

 **CHS** Community Health Systems, Inc.



**Earnings Presentation  
2nd Quarter**

**2017**

# Forward-Looking Statements

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 press release 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 press release. These factors include, among other things: general economic and business conditions, both nationally and in the regions in which we operate; the impact of the potential repeal of or significant changes to the Affordable Care Act, its implementation or its interpretation, as well as changes in other federal, state or local laws or regulations affecting our business; the extent to 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, which may be affected by whether a sufficient number of payors participate as well as the impact of the 2016 federal elections on the Affordable Care Act; 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; demographic changes; changes in, or the failure to comply with, governmental regulations; 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; changes in, or the failure to comply with, contract terms with payors and changes in reimbursement rates paid by federal or state healthcare programs or commercial payors; any potential additional 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; 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 in states that have not expanded Medicaid and difficulties in recovering payments for which patients are responsible, including co-pays and deductibles; the efforts of insurers, healthcare providers and others to contain healthcare costs, including the trend toward value-based purchasing; our ongoing ability to demonstrate meaningful use of certified electronic health record technology and recognize income for the related Medicare or Medicaid incentive payments to the extent such payments have not expired; 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; changes in medical or other technology; changes in U.S. generally accepted accounting principles; 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, including the disposition of hospitals and non-hospital businesses pursuant to our portfolio rationalization and deleveraging strategy, our ability to complete any such acquisitions or divestitures on desired terms or at all (including to realize the anticipated amount of proceeds from contemplated dispositions), 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, including those of HMA, or to recognize expected synergies from acquisitions; the impact of seasonal severe weather conditions; our ability to obtain adequate levels of general and professional liability insurance; timeliness of reimbursement payments received under government programs; effects related to outbreaks of infectious diseases; the impact of the external, criminal cyber-attack suffered by us in the second quarter of 2014, including potential reputational damage, the outcome of our investigation and any potential governmental inquiries, the outcome of litigation filed against us in connection with this cyber-attack, the extent of remediation costs and additional operating or other expenses that we may continue to incur, and the impact of potential future 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; 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 and six months ended June 30, 2017, are not necessarily indicative of the results that may be experienced for any future periods. The Company cautions that the projections for calendar year 2017 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.

# Community Health Systems

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Wayne T. Smith  
Chairman and CEO

Tim L. Hingtgen  
President and COO

Thomas J. Aaron  
Executive Vice President and CFO

# Income Summary

(Amounts in millions, except margin and EPS)

	Three Months Ended June 30,			Six Months Ended June 30,		
	2017	2016	Change	2017	2016	Change
<b>Net Operating Revenues</b>	\$ 4,144	\$ 4,590	-9.7%	\$ 8,629	\$ 9,589	-10.0%
<b>Adjusted EBITDA<sup>(1)</sup></b>	\$ 435	\$ 563	-22.7%	\$ 963	\$ 1,196	-19.5%
<b>Adjusted EBITDA Margin<sup>(1)</sup></b>	10.5%	12.3%	-180 BPS	11.2%	12.5%	-130 BPS
<b>EPS from Continuing Operations, Excluding Adjustments<sup>(2)(3)</sup></b>	\$ (0.25)	\$ 0.09	-377.8%	\$ (0.17)	\$ 0.36	-147.2%
<b>Shares Outstanding (Weighted and Fully Diluted)</b>	112	111		112	111	

- (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 (loss) income attributable to Community Health Systems, Inc. stockholders as derived directly from our consolidated financial statements for the three and six months ended June 30, 2017 and 2016 (Slides 19 and 20).
- (2) Diluted income from continuing operations per share for the six months ended June 30, 2017, was negatively impacted by \$0.14, due to the change in the accounting treatment of tax deductions for stock compensation (ASU 2016-09) for the restricted stock vesting that occurs each year in the first quarter.
- (3) See reconciliation of diluted EPS on slide 6.

