

6<sup>th</sup> October, 2023

To, National Stock Exchange of India Ltd. Exchange Plaza, BKC Bandra-Kurla Complex, Bandra (East), Mumbai-400 051 **Symbol: JLHL**  To, BSE Limited P.J. Towers, 25th Floor, Dalal Street, Fort Mumbai 400 001 **Code: 543980** 

#### Subject: Investor Presentation for the Quarter ended 30th June, 2023

#### Reference: <u>Unaudited Financial Results (Standalone and Consolidated) of the Company,</u> <u>for the quarter ended 30<sup>th</sup> June, 2023</u>

Dear Sir/ Madam,

Pursuant to Regulation 30 of SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 as amended from time to time, please find the enclosed investor presentation for the Unaudited (Standalone and Consolidated) Financial Results for the quarter ended 30<sup>th</sup> June 2023.

You are requested to take the aforementioned on record and oblige kindly.

For JUPITER LIFE LINE HOSPITALS LIMITED,

Suma Upparatti Company Secretary and Compliance Officer

CIN: U85100MH2002PLC137908 GST No: 27AABCJ19821ZN Email: info@jupiterhospital.com Web: www.jupiterhospital.com Thane:

Corporate Office: Eastern Express Highway, Thane (W) 400 601. © 022 2172 5585 Pune: Baner, Pune 411 045. (© 020 2799 2211





# INVESTOR PRESENTATION OCTOBER 2023

# Safe Harbour



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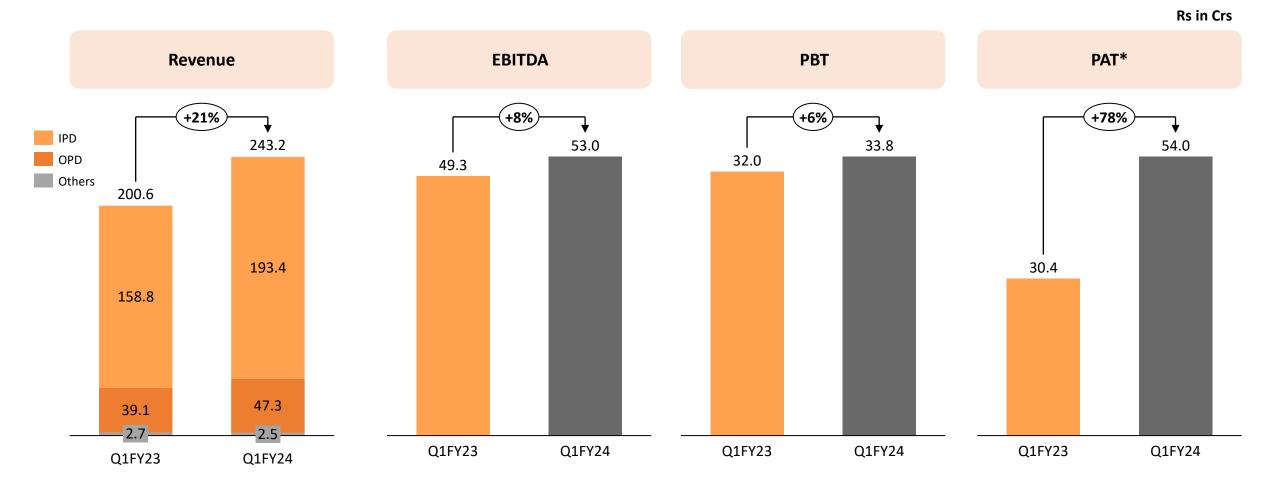
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# Q1FY24 Performance

