UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

Form 10-K

(Mark One)

☑ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2021
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 001-15925

COMMUNITY HEALTH SYSTEMS, INC.

(Exact name of registrant as specified in its charter)

Delaware	13-3893191
(State or other jurisdiction of incorporation or organization)	*(IRS Employer Identification No.)*
4000 Meridian Boulevard Franklin, Tennessee	37067
(Address of principal executive offices)	*(Zip Code)*

Registrant's telephone number, including area code:
(615) 465-7000

Securities registered pursuant to Section 12(b) of the Act:

TABLE OF CONTENTS
COMMUNITY HEALTH SYSTEMS, INC.
Year ended December 31, 2021

Item 1. *Business of Community Health Systems, Inc.*

Overview of Our Company

We are one of the largest publicly-traded providers of healthcare services in the United States and a leading operator of general acute care hospitals and outpatient facilities in communities across the country. We provide healthcare services through the hospitals and outpatient facilities that we own and operate in generally larger non-urban markets and selected urban markets throughout the United States. As of December 31, 2021, we owned or leased 83 hospitals with an aggregate of approximately 13,289 licensed beds, comprised of 81 general acute care hospitals and two stand-al þu

- Expanding patient access points, health services and infrastructure;
- Recruiting and/or employing additional primary care physicians and specialists; and
- Developing a more consumer-centric experience and facilitating connections between episodes of care.

Strengthening Regional Networks and Local Market Operations. We believe opportunities exist in select markets to create healthcare networks consisting of multiple hospitals and corresponding outpatient services.

Regional networks are able =twee/omjnd wt tae erviconsumiofu

Continuously improve patient safety and quality of care

We maintain quality assurance programs to monitor, support and advance quality of care standards and to meet Medicare and Medicaid accreditation and regulatory requirements. We maintain an emphasis on patient safety and clinical outcomes and we are continuously focused on ways to improve patient, physician and employee satisfaction. We believe that a focus on continuous improvement yields the best results for patients, reduces risk and liability, and creates value for the people and communities we serve.

We have developed and implemented programs to support and monitor patient safety and quality of care that include:

- Standardized data and benchmarks to monitor clinical outcomes, hospital performance and quality improvement efforts;
- Recommended policies and procedures based on medical and scientific evidence;
- Training with evidence-based tools for improving patient safety and quality of care and patient, physician and employee satisfaction;
- Leveraging technology and information sharing around evidence-based clinical best practices;
- Training programs for hospital management and clinical staff regarding regulatory and reporting requirements; and
- Implementation of specific leadership methods and error-prevention tools to create safer care environments for patients and staff.

We have also expanded our network of outpatient services to create greater access and more convenience for our patients. Moreover, as conditions arising from the pandemic accelerated the need for telehealth appointments, we have significantly expanded our ability to provide remote care.

We have operated a Patient Safety Organization, or PSO, since 2011. Our PSO is listed by the U.S. Department of Health and Human Services Agency, or HHS, for Healthcare Research and Quality. We believe our PSO has assisted, and will continue to assist us, in improving patient safety at our hospitals. The PSO has been recertified by the Agency for Healthcare Research and Quality through 2024.

Industry Overview

According to the Centers for Medicare & Medicaid Services, or CMS, national healthcare expenditures grew 9.7% in 2020 to $4.1 trillion, primarily due to a 36.0% increase in federal expenditures for healthcare that occurred largely in response to the COVID-19 pandemic. Much of the spending growth was dperef

Factors Affecting Performance. Among the many factors that can influence a hospital's financial and operating performance a

The payor industry is also consolidating and acquiring health services providers in an effort to offer more expansive, competitive programs.

Trends in Payment for Healthcare Services. As discussed in more detail in the Government Regulation section of this Form 10-K, growing financial and economic pressures on the healthcare industry have resulted in challenges to traditional reimbursement models. For example, value-based purchasing initiatives emphasize the cost-effective delivery of care and quality of outcomes. In addition, health insurance coverage models have evolved, with increased enrollment in Medicare and Medicaid managed care plans and in high-deductible health plans. We may face greater risk of write-offs of uncollectible amounts from patients enrolled in high-deductible health plans.

Shift to Outpatient Services. Because of the growing availability of stand-alone outpatient healthcare facilities, the increase in the services that can be provided at these locations, and payor policies requiring or promoting treatment in outpatient settings, many individuals are seeking a broader range of services at outpatient facilities. This trend has contributed to an increase in outpatient services while inhibiting the growth of inpatient admissions. Changes to Medicare policy affecting the reimbursement methodology for certain items and services provided by off-campus provider-based hospital departments have generally resulted in reduced payment rates for these hospital outpatient settings. In addition, CMS recently finalized a rule setting forth criteria for determining whena, ÎÎ S , ÎÎ Sraîé-camcaiting t˝ Ä

Selected Operating Data

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[redacted]

Government Regulation

Overview. Participants in the healthcare industry are required to comply with extensive government regulation at the federal, state and local levels. If we fail to comply with applicable laws and regulations, we may be subject to criminal penalties and civil sanctions, our hospitals could lose their licenses and we could lose our ability to participate in Medicare, Medicaid and other government programs. These legal and regulatory standards address, among other issues, licensure, certification, and enrollment with government programs; the necessity and adequacy of medical care; quality of medical equipment and services; qualifications of medical and support personnel; operating policies and procedures; Regulatiovese l sanese

impact of other health reform efforts at the fe

- physician-owned entities (often referred to as physician-owned distributorships, or PODS) that derive revenue from selling, or arranging for the sal]s

Our operations could be adversely affected by the failure of our arrangements to comply with the Anti-Kickback Statute, the Stark Law, billing laws and regulations, current stat]e

Conversion Legislation. Many states, including some where we have hospitals and others where we may in the future acquire hospitals, have adopted legislation regarding the sale or other dispos®

actions in response to data breaches. In addition, various states have enacted, and other states are considering, new laws and regulations concerning the privacy and security of consumer and other personal information. To the extent we are subject to such requirements, these laws and regulations often have far-reaching effects, are subject to amendments and changing requirements and updates to regulators' enforcement priorities, may require us to modify our data processing practices and policies, may require us to incur substantial costs and expenses to comply and may subject our business to a risk of increased potential liability. These laws and regulations often provide for civil penalties for violations, as well as a private right of action for data breaches, which may increase the likelihood or impact of data breach litigation.

Payment

Medicare. Medicare is a federal health insurance program that provides certain hospital and medical insurance benefits to persons age 65 and over, some disabled persons, and persons with end-stage renal disease.

Payments for inpatient acute hospital services are generally made pursuant to a prospective payment system, or PPS. Under the inpatient PPS, our hospitals are paid a predetermined amount for each hospital discharge based on the patient's diagnosis. Specifically, each discharge is assigned to a Medicare severity diagnosis-related group, commonly known as an "MS-DRG," based upon the patient's condition and treatment during the relevant inpatient stay. The MS-DRGs are severity-adjusted to account for the severity of each patient's condition and expected resource consumption. Each MS-DRG has a payment weight assigned to it that is based on the average resources used to treat Medicare patients in that MS-DRG. MS-DRG payments are based on national averages and not on charges or costs specific to a hospital. Medicare sets discharge base rates (standardization payment amounts), which are adjusted according to the MS-DRG relative weights and geographic factors. In addition, hospitals may qualify for an "outlier" payment when a patient's treatment costs are extraordinarily high and exceed a specified regulatory threshold.

The MS-DRG payment rates for inpatient acute services are adjusted by an update factor on October 1 of each year, the beginning of the federal fiscal year. The index used to adjust the MS-DRG payment rates, known as the "market basket index," gives consideration to the inflation experienced by hospitals in purchasing goods and services. MS-DRG payment rates were increased by the "market basket index" update of 2.4% and 2.7% for each of federal fiscal years 2021 and 2022, respectively, subject to certain adjustments. For federal fiscal year 2021, the market basket update was adjusted by the following percentage points: a positive 0.5 adjustment in accordance with the Medicare Access and CHIP Reauthorization Act of 2015, or MACRA, and a 0.0 productivity adjustment. For federal fiscal year 2022, the market basket was adjusted by the following percentage points: a positive 0.5 adjustment in accordance with MACRA and a 0.7 reduction for the productivity adjustment. A reduction of 25% of the market basket update occurs if patient quality data is not submitted, and a reduction of 75% of the market basket update occurs for hospitals that fail to demonstrate meaningful use of certified electronic health records, or EHR, technology without receiving a hardship exception. Additional adjustments may apply, depending on patient-specific or hospital-specific factors.

The MS-DRG payment rates are also adjusted to promote value-based purchasing, linking payments to quality and efficiency. First, hospitals that meet or exceed certain quality performance standards receive greater reimbursement under CMS's Hospital Value-Based Purchasing Program, while hospitals that do not satisfy certain quality performance standards receive reduced Medicare inpatient hospital payments. CMS withholds 2% of participating hospitals' Medicare payments and uses the total amount collected to fund payments that reward hospitals based on a set of quality and resource use measures. CMS scores each hospital on its achievement relative to other hospitals and improvement relative to that hospital's own past performance. Second, hospitals experiencing "excess readmissions" within 30 days from the patient's date of discharge following treatment for conditions or procedures designated by CMS receive reduced payments for all inpatient discharges, not just discharges relating to the conditions or procedures subject to the readmission standard. The payment reduction is determined by assessing that hospital's readmissions relative to hospitals with similar proportions of dual-eligible patients. Third, the bottom quartile of hospitals based on the national risk-adjusted hospital acquired condition, or HAC, rates in the previous year have their total inpatient operating Medicare payments reduced by 1%. HHS has indicated that it will increase its efforts to promote, develop and use alternative payment models such as Accountable Care Organizations, or ACOs, and bundled payment arrangements.

In addition, hospitals

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The RAC program's scope also includes Medicaid claims. States may coordinate with Medicaid RACs regarding recoupment of overpayments and refer suspected fraud and abuse to appropriate law enforcement agencies. Under the Medicaid Integrity Program, CMS contracts with Unified Program Integrity Contractors, or UPICs, to perform audits, investigations and other integrity activities. Working across five geographic jurisdictions, UPICs collaborate with states and coordinate provider investigations across the Medicare and Medicaid programs.

We maintain policies and procedures to respond to the RAC requests and payment denials. Payment recoveries resulting from RAC reviews and denials are appealable, and we pursue reversal of adverse determinations at appropriate appeal levels. Currently, there are significant delays in the assignment of new Medicare appeals to Administrative Law Judges. According to the Office of Medicare Hearings and Appeals, the average processing time in fiscal year 2020 was nearly four years. To ease the backlog of appeals, HHS has taken steps to streamline the process and improve efficiency, such as offering various

[illegible] Depending upon the growth of RAC programs and our success in appealing claims in future periods, our cash flows and results of operations could be negatively impacted.