# Net Income – Excluding Tax Effectuated Adjustments

(\$ in millions)	Three Months Ended June 30,		Six Months Ended June 30,	
	2017	2016	2017	2016
Net loss, as reported	\$ (137)	\$ (1,432)	\$ (335)	\$ (1,421)
Adjustments:				
Discontinued operations	6	1	7	3
Loss from early extinguishment of debt	7	20	20	20
Impairment and (gain) loss on sale of businesses, net	80	1,473	299	1,487
Expense (income) from government and other legal settlements and related costs	4	-	(22)	-
Expense from fair value adjustments and legal expenses related to cases covered by the CVR	4	-	9	-
Gain on sale of investments in unconsolidated affiliates	-	(60)	-	(60)
Expense related to the spin-off of QHC	-	8	-	10
Expense related to employee termination benefits and other restructuring charges	2	-	2	-
(Loss) income from continuing operations, excluding adjustments	\$ (28)	\$ 10	\$ (19)	\$ 39

(Total income amounts may not add due to rounding)

# Diluted EPS – Excluding Adjustments

	Three Months Ended June 30,		Six Months Ended June 30,	
	2017	2016	2017	2016
Net loss, as reported	\$ (1.22)	\$ (12.91)	\$ (3.01)	\$ (12.85)
Adjustments:				
Discontinued operations	0.05	0.01	0.06	0.03
Loss from early extinguishment of debt	0.06	0.18	0.18	0.18
Impairment and (gain) loss on sale of businesses, net	0.77	13.29	2.68	13.45
Expense (income) from government and other legal settlements and related costs	0.04	-	(0.19)	-
Expense from fair value adjustments and legal expenses related to cases covered by the CVR	0.04	-	0.08	-
Gain on sale of investments in unconsolidated affiliates	-	(0.54)	-	(0.54)
Expense related to the spin-off of QHC	-	0.07	-	0.09
Expense related to employee termination benefits and other restructuring charges	0.01	-	0.01	-
(Loss) income from continuing operations, excluding adjustments	\$ (0.25)	\$ 0.09	\$ (0.17)	\$ 0.36

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

# Q2 2017 Highlights

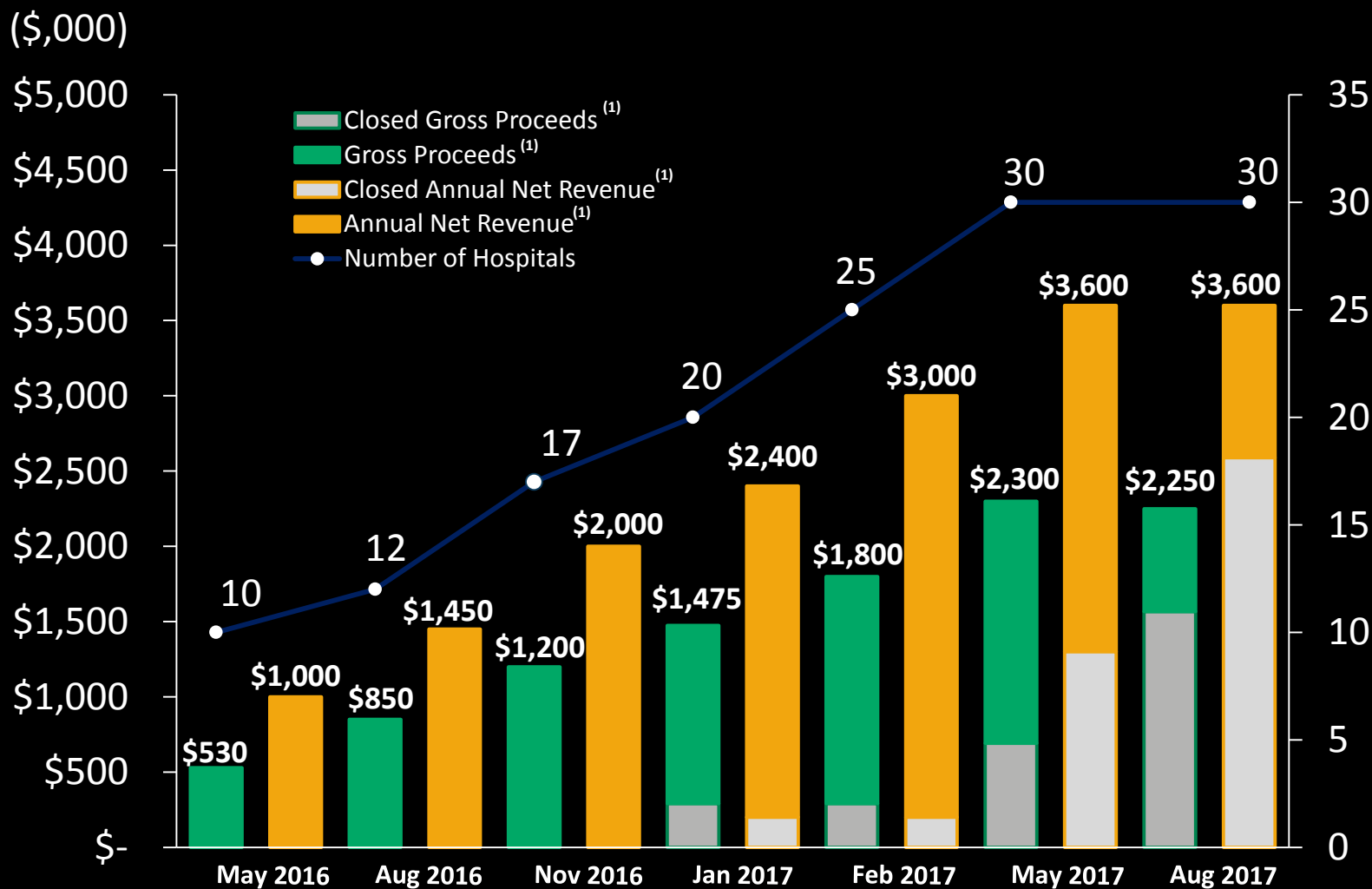
	Q2 2017 compared to Q2 2016		YTD 2017 compared to YTD 2016	
	Consolidated	Same Store	Consolidated	Same Store
Net Operating Revenues	-9.7%	-0.7%	-10.0%	0.1%
Admissions	-10.8%	-2.5%	-11.1%	-1.8%
Adjusted Admissions	-11.2%	-2.5%	-11.9%	-1.8%
Surgeries	-9.9%	-2.4%	-10.3%	-2.1%
ER Visits	-11.3%	-1.8%	-13.0%	-0.9%

