



Oppenheimer 31st Annual Healthcare Conference

March 17, 2021

Disclaimer Statement

This presentation contains forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, Section 21E of the Securities Exchange Act of 1934, as amended, and the Private Securities Litigation Reform Act of 1995 that involve risk and uncertainties. All statements in this presentation other than statements of historical fact, including statements regarding projections, expected operating results, and other events that depend upon or refer to future events or conditions or that include words such as “expects,” “anticipates,” “intends,” “plans,” “believes,” “estimates,” “thinks,” and similar expressions, are forward-looking statements. Although the Company believes that these forward-looking statements are based on reasonable assumptions, these assumptions are inherently subject to significant economic and competitive uncertainties and contingencies, which are difficult or impossible to predict accurately and may be beyond the control of the Company. Accordingly, the Company cannot give any assurance that its expectations will in fact occur and cautions that actual results may differ materially from those in the forward-looking statements. A number of factors could affect the future results of the Company or the healthcare industry generally and could cause the Company’s expected results to differ materially from those expressed in this presentation. These factors include, among other things: developments related to COVID-19, including, without limitation, related to the length and severity of the pandemic; the volume of canceled or rescheduled procedures; the volume of COVID-19 patients cared for across our health systems; the timing and availability of effective medical treatments and vaccines, including the timing and effectiveness of the ongoing rollout of currently available vaccines; the spread of potentially more contagious and/or virulent forms of the virus; measures we are taking to respond to the COVID-19 pandemic; the impact of government and administrative regulation on us; changes in net revenue due to patient volumes, payor mix and negative macroeconomic conditions; increased expenses related to labor, supply chain, capital and other expenditures; workforce disruptions; and supply shortages and disruptions; uncertainty regarding the implementation of the CARES Act, the PPPHCE Act, the CAA and any other future stimulus measures related to COVID-19, including the magnitude and timing of any future payments or benefits we may receive or realize thereunder; general economic and business conditions, both nationally and in the regions in which we operate, including economic and business conditions resulting from the COVID-19 pandemic; the impact of current or future federal and state health reform initiatives, including, without limitation, the Affordable Care Act, and the potential for the Affordable Care Act to be repealed or found unconstitutional or otherwise invalidated, or for additional changes to the law, its implementation or its interpretation (including through executive orders and court challenges); the extent to and manner in which states support increases, decreases or changes in Medicaid programs, implement health insurance exchanges or alter the provision of healthcare to state residents through regulation or otherwise; the future and long-term viability of health insurance exchanges and potential changes to the beneficiary enrollment process; risks associated with our substantial indebtedness, leverage and debt service obligations, including our ability to refinance such indebtedness on acceptable terms or to incur additional indebtedness, and our ability to remain in compliance with debt covenants, as well as risks associated with disruptions in the financial and capital markets as the result of the COVID-19 pandemic which could impact us from a financing and liquidity perspective; demographic changes; changes in, or the failure to comply with, federal, state or local laws or governmental regulations affecting our business, including any such laws or governmental regulations which are adopted in connection with the COVID-19 pandemic; potential adverse impact of known and unknown government investigations, audits, and federal and state false claims act litigation and other legal proceedings; our ability, where appropriate, to enter into and maintain provider arrangements with payors and the terms of these arrangements, which may be further affected by the increasing consolidation of health insurers and managed care companies and vertical integration efforts involving payors and healthcare providers; changes in, or the failure to comply with, contract terms with payors and changes in reimbursement policies or rates paid by federal or state healthcare programs or commercial payors; any potential impairments in the carrying value of goodwill, other intangible assets, or other long-lived assets, or changes in the useful lives of other intangible assets; changes in inpatient or outpatient Medicare and Medicaid payment levels and methodologies; the effects related to the continued implementation of the sequestration spending reductions and the potential for future deficit reduction legislation; increases in the amount and risk of collectability of patient accounts receivable, including decreases in collectability which may result from, among other things, self-pay growth and difficulties in recovering payments for which patients are responsible, including co-pays and deductibles; the efforts of insurers, healthcare providers, large employer groups and others to contain healthcare costs, including the trend toward value-based purchasing; increases in wages as a result of inflation or competition for highly technical positions and rising supply and drug costs due to market pressure from pharmaceutical companies and new product releases; liabilities and other claims asserted against us, including self-insured malpractice claims; competition; our ability to attract and retain, at reasonable employment costs, qualified personnel, key management, physicians, nurses and other healthcare workers; trends toward treatment of patients in less acute or specialty healthcare settings, including ambulatory surgery centers or specialty hospitals or via telehealth; changes in medical or other technology; changes in U.S. GAAP; the availability and terms of capital to fund any additional acquisitions or replacement facilities or other capital expenditures; our ability to successfully make acquisitions or complete divestitures, our ability to complete any such acquisitions or divestitures on desired terms or at all, the timing of the completion of any such acquisitions or divestitures, and our ability to realize the intended benefits from any such acquisitions or divestitures; the impact that changes in our relationships with joint venture or syndication partners could have on effectively operating our hospitals or ancillary services or in advancing strategic opportunities; our ability to successfully integrate any acquired hospitals, or to recognize expected synergies from acquisitions; the impact of seasonal severe weather conditions, including the timing and amount of insurance recoveries in relation to severe weather events; our ability to obtain adequate levels of insurance, including general liability, professional liability, and directors and officers liability insurance; timeliness of reimbursement payments received under government programs; effects related to pandemics, epidemics, or outbreaks of infectious diseases, including the novel coronavirus causing the disease known as COVID-19 as noted above; the impact of cyber-attacks or security breaches; any failure to comply with the terms of the Corporate Integrity Agreement; the concentration of our revenue in a small number of states; our ability to realize anticipated cost savings and other benefits from our current strategic and operational cost savings initiatives; changes in interpretations, assumptions and expectations regarding the Tax Cuts and Jobs Act; and the other risk factors set forth in our other public filings with the Securities and Exchange Commission.

