
**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 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): March 21, 2017

ALLSCRIPTS HEALTHCARE SOLUTIONS, INC.

(Exact name of Registrant as Specified in Its Charter)

Delaware
(State or Other Jurisdiction
of Incorporation)

001-35547
(Commission
File Number)

36-4392754
(IRS Employer
Identification No.)

**222 Merchandise Mart Plaza, Suite 2024,
Chicago, Illinois 60654**
(Address of Principal Executive Offices) (Zip Code)

Registrant's Telephone Number, Including Area Code: (312) 506-1200

Not Applicable
(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 (see General Instructions A.2. below):

- 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 communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
 - Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))
-
-

Item 7.01. Regulation FD Disclosure

As previously announced, on March 21, 2017, Allscripts Healthcare Solutions, Inc. (the “Company”) will be hosting an investor day event in New York City beginning at 8:00 am Eastern time (“Investor Day”). The Company’s leadership team will present financial information and an overview of the Company’s strategic vision and growth strategy for domestic core systems, global markets, value-based care and post-acute segments. Interested persons will be able to access the material to be presented and a publicly-available live webcast of the Investor Day presentation via the Company’s website at <http://investor.allscripts.com>. The material and a replay of the webcast will also be available approximately two hours after conclusion of the presentation, for a period of at least four weeks, on the Company’s investor relations website. A copy of the material to be presented at the Investor Day is furnished as Exhibit 99.1.

The information furnished pursuant to this Item shall not be deemed “filed” for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the “Exchange Act”), or incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as shall be expressly set forth by specific reference in such a filing.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits.

The following exhibit is furnished herewith:

<u>Exhibit No.</u>	<u>Description</u>
99.1	Copy of Allscripts Healthcare Solutions, Inc. Investor Day Presentation

SIGNATURE

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.

Date: March 21, 2017

ALLSCRIPTS HEALTHCARE SOLUTIONS, INC.

By: /s/ Brian P. Farley
Brian P. Farley
Senior Vice President and General Counsel

EXHIBIT INDEX

<u>Exhibit No.</u>	<u>Description</u>
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Seth Frank, Vice President, Investor Relations

Welcome



Disclaimer

This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995, particularly statements and information regarding future economic performance, finances, and the expectations and objectives of Allscripts management. These forward-looking statements are based on the current beliefs and expectations of Allscripts management, only speak as of the date that they are made, and are subject to significant risks and uncertainties. Such statements can be identified by the use of words such as “future,” “anticipates,” “believes,” “estimates,” “expects,” “intends,” “plans,” “predicts,” “will,” “would,” “could,” “can,” “may,” and similar terms. Actual results could differ from those set forth in the forward-looking statements, and reported results should not be considered an indication of future performance. Certain factors that could cause Allscripts actual results to differ materially from those described in the forward-looking statements include, but are not limited to: the expected financial contribution and results of the Netsmart joint business entity, Allscripts failure to compete successfully; consolidation in Allscripts industry; current and future laws, regulations and industry initiatives; increased government involvement in Allscripts industry; the failure of markets in which Allscripts operates to develop as quickly as expected; Allscripts or its customers’ failure to see the benefits of government programs; changes in interoperability or other regulatory standards; the effects of the realignment of Allscripts sales, services and support organizations; the unpredictability of the sales and implementation cycles for Allscripts products and services; Allscripts ability to establish and maintain strategic relationships; risks related to the acquisition of new companies or technologies; Allscripts ability to protect its intellectual property rights; the outcome of legal proceedings involving Allscripts; Allscripts ability to hire, retain and motivate key personnel; performance by Allscripts content and service providers; liability for use of content; security breaches; price reductions; Allscripts ability to license and integrate third party technologies; risks related to international operations; changes in tax rates or laws; business disruptions; Allscripts ability to maintain proper and effective internal controls; and asset impairment charges. Additional information about these and other risks, uncertainties and factors affecting Allscripts business is contained in Allscripts filings with the Securities and Exchange Commission, including under the caption “Risk Factors” in the most recent Allscripts Annual Report on Form 10-K. Allscripts does not undertake to update forward-looking statements to reflect changed assumptions, the impact of circumstances or events that may arise after the date of the forward-looking statements, or other changes in its business, financial condition or operating results over time.

Non-GAAP Financial Measures

This presentation includes references to non-GAAP gross margin, selling, general and administrative expenses (SG&A), non-GAAP earning per share, Adjusted EBITDA and Adjusted EBITDA, net of non-controlling interest which are also considered non-GAAP financial measures under Section 101 of Regulation G under the Securities Exchange Act of 1934, as amended. Each of these measures adjusts for certain items and are not considered financial measures under generally accepted accounting principles in the United States ("GAAP").

- Non-GAAP revenue consists of GAAP revenue and adds back deferred revenue from the Netsmart transaction that is eliminated for GAAP purposes due to purchase accounting adjustments.
- Non-GAAP gross margin consists of non-GAAP gross profit as a percentage of GAAP revenue in the applicable period, as defined above.
- Non-GAAP selling, general and administrative expenses, as reported, and excludes non-recurring expenses and transaction-related costs and stock-based compensation expense recorded to SG&A.
- Adjusted EBITDA is a non-GAAP measure and consists of GAAP net income (loss) as reported and adjusts for: acquisition-related deferred revenue adjustments; depreciation and amortization; stock-based compensation expense; non-recurring expenses and transaction-related costs; non-cash asset impairment charges; interest expense and other, net; equity in net earnings of unconsolidated investments; and tax provision (benefit).
- Adjusted EBITDA, net of non-controlling interest, is a non-GAAP measure and consists of Adjusted EBITDA as described above, with an adjustment to reduce Adjusted EBITDA for the percentage of non-controlling interest in consolidated subsidiaries. For this presentation, Netsmart preferred stock is treated as if it was converted to common stock.
- Non-GAAP net income attributable to Allscripts Healthcare Solutions, Inc. is a non-GAAP measure and consists of Non-GAAP net income as described above, with an adjustment to reduce Non-GAAP net income for the percentage of non-controlling interest outside Allscripts ownership position. For this presentation, Netsmart preferred stock is treated as if it was converted to common stock.
- Non-GAAP earnings per share consists of non-GAAP net income, as defined above, divided by weighted shares outstanding – diluted in the applicable period.

Management also believes that non-GAAP measures provide useful supplemental information to management and investors regarding the underlying performance of Allscripts business operations. Acquisition accounting adjustments made in accordance with GAAP can make it difficult to make meaningful comparisons of the underlying operations of the business without considering the non-GAAP adjustments provided and discussed herein. Management also uses this information internally for forecasting and budgeting, as it believes that these measures are indicative of core operating results. In addition, management may use non-GAAP measures to measure achievement under Allscripts stock and cash incentive compensation plans. Note, however, that non-GAAP measures are performance measures only, and they do not provide any measure of cash flow or liquidity. Non-GAAP financial measures are not in accordance with, or an alternative for, measures of financial performance prepared in accordance with GAAP and may be different from non-GAAP measures used by other companies. Non-GAAP measures have limitations in that they do not reflect all of the amounts associated with Allscripts results of operations as determined in accordance with GAAP. Investors and potential investors are encouraged to review the reconciliation of non-GAAP financial measures with GAAP financial measures contained within the company's press releases dated November 3, 2016 and February 18, 2016. For the purpose of providing financial guidance, the company does not reconcile non-GAAP revenue, non-GAAP earnings, Adjusted net EBITDA or non-GAAP earnings per share guidance to the corresponding GAAP financial measures. Allscripts does not provide guidance for the various reconciling items since certain items that impact GAAP revenue and net income are either outside of its control and/or cannot be reasonably predicted. These are available on Allscripts investor relations website (<http://www.investor.Allscripts.com>).

Paul Black, Chief Executive Officer

Positioned For Consistent Growth



Allscripts Investor Day Agenda

Time	Topic	Presenter
7:30 AM	<i>Breakfast & Registration</i>	
8:00 AM	Welcome – Agenda, Disclosure Allscripts Overview and Corporate Strategy	Seth Frank, VP Investor Relations Paul Black CEO & Rick Poulton, President
8:40 AM	Q&A Session 1: Strategy	Paul Black CEO & Rick Poulton, President
DOMESTIC CORE SYSTEMS		
9:00 AM	– Hospital & Health System Client Growth Strategy	John Sage, SVP Client Organization
9:15 AM	– New Hospital & Health System Sales	Rich Berner, SVP New Enterprise Sales
9:30 AM	– Independent Ambulatory Market, RCMS and Growth Strategy	Steve Lalonde, SVP Ambulatory Client and Sales
9:45 AM	– Client Delivery and Services	Lisa Khorey, EVP Chief Client Deliver Officer
GLOBAL MARKETS		
10:05 AM	– Global Markets	Paul Black, CEO

Allscripts Investor Day Agenda

Time	Topic	Presenter
10:25 AM	<i>Break</i>	
VALUE-BASED CARE		
10:35 AM	- Population Health: Connecting the Community	James Hewitt, EVP Solutions Development
11:05 AM	- Emerging Payer Solutions	Edward Plut, VP Payer Markets
11:25 AM	- Precision Medicine and 2bPrecise	Assaf Halevy, CEO 2bPrecise
POST ACUTE		
11:40 AM	- Post-Acute: Netsmart Strategy	Kevin Scalia, EVP Corporate Development
12:10 PM	Financial Model and Capital Allocation	Melinda Whittington, Chief Financial Officer
12:30 PM	<i>Lunch/Break</i>	
12:40 PM	Q&A Session 2: Growth Pillars and Follow Ups	All Presenters
1:30 PM	<i>Program Concludes</i>	

Third Largest Global HCIT Company

Our Company



NASDAQ: MDRX
Public since 1999

Global HQ: Chicago, IL

2016 Non-GAAP Revenue:
~\$1.6B
~78% recurring

Our Team



7,300 team associates globally

Veteran executive leadership

Clients, team members in 13
countries incl. Australia, Canada,
Israel & UK

Third Largest Global HCIT Company Our Complete Portfolio

Precision Medicine & Consumer Solutions

Integrated, actionable genomic information delivered directly into clinical workflow.

Electronic Health Record

The power of Allscripts EHRs extends across the continuum, connecting healthcare communities.



Population Health Management

CareInMotion™ addresses every element of the population health equation.

Financial Management

Management and operational efficiency.

Third Largest Global HCIT Company

Our Breadth and Connectivity



~2,500

HOSPITALS



45K+

PHYSICIAN PRACTICES



2B+

OPEN API
DATA SHARES



14M+

COORDINATED COMMUNITY
CARE REFERRALS



100K+

COORDINATED COMMUNITY
CARE ORGANIZATIONS



10M+

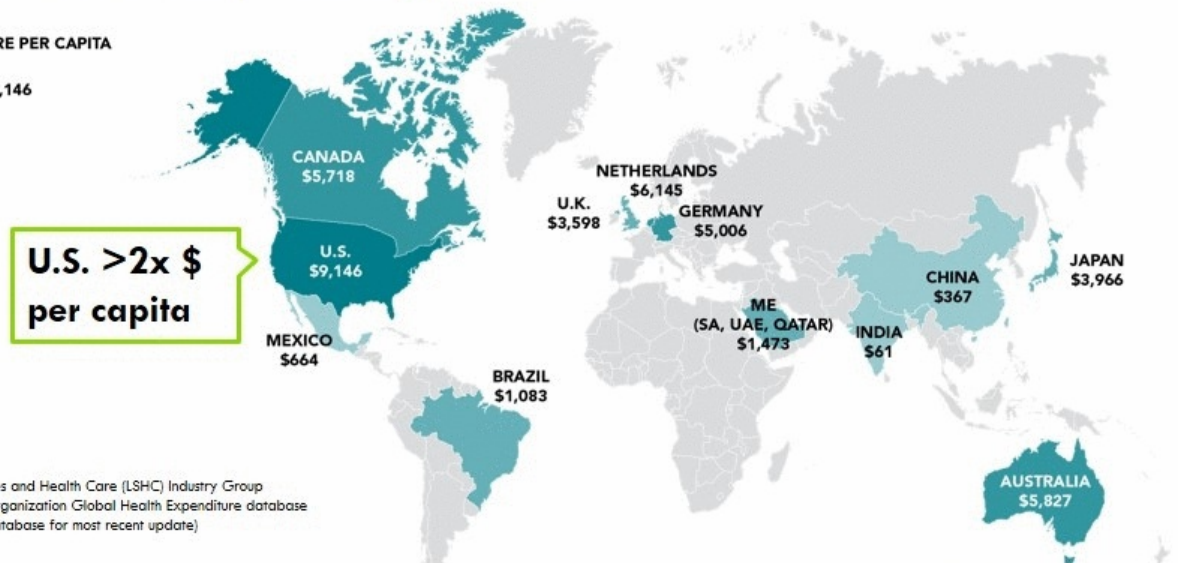
CONNECTED
CONSUMERS

Global Market - Massive Untapped Need

Must Bend the Cost/Quality Curve

HEALTHCARE EXPENDITURE PER CAPITA
(CURRENT US\$)

\$12 ————— \$9,146



Source: DTL Global Life Sciences and Health Care (LSHC) Industry Group analysis of The World Health Organization Global Health Expenditure database (see <http://apps.who.int/nha/database> for most recent update)

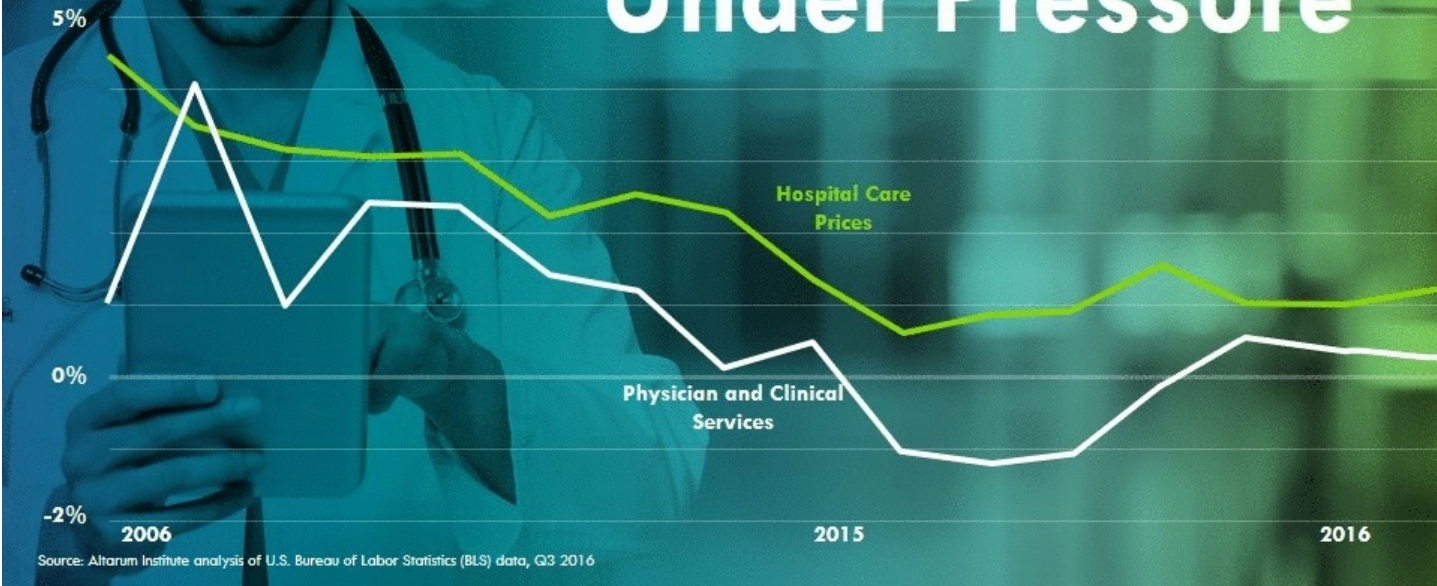
Underwhelming Outcomes: 2014 v 2009

Current Rank	2009 Rank	Change	Country/Region	Efficiency Score	Life Expectancy	Relative Cost %	Absolute Cost \$
1	1	-	Hong Kong	88.9	83.98	5.40	2,021
2	2	-	Singapore	84.2	82.65	4.92	2,752
3	8	5	Spain	72.2	83.80	9.03	2,658
4	7	3	S. Korea	71.5	82.16	7.37	2,060
5	4	-2	Japan	68.2	83.59	10.23	3,703
48	49	1	Belarus	35.2	72.98	5.69	450
49	51	2	Serbia	34.0	75.53	10.37	633
50	49	-1	U.S.	32.6	78.94	17.14	9,403
51	53	2	Jordan	32.2	74.50	7.45	359
52	47	-5	Colombia	31.9	73.99	7.20	569

**U.S.
Ranked
#50**

Source: Bloomberg Health-Care Efficiency Index September 28, 2016

Provider Yields Under Pressure



Opportunity Arises



**BIG DATA
ANALYTICS**



**CHANGING
INTEROPERABILITY
STANDARDS**



**ACA
UPHEAVAL**



**AI/MACHINE
LEARNING**



**GENOMICS
GOING
MAINSTREAM**



**GOVERNMENT
PAYMENT
REFORM**

Driving Boardroom Dialogue

Requires a full complement of strategic assets



Issues

- Consumer
- Rising operating costs
- Acute Volume pressure
- Doc/ hospital alignment
- M&A
- ACA future
- Provider shortages
- Rating agencies



Solutions

- Branding/leakage/engagement
- Costing systems
- VBC arrangements
- MACRA upgrades/training
- Consolidate vendors
- Payer strategies
- Maximize productivity
- Maximize current investments

Source: nrc Health: Healthcare Forecast 2017: Top Trends Driving Board Strategic Priorities

Creating a Growth Opportunity for Our Solutions- Not Dependent on Economic Environment

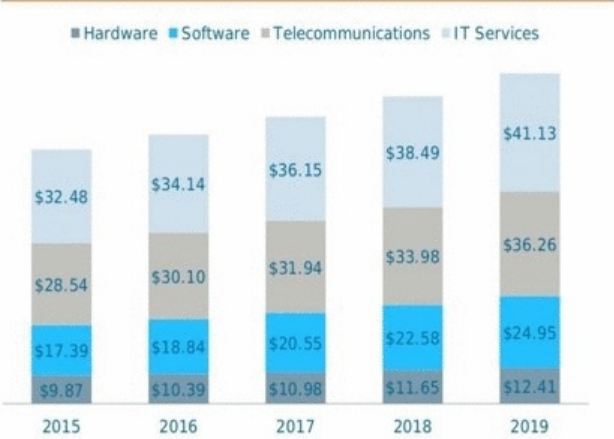
Global Health IT Market



Source: Infiniti Research Limited; TECHNAVIO.COM Global Healthcare IT Spending Market, 2015-2019, 2015

HIMSS Analytics

Global HCIT Market Segments



Source: Infiniti Research Limited; TECHNAVIO.COM Global Healthcare IT Spending Market, 2015-2019, 2015

Our Vision: Open, Contemporary Platform



Best Positioning in Our History

- Third largest HCIT company
- Complete portfolio
- Solving large problems with technology
- Positioned exceptionally well in a non-cyclical industry



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DELIVERY SYSTEMS



PATIENTS



**OPTIMIZED FOR
WHAT'S NEXT**

Richard Poulton, President

Corporate Strategy



Talk About Two Themes:

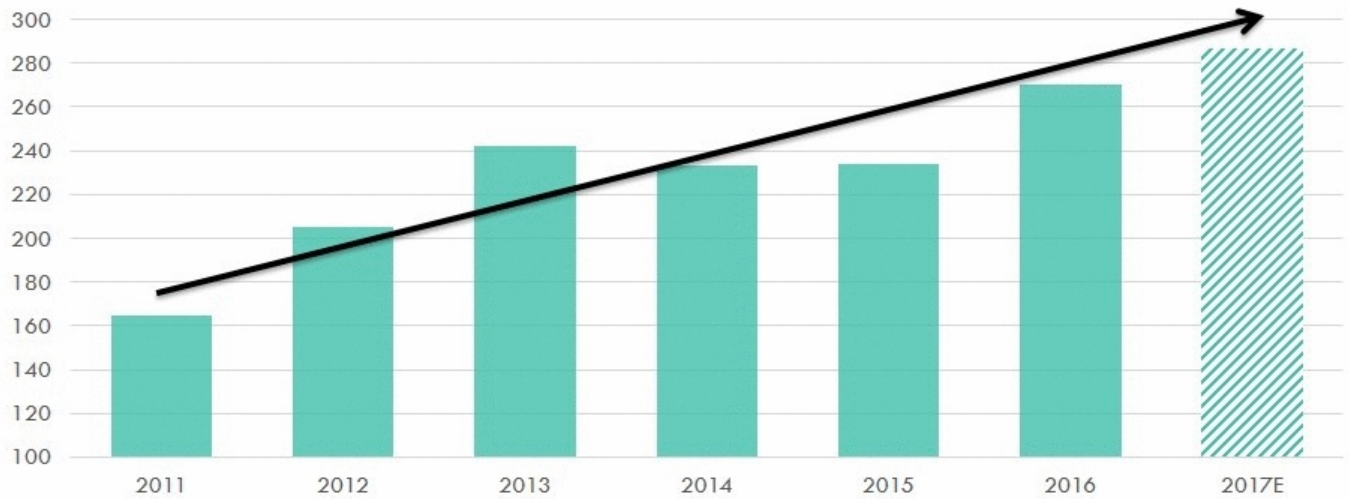


2013 – What Was the Five-Point Plan?

