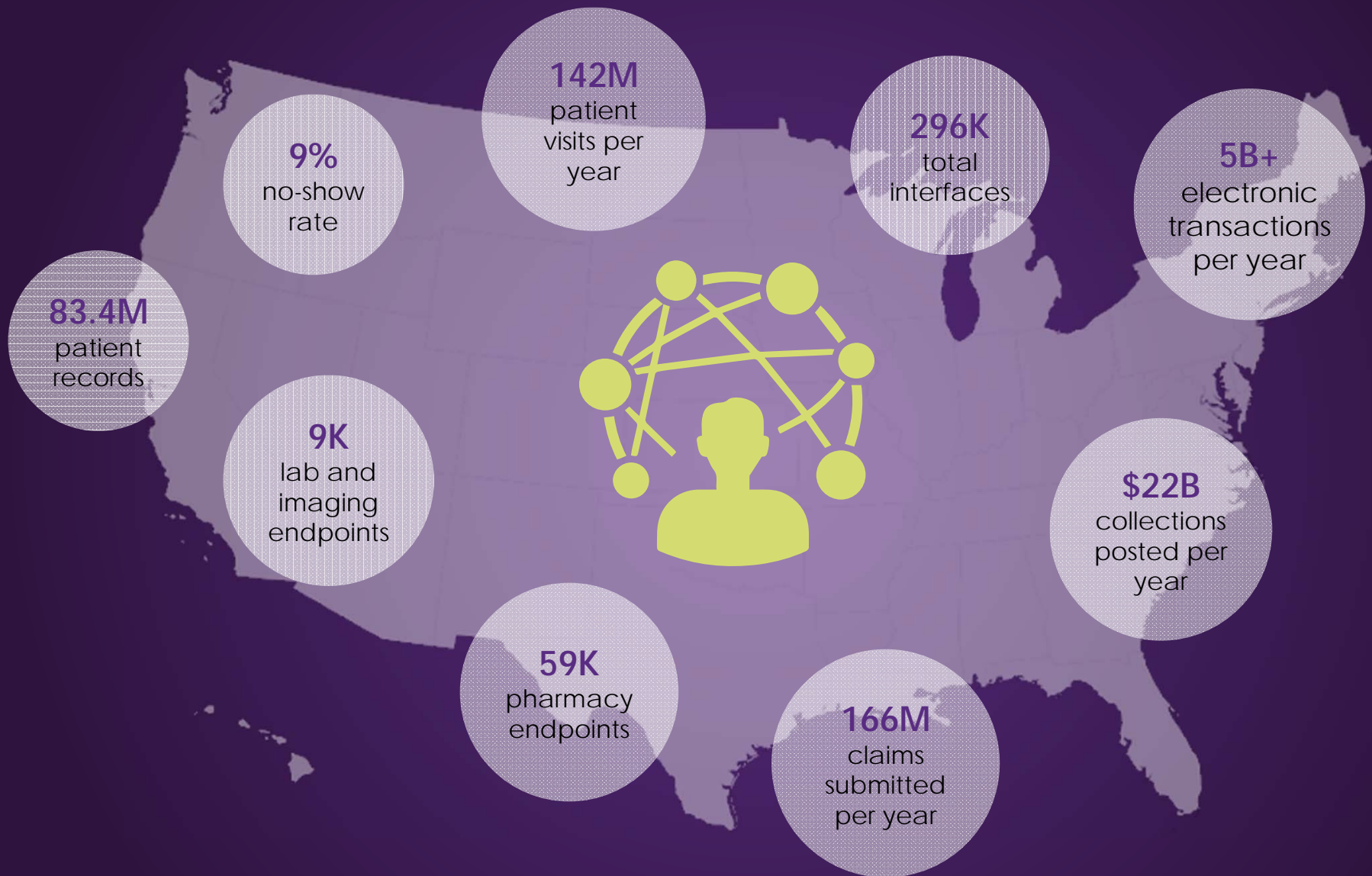
of physicians have experienced a delay or difficulty delivering medical care **because patients' health records were not easily accessible or shared**