Accountable Care Organizations. [illegible] reducing healthcare costs by improving quality and operational efficiencies. We [illegible]

Item 1A. *Risk Factors*

Our business faces a variety of risks and uncertainties. If any of the following risk factors occurs, our business, results of operations or financial condition could be materially and adversely affected, and actual results may differ materially from those predicted in forward-looking statements we make in any disclosure. Risks are discussed in the following sections and may be organized within relevant headings but may be relevant to other headings as well. Additional risks relating to our business and financial condition are discussed elsewhere in this Form 10-K (including in "Management's Discussion and Analysis of Financial Condition and Results of Operations" in Part II, Item 7 of this Form 10-K). Additional risks or uncertainties not presently known to us, or that we currently deem immaterial, may also materially adversely affect our business, results of operations and financial condition.

Summary of Risk Factors

The following is a summary of the risks set forth below:

Risks Related to Our Indebtedness

- Our substantial debt could adversely affect our ability to meet our obligations under our existing debt or raise additional capital.

- In

- it may increase our vulnerability in connection with adverse changes in general economic, industry or competitive conditions, or government regulations or other adverse developments.

Despite current indebtedness levels, we may still be able to incur substantially more debt. This could further exacerbate the risks described in this section.

We and our subsidiaries have the ability to incur substantial additional indebtedness in the future, subject to restrictions contained in the ABL Facility and the indentures governing our outstanding notes. The ABL Facility provides for commitments and borrowings of up to approximately $1.0 billion in the aggregate, none of which was drawn on December 31, 2021 The aggregate amount we may draw under the ABL Facility may not exceed the "borrowing base" as calculated pursuant to the ABL Facility, which fluctuates from time to time. As of December 31, 2021, we had an additional approximately $897 million (after taking into account approximately $103 million of outstanding letters of credit) available for borrowing under the ABL Facility. Aside from the ABL Facility, our ability to incur other additional secured debt (other than secured debt used to refinance existing secured debt) is highly limited by certain of the indentures governing our outstanding notes. If additional indebtedness is added to our current debt levels, the related risks that we currently face related to indebtedness as noted in this section could increase.

We may not be able to generate sufficient cash to service all of our indebtedness, and we may be forced to take other actions to satisfy our obligations

raise the amounts necessary to repay all such amounts. Our ability to refinance our indebtedness on favorable terms, or at all, is dependent on (among other things) conditions in the credit and capital markets which are beyond our control.

Restrictive covenants in the agreements governing our indebtedness may adversely affect us.

The ABL Facility and the indentures governing our outstanding notes contain various covenants that limit our ability to take certain actions, including our ability to:

- incur, assume or guarantee additional indebtedness;
- issue redeemable stock and preferred stock;
- repurchase capital stock;
- make restricted payments, including paying dividends and making certain loans, acquisitions and investments;
- redeem subordinated debt;
- create liens;
- sell or otherwise dispose of assets, including capital stock of subsidiaries;
- impair security interests;
- enter into agreements that restrict dividends and certain other payments from subsidiaries;
- merge

Risks Related to the COVID-19 Pandemic

We expect the COVID-19 pandemic to continue to affect our financial performance, and such pandemic could have material adverse ef

actions may involve large demands, as w

Moreover, hospitals that we h*a

We may be adversely affected by consolidation among health insurers and other industry participants.

In recent years, a number of health insurers have merged or increased efforts to consolidate with other non-governmental payors. Insurers are also increasingly pursuing aMtgle ng aMumber

physician recruitment and retention may be affected by a s[redacted]sicians in certain specialties or [redacted]iculties physicians may experience in obtaining malpractice insurance. The types, amount and duration of c[redacted]nd assistance we can provide w[redacted]cruiting physicians are limited by the federal Physician Self-Referral Law (commonly known as the Stark[redacted]ederal Anti-Kickback Statute, si[redacted]ate laws and implementing regulations. If we are unable to provide adequate support personnel or technolo[redacted]nced equipment and facilities t[redacted]t the needs of those physicians and their patients, our ability to recruit and retain quality physicians m[redacted]vely impacted.

Our performance and labor costs have been, and may contin[redacted] market conditions and the shortage of qualified nurses.

The operations of our healthcare facilities are dependent on th[redacted], abilities and experience of ou[redacted]y management, healthcare professionals, such as nurses, pharmacists, lab technicians, and medical support pers[redacted]Ve compete with other healthca[redacted]ders in recruiting and retaining qualified facility management and personnel responsible for the daily oper[redacted]f our healthcare facilities, inclu[redacted]rses, other non-physician healthcare professionals and medical support personnel.

The healthcare industry has been experiencing an extremely c[redacted]e labor market arising out of [redacted]economic conditions and the COVID-19 pandemic. In some markets in which we operate, the availability [redacted]edical support personnel has been a significant operating issue for healthcare providers, which has been exacerb[redacted]These developments have compelled, and may continue to compel, us to increase the wages and benefits to recruit and reta[redacted]ses, other healthcare professions and medical support personnel, or to hire more expensive temporary or contract personnel. Moreover, labor shortages, including with respect to nurses, may be further exacerbated by the CMS[redacted]

As EHR technologies have become widespread, the federal government is also promoting interoperability and increasing patient access to electronic health information. The 21st Century Cures Act and implementing regulations prohibit information blocking by healthcare providers and certain other entities. Information blocking is defined as engaging in activities that are likely to interfere with the access, exchange or use of electronic health information, subject to limited exceptions. We may be subject to penalties or other disincentives or experience reputational damage for failure to comply. Current and future initiatives related to healthcare technology and interoperability may require changes to our operations, impose new and complex obligations on us, affect our relationships with providers, vendors, healthcare information exchanges and other third parties and require investments in infrastructure. It is difficult to predict the impact of these initiatives.

State efforts to regulate the construction, acquisition or expansion of healthcare facilities could limit our ability to build or acquire additional healthcare facilities, renovate our facilities or expand the breadth of services we offer.

Some states in which we operate require a CON or other prior approval for the construction or acquisition of healthcare facilities, capital expenditures exceeding a prescribed amount, changes in bed capacity or services and some other matters. In evaluating a proposal, these states consider the need for additional or expanded healthcare facilities or services. If we are not able to obtain required CONs or other prior approvals, we will not be able to acquire, operate, replace or expand our facilities or expand the breadth of services we offer. Furthermore, if a CON or other prior approval upon which we relied to invest in construction of a replacement or expanded facility were to be lost through an appeal process or revoked, we may not be able to recover the value of our investment.

State efforts to regulate the sale of hospitals operated by municipal or not-for-profit entities could prevent us from acquiring these types of hospitals.

Many states have adopted legislation regarding the sale or other disposition of hospitals operated by municipal or not-for-profit entities. In some states that do not have specific legislation, the attorneys general have demonstrated an interest in these transactions under their general obligation to protect the use of charitable assets. These legislative and administrative efforts focus primarily on the appropriate valuation of the assets divested and the use of the proceeds of the sale by the non-profit seller. While these review and, in some instances, approval processes can add additional time to the closing of a hospital acquisition, we have not had any significant difficulties or delays in completing acquisitions. However, future [illegible] could delay or prevent our ability to

We may incur additional tax liabilities.

We are subject to tax in the United States as well as those states in which

Item 1B. *Unresolved Staff Comments*

None

Item 2. *Properties*

We own our corporate headquarters building located in Franklin, Tennessee. In addition to the headquarters in Franklin, we maintain regional service centers related to our shared services initiatives. Aside from one service center located in Antioch, Tennessee, these service centers are located in the markets in which we operate hospitals.

Most of our hospitals are general care hospitals offering a wide range of inpatient and outpatient medical services. These services generally include general acute care, emergency room, general and specialty surgery, critical care, internal medicine, obstetrics, diagnostic, psychiatric and rehabilitation services. In addition, some of our hospitals provide skilled nursing and home care services based on individual community needs.

For each of our hospitals owned or leased as of December 31, 2021, the following table shows its location, the date of its acquisition or lease inception and the number of licensed beds:

Hospital	City	Licensed Beds(1)	Date of Acquisition/ Lease Inception	Ownership Type
Alabama				
South Baldwin Regional Medical Center	Foley	112	June, 2000	Leased
Grandview Medical Center	Birmingham	434	July, 2007	Owned
Flowers Hospital	Dothan	235	July, 2007	Owned
Medical Center Enterprise	Enterprise	131	July, 2007	Owned
Gadsden Regional Medical Center	Gadsden	346	July, 2007	Owned
Crestwood Medical Center	Huntsville	180	July, 2007	Owned
Alaska				
Mat-Su Regional Medical Center	Palmer	125	July, 2007	Owned
Arizona				
Western Arizona Regional Medical Center	Bullhead City	139	July, 2000	Owned
Northwest Medical Center	Tucson	287	July, 2007	Owned
Oro Valley Hospital	Oro Valley	158	July, 2007	Owned
Northwest Medical Center Sahuarita	Sahuarita	18	November, 2020	Owned
Arkansas				
Northwest Health System				
Northwest Medical Center - Bentonville	Bentonville	128	July, 2007	Owned
Northwest Medical Center - Springdale	Springdale	222	July, 2007	Owned
Willow Creek Women’s Hospital	Johnson	64	July, 2007	Owned
Northwest Health Physician’s Specialty Hospital	Fayetteville	20	April, 2016	Leased
Siloam Springs Regional Hospital	Siloam Springs	73	February, 2009	Owned
Medical Center of South Arkansas	El Dorado	166		

Indiana					
Lutheran Health Network					
Bluffton Regional Medical Center	Bluffton		79	July, 2007	Owned
Dupont Hospital	Fort Wayne		131	July, 2007	Owned
Lutheran Hospital	Fort Wayne		396	July, 2007	Owned
Lutheran Musculoskeletal Center	Fort Wayne		39	July, 2007	Owned
Lutheran Rehabilitation Hospital (rehabilitation)	Fort Wayne		36	July, 2007	Owned
Lutheran Downtown Hospital (f/k/a St. Joseph Hospital)	Fort Wayne		191	July, 2007	Owned
Dukes Memorial Hospital	Peru		25	July, 2007	Owned
Kosciusko Community Hospital	Warsaw		72	July, 2007	Owned
Northwest Health - Porter Hospital	Valparaiso		301	May, 2007	Owned
Northwest Health - La Porte Hospital	La Porte		227	March, 2016	Owned
Northwest Health - Starke Hospital	Knox		53	March, 2016	Leased
Mississippi					
Merit Health Wesley	Hattiesburg		211	July, 2007	Owned
Merit Health River Region	Vicksburg		361	July, 2007	Owned
Merit Health Biloxi	Biloxi		153	January, 2014	Leased
Merit Health Central	Jackson		319	January, 2014	Leased
Merit Health Rankin	Brandon		134	January, 2014	Leased
Merit Health Madison	Canton		67	January, 2014	Owned
Merit Health River Oaks	Flowood		160	January, 2014	Owned
Merit Health Woman's Hospital	Flowood		109	January, 2014	Owned
Merit Health Natchez	Natchez		179	October, 2014	Owned
Missouri					

Participating in voluntary repayments and voluntary disclosure protocols can have the potential for significant settlement obligations or even enforcement action.