1. Win back confidence of clients; deliver on commitments
2. Eliminate technology debt in our existing solutions
3. Pivot from up-front license to recurring revenue model
4. Reduce bloated overhead cost structure
5. Create differentiation in both our technology solutions and through the breadth of our corporate portfolio

Ramp in Gross R&D Investment

New management team has significantly ramped up investment in the business



Internal R&D Plus Targeted Acquisitions Creates Portfolio Differentiation

R&D

- Community Aware EHR
- Advanced 3rd Party Interface Platform
- 2bPrecise Genomics Platform
- Care Coordination Platform

Acquisitions

- Data Harmonization Engine
- Untethered Patient Portal
- International PAS
- Discharge Planning and Monitoring Engine
- Post-Acute Provider Platform

Lead To: Momentum in Reputation and Recognition



- **HIT Loyalty Index 2016:** Allscripts recognized as a “Most Loyal” vendor by customers – the top tier rating
- **2016, 2015, 2014 Top Rated Inpatient EHR:** Large Hospitals & Academic Medical Centers (+200 beds)
- **2016, 2015, 2014 Top Ambulatory EHR:** Large Group Practices



- **Peer60 2016:** Mindshare Leader in Revenue Cycle Management
- **Peer60 2016:** Mindshare Leader in Patient Engagement



MedStar Health

- **2015 Perfect Scores:** Best practices for User-Centered Design

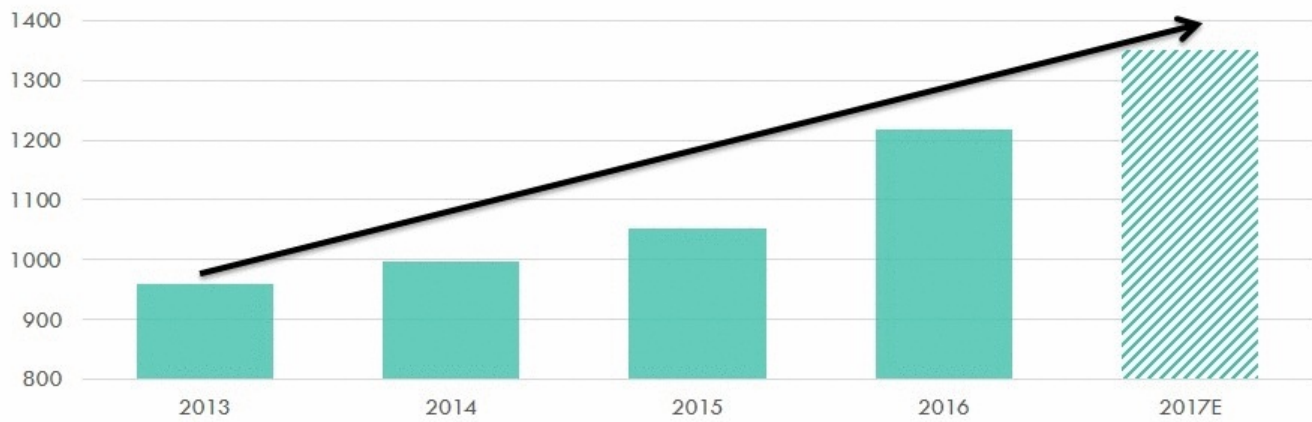
New Business Wins / Bookings

Lead to: Bookings inflection 1-2 years after R&D uptick



Acceleration in Recurring Revenue

Recurring revenue is approaching ~80% of total revenue



Growth	4%	6%	16%
% of total revenue	72%	76%	77%

2017 numbers based on mid-point of guidance range.
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Stabilization in Non-recurring

Non-recurring revenues are less significant and no longer expected to be a headwind to growth



Growth	-7%	-15%	7%
% of total revenue	28%	24%	23%

2017 numbers based on mid-point of guidance range.
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Growing Adjusted EBITDA Margins

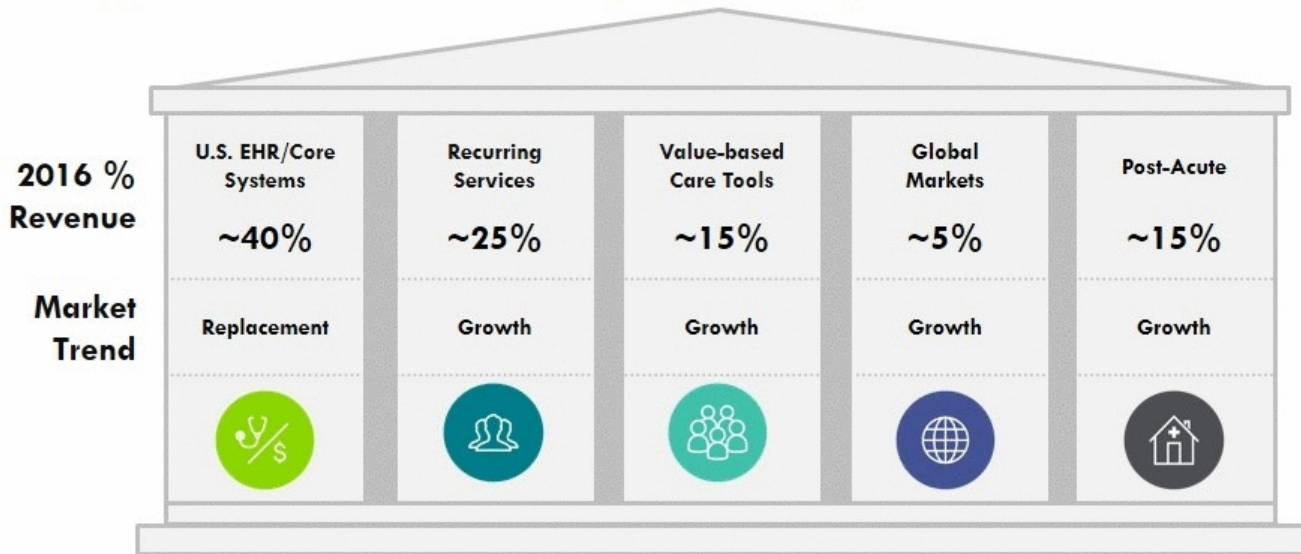
Cost reduction efforts have allowed EBITDA Margins to grow; new revenue growth starting to accelerate this impact



See reconciliation of non-GAAP metrics in the appendix of this presentation. 2017 numbers based on mid-point of guidance range.
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Diversified Growth Strategy

Strong foundational core with multiple growth segments for the future



2016 Examples of Growth Momentum

Expansions



Wins



Growth Markets

- RCMS
- Payer Life Sciences



Inflecting Toward Sustainable Growth

- Higher client satisfaction and improved product offering has led to an acceleration in sales and new business...
- Improved bookings performance has not yet resulted in overall revenue growth due to the multi-year decline in non-recurring revenue, which is finally expected to stabilize in 2017 allowing for overall growth...
- Allscripts expects to realize meaningful operating leverage as top-line revenue starts to grow...
- The combination of operating leverage in the income statement and cash flow statement will drive free cash flow that will be deployed to the benefit of clients and shareholders

Best Positioning in Our History

- Executing on a consistent strategy since 2013
- Strong foundation to support future growth
- Ramped R&D, advanced reputation
- 2017 begins to demonstrate inflection point of the past four years efforts



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Allscripts Investor Conference | March 21, 2017

Domestic Core Systems



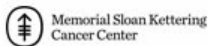
John Sage | SVP, Client Organization

Hospital & Health System Client Growth Strategy



Substantial Institutional Footprint

“Our Client Organization Touches **350** of the Largest Health Care Organizations in the United States...Every Day.”



2016 Momentum

Record Year

- Year over Year Growth
- Bookings & Contract extensions

New Systems Sales

- 10 Net New Sunrise Hospital Footprints in the base
- OptumCare – Touchworks
- Competitive wins in the Ambulatory base

Revenue Cycle Wins

- Sunrise Financial Manager
- Ambulatory Practice Management
- Revenue Cycle Management Services

Industry/Client Recognition

- Black Book Top Rated Inpatient EHR
- 16% Client Satisfaction across client base

Perfecting a High Engagement Model

Program Overview and the Adoption/Outcomes Relationship



High value approach that raises Allscripts relationship value over time

Results: Industry & Client Recognition



Black Book

- **2014-2017** #1 Inpatient EHR
- **2017** #1 Population Health Management Solution
- **2014-2016** Top Ambulatory EHR
- **2017** Top Rated Core EHR HIT Loyalty Index



AMA

- **2015** Perfect Scores



Peer60

- **2016** Mindshare Leader in Revenue Cycle Management
- **2016** Mindshare Leader in Patient Engagement

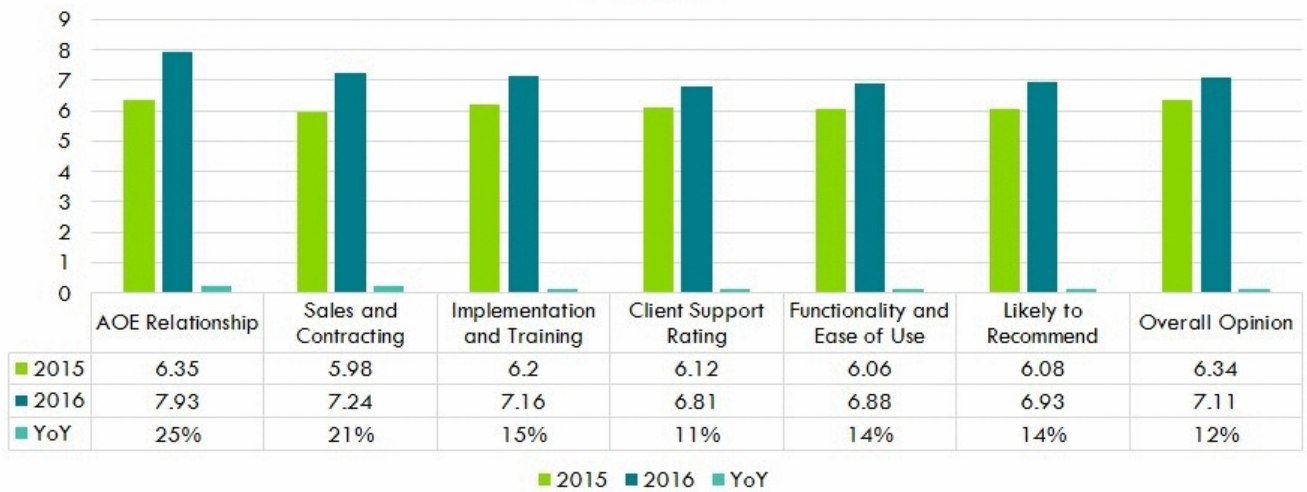


MedStar Health

- **2015** Perfect Scores: Best practices for User-Centered Design from the American Medical Association and MedStar Health

Increase in Client Satisfaction

US Acute
+16% YoY



More Software, Services: Multi-Billion Opportunity



Add-On Whitespace

- ED
- Surgery/Anesthesia
- Ambulatory
- Revenue Cycle
- Ancillaries
- Other



Add-On Facilities

- Clients buy assets frequently



Value Based Care

- Significant shift in the industry
- Needs tools to address their population health needs



Recurring Services

- Hosting
- Managed Services
- Revenue Cycle Management Services (RCMS)
- Professional Services



Precision Medicine

- Differentiator
- Competitor displacement

Best Positioning in Our History

- Industry leading clients
- Multi-year renewed focus on enhanced client success
- Client satisfaction and 3rd party recognition gaining momentum
- Multiple growth opportunities within the base



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Richard Berner | SVP, Hospitals & Health Systems

New Hospital & Health System Sales



Replacement Activity – Multiple Considerations



Large displacement market opportunity



Fully integrated solution still key



Growing focus on EMR + Population Health Solutions



Fiscal Responsibility Returning: ROI/Value Matters



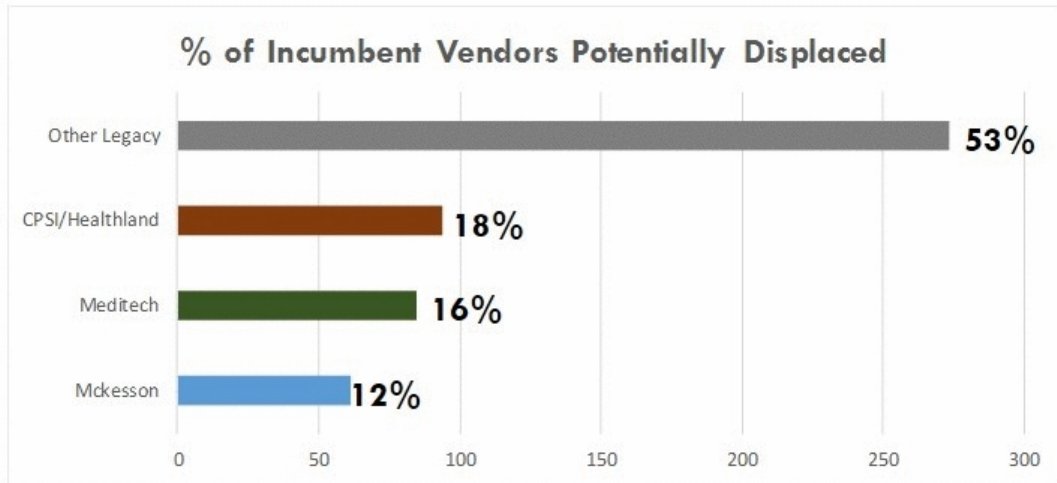
Ease of Use Continues To Matter



Best Practices + Ability To Innovate

Replacement Opportunity Meaningful

Hospital Facilities



Source: KLAS 2016 Survey

Tracking 50+ opportunities currently

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Allscripts

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Go To Market Strategy

Sunrise + CareInMotion + Precision Medicine + Delivery Model Wins!



Enhanced Functionality Ease of Use Reduce TCO

- Revenue Cycle, Ambulatory, Mobile, Content
- Enhanced Interface
- Lightweight, cloud-based

Go To Market Strategy

Sunrise + CareInMotion + Precision Medicine + Delivery Model Wins!



Leverage Base

- Drive dialogue, presentations on client outcomes
- Target/expand geographies w/other Allscripts solutions
- Scale up with clients as they grow

Go To Market Strategy

Sunrise + CareInMotion + Precision Medicine + Delivery Model Wins!



Targeted Campaigns

- Value = Outcomes/Cost
- World Class Fully Integrated EMR
- Best Practices, Agile, Innovate

Go To Market Strategy

Sunrise + CareInMotion + Precision Medicine + Delivery Model Wins!



Differentiate w/Oncology & Precision Medicine

- Functionality, openness, flexibility
- Population health management functionality – must have
- Growing focus on effective use of genomic information

Go To Market Strategy

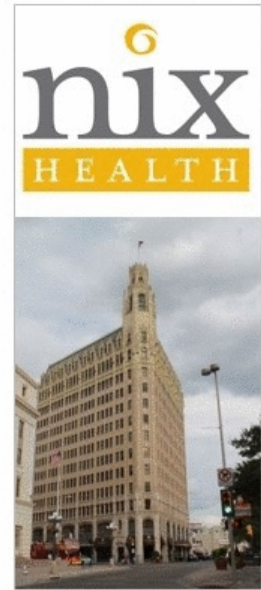
Sunrise + CareInMotion + Precision Medicine + Delivery Model Wins!



Consulting Awareness

- Educate & Partner

34 New U.S. Logos Since 2013 – 3/4 since '15



Compelling and Differentiated Offering



Sunrise + CareInMotion + Precision Medicine



Best Practices + Ability To Innovate



Value = Outcomes/Cost



Delivery Model



Executive Relationships/Partnership



Ease of Use

Best Positioning in Our History

- Replacement opportunity has runway
- Multiple industry drivers
- Allscripts offers a complete solution from EHR and beyond
- Recent momentum, stable client base bodes well for additional growth



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**OPTIMIZED FOR
WHAT'S NEXT**

Steve Lalonde | SVP & General Manager

Independent Ambulatory Physician Business



Long-Standing Ambulatory Leadership

- #1 Black Book Rating
- #2 Share⁽¹⁾
- ~80,000 physicians



1. EHR Market Share Among Top 10 Competitors
Source: HIMSS Analytics 3/17

2016 Momentum

Largest Signings Ever

- OptumCare- Touchworks
- Major Health System IDN – Professional
- Concentra – Allscripts Practice Management

New Systems Sales

- Competitive wins – Net New Footprints
- Cross/upsell base, legacy conversions

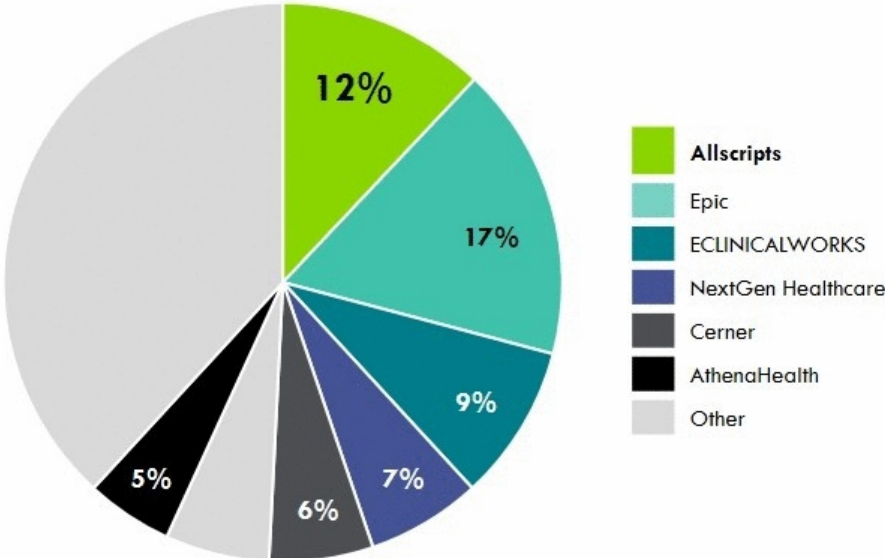
RCMS Launch

- 6,000 physicians – multi-specialites
- \$1.5B revenue under management
- Professional & TW penetration

Innovation

- ProMobile and TouchworksMobile
- eAuth and eChart Courier

EHR Independent Physician Market



Source: EHR Share Among Competitors | Source: HIMSS Analytics 3/17 and Allscripts estimates.