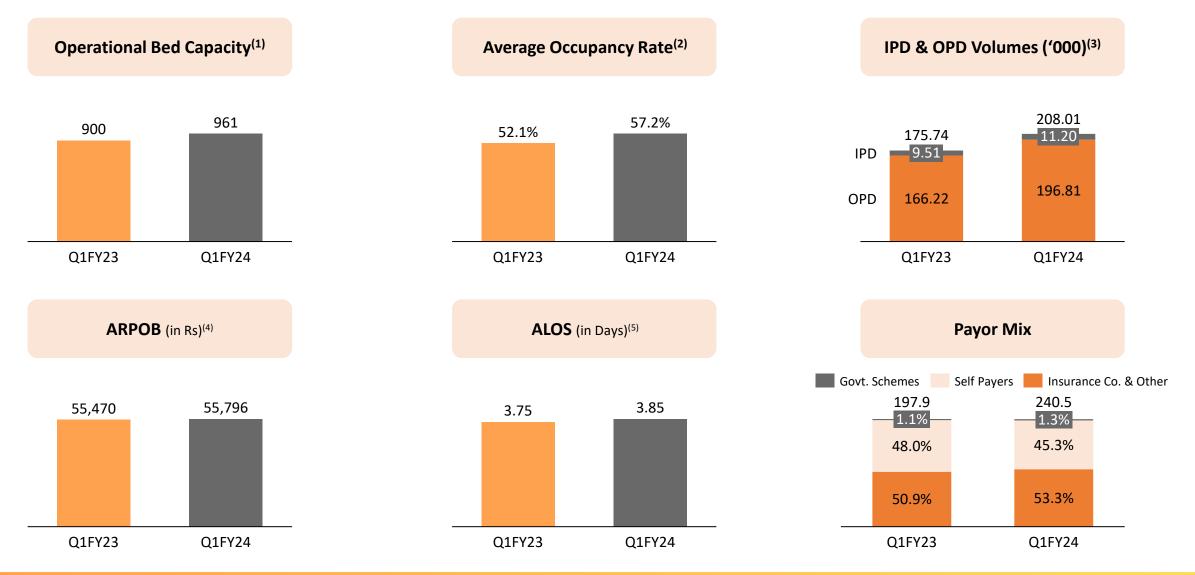
### **Q1FY24** Performance Highlights





## **Q1FY24 Operating Metrics**





1) Operational beds includes census beds (bed available for mid-night occupancy such as intensive care units ("ICUs"), wards etc.) and non-census beds (all other bed available other than census beds, such as day-care beds, casualty beds etc.) (2) Average occupancy rate is calculated as census occupied bed days (i.e. midnight census of occupied census beds during the period) divided by available census bed days (i.e. census bed capacity multiplied by the applicable days in the relevant period) (3) ARPOB is calculated as income from hospital services divided by census occupied bed days (i.e. midnight census of occupied census beds during the period) 4). Out-patient volume refers to the total number of Out-patient bills generated in a specific period. Inpatient volume refers to the total number of inpatient discharge in a specific period irrespective of admission date .(5) ALOS is the average length of stay of patients in a specific period, calculated as census occupied bed days (i.e. midnight census beds during the period) divided by (i.e. midnight census of occupied census beds during the period) divided by census of occupied census beds during the period) divided by inpatient volume.

# **Key Highlights**



Occupancy stood at 57.2% for Q1FY24 vs 52.1% in Q1FY23, largely led by improved performance at Indore and Pune hospital

> IPD and OPD volumes grew by 17.8% YoY and 18.4% YoY respectively in Q1FY24

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Payee mix continues to remain strong with Insurance companies at 53.3% in Q1FY24 vs 50.9% in Q1FY23

> Debt has been repaid in full, with help of funds raised during the IPO

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#### **Management Commentary**





#### Dr. Ankit Thakker ED & CEO

"We are extremely pleased with our recent listing on stock exchanges and are excited as we continue our journey, now as a listed entity. During the IPO, we had raised funds with an objective to repay debt. I am happy to inform that, we have fulfilled our commitment and fully repaid the debt on books and are debt free as on date, which will result in annual savings of interest cost of Rs.40+ crores.

For Q1FY24, our occupancies stood at about 57.2% vs 52.1% in corresponding period last year. ARPOB continues to be in excess of Rs. 55,000. Our hospital in Indore and Pune is witnessing improved occupancy levels and will be one of the drivers of growth in coming quarters.

As a philosophy, we believe each one of our hospital has to be flagship hospital and contribute at the same level as any other. Keeping that in mind, we are in process of building a 500 bed hospital in Dombivli, which is progressing as per the planned timelines. Further, we remain committed towards taking our total bed count to 2,500 beds by building new hospitals in western region of India, in years to come."

