

KINDRED HEALTHCARE, INC
Form 10-Q
May 08, 2008
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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, DC 20549

FORM 10-Q

**□ QUARTERLY REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES
EXCHANGE ACT OF 1934**

For the quarterly period ended March 31, 2008

OR

**□ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES
EXCHANGE ACT OF 1934**

For the transition period from _____ to _____.

Commission file number: 001-14057

KINDRED HEALTHCARE, INC.

(Exact name of registrant as specified in its charter)

Delaware
**(State or other jurisdiction of
incorporation or organization)**

680 South Fourth Street

Louisville, KY
(Address of principal executive offices)

(502) 596-7300

(Registrant's telephone number, including area code)

61-1323993
**(I.R.S. Employer
Identification No.)**

40202-2412
(Zip Code)

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject

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to such filing requirements for the past 90 days. Yes No

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, or a smaller reporting company. See the definitions of large accelerated filer, accelerated filer, and smaller reporting company in Rule 12b-2 of the Exchange Act.

Large accelerated filer Accelerated filer Non-accelerated filer Smaller reporting company
Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes No

Indicate the number of shares outstanding of each of the issuer's classes of common stock, as of the latest practicable date.

| Class of Common Stock | Outstanding at April 30, 2008 |
|--------------------------------|--------------------------------------|
| Common stock, \$0.25 par value | 38,475,404 shares |

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Table of Contents**KINDRED HEALTHCARE, INC.****CONDENSED CONSOLIDATED STATEMENT OF OPERATIONS****(Unaudited)****(In thousands, except per share amounts)**

| | Three months ended March 31, | |
|---|---|--------------|
| | 2008 | 2007 |
| Revenues | \$ 1,059,761 | \$ 1,108,989 |
| Salaries, wages and benefits | 608,901 | 603,552 |
| Supplies | 79,962 | 181,635 |
| Rent | 86,126 | 84,672 |
| Other operating expenses | 230,700 | 182,434 |
| Other income | (4,717) | |
| Depreciation and amortization | 31,405 | 28,202 |
| Interest expense | 4,921 | 3,595 |
| Investment income | (3,268) | (3,833) |
| | 1,034,030 | 1,080,257 |
| Income from continuing operations before income taxes | 25,731 | 28,732 |
| Provision for income taxes | 10,710 | 12,207 |
| Income from continuing operations | 15,021 | 16,525 |
| Discontinued operations, net of income taxes: | | |
| Loss from operations | (331) | (1,426) |
| Loss on divestiture of operations | | (7,266) |
| Net income | \$ 14,690 | \$ 7,833 |
| Earnings per common share: | | |
| Basic: | | |
| Income from continuing operations | \$ 0.40 | \$ 0.42 |
| Discontinued operations: | | |
| Loss from operations | (0.01) | (0.03) |
| Loss on divestiture of operations | | (0.19) |
| Net income | \$ 0.39 | \$ 0.20 |
| Diluted: | | |
| Income from continuing operations | \$ 0.39 | \$ 0.41 |
| Discontinued operations: | | |
| Loss from operations | (0.01) | (0.03) |
| Loss on divestiture of operations | | (0.18) |
| Net income | \$ 0.38 | \$ 0.20 |
| Shares used in computing earnings per common share: | | |
| Basic | 37,444 | 39,212 |

Diluted

38,618

39,997

See accompanying notes.

Table of Contents**KINDRED HEALTHCARE, INC.****CONDENSED CONSOLIDATED BALANCE SHEET****(Unaudited)****(In thousands, except per share amounts)**

| | March 31, 2008 | December 31, 2007 |
|--|---------------------------|------------------------------|
| ASSETS | | |
| Current assets: | | |
| Cash and cash equivalents | \$ 16,892 | \$ 32,877 |
| Cash restricted | 5,098 | 5,360 |
| Insurance subsidiary investments | 181,511 | 231,693 |
| Accounts receivable less allowance for loss of \$32,476 March 31, 2008 and \$33,305 December 31, 2007 | 690,893 | 598,108 |
| Inventories | 22,113 | 22,035 |
| Deferred tax assets | 61,051 | 59,936 |
| Income taxes | 1,652 | 43,128 |
| Other | 28,966 | 20,510 |
| | 1,008,176 | 1,013,647 |
| Property and equipment | 1,248,900 | 1,226,111 |
| Accumulated depreciation | (571,605) | (542,773) |
| | 677,295 | 683,338 |
| Goodwill | 71,257 | 69,100 |
| Intangible assets less accumulated amortization of \$1,306 March 31, 2008 and \$1,095 December 31, 2007 | 80,295 | 79,956 |
| Assets held for sale | 10,532 | 15,837 |
| Insurance subsidiary investments | 55,147 | 49,166 |
| Deferred tax assets | 118,565 | 113,854 |
| Other | 51,943 | 54,654 |
| | \$ 2,073,210 | \$ 2,079,552 |
| LIABILITIES AND STOCKHOLDERS EQUITY | | |
| Current liabilities: | | |
| Accounts payable | \$ 170,396 | \$ 180,367 |
| Salaries, wages and other compensation | 262,991 | 261,608 |
| Due to third party payors | 38,489 | 41,980 |
| Professional liability risks | 60,929 | 64,740 |
| Other accrued liabilities | 75,400 | 80,663 |
| Long-term debt and capital lease obligation due within one year | 431 | 584 |
| | 608,636 | 629,942 |
| Long-term debt | 256,594 | 275,814 |
| Capital lease obligation | 15,639 | 15,760 |
| Professional liability risks | 198,854 | 186,652 |
| Deferred credits and other liabilities | 112,552 | 109,260 |
| Commitments and contingencies | | |

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Stockholders' equity:

| | | |
|---|--------------|--------------|
| Common stock, \$0.25 par value; authorized 175,000 shares; issued 38,511 shares March 31, 2008 and 38,339 shares December 31, 2007 | 9,628 | 9,585 |
| Capital in excess of par value | 795,180 | 790,367 |
| Accumulated other comprehensive income | 533 | 1,250 |
| Retained earnings | 75,594 | 60,922 |
| | 880,935 | 862,124 |
| | \$ 2,073,210 | \$ 2,079,552 |

See accompanying notes.

Table of Contents**KINDRED HEALTHCARE, INC.****CONDENSED CONSOLIDATED STATEMENT OF CASH FLOWS****(Unaudited)****(In thousands)**

| | Three months ended March 31, | |
|--|---|-----------------|
| | 2008 | 2007 |
| Cash flows from operating activities: | | |
| Net income | \$ 14,690 | \$ 7,833 |
| Adjustments to reconcile net income to net cash provided by (used in) operating activities: | | |
| Depreciation and amortization | 31,405 | 29,421 |
| Amortization of stock-based compensation costs | 3,769 | 3,580 |
| Provision for doubtful accounts | 8,372 | 7,195 |
| Deferred income taxes | (4,718) | (5,431) |
| Loss on divestiture of discontinued operations | | 7,266 |
| Other | (576) | (652) |
| Change in operating assets and liabilities: | | |
| Accounts receivable | (102,143) | (47,192) |
| Inventories and other assets | (7,172) | (5,718) |
| Accounts payable | 352 | (11,091) |
| Income taxes | 41,596 | 16,187 |
| Due to third party payors | (3,491) | (2,182) |
| Other accrued liabilities | 8,122 | 8,042 |
| Net cash provided by (used in) operating activities | (9,794) | 7,258 |
| Cash flows from investing activities: | | |
| Purchase of property and equipment | (24,940) | (34,022) |
| Acquisitions | (2,080) | (39,642) |
| Sale of assets | 6,479 | 77,166 |
| Purchase of insurance subsidiary investments | (35,233) | (50,678) |
| Sale of insurance subsidiary investments | 38,899 | 51,487 |
| Net change in insurance subsidiary cash and cash equivalents | 39,953 | 24,993 |
| Other | 1,094 | (7,114) |
| Net cash provided by investing activities | 24,172 | 22,190 |
| Cash flows from financing activities: | | |
| Proceeds from borrowings under revolving credit | 375,000 | 436,800 |
| Repayment of borrowings under revolving credit | (394,200) | (453,400) |
| Repayment of long-term debt | (294) | (17) |
| Payment of deferred financing costs | (131) | (71) |
| Issuance of common stock | 722 | 870 |
| Other | (11,460) | (14,724) |
| Net cash used in financing activities | (30,363) | (30,542) |
| Change in cash and cash equivalents | (15,985) | (1,094) |
| Cash and cash equivalents at beginning of period | 32,877 | 20,857 |

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| | | |
|--|-----------|-----------|
| Cash and cash equivalents at end of period | \$ 16,892 | \$ 19,763 |
|--|-----------|-----------|

Supplemental information:

| | | |
|-------------------------------|----------|----------|
| Interest payments | \$ 5,087 | \$ 3,940 |
| Income tax payments (refunds) | (26,331) | 258 |

See accompanying notes.

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KINDRED HEALTHCARE, INC.

NOTES TO CONDENSED CONSOLIDATED FINANCIAL STATEMENTS

(Unaudited)

NOTE 1 BASIS OF PRESENTATION

Business

Kindred Healthcare, Inc. is a healthcare services company that through its subsidiaries operates hospitals, nursing centers and a contract rehabilitation services business across the United States (collectively, the Company). At March 31, 2008, the Company's hospital division operated 84 long-term acute care (LTAC) hospitals in 24 states. The Company's health services division operated 228 nursing centers in 27 states. The Company operated a contract rehabilitation services business which provides rehabilitative services primarily in long-term care settings.

On July 31, 2007, the Company completed the spin-off of its former institutional pharmacy business. See Note 2.

In recent years, the Company has completed several transactions related to the divestiture of unprofitable hospitals, nursing centers and other healthcare businesses to improve its future operating results. For accounting purposes, the operating results of these businesses and the losses or impairments associated with these transactions have been classified as discontinued operations in the accompanying unaudited condensed consolidated statement of operations for all periods presented. Assets not sold at March 31, 2008 have been measured at the lower of carrying value or estimated fair value less costs of disposal and have been classified as held for sale in the accompanying unaudited condensed consolidated balance sheet. See Note 3 for a summary of discontinued operations.

Impact of recent accounting pronouncements

In December 2007, the Financial Accounting Standards Board (the FASB) issued Statement of Financial Accounting Standards (SFAS) No. 141 (revised 2007) (SFAS 141R), Business Combinations, which significantly changes the accounting for business combinations, including, among other changes, new accounting concepts in determining the fair value of assets and liabilities acquired, recording the fair value of contingent considerations and contingencies at acquisition date and expensing acquisition and restructuring costs. SFAS 141R will be applied prospectively and is effective for business combinations which occur during fiscal years beginning after December 15, 2008. At this time, the Company cannot determine the impact that SFAS 141R will have on its financial position, results of operations or liquidity.

In December 2007, the FASB issued SFAS No. 160 (SFAS 160), Noncontrolling Interests in Consolidated Financial Statements, which will change the accounting and reporting for minority interests. SFAS 160 will recharacterize minority interests as noncontrolling interests and will be classified as a component of stockholders' equity. The new consolidation method will significantly change the accounting for transactions with minority-interest holders. SFAS 160 is effective for fiscal years beginning after December 15, 2008. The adoption of SFAS 160 is not expected to have a material impact on the Company's financial position, results of operations or liquidity.