Rising Rankings and Client Satisfaction



1 Year Trend



KLAS Revenue Cycle Management Report
Highest in overall satisfaction 1-10 physician market
2nd in overall satisfaction in the >10 physician market

Black Book Rating
2014-2016 Top Ambulatory EHR
2017 Top Rated Core EHR HIT Loyalty Index

Practice Challenges Abound

Regulatory



Physician frustration!

Care is impeded

Usability

Challenged by usability/functionality

Getting Paid



CMS Mandate

50% value based pay by 2018

Pay-for-Performance

Cash flow worries

Operational Costs



Compliance costs jump

Data loss and legal fees

Partnerships

Joint ventures, alliances, affiliations

Need comprehensive solutions to complex business challenges

Independent Physician Strategy

Grow with Current Clients

Win Net New Clients

Differentiate value proposition

Expand RCMS business

Leverage for Growth:

- Client base size/breadth
- Client Rankings
- Comprehensive Solution Set

Grow with Current Clients

Strengthen Clinical and Financial Foundation

- Leading Regulatory Change Requirements
- Cross-sell and Upsell new systems
- Drive higher client satisfaction

Improve Client Productivity

- Consultative 'Go-to" for Practice Optimization
- Streamline upgrades
- Hosting (private cloud)

Industry Leading Innovation

- Ease of Use/Efficient Documentation
- Premier Configurability
- Community Aware Electronic Health Record

Win Net New Footprints

Accelerate Market Replacements



- Multi Vendor “one off” Solutions
- Practices Outsourcing Work

Go Where the Business Is



- ACO's and MSO's
- Employers
- Private Equity

Connect our Solutions



- EHR Platform sale
- RCMS
- Population Health Management

Differentiated Value Proposition

Surround Solutions

- Patient Strategy with FollowMyHealth
- Payerpath Penetration/Buying Rate
- New Payer Collaboration Offerings

Open Platform

- 160 ADP Partners
- 2.25 Billion data shares
- Increase Physician Productivity

Population Health

- CareInMotion Platform
- Analytics for New Reimbursement Models
- Care Coordination & Outcomes

Expand RCMS Business

Strong Asset Base



- Leader in Practice Management & Payerpath
- Acquired Revenue Cycle Services

Differentiated Offering



- Flexibility
- Account Management
- Transparency
- Full or Shared Services
- Maximize Revenue

Market Opportunity



- Convert Existing Clients
- Target New Business
- RCMS by the Numbers – ROI

RCMS By the Numbers



99%

NET COLLECTIONS

MGMA Benchmark 91-93%



17%

A/R OVER 90 DAYS

MGMA Benchmark
Mid 20%

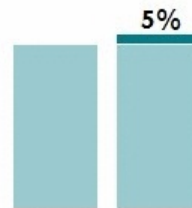


98%

98%

FIRST PASS CLEAN CLAIMS RATE

MGMA Benchmark low 90%



5%

5%

AVG. INCREASE IN COLLECTIONS

2015

2016

Best Positioning in Our History

- 2nd largest independent physician base



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- Rising client satisfaction



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- Multiple significant cross-sell opportunities



PATIENTS

- RCMS a major business driver today



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WHAT'S NEXT**

Lisa Khorey | EVP, Client Delivery Organization

Client Delivery and Services



Although few physicians would stop using their current EHR system, nearly all physicians would like improvements.



3 out of 5
would **keep the current EHR system** they have and not replace it



62%
want **interoperability**



57%
want **improved workflow and increased productivity**



Only **57%**
do not seek improvements to their current system

Source: [Deloitte 2016 Survey of US Physicians](#)

A Former Client's Perspective



- Interface Programmer
- Healthcare Junkie
- Consultant
- Allscripts BELIEVER



Client Delivery Office Focus:

Client centric success powered by Allscripts technology.

"I am deeply committed to forming trusting relationships with our clients to better serve their needs and empower them to provide smarter care to their patients."

Who has great service?



Healthcare = the next big client service opportunity

Allscripts Has Massive Diversity in Client Base – Delivering a Consistent Experience is Critical

Trustworthy

The experience instills a sense of confidence.



Effective

The experience delivers value to customers.

Reliable

The experience is consistent and predictable.

*Products don't have to be perfect for customers to be happy...
client and delivery experience is the glue.*

Client Delivery Organization

Opportunity Drivers

- Complexity, non-core, capital constraints
- No scale for efficient technology deployment, staffing

Allscripts Offerings



Professional Services



Hosting Services

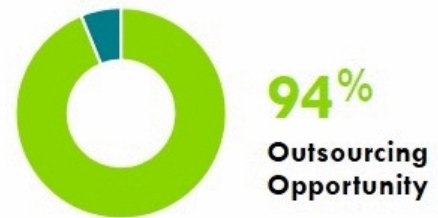
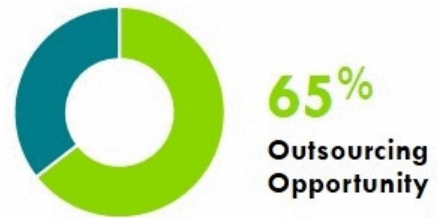


Managed Services

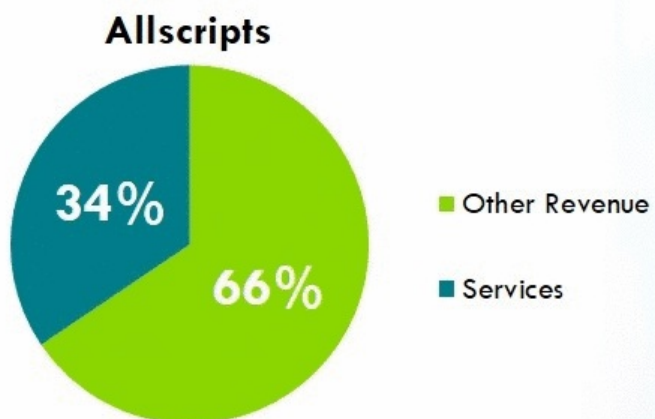


Client Support Services

Significant White Space Growth Opportunity Within Allscripts Client Base



Services as a % of Revenue



We have room to grow

See reconciliation of non-GAAP metrics in the appendix of this presentation.



Case Study – Helping Clients Maximize the Power of Allscripts Investments

Large, non-profit, faith-based health system

Customer: Operates in multiple states at more than 100 hospitals, including academic health centers, major teaching hospitals and critical access facilities.

Goals: Install management team and adjust staffing levels to meet requirements; realign and transform team from tactical to strategic; provide resource flexibility; and create ongoing optimization processes.

Solution: Allscripts Managed Services for a 5 year term.

- Application management for TouchWorks and TouchWorks Analytics, Practice Management, CQS and other planned and ongoing projects



\$4M
Savings in five years
for outsourcing
vs in-house

Best Positioning in Our History

- Major commitment to consistent client execution
- Multiple “white space” opportunities w/ high ROI
- Increase Allscripts strategic value to clients



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Allscripts Investor Conference | March 21, 2017

Global Markets



Paul Black | Chief Executive Officer

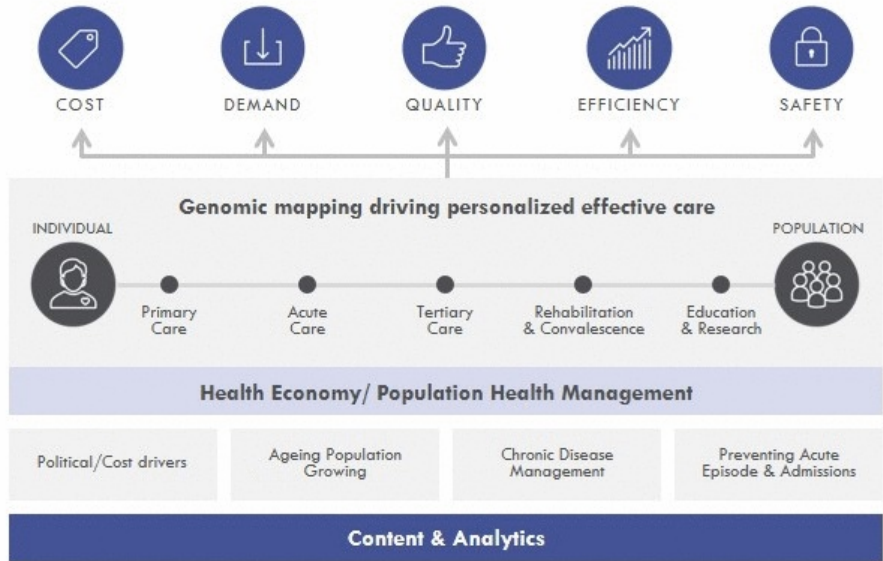
Global Markets



Our Global Presence



Government Drivers: From Treatment to Wellness & Prevention



Digitization is seen as a key initiative to 'manage' costs in many markets, although the point of intersection and timing varies e.g.

- EHR
- Admin / Financials
- Connectivity
- Patient engagement
- Clinical documentation

Global Strategy

- Government funded digitization programs
- Consolidating markets where larger players will make single decisions
- “Framework” contracts
- Investment lead Initiatives
- Leverage existing solutions – speed to value
- Multi-site – strategic “client partners”
- Partner locally, enhancing brand awareness



Currently ~5%
of corporate revenue



Five-year plan to
grow multi-fold

Allscripts Value Proposition

- Innovative solutions, open architecture, Microsoft based
- Strong value proposition – flexible implementations align w/ client requirements
- Value Based Care – clinical & financial solutions
- Subscription, SaaS model
- Capex/op-ex flexibility
- Ability to localize the solutions effectively
- Supports vision for a health economy
- Demonstrated outcomes

Country Focus: UK

1. Leverage LLP Framework contract
2. Launch cloud solution
3. Upsell Sunrise to U.K. PAS clients
4. Upsell CareInMotion™ to Sunrise base
5. Deliver all wins at high, referenceable quality



Country Focus: Canada

1. Manitoba & Saskatchewan
 - Expand Allscripts solutions to at least 18 hospitals over the next 5 years
2. Ontario – Large Replacement Market
 - Replacement market where over 160 hospitals must replace or upgrade in 5-10 years
3. Maritime Provinces
 - NFDL, NB and NS all need to upgrade or replace at over 100 hospitals in the next 5 to 10 years
4. Alberta
 - Represents opportunity of over 90 hospitals
5. Post-Acute and Homecare a National Priority
 - Millions in Infoway spend over the next 4 years

Regional Focus: APAC

1. Singapore National EMR
2. Underpin MyHealthRecord (Australia) with dbMotion
3. Upsell Sunrise to Core Medical clients (Northwest Territories, S. Australia)
4. Geographic expansion
 - Sunrise via S.E. Asian Private Sponsors
5. Population Health across APAC region driven by rising health costs and aging population



Growing an “Anchor” Global Base

- Kings NHS: **970 beds**



- Salford Royal NHS: **728 beds**



- Dudley NHS: **750 beds**



- New Royal Adelaide: **800 beds**



- Sing Health General: **1700 beds**



- Total population of Israel 8.5m citizens covered by dbMotion™



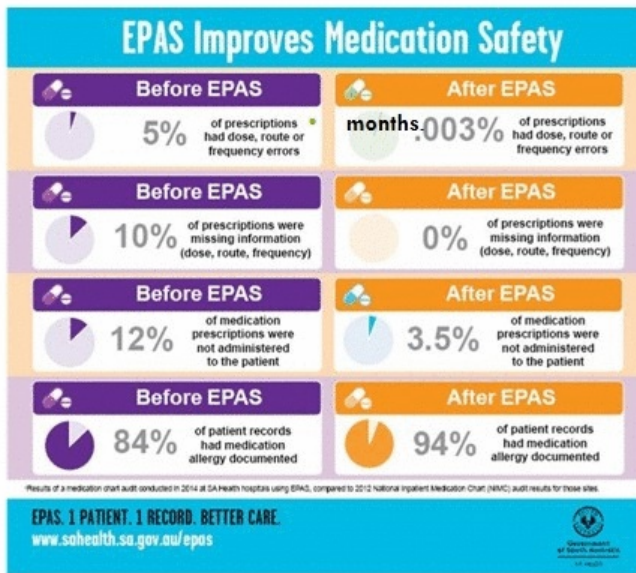
- Manitoba Connect >500 sites



- Fraser Health (British Columbia) – connects 12 hospitals + provincial assets funded by Canada Health Infoway



Demonstrating Positive, Reproducible Outcomes



- **20% reduction** in chemistry tests DAY ONE go-live (Rockyview General Hospital)
- Improved diabetes management:
 - **two day reduction in LOS**
- Care plans reduce ED visits/cost
 - Significant dollar cost savings
- Re-engineering blood product work flows drove **50% reduction** in consumption of high priced therapeutics w/ subsequent **cost savings of \$600,000 in the first 8 months**

Best Positioning in Our History

- Strong global reputation
- Focused strategy
- Leveraging domestic assets
- New geography and sell through opportunities