The consolidated operating results for the three months and year ended December 31, 2020, are not necessarily indicative of the results that may be experienced for any future periods. The Company cautions that the projections for calendar year 2021 set forth in this presentation are given as of the date hereof based on currently available information. The Company undertakes no obligation to revise or update any forward-looking statements, or to make any other forward-looking statements, whether as a result of new information, future events or otherwise.

The hospitals, operations, and businesses described in this document are owned and operated by distinct and indirect subsidiaries of Community Health Systems, Inc.

COMPANY OVERVIEW

By The Numbers

89 Hospitals

16 States

500K
Annual Admissions

2M
Annual ED Visits

~\$12B
Revenue

~\$1.8B
Adj. EBITDA

- One of the largest publicly-traded hospital companies in the U.S.
- Owns and operates acute care hospitals and outpatient facilities
- Majority of hospitals located in regional networks or in close proximity to one or more CHS hospitals
- 90% of hospitals in markets with CSA population >50,000
- Strategic focus on faster growing markets

A Transformation Journey

2017 - 2019

**Strengthened
Our
Foundation**

Divestiture Program
In Progress

Strategic Imperatives
Introduced

Net Revenue Initiatives
Prioritized

Strategic Margin
Improvement Program
Initiated

2020

**Transformation
Continues in a
Challenging Environment**

Effectively Managed
COVID-19

Completed Divestiture
Program

Executed Growth and
Margin Initiatives

Improved Capital
Structure / Lowered
Leverage

2021 +

**Focus on Execution
to Achieve