# Rationalizing Our Portfolio

- **QHC Spin-off – Completed April 29<sup>th</sup>, 2016**
  - 38 hospitals in 16 states
    - *Net proceeds: \$1.2 billion*
- **Sale of Joint Venture – Completed May 4<sup>th</sup>, 2016**
  - Located in Las Vegas, NV with Universal Health Services, Inc.
    - *\$445 million in cash to CHS, including return of capital for a replacement hospital*
- **Divestitures Complete – Completed in 4<sup>th</sup> Quarter 2016**
  - Completed sale and leaseback of ten medical office buildings, announced December 22<sup>nd</sup>
    - *Gross proceeds: \$163 million*
  - Completed sale of 80% interest in our Home Care Division, announced January 3<sup>rd</sup>
    - *Annualized revenue: ~\$200 million, Gross proceeds: \$128 million*
- **Hospital Divestitures (20 Hospitals) – Transactions Closed in 2017**
  - Completed the sale of one hospital (in AL), announced April 28<sup>th</sup>
  - Completed the sale of eight hospitals (3 in OH, 3 in FL, 2 in PA), announced May 1<sup>st</sup>
  - Completed the sale of two hospitals (both in MS), announced May 1<sup>st</sup>
  - Completed the sale of two hospitals (Rockwood Health System in WA), announced June 30<sup>th</sup>
  - Completed the sale of four hospitals (in PA), announced June 30<sup>th</sup>
  - Completed the sale of one hospital (in LA), announced June 30<sup>th</sup>
  - Completed the sale of two hospitals (in TX), announced June 30<sup>th</sup>
    - *Annualized revenue: ~\$2.4 billion, estimated gross proceeds, including working capital: ~\$1.3 billion*
- **Divestitures Under Definitive Agreements (10 Hospitals)**
  - Agreement for the sale of one hospital (in MS), announced September 29<sup>th</sup>
  - Agreement for the sale of two hospitals (both in WA), announced December 13<sup>th</sup>
  - Agreement for the sale of five hospitals (in PA), announced May 30<sup>th</sup>
  - Agreement for the sale of one hospital (in TX), announced July 11<sup>th</sup>
  - Agreement for the sale of one hospital (in FL), announced July 21<sup>st</sup>
- **Divestitures Underway, including Definitive Agreements and Divestitures Closed in 2017**
  - 12 divestiture transactions with 30 hospitals
  - Annualized revenue: of ~\$3.4 billion, with mid-single digit EBITDA margins
  - Total estimated gross proceeds, including working capital, of ~\$1.95 billion
- **Additional Divestitures Expected**
  - Expect other hospital divestitures of at least \$1.5 billion of net revenue, with mid-single digit EBITDA margins