In September 2006, the FASB issued SFAS No. 157 (SFAS 157), Fair Value Measurements, which addresses how companies should measure fair value when they are required to use a fair value measure for recognition or disclosure purposes under generally accepted accounting principles. SFAS 157 is effective for fiscal years beginning after November 15, 2007. In February 2008, the FASB issued FASB Staff Position SFAS No. 157-2 (SFAS 157-2), Effective Date of FASB Statement No. 157, which deferred the effective date of SFAS 157 for one year for nonfinancial assets and nonfinancial liabilities that are recognized or disclosed at fair value in the financial statements on a nonrecurring basis. The provisions of SFAS 157 apply to assets and liabilities, including investments, loans and transfers (including sales and securitizations) of financial assets,

Table of Contents**KINDRED HEALTHCARE, INC.****NOTES TO CONDENSED CONSOLIDATED FINANCIAL STATEMENTS (Continued)****(Unaudited)****NOTE 1 BASIS OF PRESENTATION (Continued)***Impact of recent accounting pronouncements (Continued)*

derivatives, financial liabilities, and other various financial assets and liabilities. The adoption of SFAS 157 did not have a material impact on the Company's financial position, results of operations or liquidity. The adoption of SFAS 157-2 is not expected to have a material impact on the Company's financial position, results of operations or liquidity.

SFAS 157 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. SFAS 157 also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities. Level 1 assets and liabilities include debt and equity securities and derivative contracts that are traded in an active exchange market, as well as certain U.S. Treasury, other U.S. Government and agency asset-backed debt securities that are highly liquid and are actively traded in over-the-counter markets.
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3** Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. Level 3 assets and liabilities include financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation.

The Company's assets and liabilities measured at fair value on a recurring basis are summarized below (in thousands):

| | March 31, 2008 | | | Assets/liabilities at fair value |
|-------------------------------------|----------------|------------|---------|----------------------------------|
| | Level 1 | Level 2 | Level 3 | |
| Assets: | | | | |
| Available-for-sale securities | \$ 37,224 | \$ 104,630 | \$ | \$ 141,854 |
| Deposits held in money market funds | 1,298 | | | 1,298 |
| | \$ 38,522 | \$ 104,630 | \$ | \$ 143,152 |
| Liabilities | \$ | \$ | \$ | \$ |

The Company's available-for-sale securities are held by its wholly owned limited purpose insurance subsidiary and are comprised of money market funds, asset backed securities, corporate bonds, commercial paper, equities and U.S. Treasury notes. These available-for-sale securities and insurance subsidiary cash and cash equivalents of \$94.8 million are maintained for the payment of claims and expenses related to professional liability and workers compensation risks.

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The fair value of actively traded debt and equity securities and money market funds are based upon quoted market prices and are generally classified as Level 1. The fair value of inactively traded debt securities are based upon either quoted market prices of similar securities or observable inputs such as interest rates using either a market or income valuation approach and are generally classified as Level 2.

Table of Contents**KINDRED HEALTHCARE, INC.****NOTES TO CONDENSED CONSOLIDATED FINANCIAL STATEMENTS (Continued)****(Unaudited)****NOTE 1 BASIS OF PRESENTATION (Continued)***Comprehensive income*

The following table sets forth the computation of comprehensive income (in thousands):

| | Three months ended March 31, | |
|---|---|-----------------|
| | 2008 | 2007 |
| Net income | \$ 14,690 | \$ 7,833 |
| Net unrealized investment gains (losses), net of income taxes | (717) | 89 |
| Comprehensive income | \$ 13,973 | \$ 7,922 |

Other information

The accompanying unaudited condensed consolidated financial statements are prepared in accordance with the instructions for Form 10-Q of Regulation S-X and do not include all of the disclosures normally required by generally accepted accounting principles or those normally required in annual reports on Form 10-K. Accordingly, these financial statements should be read in conjunction with the audited consolidated financial statements of the Company for the year ended December 31, 2007 filed with the Securities and Exchange Commission (the "SEC") on Form 10-K. The accompanying condensed consolidated balance sheet at December 31, 2007 was derived from audited financial statements, but does not include all disclosures required by generally accepted accounting principles.

The accompanying unaudited condensed consolidated financial statements have been prepared in accordance with the Company's customary accounting practices. Management believes that financial information included herein reflects all adjustments necessary for a fair presentation of interim results and, except as otherwise disclosed, all such adjustments are of a normal and recurring nature.

The accompanying unaudited condensed consolidated financial statements have been prepared in accordance with generally accepted accounting principles and include amounts based upon the estimates and judgments of management. Actual amounts may differ from those estimates.

Reclassifications

Certain prior period amounts have been reclassified to conform with the current period presentation. These changes did not have any impact on the Company's financial position, results of operations or liquidity.

NOTE 2 SPIN-OFF TRANSACTION

On July 31, 2007, the Company completed the spin-off of its former institutional pharmacy business, Kindred Pharmacy Services, Inc. ("KPS"), and the immediate subsequent combination of KPS with the former institutional pharmacy business of AmerisourceBergen Corporation to form a new, independent, publicly traded company named PharMerica Corporation ("PharMerica") (the "Spin-off Transaction").

For accounting purposes, the assets and liabilities of KPS were eliminated from the balance sheet of the Company effective at the close of business on July 31, 2007, and beginning August 1, 2007, the future operating results of KPS are no longer included in the operating results of the Company. In accordance with SFAS No. 144 ("SFAS 144"), Accounting for the Impairment or Disposal of Long-Lived Assets, the historical operating results of KPS are not reported as a discontinued operation of the Company because of the significance of the expected continuing

cash flows between PharMerica and the Company under pharmacy services contracts for

Table of Contents**KINDRED HEALTHCARE, INC.****NOTES TO CONDENSED CONSOLIDATED FINANCIAL STATEMENTS (Continued)****(Unaudited)****NOTE 2 SPIN-OFF TRANSACTION (Continued)**

services to be provided by PharMerica to the Company's hospitals and nursing centers. Accordingly, for periods prior to August 1, 2007, the historical operating results of KPS are included in the historical continuing operations of the Company.

Operating results for the first quarter of 2007 included a pretax charge of \$4.1 million for professional fees and other costs incurred in connection with the Spin-off Transaction.

NOTE 3 DISCONTINUED OPERATIONS

In accordance with SFAS 144, the divestiture of unprofitable businesses discussed in Note 1 have been accounted for as discontinued operations. Accordingly, the results of operations of these businesses for all periods presented and the losses or impairments related to these divestitures have been classified as discontinued operations, net of income taxes, in the accompanying unaudited condensed consolidated statement of operations. At March 31, 2008, the Company held for sale five nursing centers and one hospital.

On January 31, 2007, the Company acquired from Health Care Property Investors, Inc. (HCP) the real estate related to 11 unprofitable leased nursing centers operated by the Company for resale in exchange for the real estate related to three hospitals previously owned by the Company (the HCP Transaction). As part of the HCP Transaction, the Company continues to operate the hospitals under a long-term lease arrangement with HCP. In addition, the Company paid HCP a one-time cash payment of approximately \$36 million. The Company also amended its existing master lease with HCP to (1) terminate the current annual rent of approximately \$9.9 million on the 11 nursing centers, (2) add the three hospitals to the master lease with a current annual rent of approximately \$6.3 million and (3) extend the initial expiration date of the master lease until January 31, 2017 except for one hospital which has an expiration date of January 31, 2022. During the first quarter of 2007, the Company sold ten of the nursing centers acquired in the HCP Transaction and received proceeds of approximately \$75 million. The Company recorded a pretax loss related to these divestitures of \$12.7 million (\$7.8 million net of income taxes) in the first quarter of 2007.

A summary of discontinued operations follows (in thousands):

| | Three months ended March 31, | |
|--|---|---------------|
| | 2008 | 2007 |
| Revenues | \$ 10,703 | \$ 48,833 |
| Salaries, wages and benefits | 6,081 | 26,985 |
| Supplies | 783 | 2,960 |
| Rent | 31 | 3,466 |
| Other operating expenses | 4,348 | 16,522 |
| Depreciation | | 1,219 |
| Interest expense | 2 | 1 |
| Investment income | (4) | (1) |
| | 11,241 | 51,152 |
| Loss from operations before income taxes | (538) | (2,319) |
| Income tax benefit | (207) | (893) |

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| | | |
|--|----------|------------|
| Loss from operations | (331) | (1,426) |
| Loss on divestiture of operations, net of income taxes | | (7,266) |
| | \$ (331) | \$ (8,692) |

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The following table sets forth certain discontinued operating data by business segment (in thousands):

| | Three months ended March 31, | |
|---------------------------------|---|-------------|
| | 2008 | 2007 |
| Revenues: | | |
| Hospital division | \$ 3,503 | \$ 4,031 |
| Health services division | 7,200 | 44,802 |
| | \$ 10,703 | \$ 48,833 |
| Operating income (loss): | | |
| Hospital division | \$ 50 | \$ 982 |
| Health services division | (559) | 1,384 |
| | \$ (509) | \$ 2,366 |
| Rent: | | |
| Hospital division | \$ 13 | \$ 261 |
| Health services division | 18 | 3,205 |
| | \$ 31 | \$ 3,466 |
| Depreciation: | | |
| Hospital division | \$ | \$ 99 |
| Health services division | | 1,120 |
| | \$ | \$ 1,219 |

A summary of the net assets held for sale follows (in thousands):

| | March 31, 2008 | December 31, 2007 |
|---|---------------------------|------------------------------|
| Long-term assets: | | |
| Property and equipment, net | \$ 10,334 | \$ 15,595 |
| Other | 198 | 242 |
| | 10,532 | 15,837 |
| Current liabilities (included in other accrued liabilities) | (480) | (717) |

\$ 10,052

\$ 15,120

Table of Contents**KINDRED HEALTHCARE, INC.****NOTES TO CONDENSED CONSOLIDATED FINANCIAL STATEMENTS (Continued)****(Unaudited)****NOTE 4 REVENUES**

Revenues are recorded based upon estimated amounts due from patients and third party payors for healthcare services provided, including anticipated settlements under reimbursement agreements with Medicare, Medicaid and other third party payors.

A summary of revenues by payor type follows (in thousands):

| | Three months ended March 31, | |
|---------------------|---|--------------|
| | 2008 | 2007 |
| Medicare | \$ 466,301 | \$ 523,762 |
| Medicaid | 268,076 | 273,198 |
| Other third parties | 393,159 | 406,941 |
| | 1,127,536 | 1,203,901 |
| Eliminations: | | |
| Rehabilitation | (67,775) | (58,917) |
| Pharmacy | | (35,995) |
| | (67,775) | (94,912) |
| | \$ 1,059,761 | \$ 1,108,989 |

NOTE 5 EARNINGS PER SHARE

Earnings per common share are based upon the weighted average number of common shares outstanding during the respective periods. The diluted calculation of earnings per common share includes the dilutive effect of stock options and non-vested restricted stock.