Enhanced Results**

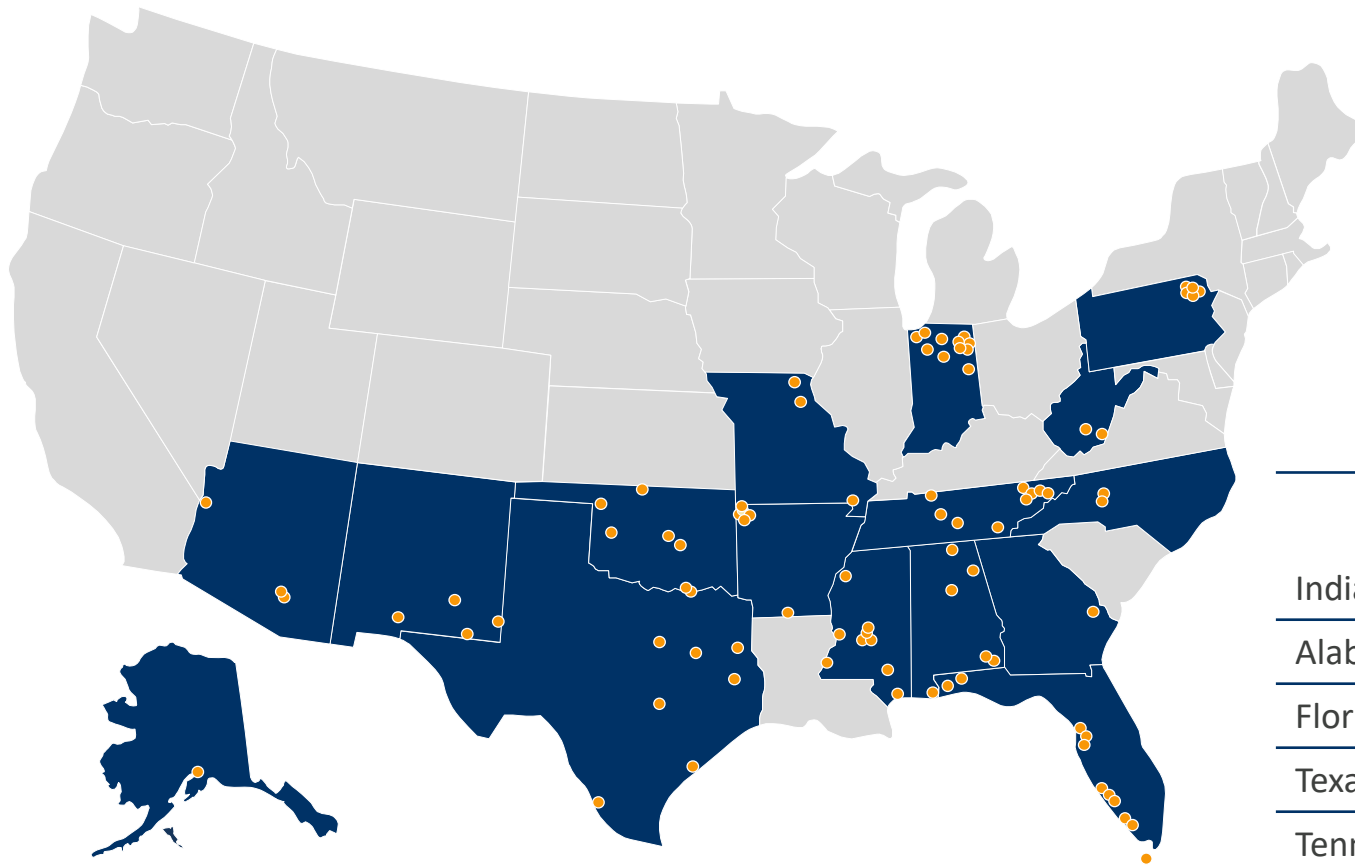
Net Revenue
Growth

Increase Profitability and
Expand Margins

Continue to Improve
Positive Free Cash Flow

Reduce Leverage

A Stronger Portfolio



89
Hospitals

16
States

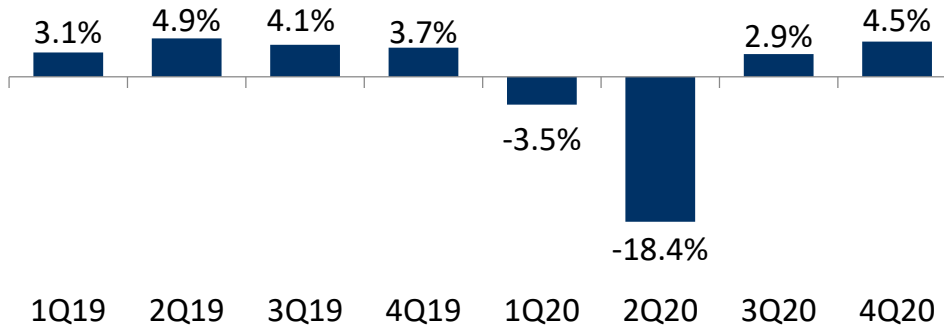
TOP 5 STATES

	Hospitals	% of Net Revenue
Indiana	10	15%
Alabama	6	12%
Florida	11	11%
Texas	7	10%
Tennessee	9	8%
TOTAL TOP 5		56%

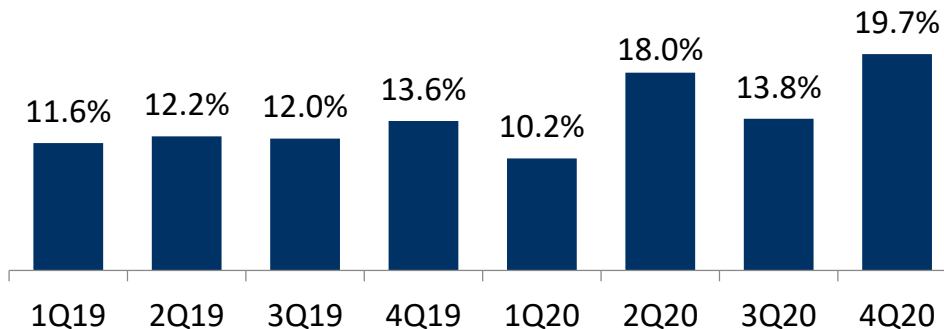
Successfully transitioned the portfolio to larger population, higher growth markets with well distributed and balanced revenue base.

Navigating Through COVID

SS Net Revenue Growth



Adjusted EBITDA Margin



CHS Priorities

Safety First

- Patients, Staff, & Providers

Leverage Existing Investments

- Tele-Health
- Transfer Center
- Supply Chain

Adaptive & Responsible Expense and Operations Management

Consistent recovery through 4Q20 despite a COVID surge in markets.

GROWTH AND OPERATING STRATEGY

CHS Strategic Imperatives

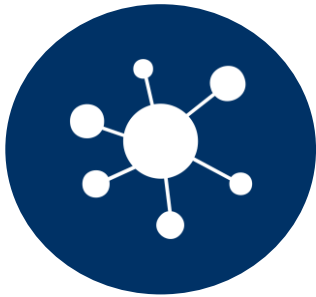


Strategic Imperatives align focus and resources with key drivers of success, leading to improved Adjusted EBITDA and margin growth.

CHS Growth Objective

Drive measurable growth in both ambulatory and inpatient services in every market through effective strategic planning, leveraging of resources, and focused execution – thereby advancing our competitive position.

Growth Priorities – Targeted Efforts



**Access Point
Expansion**



**Service Line
Advancement**



**Medical Staff
Development**



**Capital
Prioritization**

Actionable strategic plans and disciplined execution are prioritized throughout the organization.