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Value-Based Care

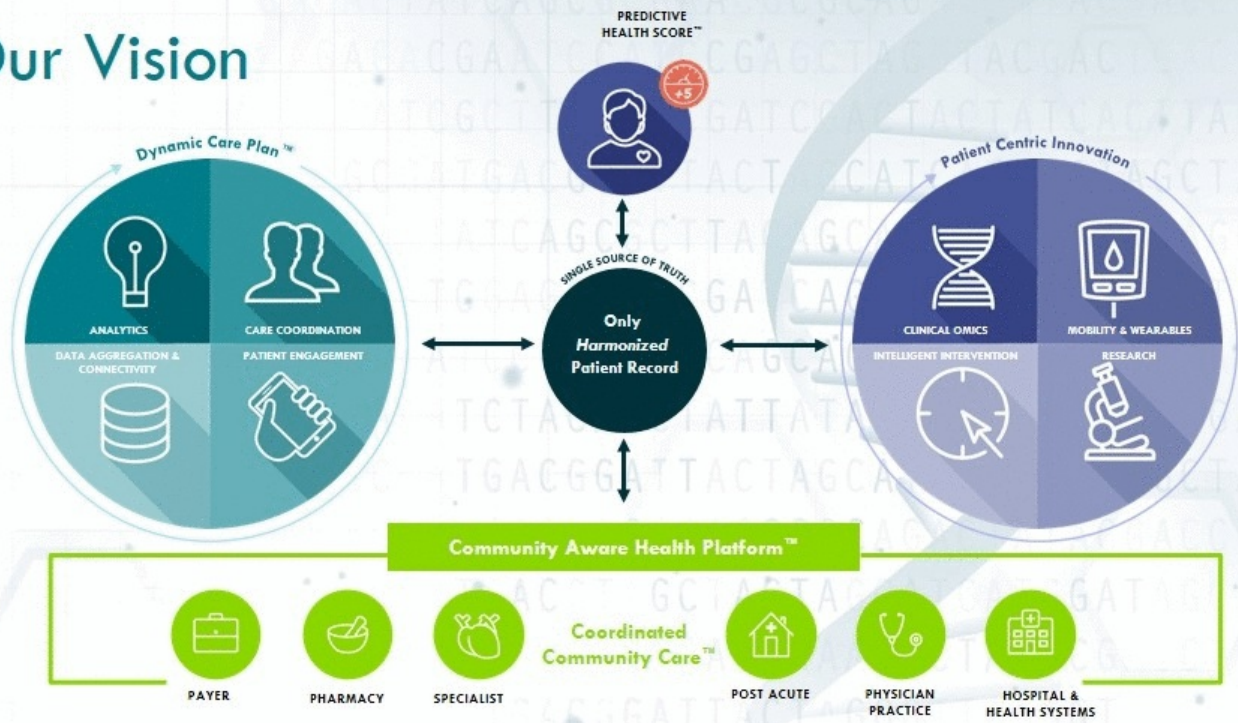


James Hewitt | EVP Solutions Development

Population Health: Connecting the Community



Our Vision



Third Party Clinical Systems

Athena

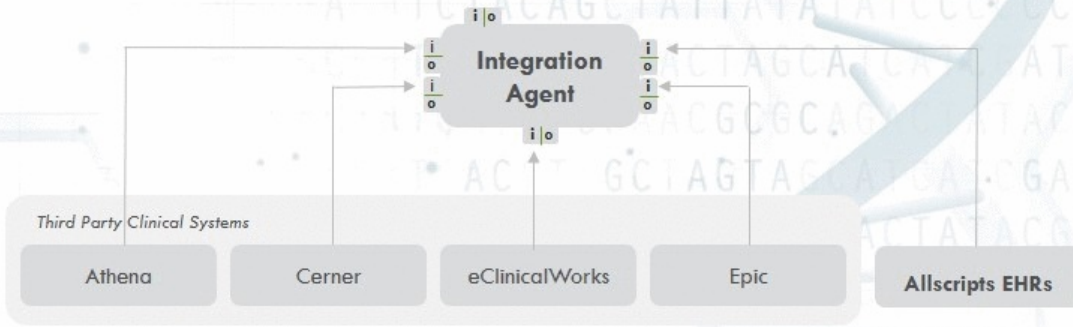
Cerner

eClinicalWorks

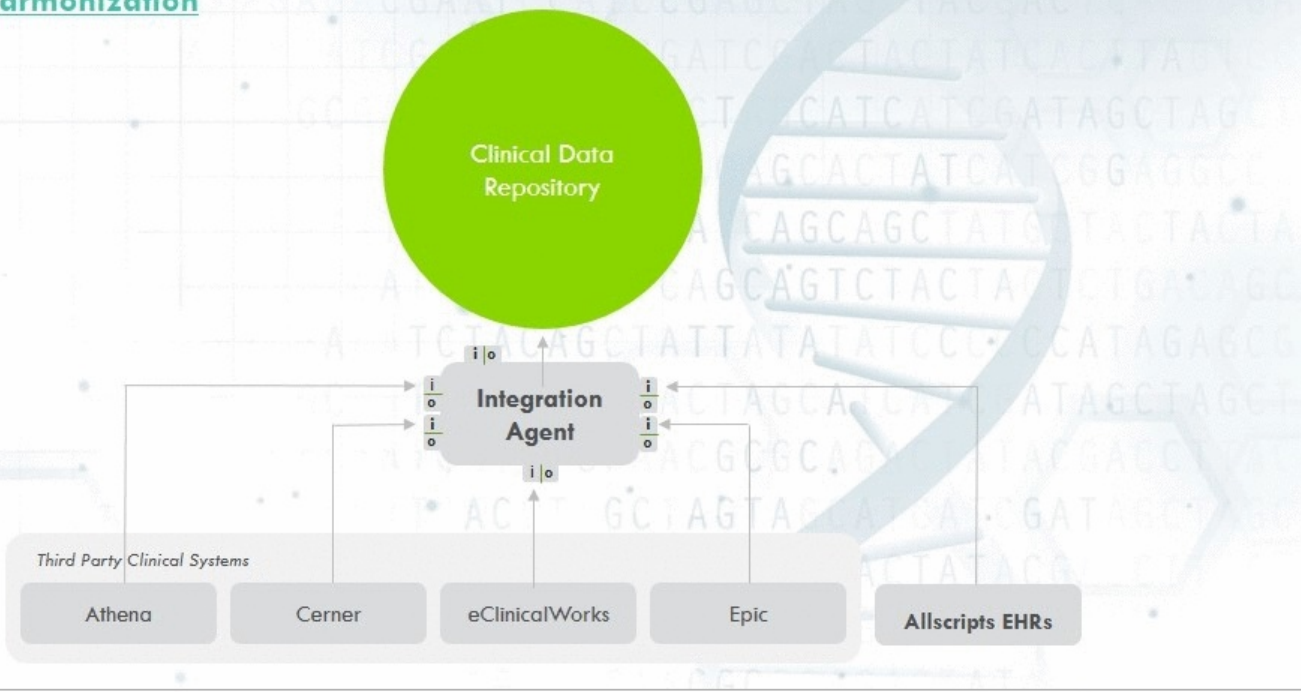
Epic

Allscripts EHRs

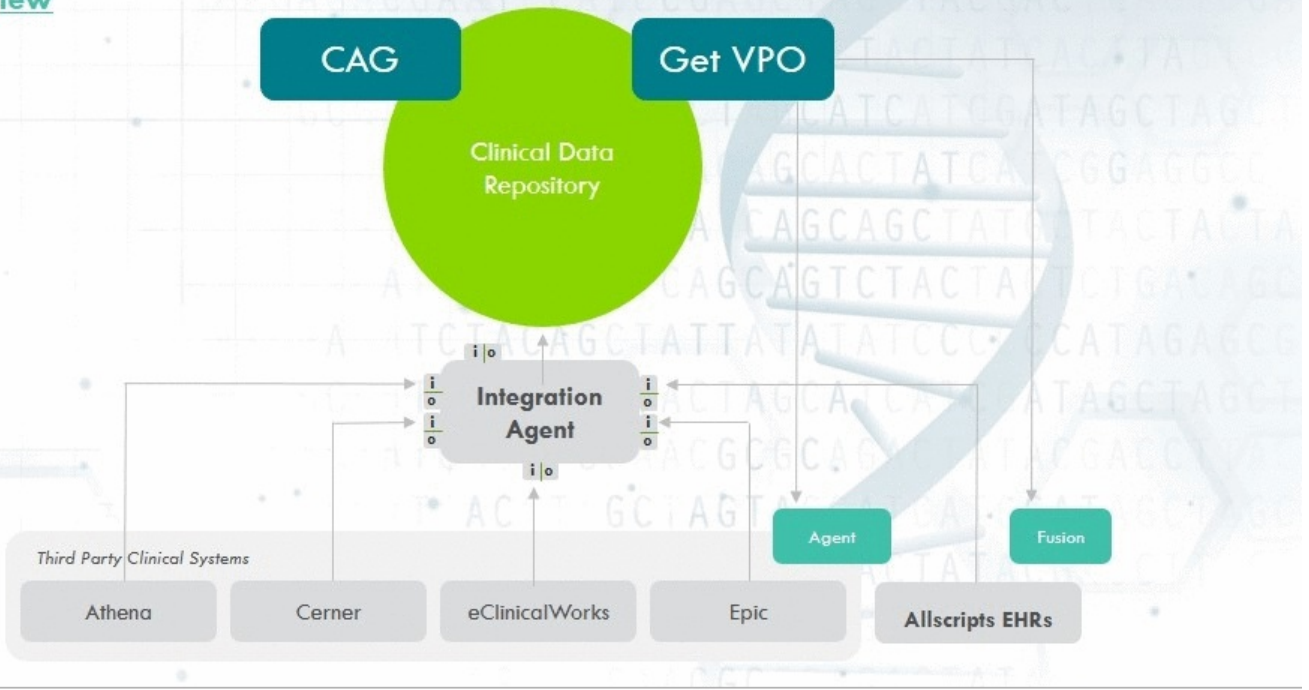
Data Acquisition



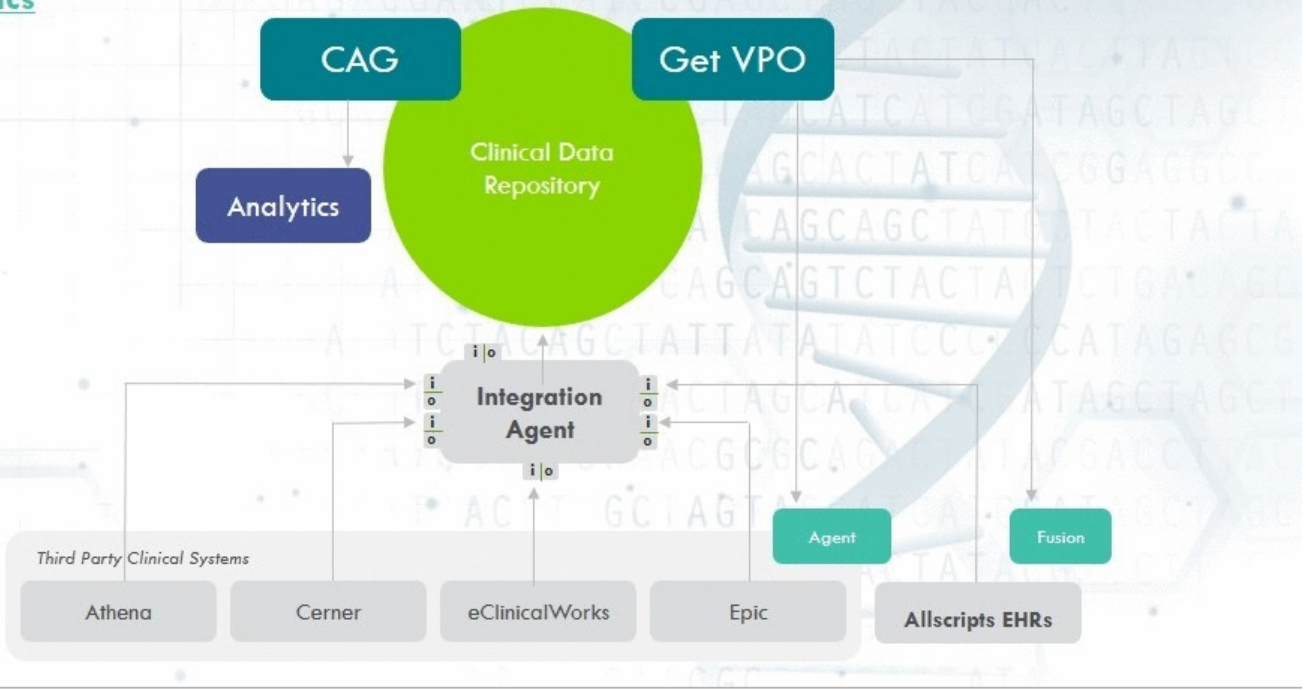
Data Harmonization



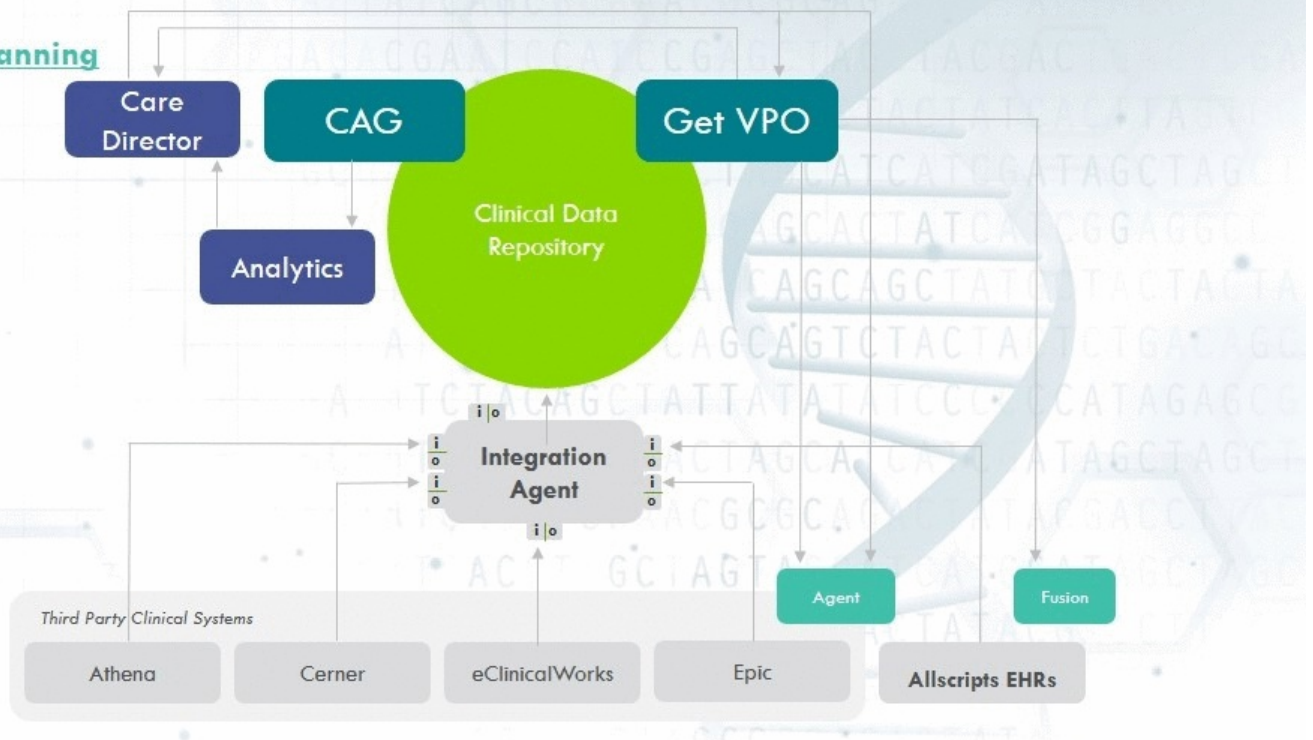
Data View



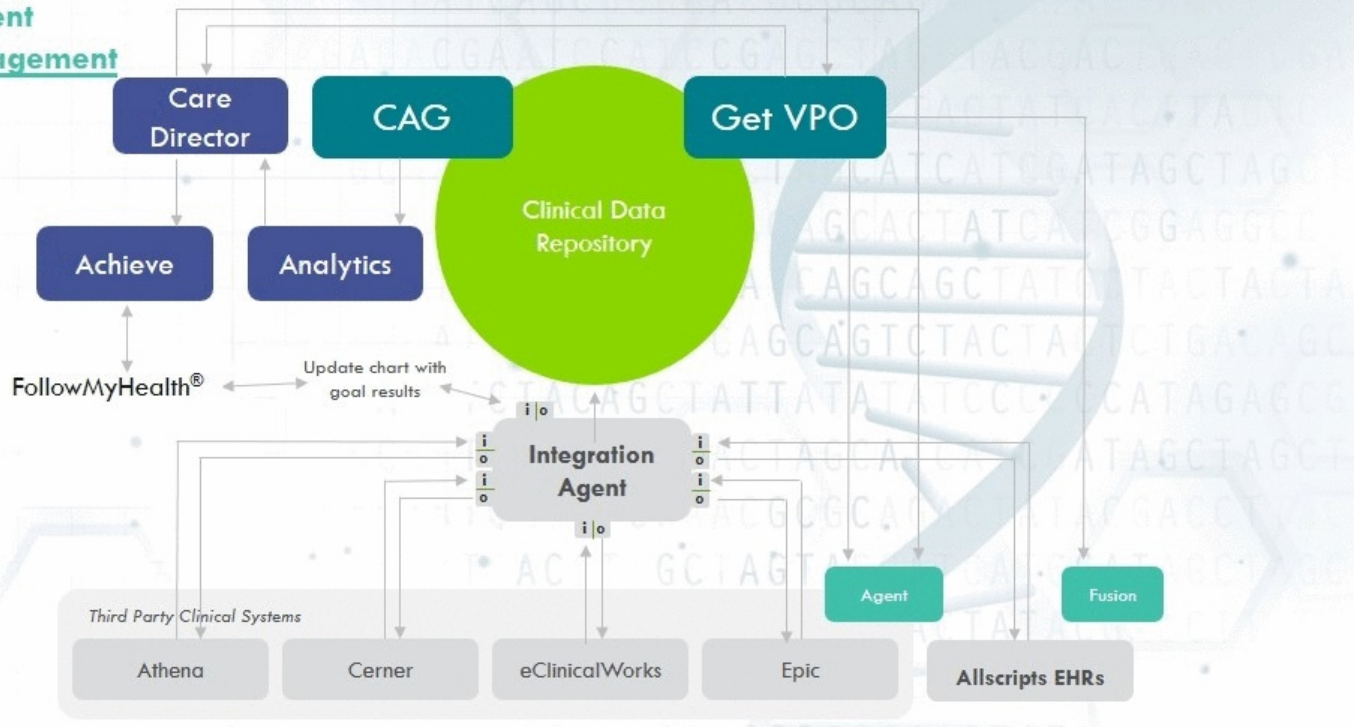
Analytics



Care Planning

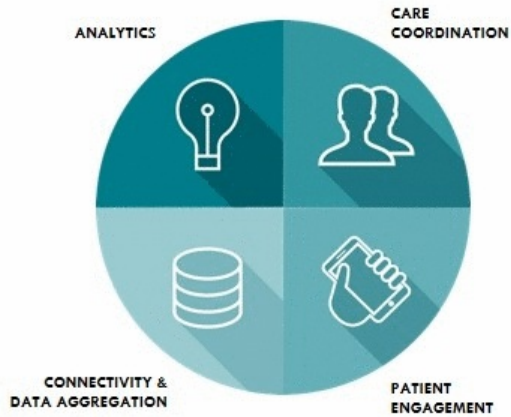


Patient Engagement



CareInMotion™ Differentiators

Population Health Management

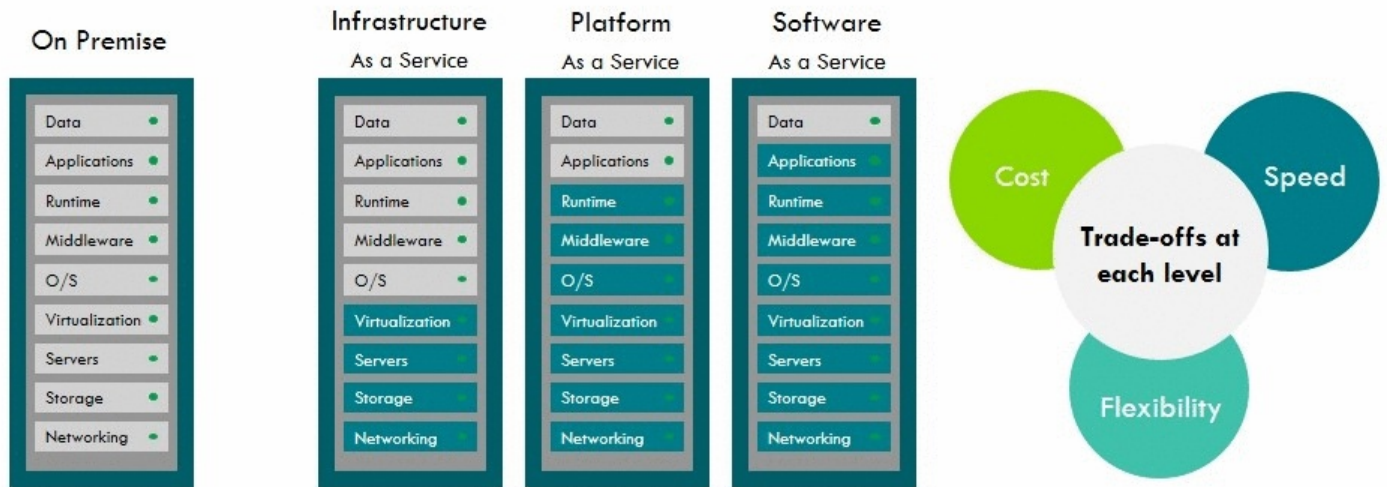


- Aggregates community data to create a **True Harmonized View** of the patient
- Puts care plans and interventions **Into Action**
- **Patient-Centric** engagement across all settings of care
- Enables **Full** Enterprise Financial Performance Management

Allscripts Cloud Strategy

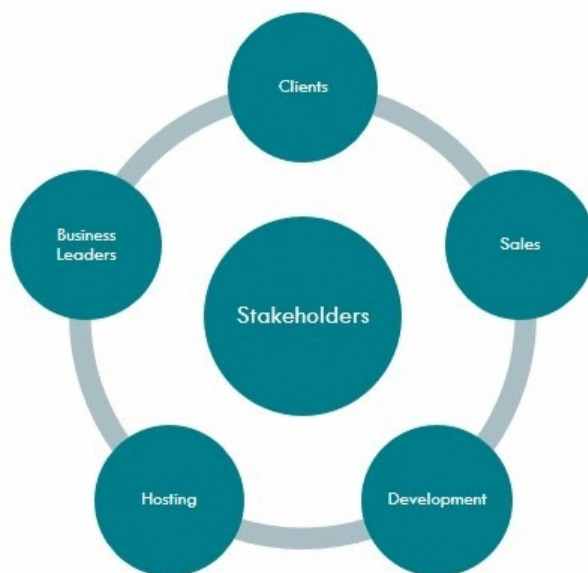


Cloud Perspective: Complex Decisions



Why is Cloud Strategic to Allscripts

- Rapid deployment of our solution sets:
 - No hardware acquisition
 - Standard configurations are managed
- Reduced direct and indirect total cost of ownership:
 - Capital procurement and associated financial accounting
 - Hardware deployment personnel and related costs
- Pay for what you use:
 - No upfront procurement for planned but yet-unused growth
 - Expand/reduce infrastructure manually in minutes or automatically on load
- Takes us from capital to operating expense:
 - No upfront capital
 - Smoother operating expense
- Customer benefits:
 - Software as a service model
 - Business continuity and DR
 - Faster upgrades
 - Subscription based payments



Allscripts Cloud Today & Tomorrow



Future Applications:

On-premise GA today and native applications in development



Hybrid Cloud Solutions

Business continuity & DR



Platform-as-Service:

Care Management, Care Director, FollowMyHealth™, PayerPath™



Private Cloud and Applications:

Sunrise, TouchWorks, ProSuite



Best Positioning in Our History

- Comprehensive population health platform
- CareInMotion as community architecture
- EHR agnostic
- Significant cloud presence today increasing into the future



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Edward M. Plut, PharmD | VP, Payer Markets