### **Profit & Loss Statement**

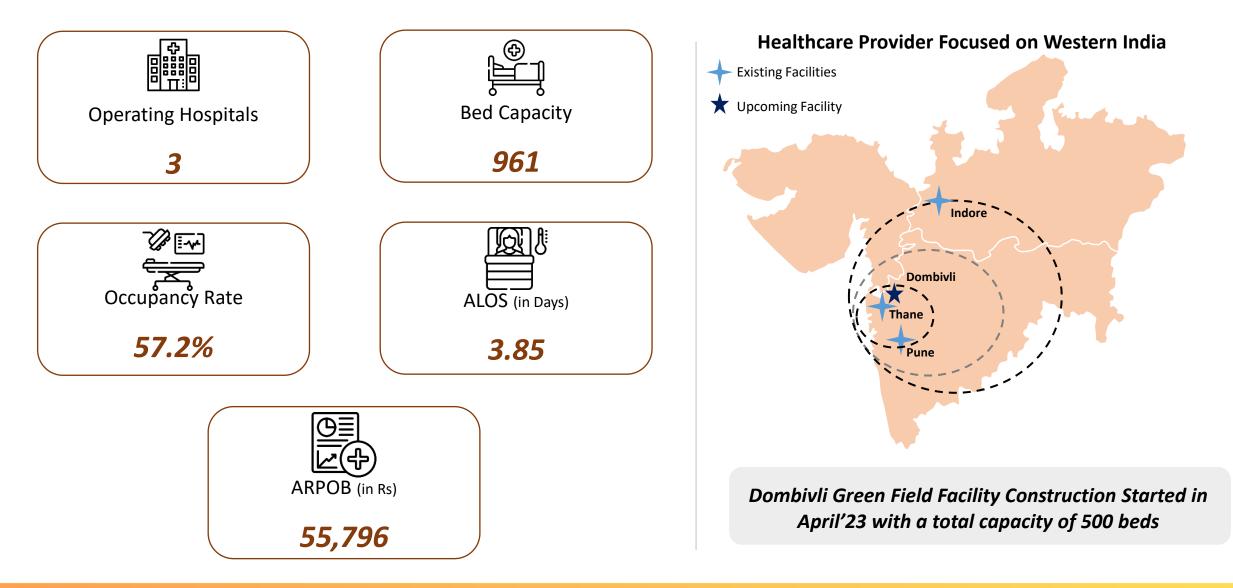


Profit and Loss (in Rs. Crs)	Q1FY24	Q1FY23	ΥοΥ	Q4FY23	QoQ	FY23
Revenue from Operations	243.2	200.6	21.3%	242.3	0.4%	892.5
Value Addition	104.3	81.6		128.9		375.1
Gross Profit	138.9	119.0	16.7%	113.4	22.4%	517.5
Gross Profit Margin	57.1%	59.3%		46.8%		58.0%
Employee Cost	45.1	35.3		41.2		155.6
Other Expenses	40.8	34.5		20.7		160.5
EBITDA	53.0	49.3	7.5%	51.6	2.7%	201.3
EBITDA Margin	21.8%	24.6%		21.3%		22.6%
Depreciation	10.7	9.3		10.0		38.6
Other Income	5.0	2.0		3.5		10.4
EBIT	47.3	42.0	12.6%	45.1	4.9%	173.2
EBIT Margin	19.4%	20.9%		18.6%		19.4%
Finance Cost	12.2	10.0		10.9		42.3
Exceptional Item Gain / (Loss)	(1.4)	0.0		(2.2)		(2.2)
РВТ	33.8	32.0	5.6%	31.9	5.7%	128.7
PBT Margin	13.9%	15.9%		13.2%		14.4%
Тах	(20.2)	1.5		16.2		55.8
PAT*	54.0	30.4	77.4%	15.8	242.8%	72.9
PAT Margin	22.2%	15.2%		6.5%		8.2%
Diluted EPS	9.93	5.99		2.83		12.95

# Business Overview

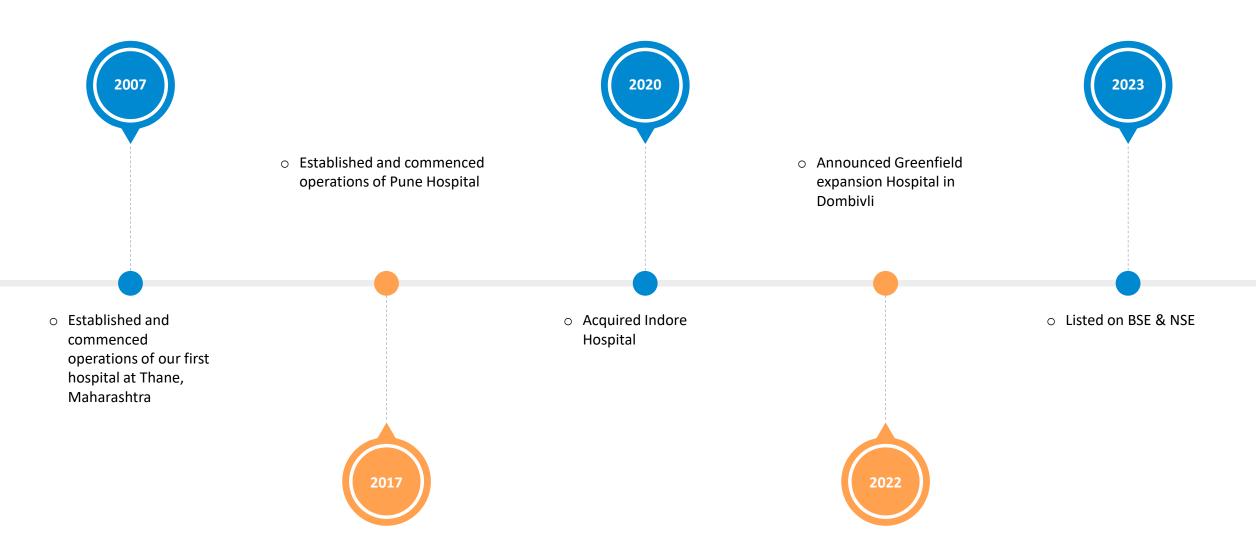
#### Jupiter at a Glance





### **Major Events**





### **Experience Board of Directors**





#### Dr. Ajay Thakker Chairman and MD

- ✓ Founder of the Company
- ✓ Over 3 decades of experience in the field of medicine and healthcare



#### Dr. Ankit Thakker ED and CEO

- ✓ 14 years of experience in the healthcare sector
- ✓ Responsible for the overall management of the Company



#### Dr. Bhaskar Shah Non-Executive Director

✓ Registered as an M.D. in the Maharashtra Medical Council ✓ Senior Interventional cardiologist



#### Vadapatra Raghavan Non-Executive Director

- ✓ Practicing CA with over 3 decades of experience in the audit and accounts sector
- ✓ Partner at Charles Prabhakar & Co



#### **Dr. Darshan Vora Independent Director**

✓ Member of the European Society of Cosmetic Dentistry, a member in good standing of the Implant Prosthetic Section of the International Congress of Oral Implantologists



#### Dr. Jasmin Patel Independent Director

- ✓ Life member of the Indian Medical Association
- ✓ Associated with Sarvoday Hospital as COO
- ✓ Over 18 years of experience in the healthcare sector