Even when physicians practice within the same organization, only

44%

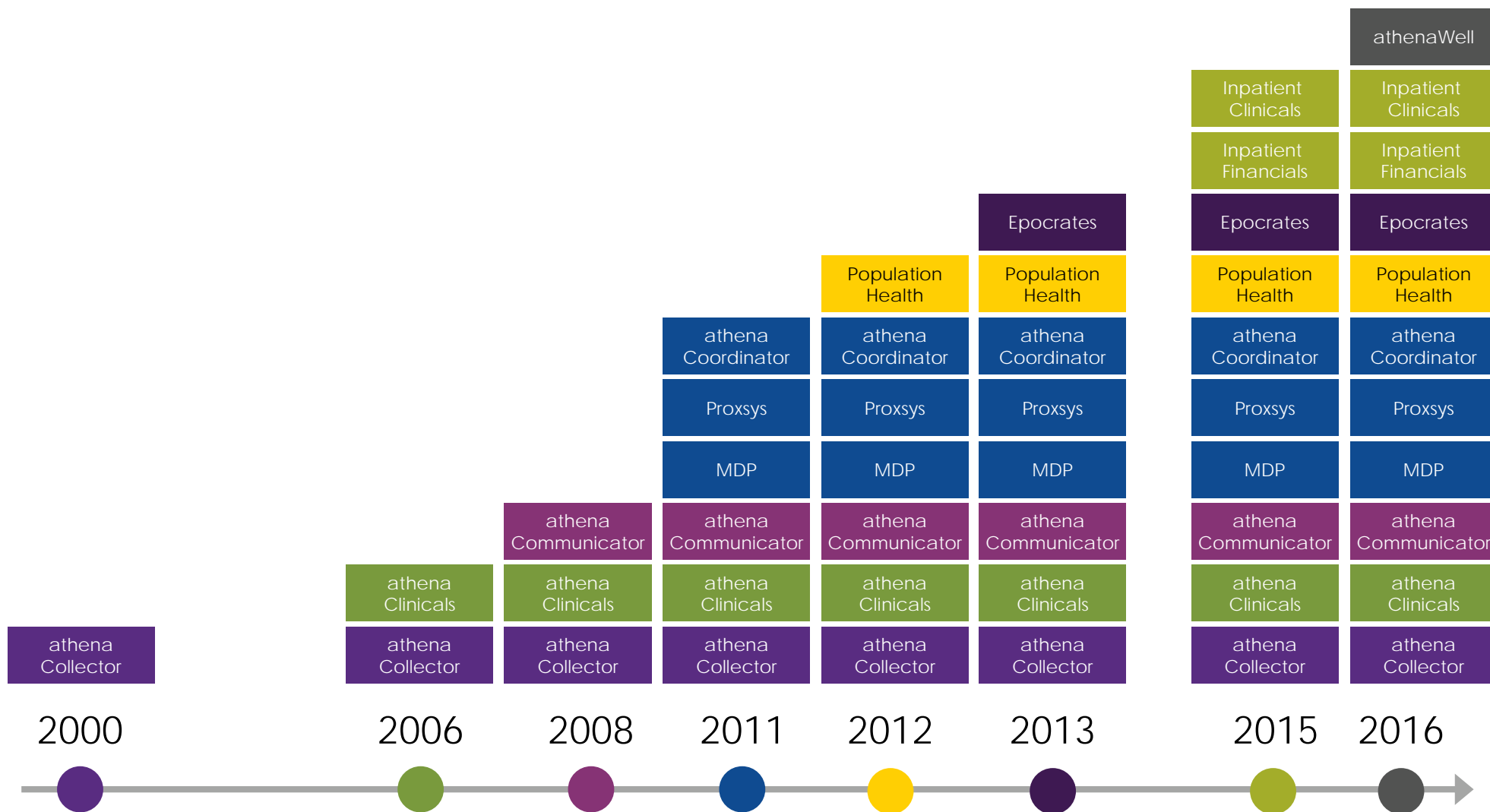
Report they can share patient Information

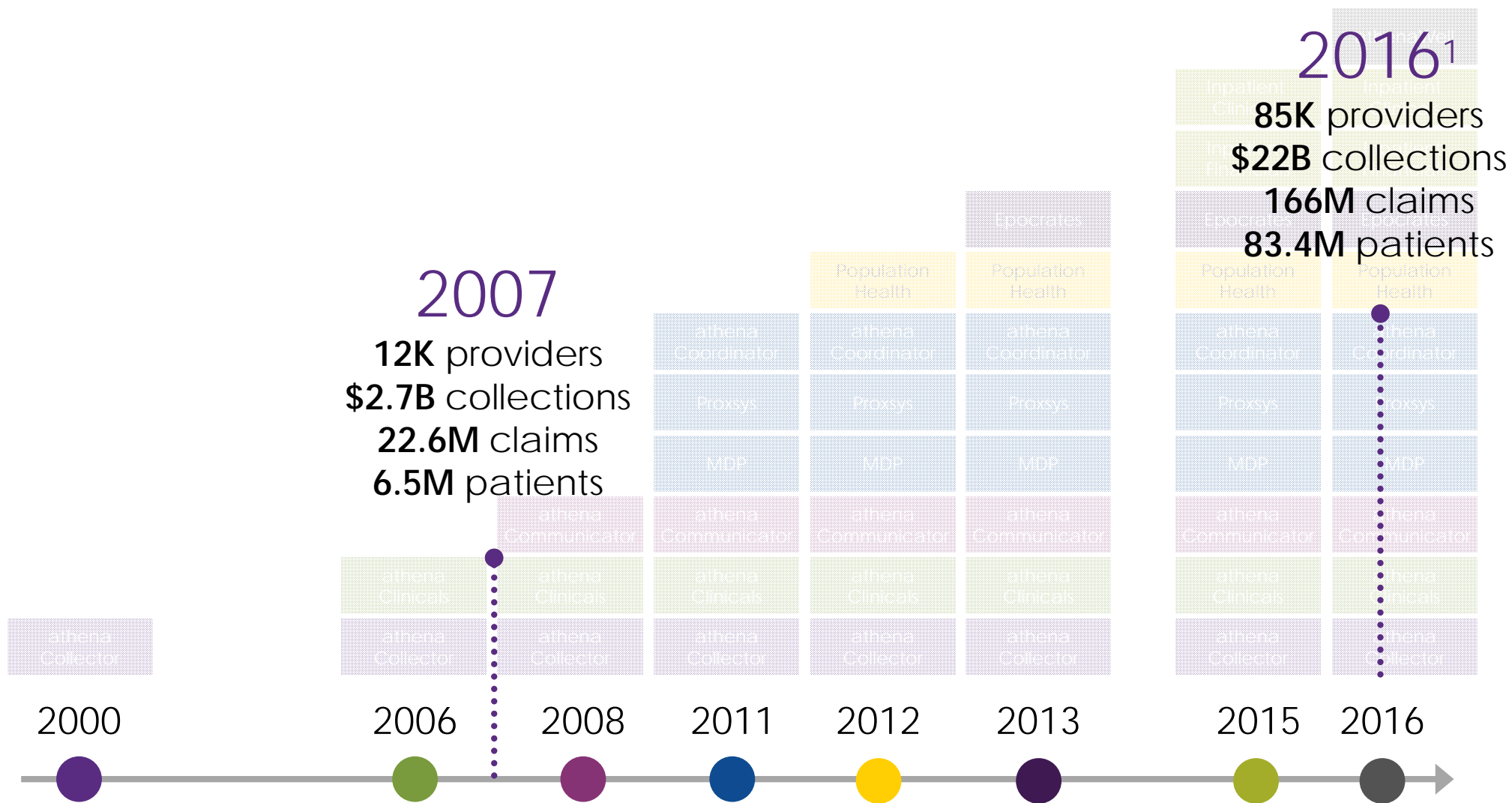


Source: athenahealth data as of Q3 2016 or TTM (Q4 2015 – Q3 2016)

OUR VISION:

Build the information backbone that makes healthcare work as it should.