Allscripts Emerging Payer Solutions

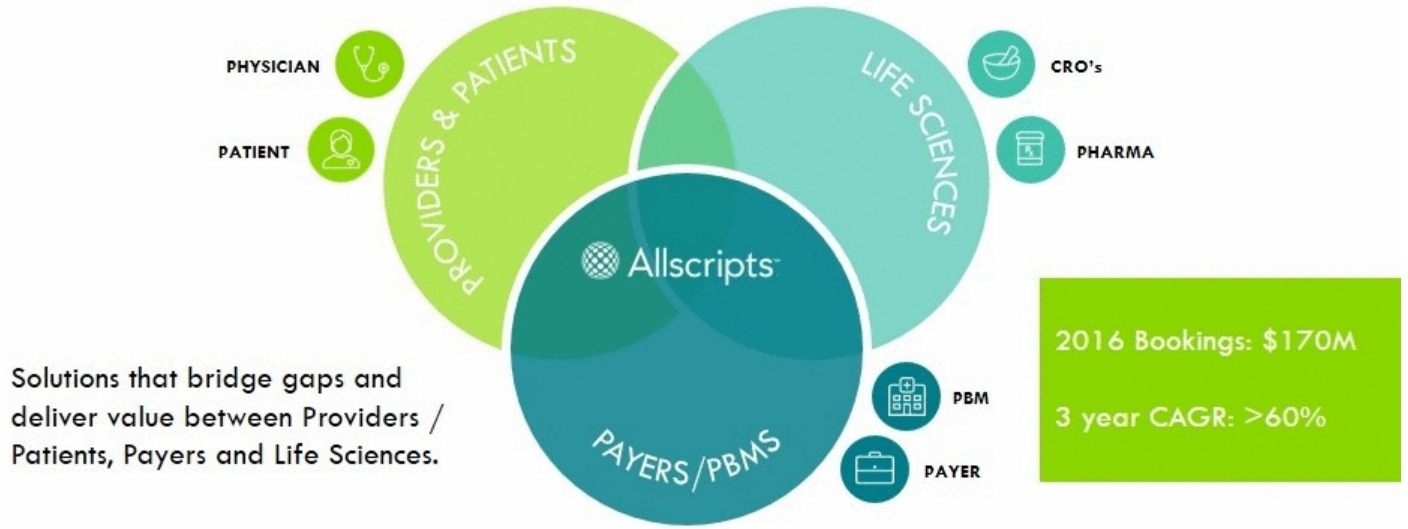


Agenda: Allscripts Payer & Life Sciences (PLS)

- PLS Value Proposition
- Payer Line of Business
- Life Sciences Line of Business

Payer & Life Sciences – Our Value

Leveraging MDRX Install base and Core Technology to drive incremental revenue



Best in Class Network of Payer Clients

Allscripts has the most robust network of payer clients and we continue to grow and deepen these relationships



Payer Vendor Complexity

Payer spending significant \$\$ w/ vendors – moving to consolidating relationships

Payers Spend 3X to 4X on IT Vendors vs other industries



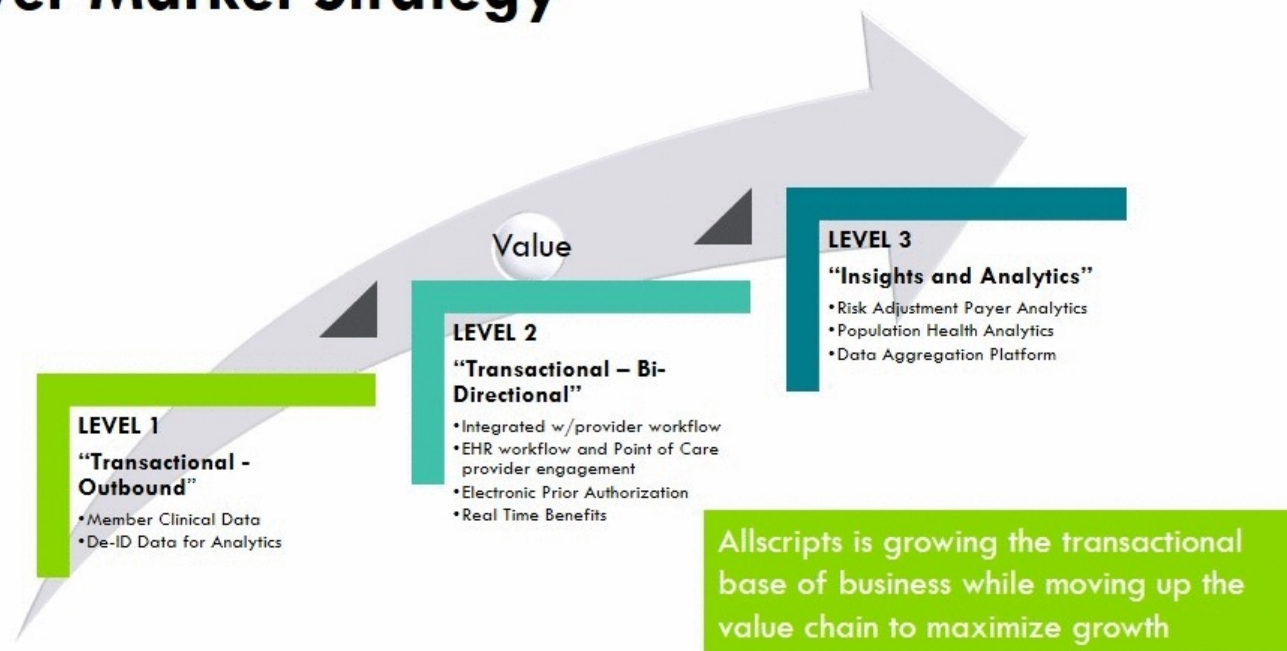
Payer Vendor Complexity

Payer spending significant \$\$ w/ vendors – moving to consolidating relationships

Allscripts is best positioned in HCIT to win with payers



Payer Market Strategy



Bi-Directional Data Exchange

We facilitate collaboration between payers & providers through bi-directional data exchange

Allscripts Providers

Solutions

- ePrescribe (Future)
- Pro EHR
- TouchWorks
- Sunrise EHR (Future)



eChart Courier →

← Payer Health Profile
Payer Gaps-in-care

Payers/ Health Plans

- Risk Adjustment
- Clinical Analytics
- Clinical Operations
- Business Analytics
- CMS audits and measures
- Quality Measures
- Actuarial Underwriting

>100 Million Chart Pulls Annually* – converting to electronic and monetized

*Source: Allscripts Estimates

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Population Health — CareInMotion™

Proprietary infrastructure solutions for Payers to receive, aggregate, normalize data – common platform for all data analytics



Electronic chart



**Data aggregation
(disparate sources)**



Normalize data

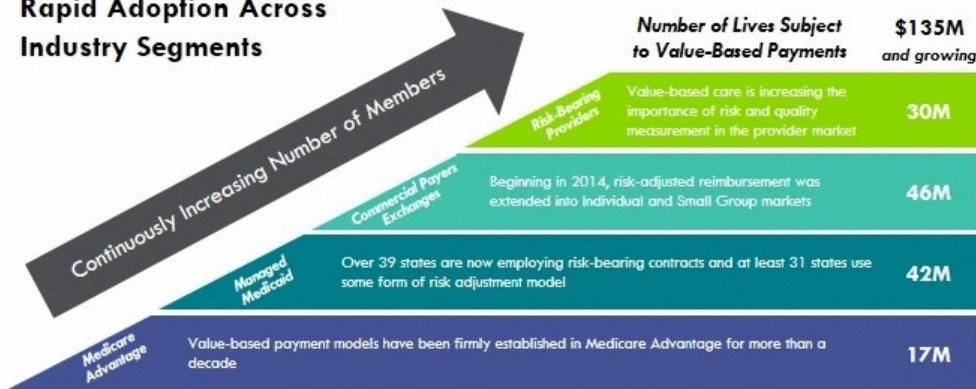


**Platform to run analytics
on normalized data**

Payer Analytics, Growth Opportunity

The number of members (and associated coding requirements) tied to value-based payments has steadily expanded into adjacent markets over the past decade, creating an exponentially larger market opportunity.

Rapid Adoption Across Industry Segments



Healthcare Analytics segment worth \$25B by 2021*

Allscripts Opportunity for Payer Analytics >\$3B**

*Source: <http://www.marketsandmarkets.com/PressReleases/healthcare-data-analytics.asp> | **Source: Allscripts data on file

Payer Analytics – Payers are Entering an Era of Value-Based Payments

Rising healthcare costs are fueling the migration from legacy volume-based models towards new value-based payment models.

- **Risk Drivers:** A comprehensive understanding of a member's medical history, acuity level, chronic and co-morbid conditions, medication history, disease interactions, etc., over a period of time
- **Quality Drivers:** Clinical and non-clinical performance criteria to incentivize quality care and establish the link between healthcare quality and payment

We have the capability to enable health plans and risk-bearing providers in their transition to value-based payments

Value-Based Payments



Value-based payments align outcomes, patient and episode-specific characteristics, and reimbursements to improve the overall quality and efficiency of care.

Representative Examples

Risk Payments

Risk Adjustment Models:

- HHS-HCC (Exchanges)
- CMS-HCC (MA)
- CDPS, ACG, etc. (Medicaid)
- Fee-for-Value / Medicare VBP

Quality Payments

- HEDIS
- 5-Star Bonus / Quality Rating System (QRS)
- Pay-for-Performance (P4P)
- Physician Quality Reporting Initiative (PQRI)

Provider Engagement – Closing the Loop After Clinical Data Exchange and Analytics

Allscripts facilitates actionable provider engagement to deliver Payer recommendations generated by Analytics



Payer

- Reduction in total cost of care
- Adherence to value-based payment structure

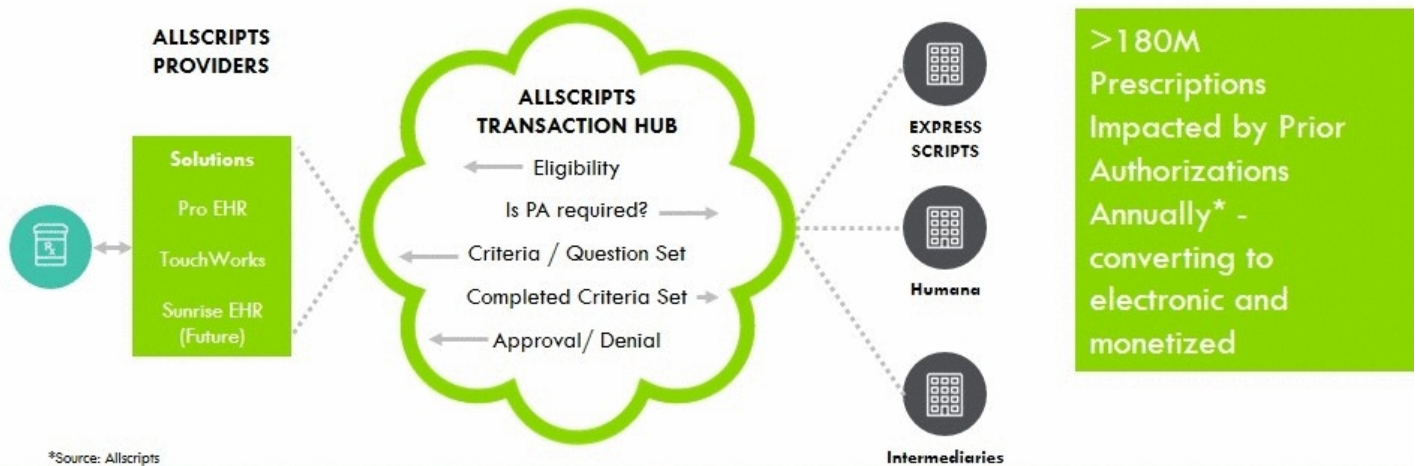


Provider

- Value-based payments
- Improved clinical outcomes for patients

Electronic Prior Authorization – eAuth

Allscripts is leading in high growth area to convert manual transactions into monetized efficient electronic transactions (ePA)



Allscripts eAuth is a transaction integrated into the Allscripts physician E-PRESCRIBING WORKFLOW that facilitates prior authorization in an AUTOMATED fashion without forms, phone calls, faxes or other manual processes

Life Science Solutions – Pharma, CRO, Data Markets

Population Health Management Insights

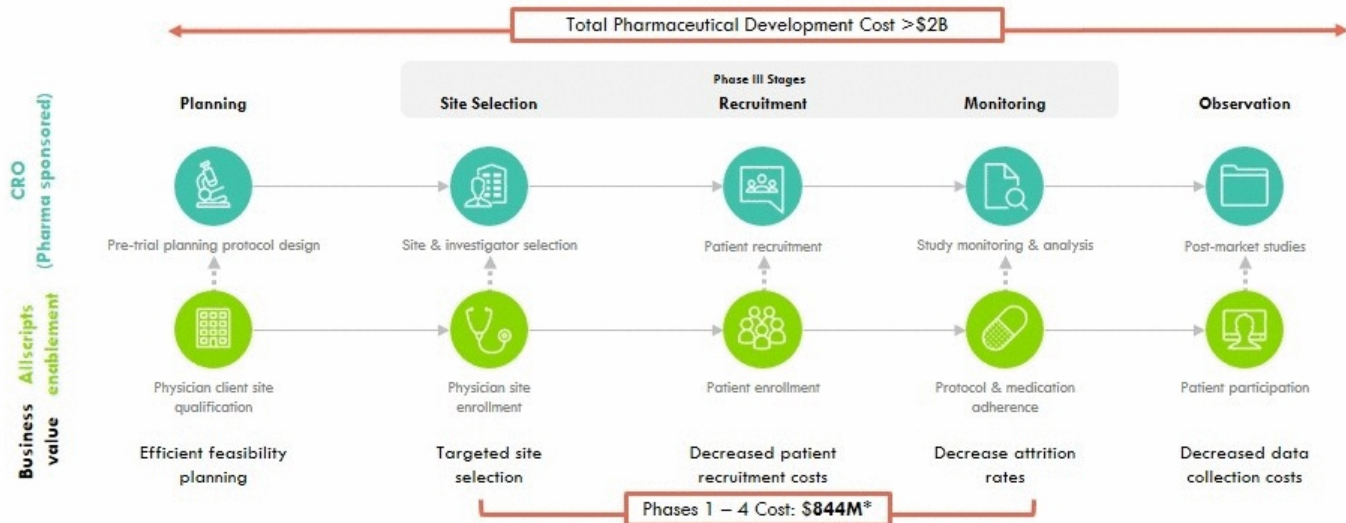


Precision Medicine & Consumer Solutions Behavior Change



Allscripts Clinical Trial Solutions

Allscripts' value-add enables efficiencies across clinical trial phases, resulting in study costs reduction, trial duration reduction, and decreased time to market.



Source: Examination of Clinical Trial Costs and Barriers for Drug Development. July 25, 2014. Study prepared by ERG under Assistant Secretary for Planning and Evaluation.

Best Positioning in Our History

- Leveraging the EHR base
- Innovative solutions which simplify Payer Supply Chain
- Strong growth in Payer and Life Science segment



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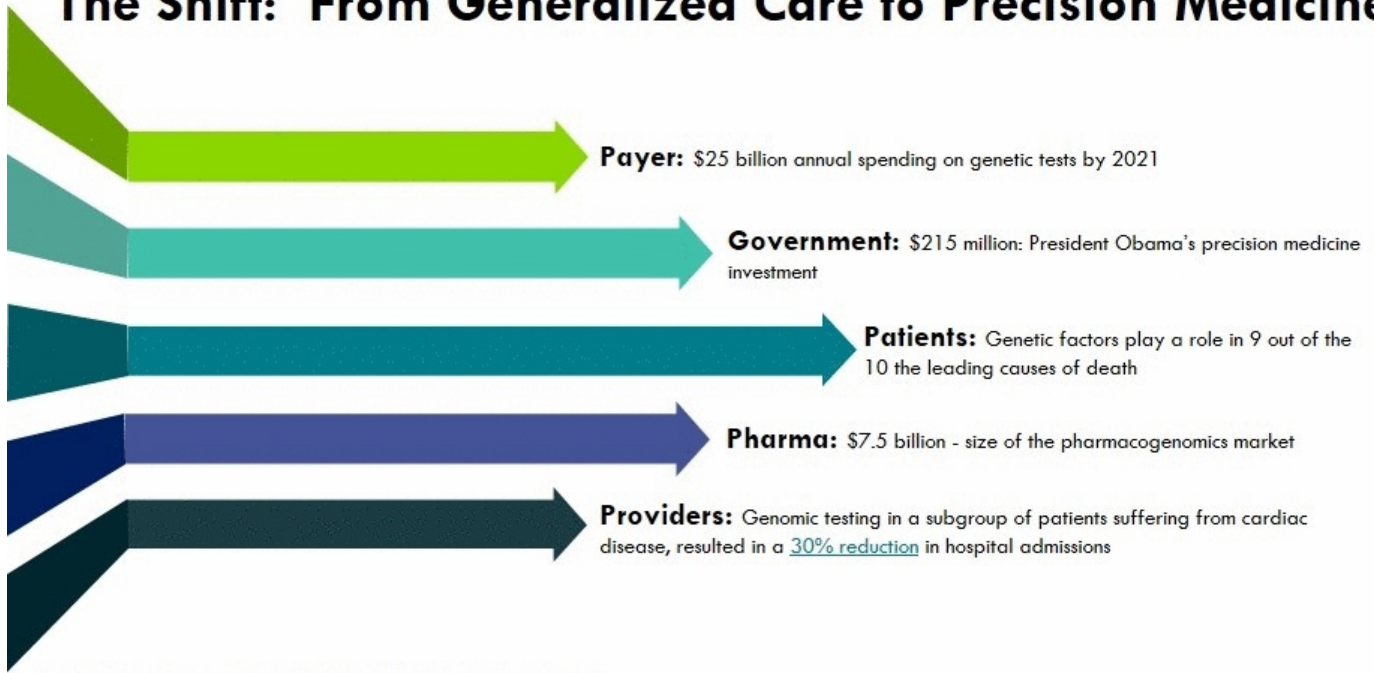
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Assaf Halevy | Chief Executive Officer, 2bPrecise

Precision Medicine and 2bPrecise



The Shift: From Generalized Care to Precision Medicine



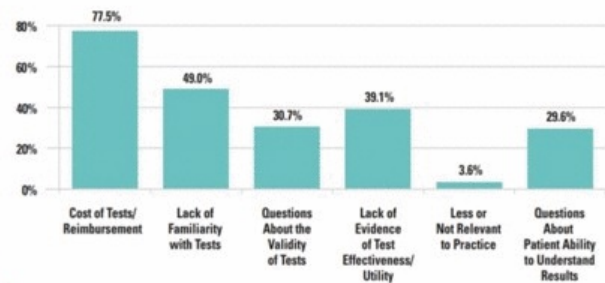
Source: Medco, Mayo Clinic Study, 2010. Other source references on file with Allscripts.

Challenges in Precision Medicine

- Physicians are overwhelmed by the sheer number and types of genetic tests, and need support in their interpretation
- Genomic insights are not available in the already busy clinical workflow
- Patients expect their physician to understand their genetic results

Barriers identified by physicians and concern over cost of genetic tests to patients

What are the barriers to incorporating genetic tests in your practice?