#### Satish Utekar Independent Director

Earlier was associated with TJSB Sahakari Bank Ltd. as MD and CEO



#### ✓ Associate of the Indian Institute of Architect

- Member of the Practising Engineers, Architects and Town Planners Association
- ✓ An author of 5 published books

### **Key Management Team**

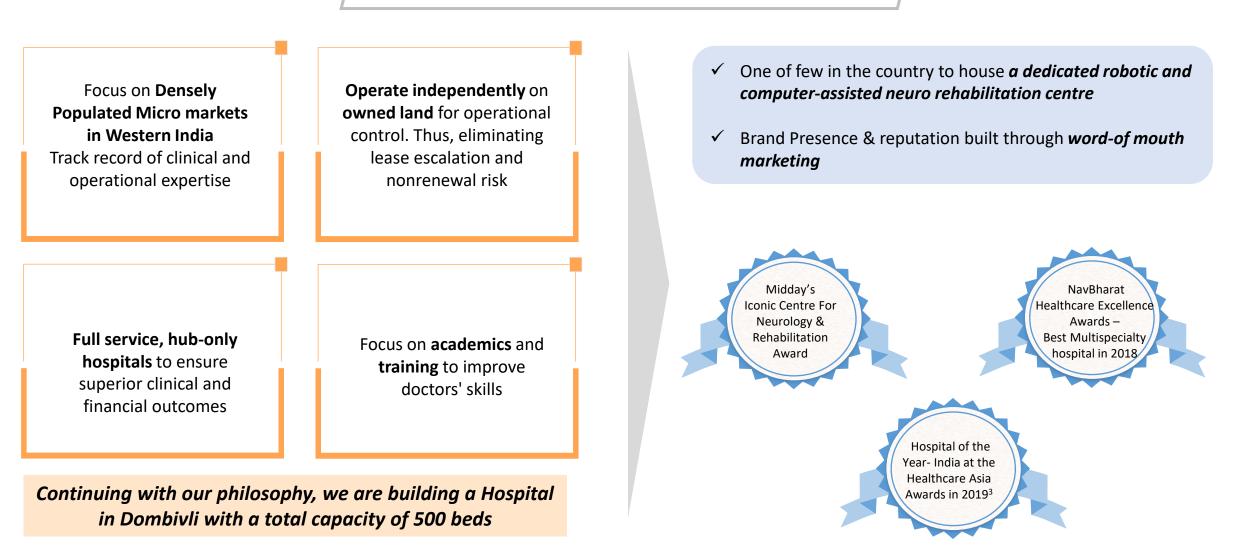




## **Key Tertiary and Quaternary Healthcare Provider**

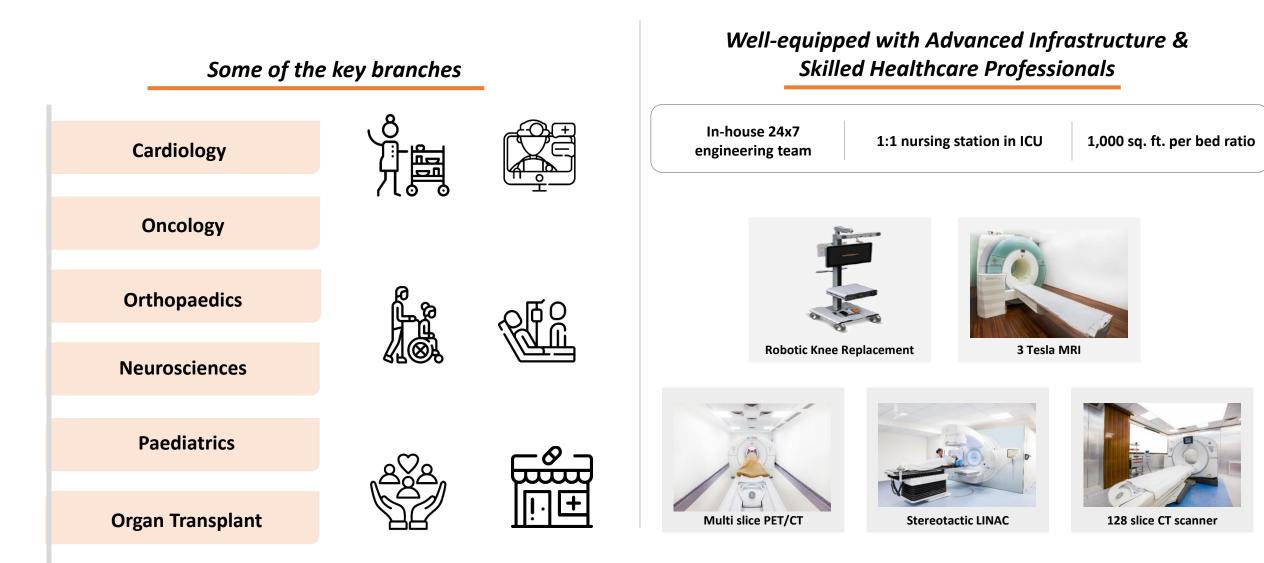


#### Strong Brand Recognition and Clinical Expertise



# All-Hub-No-Spoke' Model With Focus On Quality Patient Care





#### **Hospitals Built with Modern Infrastructure**



#### Patient & Companion Centric Atmosphere





Over 1,000 sq. ft. per bed



Wide Staircases providing ample space to navigate



Step-out gardens and use of space & natural light





1:1 Nursing station for each patient in ICU

#### **Operations at 3 Distinct Geographies**





1) Operational beds includes census beds (bed available for mid-night occupancy such as intensive care units ("ICUs"), wards etc.) and non-census beds (all other bed available other than census beds, such as day-care beds, casualty beds etc.) (2) Average occupancy rate is calculated as census occupied bed days (i.e. midnight census of occupied census beds during the period) divided by available census bed capacity multiplied by the applicable days in the relevant period) (3) ARPOB is calculated as income from hospital services divided by census occupied bed days (i.e. midnight census of occupied census beds during the period) (4)\*Indore hospital's acquisition was completed on November 15, 2020; Data As on 30<sup>th</sup> June'23

## **Provides Advanced and Sophisticated Technology**

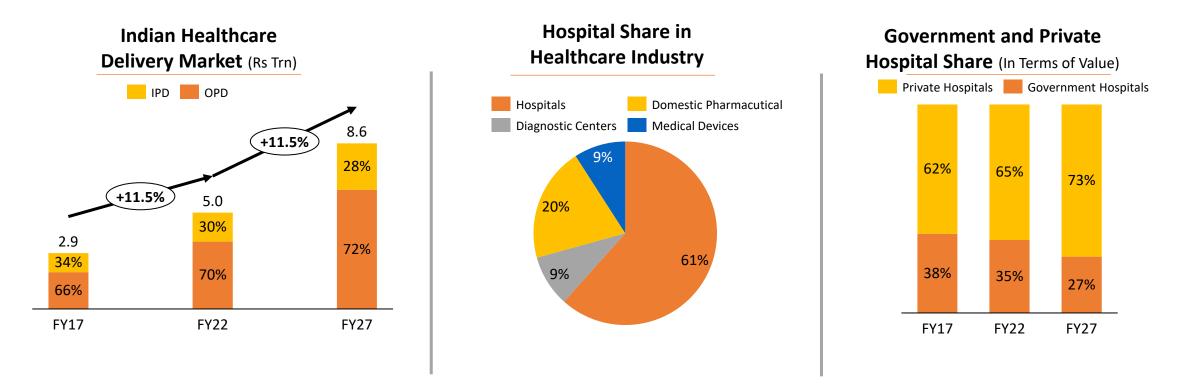