Growth Priorities – Key Initiatives



CHS Transfer Center



Provider / Clinical Outreach



Digital Consumer Engagement



Accountable Care Organizations

Company initiatives are being leveraged broadly across the portfolio.

Current Ambulatory Locations

- 13** Freestanding Emergency Departments
- 80+** Urgent Care / Walk-In / Retail Clinics
- 600+** Physician Practice Locations
- 46** Ambulatory Surgery Centers
- ~650k** Telehealth Visits (annualized)

CHS Accountable Care Organizations

- 5,000+** Participating Providers
- ~300k** Attributed Medicare Lives
- 8 of 15** Achieved Shared Savings in Year 2

Growth Pipeline



Comprehensive Market Analytics

Ample De Novo Expansion Opportunities



Acquisition & Joint Ventures

Active Development Underway



On-Demand & Digital Channels

Telehealth, Online Scheduling

Focused on diversified ambulatory services growth.

2018 – 2020 Investments



New Tucson
Micro-Hospital
(Opened 4Q20)



LaPorte
Replacement Hospital
(Opened 4Q20)

>250

Incremental Inpatient Beds
Various Markets

>50

New Surgical / Procedural
Suites

Growth Pipeline

Lutheran (Fort Wayne) Downtown Hospital

Opens 4Q21

Tucson East De Novo Hospital

Opens 1Q22

Inpatient Facility Development

De Novo and Expansion Projects

Service Line Expansion

Cardiac, Neuroscience, Post Acute & Specialty

Targeted capital investments into high growth inpatient opportunities.

FINANCIAL PERFORMANCE

Recent Accomplishments

1 Completed announced portfolio rationalization program

- Remaining core portfolio of hospitals well-positioned to drive EBITDA growth
- Strategic capital investments advancing competitive position
- Invested in transfer center, new access points, and other strategic imperatives to grow core markets

2 Implementing key operational improvements

- Revenue cycle enhancements
- Leveraging Shared Service Center model to reduce administrative costs
- Strategic contracting with suppliers and service providers

3 Ongoing balance sheet management and deleveraging

- ~1.5x reduction in total leverage since January 2020 notes offering
- Reduced indebtedness by over \$1.1 billion
- Reduced annual cash interest expense by ~\$190 million

CHS has strengthened its foundation for future profitability and growth.

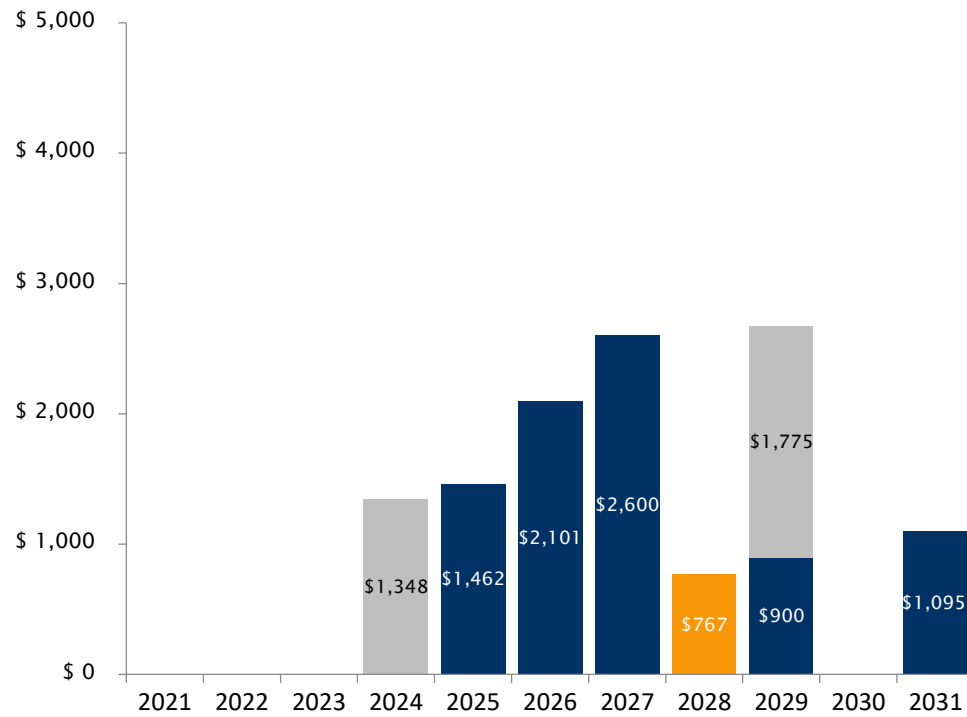
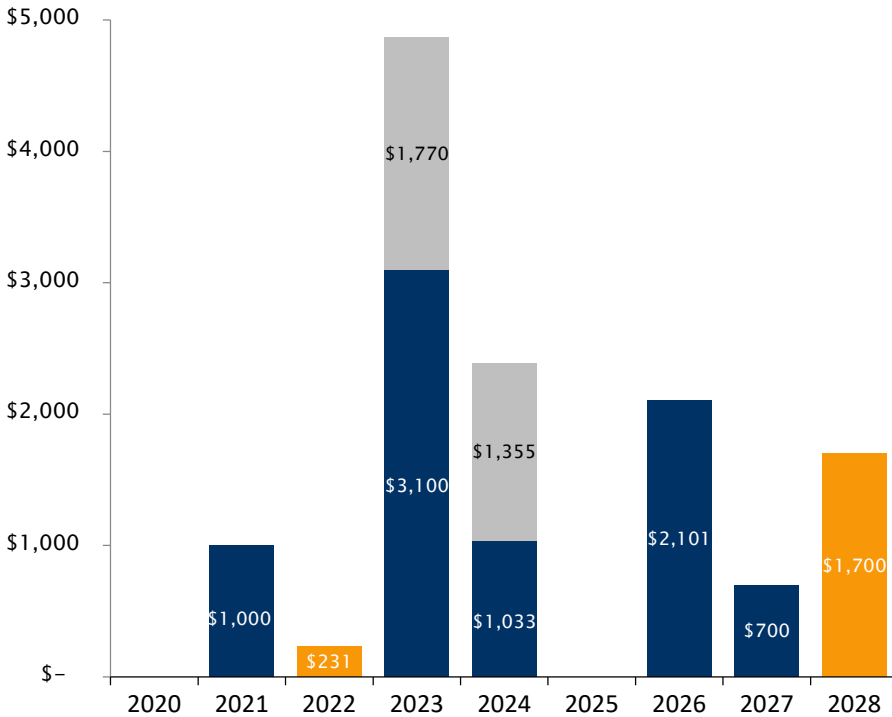
Pro Forma Debt Maturity Profile