The following legal proceedings are described in detail because, although certain legal proceedings may not be required to

Illinois Union Insurance Company moved to intervene in the suit as petitioners. The Company has initiated counterclaims against each insurer in that case, including for bad faith against Steadfast. The Company filed the *Community Health Systems* complaint on January 22, 2020. *Sperling II* was filed on July 24, 2019. Plaintiffs amended their complaint to add Pecos Valley of New Mexico, LLC as a defendant in that action on May 21, 2020, and Pecos Valley of New Mexico, LLC filed a third party action against certain insurer defendants in the case on July 6, 2020. On November 12, 2020, Pecos Valley and one of its insurers reached a settlement with the plaintiffs in *Sperling I,* and as a result the *Sperling I* case was dismissed with prejudice on November 19, 2020. In November 2021, we settled the remaining *Steadfast* and *Community Health Systems* cases with the defendant insurance carriers for a total payment of $22 million by the carriers to the Company, and those remaining cases have been dismissed with prejudice.

Thomas Mason, MD, Steven Folstad, MD and Mid-Atlantic Emergency Medical Associates, PA v Health Management Associates, LLC f/k/a Health Management Associates, Inc., Mooresville Hospital Management Associates d/b/a Lake Norman Regional Medical Center, Statesville HMA, LLC d/b/a Davis Regional Medical Center, Envision Healthcare Corporation f/k/a Emergency Medical Services Corporation, Emcare Holdings, Inc., and Emergency Medical Services, LP. This alleged wrongful retaliation case is filed in the United States District Court for the Western District of North Carolina. The plaintiffs allege their agreements with the defendants were terminated in retaliation for plaintiffs' alleged refusal to admit patients unnecessarily to the defendant hospitals or otherwise perform unnecessary diagnostic testing. The allegations of the complaint relate to time periods prior to the hospitals' affiliation with the Company. The plaintiffs filed a Third Amended Complaint on April 26, 2019. The defendants filed motions to dismiss, which were granted in part and denied in part on September 5, 2019. We believe these claims are without merit and are vigorously defending this case.

Tower Health, f/k/a Reading Health System, et al v CHS/Community Health Systems, Inc., et al. This breach of contract action is pending in the United States District Court for the Eastern District of Pennsylvania. The plaintiffs allege breaches of an asset purchase agreement in connection with the sale of Pottstown Memorial Medical Center. The alleged breaches regard plaintiffs' contention that the defendants failed to disclose certain conditions related to the physical plant of the hospital, along with various other alleged breaches of the asset purchase agreement. The plaintiffs filed an amended complaint on July 22, 2019. Trial for this matter began May 3, 2021, and closed on October 5, 2021. The court has not issued a decision. We believe these claims are without merit and are vigorously defending this case. Mo in a! tt etied of

Daniel H. Golden, as Litigation Trustee of the QHC Litigation Trust, and Wilmington Savings Fund Society, FSB, solely in its capacity as indenture trustee v
Delaware against various persons, incl Py iÎ H

PART II

Item 5. Market for Registrant’s Common Equity, Related Stockholder Matters and Issuer Purchases of Equity Securities

We completed an initial public offering of our commmm

Item 7. Management's Discussion and Analysis of Financial Condition and Results of Operations

You should read this discussion together with our Consolidated Financial Statements and the accompanying Notem[illegible] gether wit

Overview of Operating Results

Our net

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measures will be enacted or their impact on us. There can be no assu
under the CARES Act, other enacted stimulus legislation, or future r
or how they will affect operations of our competitors. Further, ther
change or be interpreted in ways that affect our funding or eligib
received. We continue to assess the potential impact of the CA
measures, if any, and the impact of other laws, regulations,
cash flows.

CMS issued an interim final rule in November 2021 th
suppliers, including our hospitals. The rule applies to all s
who are involved's, n*d

comparison to the prior year period, with the decrease attributable primarily to the divestiture of hospitals during 2020 and 2021. On a consolidated basis, inpatient admissions decreased by 5.9% during the year ended December 31, 2021 as compared to the year ended December 31, 2020. Also on a consolidated basis, adjusted admissions decreased by 2.3% during the year ended December 31, 2021 as compared to the year ended December 31, 2020. On a same-store basis, net operating revenues per adjusted admission increased 6.3%, while inpatient admissions increased by 2.2% and adjusted admissions increased by 5.9% for the year ended December 31, 2021, compared to the year ended December 31, 2020.

All operating expense calculations, as a percentage of net operating revenues, were impacted 9

We believe that internally generated cash flows and current levels of availability for additional borrowing under the ABL Facility, as well as our continued access to the capital markets, will be sufficient to finance acquisitions, capital expenditures, working capital requirem u

of approximately $103 million as well as approximately $10 million representing the maximum potential amount of future payments under physician recruiting guarantee commitments in excess of the liability recorded at December 31, 2021.

We expect total capital expenditures of approximately $500 million to $600 million in 2022, including approximately $53 million of constm®

programs are generally less than the standard billing rates. Explicit price concessions are recorded for contractualvoa nces hct are c cu ated and recorde

Days revenue outstanding, adjusted for the impact of receivables for state Medicaid supplemental payment programs and divested facilities, was 55 days

In the ordinary course of business, our expense with respect to professional liability claims, which is actuarially determined, is limited to amounts not covered by

Our federal income tax return for the 2018 tax year remains under examination by the Internal Revenue Service. We believe the result of this examination will not be material to our consolidated results of operations or consolidated financial position. We have extended the federal statute of limitations through June 30, 2022 for Community Health Systems, Inc. for the tax periods ended December 31, 2014 and 2015. In addition, we have extended our federal statute of limitations through December 31, 2023 for the tax period ended December 31, 2018.

- potential adverse impact of known and unknown legal, regulatory and governmental proceedings and other loss contingencies, including governmental investigations and audits, and federal and state false claims act litigation;
- 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 security breaches, loss of data, actual or perceived failures to comply with legal requirements governing the privacy and security of health information or other regulated, sensitive or confidential information, or legal requirements regarding data privacy or data protection, and other cybersecurity incidents;
- 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 the payment for outpatient Medicare and Medicaid payment levels and methodologies;
- [illegible] the effects related to the implementation of [illegible]

- challenging economic conditions in certain non-urban communities in which we operate;
- any developments with respect to the final auditing and reporting requirements of, or other adverse developments with respect to, the Corporate Integrity Agreement to which we are subject;
- the concentration of our revenue in a small number of states;
- our ability to realize anticipated cost savings and other benefits from our c

Item 8. *Financial Statements and Supplementary Data*

Index to Financial Statements

REPORT OF INDEPENDENT REGISTERED PUBLIC ACCOUNTING FIRM

To the Stockholders and the Board of Directors of
Community Health Systems, Inc.
Franklin, Tennessee

Opinion on the Financial Statements

We have audited the accompanying consolidated balance sheets of Community Health Systems, Inc. and subsidiaries (the "Company") as of December 31, 2021 and 2020, the related consolidated statements of income (loss), comprehensive income (loss), stockholders' deficit, and cash flows, for each of the three years in the period ended December 31, 2021, and the related notes (collectively referred to as the "financial statements"). In our opinion, the financial statements present fairly, in all material respects, the financial position of the Company as of December 31, 2021 and 2020, and the results of its operations and its cash flows for each of the three years in the period ended December 31, 2021, in conformity with accounting principles generally accepted in the United States of America.

We have also audited, in accordance with the standards of the Public Company Accounting Oversight Board (United States) (PCAOB), the Company's internal control over financial reporting as of December 31, 2021, based on criteria established in Internal Control—Integrated Framework (2013) issued by the Committee of Sponsoring Organizations of the Treadway Commission, and our report dated February 28, 2022 expressed an adverse opinion thereon.

How the Critical Audit Matter Was Addressed in the Audit

Our audit procedures related to the net realizable value of self-pay accounts receivable included the following, among others:

- We tested management's internal controls that address the risks of material misstatement related to the Company's estimation of implicit self-pay price concessions.
- We evaluated management's methodology and related assumptions, including cash collections, by comparing actual results to management's historical estimates.
- We tested the underlying data related to the recognition of patient level charges and the subsequent activities, including cash collections and non-cash adjustments.
- We tested the mathematical accuracy of the estimates applied to period-end accounts receivable.
- We evaluated the appropriateness of the industry, economic, and Company factors that were used in determining the net realizable value of self-pay accounts receivable.

Professional Liability Claims — Refer to Note 15 to the financial statements

Critical Audit Matter Description

The Company is self-insured for professional liability claims up to certain self-insured retention limits based on the policy year. Professional liabilities consist of the projected settlement value of reported and unreported claims. The self-insurance reserves are estimated based on the Company's historical claims experience, supplemented with industry experience, as necessary, and is established using actuarial methods followed in the insurance industry.

Auditing management's professional liability reserves was complex and judgmental due to the significant estimations required in determining the projected settlement value of reported and unreported claims.

How the Critical Audit Matter Was Addressed in the Audit

Our audit procedures related to the self-insured professional liability claims included the following, among others:

- We tested management's internal controls that address the risks of material misstatement related to professional liability claims, including those over the projection of the settlement value of reported and unreported claims.
- We evaluated the assumptions used by management to estimate the self-insurance reserves by:
  - Testing the underlying data that served as the basis for the actuarial analysis, including historical claims, to test that the inputs to the actuarial estimate were reasonable.
  - Comparing management's prior-year assumptions of expected development and ultimate loss to actual amounts incurred during the current year to identify potential bias in the determination of the self-insurance reserves.
- With the assistance of our actuarial specialists, we developed independent estimates of the professional liability claims, including loss data and industry claim development factors, and compared our estimates to management's estimates.

/s/ Deloitte & Touche LLP

Nashville, Tennessee
February 17, 2022

We have served as the Company's auditor since 1996.