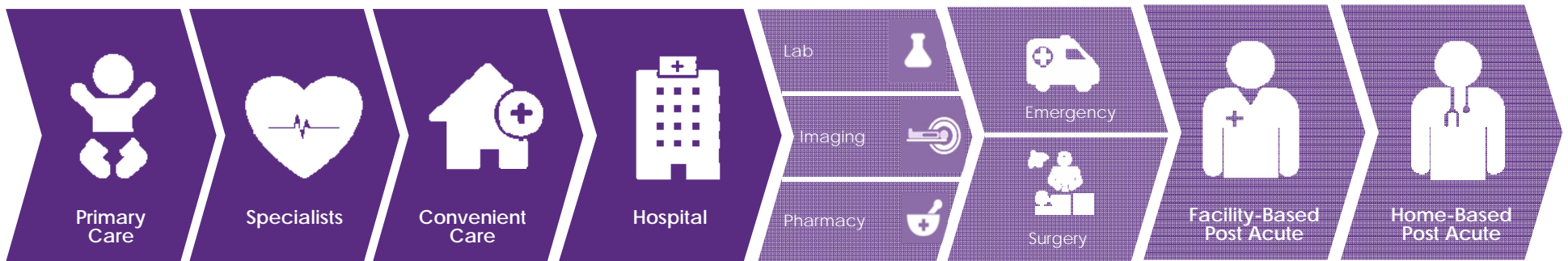


FRAGILE

HANDLE WITH CARE



In pursuit of our mission to provide care
across the continuum,
how do we proceed from here?