A computation of earnings per common share follows (in thousands, except per share amounts):

| | Three months ended March 31, | |
|---|---|-------------|
| | 2008 | 2007 |
| Earnings: | | |
| Income from continuing operations | \$ 15,021 | \$ 16,525 |
| Discontinued operations, net of income taxes: | | |
| Loss from operations | (331) | (1,426) |
| Loss on divestiture of operations | | (7,266) |
| Net income | \$ 14,690 | \$ 7,833 |
| Shares used in the computation: | | |
| Weighted average shares outstanding basic computation | 37,444 | 39,212 |

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| | | | |
|--|---------------------|--------|--------|
| Dilutive effect of certain securities: | | | |
| Employee stock options | | 617 | 576 |
| Non-vested restricted stock | | 557 | 209 |
| Adjusted weighted average shares outstanding | diluted computation | 38,618 | 39,997 |

Table of Contents**KINDRED HEALTHCARE, INC.****NOTES TO CONDENSED CONSOLIDATED FINANCIAL STATEMENTS (Continued)****(Unaudited)****NOTE 5 EARNINGS PER SHARE (Continued)**

| | Three months ended March 31, | |
|--|---|----------------|
| | 2008 | 2007 |
| Earnings per common share: | | |
| Basic: | | |
| Income from continuing operations | \$ 0.40 | \$ 0.42 |
| Discontinued operations: | | |
| Loss from operations | (0.01) | (0.03) |
| Loss on divestiture of operations | | (0.19) |
| Net income | \$ 0.39 | \$ 0.20 |
| Diluted: | | |
| Income from continuing operations | \$ 0.39 | \$ 0.41 |
| Discontinued operations: | | |
| Loss from operations | (0.01) | (0.03) |
| Loss on divestiture of operations | | (0.18) |
| Net income | \$ 0.38 | \$ 0.20 |
| Number of antidilutive stock options and non-vested restricted stock excluded from shares used in the diluted earnings per share computation | 701 | 1,511 |

NOTE 6 BUSINESS SEGMENT DATA

At March 31, 2008, the Company operated three business segments: the hospital division, the health services division and the rehabilitation division. The hospital division operates LTAC hospitals. The health services division operates nursing centers. The rehabilitation division provides rehabilitation services primarily in long-term care settings. The Company defines operating income as earnings before interest, income taxes, depreciation, amortization and rent. Operating income reported for each of the Company's business segments excludes the allocation of corporate overhead.

Beginning January 1, 2008, certain incentive compensation costs were charged to the operating divisions that had previously been classified as corporate overhead. These charges approximated \$1.6 million for the hospital division, \$1.2 million for the health services division and \$0.4 million for the rehabilitation division in the first quarter of 2008. Segment operating results for prior periods were not restated to reflect this reclassification.

The Spin-off Transaction was completed on July 31, 2007. As a result, the Company's consolidated operating results for the first quarter of 2007 included the results of the Company's former pharmacy division. For accounting purposes, the pharmacy division will not be treated as a discontinued operation in the Company's historical consolidated financial statements.

The Company identifies its segments in accordance with the aggregation provisions of SFAS No. 131, Disclosures about Segments of an Enterprise and Related Information. This information is consistent with information used by the Company in managing its businesses and aggregates businesses with similar economic characteristics.

Table of Contents**KINDRED HEALTHCARE, INC.****NOTES TO CONDENSED CONSOLIDATED FINANCIAL STATEMENTS (Continued)****(Unaudited)****NOTE 6 BUSINESS SEGMENT DATA (Continued)**

The following table sets forth certain data by business segment (in thousands):

| | Three months ended March 31, | |
|---|---|--------------|
| | 2008 | 2007 |
| Revenues: | | |
| Hospital division | \$ 488,244 | \$ 459,806 |
| Health services division | 534,793 | 485,635 |
| Rehabilitation division | 104,499 | 83,756 |
| Pharmacy division | | 174,704 |
| | 1,127,536 | 1,203,901 |
| Eliminations: | | |
| Rehabilitation | (67,775) | (58,917) |
| Pharmacy | | (35,995) |
| | (67,775) | (94,912) |
| | \$ 1,059,761 | \$ 1,108,989 |
| Income from continuing operations: | | |
| Operating income (loss): | | |
| Hospital division | \$ 95,663 | \$ 99,748 |
| Health services division | 74,200 | 61,669 |
| Rehabilitation division | 11,486 | 10,044 |
| Pharmacy division | | 9,243 |
| Corporate: | | |
| Overhead | (34,931) | (37,794) |
| Insurance subsidiary | (1,503) | (1,542) |
| | (36,434) | (39,336) |
| Operating income | 144,915 | 141,368 |
| Rent | (86,126) | (84,672) |
| Depreciation and amortization | (31,405) | (28,202) |
| Interest, net | (1,653) | 238 |
| Income from continuing operations before income taxes | 25,731 | 28,732 |
| Provision for income taxes | 10,710 | 12,207 |
| | \$ 15,021 | \$ 16,525 |

Table of Contents**KINDRED HEALTHCARE, INC.****NOTES TO CONDENSED CONSOLIDATED FINANCIAL STATEMENTS (Continued)****(Unaudited)****NOTE 6 BUSINESS SEGMENT DATA (Continued)**

| | Three months ended | |
|--|---------------------------|---------------------|
| | March 31, | |
| | 2008 | 2007 |
| Rent: | | |
| Hospital division | \$ 36,853 | \$ 34,648 |
| Health services division | 47,883 | 47,239 |
| Rehabilitation division | 1,358 | 1,069 |
| Pharmacy division | | 1,642 |
| Corporate | 32 | 74 |
| | \$ 86,126 | \$ 84,672 |
| Depreciation and amortization: | | |
| Hospital division | \$ 11,653 | \$ 9,083 |
| Health services division | 14,389 | 10,981 |
| Rehabilitation division | 387 | 236 |
| Pharmacy division | | 2,816 |
| Corporate | 4,976 | 5,086 |
| | \$ 31,405 | \$ 28,202 |
| Capital expenditures, excluding acquisitions (including discontinued operations): | | |
| Hospital division | \$ 13,556 | \$ 20,765 |
| Health services division | 7,135 | 6,696 |
| Rehabilitation division | 282 | 118 |
| Pharmacy division | | 1,712 |
| Corporate: | | |
| Information systems | 3,832 | 4,457 |
| Other | 135 | 274 |
| | \$ 24,940 | \$ 34,022 |
| | March 31, | December 31, |
| | 2008 | 2007 |
| Assets at end of period: | | |
| Hospital division | \$ 906,441 | \$ 846,429 |
| Health services division | 567,418 | 550,525 |
| Rehabilitation division | 37,129 | 30,751 |
| Corporate | 562,222 | 651,847 |
| | \$ 2,073,210 | \$ 2,079,552 |
| Goodwill: | | |
| Hospital division | \$ 68,577 | \$ 67,598 |

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| | | |
|--------------------------|-----------|-----------|
| Health services division | 639 | 639 |
| Rehabilitation division | 2,041 | 863 |
| | \$ 71,257 | \$ 69,100 |

Table of Contents**KINDRED HEALTHCARE, INC.****NOTES TO CONDENSED CONSOLIDATED FINANCIAL STATEMENTS (Continued)****(Unaudited)****NOTE 7 INSURANCE RISKS**

The Company insures a substantial portion of its professional liability risks and workers compensation risks through a wholly owned limited purpose insurance subsidiary. Provisions for loss for these risks are based upon management's best available information including actuarially determined estimates.

The allowance for professional liability risks includes an estimate of the expected cost to settle reported claims and an amount, based upon past experiences, for losses incurred but not reported. These liabilities are necessarily based upon estimates and, while management believes that the provision for loss is adequate, the ultimate liability may be in excess of, or less than, the amounts recorded. To the extent that subsequent expected ultimate claims costs vary from historical provisions for loss, future earnings will be charged or credited.

The provision for loss for insurance risks, including the cost of coverage maintained with unaffiliated commercial insurance carriers, follows (in thousands):

| | Three months ended March 31, | |
|--------------------------------|---|-------------|
| | 2008 | 2007 |
| Professional liability: | | |
| Continuing operations | \$ 15,990 | \$ 17,945 |
| Discontinued operations | 214 | 2,777 |
| Workers compensation: | | |
| Continuing operations | \$ 10,475 | \$ 11,384 |
| Discontinued operations | 131 | 633 |

A summary of the assets and liabilities related to insurance risks included in the accompanying unaudited condensed consolidated balance sheet follows (in thousands):

| | March 31, 2008 | | | December 31, 2007 | | |
|----------------------------------|-----------------------------------|---------------------------------|--------------|-----------------------------------|---------------------------------|--------------|
| | Professional liability | Workers compensation | Total | Professional liability | Workers compensation | Total |
| Assets: | | | | | | |
| Current: | | | | | | |
| Insurance subsidiary investments | \$ 102,473 | \$ 79,038 | \$ 181,511 | \$ 127,017 | \$ 104,676 | \$ 231,693 |
| Reinsurance recoverables | 2,692 | | 2,692 | 4,334 | | 4,334 |
| | 105,165 | 79,038 | 184,203 | 131,351 | 104,676 | 236,027 |
| Non-current: | | | | | | |
| Insurance subsidiary investments | 55,147 | | 55,147 | 49,166 | | 49,166 |
| Reinsurance recoverables | 7,663 | 553 | 8,216 | 4,530 | | 4,530 |
| Deposits | 2,000 | 1,458 | 3,458 | 6,250 | 1,455 | 7,705 |
| Other | | 161 | 161 | | 261 | 261 |
| | 64,810 | 2,172 | 66,982 | 59,946 | 1,716 | 61,662 |

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\$ 169,975 \$ 81,210 \$ 251,185 \$ 191,297 \$ 106,392 \$ 297,689

Liabilities:

Allowance for insurance risks:

| | | | | | | |
|-------------|------------|-----------|------------|------------|-----------|------------|
| Current | \$ 60,929 | \$ 25,437 | \$ 86,366 | \$ 64,740 | \$ 26,144 | \$ 90,884 |
| Non-current | 198,854 | 66,811 | 265,665 | 186,652 | 63,132 | 249,784 |
| | \$ 259,783 | \$ 92,248 | \$ 352,031 | \$ 251,392 | \$ 89,276 | \$ 340,668 |

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KINDRED HEALTHCARE, INC.

NOTES TO CONDENSED CONSOLIDATED FINANCIAL STATEMENTS (Continued)

(Unaudited)

NOTE 7 INSURANCE RISKS (Continued)

Provisions for loss for professional liability risks retained by the Company's limited purpose insurance subsidiary have been discounted based upon actuarial estimates of claim payment patterns using a discount rate of 5% in each period presented. Amounts equal to the discounted loss provision are funded annually. The Company does not fund the portion of professional liability risks related to estimated claims that have been incurred but not reported. Accordingly, these liabilities are not discounted. If the Company did not discount any of the allowances for professional liability risks, these balances would have approximated \$272.6 million at March 31, 2008 and \$263.8 million at December 31, 2007.

Provisions for loss for workers compensation risks retained by the Company's limited purpose insurance subsidiary are not discounted and amounts equal to the loss provision are funded annually.

NOTE 8 CONTINGENCIES

Management continually evaluates contingencies based upon the best available information. In addition, allowances for loss are provided currently for disputed items that have continuing significance, such as certain third party reimbursements and deductions that continue to be claims in current cost reports and tax returns.

Management believes that allowances for losses have been provided to the extent necessary and that its assessment of contingencies is reasonable.

Principal contingencies are described below:

Revenues Certain third party payments are subject to examination by agencies administering the various reimbursement programs. The Company is contesting certain issues raised in audits of prior year cost reports.

Professional liability risks The Company has provided for loss for professional liability risks based upon management's best available information including actuarially determined estimates. Ultimate claims costs may differ from the provisions for loss. See Note 7.

Income taxes The Company is subject to various federal and state income tax audits in the ordinary course of business. Such audits could result in increased tax payments, interest and penalties. The Internal Revenue Service completed its examination of the Company's 2004 and 2005 tax years in the first quarter of 2008 and no adjustments were proposed. In addition, the Company is a party to a tax matters agreement with PharMerica which sets forth the Company's rights and obligations related to taxes for periods before and after the Spin-off Transaction.

Litigation The Company is a party to various legal actions (some of which are not insured), and regulatory and other government investigations and sanctions in the ordinary course of business. The Company is unable to predict the ultimate outcome of pending litigation and regulatory and other government investigations. The U.S. Department of Justice (the "DOJ"), the Centers for Medicare and Medicaid Services ("CMS") or other federal and state enforcement and regulatory agencies may conduct additional investigations related to the Company's businesses in the future which may, either individually or in the aggregate, have a material adverse effect on the Company's financial position, results of operations and liquidity.