COMMUNITY HEALTH SYSTEMS, INC. AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF INCOME (LOSS)

	Year Ended December 31,		
	2021	2020	2019
	(In millions, except share and per share data)		
Net operating revenues	$ 12,368	$ 11,789	$ 13,210
Operating costs and expenses:			
Salaries and benefits	5,242	5,411	5,947
Supplies	2,042	1,963	2,151
Other operating expenses	2,958	2,957	3,303
Government and other legal settlements and			

COMMUNITY HEALTH SYSTEMS, INC. AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF COMPREHENSIVE INCOME (LOSS)

	Year Ended December 31,		
	2021	2020	2019
	(In millions)		
Net income (loss)	$ 368	$ 607	$ (590)
Other comprehensive (loss) income, net of income taxes:			
Net change in fair value of interest rate swaps, net of tax of $0 for the years ended December 31, 2021 and 2020 and $1 for the year ended December 31, 2019	—	(1)	(3)
Net change in fair value of available-for-sale debt securities, net of tax	(5)	4	4
Amortization and recognition of unrecognized pension cost components, net of tax of $0, $2 and $0 for the years ended December 31, 2021, 2020 and 2019, respectively	3	(7)	—
Other comprehensive (loss) income	(2)	(4)	1
Comprehensive income (loss)	366	603	(589)
Less: Comprehensive income attributable to noncontrolling interests	138	96	85
Comprehensive income (loss) attributable to Community Health Systems, Inc. stockholders	$ 228	$ 507	$ (674)

See accompanying notes to the consolidated financial statements.

COMMUNITY HEALTH SYSTEMS, INC. AND SUBSIDIARIES
CONSOLIDATED BALANCE SHEETS

	December 31, 2021	December 31, 2020
	(In millions, except share data)	
ASSETS		
Current assets:		
Cash and cash equivalents	$ 507	$ 1,676
Patient accounts receivable (see Note 1)	2,062	1,927
Supplies	355	335
Prepaid income taxes	94	50
Prepaid expenses and taxes	192	184
Other current assets	269	338
Total current assets	3,479	4,510
Property and equipment		
Land and improvements	534	515
Buildings and improvements	6,050	5,749
Equipment and fixtures	3,173	3,088
Property and equipment	9,757	9,352
Less accumulated depreciation and amortization	(4,204)	(4,030)
Property and equipment, net	5,553	5,322
Goodwill	4,219	4,219
Deferred income taxes	53	59
Other assets, net of accumulated amortization of $1,216 and $1,118 at December 31, 2021 and 2020, respectively	1,913	1,896
Total assets	$ 15,217	$ 16,006
LIABILITIES AND STOCKHOLDERS' DEFICIT		
Current liabilities:		
Current maturities of long-term debt	$ 31	$ 123
Current operating lease liabilities	147	142
Accounts payable	830	783
Accrued liabilities:		
Employee compensation	655	637
Accrued interest	225	150
Other	476	980
Total current liabilities	2,364	2,815
Long-term debt	12,109	12,093
Deferred income taxes	192	29
Long-term operating lease liabilities	535	524
Other long-term liabilities	827	1,599
Total liabilities	16,027	17,060
Redeemable noncontrolling interests in equity of consolidated subsidiaries	480	484
Commitments and contingencies (Note 15)		
STOCKHOLDERS' DEFICIT		
Community Health Systems, Inc. stockholders' deficit:		
Preferred stock, $.01 par value per share, 100,000,000 shares authorized; none issued	—	—
Common stock, $.01 par value per share, 300,000,000 shares authorized; 132,146,282 shares issued and outstanding at December 31, 2021, and 129,612,117 shares issued and outstanding at December 31, 2020	1	1
Additional paid-in capital	2,118	2,094
Accumulated other comprehensive loss	(14)	(13)
Accumulated deficit	(3,477)	(3,707)
Total Community Health Systems, Inc. stockholders' deficit	(1,372)	(1,625)
Noncontrolling interests in equity of consolidated subsidiaries	82	87
Total stockholders' deficit	(1,290)	(1,538)
Total liabilities and stockholders' deficit	$ 15,217	$ 16,006

See accompanying notes to the consolidated financial statements.

COMMUNITY HEALTH SYSTEMS, INC. AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF CASH FLOWS

	Year Ended December 31,		
	2021	2020	2019
	(In millions)		
Cash flows from operating activities:			
Net income (loss)	$ 368	$ 607	$ (590)
Adjustments to reconcile net income (loss) to net cash (used in) provided			

1. BASIS OF PRESENTATION AND SIGNIFICANT ACCOUNTING POLICIES

Business. Community Health Systems, Inc. is a holding company and operates no business in its own name. On a consolidated basis, Community Health Systems, Inc. and its subsidiaries (collectively the "Company") own, lease and operate general acute care hospitals as well as outpatient facilities in communities across the country. As of December 31, 2021, the Company owned or leased 83 hospitals, including two stand-alone rehabilitation or psychiatric hospitals, licensed for 13,289 beds in 16 states. Throughout these notes to the consolidated financial statements, Community Health Systems, Inc. (the "Parent") and its consolidated subsidiaries are referred to on a collective basis as the "Company." This drafting style is not meant to indicate that the publicly-traded Parent or any particular subsidiary of the Parent owns or operates any asset, business, or property. The hospitals, operations and businesses described in this filing are owned and operated, and management services provided, by distinct and indirect subsidiaries of Community Health Systems, Inc.

As of December 31, 2021, Indiana, Florida, Texas and Alabama represent the only areas of significant geographic concentration. Net operating revenues generated by the Company's hospitals in Indiana, as a percentage of consolidated net operating revenues, were 16.4% in 2021, 15.0% in 2020 and 13.7% in 2019. Net operating revenues generated by the Company's hospitals in Florida, as a percentage of consolidated net operating revenues, were 12.2% in 2021, 13.0% in 2020 and 14.3% in 2019. Net operating revenues generated by the Company's hospitals in Texas, as a percentage of consolidated net operating revenues, were 11.0% in 2021 and 12.2% in both 2020 and 2019. Net operating revenues generated by the Company's hospitals in Alabama, as a percentage of consolidated net operating revenues, were 3.0% in 2021, 12.1% in 2020 and 10.6% in 2019.

Use of Estimates.

The fair value of stock options was estimated using the Black Scholes option pricing model with the following assumptions and weighted-average fair values during the years ended December 31, 2021, 2020 and 2019:

	Year Ended December 31,		
	2021	2020	2019
Expected volatility	[illegible]	[illegible]	[illegible]
Expected dividends	—	—	—
Expected term	3.0 - 6.0 years	6.0 years	5.6 years
Risk-free interest rate	0.3% - 0.9%	1.0%	2.6%

[illegible]

In determining the expected term, the Company examined concentrations of option holdings and historical patterns of option exercises and forfeitures, as well as fmfeitur mpattÐIES

RSUs outstanding under the 2009 Plan as of December 31, 2021, and changes during each of the years in the three-year period prior to December 31, 2021, were as follows:

	Shares	Weighted-Average Grant Date Fair Value
Unvested at December 31, 2018	397,906	$ 6.17
Granted	306,612	4.99
Vested	(162,942)	7.42
Forfeited	—	—
Unvested at December 31, 2019	541,576	5.13
Granted	310,347	4.93
Vested	(238,184)	5.47
Forfeited	—	—
Unvested at December 31, 2020	613,739	4.89
Granted	173,664	8.81
Vested	(300,805)	5.09
Forfeited	—	—
Unvested at December 31, 2021	486,598	6.17

3. ACQUISITIONS AND DIVESTITURES

Acquisitions

The Company accounts for all transactions that represent business combinations using the acquisition method of accounting, where the identifiable assets acquired, the liabilities assumed and any noncontrolling interest in the acquired entity are recognized and measured at their fair values on the date the Company obtains control in the acquiree. Such fair values that are not finalized for reporting periods following the acquisition date are estimated and recorded as provisional amounts. Adjustments to these provisional amounts during the measurement period (defined as the date through which all information required to identify and measure the consideration transferred, the assets acquired, the liabilities assumed and any noncontrolling interests has been obtained, limited to one year from the acquisition date) are recorded when identified. Goodwill is determined as the excess of the fair value of the consideration conveyed in the acquisition over the fair value of the net assets acquired.

Effective June 1, 2019, one or more subsidiaries of the Company completed the acquisition of Northwest Mississippi Medical Center in Clarksdale, Mississippi. This healthcare system includes 181 licensed beds and other outpatient and ancillary services. The total cash consideration paid for operating assets was approximately $2 million with additional consideration of $9 million in assumed liabilities, for a total consideration of $11 million. This hospital was acquired in conjunction with the bankruptcy proceedings for the previous owner that acquired the hospital from the Company in 2017 as part of an agreement with the local county government associated with its lease of the hospital building. Based on the Company's final purchase price allocation relating to this acquisition as of December 31, 2019, no goodwill has been recorded. Prior to the completion of the acquisition, the Company initiated a plan to sell this hospital and as such the hospital was classified as held for sale at December 31, 2019 and 2020. This disposition was completed on February 1, 2021.

Other Acquisitions

During the years ended December 31, 2021, 2020 and 2019, one or more subsidiaries of the Company paid approximately $3 million, $1 million and $8 million, respectively, to acquire the operating assets and related businesses of certain physician practices, clinics and other ancillary businesses that operate within the communities served by the Company's affiliated hospitals. In connection with these acquisitions, during the year ended December 31, 2021, the Company allocated the purchase price to property and equipment, working capital, noncontrolling interests and goodwill, and during the year ended December 31, 2020, the Company allocated the majority of the purchase price to goodwill. In connection with these acquisitions, during the year ended December 31, 2019, the Company allocated approximately $4 million of the consideration paid to property and equipment and net working capital and the remainder, approximately $4 million consisting of intangible assets that do not

Financial and statistical data reported in this Form 10-K is

and are reconciled to the Company's consolidated market capitalization, with consideration of the amount a potential acquirer would be required to pay, in the form of a control premium, in order to gain sufficient ownership to set policies, direct operations and control management decisions.

The determination of fair value in the Company's goodwill impairment analysis is based on an estimate of fair value for the reporting unit utilizing known and estimated inputs at the evaluation date. Some of those inputs include, but are not limit[illegible]

Deferred income taxes are based on the estimated future tax effects of differences between the financial statemer cialb

The Company redeemed approximately $2 million of the 9⅞% Junior tender offer w October 30, 2020, and expired on November 30, 2020.

In conjunction with the issuance of $1.775 billion aggregate principal Notes due r-Priority Secured Notes due 2023 were purchased pursuant to a tender offe tendered redemption as completed on February 4, 2021.

8⅛% Junior-Priority Secured Notes due 2024

On June 22, 2018, CHS completed a private offering of $1.355 billion 2024 (the "8⅛% Junior-Priority Secured Notes due 2024") in exchange fo $368 million of 6⅞% Senior Notes due 2022. The 8⅛% Junior-Priority Se annually in arrears on June 30 and December 31 of each year. The 8⅛% J

[illegible] Junior-Priority Secured Notes due 2024 were unconditionally guaranteed on a junior-priority secured basis by the Company and each of the CHS [illegible] current and future domestic subsidiaries that provide guarantees under CHS ABL Facility, any capital market debt securities of CHS (including CHS [illegible] outstanding senior notes) and certain other long-term debt of CHS.