December 31, 2019

Current Pro Forma

(\$ in millions)

(\$ in millions)



■ First Lien Notes

■ Second Lien Notes

■ Unsecured Notes

Note: Debt maturity profile does not include \$1 billion ABL Facility.

Through capital market transactions, the company has significantly extended debt maturities and lowered annual cash interest.

Income Summary

(Amounts in millions, except margin and Net Income (Loss) per Share)

	Three Months Ended December 31,			Year Ended December 31,		
	2020	2019	Change	2020	2019	Change
Net Operating Revenues	\$ 3,119	\$ 3,286	-5.1%	\$ 11,789	\$ 13,210	-10.8%
Adjusted EBITDA ⁽¹⁾	\$ 614	\$ 447	37.4%	\$ 1,809	\$ 1,628	11.1%
Adjusted EBITDA Margin ⁽¹⁾	19.7%	13.6%	610 BPS	15.3%	12.3%	300 BPS
Net Income (Loss) per Share, Excluding Adjustments ⁽²⁾	\$ 0.96	\$ 0.40		\$ 0.45	\$ (0.89)	
Shares Outstanding (Weighted and Diluted)	121	114		117	114	

(1) See the Unaudited Supplemental Information contained in this presentation for a definition of Adjusted EBITDA and a reconciliation of Adjusted EBITDA, as defined, to net income (loss) attributable to Community Health Systems, Inc. stockholders as derived directly from our condensed consolidated financial statements for the three months and years ended December 31, 2020 and 2019 (slides 23 and 24).

(2) See reconciliation of diluted net income (loss) per share, excluding adjustments, on slide 25.

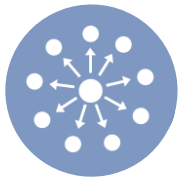
Note: Consolidated hospital count of 89 at 12/31/2020 versus 102 at 12/31/2019.

During 4Q20, \$153M of pandemic relief funds from the CARES Act were recognized.

Operational Efficiency



SWB Management



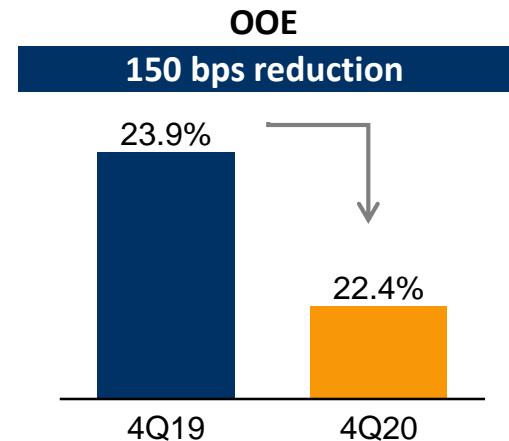
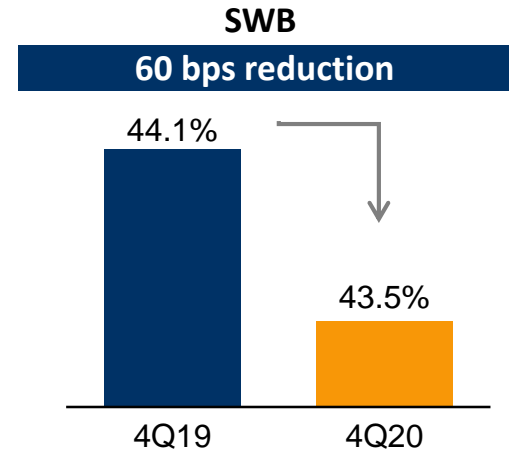
Shared Service Centers