Other indemnifications In the ordinary course of business, the Company enters into contracts containing standard indemnification provisions and indemnifications specific to a transaction such as a disposal of an operating facility. These indemnifications may cover claims related to employment-related matters, governmental regulations, environmental issues and tax matters, as well as patient, third party payor, supplier and contractual relationships. Obligations under these indemnities generally are initiated by a breach of the terms of a contract or by a third party claim or event.

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ITEM 2. MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITION AND RESULTS OF OPERATIONS

Cautionary Statement

This Form 10-Q includes forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended (the Exchange Act). All statements regarding the Company's expected future financial position, results of operations, cash flows, financing plans, business strategy, budgets, capital expenditures, competitive positions, growth opportunities, plans and objectives of management and statements containing the words such as anticipate, approximate, believe, plan, estimate, expect, project, could, should, will, intend, may and other similar expressions, are forward-looking statements.

Such forward-looking statements are inherently uncertain, and stockholders and other potential investors must recognize that actual results may differ materially from the Company's expectations as a result of a variety of factors, including, without limitation, those discussed below. Such forward-looking statements are based upon management's current expectations and include known and unknown risks, uncertainties and other factors, many of which the Company is unable to predict or control, that may cause the Company's actual results or performance to differ materially from any future results or performance expressed or implied by such forward-looking statements. These statements involve risks, uncertainties and other factors discussed below and detailed from time to time in the Company's filings with the SEC. Factors that may affect the Company's plans or results include, without limitation:

the Company's ability to operate pursuant to the terms of its debt obligations and its master lease agreements with Ventas, Inc.,

the Company's ability to meet its rental and debt service obligations,

adverse developments with respect to the Company's results of operations or liquidity,

the Company's ability to attract and retain key executives and other healthcare personnel,

increased operating costs due to shortages in qualified nurses, therapists and other healthcare personnel,

the effects of healthcare reform and government regulations, interpretation of regulations and changes in the nature and enforcement of regulations governing the healthcare industry,

changes in the reimbursement rates or the methods or timing of payment from third party payors, including the Medicare and Medicaid programs, changes arising from and related to the Medicare prospective payment system for LTAC hospitals (LTAC PPS), including potential changes in the Medicare payment rules, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, and changes in Medicare and Medicaid reimbursements for the Company's nursing centers,

the impact of the Medicare, Medicaid and SCHIP Extension Act of 2007 (the SCHIP Extension Act), including the ability of the Company's hospitals to adjust to potential LTAC certification and the three-year moratorium on future hospital development,

national and regional economic conditions, including their effect on the availability and cost of labor, materials and other services,

the Company's ability to control costs, particularly labor and employee benefit costs,

the Company's ability to successfully pursue its development activities and successfully integrate new operations, including the realization of anticipated revenues, economies of scale, cost savings and productivity gains associated with such operations,

the increase in the costs of defending and insuring against alleged professional liability claims and the Company's ability to predict the estimated costs related to such claims,

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**ITEM 2. MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITION AND RESULTS OF OPERATIONS
(Continued)**

Cautionary Statement (Continued)

the Company's ability to successfully reduce (by divestiture of operations or otherwise) its exposure to professional liability claims,

the Company's ability to successfully dispose of unprofitable facilities, and

the Company's ability to maintain an effective system of internal controls over financial reporting.

Many of these factors are beyond the Company's control. The Company cautions investors that any forward-looking statements made by the Company are not guarantees of future performance. The Company disclaims any obligation to update any such factors or to announce publicly the results of any revisions to any of the forward-looking statements to reflect future events or developments.

General

The business segment data in Note 6 of the accompanying Notes to Condensed Consolidated Financial Statements should be read in conjunction with the following discussion and analysis.

The Company is a healthcare services company that through its subsidiaries operates hospitals, nursing centers and a contract rehabilitation services business across the United States. At March 31, 2008, the Company's hospital division operated 84 LTAC hospitals (6,567 licensed beds) in 24 states. The Company's health services division operated 228 nursing centers (28,856 licensed beds) in 27 states. The Company operated a contract rehabilitation services business which provides rehabilitative services primarily in long-term care settings.

On July 31, 2007, the Company completed the Spin-off Transaction. See Note 2 of the accompanying Notes to Condensed Consolidated Financial Statements.

In recent years, the Company has completed several strategic divestitures to improve its future operating results. For accounting purposes, the operating results of these businesses and the losses or impairments associated with these transactions have been classified as discontinued operations in the accompanying unaudited condensed consolidated statement of operations for all periods presented. Assets not sold at March 31, 2008 have been measured at the lower of carrying value or estimated fair value less costs of disposal and have been classified as held for sale in the accompanying unaudited condensed consolidated balance sheet. See Note 3 of the accompanying Notes to Condensed Consolidated Financial Statements.

Critical Accounting Policies

Management's discussion and analysis of financial condition and results of operations are based upon the Company's consolidated financial statements which have been prepared in accordance with accounting principles generally accepted in the United States. The preparation of these financial statements requires the use of estimates and judgments that affect the reported amounts and related disclosures of commitments and contingencies. The Company relies on historical experience and on various other assumptions that management believes to be reasonable under the circumstances to make judgments about the carrying values of assets and liabilities that are not readily apparent from other sources. Actual results may differ materially from these estimates.

The Company believes the following critical accounting policies, among others, affect the more significant judgments and estimates used in the preparation of its consolidated financial statements.

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**ITEM 2. MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITION AND RESULTS OF OPERATIONS
(Continued)**

Critical Accounting Policies (Continued)

Revenue recognition

The Company has agreements with third party payors that provide for payments to each of its operating divisions. These payment arrangements may be based upon prospective rates, reimbursable costs, established charges, discounted charges or per diem payments. Net patient service revenue is recorded at the estimated net realizable amounts from Medicare, Medicaid, other third party payors and individual patients for services rendered. Retroactive adjustments that are likely to result from future examinations by third party payors are accrued on an estimated basis in the period the related services are rendered and adjusted as necessary in future periods based upon new information or final settlements.

See Note 4 of the accompanying Notes to Condensed Consolidated Financial Statements for a summary of the Company's revenues.

Collectibility of accounts receivable

Accounts receivable consist primarily of amounts due from the Medicare and Medicaid programs, other government programs, managed care health plans, commercial insurance companies and individual patients and customers. Estimated provisions for doubtful accounts are recorded to the extent it is probable that a portion or all of a particular account will not be collected.

In evaluating the collectibility of accounts receivable, the Company considers a number of factors, including the age of the accounts, changes in collection patterns, the composition of patient accounts by payor type, the status of ongoing disputes with third party payors and general industry conditions. Actual collections of accounts receivable in subsequent periods may require changes in the estimated provision for loss. Changes in these estimates are charged or credited to the results of operations in the period of the change.

The provision for doubtful accounts totaled \$7 million and \$6 million for the first quarter of 2008 and 2007, respectively.

Allowances for insurance risks

The Company insures a substantial portion of its professional liability risks and workers compensation risks through a wholly owned limited purpose insurance subsidiary. Provisions for loss for these risks are based upon management's best available information including actuarially determined estimates.

The allowance for professional liability risks includes an estimate of the expected cost to settle reported claims and an amount, based upon past experiences, for losses incurred but not reported. These liabilities are necessarily based upon estimates and, while management believes that the provision for loss is adequate, the ultimate liability may be in excess of, or less than, the amounts recorded. To the extent that subsequent expected ultimate claims costs vary from historical provisions for loss, future earnings will be charged or credited.

Provisions for loss for professional liability risks retained by the Company's limited purpose insurance subsidiary have been discounted based upon actuarial estimates of claim payment patterns using a discount rate of 5% in each period presented. Amounts equal to the discounted loss provision are funded annually. The Company does not fund the portion of professional liability risks related to estimated claims that have been incurred but not reported. Accordingly, these liabilities are not discounted. The allowance for professional liability risks aggregated \$260 million at March 31, 2008 and \$251 million at December 31, 2007. If the Company did not discount any of the allowances for professional liability risks, these balances would have approximated \$273 million at March 31, 2008 and \$264 million at December 31, 2007.

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**ITEM 2. MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITION AND RESULTS OF OPERATIONS
(Continued)**

Critical Accounting Policies (Continued)

Allowances for insurance risks (Continued)

As a result of improved professional liability underwriting results of the Company's limited purpose insurance subsidiary, the Company received distributions of approximately \$39 million and \$37 million during the first quarter of 2008 and 2007, respectively, from its limited purpose insurance subsidiary. These proceeds were used to repay borrowings under the Company's revolving credit facility.

Changes in the number of professional liability claims and the cost to settle these claims significantly impact the allowance for professional liability risks. A relatively small variance between the Company's estimated and ultimate actual number of claims or average cost per claim could have a material impact, either favorable or unfavorable, on the adequacy of the allowance for professional liability risks. For example, a 1% variance in the allowance for professional liability risks at March 31, 2008 would impact the Company's operating income by approximately \$3 million.

The provision for professional liability risks (continuing operations), including the cost of coverage maintained with unaffiliated commercial insurance carriers, aggregated \$16 million and \$18 million for the first quarter of 2008 and 2007, respectively.

Provisions for loss for workers compensation risks retained by the Company's limited purpose insurance subsidiary are not discounted and amounts equal to the loss provision are funded annually. The allowance for workers compensation risks aggregated \$92 million at March 31, 2008 and \$89 million at December 31, 2007. The provision for workers compensation risks (continuing operations), including the cost of coverage maintained with unaffiliated commercial insurance carriers, aggregated \$11 million for the first quarter of both 2008 and 2007.

See Note 7 of the accompanying Notes to Condensed Consolidated Financial Statements for a summary of the Company's insurance activities.

Accounting for income taxes

The provision for income taxes is based upon the Company's estimate of annual taxable income or loss for each respective accounting period. The Company recognizes an asset or liability for the deferred tax consequences of temporary differences between the tax bases of assets and liabilities and their reported amounts in the financial statements. These temporary differences will result in taxable or deductible amounts in future years when the reported amounts of the assets are recovered or liabilities are settled. The Company also recognizes as deferred tax assets the future tax benefits from net operating and capital loss carryforwards. A valuation allowance is provided for these deferred tax assets if it is more likely than not that some portion or all of the net deferred tax assets will not be realized.

The Company's effective income tax rate was 41.6% and 42.5% in the first quarter of 2008 and 2007, respectively.

There are significant uncertainties with respect to capital loss and net operating loss carryforwards that could affect materially the realization of certain deferred tax assets. Accordingly, the Company has recognized deferred tax assets to the extent it is more likely than not they will be realized and a valuation allowance is provided for deferred tax assets to the extent that it is uncertain that the deferred tax asset will be realized. The Company recognized deferred tax assets totaling \$180 million at March 31, 2008 and \$174 million at December 31, 2007.

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**ITEM 2. MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITION AND RESULTS OF OPERATIONS
(Continued)**

Critical Accounting Policies (Continued)

Accounting for income taxes (Continued)

The Company is subject to various federal and state income tax audits in the ordinary course of business. Such audits could result in increased tax payments, interest and penalties. While the Company believes its tax positions are appropriate, there can be no assurance that the various authorities engaged in the examination of its income tax returns will not challenge the Company's positions. See Note 8 of the accompanying Notes to Condensed Consolidated Financial Statements.