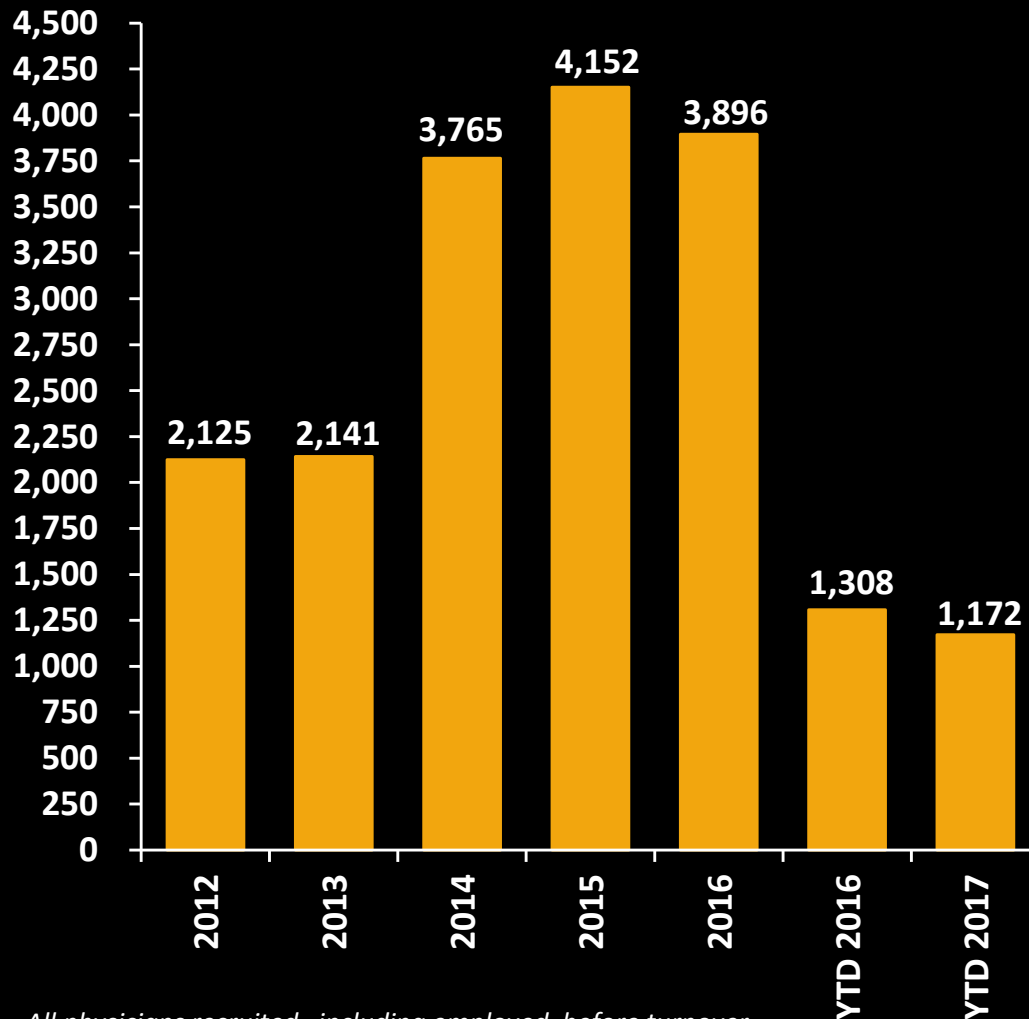


# DIVESTITURE GROWTH



(1) Includes Home Care division, 1 sale and leaseback transaction and recently closed hospitals divestitures.

# Physician Recruitment



- Consistent Focus
- Strong Internal Recruiting
- Dedicated Physician Support
- Ongoing Monitoring of Practice Development
- 19,000 Physicians on Medical Staffs
- Approximately 2,650 Employed Physicians
- Note – the number of physicians excludes mid-level licensed healthcare practitioners, such as nurse practitioners and physician assistants:

Mid-Level Licensed Healthcare Practitioners	2013: 776
	2014: 1,134
	2015: 1,260
	2016: 1,190
	Q2 2017: 1,183

All physicians recruited, including employed, before turnover.