2bPrecise solves for this

Source: Colorado.gov - Department of Healthcare Policy and Financing, 2013

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Allscripts | 2bPrecise

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Enables **precision**
medicine by merging
clinical and genetic data
to deliver actionable
insights to clinicians

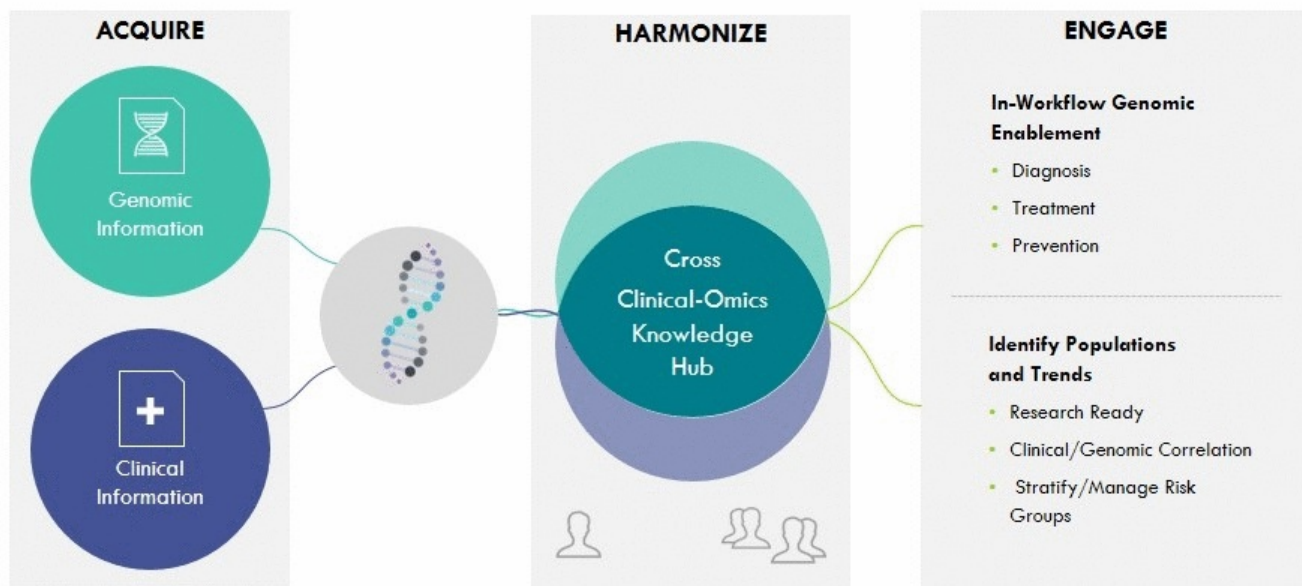
Where We Matter

- Academic Research Institutions
- Integrated Health Systems
- Accountable Care Organizations
- Cancer Centers
- Children's Hospitals
- Acute Psychiatric Facilities
- And More

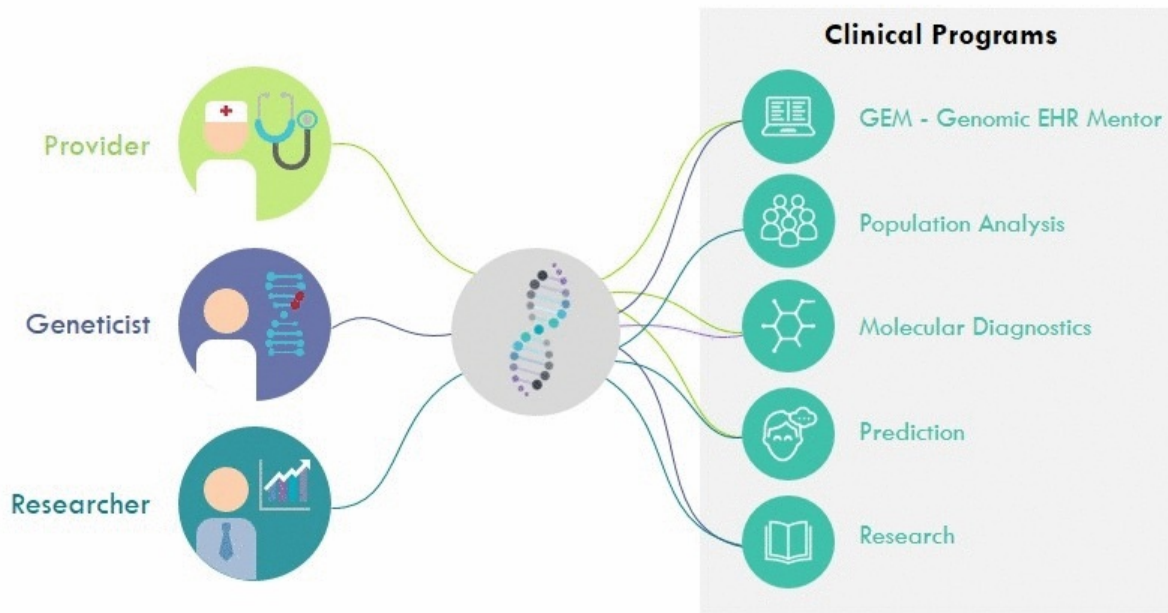


To Patients!

2bPrecise Turns Silos of Data to Actionable Knowledge



2bPrecise – Care Delivery and Research Value



On-demand, In-workflow Intelligence

The screenshot displays an EHR interface for patient Beth Taylor. The patient's name is prominently displayed at the top. Below the name, there are tabs for 'Daily', 'Clinical Desktop', 'Note', 'Task List', 'Documents', 'Encounter Form', 'Diagnosis', 'Visit Charges', 'Procedure Charges', 'Patient Lists', 'Reports', 'Worklist', and 'I-Learn'. The patient's demographic information includes Age: 45 Years, DOB: 24-Oct-1970, MRN: 150605081903810, and Email. A 'Recommendations' panel is open on the right side, listing three items: 'CYP2D6 Mutation Detection Panel' (dated 22-Apr-2016), 'Familial Hypercholesterolemia (F...)' (dated 22-Apr-2016), and 'Alport Syndrome (AS) Panel' (dated 22-Apr-2016). A red circle highlights this panel. Below the recommendations, there is a table of 'Active Problems'.

Name	Type	ICD-9	ICD-10	Managed By	Last Assessed
Chronic					
Obesity			E66.9	Gartner, Gary MD	07-Jan-2016
Hypertension			I10	Gartner, Gary MD	07-Jan-2016
Hyperlipidemia			E78.5	Gartner, Gary MD	
Acute					
Abdominal Pain		789.0	R10.9	Medici, James MD	

On-demand, In-workflow Intelligence

The screenshot displays a clinical workflow interface for a patient named TAYLOR, Beth (DOB: 24-Oct-1970, 45y, Female, MRN: 2487655602261). The interface is divided into several sections:

- Chart:** Includes options for Homebase, Schedule, Pat. Financials, Pat. Registration, DemoBuilder, Pat. Scheduling, and 2bPrecise.
- Problems:** Lists active problems such as Chronic Obesity, Hypertension, Hyperlipidemia, and Acute Abdominal Pain.
- Genetic Test Results:** A red circle highlights this section, which includes:
 - Familial Hypercholesterolemia (FH) - 22-Apr-2016:** The patient is heterozygous for a mutation in the familial LDLR gene. This result is consistent with a diagnosis of...
 - CYP2D6 Mutation Detect... - 01-Jan-2015:** The patient is heterozygous for a mutation in the CYP2D6 gene. This result is consistent with a diagnosis of...
 - COL845 Gene Sequencing - 01-Jan-2015:** No clinically significant variants were found in regions of the disorder Alport Syndrome.
- Familial Hypercholesterolemia (FH) & PCSK9 Inhibitors Therapy Panel:** A detailed view of the genetic test results, including:
 - Results Summary:**
 - LDLR | Clinically Significant Variant Found
 - BRCA1 | Clinically Significant Variant Found (Incidental Finding)
 - PCSK9, APOB | No Clinically Significant Variant Found
 - Results Interpretation:** The patient is heterozygous for a mutation in the familial LDLR gene. This result is consistent with a diagnosis of Familial Hypercholesterolemia (FH). LDL-10: E78.0
 - Relevant Clinical Information:**
 - Problems:** Premature CAD (I24.1), Hypertension (I10), Hyperlipidemia (E78.5)
 - Family History:** Hypercholesterolemia Mutations, Parent with CAD
 - Labs:** LDL 320 mg/dL
- Diagram:** A central diagram titled "Familial Hypercholesterolemia" shows connections to "Cardiovascular & Circulatory System", "Premature CAD", "Hypertension", "Hyperlipidemia", "Family History of Hypercholesterolemia Mutations", "Parent with CAD", and "LDL 320 mg/dL".

Early Adopters Program



Value Based Care & Research Focused

Best Positioning in Our History

- Leading innovation
- Disruptive solutions for a paradigm shift in care
- Actionable clinical genomic information at the EHR-agnostic point of care
- Strong early partnerships



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Kevin Scalia | EVP, Corporate Development

Post-Acute: Netsmart Strategy



NETSMART

FOUNDED IN 1968

BUILDING TOMORROW'S SOLUTIONS TODAY



SOLUTIONS FOCUSED ON DRIVING HEALTHCARE FORWARD

1,300+ ASSOCIATES

CLIENTS IN ALL 50 STATES

Kansas

New York



500,000 PROVIDERS



24,000+ CLIENT ORGANIZATIONS



25 MILLION+ CONSUMERS



Behavioral Health



Public Health



Addiction Treatment



Child & Family Services



Intellectual & Developmental Disabilities



Autism

COMMUNITIES WE SERVE

Home Health and Hospice



Palliative Care



Private Duty



Continuing Care Retirement Community



Skilled Nursing

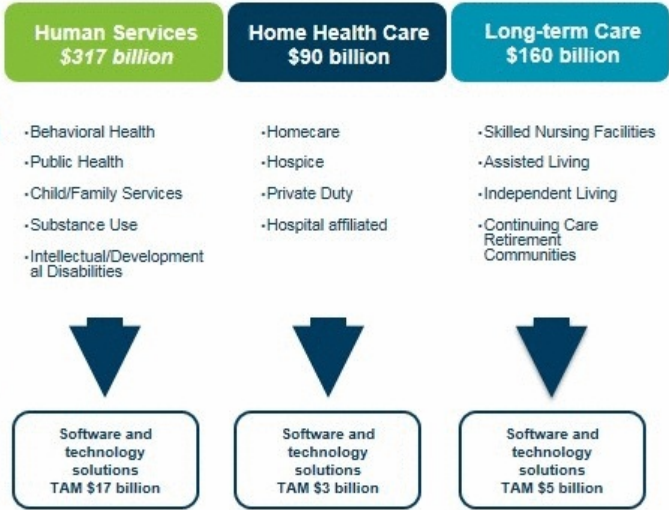
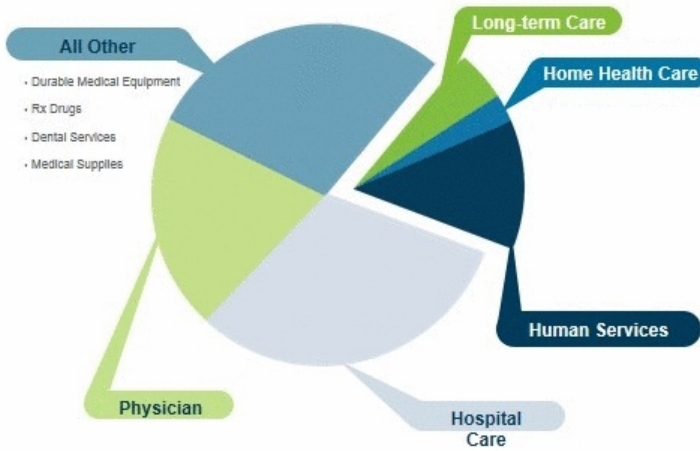


Assisted Living/Independent Living



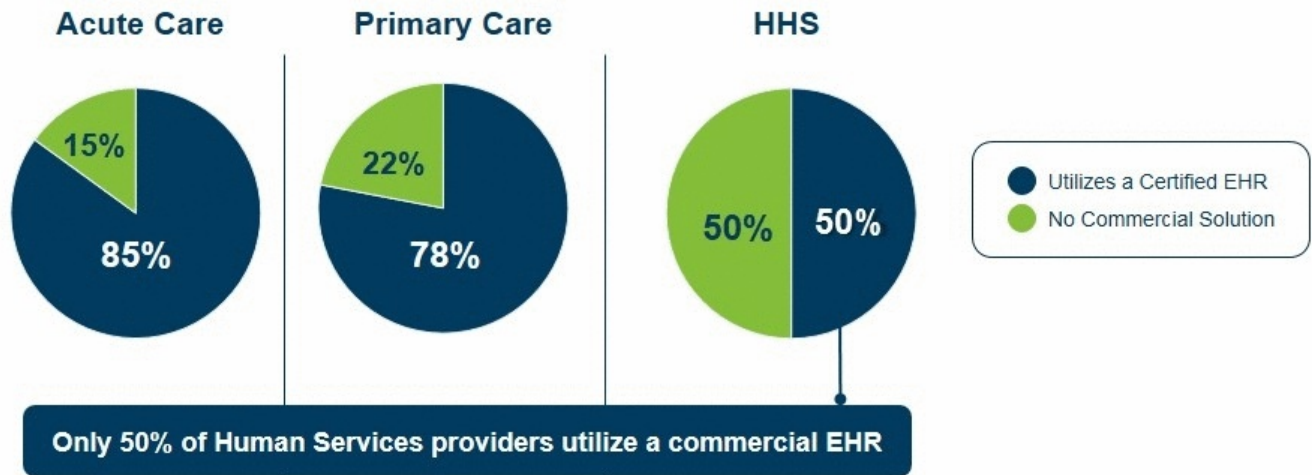
Human Services, Home Health Care and Long-term Care Combined Represent the 2nd Largest Category of Healthcare Spend

Total US annual healthcare spend: \$3.2 trillion



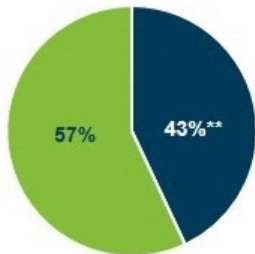
NME Source: CMS 2015 National Health Expenditures

Large Greenfield Opportunity in HHS vs. Physical Health

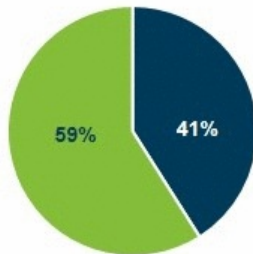


Even Lower Adoption in Homecare and LTC

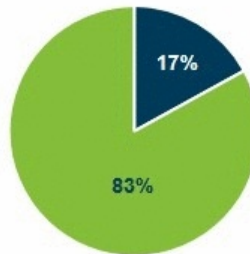
Skilled Nursing
Facilities



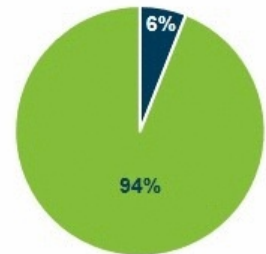
Home and Hospice
Care Facilities



Residential
Facilities



Long-term Acute
Care Hospital



● Utilizes an EHR ● No Commercial Solution

Source: <http://aspe.hhs.gov/daltcp/reports/2013/HIEengage.pdf>

*EHR adoption rates are measured differently across provider types and comparisons across provider type is not advised.

**Survey question was adoption of "electronic information systems."

What Our Communities Have In Common



- Need to connect to the rest of healthcare
- Play a care coordination role for the community
- Highly mobile workforce
- High complexity reimbursement level/models
- Shift towards value-based care
- Different margin profile than acute care
- Care models tend to be less episodic

Netsmart's 10 Year-Vision

Become the platform that serves the providers that traditionally sit outside of health systems



2010

2020+

Solidify the Chassis

- Clarify and complete solution strategy
- Enhance and expand support models
- Create a centralized implementation and upgrade capability
- Expand data center and accelerate cloud
- Create 'nerve center' processes to optimize communications



Optimize the Value

- Leverage our scale to help our clients improve efficiency
- Improve client cash collections through RCM
- Leverage our technology capabilities through IT outsourcing
- Partner to optimize the medication dispensing workflow
- Identify and implement evidence based protocols in the workflow



Integrated Health

- From Behavioral Care to Integrated Health
 - Leverage The Value of The Network (ACOs)
 - Care Coordination and Clinical Integration
 - Practice Based Evidence

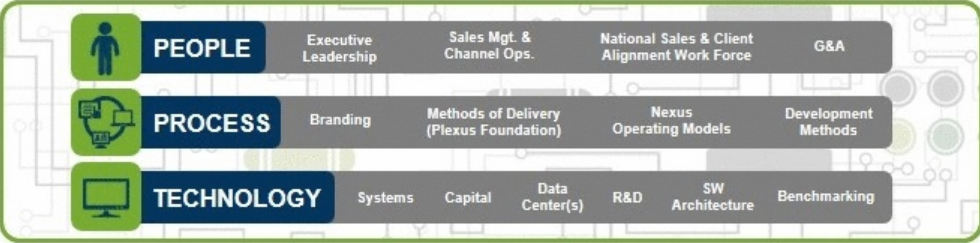


Leveraging the Chassis to Scale Netsmart



Creating Value from the Chassis

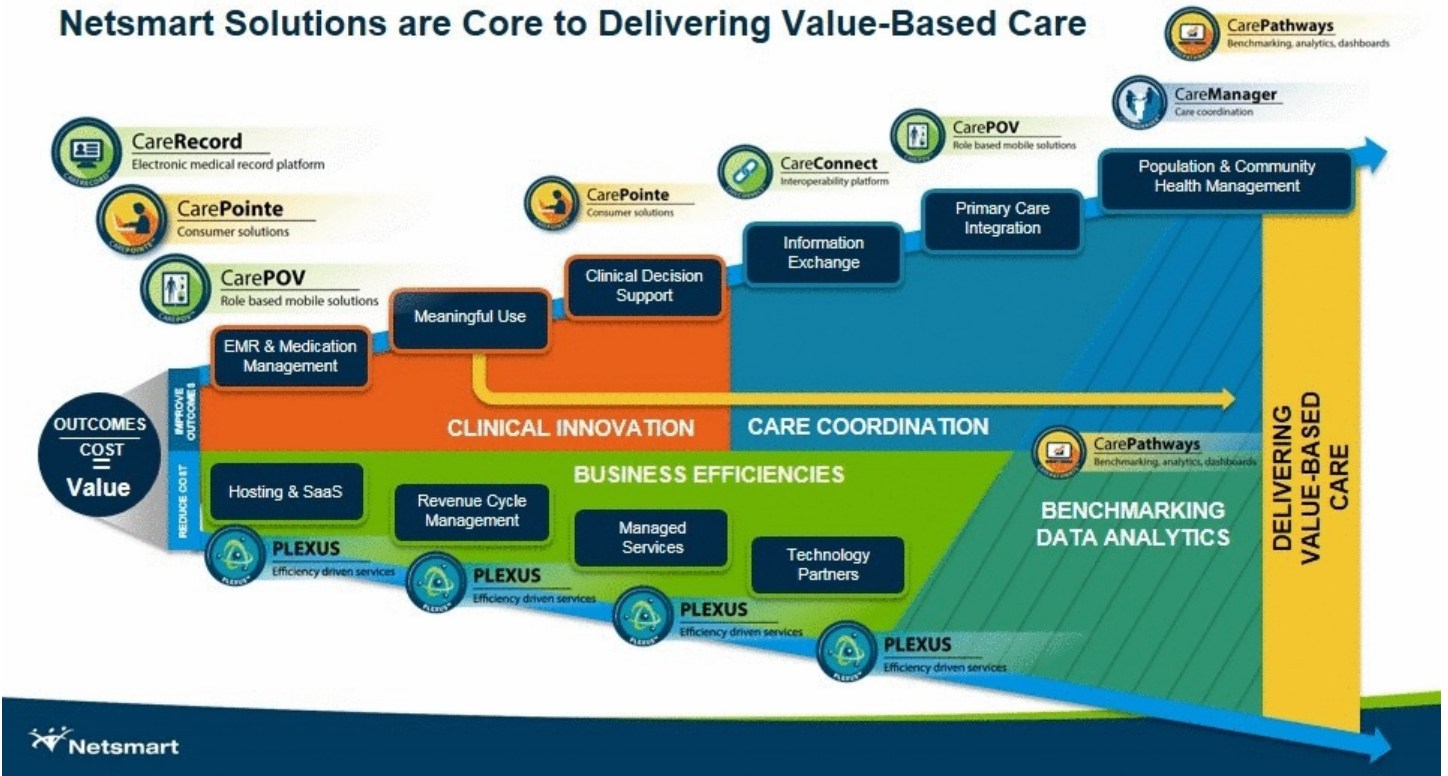
- Proven teams, processes and delivery functions accelerate strategies
- Provides cost and productivity synergies for entering new markets
- Leverage the common platform to integrate post acute care and offer expanded solutions to the install base