The 8⅛% Junior-Priority Secured Notes due 2024 and the related guarantees were secured by shared (i) second-priority liens on the Non-ABL Priority Collateral that secures on a first-priority basis the CHS's senior-priority secured notes and (ii) third-priority liens on the ABL-Priority Collateral that secures on a first-priority basis the ABL Facility (and also secures on a second-priority basis CHS's senior-priority secured notes), in each case subj tsis CHS's dy derra i

8⅝% Senior Secured Notes due 2024

On July 6, 2018, CHS completed a private offering of $1.033 billion aggregate principal amount of 8⅝% Senior Secured Notes due January 15, 2024 (the "8⅝% Senior Secured Notes due 2024"). The 8⅝% Senior Secured Notes due 2024 bore interest at a rate of 8.625% per annum payable semi-annually in arrears on January 15 and July 15 of each year. The 8⅝% Senior Secured Notes due 2024 were unconditionally guaranteed on a senior-priority secured basis by the Company and each of the CHS current and future domestic subsidiaries that provide guarantees under CHS ABL Facility, any capital market debt securities of CHS (including CHS outstanding senior notes) and certain other long-term debt of CHS.

The 8⅝% Senior Secured Notes due 2024 and the related guarantees were secured by shared (i) first-priority liens on the Non-ABL Priority Collateral and (ii) second-priority liens on the ABL Priority Collateral that secures on a first-priority basis the ABL Facility, in each case subject to permitted liens described in the indenture governing the 8⅝% Senior Secured Notes due 2024.

Prior to January 15, 2021, CHS had the option to redeem some or all of the 8⅝% Senior Secured Notes due 2024 at a redemption price equal to 100% of the principal amount of the notes redeemed plus accrued and unpaid interest, if any, plus a "make-whole" premium, as described in the indenture governing

below plus accrued and unpaid interest, if any, to t o t

semi-annually in arrears on June 15 and December 15 of each year. Interest on the 8% Senior Secured Notes due 2027 accrues from the initial issuance date of the 8% Senior Secured Notes due 2027. Interest is calculated on the basis of a 360-day year comprised of twelve 30-day months. The 8% Senior Secured

but excluding, the applicable date of redemption, if redeemed during the twelve-month period beginning on December 15 of the years indicated below:

[illegible]	Redemption Price
December 15, 2023 to December 14, 2024	102.813%
December 15, 2024 to December 14, 2025	101.406%
December 15, 2025 to December 14, 2027	100.000%

6⅞% Senior Notes due 2028

On November 19, 2019, CHS issued approximately $1.7 billion aggregate principal amount of the 6⅞% Senior Notes due April 1, 2028 (“the 6⅞% Senior Notes due 2028”) in connection with the 2019 Exchange Offer. No cash proceeds were received in the 2019 Exchange Offer. The 6⅞% Senior Notes due 2028 bear interest at a rate of 6.875% per annum, payable semi-annually in arrears on April 1 and October 1 of each year. Interest on the 6⅞% Senior 2028 Notes [illegible] year comprised of twelve 30-day months. The 6⅞% Senior Notes due 2028 are scheduled to mature on April 1, 2028.

The 6⅞% Senior Notes due 2028 are unconditionally guaranteed on a senior-priority unsecured basis by the Company and each of the CHS current and future domestic subsidiaries that provide guarantee [illegible] si 6⅞ [illegible] the si n nt

Secured Notes due 2023 that were not validly tendered as of the early tender deadline were redeem

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The Company paid interest of $778 million on borrowings for the year ended December 31, 2021 and approximately $1.0 billion on borrowings did n li na

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Supplemental information regarding the Company's available-for-sale debt securities (all of which had no withdrawal restrictions) is set forth in the table below (in millions):

	Amortized Cost	Gross Unrealized Gains	Gross Unrealized Losses	Estimated Fair Values
As of December 31, 2021:				
Government	$ 83	$ 1	$ (1)	$ 83
Corporate	62	—	(1)	nrnr 61
Mortgage and asset-backed securities	34	—	—	34
Total available-for-sale debt securities	$ 179	$ 1	$ (2)	

Net gains and losses recognized during the years ended December 31, 2021, 2020 and 2019 for investments in equity securities, which are broken out between investments sold during the year and investments held at the end of the year, are summarized in the table below (in millions):

	Year Ended December 31,		
	2021	2020	2019
Net gains and (losses), beginning of year	$ 20	$ 9	$ 15
Less: Net gains and (losses) recognized during the year on equity securities sold during the year	13	14	2
Unrealized gains and (losses) recognized during the year on equity securities held, end of year	$ 7	$ (5)	$ 13

9. LEASES

The Company utilizes operating and finance leases for the use of certain hospitals, medical office buildings, and medical equipment. All lease agreements generally require the Company to pay maintenance, repairs, property taxes and insurance costs, which are variable amounts based on actual costs incurred during each applicable period. Such costs are not included in the determination of the ROU asset or lease liability. Variable lease cost also includes escalating rent payments that are not fixed at commencement but are based on an index that is determined in future periods over the lease term based on changes in the Consumer Price Index or other measures of cost inflation. Most leases include one or more options to renew the lease at the end of the initial term, with renewal terms that generally extend the lease at the then market rate of rental payment. Certain leases also include an option to buy the underlying asset at or a

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12. EARNINGS PER SHARE

The following table sets forth the components of the denominator for the computation of basic and diluted earnings per shas of

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amount set forth below plus accrued and unpaid interest, if any, on the 5¼% Senior Secured Notes due 2030 redeemed, to, but excluding, the applicable date of redemption, if redeemed during the twelve-month period beginning on May 15 of the years indicated below:

Period	Redemption Price
May 15, 2025 to May 14, 2026	102.625%
May 15, 2026 to May 14, 2027	101.313%
May 15, 2027 to May 14, 2030	100.000%

17. CONDENSED FINANCIAL INFORMATION OF PARENT

Parent Company Only
Condensed Balance

Parent Company Only
Condensed Statements of Income (Loss)
(In millions)

Net operating revenues				
Operating costs and expenses:				
Salaries and benefits		—		—
Supplies		—		—
Other operating expenses		—		—
Government and other legal settlements and related costs		—		—
Electronic health records incentive reimbursement		—		—
Lease cost and rent		—	—	—
Pandemic relief funds		—	—	
Depreciation and amortization	io	—	—	
Impairment and (gain) loss on sale of businesses, net		—	—	
Total operating costs and expenses	Ädee			

REPORT OF INDEPENDENT REGISTERED PUBLIC ACCOUNTING FIRM

To the Stockholders and the Board of Directors of
Community Health Systems, Inc.,
Franklin, Tennessee

Opinion on Internal Control over Financial Reporting

We have audited the internal control over financial Ň cialna

PART III

Item 10. Directors, Executive Officers and Corporate Governance

The Company has adopted a Code of Conduct that is applicable to all members of the Board of Directors and our officers, as well as employees of our subsidiaries. A copy of the current version of our Code of Conduct is available in the Company-Overview — Corporate Governance section of our internet website at www.chs.net/company-overview/corporate-governance. A copy of the Code of Conduct is also available in print, free of Ďouer

This report is respectfully submitted by the Audit and Compliance Committee of the Board of Directors.

THE AUDIT AND COMPLIANCE COMMITTEE
John A. Clerico*
Michael Dinkins, Chair*
James S. Ely III
Elizabeth T. Hirsch
H. James Williams, Ph.D.

*Mr. Clerico served on the Audit and Compliance Committee though February 16, 2022, and is listed above because he participated in the review, discussions and recommendation with respect to the audit and compliance committee report. Mr. Dinkins replaced Mr. Ely as Chair of the Audit and Compliance Committee effective as of February 16, 2022.

Item 11. Executive Compensation

The information required by this Item is incorporated herein by reference to the Company's definitive proxy statement to be filed under Regulation 14A in connection with the Annual Meeting of the Stockholders of the Company scheduled to be held on May 10, 2022 under "Executive Compensation," "Compensation Committee Interlocks and Insider Participation," "Non-Management Director Compensation," and "Compensation Committee Report."

Item 12. Security Ownership of Certain Beneficial Owners and Management and Related Stockholder Matters

The information required by this Item is incorporated herein by reference to the Company's definitive proxy statement to be filed under Regulation 14A in connection with the Annual Meeting of the Stockholders of the Company scheduled to be held on May 10, 2022 under "Security Ownership of Certain Beneficial Owners and Management" and "Equity Compensation Plan Information."

Item 13. Certain Relationships and Related Transactions, and Director Independence

The information required by this Item is incorporated herein by reference to the Company's definitive proxy statement to be filed under Regulation 14A in connection with the Annual Meeting of the Stockholders of the Company scheduled to be held on May 10, 2022 under "General Information" and "Relationships and Certain Transactions Between the Company and Its Officers, Directors and 5% Beneficial Owners and Their Family Members."

Item 14. Principal Accounting Fees and Services

The information required by this Item is incorporated herein by reference to the Company's definitive proxy statement to be filed under Regulation 14A in connection with the Annual Meeting of the Stockholders of the Company scheduled to be held on May 10, 2022 under "Fees Paid to Auditors" and "Pre-Approval of Audit and Non-Audit Services."

Item 15(a) 3. *Exhibits*

The following exhibits are either filed with this Report or incorporated herein by reference.

No.	Description
2.1	

No.	Description
4.7	Third Supplemental Indenture relating to CHS/Community Health Systems, Inc.'s 8.000% Senior Secured Notes due 2026, dated as of September 27, 2019, by and among CHS/Community Health Systems, Inc., the guarantors party thereto and Regions Bank, as Trustee and Credit Suisse AG, as Collateral Agent (incorporated eor

No.	Description
4.34	Amended and Restated Senior-Junior Lien Intercreditor Agreement, dated as of February 4, 2022, among CHS/Community Health Systems, Inc., Community Health Systems, Inc., the subsidiaries party thereto, Credit Suisse AG, Cayman Islands Branch, as Initial Senior-Priority Collateral Agent, Regions Bank, as Initial Junior-Priority Collateral Agent and each additional agent from time to time party thereto (incorporated by reference to Exhibit 4.3 to Community Health Systems, Inc.'s Current Report on Form 8-K filed February 4, 2022 (No. 001-15925))
4.35	Junior-Priorc

No.	Descriptio

SIGNATURES

Pursuant to the requirements of section 13 or 15(d) 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.

COMMUNITY HEALTH SYSTEMS, INC.