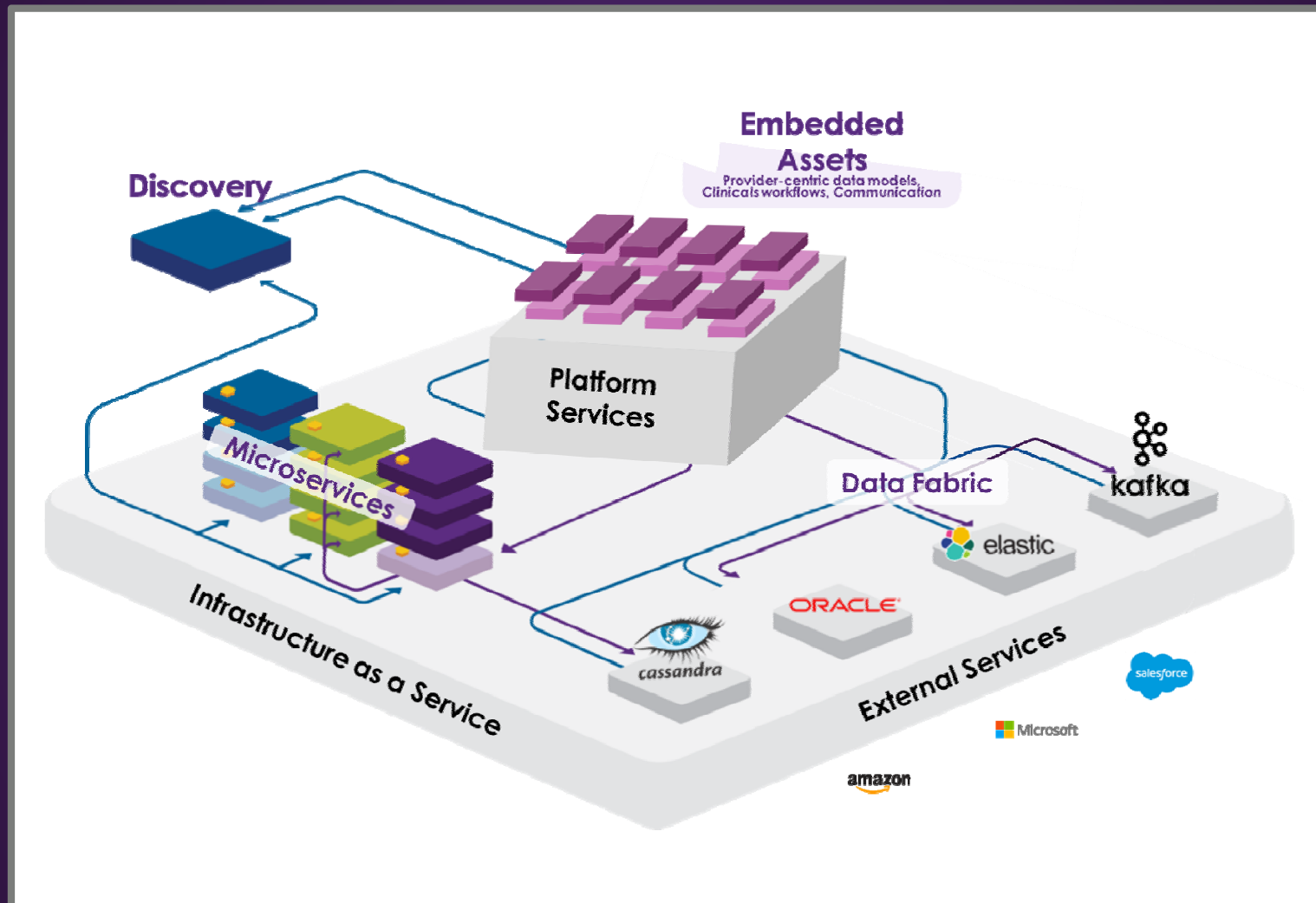


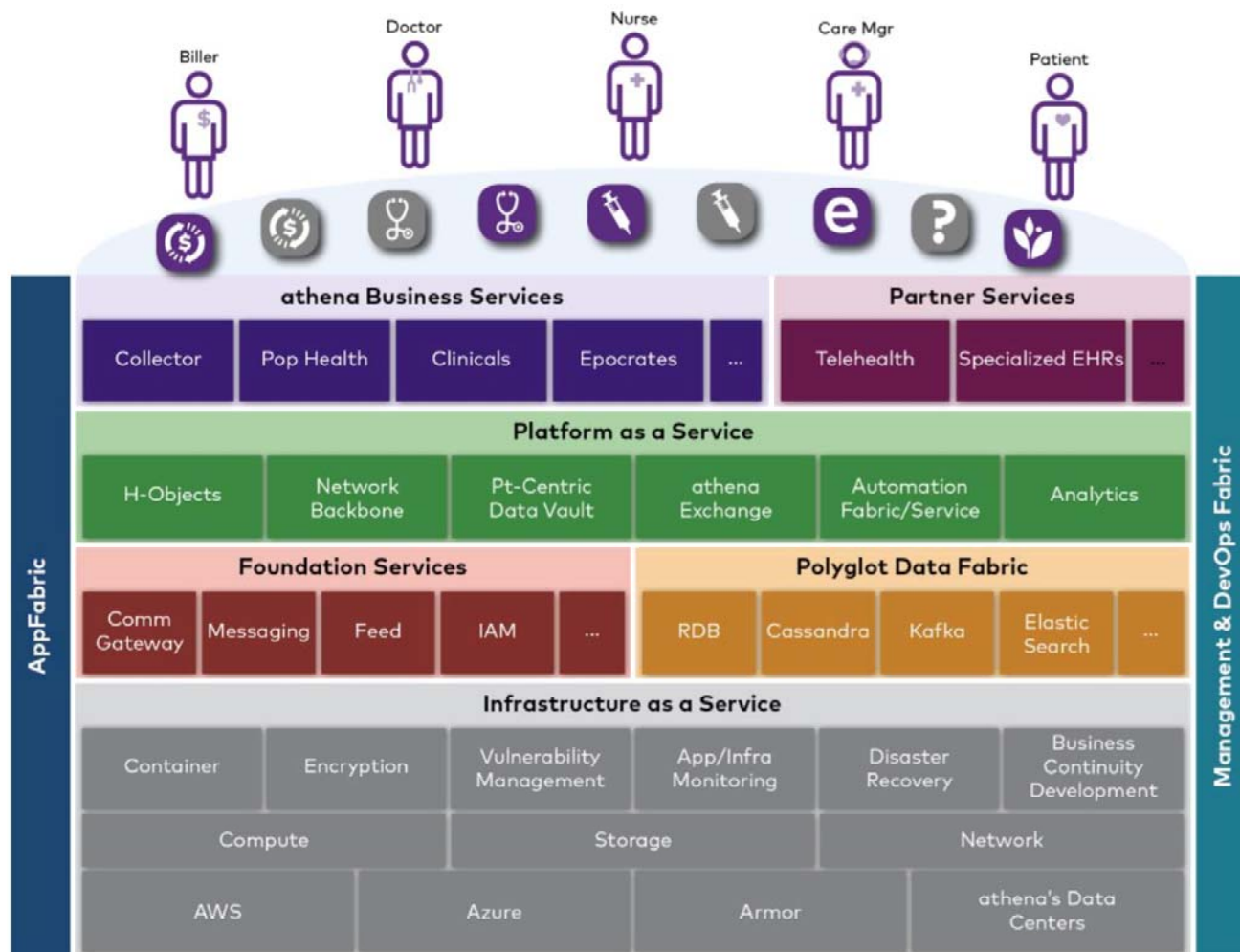


*"the network
is the **platform**"*



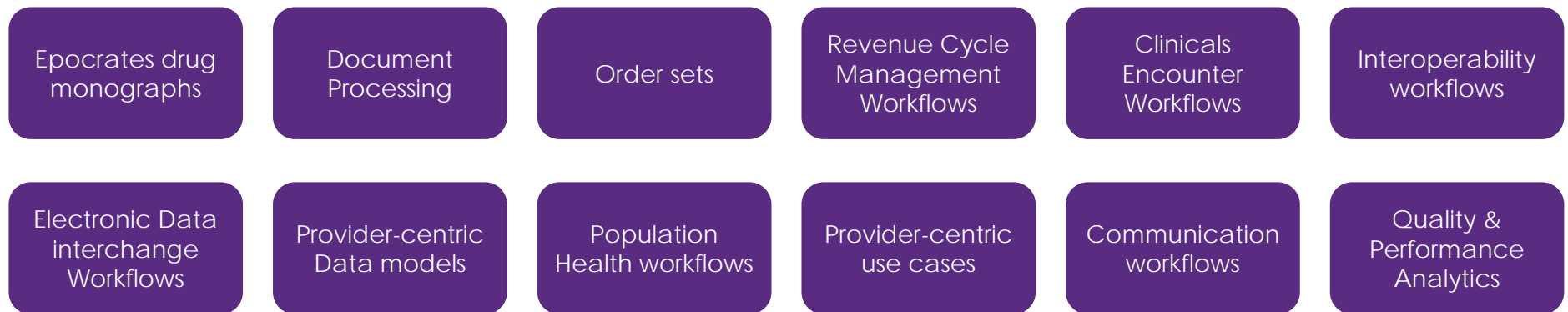




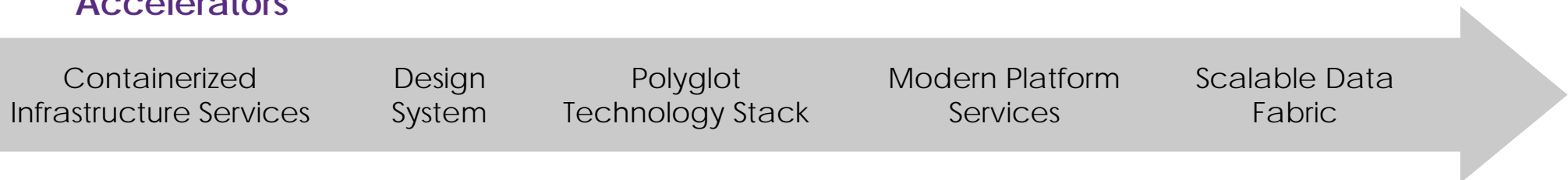


Continuous Accelerated Evolution

Embedded assets



Accelerators



NETFLIX

LinkedIn



Spotify®

twitter

1

Migrate to
microservices
architecture

2

Adopt mobile
and social,
purpose-built
apps

3

Adopt a
progressive
Agile culture
and process

4

Complement
private cloud
with public
cloud

5

Adoption of
open source
technologies to
build new