Valuation of long-lived assets and goodwill

The Company regularly reviews the carrying value of certain long-lived assets and identifiable intangible assets with respect to any events or circumstances that indicate an impairment or an adjustment to the amortization period is necessary. If circumstances suggest the recorded amounts cannot be recovered based upon estimated future cash flows, the carrying values of such assets are reduced to fair value.

In assessing the carrying values of long-lived assets, the Company estimates future cash flows at the lowest level for which there are independent, identifiable cash flows. For this purpose, these cash flows are aggregated based upon the contractual agreements underlying the operation of the facility or group of facilities. Generally, an individual facility is considered the lowest level for which there are independent, identifiable cash flows. However, to the extent that groups of facilities are leased under a master lease agreement in which the operations of a facility and compliance with the lease terms are interdependent upon other facilities in the agreement (including the Company's ability to renew the lease or divest a particular property), the Company defines the group of facilities under a master lease as the lowest level for which there are independent, identifiable cash flows. Accordingly, the estimated cash flows of all facilities within a master lease are aggregated for purposes of evaluating the carrying values of long-lived assets.

In accordance with SFAS No. 142 (SFAS 142), Goodwill and Other Intangible Assets, the Company is required to perform an impairment test for goodwill and indefinite lived intangible assets at least annually or more frequently if adverse events or changes in circumstances indicate that the asset may be impaired. The Company performs its annual impairment test at the end of each year. No impairment charge was recorded at December 31, 2007 in connection with the Company's annual impairment test.

The Company's other intangible assets with finite lives are amortized under SFAS 142 using the straight-line method over their estimated useful lives ranging from one to five years.

Recently Issued Accounting Pronouncements

In December 2007, the FASB issued SFAS 141R, which significantly changes the accounting for business combinations, including, among other changes, new accounting concepts in determining the fair value of assets and liabilities acquired, recording the fair value of contingent considerations and contingencies at acquisition date and expensing acquisition and restructuring costs. SFAS 141R will be applied prospectively and is effective for business combinations which occur during fiscal years beginning after December 15, 2008. At this time, the Company cannot determine the impact that SFAS 141R will have on its financial position, results of operations or liquidity.

In December 2007, the FASB issued SFAS 160, which will change the accounting and reporting for minority interests. SFAS 160 will recharacterize minority interests as noncontrolling interests and will be classified as a component of stockholders' equity. The new consolidation method will significantly change the accounting for transactions with minority-interest holders. SFAS 160 is effective for fiscal years beginning after December 15, 2008. The adoption of SFAS 160 is not expected to have a material impact on the Company's financial position, results of operations or liquidity.

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**ITEM 2. MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITION AND RESULTS OF OPERATIONS
(Continued)**

Recently Issued Accounting Pronouncements (Continued)

In September 2006, the FASB issued SFAS 157, which addresses how companies should measure fair value when they are required to use a fair value measure for recognition or disclosure purposes under generally accepted accounting principles. SFAS 157 is effective for fiscal years beginning after November 15, 2007. In February 2008, the FASB issued SFAS 157-2, which deferred the effective date of SFAS 157 for one year for nonfinancial assets and nonfinancial liabilities that are recognized or disclosed at fair value in the financial statements on a nonrecurring basis. The provisions of SFAS 157 apply to assets and liabilities, including investments, loans and transfers (including sales and securitizations) of financial assets, derivatives, financial liabilities, and other various financial assets and liabilities. The adoption of SFAS 157 did not have a material impact on the Company's financial position, results of operations or liquidity. The adoption of SFAS 157-2 is not expected to have a material impact on the Company's financial position, results of operations or liquidity. See Note 1 of the accompanying Notes to Condensed Consolidated Financial Statements for a description of the impact of adopting SFAS 157.

Results of Operations - Continuing Operations

Hospital Division

Revenues increased 6% in the first quarter of 2008 to \$488 million compared to \$460 million in the first quarter of 2007, primarily as a result of increases in same-store volumes, expansion of services and ongoing development of new hospitals. On a same-store basis, aggregate admissions rose 5% in the first quarter of 2008 compared to the first quarter of 2007, while non-government same-store admissions increased 18% in the first quarter of 2008 compared to the first quarter of 2007.

Despite growth in volumes and revenues, hospital operating margins declined in the first quarter of 2008 primarily because the growth in wage and benefit costs exceeded overall revenue growth. Hospital wage and benefit costs increased 9% to \$221 million in the first quarter of 2008 compared to \$204 million in the first quarter of 2007. Average hourly wage rates grew 3% in the first quarter of 2008 compared to the first quarter of 2007, while employee benefit costs increased 8% in the first quarter of 2008 compared to the first quarter of 2007.

Professional liability costs were \$6 million in the first quarter of both 2008 and 2007.

Health Services Division

Revenues increased 10% in the first quarter of 2008 to \$535 million compared to \$485 million in the first quarter of 2007. Revenue growth in the first quarter of 2008 was primarily attributable to reimbursement rate increases, growth in Medicare and managed care volumes, and acquisitions. On a same-store basis, aggregate patient days increased 1% in the first quarter of 2008 compared to the first quarter of 2007, while Medicare and non-government same-store patient days increased 2% and 10%, respectively, in the first quarter of 2008 compared to the first quarter of 2007.

Nursing center operating margins improved in the first quarter of 2008 primarily due to same-store growth in Medicare and managed care volumes, the favorable impact of acquired nursing centers and reductions in professional liability costs. Nursing center wage and benefit costs increased 8% to \$275 million in the first quarter of 2008 compared to \$256 million in the first quarter of 2007. Average hourly wage rates increased 4% in the first quarter of 2008 compared to the first quarter of 2007, while employee benefit costs increased 8% in the first quarter of 2008 compared to the first quarter of 2007.

Professional liability costs were \$10 million in the first quarter of 2008 compared to \$12 million in the first quarter of 2007.

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**ITEM 2. MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITION AND RESULTS OF OPERATIONS
(Continued)**

Results of Operations - Continuing Operations (Continued)

Rehabilitation Division

Revenues increased 25% to \$105 million in the first quarter of 2008 compared to \$84 million in the first quarter of 2007. The increase in revenues in the first quarter of 2008 was primarily attributable to growth in both new contracts and the volume of services provided to existing customers. Revenues derived from unaffiliated customers aggregated \$37 million in the first quarter of 2008 compared to \$25 million in the first quarter of 2007.

Despite growth in volumes and revenues, operating margins in the first quarter of 2008 declined primarily due to wage rate pressures resulting from an increasingly competitive marketplace for therapists and start-up costs associated with external contract growth.

Pharmacy Division

The Spin-off Transaction was completed on July 31, 2007. As a result, the Company's consolidated operating results for the first quarter of 2008 did not include any results of the pharmacy division.

For accounting purposes, the pharmacy division was not treated as a discontinued operation in the Company's historical condensed consolidated financial statements. See Note 2 of the accompanying Notes to Condensed Consolidated Financial Statements.

Corporate Overhead

Operating income for the Company's operating divisions excludes allocations of corporate overhead. These costs aggregated \$35 million in the first quarter of 2008 compared to \$38 million in the first quarter of 2007. As a percentage of consolidated revenues, corporate overhead totaled 3.3% in the first quarter of 2008 compared to 3.4% in the first quarter of 2007.

The Company recorded approximately \$5 million in other income in the first quarter of 2008 related to the information systems and transition services agreements in connection with the Spin-off Transaction.

Corporate expenses included the operating losses from the Company's limited purpose insurance subsidiary of \$1 million in the first quarter of both 2008 and 2007.

Capital Costs

Rent expense increased 2% to \$86 million in the first quarter of 2008 compared to \$84 million in the first quarter of 2007. The increase resulted primarily from contractual inflation, contingent rent increases, growth in the number of leased facilities, and acquisition and development activities.

Depreciation and amortization expense increased to \$31 million in the first quarter of 2008 compared to \$28 million in the first quarter of 2007. The increase was primarily a result of the Company's ongoing capital expenditure program and its acquisition and development activities.

Interest expense aggregated \$5 million in the first quarter of 2008 compared to \$4 million in the first quarter of 2007. The increase in the first quarter of 2008 was primarily attributable to increased borrowings under the Company's revolving credit facility related to its acquisition and development activities.

Investment income related primarily to the Company's insurance subsidiary investments totaled \$3 million in the first quarter of 2008 compared to \$4 million in the first quarter of 2007.

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**ITEM 2. MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITION AND RESULTS OF OPERATIONS
(Continued)**

Results of Operations - Continuing Operations (Continued)

Consolidated Results

Income from continuing operations before income taxes declined 10% to \$26 million in the first quarter of 2008 compared to \$29 million in the first quarter of 2007. Net income from continuing operations declined 9% to \$15 million in the first quarter of 2008 compared to \$17 million in the first quarter of 2007.

Results of Operations - Discontinued Operations

Net loss from discontinued operations aggregated \$0.3 million in the first quarter of 2008 compared to \$2 million in the first quarter of 2007.

The Company recorded a pretax loss on divestiture of operations related to the HCP Transaction of \$13 million (\$8 million net of income taxes) in the first quarter of 2007.

See Note 3 of the accompanying Notes to Condensed Consolidated Financial Statements.

Liquidity

Operating cash flows and capital spending

Cash flows used in operations (including discontinued operations) aggregated \$10 million in the first quarter of 2008 compared to cash flows provided by operations of \$7 million in the first quarter of 2007. Operating cash flows for the first quarter of 2008 were negatively impacted by the growth in accounts receivable. During both periods, the Company maintained sufficient liquidity to fund its ongoing capital expenditure program and finance ongoing hospital development expenditures, as well as its acquisition and strategic divestiture activities.

Cash and cash equivalents totaled \$17 million at March 31, 2008 compared to \$33 million at December 31, 2007. The Company's long-term debt and capital lease obligations at March 31, 2008 aggregated \$272 million (including \$256 million of borrowings under the Company's revolving credit facility). Based upon the Company's existing cash levels, expected operating cash flows and capital spending (including planned acquisition and development activities), and the availability of borrowings under the Company's revolving credit facility, management believes that the Company has the necessary financial resources to satisfy its expected short-term and long-term liquidity needs.

The Company was in compliance with the terms of its revolving credit facility at March 31, 2008.

As a result of improved professional liability underwriting results of the Company's limited purpose insurance subsidiary, the Company received distributions of approximately \$39 million and \$37 million during the first quarter of 2008 and 2007, respectively, from its limited purpose insurance subsidiary. These proceeds were used to repay borrowings under the Company's revolving credit facility.

Strategic divestitures

During the first quarter of 2008, the Company sold two nursing centers for approximately \$6 million. The Company expects to dispose of five nursing centers and one hospital held for sale at March 31, 2008 during the remainder of 2008 and generate between \$7 million and \$17 million in proceeds from these sales.

In the first quarter of 2007, the Company paid \$37 million to complete the HCP Transaction. The Company also divested ten of the eleven nursing centers acquired in the HCP Transaction in the first quarter of 2007 and received proceeds of approximately \$75 million, which were used to repay borrowings under the Company's revolving credit facility.

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**ITEM 2. MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITION AND RESULTS OF OPERATIONS
(Continued)**

Capital Resources

Excluding acquisitions, capital expenditures totaled \$25 million in the first quarter of 2008 compared to \$34 million in the first quarter of 2007. Excluding acquisitions, capital expenditures (including hospital development) could approximate \$175 million to \$200 million in 2008. Management believes that its capital expenditure program is adequate to improve and equip existing facilities. The Company's capital expenditure program is financed generally through the use of internally generated funds. At March 31, 2008, the estimated cost to complete and equip construction in progress approximated \$85 million.