By: /s/ Tim L. Hingtgen
Tim L. Hingtgen
Director and
Chief Executive Officer

Date: February 17, 2022

Pursuant to the requirements of the Securities Exchange Act of 1934, this report has been signed below by the following persons on behalf of the Registrant and in the capacities and on the dates indicated.

Name	Title	Date
/s/ Tim L. Hingtgen Tim L. Hingtgen	Director and Chief Executive Officer	February 17, 2022
/s/ Kevin J. Hammons Kevin J. Hammons	President and Chief Financial Officer	February 17, 2022
/s/ Jason K. Johnson Jason K. Johnson	Senior Vice President and Chief Accounting Officer	February 17, 2022
/s/ Wayne T. Smith Wayne T. Smith	Executive Chairman of the Board of Directors	February 17, 2022
/s/ John A. Clerico John A. Clerico	Director	February 17, 2022
/s/ Michael Dinkins Michael Dinkins	Director	February 17, 2022
/s/ James S. Ely III James S. Ely III	Director	February 17, 2022
/s/ John A. Fry John A. Fry	Director	February 17, 2022
/s/ Joseph A. Hastings, D.M.D Joseph A. Hastings, D.M.D	Director	February 17, 2022
/s/ Elizabeth T. Hirsch Elizabeth T. Hirsch	Director	February 17, 2022
/s/ William Norris Jennings, M.D. William Norris Jennings, M.D.	Director	February 17, 2022
/s/ K. Ranga Krishnan, MBBS K. Ranga Krishnan, MBBS	Director	February 17, 2022
/s/ H. James Williams, Ph.D. H. James Williams, Ph.D.	Director	February 17, 2022

Community Health Systems, Inc.

SUBSIDIARY LISTING

Exhibit 21
as of 12/31/21

(*) Majority position held in an entity with physicians, non-profit entities or both
(#) Minority position held in a non-consolidating entity

Abilene Clinic Asset Holding Company, LLC (DE)
Abilene Hospital, LLC (DE)
Abilene Merger, LLC (DE)
Access Center Services, LLC (DE)
AF-CH-HH, LLC# (DE)
Affinity Cardio-Thoracic Specialists, LLC (DE)
Affinity Cardiovascular Specialists, LLC (DE)
Affinity Gastroenterology ASC, LLC* (DE)
Affinity Health Systems, LLC (DE)
Affinity Hospital, LLC (DE) d/b/a Grandview Medical Center
Affinity Orthopedic Specialists, LLC (DE)
Affinity Physician Services, LLC (DE)
Affinity Radiation Therapy Services, LLC (DE)
Affinity Skilled Nursing, LLC (DE)
Alabama HMA Physician Management, LLC (AL)
Alaska Physician Services, LLC (DE) d/b/a LPS
Alice Regional Hospital Community Alliance, Inc. (TX)
Alliance Health Partners, LLC (MS)
Ambulance Services of Dyersburg, Inc. (TN)
Ambulance Services of McNairy, Inc. (TN)
Amory HMA Physician Management, LLC (MS)
Amory HMA, LLC (MS)
Angelo Community Healthcare Services, Inc. (TX)
Anniston HMA, LLC (AL)
Arizona ASC Management, Inc. (AZ)
Arizona DH, LLC (DE)
Arizona Medco, LLC (DE)
Arkansas HMA Regional Service Center, LLC (AR)
Arkansas Medical Imaging JV, LLC (DE)
ARMC, L.P. (DE)
ASC JV Holdings, LLC (DE)
Bartow Ambulatory Surgical Center, LLC (FL)
Bartow HMA Physician Management, LLC (DE)
Bartow HMA, LLC (FL)
Batesville HMA Development, LLC (MS)
Batesville HMA Medical Group, LLC (MS)
Bayfront Ambulatory Surgical Center, LLC (FL)

SUBSIDIARY LISTING

Exhibit 21
as of 12/31/21

(*) Majority position held in an entity with physicians, non-profit entities or both
(#) Minority position held in a non-consolidating entity

Bayfront HMA Real Estate Holdings, LLC (FL)	
Bayfront HMA Wellness Center, LLC (FL)	
Beauco, LLC (DE)	
Beaumont Regional, LLC (DE)	
BH Trans Company, LLC (DE)	
BH Trans Company, LLC (DE)	
Biloxi Health System, LLC# (DE)	
Biloxi H.M.A., LLC# (MS)	d/b/a Merit Health Biloxi
Biloxi HMA Physician Management, LLC# (MS)	
Birmingham Holdings II, LLC (DE)	
Birmingham Holdings, LLC (DE)	
Birmingham Home Care Services, LLC# (DE)	
Blackwell HMA, LLC (OK)	
Blackwell HMPN, LLC (OK)	
Blackwell Home Health & Hospice, LLC (OK)	
Bluefield Holdings, LLC (DE)	
Bluffton Health System LLC (DE)	d/b/a Bluffton Regional Medical Center
Bluffton Physician Services, LLC (DE)	
Brandon HMA, LLC (MS)	d/b/a Merit Health Rankin
Brandon Physician Management, LLC (DE)	
Brandywine Hospital Malpractice Assistance Fund, Inc. (PA)	
Bravera Urgent Care, LLC (DE)	
Brazos Valley Surgical Center, LLC (DE)	
Brevard HMA ALF, LLC (FL)	
Brevard HMA APO, LLC (FL)	
Brevard HMA ASC, LLC (FL)	
Brevard HMA Diagnostic Imaging, LLC (FL)	
Brevard HMA HME, LLC (FL)	
Brevard HMA Holdings, LLC (FL)	
Brevard HMA Hospitals, LLC (FL)	
Brevard HMA Investment Properties, LLC (FL)	
Brevard HMA Nursing Home, LLC (FL)	
Brooksville HMA Physician Management, LLC (FL)	
Brownsville Clinic Corp. (TN)	
Brownsville Hospital Corporation (TN)	
Brownwood Asset Holding Company, LLC (DE)	
Brownwood Hospital, L.P. (DE)	
Brownwood Medical Center, LLC (DE)	
Bullhead City Clinic Corp. (AZ)	
Bullhead City Hospital Corporation (AZ)	d/b/a Western Arizona Regional Medical Center
Bullhead City Hospital Investment Corporation (DE)	
Bullhead City Imaging Corporation (AZ)	

SUBSIDIARY LISTING

Exhibit 21
as of 12/31/21

(*) Majority position held in an entity with physicians, non-profit entities or both
(#) Minority position held in a non-consolidating entity

Bullhead Medical Plaza II, LLC# (AZ)	
Bullhead Medical Plaza, Ltd.# (NV)	
Cadence Solutions, Inc.# (DE)	
Cahaba Orthopedics, LLC (DE)	
Campbell County HMA, LLC (TN)	d/b/a LaFollette Medical Center
Cardiology Associates of Spokane, LLC (DE)	
Carlisle HMA Physician Management, LLC (PA)	
Carlisle HMA Surgery Center, LLC (PA)	
Carlisle HMA, LLC (PA)	
Carlisle Medical Group, LLC (PA)	
Carlsbad Medical Center, LLC (DE)	d/b/a Carlsbad Medical Center
Carolinas Holdings, LLC (DE)	
Carolinas JV Holdings General, LLC (DE)	
Carolinas JV Holdings II, LLC (DE)	
Carolinas JV Holdings, L.P. (DE)	
Carolinas Medical Alliance, Inc. (SC)	
CDI JV, LLC# (DE)	
Cedar Park Clinic Asset Holding Company, LLC (DE)	
Cedar Park Health System, L.P.* (DE)	d/b/a Cedar Park Regional Medical Center
Cedar Park Surgery Center, LLC# (TX)	
Cedar Park Surgery Center, L.L.P.# (TX)	
Center for Adult Healthcare, LLC (DE)	
Center for Medical Interoperability, Inc. (DE)#	
Center for Pain Management, LLC (DE)	
Central Florida HMA Holdings, LLC (DE)	
Central Polk, LLC (FL)	
Central States HMA Holdings, LLC (DE)	
Champion Sports Medicine Birmingham, LLC# (DE)	
Chester HMA Physician Management, LLC (SC)	
Chester HMA, LLC (SC)	
Chester Medical Group, LLC (SC)	
Chester PPM, LLC (SC)	
Chesterton Surgery Center, LLC* (DE)	
Chestnut Hill Health System, LLC (DE)	
CHHS Development Company, LLC (DE)	
CHHS Holdings, LLC (DE)	
CHHS Hospital Company, LLC (DE)	
CHS Kentucky Holdings, LLC (DE)	
CHS Pennsylvania Holdings, LLC (DE)	
CHS PSO, LLC (DE)	
CHS Realty Holdings I, Inc. (TN)	
CHS Realty Holdings II, Inc. (TN)	

Community Health Systems, Inc.

SUBSIDIARY LISTING

Exhibit 21
as of 12/31/21

(*) Majority position held in an entity with physician owners

Community Health Systems, Inc.

SUBSIDIARY LISTING

Exhibit 21
as of 12/31/21

(*) Majority position held in an entity with physicians, non-profit entities or both
(#) Minority position held in a non-consolidating entity

Community Health Systems, Inc. (DE)	
Community Information Network, Inc.	
Community Insurance Group SPC, LTD. (Cayman Islands)	
Community LP Corp. (DE)	
Compass Imaging, LLC# (MS)	
CP Hospital GP, LLC (DE)	
CP Premier Urgent Care JV, LLC# (DE)	
CPLP, LLC (DE)	
Credentialing Verification Services, LLC (DE)	
Crestview Hospital Corporation* (FL)	d/b/a North Okaloosa Medical Center
Crestview Professional Condominiums Association, Inc.* (FL)	
Crestview Surgery Center, L.P. (TN)	
Crestwood Clinic Services, LLC (DE)	
Crestwood Healthcare, L.P. (DE)	d/b/a Crestwood Medical Center
Crestwood Hospital LP, LLC (DE)	
Crestwood Hospital, LLC (DE)	
Crestwood Occupational Medicine/Convenient Care, LLC (DE)	
Crestwood Physician Services, LLC (DE)	
Crestwood Surgery Center, LLC (DE)	
Crossgates HMA Medical Group, LLC (MS)	
Crystal River HMA Physician Management, LLC (FL)	
CSMC, LLC (DE)	
Dallas Phy Service, LLC (DE)	
Dallas Physician Practice, L.P. (DE)	
DCF (TX)	
Deaconess Health System, LLC* (OK)	
Deaconess Holdings, LLC (DE)	
Deaconess Hospital Holdings, LLC (DE)	
Deaconess Metropolitan Physicians, LLC (DE)	
Deaconess Physician Services, LLC (DE)	
Deming Home Care Services, LLC# (DE)	
Desert Hospital Holdings, LLC (DE)	
Detar Hospital, LLC (DE)	
Detar/USP Surgery Center, LLC# (TX)	
DFW Physerv, LLC (DE)	
DH Cardiology, LLC (DE)	
DHFW Holdings, LLC (DE)	
Diagnostic Imaging Centers of NEPA, LLC# (PA)	
Diagnostic Imaging . ent, LLC or_nhqtag	

Community Health Systems, Inc.