# 2017 Guidance Overview as of August 1, 2017

	2017 Projection Range
▪ Net operating revenues less provision for bad debt (in millions) – (reflects the impact of anticipated divestitures)	\$15,850 to \$16,050
▪ Adjusted EBITDA (in millions)	\$1,825 to \$2,000
▪ Depreciation and amortization as a percentage of net operating revenues	5.7% to 5.8%
▪ Interest expense as a percentage of net operating revenues	5.6% to 5.7%
▪ (Loss) income from continuing operations per share – diluted	\$(0.30) to \$0.40
▪ Weighted-average diluted share (in millions)	112 to 113
▪ Net cash provided by operating activities (in millions)	\$975 to \$1,125
▪ Capital expenditures (in millions) – (Includes \$50 million for replacement hospitals)	\$575 to \$725
▪ Same-store hospital adjusted admissions decline	(2.0)% to (1.0)%
▪ HITECH Incentives (in millions)	\$25 to \$30

2017 guidance reflects the impact of anticipated divestitures.

Our comprehensive 2017 guidance has been provided on pages 18 and 19 on Form 8-K dated August 1, 2017 and includes important assumptions and exclusions.

# Q2 2017 Financial and Operating Results

## Year-Over-Year Change as a Percentage of Same Store Net Operating Revenues

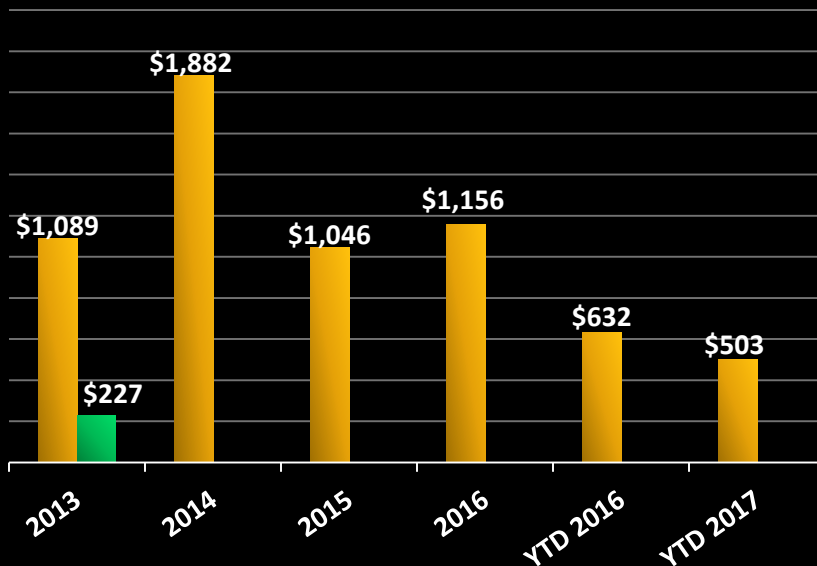
### Same Store

▪ <b>Salaries and benefits</b>	<b>-10BPS</b>
• Decrease was driven by labor and benefits expense management.	
▪ <b>Supplies expense</b>	<b>Flat</b>
• Increased implant costs were offset by savings in other supply areas.	
▪ <b>Other operating expenses</b>	<b>+180BPS</b>
• Driven by higher medical specialist fees, certain purchased services, business taxes, malpractice insurance and information systems expense.	
▪ <b>Electronic health records incentive reimbursement</b> – lower than the same period in the prior year by \$10 million.	