Supply Chain Optimization



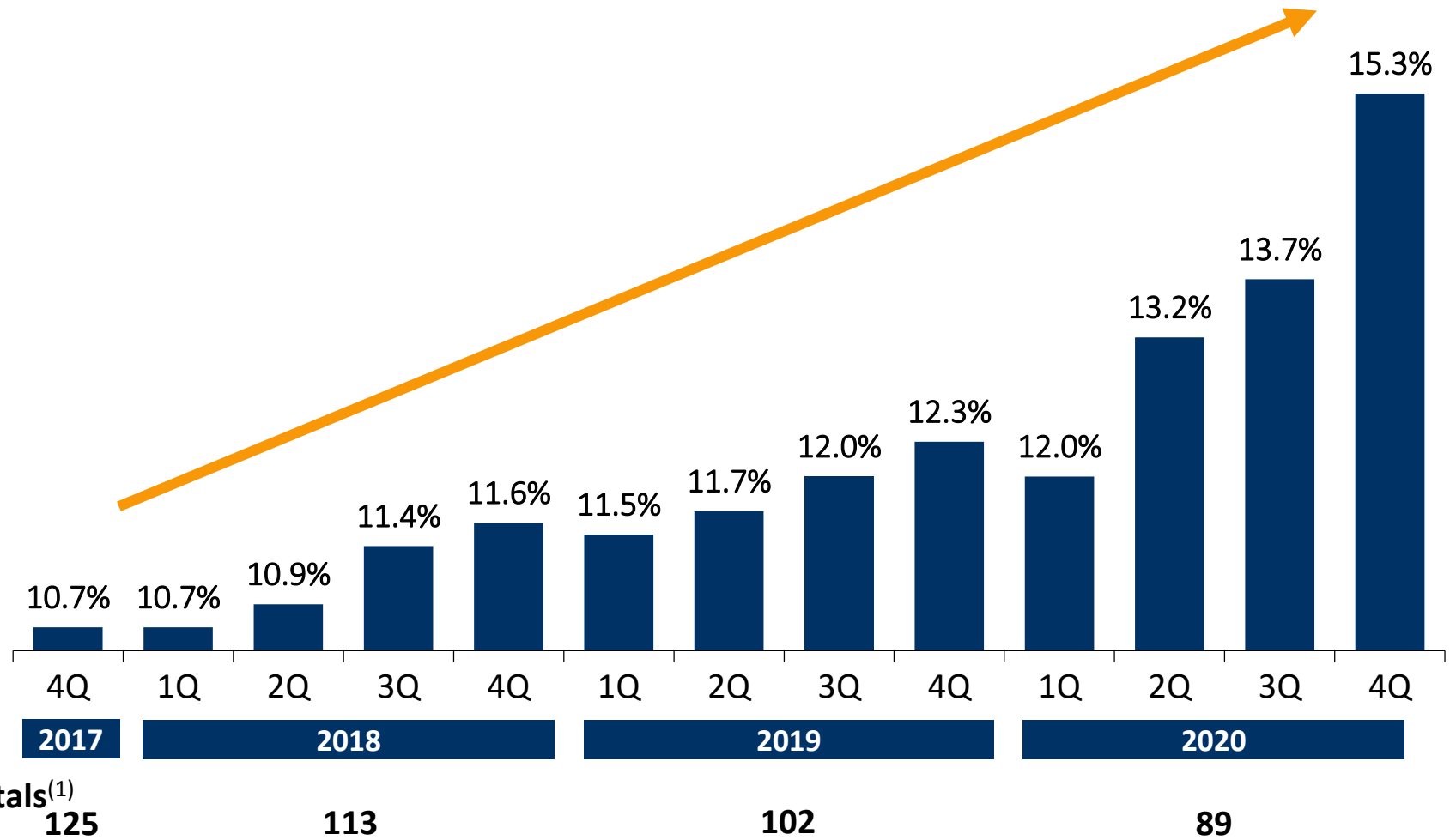
Vendor Efficiencies



CHS is leveraging technology and scale to deliver operational excellence.

Delivering EBITDA Margin Expansion

Rolling 12 Months - Adjusted EBITDA Margin



(1) Represents number of hospitals at year end for each period.

Medium-Term Financial Goals

- Execute net revenue growth initiatives
- Leverage strategic margin improvement program to achieve 15%+ Adjusted EBITDA margins
- Deliver positive free cash flow annually
- Reduce leverage below 6x

Focused on financial goals to deliver increased stakeholder value.