01 02 03 Advanced Medical **Diagnostics Critical Care and Operation Theatres** Technology Each hospital is equipped with both  $\checkmark$ Hospital has comprehensive and high- $\checkmark$ Hospitals are equipped with modern  $\checkmark$ positive pressure and negative pressure tech rehabilitation facilities, especially technology in order to aim to deliver isolation facilities for patients with neurological diseases quality care to our patients The operation theatres are built with  $\checkmark$ Offers robotic gait trainers, anti-gravity  $\checkmark$ Imaging departments have 3T MRI, 128  $\checkmark$ modular panels and are equipped with treadmills, cognition training, gait slice CT Scanners, digital X-rays, highhigh-efficiency particulate air filters and analysing treadmills, and robotic devices end ultrasonography machines, digital laminar flow systems for finger, shoulder, balance, vision, and mammography with tomosynthesis, We also have digital operational  $\checkmark$ cognitive rehabilitation bone marrow densitometry, technology integration panel systems orthopantomogram (OPG) scanners, Nuclear medicine including PET/CT and which enable access to patient records √ and nuclear medicine departments Gamma camera and cancer therapeutics and diagnostic images directly in the have PET/CT and Gamma Camers including Linac and brachytherapy operating room

# Industry Overview

# **Hospital Industry Overview**



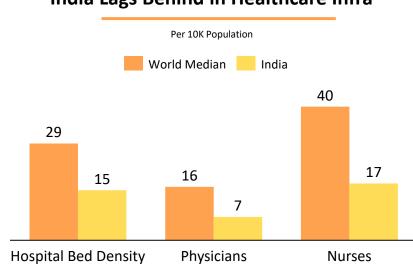


#### **Key Driving Factors**

- ✓ The Indian population continuous to grow at a steady pace
- ✓ The proportion of the Indian population of 60 years or more is expected to rise to 12.5% by 2026 from nearly 8% in 2011
- ✓ Rising insurance penetration to make quality healthcare services more affordable in India

#### Western Regions of India to Witness Strong Growth





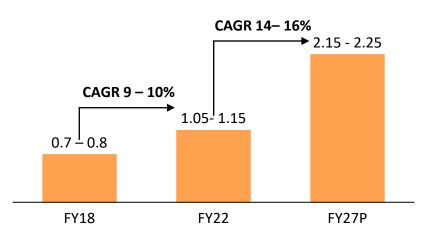
#### India Lags Behind in Healthcare Infra

#### Tier 1&3 Cities Driving Incremental Growth in Bed Capacity



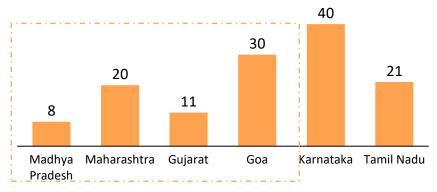
#### Indian Western Healthcare Delivery Market