# Cash Flow and Capital Expenditures

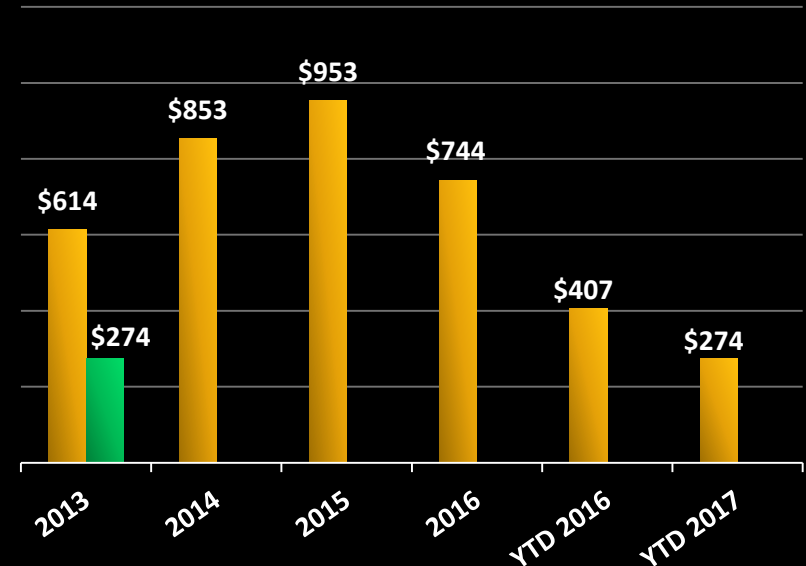
## Cash Flows from Operations

(\$ in millions)



## Capital Expenditures

(\$ in millions)



(1) Approximately \$120 million was spent during the year ended December 31, 2015 for the replacement hospital, Grandview Medical Center in Birmingham, AL.

(2) The revenue used in this calculation excludes the \$169 million change in estimate of the provision for bad debts recorded during the three months ended December 31, 2015.

### CapEx % of revenue (includes replacement hospitals)

	2013	2014	2015	2016	YTD 2016	YTD 2017
CHS	4.8%	4.6%	4.9% <sup>(2)</sup>	4.0%	4.2%	3.2%
HMA	4.9%					

### Replacement hospitals % of revenue

	2013	2014	2015	2016	YTD 2016	YTD 2017
CHS	0.5%	0.6%	0.6% <sup>(1)(2)</sup>	0.2%	0.1%	0.1%

# Financial Information

<u>Consolidated</u>	Three Months Ended June 30, 2017	Three Months Ended June 30, 2016
Bad Debt as a % of Net Revenue	14.1%	13.2%
A/R Days	63	63

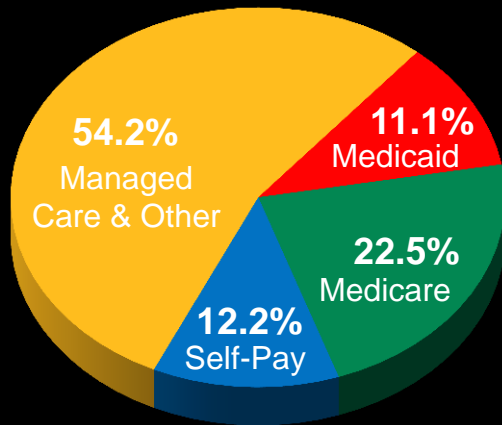
<u>Consolidated Uncompensated Care:</u> Expressed as a % of Adjusted Net Revenue <sup>(1)</sup>	Six Months Ended June 30,	
	2017	2016
Bad Debt	11.4%	11.3%
Charity Care	2.0%	1.8%
Administrative Discount	14.6%	12.5%
<b>Total</b>	<b>28.0%</b>	<b>25.6%</b>

	Three Months Ended June 30, 2017
Same Store Self Pay Adjusted Admissions as a % of Adjusted Admissions, Year-Over-Year	+50 BPS
▪ 6.2% of total Q2 2017 adjusted admissions	
Same Store Medicaid Adjusted Admissions as a % of Adjusted Admissions, Year-Over-Year	-80 BPS
▪ 19.1% of total Q2 2017 adjusted admissions	

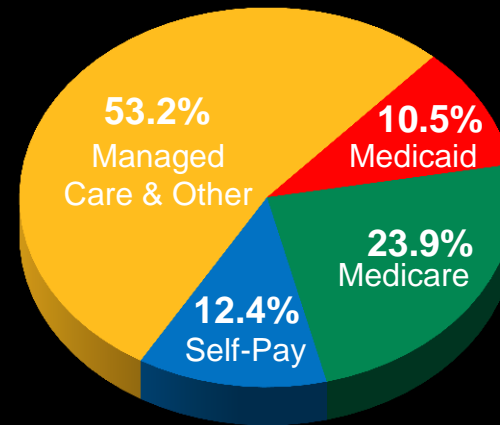
(1) Adjusted Net Revenue = Net Revenue + Charity Care + Administrative Self Pay Discount