SUBSIDIARY LISTING

Exhibit 21
as of 12/31/21

(*) Majority position held in an entity with physicians, non-profit entities or both
(#) Minority position held in a non-consolidating entity

Dupont Business and Medical Park Association, Inc.# (IN)	
Dupont Hospital, LLC* (DE)	d/b/a Dupont Hospital
Durant H.M.A., LLC* (OK)	d/b/a AllianceHealth Durant
Durant HMA Home Health, LLC (OK)	
Durant HMA Physician Management, LLC (OK)	
Dyersburg Clinic Corp. (TN)	
Dyersburg HBP Medical Group, LLC (DE)	
Dyersburg Hospital Company, LLC (TN)	
East Georgia HMA Physician Management, LLC (GA)	
East Georgia Regional Medical Center, LLC* (GA)	d/b/a East Georgia Regional Medical Center
East Tennessee Clinic Corp. (TN)	
Easton Hospital Malpractice Assistance Fund, Inc. (PA)	
EGF, LLC (DE)	
El Dorado Home Care Services, LLC# (DE)	
El Dorado Surgery Center, L.P.* (DE)	
EL MED, LLC (DE)	
Eligibility Screening Services, LLC (DE)	
Empire Health Services (WA)	

Community Health Systems, Inc.

SUBSIDIARY LISTING

Exhibit 21
as of 12/31/21

(*) Majority position held in an entity with physicians, non-profit entities or both
(#) Minority position held in a non-consolidating entity

Gadsden HMA Physician Management, LLC* (AL)	
Gadsden Home Care Services, LLC# (DE)	
Gadsden Regional Medical Center, LLC (DE)	d/b/a Gadsden Regional Medical Center
Gadsden Regional Physician Group Practice, LLC (DE)	
Gadsden Surgery Center, Ltd.* (AL)	
Gadsden Regional Primary Care, LLC (AL)	
Gaffney Clinic Company, LLC (DE)	
Gaffney H.M.A., LLC (SC)	

Community Health Systems, Inc.

SUBSIDIARY LISTING

Exhibit 21
as of 12/31/21

(*) Majority position held in an entity with physicians, non-profit entities or both
(#) Minority position held in a non-consolidating entity

Heritage Healthcare Innovation Fund III, LP# (DE)

Hernando HMA, LLC (FL) — d/b/a Bravera Health Brooksville; Bravera Health Spring Hill

Highland Health Systems, Inc. (TX)

Highway 90 Development, LLC (FL)

Hill Country ASC Partners, L.L.C.# (TX)

Hill Regional Clinic Corp. (TX)

HIM Central Services, LLC (DE)

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Community Health Systems, Inc.

SUBSIDIARY LISTING

SUBSIDIARY LISTING

Exhibit 21
as of 12/31/21

(*) Majority position held in an entity with physicians, non-profit entities or both
(#) Minority position held in a non-consolidating entity

La Porte Clinic Company, LLC (DE)	
La Porte Health System, LLC (DE)	
La Porte Home Care Services, LLC# (DE)	
La Porte Hospital Company, LLC (DE)	d/b/a Northwest Health – La Porte
La Porte Occupational Health Services, LLC (DE)	
Lake Shore HMA Medical Group, LLC* (FL)	
Lake Shore HMA, LLC* (FL)	
Lake Wales Clinic Corp. (FL)	
Lake Wales Hospital Corporation (FL)	
Lake Wales Hospital Investment Corporation (FL)	
Lake Wales Imaging Center, LLC (DE)	
Lakeway Hospital Company, LLC (TN)	
Lancaster Clinic Corp. (SC)	
Lancaster HMA Physician Management, LLC (PA)	
Lancaster HMA, LLC (PA)	
Lancaster Hospital Corporation (DE)	
Lancaster Imaging Center, LLC (SC)	
Lancaster Medical Group HMA, LLC (PA)	
Lancaster Medical Group, LLC (PA)	
Lancaster Outpatient Imaging, LLC (PA)	
Langtree Endoscopy Center, LLC* (DE)	
Laredo Clinic Asset Holding Company, LLC (DE)	
Laredo Texas Hospital Company, L.P. (TX)	d/b/a Laredo Medical Center
Las Cruces ASC-GP, LLC (DE)	
Las Cruces Home Care Services, LLC# (DE)	
Las Cruces Medical Center, LLC (DE)	d/b/a Mountain View Regional Medical Center
Las Cruces Physician Services, LLC (DE)	
Las Cruces Surgery Center – Telshor, LLC* (DE)	
Las Cruces Surgery Center, L.P.* (DE)	
Lea Regional Hospital, LLC (DE)	
Lebanon HMA Physician Management, LLC (TN)	
Lebanon HMA Surgery Center, LLC (TN)	
Lebanon HMA, LLC (TN)	
Lehigh HMA Physician Management, LLC (FL)	
Lehigh HMA, LLC (FL)	
LHT Knoxville Properties, LLC# (DE)	
Little Rock HMA, Inc. (AR)	
Live Oak HMA Medical Group, LLC* (FL)	
Live Oak HMA, LLC* (FL)	
Lone Star HMA Physician Management, Inc. (TX)	
Lone Star HMA, L.P. (DE)	
Longview Clinic Operations Company, LLC (DE)	

Community Health Systems, Inc.

SUBSIDIARY LISTING

Exhibit 21
as of 12/31/21

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Longview Medical Center, L.P. (DE)	d/b/a Longview Regional Medical Center
Longview Merger, LLC (DE)	
Louisburg HMA Physician Management, LLC (NC)	)
Lower Florida Keys Physician/Hospital Organization, Inc.# (FL)	
LRH, LLC (DE)	
Lufkin Clinic Asset Holding Company, LLC (DE)	
Lutheran Health Imaging, LLC (DE)	
Lutheran Health Network Investors, LLC* (DE)	
Lutheran Health Network of Indiana, LLC (DE)	
LuAHeHealth Quality Alliance, LLC (DE)	
Lutheran Medical Group, LLC (DE)	
Lutheran Medical Office Park Phase II Property Owners Association, Inc. # (IN)	

SUBSIDIARY LISTING

Exhibit 21
as of 12/31/21

(*) Majority position held in an entity with physicians, non-profit entities or both
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Medical Center of Brownwood, LLC (DE)	
MEDSTAT, LLC (IN)	
Melbourne HMA Medical Group, LLC (FL)	
Melbourne HMA, LLC (FL)	
Mercy Cardiovascular Cath Lab, LLC# (PA)	
Merger Legacy Holdings, LLC (DE)	
Mesquite HMA General, LLC (DE)	
Metro Knoxville HMA, LLC (TN)	d/b/a Turkey Creek Medical Center; North Knoxville Medical Center
Michigan City MOB, LLC# (IN)	
Middlebrook ASC, LLC* (DE)	
Middlebrook Property Partners, LLC# (DE)	
Midwest City HMA Physician Management, LLC* (OK)	
Midwest Regional Medical Center, LLC* (OK)	
Mississippi HMA Holdings I, LLC (DE)	
Mississippi HMA Holdings II, LLC (DE)	
Mississippi HMA Hospitalists, LLC (MS)	
Moberly Hospital Company, LLC (DE)	d/b/a Moberly Regional Medical Center
Moberly Medical Clinics, Inc. (MO)	
Moberly Physicians Corp. (MO)	
Mooresville HMA Investors, LLC* (NC)	
Mooresville HMA Physician Management, LLC (NC)	
Mooresville Home Care Services, LLC# (DE)	
Mooresville Hospital Management Associates, LLC (NC)	d/b/a Lake Norman Regional Medical Center
Mooresville PPM, LLC (NC)	
Morristown Clinic Corp. (TN)	
Morristown Surgery Center, LLC (TN)	
Munroe HMA HMPN, LLC (FL)	
Munroe HMA Holdings, LLC (FL)	
Munroe HMA Hospital, LLC (FL)	
Naples HMA, LLC (FL)	d/b/a Physicians Regional Medical Center – Pine Ridge; Physicians Regional Medical Center – Collier
Natchez Clinic Company, LLC (DE)	
Natchez HBP Services, LLC (DE)	
Natchez Hospital Company, LLC (DE)	d/b/a Merit Health Natchez
National Healthcare of Leesville, Inc. (DE)	
National Healthcare of Newport, Inc. (DE)	
Navarro Clinic Asset Holding Company, LLC (DE)	
Navarro Hospital, L.P. (DE)	d/b/a Navarro Regional Hospital
Navarro Regional, LLC (DE)	
NC-DSH, LLC (DE)	
New Cedar Lake Surgery Center, LLC# (MS)	
Newport Physician Clinics, Inc. (AR)	

Community Health Systems, Inc.

SUBSIDIARY LISTING

Exhibit 21
as of 12/31/21

(*) Majority position held in an entity with physicians, non-profit entities or both
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North Okaloosa Clinic Corp. (FL)	
North Okaloosa Home Health, LLC# (FL)	
North Okaloosa Medical Corp.* (FL)	
North Okaloosa Surgery Venture Corp. (FL)	
Northampton Cardiology Clinic, LLC (DE)	
Northampton Clinic Company, LLC (DE)	
Northampton Hospital Company, LLC (DE)	
Northampton Physician Services Corp. (PA)	
Northampton Urgent Care, LLC (DE)	
Northern Indiana Oncology Center of Porter Memorial Hospital, LLC* (IN)	
Northwest Allied Physicians, LLC (DE)	
Northwest Arkansas Employees, LLC (DE)	
Northwest Arkansas HBP Services, LLC (DE)	
Northwest Arkansas Hospitals, LLC (DE)	d/b/a Northwest Medical Center – Bentonville; Northwest Medical Center – Springdale; Willow Creek Women's Hospital
Northwest Arkansas Paramed Transfer, LLC (DE)	
Northwest Benton County Physician Services, LLC (DE)	
Northwest Cardiology, LLC (DE)	
Northwest HBP Medical Services, LLC (DE)	
Northwest Hospital Cardiac Diagnostics, L.P. (TN)	
Northwest Hospital, LLC (DE)	d/b/a Northwest Medical Center
Northwest Imaging Associates, LLC (DE)	
Northwest Indiana Health System, LLC* (DE)	
Northwest Physicians, LLC (AR)	
Northwest Sahuarita Hospital, LLC (DE)	d/b/a Northwest Medical Center Sahuarita; Northwest Medical Center Hough
Northwest-Sparks Quality Alliance, LLC (DE)	
Northwest Urgent Care, LLC (DE)	
NOV Holdings, LLC (DE)	
NRH, LLC (DE)	
Oak Hill Clinic Corp. (WV)	

Community Health Systems, Inc.