Indian Western Healthcare Delivery Market Size (INR Trillion))



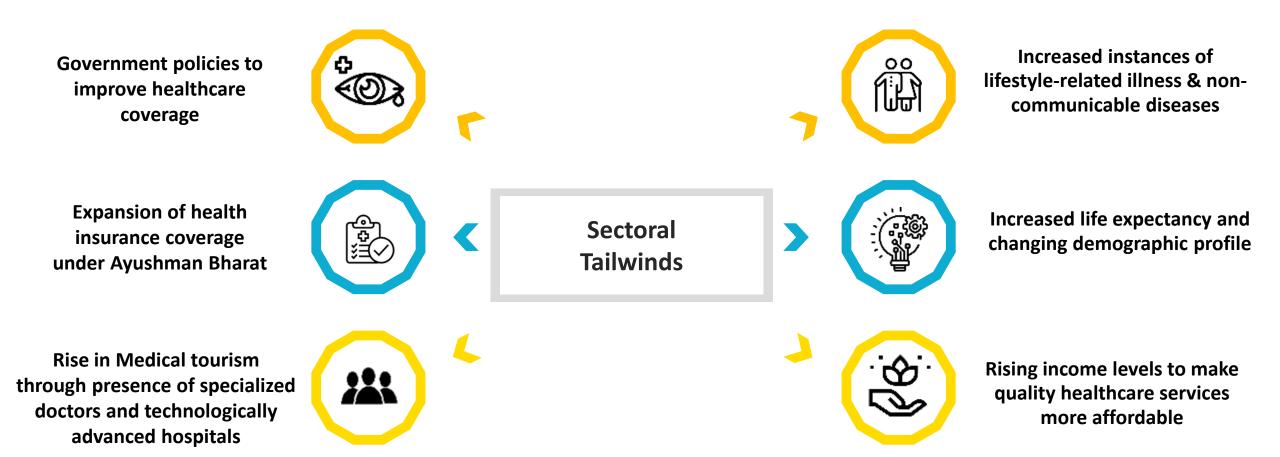
#### Hospital Bed Density<sup>#</sup>

States of Gujarat and M.P have bed densities lower than the national average



# **Multiple Industry Tailwinds Propelling Healthcare Delivery**





# **Growth Drivers**

# Multispecialty Hospital Focused on Western India Healthcare..



Regional Multi Specialty Hospital

Tertiary & quaternary care model with presence in Mumbai Metropolitan Area and western region of India and a patient first ideology All Hub & No Spoke Model

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Comprehensive offerings through independent hospitals, with operational control and ownership of land Ability to attract and retain experienced professionals

Maintains a quality standard by employing pool of talented healthcare professionals

Clinical & operational track record

High operational and financial performance through high patient volumes, cost efficiency, diversified revenue streams across hospitals leading to a consistent growth record over the last 3 years



Experienced and Qualified Professional Management

Led by Promoters with extensive industry

and technical knowledge

### ..With Continued Focus on ESG

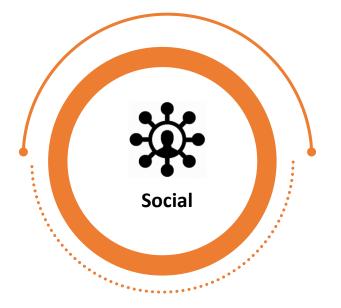




- Pune hospital has been designed in collaboration with the Government of Switzerland under the Building Energy Efficiency Project
- ✓ Pune hospital has also received the Neerman Award 2022 in the healthcare category by the National Energy Efficiency Roadmap for Movement Towards Affordable and Natural Habitat Award



- ✓ Board comprises of 4 independent directors and operates distinctly from executive management
- Supervises company operations through committees designed to manage and oversee key aspects of the business



- ✓ Served numerous patients suffering from cancer, birth defects, cardiac problems and end-stage organ failures
- ✓ Operates a centre for eye care, "Jupiter Netralaya" to conduct free surgeries
- Provides free or subsidized pediatric cardiac surgery, cardiology diagnostic services, and procedures through a pediatric cardiac clinic. Also focuses on superspecialized critical care, such as chemotherapy drugs and organ transplants

## **Growth Strategy**





#### **Continue To Recruit and Retain Skilled Healthcare Professionals**

- Focusing on employing surgeons and specialists with proven specialties helps brand grow and expand the organization
- Company plans to use its brand, clinical, and operational skills to attract and retain healthcare professionals

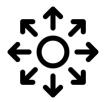
Continue To Improve Quality Of Care and Invest & Employ Latest Technology

- Create the best infrastructure, technology, and support to put patients first and be futuristic and innovative in healthcare delivery
- Adopts the latest medical technologies and equipment to improve patient care, expand treatment options, and promote affordability, efficiency, and cost savings



Pursue Strategic Growth Opportunities In Focus Micromarkets

The company may pursue selected acquisitions and strategic alliances in focus micro-markets to augment its organic growth and clinical expertise with improved infrastructure, high-value technical and operational capabilities, industry knowledge, and geographical reach