The terms of the Company's revolving credit facility include certain covenants that limit the Company's acquisitions and annual capital expenditures. At March 31, 2008, the Company's remaining permitted acquisition amount under its revolving credit facility aggregated \$362 million.

In April 2008, the Company acquired a leased hospital for approximately \$16 million after executing a purchase option under the lease agreement. The lease for the acquired hospital was classified as a capital lease at March 31, 2008. This transaction was financed through borrowings under the Company's revolving credit facility. In addition, the Company acquired three nursing centers that were previously leased for approximately \$20 million. Annual rents associated with the three nursing centers approximated \$2 million. These transactions were financed through borrowings under the Company's revolving credit facility.

Other Information

Effects of Inflation and Changing Prices

The Company derives a substantial portion of its revenues from the Medicare and Medicaid programs. Congress and certain state legislatures have enacted or may enact additional significant cost containment measures limiting the Company's ability to recover its cost increases through increased pricing of its healthcare services. Medicare revenues in LTAC hospitals and nursing centers are subject to fixed payments under the Medicare prospective payment systems. Medicaid reimbursement rates in many states in which the Company operates nursing centers also are based upon fixed payment systems. Generally, these rates are adjusted annually for inflation. However, these adjustments may not reflect the actual increase in the costs of providing healthcare services.

LTAC PPS maintains LTAC hospitals as a distinct provider type, separate from short-term acute care hospitals. Only providers certified as LTAC hospitals may be paid under this system. To maintain certification under LTAC PPS, the average length of stay of Medicare patients must be at least 25 days. Under the previous system, compliance with the 25-day average length of stay threshold was based upon all patient discharges.

CMS is currently evaluating various certification criteria for designating a hospital as a LTAC hospital. If such certification criteria were developed and enacted into legislation, the Company's hospitals may not be able to maintain their status as LTAC hospitals or may need to adjust their operations.

The SCHIP Extension Act became effective for cost reporting periods after December 29, 2007. This legislation provides for, among other things:

- (1) a mandated study by the Secretary of Health and Human Services on the establishment of LTAC hospital certification criteria;
- (2) enhanced medical necessity review of LTAC hospital cases;

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**ITEM 2. MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITION AND RESULTS OF OPERATIONS
(Continued)**

Other Information (Continued)

Effects of Inflation and Changing Prices (Continued)

- (3) a three-year moratorium on the establishment of a LTAC hospital or satellite facility, subject to exceptions for facilities under development;
- (4) a three-year moratorium on an increase in the number of beds at a LTAC hospital or satellite facility, subject to exceptions for states where there is only one other LTAC hospital and upon request following the closure or decrease in the number of beds at a LTAC hospital within the state;
- (5) a three-year moratorium on the application of a one-time budget neutrality adjustment to payment rates to LTAC hospitals under LTAC PPS;
- (6) a three-year moratorium on very short-stay outlier payment reductions to LTAC hospitals initially implemented on May 11, 2007;
- (7) a three-year moratorium on the application of the so-called 25 Percent Rule to freestanding LTAC hospitals;
- (8) a three-year period during which LTAC hospitals that are co-located within another hospital may admit up to 50% of their patients from their host hospitals and still be paid according to LTAC PPS;
- (9) a three-year period during which LTAC hospitals that are co-located with an urban single hospital or a hospital that generates more than 25% of the Medicare discharges in a metropolitan statistical area (MSA Dominant hospital) may admit up to 75% of their patients from such urban single hospital or MSA Dominant hospital and still be paid according to LTAC PPS; and
- (10) the elimination of the July 1, 2007 market basket increase in the standard federal payment rate of 0.71%, effective for discharges occurring on or after April 1, 2008.

On May 1, 2007, CMS issued regulatory changes regarding Medicare reimbursement for LTAC hospitals (the 2007 Final Rule) that became effective for discharges occurring on or after July 1, 2007. The 2007 Final Rule was amended on June 29, 2007 by revising the high cost outlier threshold. The 2007 Final Rule projected an overall decrease in payments to all Medicare certified LTAC hospitals of approximately 1.2%. Included in the 2007 Final Rule were (1) an increase to the standard federal payment rate of 0.71% (eliminated for discharges occurring on or after April 1, 2008 by the SCHIP Extension Act); (2) revisions to payment methodologies impacting short-stay outliers, which reduce payments by 0.9% (currently subject to a three-year moratorium pursuant to the SCHIP Extension Act); (3) adjustments to the wage index component of the federal payment resulting in projected reductions in payments of 0.5%; (4) an increase in the high cost outlier threshold per discharge to \$20,707, resulting in projected reductions of 0.4%; and (5) an extension of the policy known as the 25 Percent Rule to all LTAC hospitals, with a three-year phase-in, which CMS projects will not result in payment reductions for the first year of implementation (also currently subject to a three-year moratorium pursuant to the SCHIP Extension Act).

The 2007 Final Rule expanded the so-called 25 Percent Rule to all LTAC hospitals, regardless of whether they are co-located within another hospital. Under the 2007 Final Rule, all LTAC hospitals were to be paid the LTAC PPS rates for admissions from a single referral source up to 25% of aggregate Medicare admissions. Patients reaching high cost outlier status in the short-term hospital were not to be counted when

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computing the 25% limit. Admissions beyond the 25% threshold were to be paid at a lower amount based upon short-term acute care hospital rates. However, as set forth above, the SCHIP Extension Act has placed a three-year moratorium on the expansion of the 25 Percent Rule to freestanding hospitals. In addition, the SCHIP Extension Act provides for a three-year period during which (1) LTAC hospitals that are co-located within another hospital may admit up to 50% of their patients from their host hospitals and still be paid according to LTAC PPS, and (2) LTAC

Table of Contents**ITEM 2. MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITION AND RESULTS OF OPERATIONS
(Continued)****Other Information (Continued)***Effects of Inflation and Changing Prices (Continued)*

hospitals that are co-located with an urban single hospital or a MSA Dominant hospital may admit up to 75% of their patients from such urban single or MSA Dominant hospital and still be paid according to LTAC PPS.

On May 2, 2008, CMS issued regulatory changes regarding Medicare reimbursement for LTAC hospitals (the 2008 Final Rule) that became effective for discharges occurring on or after July 1, 2008. The 2008 Final Rule projected an overall increase in payments to all Medicare certified LTAC hospitals of approximately 2.5%. Included in the 2008 Final Rule were (1) an increase to the standard federal payment rate of 2.7% (as compared to the adjusted federal rate for discharges occurring on or after April 1, 2008 by the SCHIP Extension Act); (2) adjustments to the wage index component of the federal payment resulting in projected reductions in payments of 0.1%; (3) an increase in the high cost outlier threshold per discharge to \$22,960; and (4) an extension of the rate year cycle for one year to September 30, 2009, in order to be consistent thereafter with the federal fiscal year that begins October 1 of each year.

CMS has regulations governing payments to LTAC hospitals that are co-located within another hospital, such as a hospital-in-hospital (HIH). The rules generally limit Medicare payments to the HIH if the Medicare admissions to the HIH from the host hospital exceed 25% of the total Medicare discharges for the HIH's cost reporting period. There are limited exceptions for admissions from rural, urban single and MSA Dominant hospitals. Admissions that exceed this 25 Percent Rule are paid using the short-term acute care inpatient payment system (IPPS). Patients transferred after they have reached the short-term acute care outlier payment status are not counted toward the admission threshold. Patients admitted prior to meeting the admission threshold, as well as Medicare patients admitted from a non-host hospital, are eligible for the full payment under LTAC PPS. If the HIH's admissions from the host hospital exceed the limit in a cost reporting period, Medicare will pay the lesser of (1) the amount payable under LTAC PPS or (2) an amount equivalent to what Medicare would otherwise pay under IPPS.

On August 1, 2007, CMS issued final regulations regarding Medicare hospital inpatient payments to short-term acute care hospitals as well as certain provisions affecting LTAC hospitals. These regulations adopt a new system for classifying patients into diagnostic categories called Medicare Severity Diagnosis Related Groups or more specifically, for LTAC hospitals, MS-LTC-DRGs. This new MS-LTC-DRG system replaces the previous diagnostic related group system for LTAC hospitals and became effective for discharges occurring on or after October 1, 2007. The MS-LTC-DRG system creates additional severity-adjusted categories for most diagnoses, resulting in an expansion of the aggregate number of diagnostic groups from 538 to 745. CMS states that MS-LTC-DRG weights were developed in a budget neutral manner and as such, the estimated aggregate payments under LTAC PPS would be unaffected by the annual recalibration of MS-LTC-DRG payment weights.

On April 14, 2008, CMS issued proposed regulations regarding the re-weighting of MS-LTC-DRGs for discharges occurring on or after October 1, 2008. CMS announced that this update was made in a budget neutral manner, and that estimated aggregate LTAC payments would be unaffected by this proposal. This proposed rule is expected to be finalized in the third quarter of 2008.

The Company cannot predict the ultimate long-term impact of LTAC PPS. This payment system is subject to significant change. Slight variations in patient acuity could significantly change Medicare revenues generated under LTAC PPS. In addition, the Company's hospitals may not be able to appropriately adjust their operating costs as patient acuity levels change or to changes in reimbursement rates. In addition, there can be no assurance that LTAC PPS will not have a material adverse effect on revenues from non-government third party payors. Various factors, including a reduction in average length of stay, have negatively impacted revenues from non-government third party payors.

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**ITEM 2. MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITION AND RESULTS OF OPERATIONS
(Continued)**

Other Information (Continued)

Effects of Inflation and Changing Prices (Continued)

On May 1, 2008, CMS issued proposed regulations regarding Medicare reimbursement for nursing centers for the fiscal year beginning October 1, 2008. Included in this proposal are (1) a market basket increase to the federal payment rates of 3.1%, (2) a recalibration of the case mix adjustment resulting in an estimated payment reduction of 3.3%, and (3) updates to the wage indexes which adjust the federal payment. CMS estimates that the overall impact of these proposed changes will be a net decrease in payments of 0.3%. This proposed rule is expected to be finalized in the third quarter of 2008.

On February 1, 2006, Congress passed the Deficit Reduction Act of 2005. This legislation allowed, among other things, an annual \$1,740 Medicare Part B outpatient therapy cap that was effective on January 1, 2006. CMS subsequently increased the therapy cap to \$1,780 on January 1, 2007 and to \$1,810 on January 1, 2008. The legislation also required CMS to implement a broad process for reviewing medically necessary therapy claims, creating an exception to the cap. The exception process, which was set to expire on January 1, 2007, was included in the Tax Relief and Health Care Act of 2006 and continued to function as an exception to the Medicare Part B outpatient therapy cap until January 1, 2008. The SCHIP Extension Act further extended the Medicare Part B outpatient therapy cap until June 30, 2008.

The Company believes that its operating margins may continue to be under pressure as the growth in operating expenses, particularly labor and employee benefits costs and professional liability costs, exceed payment increases from third party payors. In addition, as a result of competitive pressures, the Company's ability to maintain operating margins through price increases to private patients is limited.