Behavioral Health | Intellectual & Developmental Disabilities | Child & Family Services | Addiction Treatment
 Autism | Home Health, Hospice, Private Duty & Palliative Care | Public Health | Vital Records
 Continuing Care Retirement Community, Skilled Nursing, Assisted & Independent Living

Netsmart Solutions are Core to Delivering Value-Based Care

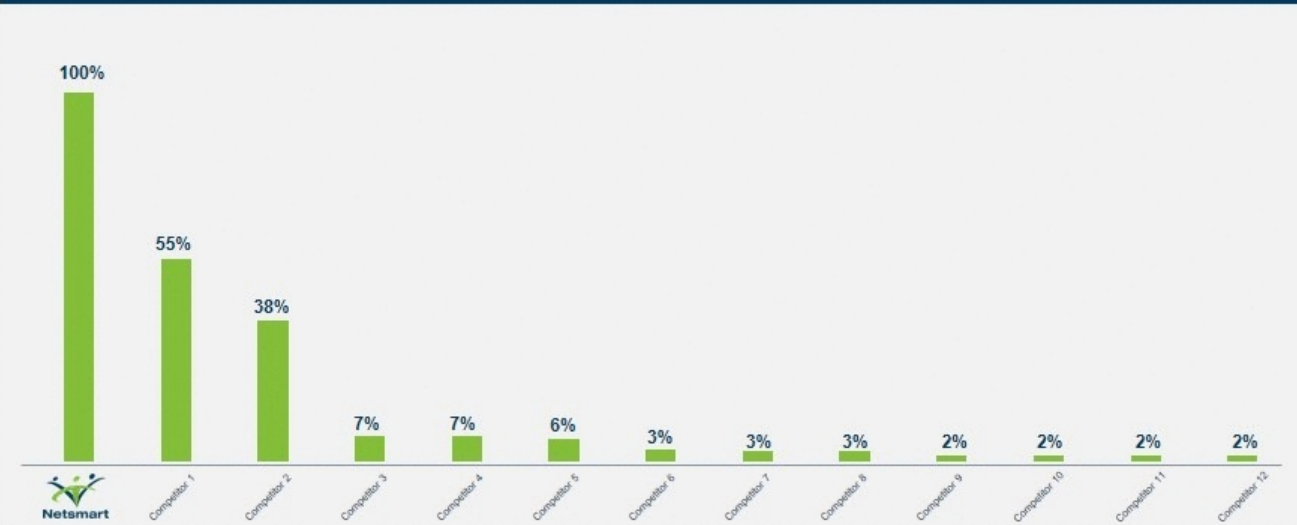


Growth Strategies



Netsmart's Scale is a Differentiator in Our Marketplace: Nearly 2x Next Largest Competitor

Estimated Relative Revenue ¹



¹ Management Estimates

Post-Acute Market Entry

- Only integrated platform across LTC/HC
- Clients very positive about merger
- Clients are eager for care coordination and connections: referrals, CCD, lab results
- Substantial investments initiated in solution expansion



CCRC 

Homecare/Hospice/
Private Duty 

Skilled Nursing 

Assisted/
Independent Living 

Adult Day Care 

Memory Care 

The Move To Value

Up to 35% of residents in long-term care facilities

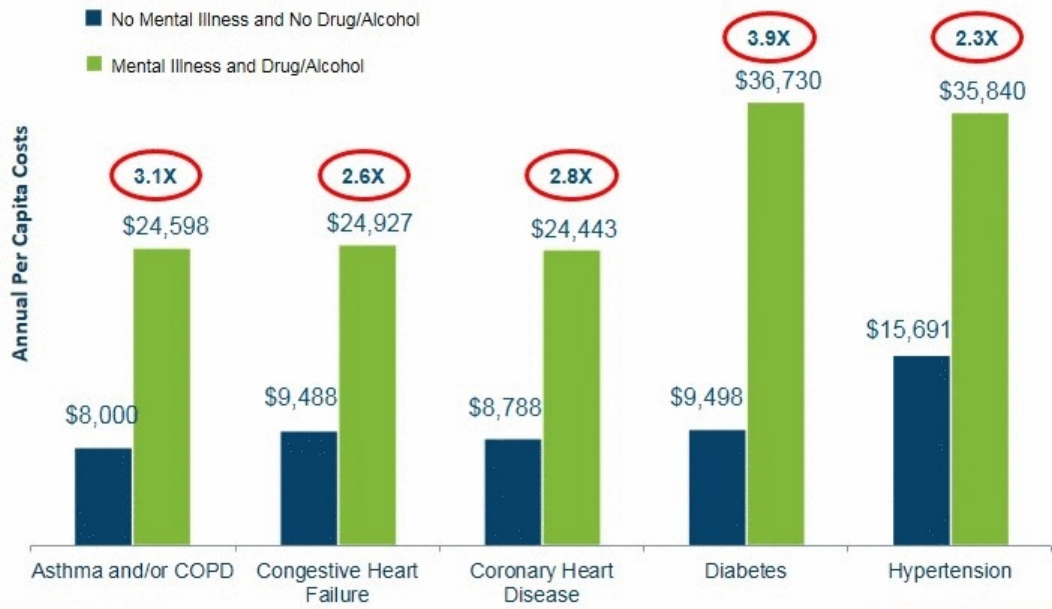
may experience either **major depression** or clinically
significant depressive symptoms

Source: Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, NC 27710, USA.

Patients who have **a high chronic medical condition,**
such as CHD, **and comorbid depression**
have **significantly more** ambulatory visits, emergency
room visits, days in bed due to illness, and functional disability.

Source: Stewart WF, Ricci JA, Chee E, Hahn SR, Morganstein D. Cost of lost productive work time among us workers with depression. JAMA. 2003;289:3135-3144.

Behavioral Health Co-morbidities Have Significant Impact On Healthcare Costs



Risk Continuum



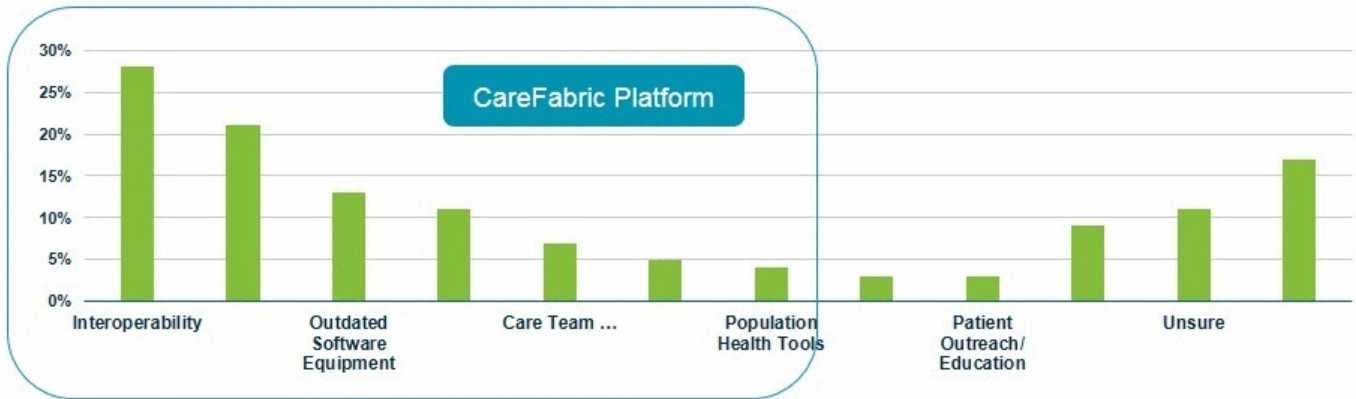
Post-acute Care Integration will be Critical in most Value-based Care Reimbursement Models

LEVEL OF RISK BEARING 				
Pay-for-performance	Bundled payments	Shared-savings models	Shared-risk models	Full risk models
Hospital value-based payments	BCPI initiative	Medicare shared-savings program (MSSP) Track 1 (savings only, no downside risk)	MSSP Track 2 (60% sharing)	Next Generation ACO (full risk model)
Hospital readmission penalties	Comprehensive joint replacement (CJR)		Medicare Track 3 (up to 75% sharing)	Medicare advantage (MA)
Hospital-acquired infection program	Cardiac bundles		Next Generation ACO (80-85% sharing option)	Managed Medicaid
Merit-based incentive payments	Movement toward 50% bundled payments			Exchange-based plans
Post-acute readmission penalties				

Note: Risk models highlighted by these boxes indicate post-acute care will be a key focus

Source: The Advisory Board Company and William Blair

Hospital View of The Biggest Technology Gaps As They Prepare for Value-based Care



Source: KLAS Survey

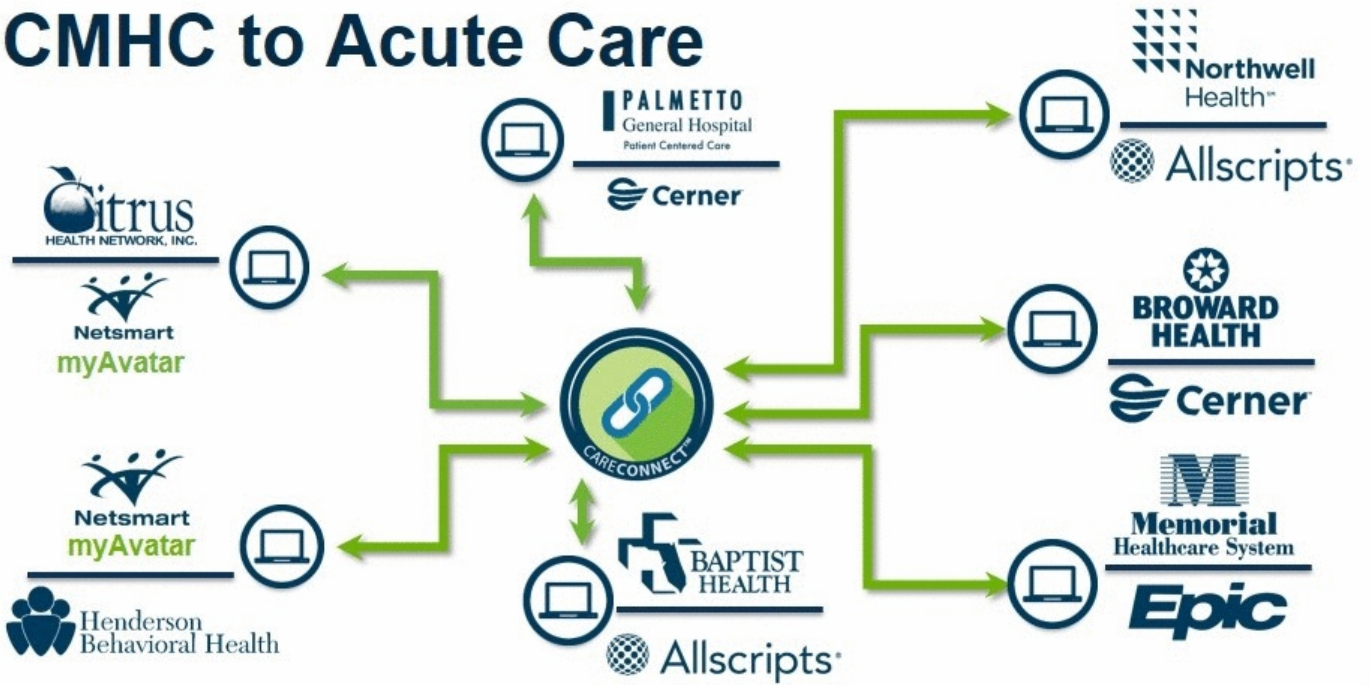
Expanded Connectivity – CareConnect

68,819
ORGANIZATIONS

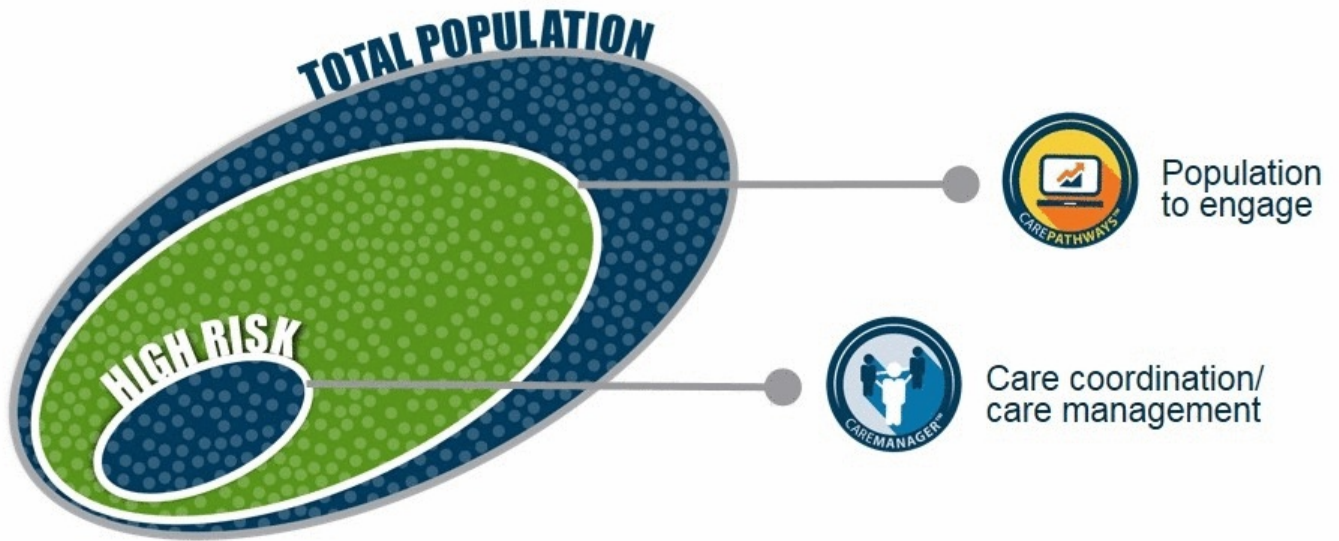
945,658
INDIVIDUAL PROVIDERS



CMHC to Acute Care



Population Health Strategy



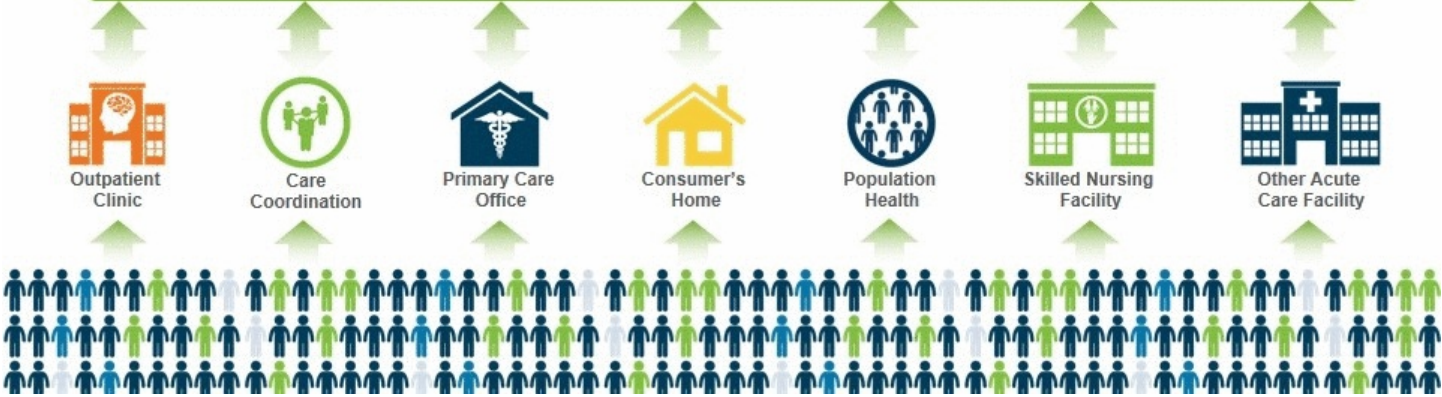
BH/HC/LTC as a Care Coordinator



Clinical & Outcomes Data



CCD Data | ED Alerts | ACO Pts | Bundle Pts | Care Plans | Referral Data



Best Positioning in Our History

- Largest community care provider in the second largest area of healthcare spend
- Significant greenfield opportunity
- Multiple segments and growth opportunities with high barriers to entry
- Critical component for addressing overall population health equation



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Allscripts Investor Conference | March 21, 2017

Financial Model & Capital Allocation



Melinda Whittington, CFO

Financial Model & Capital Allocation



Allscripts Strong Financial Results 2016


Bookings	\$1.3B	↑ 18%
Backlog	\$4B	↑ 11%
Revenue	\$1.6B	↑ 14%



See reconciliation of non-GAAP metrics in the appendix of this presentation.

Allscripts Strong Financial Results 2016



Adjusted EBITDA	\$304M	 25%
Non-GAAP EPS	\$0.55	 17%

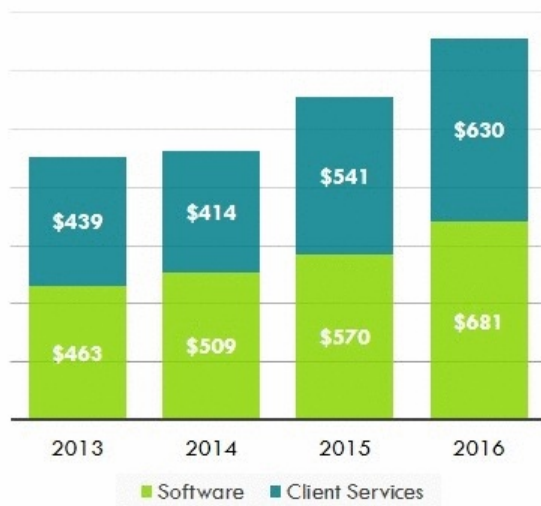


Operating Cash Flow	\$269M
Free Cash Flow	\$131M
FCF Yield	6%

See reconciliation of non-GAAP metrics in the appendix of this presentation.