Strategically Expand Footprint In Western Markets

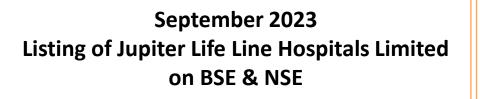
- Expand the hospital network into western India's focus micromarkets, adjacent to underserved and densely populated core areas
- We are building a 600,000 sq. ft. quaternary care hospital in Dombivli, Maharashtra, with a planned capacity of 500 beds
- ✓ The business plans to build numerous hospitals in western India with 2,500 beds in the next few years, including the Dombivli facility

# Strong Historical Financial Performance

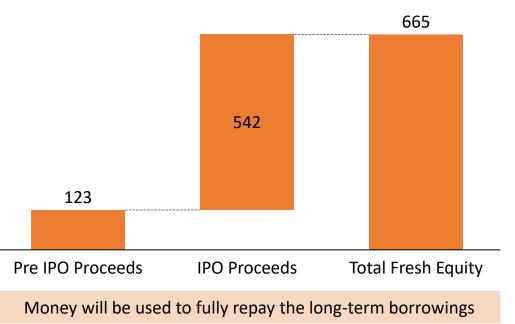
### **Delivering Value to Stakeholders with IPO**





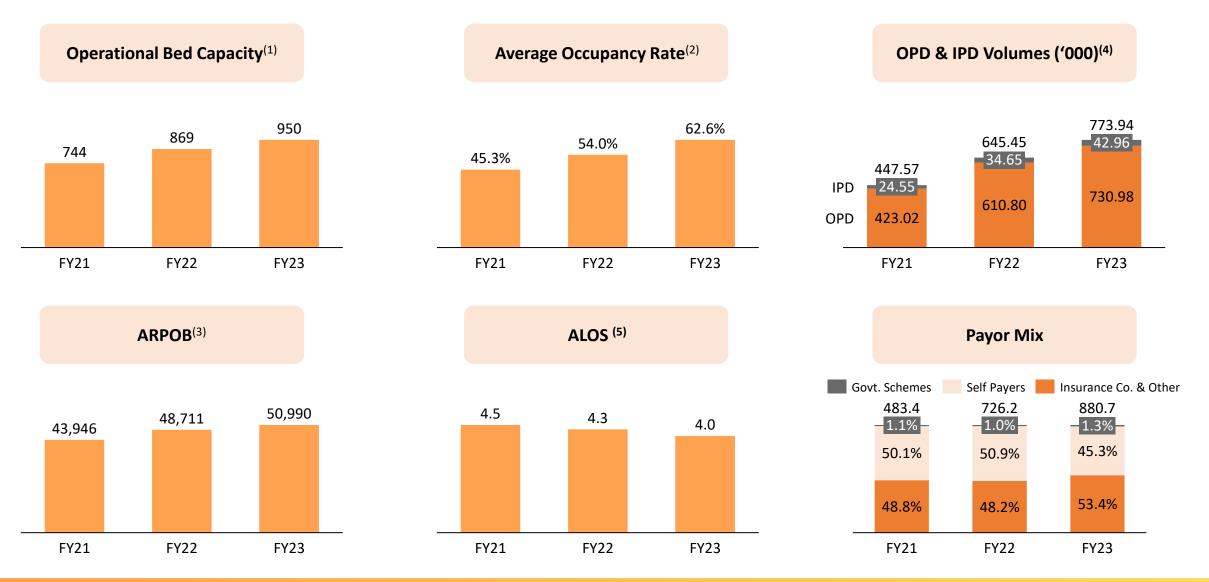


#### Strengthening the balance sheet (Rs in cr)



### **Robust Operating Metrics**





1) Operational beds includes census beds (bed available for mid-night occupancy such as intensive care units ("ICUs"), wards etc.) and non-census beds (all other bed available other than census beds, such as day-care beds, casualty beds etc.) (2) Average occupancy rate is calculated as census occupied bed days (i.e. midnight census of occupied census beds during the period) divided by available census bed days (i.e. census bed capacity multiplied by the applicable days in the relevant period) (3) ARPOB is calculated as income from hospital services divided by census occupied bed days (i.e. midnight census of occupied census beds during the period) 4). Out-patient volume refers to the total number of Out-patient bills generated in a specific period. Inpatient volume refers to the total number of inpatient discharge in a specific period irrespective of admission date .(5) ALOS is the average length of stay of patients in a specific period, calculated as census occupied bed days (i.e. midnight census beds during the period) divided by census of occupied census beds during the period) divided by inpatient volume.

## **Improving Return Ratios**





# **Historical Profit and Loss Statement**



Profit and Loss (in Rs. Crs)	FY23	FY22	FY21	FY20
Revenue from Operations	892.5	733.1	486.2	462.9
Value Addition	157.2	142.2	98.4	79.9
Gross Profit	735.4	590.9	387.7	383.1
Gross Profit Margin	82.4%	80.6%	79.8%	82.7%
Employee Cost	155.6	133.8	104.4	92.8
Other Expenses	378.4	303.7	216.2	207.7
EBITDA	201.3	153.4	67.2	82.6
EBITDA Margin	22.6%	20.9%	13.8%	17.8%
Depreciation	38.6	36.2	30.7	25.9
Other Income	10.4	4.0	4.1	1.9
EBIT	173.2	121.3	40.5	58.6
EBIT Margin	19.4%	16.5%	8.3%	12.7%
Finance Cost	42.3	43.9	39.0	25.7
Exceptional Item Gain / (Loss)	(2.2)	(0.2)	0.0	0.0
РВТ	128.7	77.1	1.6	32.9
PBT Margin	14.4%	10.5%	0.3%	7.1%
Тах	55.8	26.0	3.85	3.3
PAT	72.9	51.1	(2.3)	29.6
PAT Margin	8.2%	7.0%	(0.5%)	6.4%
EPS	13.95	10.05	(0.45)	5.83