Table of Contents**ITEM 2. MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITION AND RESULTS OF OPERATIONS**
(Continued)**Condensed Consolidated Statement of Operations**

(Unaudited)

(In thousands, except per share amounts)

| | 2007 Quarters | | | | | First Quarter 2008 |
|---|---------------|--------------|--------------|--------------|--------------|--------------------------|
| | First | Second | Third | Fourth | Year | |
| Revenues | \$ 1,108,989 | \$ 1,096,245 | \$ 1,009,459 | \$ 1,005,573 | \$ 4,220,266 | \$ 1,059,761 |
| Salaries, wages and benefits | 603,552 | 603,047 | 599,049 | 581,054 | 2,386,702 | 608,901 |
| Supplies | 181,635 | 181,121 | 109,900 | 78,331 | 550,987 | 79,962 |
| Rent | 84,672 | 88,273 | 88,085 | 86,530 | 347,560 | 86,126 |
| Other operating expenses | 182,434 | 177,587 | 194,049 | 199,971 | 754,041 | 230,700 |
| Other income | | | (3,201) | (4,500) | (7,701) | (4,717) |
| Depreciation and amortization | 28,202 | 30,388 | 30,916 | 32,261 | 121,767 | 31,405 |
| Interest expense | 3,595 | 2,692 | 5,014 | 5,743 | 17,044 | 4,921 |
| Investment income | (3,833) | (3,617) | (3,785) | (4,920) | (16,155) | (3,268) |
| | 1,080,257 | 1,079,491 | 1,020,027 | 974,470 | 4,154,245 | 1,034,030 |
| Income (loss) from continuing operations before income taxes | 28,732 | 16,754 | (10,568) | 31,103 | 66,021 | 25,731 |
| Provision (benefit) for income taxes | 12,207 | 7,111 | (1,510) | 13,493 | 31,301 | 10,710 |
| Income (loss) from continuing operations | 16,525 | 9,643 | (9,058) | 17,610 | 34,720 | 15,021 |
| Discontinued operations, net of income taxes: | | | | | | |
| Loss from operations | (1,426) | (1,874) | (4) | (1,265) | (4,569) | (331) |
| Loss on divestiture of operations | (7,266) | (69,702) | | (53) | (77,021) | |
| Net income (loss) | \$ 7,833 | \$ (61,933) | \$ (9,062) | \$ 16,292 | \$ (46,870) | \$ 14,690 |
| Earnings (loss) per common share: | | | | | | |
| Basic: | | | | | | |
| Income (loss) from continuing operations | \$ 0.42 | \$ 0.24 | \$ (0.23) | \$ 0.47 | \$ 0.90 | \$ 0.40 |
| Discontinued operations: | | | | | | |
| Loss from operations | (0.03) | (0.05) | | (0.03) | (0.12) | (0.01) |
| Loss on divestiture of operations | (0.19) | (1.76) | | | (1.99) | |
| Net income (loss) | \$ 0.20 | \$ (1.57) | \$ (0.23) | \$ 0.44 | \$ (1.21) | \$ 0.39 |
| Diluted: | | | | | | |
| Income (loss) from continuing operations | \$ 0.41 | \$ 0.24 | \$ (0.23) | \$ 0.46 | \$ 0.87 | \$ 0.39 |
| Discontinued operations: | | | | | | |
| Loss from operations | (0.03) | (0.05) | | (0.03) | (0.11) | (0.01) |
| Loss on divestiture of operations | (0.18) | (1.71) | | | (1.93) | |

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| | | | | | | | | | | | | |
|-------------------|----|------|----|--------|----|--------|----|------|----|--------|----|------|
| Net income (loss) | \$ | 0.20 | \$ | (1.52) | \$ | (0.23) | \$ | 0.43 | \$ | (1.17) | \$ | 0.38 |
|-------------------|----|------|----|--------|----|--------|----|------|----|--------|----|------|

Shares used in computing earnings (loss) per common share:

| | | | | | | |
|---------|--------|--------|--------|--------|--------|--------|
| Basic | 39,212 | 39,591 | 39,013 | 37,365 | 38,791 | 37,444 |
| Diluted | 39,997 | 40,645 | 39,013 | 38,366 | 39,983 | 38,618 |

Table of Contents**ITEM 2. MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITION AND RESULTS OF OPERATIONS**
(Continued)**Operating Data**

(Unaudited)

(In thousands)

| | 2007 Quarters | | | | | First Quarter 2008 |
|---|---------------|--------------|--------------|--------------|--------------|--------------------------|
| | First | Second | Third | Fourth | Year | |
| Revenues: | | | | | | |
| Hospital division | \$ 459,806 | \$ 437,473 | \$ 427,199 | \$ 447,794 | \$ 1,772,272 | \$ 488,244 |
| Health services division | 485,635 | 496,399 | 508,191 | 524,561 | 2,014,786 | 534,793 |
| Rehabilitation division | 83,756 | 85,288 | 88,284 | 95,069 | 352,397 | 104,499 |
| Pharmacy division | 174,704 | 173,407 | 58,000 | | 406,111 | |
| | 1,203,901 | 1,192,567 | 1,081,674 | 1,067,424 | 4,545,566 | 1,127,536 |
| Eliminations: | | | | | | |
| Rehabilitation | (58,917) | (59,251) | (59,721) | (61,851) | (239,740) | (67,775) |
| Pharmacy | (35,995) | (37,071) | (12,494) | | (85,560) | |
| | (94,912) | (96,322) | (72,215) | (61,851) | (325,300) | (67,775) |
| | \$ 1,108,989 | \$ 1,096,245 | \$ 1,009,459 | \$ 1,005,573 | \$ 4,220,266 | \$ 1,059,761 |
| Income (loss) from continuing operations: | | | | | | |
| Operating income (loss): | | | | | | |
| Hospital division | \$ 99,748 | \$ 85,696 | \$ 82,566 | \$ 94,189 | \$ 362,199 | \$ 95,663 (a) |
| Health services division | 61,669 | 71,953 | 75,166 | 87,961 | 296,749 | 74,200 (a) |
| Rehabilitation division | 10,044 | 9,097 | 8,309 | 7,076 | 34,526 | 11,486 (a) |
| Pharmacy division | 9,243 | 7,883 | 431 | | 17,557 | |
| Corporate: | | | | | | |
| Overhead | (37,794) | (38,506) | (54,954) | (36,463) | (167,717) | (34,931)(a) |
| Insurance subsidiary | (1,542) | (1,633) | (1,856) | (2,046) | (7,077) | (1,503) |
| | (39,336) | (40,139) | (56,810) | (38,509) | (174,794) | (36,434) |
| Operating income | 141,368 | 134,490 | 109,662 | 150,717 | 536,237 | 144,915 |
| Rent | (84,672) | (88,273) | (88,085) | (86,530) | (347,560) | (86,126) |
| Depreciation and amortization | (28,202) | (30,388) | (30,916) | (32,261) | (121,767) | (31,405) |
| Interest, net | 238 | 925 | (1,229) | (823) | (889) | (1,653) |
| Income (loss) from continuing operations before income taxes | 28,732 | 16,754 | (10,568) | 31,103 | 66,021 | 25,731 |
| Provision (benefit) for income taxes | 12,207 | 7,111 | (1,510) | 13,493 | 31,301 | 10,710 |
| | \$ 16,525 | \$ 9,643 | \$ (9,058) | \$ 17,610 | \$ 34,720 | \$ 15,021 |

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- (a) Beginning January 1, 2008, certain incentive compensation costs were charged to the operating divisions that had previously been classified as corporate overhead. These charges approximated \$1.6 million for the hospital division, \$1.2 million for the health services division and \$0.4 million for the rehabilitation division in the first quarter of 2008. Segment operating results for prior periods were not restated to reflect this reclassification.

Table of Contents**ITEM 2. MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITION AND RESULTS OF OPERATIONS
(Continued)****Operating Data (Continued)****(Unaudited)****(In thousands)**

| | 2007 Quarters | | | | | Year | First Quarter 2008 |
|--|---------------|-----------|-----------|-----------|------------|-----------|--------------------------|
| | First | Second | Third | Fourth | | | |
| Rent: | | | | | | | |
| Hospital division | \$ 34,648 | \$ 36,129 | \$ 36,001 | \$ 36,940 | \$ 143,718 | \$ 36,853 | |
| Health services division | 47,239 | 48,985 | 50,078 | 48,245 | 194,547 | 47,883 | |
| Rehabilitation division | 1,069 | 1,133 | 1,180 | 1,259 | 4,641 | 1,358 | |
| Pharmacy division | 1,642 | 1,943 | 740 | | 4,325 | | |
| Corporate | 74 | 83 | 86 | 86 | 329 | 32 | |
| | \$ 84,672 | \$ 88,273 | \$ 88,085 | \$ 86,530 | \$ 347,560 | \$ 86,126 | |
| Depreciation and amortization: | | | | | | | |
| Hospital division | \$ 9,083 | \$ 10,027 | \$ 11,156 | \$ 12,038 | \$ 42,304 | \$ 11,653 | |
| Health services division | 10,981 | 11,825 | 13,284 | 14,572 | 50,662 | 14,389 | |
| Rehabilitation division | 236 | 273 | 284 | 383 | 1,176 | 387 | |
| Pharmacy division | 2,816 | 2,760 | 934 | | 6,510 | | |
| Corporate | 5,086 | 5,503 | 5,258 | 5,268 | 21,115 | 4,976 | |
| | \$ 28,202 | \$ 30,388 | \$ 30,916 | \$ 32,261 | \$ 121,767 | \$ 31,405 | |
| Capital expenditures, excluding acquisitions (including discontinued operations): | | | | | | | |
| Hospital division | \$ 20,765 | \$ 25,909 | \$ 23,505 | \$ 24,905 | \$ 95,084 | \$ 13,556 | |
| Health services division | 6,696 | 10,460 | 13,908 | 15,876 | 46,940 | 7,135 | |
| Rehabilitation division | 118 | 253 | 385 | 1,281 | 2,037 | 282 | |
| Pharmacy division | 1,712 | 1,613 | 790 | | 4,115 | | |
| Corporate: | | | | | | | |
| Information systems | 4,457 | 5,765 | 4,668 | 9,541 | 24,431 | 3,832 | |
| Other | 274 | 734 | 11,000 | 1,873 | 13,881 | 135 | |
| | \$ 34,022 | \$ 44,734 | \$ 54,256 | \$ 53,476 | \$ 186,488 | \$ 24,940 | |

Table of Contents**ITEM 2. MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITION AND RESULTS OF OPERATIONS**
(Continued)**Operating Data (Continued)**