Strong Sales Trends

Bookings



Recurring Revenue



Non-Recurring Revenue



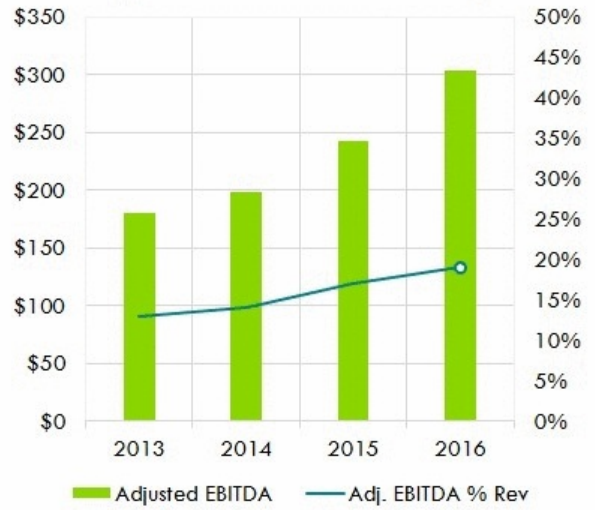
Dollars in millions. See reconciliation of non-GAAP metrics in the appendix of this presentation.

Expanding Margins

Gross Profit & Margin



Adjusted EBITDA & Margin



See reconciliation of non-GAAP metrics in the appendix of this presentation.

Strong Cash Delivery Enables Capital Allocation Strategy



1. Invest to Accelerate Growth
 - Continue to innovate across our growth pillars
 - Gross R&D Spend = \$270M in 2016
2. M&A
 - Broaden portfolio with opportunistic M&A. In 2016:
 - Core Medical Solutions; International expansion
 - Careport; Value Based Care expansion
3. Share Repurchase
 - \$176M remaining under current authorization through 2019
 - In 2016, repurchases totaled \$121M
4. Optimize Liquidity

Free cash flow is a non-GAAP measure. See reconciliation of non-GAAP metrics in the appendix of this presentation.

Industry Leader in FCF Yield ~6%

History of Delivering on Commitments

Multi-Year CAGR Analysis (2014-2016): Key Metrics

METRICS	2013	2014	2015	2016	3-Yr CAGR (^{'13-'16})	2-Yr CAGR (^{'14-'16})	3-Yr Outlook
							JPM 2014 (^{'13-'16})
Bookings	\$901	\$923	\$1,111	\$1,311	13.3%	19.2%	NA
Revenue	\$1,383	\$1,390	\$1,386	\$1,576	4.4%	6.5%	5-8%
Adjusted EBITDA (100%)	\$179.8	\$199.0	\$242.6	\$303.7	19.1%	23.5%	18-22%
Non-GAAP EPS	\$0.27	\$0.31	\$0.47	\$0.55	26.8%	33.2%	NA
Cash Flow from Operations	\$81.0	\$103.5	\$211.6	\$269.0	49.2%	61.2%	NA
Free Cash Flow	-\$35.2	\$36.4	\$144.0	\$131.1	NA	89.8%	NA

All figures in dollar millions, except non-GAAP earnings per share. See reconciliation of non-GAAP metrics in the appendix of this presentation.

Source: Allscripts Press Releases, Supplemental Data Book

2017 Outlook

- Revenue between \$1.71 billion and \$1.74 billion
- Adjusted EBITDA between \$345 million and \$365 million, consisting of:
 - Allscripts, excluding Netsmart, Adjusted EBITDA between \$255-265 million, and;
 - Netsmart Adjusted EBITDA between \$90-100 million
- Non-GAAP earnings per share growth of between 10 to 15 percent

Note: Based on disclosure of February 16, 2017. This presentation is not an affirmation of prior financial guidance. For a reconciliation of GAAP and non-GAAP results, please see the reconciliation of non-GAAP financial measures with GAAP financial measures contained within this presentation as well as within the company's press release dated February 16, 2017. These are available on Allscripts investor relations website on (<http://www.investor.allscripts.com>).

Allscripts 3-Year CAGR Targets 2018-2020

Non-GAAP Revenue +6 to 8% 

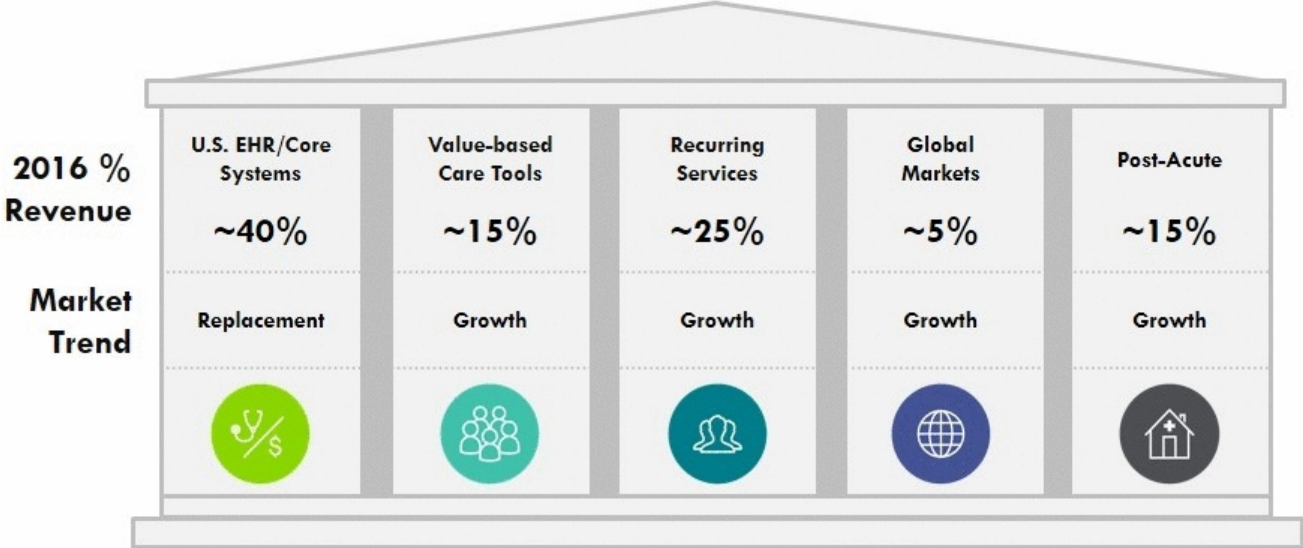
- **Consistent gross margins**
 - Improved services margin, offset by higher cap software amortization
- **Improved operating leverage**
 - Overhead expenses grow only with inflation
- **Utilize excess free cash flow**
 - Share repurchases to offset management dilution
 - Balance will be used to reinvest in business and distribution to shareholders

Non-GAAP EPS +12 to 15% 

Non-GAAP revenue and EPS are non-GAAP measures. Please see explanations of non-GAAP financial measures in this presentation and on Allscripts Investor Relations website www.investor.Allscripts.com.

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Diversified Growth Strategy



Strong foundational core with multiple growth segments for the future

Top Line Growth Derived Across Multiple Lines

	CAGR	Relative Size	Weighted Impact
Core Plus Managed Services	~4-5%	x 65%	2.6 – 3.3
Value Based Care Tools	~9-13%	x 15%	1.4 – 2.0
International	~10-18%	x 5%	0.5 – 0.9
Post-Acute	~10-12%	x 15%	1.5 – 1.8
3-Year 2018-2020 Non-GAAP Revenue CAGR			6.0% – 8.0%

Netsmart – Different Capital Structure Than Allscripts

- Three large post-acute HCIT assets⁽¹⁾ sold at significant EBITDA multiples premiums to traditional HCIT assets (range ~12-16x)
- Extrapolating such post-acute multiples and their higher than sector average growth rates - Allscripts investment in Netsmart should be calculated as follows...

Requiring different valuation considerations v. Allscripts core

(1) Privately held Medware, BrightTree and Netsmart and other comparable transactions.

Netsmart Valuation Considerations - Illustrative

Potential Value In 2020	Scenario 1	Scenario 2
2017 Adjusted EBITDA mid-point	\$95M	\$95M
3-Year CAGR (>50% core revenue growth)	15%	18%
2020 Adjusted EBITDA(E)	\$144	\$156
Market Multiple	10x	14x
Enterprise Value	\$1,440	\$2,184
Less Debt	(\$600)	(\$600)
Theoretical Equity Value	\$840	\$1,584
Allscripts Share	49%	49%
Potential Value to Allscripts Shareholders	\$412	\$776

Adjusted EBITDA is a non-GAAP measure. Please see explanations of non-GAAP financial measures in this presentation and on Allscripts Investor Relations website www.investor.Allscripts.com. Multiples based on recent transactions. Figures constitute theoretical estimates and are illustrative - not specific financial guidance.

Best Positioning in Our History

- Strong 2016 performance
- Sector-leading cash flow yield - clear capital deployment strategy to drive shareholder value
- Revenue visibility generated by diverse business lines
- Three-year targets illustrate confidence in sustainable growth
- Netsmart an under-appreciated asset



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Appendix: Non-GAAP Reconciliations



Reconciliations: Services as a % of Non-GAAP Revenue

Allscripts Healthcare Solutions, Inc.
Non-GAAP Financial Information
(In millions)
(unaudited)

	Total
Client Services	
Revenue, as reported	537.5
Acquisition-related deferred revenue and other adjustments	5.3
Total non-GAAP revenue	542.8
Consolidated	
Revenue, as reported	1,549.9
Acquisition-related deferred revenue and other adjustments	25.8
Total non-GAAP revenue	1,575.7
Services as a % of Revenue	34%

Reconciliations: Rec/Non-Rec and SW/Services

Allscripts Healthcare Solutions, Inc.

Non-GAAP Financial Information

(In millions)

(unaudited)

	2013	2014	2015	2016
	Total	Total	Total	Total
Non-GAAP Revenue				
Software Delivery, Support & Maintenance				
Recurring revenue	745.6	760.8	781.0	864.7
Non-recurring revenue	176.7	150.1	137.4	168.2
Total Software Delivery, Support & Maintenance	922.3	910.9	918.4	1,032.9
Client Services				
Recurring revenue	213.1	236.5	271.8	352.5
Non-recurring revenue	247.4	242.2	196.2	190.3
Total Client Services	460.5	478.7	468.0	542.8
Total non-GAAP revenue	1,382.8	1,389.5	1,386.4	1,575.7

Reconciliations: Adjusted EBITDA & Margins ('15-16)

Allscripts Healthcare Solutions, Inc.
 Non-GAAP Financial Information - Adjusted EBITDA
 (In millions, except percentages)
 (Unaudited)

	Year Ended December 31,	
	2016	2015
Total revenue, as reported	\$1,549.9	\$1,386.4
Acquisition-related deferred revenue adjustments	25.8	-
Total non-GAAP revenue	\$1,575.7	\$1,386.4
Net income (loss), as reported	3.0	(\$2.0)
Acquisition-related deferred revenue adjustments	25.8	-
Depreciation and amortization	172.4	161.0
Stock-based compensation expense	44.2	36.6
Non-recurring expenses and transaction-related costs	13.4	23.4
Non-cash asset impairment charges	4.7	1.5
Interest expense and other, net (a)	50.5	17.4
Equity in net earnings of unconsolidated investments	7.5	2.1
Tax (benefit) provision	(17.8)	2.6
Adjusted EBITDA (c)	\$303.7	\$242.6
<i>Adjusted EBITDA margin (b)</i>	<i>19%</i>	<i>17%</i>

Reconciliations: Adjusted EBITDA & Margins ('13-14)

Allscripts Healthcare Solutions, Inc.
 Non-GAAP Financial Information - Adjusted EBITDA
 (In millions)
 (Unaudited)

	Year Ended December 31,	
	2014	2013
Total revenue, as reported	\$1,377.9	\$1,373.1
Deferred revenue and other adjustments	11.6	9.8
Total non-GAAP revenue	\$1,389.5	\$1,382.9
Net loss, as reported	(\$66.5)	(\$104.0)
Deferred revenue and other adjustments	11.6	9.8
Depreciation and amortization	174.3	178.8
Stock-based compensation expense	39.3	37.0
Non-recurring expenses and transaction-related costs (a)	24.2	71.5
Non-cash asset impairment charges	2.4	11.5
Interest expense and other income net (b)	15.4	19.5
Tax provision (benefit)	(1.7)	(44.3)
Adjusted EBITDA	\$199.0	\$179.8
<i>Adjusted EBITDA margin (c)</i>	<i>14.3%</i>	<i>12.9%</i>

(a) Depreciation expense totaling \$0.0 million and \$1.3 million has been excluded from non-recurring expenses for the three months ended December 31, 2014 and 2013, respectively, and \$0.9 million and \$2.5 million for the year ended December 31, 2014 and 2013, respectively, since these amounts are also included in depreciation.

(b) Interest expense (in come) and other (in come) expense has been adjusted from the amounts presented in the statements of operations in order to remove the amortization of the fair value of the cash conversion option embedded in the 1.25% Cash Convertible Notes and deferred debt issuance costs from interest expense since such amortization is also included in depreciation and amortization.

(c) Adjusted EBITDA margin is calculated by dividing adjusted EBITDA by total non-GAAP revenue.

Reconciliations: Adjusted EBITDA & Margins ('12)

Allscripts Healthcare Solutions, Inc.
 Non-GAAP Financial Information - Adjusted EBITDA
 (In millions)
 (Unaudited)

	<u>Year Ended</u> <u>12/31/12</u>
Total revenue, as reported	\$1,446.3
Provision for revenue deferred	16.8
Deferred revenue and other adjustments	2.1
Total non-GAAP revenue	<u>\$1,465.2</u>
Net loss, as reported	(\$1.2)
Income tax benefit	(16.3)
Interest expense (income) and other (income) expense (a)	25.3
Stock-based compensation expense	39.1
Depreciation and amortization	150.2
Deferred revenue and other adjustments	2.1
Provision for revenue deferred	16.8
Non-recurring expenses and transaction-related costs (b)	26.2
Asset impairment charges	11.1
Non-GAAP adjusted EBITDA	<u>\$235.5</u>
<i>Non-GAAP adjusted EBITDA margin (c)</i>	<i>17%</i>

(a) Interest expense (income) and other (income) expense has been adjusted from the amounts presented in the statements of operations in order to remove the amortization of the fair value of the cash conversion option embedded in the 1.25% Cash Convertible Notes and deferred debt issuance costs from interest expense since such amortization is also included in depreciation and

(b) Depreciation expense totaling approximately \$1.3 million and \$2.5 million has been excluded from non-recurring expenses for the three months and year ended December 31, 2013, respectively, since these amounts are also included in depreciation and amortization.

(c) Non-GAAP adjusted EBITDA margin is calculated by dividing Non-GAAP adjusted EBITDA by Total non-GAAP revenue.

Reconciliations: Non-GAAP EPS ('15-16)

Allscripts Healthcare Solutions, Inc.
Condensed Non-GAAP Financial Information
(In millions, except per share amounts and percentages)
(Unaudited)

	Year Ended December 31,	
	2016	2015
Net (loss) in income attributable to Allscripts Healthcare Solutions, Inc. stockholders, as reported	(\$25.7)	(\$2.2)
Less: Net loss attributable to non-controlling interest	0.2	0.2
Less: Accretion of redemption preference on redeemable convertible non-controlling interest - Net smart	28.5	0.0
Net income (loss), as reported	\$3.0	(\$2.0)
Acquisition-related deferred revenue adjustments	25.8	0.0
Acquisition-related amortization	71.1	58.3
Stock-based compensation expense	44.2	36.6
Non-recurring expenses and transaction-related costs (a)	13.4	23.4
Non-cash asset impairment charges	4.7	1.5
Non-cash charges to interest expense and other	16.6	12.0
Equity in net earnings of unconsolidated investments	7.5	3.2
Tax effect of adjustments to reconcile GAAP to non-GAAP net income	(64.1)	(47.4)
Tax rate alignment	(12.6)	2.5
Total Non-GAAP net income	\$109.6	\$88.1
Less: Non-GAAP net income attributable to non-controlling interest	(5.5)	(0.1)
Non-GAAP net income attributable to Allscripts Healthcare Solutions, Inc.	\$104.1	\$88.0
Non-GAAP effective tax rate	35%	35%
Weighted shares outstanding - diluted	187.9	186.5
(Loss) earnings per share - basic and diluted, as reported	(\$0.14)	(\$0.01)
Non-GAAP earnings per share attributable to Allscripts Healthcare Solutions, Inc. - diluted	\$0.55	\$0.47

Reconciliations: Non-GAAP EPS ('13-14)

Allscripts Healthcare Solutions, Inc.
Non-GAAP Financial Information
(Unaudited)

	Year Ended December 31,	
	2014	2013
Net loss, as reported	(\$66.5)	(\$104.0)
Deferred revenue and other adjustments	7.6	7.2
Acquisition-related amortization	43.2	52.5
Stock-based compensation expense	25.6	26.8
Non-recurring expenses and transaction-related costs	16.1	54.0
Non-cash asset impairment charges	1.6	8.6
Non-cash charges to interest expense and other	6.5	7.4
Tax rate alignment	22.2	(4.3)
Non-GAAP net income	\$56.3	\$48.2
Non-GAAP effective tax rate	35%	28%
Weighted shares outstanding - diluted	179.8	177.0
Loss per share - diluted, as reported	(\$0.37)	(\$0.59)
Non-GAAP earnings per share - diluted	\$0.31	\$0.27

Note: all adjustments to reconcile GAAP to non-GAAP net income are net of tax.

(a) Non-recurring expenses and transaction-related costs included in cost of revenue and operating expenses are comprised of the following for the periods presented.

Reconciliations: Non-GAAP Gross Profit and Margin

Allscripts Healthcare Solutions, Inc.
Non-GAAP Financial Information
(In millions)
(unaudited)

	2013	2014	2015	2016
	Total	Total	Total	Total
Software Delivery, Support & Maintenance				
Revenue, as reported	918.7	907.3	918.4	1,012.4
Acquisition-related deferred revenue and other adjustments	3.6	3.6	0.0	20.5
Total non-GAAP revenue	922.3	910.9	918.4	1,032.9
Gross profit, as reported	508.0	513.0	544.4	599.5
Acquisition-related deferred revenue and other adjustments	3.6	3.6	0.0	20.5
Acquisition-related amortization	41.1	35.1	35.1	45.3
Stock-based compensation expense	1.7	1.5	4.2	4.3
Non-recurring expenses and transaction-related costs	12.2	3.5	0.0	0.0
Non-GAAP gross profit	566.6	556.6	583.7	669.6

Client Services

Revenue, as reported	454.4	470.5	468.0	537.5
Acquisition-related deferred revenue and other adjustments	6.1	8.1	0.0	5.3
Total non-GAAP revenue	460.5	478.6	468.0	542.8
Gross profit, as reported	26.4	33.1	36.2	71.5
Acquisition-related deferred revenue and other adjustments	6.1	8.1	0.0	5.3
Stock-based compensation expense	3.9	4.4	4.5	4.5
Non-recurring expenses and transaction-related costs	0.0	5.0	0.0	0.6
Non-GAAP gross profit	36.5	50.6	40.7	81.9

Allscripts Healthcare Solutions, Inc.
Non-GAAP Financial Information
(In millions)
(unaudited)

	2013	2014	2015	2016
	Total	Total	Total	Total
Total non-GAAP gross margin	43.6%	43.7%	45.0%	47.7%

Reconciliations: Free Cash Flow

Allscripts Healthcare Solutions, Inc.
Non-GAAP Financial Information - Free Cash Flow
(In millions)
(Unaudited)

	Year Ended December 31,	
	2016	2015
Net cash provided by operating activities	\$269.0	\$211.6
Cash flows from investing activities:		
Capital expenditures	(35.4)	(18.3)
Capitalized software	(102.5)	(49.3)
Free cash flow	<u>\$131.1</u>	<u>\$144.0</u>