capabilities

6

Enable
developers to
adopt choice of
programming
languages and
frameworks

7

Test-driven
development

8

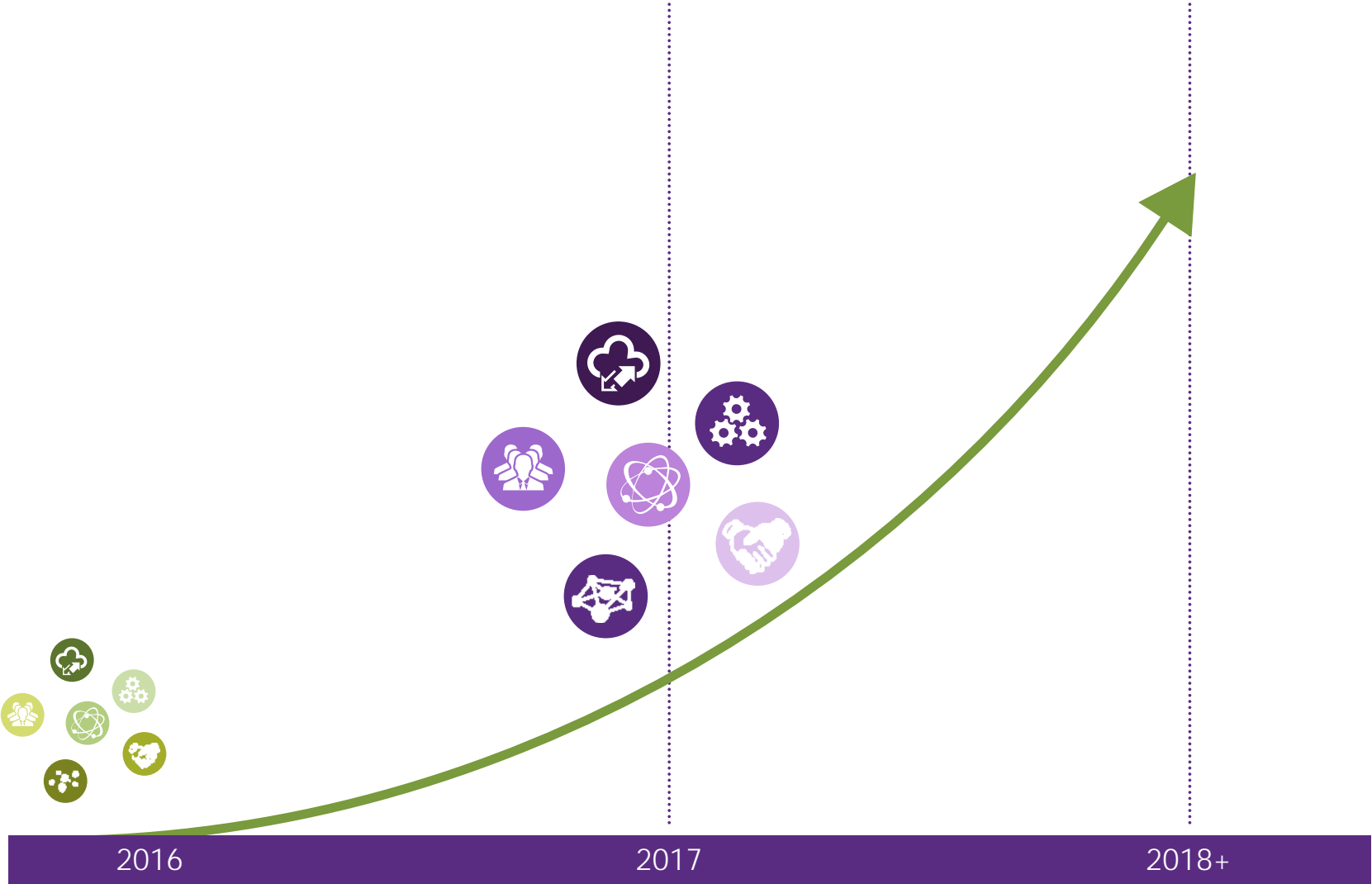
Adopt a
container-based
deployment
architecture

9

Evolve towards
a true bottoms-
up product and
R&D culture

10

Sustained
investment in
platform







athenahealth

Revolutionizing healthcare



Presentation Break

Client Panel Discussion

Stephen Kahane, M.D., M.S.
Client Organization



Moderator

Stephen Kahane, M.D., M.S., Client Organization

Panelists



Robert Brenner, M.D.