# Payor Mix (Consolidated)

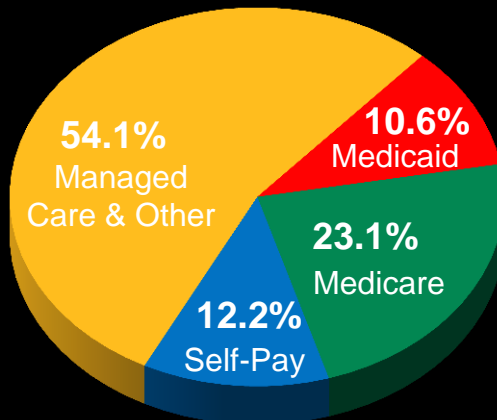
Three Months Ended  
June 30, 2017



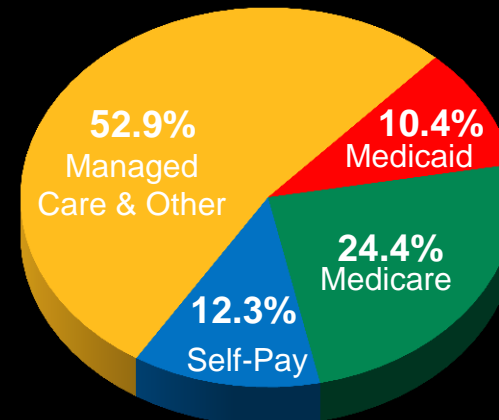
Three Months Ended  
June 30, 2016



Six Months Ended  
June 30, 2017



Six Months Ended  
June 30, 2016



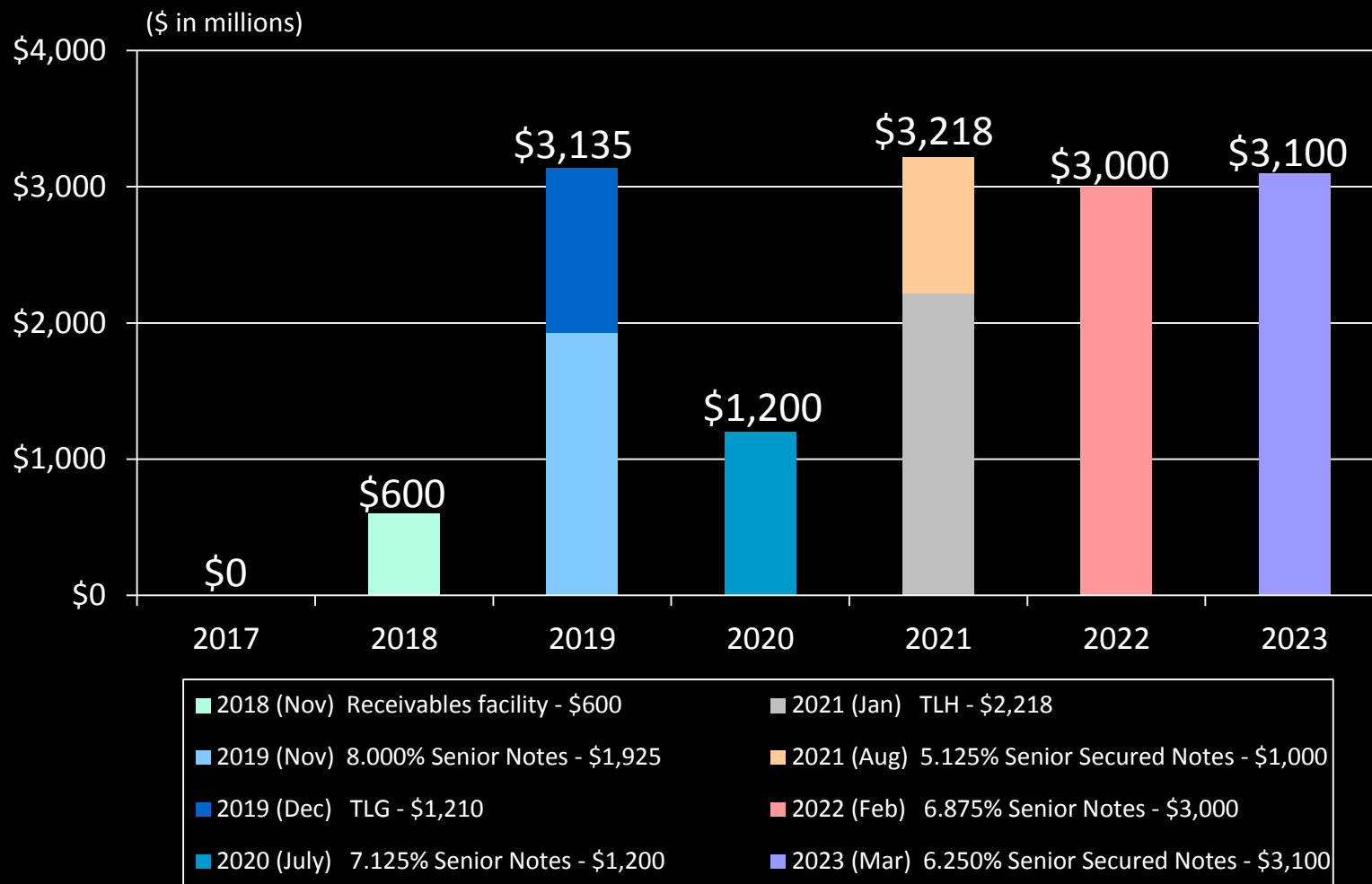
# Balance Sheet Data

(\$ in millions)	June 30, 2017	December 31, 2016
<b>Working Capital</b>	\$ 2,677	\$ 1,779
<b>Total Assets</b>	\$ 20,873	\$ 21,944
<b>Long Term Debt</b>	\$ 14,702 <sup>(1)</sup>	\$ 14,789
<b>Stockholders' Equity</b>	\$ 1,298	\$ 1,615

(1) At June 30, 2017, approximately 85% of our debt was fixed, including swaps.



# Debt Maturity as of July 7, 2017



Note: Proceeds from certain June 30, 2017 and July 1, 2017 sale transactions were used to pay down term loans on July 7, 2017. These maturities as of July 7, 2017 total \$14,253.

# Focused Strategy

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# Unaudited Supplemental Information

EBITDA is a non-GAAP financial measure which consists of net 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 the effect of discontinued operations, loss from early extinguishment of debt, impairment and (gain) loss on sale of businesses, gain on sale of investments in unconsolidated affiliates, expense incurred related to the spin-off of QHC, expense incurred related to the sale of a majority ownership interest in the Company's home care division, (income) expense related to government and other legal settlements and related costs, expense related to employee termination benefits and other restructuring charges, and expense (income) from fair value adjustments on the CVR agreement liability accounted for at fair value related to the HMA legal proceedings, and related legal expenses. This is the initial period in which the Company has incurred a significant amount of and included an adjustment for employee termination benefits and other restructuring charges in Adjusted EBITDA. The Company has included this adjustment (and intends to continue including this adjustment on a prospective basis) based on its belief that such expense, which