APPENDIX: Other Financial Information

Unaudited Supplemental Information

EBITDA is a non-GAAP financial measure which consists of net income (loss) attributable to Community Health Systems, Inc. before interest, income taxes, and depreciation and amortization. Adjusted EBITDA, also a non-GAAP financial measure, is EBITDA adjusted to add back net income attributable to noncontrolling interests and to exclude (gain) loss from early extinguishment of debt, impairment and (gain) loss on sale of businesses, (income) expense related to government and other legal settlements and related costs, expense incurred in the fourth quarter of 2020 related to the settlement of certain professional liability claims for which the third-party insurers' obligation to insure the Company against the underlying loss is being litigated, expense related to employee termination benefits and other restructuring charges, expense from settlement and fair value adjustments on the CVR agreement liability related to the HMA legal proceedings and related legal expenses, the impact of changes in estimate to increase the professional liability claims accrual recorded during the second quarter of 2019 (which estimate was further revised in the third quarter of 2019 based on updated actuarial analysis) with respect to claims incurred in 2016 and prior years, and expense related to the valuation allowance recorded in the second quarter of 2019 to reserve the outstanding balance of a promissory note received from the buyer in connection with the sale of two of the Company's hospitals in 2017, as well as income from a reduction of the valuation allowance on the outstanding balance of a promissory note from the buyer of another hospital. During the three months ended December 31, 2020, the Company incurred expenses in the amount of approximately \$50 million related to the settlement of a professional liability claim for which the Company's third-party insurers' obligation to provide coverage to the Company in connection with the underlying loss is being litigated. In the ordinary course of business, the Company's expense with respect to professional liability claims is limited to amounts not covered by third-party insurance policies, which typically provide coverage for professional liability claims. The subject of the litigation for the recovery of the full amount of the \$50 million settlement is whether the claim is covered under the subject policies. The Company believes it is owed reimbursement of the full amount of the settlement by its insurers with respect to this matter. The Company has included this adjustment in the calculation of Adjusted EBITDA because we believe that this expense, absent the dispute as to whether it relates to a covered loss as defined in our insurance policies, would have been mitigated by insurance recoveries and is therefore outside of the ordinary course of the Company's operations and not reflective of the Company's underlying results of operations in light of the intended purpose of Adjusted EBITDA in assessing the Company's operational performance and comparing the Company's performance between periods. The Company has from time to time sold noncontrolling interests in certain of its subsidiaries or acquired subsidiaries with existing noncontrolling interest ownership positions. The Company believes that it is useful to present Adjusted EBITDA because it adds back the portion of EBITDA attributable to these third-party interests and clarifies for investors the Company's portion of EBITDA generated by continuing operations. The Company reports Adjusted EBITDA as a measure of financial performance. Adjusted EBITDA is a key measure used by management to assess the operating performance of the Company's hospital operations and to make decisions on the allocation of resources. Adjusted EBITDA is also used to evaluate the performance of the Company's executive management team and is one of the primary metrics used in connection with determining short-term cash incentive compensation and the achievement of vesting criteria with respect to performance-based equity awards. In addition, management utilizes Adjusted EBITDA in assessing the Company's consolidated results of operations and operational performance and in comparing the Company's results of operations between periods. The Company believes it is useful to provide investors and other users of the Company's financial statements this performance measure to align with how management assesses the Company's results of operations. Adjusted EBITDA also is comparable to a similar metric called Consolidated EBITDA, as defined in the Company's asset-based loan facility (the "ABL Facility"), which is a key component in the determination of the Company's compliance with certain covenants under the ABL Facility (including the Company's ability to service debt and incur capital expenditures), and is used to determine the interest rate and commitment fee payable under the ABL Facility (although Adjusted EBITDA does not include all of the adjustments described in the ABL Facility). Adjusted EBITDA includes the Adjusted EBITDA attributable to hospitals that were divested during the course of such year, but in each case solely to the extent relating to the period prior to the consummation of the applicable divestiture.

Adjusted EBITDA is not a measurement of financial performance under U.S. GAAP. It should not be considered in isolation or as a substitute for net income, operating income, or any other performance measure calculated in accordance with U.S. GAAP. The items excluded from Adjusted EBITDA are significant components in understanding and evaluating financial performance. The Company believes such adjustments are appropriate as the magnitude and frequency of such items can vary significantly and are not related to the assessment of normal operating performance. Additionally, this calculation of Adjusted EBITDA may not be comparable to similarly titled measures reported by other companies.

Unaudited Supplemental Information

The following table reflects the reconciliation of Adjusted EBITDA, as defined, to net income (loss) attributable to Community Health Systems, Inc. stockholders as derived directly from the condensed consolidated financial statements (in millions):

	Three Months Ended December 31,		Year Ended December 31,	
	2020	2019	2020	2019
Net income (loss) attributable to Community Health Systems, Inc. stockholders	\$ 311	\$ (373)	\$ 511	\$ (675)
Adjustments:				
Provision for (benefit from) income taxes	37	231	(185)	160
Depreciation and amortization	134	152	558	608
Net income attributable to noncontrolling interests	41	27	96	85
Interest expense, net	252	259	1,031	1,041
(Gain) loss from early extinguishment of debt	(207)	23	(317)	54
Impairment and (gain) loss on sale of businesses, net	(1)	68	48	138
(Income) expense from government and other legal settlements and related costs	(4)	58	-	93
Expense from the settlement of professional liability claims for which the third-party insurers' obligation to insure the Company for the underlying loss is being litigated	50	-	50	-
Expense from settlement and legal expenses related to cases covered by the CVR	-	1	2	11
Expense related to employee termination benefits and other restructuring charges	1	1	15	2
Change in valuation allowances recorded for promissory notes	-	-	-	21
Change in estimate for professional liability claims accrual	-	-	-	90
Adjusted EBITDA	\$ 614	\$ 447	\$ 1,809	\$ 1,628