SVP, Chief Physician Executive
Valley Health System



Joseph Marchant

Chief Executive Officer
Bibb Medical Center



Bryan Stiltz

SVP, Physician Enterprise
Adventist Health System



Bruce Swartz

SVP, Physician Integration
Dignity Health

Management Q&A

Closing Remarks

Jonathan Bush
Chairman & CEO



Deep and wide in equal measure

- 1 We're doubling-down on work.
- 2 We're expanding across the continuum.
- 3 We're evolving our platform.
- 4 We're pushing out network-effect.



Who would have
thought...



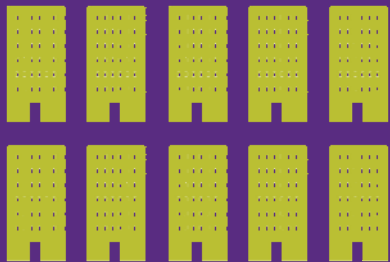
80 million
landlines



101 million
iPhone users



95 YEARS TO BUILD



769,000 ROOMS, **78** COUNTRIES



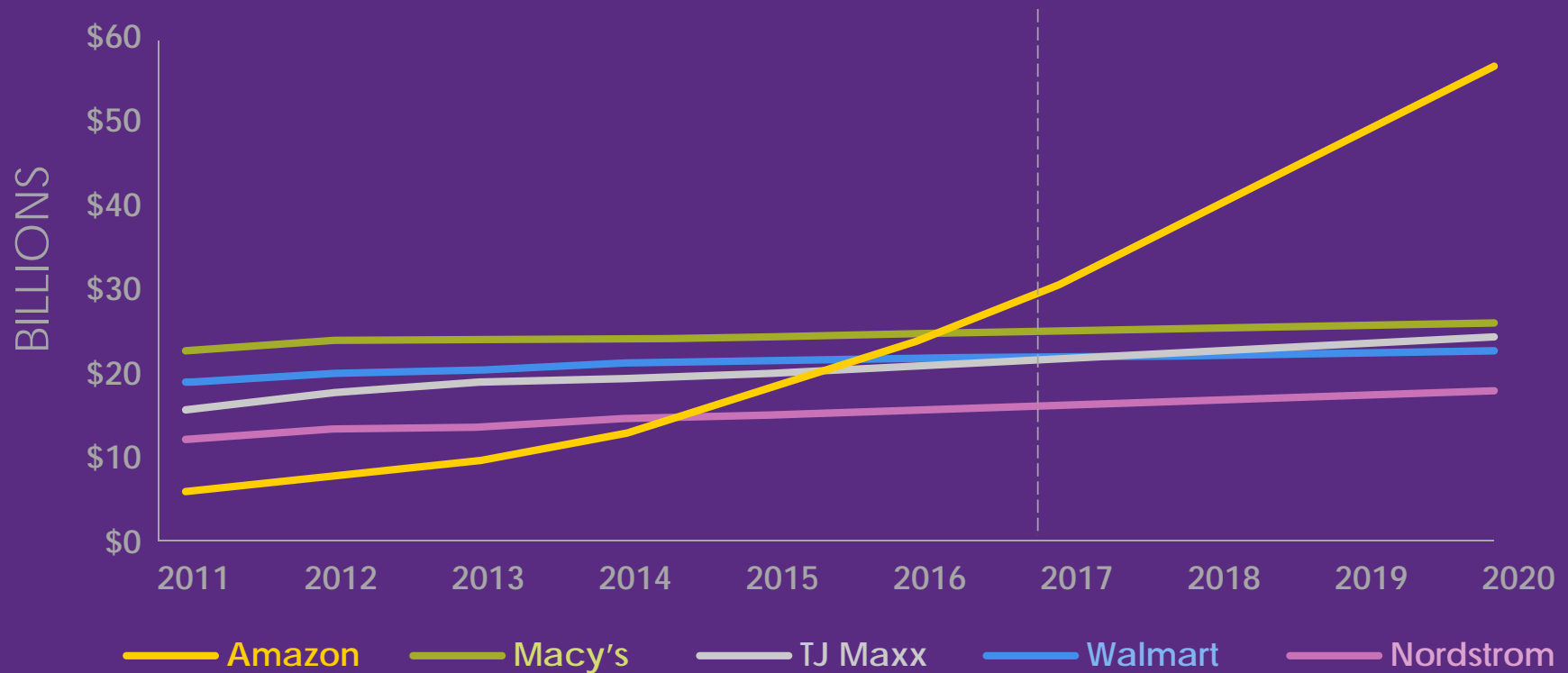
6 YEARS TO BUILD



2.3 million ROOMS, **191** COUNTRIES

Source: 2016 STR, [airbnb.com](https://www.airbnb.com), [hilton.com](https://www.hilton.com)