SUBSIDIARY LISTING

Exhibit 21
as of 12/31/21

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Parkway Regional Medical Clinic, Inc. (KY)

Pasco Hernando HMA Physician Management, LLC* (FL)

Pasco Regional Medical Center, LLC (FL)

Payson Healthcare Management, Inc. (AZ)

Payson Hospital Corporation (AZ)

PBEC HMA, Inc. (FL)

Peckville Hospital Company, LLC (DE)

Pecos Valley of New Mexico, LLC (DE)

Pennsylvania Hospital Company, LLC (DE)

Personal Home Health Care, LLC (TN)

Petersburg Clinic Company, LLC (VA)

Peters[redacted]pital Company, LLC (VA)

Phoenixville Hospital Company, LLC (DE)

Phoenixville Hospital MalpractiF

Community Health Systems, Inc.

SUBSIDIARY LISTING

Exhibit 21
as of 12/31/21

Community Health Systems, Inc.

SUBSIDIARY LISTING

Exhibit 21
as of 12/31/21

(*) Majority position held in an entity with physicians, non-profit entities or both
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Shelbyville Clinic Corp. (TN)	
Shelbyville Home Care Services, LLC# (DE)	
Shelbyville Hospital Company, LLC (TN)	
Siloam Springs Arkansas Hospital Company, LLC (DE)	d/b/a Siloam Springs Regional Hospital; Northwest Health Physicians' Specialty Hospital, a campus of Siloam Springs Regional Hospital
Siloam Springs Clinic Company, LLC (DE)	
Siloam Springs Holdings, LLC (DE)	

SUBSIDIARY LISTING

Exhibit 21
as of 12/31/21

(*) Majority position held in an entity with physicians, non-profit entities or both
(#) Minority position held in a non-consolidating entity

Surgicare of Sherman, Inc. (TX)
Surgicare Outpatient Center of Lake Charles, Inc. (LA)
Surgicenters of America, Inc. (AZ)
Susitna ASC Holdings, LLC* (DE)
Susitna Surgery Center, LLC* (DE)
Tennessee HMA Holdings, LP (DE)
Tennessee HMA Regional Service Center, LLC (TN)
Tennova Medical Park Property Owner's Association, Inc.* (TN)
Tennyson Holdings, LLC (DE)
Terrell Medical Center, LLC (DE)
Texas Bay Area Clinical Services, Inc.# (TX)
The Sleep Disorder Center of Wyoming Valley, LLC (PA)
The Surgery Center, LLC# (MS)
The Vicksburg Clinic, LLC (DE)
Timberland Medical Group (TX)
Tomball Ambulatory Surgery Center, L.P. (TX)
Tomball Clinic Asset Holding Company, LLC (DE)
Tomball Texas Holdings, LLC (DE)
Tomball Texas Hospital Company, LLC (DE)
Tomball Texas Ventures, LLC (DE)
Triad Healthcare, LLC (DE)
Triad Holdings III, LLC (DE)
Triad Holdings IV, LLC (DE)
Triad Holdings V, LLC (DE)
Triad Indiana Holdings, LLC* (DE)
Triad Nevada Holdings, LLC (DE)
Triad of Alabama, LLC (DE) d/b/a Flowers Hospital
Triad of Arizona (L.P.), Inc. (AZ)
Triad of Phoenix, Inc. (AZ)
Triad-Arizona I, Inc. (AZ)
Triad-ARMC, LLC (DE)
Triad-Denton Hospital GP, LLC (DE)
Triad-Denton Hospital, L.P. (DE)
Triad-El Dorado, Inc. (AR)
Triad-Navarro Regional Hospital Subsidiary, LLC (DE)
Triad-South Tulsa Hospital Company, Inc. (OK)
Tri-Irish, Inc. (DE)
Tucson Home Care Services, LLC# (DE)
Tug Valley Healthcare Alliance, Inc. (WV)
Tullahoma HMA Physician Management, LLC (TN)
Tullahoma HMA, LLC (TN)
Utilization Review Services, LLC (DE)

Community Health Systems, Inc.

SUBSIDIARY LISTING

Exhibit 21
as of 12/31/21

(*) Majority position held in an entity with physicians, non-profit entities or both
(#) Minority position held in a non-consolidating entity

Valley Advanced Imaging, LLC# (IN)	
Valley Advanced MRI, LLC# (IN)	
ValleyCare Cardiology Group, LLC (DE)	
Valparaiso Home Care Services, LLC# (DE)	
Van Buren H.M.A., LLC (AR)	
Van Buren HMA Central Business Office, LLC (AR)	
Vanderbilt-Gateway Cancer Center, G.P.# (DE)	
Venice HMA, LLC (FL)	d/b/a ShorePoint Health Venice
Venice Home Care Services, LLC# (DE)	
Vero Beach Florida ASC, LLC* (DE)	
VHC Medical, LLC (DE)	
Vicksburg Healthcare, LLC (DE)	d/b/a Merit Health River Region
Victoria Ambulatory Surgery Center, L.P.# (DE)	
Victoria Clinic Asset Holding Com	

SUBSIDIARY LISTING

Exhibit 21
as of 12/31/21

(*) Majority position held in an entity with physicians, non-profit entities or both
(#) Minority position held in a non-consolidating entity

Wesley Physician Services, LLC (DE)	
West Grove Hospital Company, LLC (DE)	
Western Arizona Regional Home Health and Hospice, LLC# (AZ)	
WHMC, LLC (DE)	
Wilkes-Barre Academic Medicine, LLC (DE)	
Wilkes-Barre Behavioral Hospital Company, LLC (DE)	
Wilkes-Barre Behavioral Ventures, LLC (DE)	
Wilkes-Barre Clinic Company, LLC (DE)	
Wilkes-Barre Community Residential Unit, LLC (DE)	
Wilkes-Barre Holdings, LLC (DE)	
Wilkes-Barre Home Care Services, LLC# (DE)	
Wilkes-Barre Hospital Company, LLC (DE)	d/b/a Wilkes-Barre General Hospital
Wilkes-Barre Intermountain Clinic, LLC (DE)	
Wilkes-Barre Personal Care Services, LLC (DE)	
Wilkes-Barre Radiation Oncology, LLC# (DE)	
Wiregrass Clinic, LLC (DE)	
Women & Children's Hospital, LLC (DE)	
Women's Health Partners, LLC (DE)	
Women's Health Specialists of Birmingham, Inc. (AL)	
Women's Health Specialists of Carlisle, LLC (PA)	
Woodland Heights Medical Center, LLC (DE)	
Woodward Clinic Company, LLC (DE)	
Woodward Health System, LLC (DE)	d/b/a AllianceHealth Woodward
Woodward Home Care Services, LLC# (DE)	
Yakima HMA Physician Management, LLC (WA)	
Yakima HMA, LLC (WA)	
York Anesthesiology Physician Services, LLC (DE)	
York Clinic Company, LLC (DE)	
York Pathology Physician Services, LLC (DE)	
York Pennsylvania Holdings, LLC (DE)	
York Pennsylvania Hospital Company, LLC (DE)	
Youngstown Ohio Hospital Company, LLC (DE)	
Youngstown Ohio Laboratory Services Company, LLC (DE)	
Youngstown Ohio Outpatient Services Company, LLC (DE)	
Youngstown Ohio Physician Services Company, LLC (DE)	
Youngstown Ohio PSC, LLC (DE)	

Exhibit 23.1

CONSENT OF INDEPENDENT REGISTERED PUBLIC ACCOUNTING FIRM

Ph

Exhibit 31.1

CERTIFICATION PURSUANT TO SECTION 302 OF THE
SARBANES-OXLEY ACT OF 2002

I, Tim L. Hingtgen, certify that:

1. I have reviewed this annual report on Form 10-K of Community Health Systems, Inc.;

2. Based on my knowledge, this report does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading with respect to the period covered by this report;

3. Based on my knowledge, the financial statements, and other financial information included in this report, fairly present in all material respects the financial condition, results of operations and cash flows of the registrant as of, and for, the periods presented in this report;

4. The registrant's other certifying officer and I are responsible for establishing and maintaining disclosure controls and procedures (as defined in Exchange Act Rules 13a-15(e) and 15d-15(e)) and internal control over financial reporting (as defined in Exchange Act Rules 13a-15(f) and 15d-15(f)) for the registrant and we have:

a) designed such disclosure controls and procedures, or caused such disclosure controls and procedures to be designed under our supervision, to ensure that material information relating to the registrant, including its consolidated subsidiaries, is made known to us by others within those entities, particularly during the period in which this report is being prepared;

b) designed such internal control over financial reporting, or caused such internal control over financial reporting to be designed under our supervision, to provide reasonable assurance regar` g t

Exhibit 31.2

CERTIFICATION PURSUANT TO SECTION 302 OF THE
SARBANES-OXLEY ACT OF 2002

I, Kevin J. Hammons, certify that:

1. I have reviewed this annual report on Form 10-K of Community Health Systems, Inc.;

2. Based on my knowledge, this report does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading with respect to the period covered by this report;

3. Based on my knowledge, the financial statements, and other financial information included in this report, fairly present in all material respects the financial condition, results of operations and cash flows of the registrant as of, and for, the periods presented in this report;

4. The registrant's other certifying officer and I are responsible for establishing and maintaining disclosure controls and procedures (as defined in Exchange Act Rules 13a-15(e) and 15d-15(e)) and internal control over financial reporting (as defined in Exchange Act Rules 13a-15(f) and 15d-15(f)) for the registrant and we have:

CERTIFICATION PURSUANT TO 18 U.S.C. SECTION 1350,‘

Exhibit 32.2

CERTIFICATION PURSUANT TO 18 U.S.C. SECTION 1350, AS ADOPTED PURSUANT TO SECTION 906 OF THE SARBANES-OXLEY ACT OF 2002

In connection with the Annual Report of Community Health Systems, Inc. (the "Company") on Form 10-K for the period ended December 31, 2021, as filed with the Securities and Exchange Commission on the date hereof (the "Report"), I, Kevin J. Hammons, President and Chief Financial Officer of the Company, certify, pursuant to 18 U.S.C. § 1350, as adopted pursuant to § 906 of the Sarbanes-Oxley Act of 2002, that:

(1) The Report fully complies with the requirements of Section 13(a) or 15(d) of the Securities Exchange Act of 1934; and

(2) The information contained in the Report fairly presents, in all material respects, the financial condition and results of operations of the Company.

/s/ Kevin J. Hammons
Kevin J. Hammons
President and Chief Financial Officer

February 17, 2022