Finance cost to reduce substantially post-debt repayment

### **Historical Balance Sheet**

Equity & Liabilities (in Rs. Crs)	FY23	FY22	FY21	FY20
Total Equity	363.9	288.4	246.4	236.7
Share Capital	56.5	50.9	50.9	50.9
Instruments entirely equity in nature	0.0	1.8	0.0	0.0
Other Equity	309.2	240.9	188.1	185.9
Minority Interest	-1.8	-5.1	7.5	0.0
Non-Current Liabilities	489.5	497.1	446.6	263.2
Financial Liabilities				
(i)Borrowings	452.5	464.5	421.2	243.5
Deferred Tax Liabilities	37	32.5	25.5	19.7
Current Liabilities	132.1	123.2	95.852	103.0
Financial Liabilities				
(i)Borrowings	16.1	30.7	4.4	28.4
(ii) Trade Payables	70.7	61.1	58.6	58.6
Other Current Liabilities	18.0	11.4	10.2	3.3
Current tax liabilities (net)	25.6	1.6	3.0	0.0
Provisions	1.7	18.3	19.7	12.7
Total Equity & Liabilities	985.5	908.7	788.9	602.9

Borrowings to reduce substantially with help of IPO proceeds

Assets (in Rs. Crs)	FY23	FY22	FY21	FY20
Non - Current Assets	776.3	728.3	676.1	469.4
Property Plant & Equipments	719.0	683.1	629.4	434.1
CWIP	29.1	26.6	25.9	10.5
Other Intangible assets	0.7	0.8	0.6	0.5
Financial Assets				
Investments	0.2	0.2	0.2	0.1
Other Financial Assets	22.9	10.6	7.0	3.1
Other Non - Current Assets (Net)	4.4	7.0	13.1	21.1
Current Assets	209.3	180.4	112.8	133.5
Inventories	19.0	15.4	13.1	14.0
Financial Assets				
(i)Investments	1.4	2.7	7.2	2.2
(ii)Trade receivables	45.7	27.9	21.8	44.6
(iii)Cash and cash equivalents	134.5	103.4	19.4	7.0
(iv) Loans	0.5	0.5	0.7	0.6
Other Current Assets	8.2	30.6	50.5	65.2
Total Assets	985.5	908.7	788.9	602.9

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# **Historical Cash Flow Statement**



Particulars (Rs. Crs)	FY23	FY22	FY21	FY20
Net Profit Before Tax	128.7	77.1	1.6	32.9
Adjustments for: Non -Cash Items / Other Investment or Financial Items	74.9	77.1	68.5	65.8
Operating profit before working capital changes	203.6	154.2	70.1	98.7
Changes in working capital	-7.7	-8.6	63.1	-9.4
Cash generated from Operations	195.9	145.6	133.2	89.3
Direct taxes paid (net of refund)	-19.5	-8.6	-9.8	-15.1
Net Cash from Operating Activities	176.4	137.0	123.4	74.2
Net Cash from Investing Activities	-94.2	-85.2	-295.8	-43.4
Net Cash from Financing Activities	-51.1	32.2	184.3	-31.7
Net Decrease in Cash and Cash equivalents	31.1	83.9	11.9	-0.9
Add: Cash & Cash equivalents at the beginning of the period	103.4	18.5	7.0	7.9
Credit Card Receivables & Others	0.0	1.0	0.6	0.0
Cash & Cash equivalents at the end of the period	134.5	103.4	19.4	7.0

# **Abbreviations**



Term	Description
ALOS	Average Length of Stay in Hospitals
ARPOB	Average Revenue Per Occupied Bed
CDSO	Central Drugs Standard Control Organisation
CGHS	Central Government Health Scheme
СНЕ	Current Healthcare Expenditure
DPCO	Drugs (Prices Control) Order, 2013
DPCO, 2022	Drugs (Prices Control) Amendment Order, 2022
DPDP Bill	The Digital Personal Data Protection Bill, 2022
ICU	Intensive Care Units
IPD	In-Patient Department
LINAC	Linear Accelerator
MMR	Mumbai Metropolitan Area
NABH	National Accreditation Board for Hospitals and Healthcare Providers
NABL	National Accreditation Board for Testing and Calibration Laboratories
NCD(s)	Non-Communicable Diseases
NHA	National Health Agency
NPPA	National Pharmaceutical Pricing Authority
NLEM	National List of Essential Medicines, 2015
OOP	Out-of-Pocket
OPD	Out-Patient Department
PET/CT	Positron Emission Tomography/Computed Tomography



## PATIENT FIRST



#### Jupiter Life Line Hospitals Limited

CIN: U85100MH2002PLC137908

investor.relations@jupiterhospital.com

 $SGA^{\underline{\mathsf{Strategic}}\ \mathsf{Growth}\ \mathsf{Advisors}}$ 

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