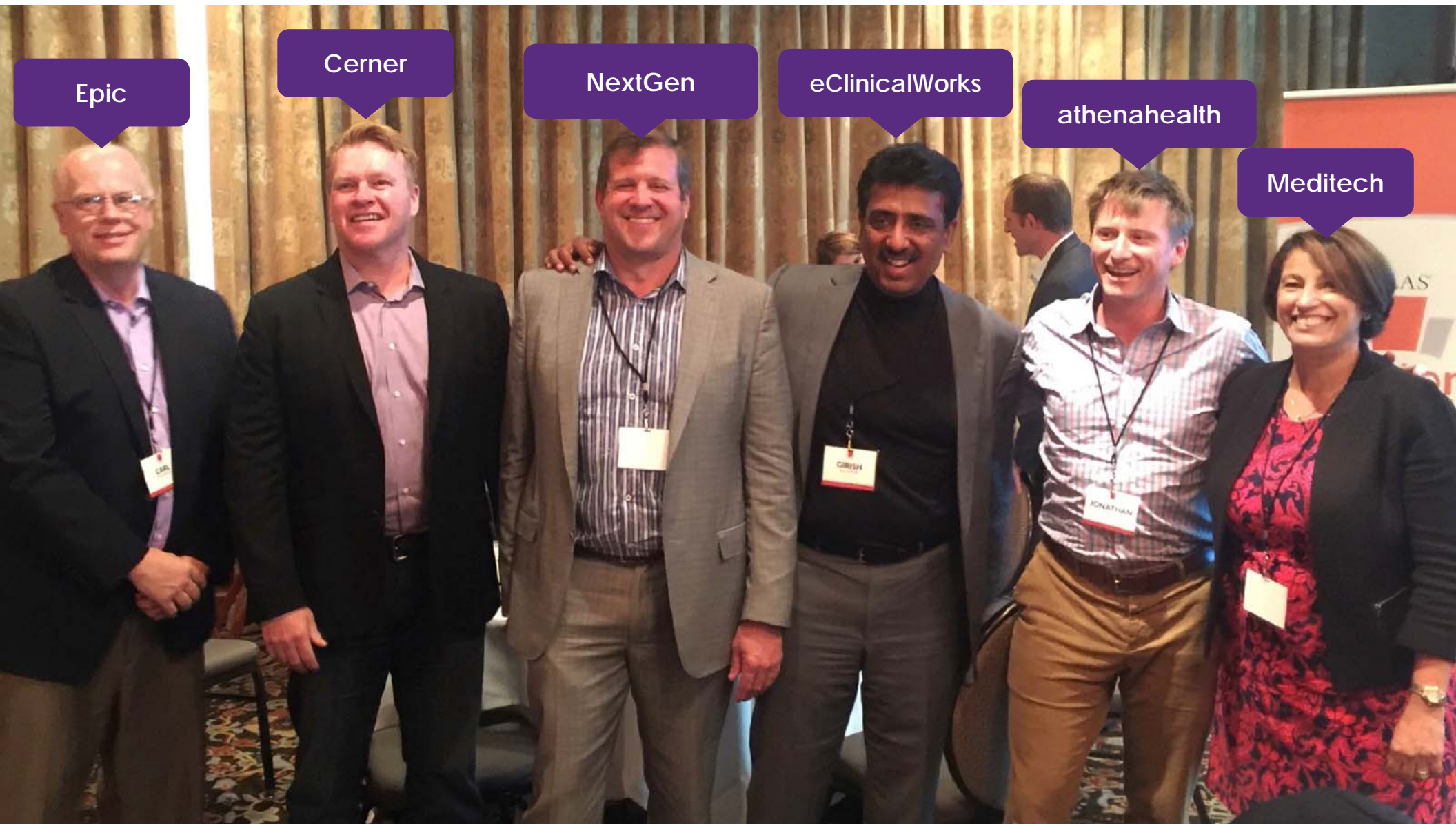
US sales of apparel and accessories



Source: ATLAS | Data: Cowen and Company

Time to reach 50 million users





Epic

Cerner

NextGen

eClinicalWorks

athenahealth

Meditech



Our rate of connection is growing at an accelerated pace.