Diluted EPS – Excluding Adjustments

	Three Months Ended December 31,		Year Ended December 31,	
	2020	2019	2020	2019
Net income (loss) per share (diluted), as reported	\$ 2.57	\$ (3.27)	\$ 4.39	\$ (5.93)
Adjustments:				
(Gain) loss from early extinguishment of debt	(2.11)	0.15	(3.02)	0.37
Impairment and (gain) loss on sale of businesses, net	0.18	0.29	0.69	0.89
(Income) expense from government and other legal settlements and related costs	(0.02)	0.40	-	0.64
Expense from the settlement of professional liability claims for which the third-party insurers' obligation to insure the Company for the underlying loss is being litigated	0.32	-	0.33	-
Expense from settlement and legal expenses related to cases covered by the CVR	-	0.01	0.01	0.08
Expense related to employee termination benefits and other restructuring charges	-	-	0.11	0.01
Change in valuation allowances recorded for promissory notes	-	-	-	0.14
Change in estimate for professional liability claims accrual	-	(0.01)	-	0.62
Tax effect related to HMA legal settlement	-	-	-	(0.13)
Change in tax valuation allowance	-	2.84	(2.06)	2.42
Net income (loss) per share (diluted), excluding adjustments	\$ 0.96	\$ 0.40	\$ 0.45	\$ (0.89)

(Total per share amounts may not add due to rounding)

Unaudited Supplemental Information

The following table reflects the reconciliation of Adjusted EBITDA, as defined, to net (loss) income attributable to Community Health Systems, Inc. stockholders as derived directly from the condensed consolidated financial statements (in millions):

	2017				2018				2019				2020			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Net (loss) income attributable to Community Health Systems, Inc. stockholders	\$ (199)	\$ (137)	\$ (110)	\$ (2,013)	\$ (25)	\$ (110)	\$ (325)	\$ (328)	\$ (118)	\$ (167)	\$ (17)	\$ (373)	\$ 18	\$ 70	\$ 112	\$ 311
Adjustments:																
Provision for (benefit from) income taxes	-	(15)	(59)	(375)	(7)	(38)	104	(70)	7	(3)	(74)	231	(183)	(58)	20	37
Depreciation and amortization	236	223	206	196	181	177	173	169	153	153	151	152	144	141	139	134
Net income attributable to noncontrolling interests	22	15	20	6	19	19	17	29	17	21	19	27	16	23	16	41
Loss from discontinued operations	1	6	2	3	-	-	-	-	-	-	-	-	-	-	-	-
Interest expense, net	229	239	238	225	228	235	256	257	257	265	259	259	262	260	257	252
Loss (gain) from early extinguishment of debt	21	10	4	5	4	(64)	27	1	31	-	-	23	4	-	(115)	(207)
Impairment and (gain) loss on sale of businesses, net	250	80	33	1,760	28	174	112	354	38	33	(1)	68	45	10	(7)	(1)
Change in estimate for contractual allowances and provision for bad debts	-	-	-	591	-	-	-	-	-	-	-	-	-	-	-	-
(Income) expense from government and other legal settlements and related costs	(41)	7	1	1	5	1	2	2	5	4	26	58	2	2	-	(4)
Expense from settlement of professional liability claims for which the third-party insurers' obligation to insure the Company for the underlying loss is being litigated	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	50
Expense from settlement and fair value adjustments and legal expenses related to cases covered by the CVR	7	5	(6)	-	5	4	4	1	1	2	7	1	1	1	-	-
Expense related to the sale of a majority interest in home care division	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Expense related to employee termination benefits and other restructuring charges	-	2	2	10	2	13	2	4	-	1	-	1	-	5	9	1
Change in valuation allowances recorded for promissory notes	-	-	-	-	-	-	-	-	-	23	(2)	-	-	-	-	-
Change in estimate for professional liability claims accrual	-	-	-	-	-	-	-	-	-	70	20	-	-	-	-	-
Adjusted EBITDA	\$ 527	\$ 435	\$ 331	\$ 409	\$ 440	\$ 411	\$ 372	\$ 419	\$ 391	\$ 402	\$ 388	\$ 447	\$ 309	\$ 454	\$ 431	\$ 614
Net Revenue	\$ 4,486	\$ 4,144	\$ 3,666	\$ 3,650	\$ 3,689	\$ 3,562	\$ 3,451	\$ 3,453	\$ 3,376	\$ 3,302	\$ 3,246	\$ 3,286	\$ 3,025	\$ 2,519	\$ 3,126	\$ 3,119