may differ significantly between periods in a manner not correlated with the Company's ongoing operational performance, is consistent with management's intended use of Adjusted EBITDA to assess the Company's results of operations and compare operating results 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 targets used to determine short-term cash incentive compensation. 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 senior secured credit facility, which is a key component in the determination of the Company's compliance with some of the covenants under the Company's senior secured credit 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 senior secured credit facility (although Adjusted EBITDA does not include all of the adjustments described in the senior secured credit facility).

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 loss attributable to Community Health Systems, Inc. stockholders as derived directly from the condensed consolidated financial statements (in millions):

	Three Months Ended June 30,		Six Months Ended June 30,	
	2017	2016	2017	2016
Net loss attributable to Community Health Systems, Inc. stockholders	\$ (137)	\$ (1,432)	\$ (335)	\$ (1,421)
Adjustments:				
Provision for income taxes	(15)	(138)	(15)	(112)
Depreciation and amortization	223	276	458	574
Net income attributable to noncontrolling interests	15	26	36	50
Loss from discontinued operations	6	1	7	3
Interest expense, net	239	246	468	496
Loss from early extinguishment of debt	10	30	31	30
Impairment and (gain) loss on sale of businesses, net	80	1,639	330	1,656
Gain on sale of investments in unconsolidated affiliates	-	(94)	-	(94)
Expense (income) from government and other legal settlements and related costs	7	-	(34)	1
Expense (income) from fair value adjustments and legal expenses related to cases covered by the CVR	5	(1)	12	-
Expenses related to the sale of a majority interest in home care division	-	-	1	-
Expenses related to the spin-off of QHC	-	10	-	13
Expenses related to employee termination benefits and other restructuring charges	2	-	4	-
Adjusted EBITDA	\$ 435	\$ 563	\$ 963	\$ 1,196