47M

Patient records
used*

↑ **24%**

122K

Connections

↑ **126%**

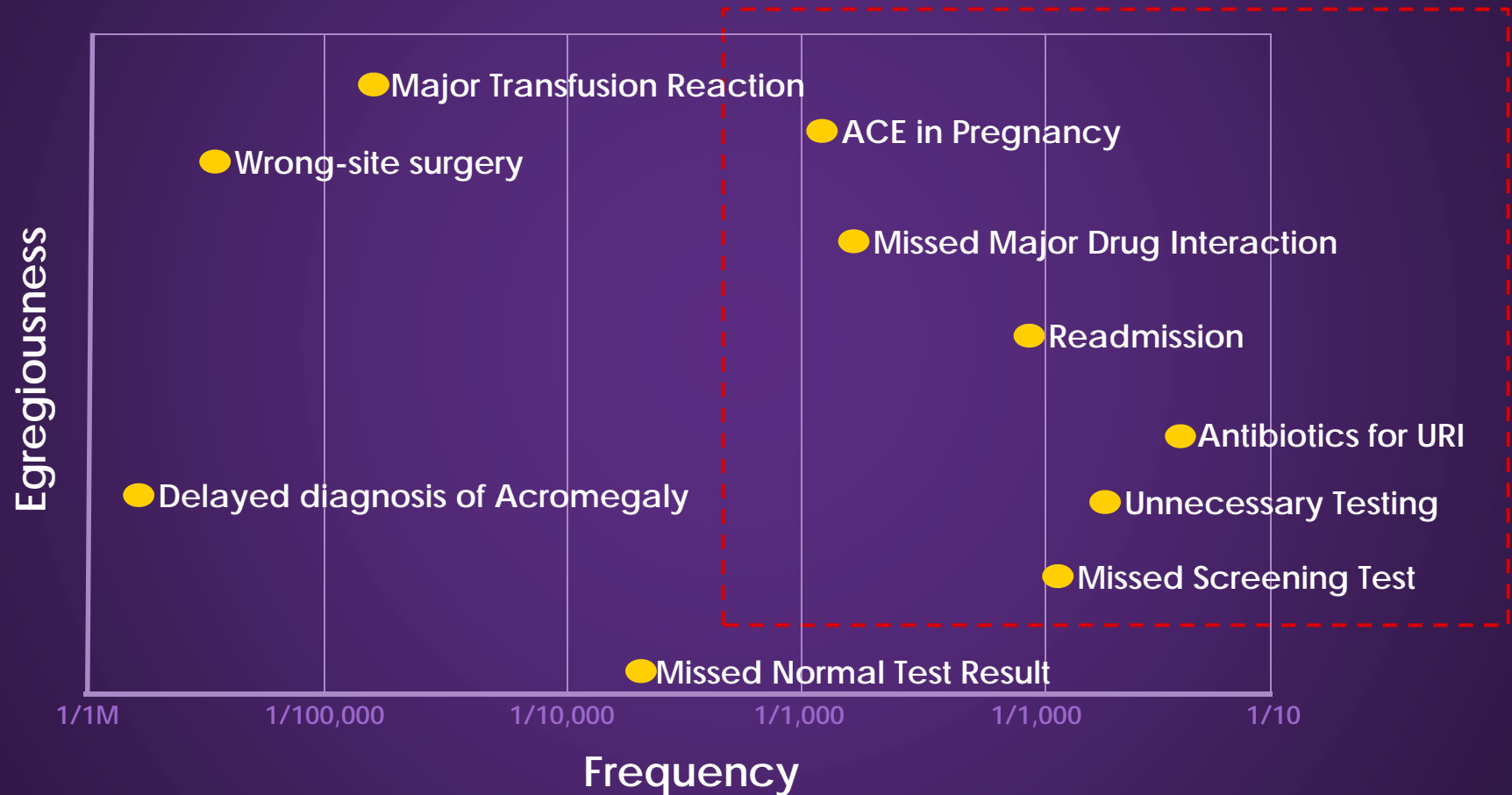
55K

providers received
patient records
from athenaNet

↑ **83%**

* Represents the number of unique patient records (claim or encounter) over the last 18 months

There is massive potential to reduce harm and improve outcomes.





Please join us:

- Lunch with Management
- Nerve Center Tour

Thank You

Appendix



Additional points of interest for fiscal year 2017

It is best to assess our business on a year-over-year basis as there is typically an increase in expense levels during Q1 versus Q4

- FICA payroll tax reset, benefit rate changes, trade shows, etc.

The number of working days varies each quarter; impacting collections during each period:

Q1 16	Q2 16	Q3 16	Q4 16	Q1 17	Q2 17	Q3 17	Q4 17
62	64	64	61	62	64	64	61

Our estimated FY 2017 capital expenditures, excluding capitalized software, is approximately 8% of consolidated revenue

Our estimated FY 2017 stock-based compensation expense, including amortization of capitalized stock-based compensation related to software development, is approximately \$88 million

Our estimated FY 2017 amortization of purchased intangible assets is approximately \$17 million

Our estimated FY 2017 integration and transaction costs is approximately \$5 million

Our expected FY 2017 weighted average basic share count is approximately 39.9 million

Our expected FY 2017 weighted average diluted share count is approximately 40.5 million

Please note that these statements as well as all facts and figures presented above reflect our beliefs as of December 15, 2016 only, and we undertake no obligation to update these forward-looking statements, except as required by law. In addition, forward-looking statements do not constitute guarantees of future performance.

Annual Bookings

Annual Bookings is defined as the sum of the expected annualized recurring revenue from our athenahealth-branded services and the contracted value from our Epocrates-branded services; net of actual charge backs.

Providers

The number of providers, including physicians, that have rendered a service which generated a medical claim that was billed during the last 91 days on the athenaCollector platform. Examples of physicians include Medical Doctors and Doctors of Osteopathic Medicine. Examples of non-physician providers are Nurse Practitioners and Registered Nurses.

Discharge Bed Days

Discharge bed days is defined as the number of days a patient is hospitalized in an inpatient level of care during the quarter. The day of the admission, but not the day of discharge, is counted. If both admission and discharge occur on the same day, it is counted as one inpatient day.

Covered Lives

Covered lives on the network is defined as the quarterly average of the number of patients for which we have eligibility, claims, pharmacy or risk data in the Population Health platform, for a given client in a given month.

2017 Guidance

Non-GAAP reconciliation for fiscal year 2017 expectations

GAAP Operating Income and Non-GAAP Adjusted Operating Income

<i>\$Millions</i>	Fiscal Year Ending December 31, 2017	
	LOW	HIGH
Total revenue	\$ 1,290	\$ 1,330
GAAP operating income	\$ 61	\$ 81
GAAP operating margin	4.7%	6.1%
Add: Stock-based compensation expense	85	85
Add: Amortization of capitalized stock-based compensation related to software development	3	3
Add: Amortization of purchased intangible assets	17	17
Add: Integration and transaction costs	5	5
Non-GAAP Adjusted Operating Income	\$ 170	\$ 190
Non-GAAP Adjusted Operating Income Margin	13.2%	14.3%

Please note that the figures presented above may not sum exactly due to rounding.

Also, please note that all figures presented above reflect our beliefs as of December 15, 2016 only, and we undertake no obligation to update these forward-looking statements, except as required by law. In addition, forward-looking statements do not constitute guarantees of future performance.

9th Annual Investor Summit

December 15, 2016