(Unaudited)

| | 2007 Quarters | | | | | First Quarter 2008 |
|--------------------------------|---------------|-----------|-----------|-----------|-----------|--------------------------|
| | First | Second | Third | Fourth | Year | |
| Hospital data: | | | | | | |
| End of period data: | | | | | | |
| Number of hospitals | 81 | 81 | 83 | 84 | | 84 |
| Number of licensed beds | 6,319 | 6,378 | 6,495 | 6,597 | | 6,567 |
| Revenue mix %: | | | | | | |
| Medicare | 60 | 58 | 56 | 57 | 58 | 57 |
| Medicaid | 10 | 10 | 11 | 11 | 10 | 9 |
| Medicare Advantage | n/a | 4 | 6 | 7 | 4 | 8 |
| Commercial insurance and other | 30 | 28 | 27 | 25 | 28 | 26 |
| Admissions: | | | | | | |
| Medicare | 7,745 | 7,160 | 6,884 | 7,473 | 29,262 | 8,227 |
| Medicaid | 1,067 | 1,021 | 1,115 | 1,072 | 4,275 | 1,053 |
| Medicare Advantage | n/a | 391 | 600 | 696 | 1,687 | 912 |
| Commercial insurance and other | 2,278 | 1,858 | 1,730 | 1,786 | 7,652 | 1,911 |
| | 11,090 | 10,430 | 10,329 | 11,027 | 42,876 | 12,103 |
| Admissions mix %: | | | | | | |
| Medicare | 70 | 69 | 67 | 68 | 68 | 68 |
| Medicaid | 10 | 10 | 11 | 10 | 10 | 9 |
| Medicare Advantage | n/a | 3 | 6 | 6 | 4 | 7 |
| Commercial insurance and other | 20 | 18 | 16 | 16 | 18 | 16 |
| Patient days: | | | | | | |
| Medicare | 213,622 | 205,545 | 196,927 | 207,733 | 823,827 | 224,332 |
| Medicaid | 53,346 | 52,286 | 52,548 | 54,995 | 213,175 | 53,148 |
| Medicare Advantage | n/a | 14,013 | 18,612 | 22,583 | 55,208 | 28,712 |
| Commercial insurance and other | 83,292 | 71,928 | 66,602 | 68,169 | 289,991 | 69,702 |
| | 350,260 | 343,772 | 334,689 | 353,480 | 1,382,201 | 375,894 |
| Average length of stay: | | | | | | |
| Medicare | 27.6 | 28.7 | 28.6 | 27.8 | 28.2 | 27.3 |
| Medicaid | 50.0 | 51.2 | 47.1 | 51.3 | 49.9 | 50.5 |
| Medicare Advantage | n/a | 35.8 | 31.0 | 32.4 | 32.7 | 31.5 |
| Commercial insurance and other | 36.6 | 38.7 | 38.5 | 38.2 | 37.9 | 36.5 |
| Weighted average | 31.6 | 33.0 | 32.4 | 32.1 | 32.2 | 31.1 |
| Revenues per admission: | | | | | | |
| Medicare | \$ 35,532 | \$ 35,373 | \$ 34,837 | \$ 34,468 | \$ 35,058 | \$ 33,705 |
| Medicaid | 42,911 | 44,265 | 40,719 | 44,689 | 43,109 | 42,757 |
| Medicare Advantage | n/a | 49,038 | 41,075 | 41,527 | 43,107 | 41,966 |
| Commercial insurance and other | 60,940 | 64,495 | 67,824 | 63,497 | 63,956 | 66,802 |
| Weighted average | 41,461 | 41,944 | 41,359 | 40,609 | 41,335 | 40,341 |

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| Revenues per patient day: | | | | | | |
|--|----------|----------|----------|----------|----------|----------|
| Medicare | \$ 1,288 | \$ 1,232 | \$ 1,218 | \$ 1,240 | \$ 1,245 | \$ 1,236 |
| Medicaid | 858 | 864 | 864 | 871 | 865 | 847 |
| Medicare Advantage | n/a | 1,368 | 1,324 | 1,280 | 1,317 | 1,333 |
| Commercial insurance and other | 1,667 | 1,666 | 1,762 | 1,664 | 1,688 | 1,832 |
| Weighted average | 1,313 | 1,272 | 1,277 | 1,267 | 1,282 | 1,299 |
| Medicare case mix index (discharged patients only) | 1.11 | 1.10 | 1.09 | 1.10 | 1.10 | 1.11 |
| Average daily census | 3,892 | 3,778 | 3,638 | 3,842 | 3,787 | 4,131 |
| Occupancy % | 68.4 | 65.6 | 61.6 | 64.1 | 64.9 | 68.1 |

n/a not available

Table of Contents**ITEM 2. MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITION AND RESULTS OF OPERATIONS
(Continued)****Operating Data (Continued)****(Unaudited)**

| | 2007 Quarters | | | | | First Quarter 2008 |
|---|---------------|-----------|-----------|-----------|-----------|--------------------------|
| | First | Second | Third | Fourth | Year | |
| Nursing center data: | | | | | | |
| End of period data: | | | | | | |
| Number of nursing centers: | | | | | | |
| Owned or leased | 223 | 223 | 224 | 224 | | 224 |
| Managed | 4 | 4 | 4 | 4 | | 4 |
| | 227 | 227 | 228 | 228 | | 228 |
| Number of licensed beds: | | | | | | |
| Owned or leased | 28,481 | 28,477 | 28,719 | 28,621 | | 28,371 |
| Managed | 485 | 485 | 485 | 485 | | 485 |
| | 28,966 | 28,962 | 29,204 | 29,106 | | 28,856 |
| Revenue mix %: | | | | | | |
| Medicare | 35 | 35 | 34 | 34 | 34 | 35 |
| Medicaid | 44 | 44 | 44 | 44 | 44 | 42 |
| Medicare Advantage | n/a | n/a | n/a | n/a | n/a | 5 |
| Private and other | 21 | 21 | 22 | 22 | 22 | 18 |
| Patient days (excludes managed facilities): | | | | | | |
| Medicare | 389,354 | 390,142 | 382,527 | 390,907 | 1,552,930 | 409,902 |
| Medicaid | 1,405,392 | 1,417,578 | 1,441,273 | 1,429,155 | 5,693,398 | 1,394,925 |
| Medicare Advantage | n/a | n/a | n/a | n/a | n/a | 79,221 |
| Private and other | 432,145 | 448,605 | 478,831 | 489,190 | 1,848,771 | 415,290 |
| | 2,226,891 | 2,256,325 | 2,302,631 | 2,309,252 | 9,095,099 | 2,299,338 |
| Patient day mix %: | | | | | | |
| Medicare | 18 | 17 | 17 | 17 | 17 | 18 |
| Medicaid | 63 | 63 | 62 | 62 | 63 | 61 |
| Medicare Advantage | n/a | n/a | n/a | n/a | n/a | 3 |
| Private and other | 19 | 20 | 21 | 21 | 20 | 18 |
| Revenues per patient day: | | | | | | |
| Medicare Part A | \$ 406 | \$ 408 | \$ 408 | \$ 422 | \$ 411 | \$ 429 |
| Total Medicare (including Part B) | 442 | 444 | 445 | 458 | 447 | 461 |
| Medicaid | 152 | 153 | 156 | 160 | 155 | 160 |
| Medicare Advantage | n/a | n/a | n/a | n/a | n/a | 348 |
| Private and other | 231 | 237 | 237 | 238 | 236 | 229 |
| Weighted average | 218 | 220 | 221 | 227 | 222 | 232 |
| Average daily census | 24,743 | 24,795 | 25,029 | 25,101 | 24,918 | 25,267 |
| Occupancy % | 88.2 | 87.4 | 87.8 | 87.8 | 87.8 | 89.2 |

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Rehabilitation data:

Revenue mix %:

| | | | | | | |
|------------------|----|----|----|----|----|----|
| Company-operated | 74 | 69 | 68 | 65 | 68 | 65 |
| Non-affiliated | 26 | 31 | 32 | 35 | 32 | 35 |

n/a not available

Table of Contents**ITEM 3. QUANTITATIVE AND QUALITATIVE DISCLOSURES ABOUT MARKET RISK**

The following discussion of the Company's exposure to market risk contains forward-looking statements that involve risks and uncertainties. The information presented has been prepared utilizing certain assumptions considered reasonable in light of information currently available to the Company. Given the unpredictability of interest rates as well as other factors, actual results could differ materially from those projected in such forward-looking information.

The Company's exposure to market risk relates to changes in the prime rate, federal funds rate and the London Interbank Offered Rate, which affect the interest paid on certain borrowings.

The following table provides information about the Company's financial instruments that are sensitive to changes in interest rates. The table presents principal cash flows and related weighted average interest rates by expected maturity date.

Interest Rate Sensitivity**Principal (Notional) Amount by Expected Maturity****Average Interest Rate****(Dollars in thousands)**

| | Expected maturities | | | | | | Total | Fair value 3/31/08 |
|--|---------------------|-------|-------|-------|------------|------------|------------|--------------------------|
| | 2008 | 2009 | 2010 | 2011 | 2012 | Thereafter | | |
| Liabilities: | | | | | | | | |
| Long-term debt, including amounts due within one year: | | | | | | | | |
| Fixed rate | \$ 57 | \$ 81 | \$ 86 | \$ 91 | \$ 96 | \$ 460 | \$ 871 | \$ 848 |
| Average interest rate | 6.0% | 6.0% | 6.0% | 6.0% | 6.0% | 6.0% | | |
| Variable rate (a) | \$ | \$ | \$ | \$ | \$ 255,800 | \$ | \$ 255,800 | \$ 255,800 |

- (a) Interest on borrowings under the Company's revolving credit facility is payable, at the Company's option, at (1) the London Interbank Offered Rate plus an applicable margin ranging from 1.25% to 2.00% or (2) the applicable margin ranging from 0.25% to 1.00% plus the higher of the prime rate or 0.5% over the federal funds rate. The applicable margin is based upon the Company's average daily excess availability as defined in the Company's revolving credit facility.

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ITEM 4. CONTROLS AND PROCEDURES

Evaluation of Disclosure Controls and Procedures and Changes in Internal Control Over Financial Reporting

The Company has carried out an evaluation under the supervision and with the participation of management, including the Company's Chief Executive Officer and Chief Financial Officer, of the effectiveness of the design and operation of the Company's disclosure controls and procedures. There are inherent limitations to the effectiveness of any system of disclosure controls and procedures, including the possibility of human error and the circumvention or overriding of the controls and procedures. Accordingly, even effective disclosure controls and procedures can only provide reasonable assurance of achieving their control objectives. Based upon this evaluation, the Chief Executive Officer and Chief Financial Officer have concluded that, as of March 31, 2008, the Company's disclosure controls and procedures are effective to provide reasonable assurance that information required to be disclosed in the reports that the Company files and submits under the Exchange Act is recorded, processed, summarized and reported as and when required.

There has been no change in the Company's internal control over financial reporting during the Company's quarter ended March 31, 2008, that has materially affected, or is reasonably likely to materially affect, the Company's internal control over financial reporting.

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PART II. OTHER INFORMATION

Item 1. Legal Proceedings

The Company is a party to various legal actions (some of which are not insured), and regulatory and other government investigations and sanctions in the ordinary course of business. The Company is unable to predict the ultimate outcome of pending litigation and regulatory and other government investigations. The DOJ, CMS or other federal and state enforcement and regulatory agencies may conduct additional investigations related to the Company's businesses in the future which may, either individually or in the aggregate, have a material adverse effect on the Company's financial position, results of operations and liquidity.

Item 6. Exhibits

- 3.1 Amended and Restated Bylaws of Kindred Healthcare, Inc. Exhibit 3.1 to the Company's Current Report on Form 8-K dated March 26, 2008 (Comm. File No. 001-14057) is hereby incorporated by reference.
- 10.1 Employment Agreement dated as of March 1, 2008 by and between Kindred Healthcare Operating, Inc. and Frank J. Battafarano. Exhibit 10.1 to the Company's Current Report on Form 8-K dated March 17, 2008 (Comm. File No. 001-14057) is hereby incorporated by reference.
- 10.2 Employment Agreement dated as of March 1, 2008 by and between Kindred Healthcare Operating, Inc. and Benjamin A. Breier. Exhibit 10.2 to the Company's Current Report on Form 8-K dated March 17, 2008 (Comm. File No. 001-14057) is hereby incorporated by reference.
- 10.3 Employment Agreement dated as of March 24, 2008 by and between Kindred Healthcare Operating, Inc. and Christopher M. Bird.
- 10.4 Change-in-Control Severance Agreement dated as of March 24, 2008 by and between Kindred Healthcare Operating, Inc. and Christopher M. Bird.
- 31 Rule 13a-14(a)/15d-14(a) Certifications.
- 32 Section 1350 Certifications.

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SIGNATURES

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

KINDRED HEALTHCARE, INC.

Date: May 8, 2008

/s/ PAUL J. DIAZ
Paul J. Diaz
President and
Chief Executive Officer

Date: May 8, 2008

/s/ RICHARD A. LECHLEITER
Richard A. Lechleiter
Executive Vice President and
Chief Financial Officer