

2026 First Quarter Earnings Call

May 1, 2026

Supplemental information



Forward-looking statements

The information contained in this presentation includes certain assumptions, estimates, projections and other forward-looking statements that reflect Encompass Health's current outlook, views and plans with respect to future events, including the business outlook, guidance and growth targets, future reimbursement rates, labor availability and costs, the effect of tariffs on costs, legislative and regulatory developments, such as the effects of Medicaid and Medicare payment system changes, including RCD and TEAM, strategy, capital expenditures, acquisition and other development activities, such as the de novo pipeline, costs, growth and timelines, operational and quality of care initiatives, dividend strategies, leverage, repurchases of securities, outstanding shares of common stock, effective tax rates, financial performance, financial assumptions and considerations, balance sheet and cash flow plans, market barriers to entry, and addressable market size. These assumptions, estimates, projections and other forward-looking statements are based on what the Company believes, as of the date hereof, to be reasonable. Inevitably, there will be differences between such forward-looking statements and actual events or results, and those differences may be material.

There can be no assurance any estimates, projections or forward-looking statements will be realized.

All such assumptions, estimates, projections and forward-looking statements speak only as of the date hereof. Encompass Health undertakes no duty to publicly update or revise the information contained herein.

You are cautioned not to place undue reliance on the assumptions, estimates, projections and other forward-looking statements in this presentation as they are based on current expectations and general assumptions and are subject to various risks, uncertainties and other factors, including those set forth in the earnings release attached as Exhibit 99.1 to the Company's Form 8-K dated April 30, 2026 (the "Q1 Earnings Release Form 8-K"), the Form 10-K for the year ended December 31, 2025, the Form 10-Q for the quarter ended March 31, 2026, when filed, and in other documents Encompass Health previously filed with the SEC, many of which are beyond Encompass Health's control, that may cause actual events or results to differ materially from the views, beliefs and estimates expressed herein.

Note regarding presentation of non-GAAP financial measures

The following presentation includes certain "non-GAAP financial measures" as defined in Regulation G under the Securities Exchange Act of 1934, including Adjusted EBITDA, leverage ratios, adjusted earnings per share, and adjusted free cash flow. Schedules are attached that reconcile the non-GAAP financial measures included in the following presentation to the most directly comparable financial measures calculated and presented in accordance with Generally Accepted Accounting Principles in the United States. The Q1 Earnings Release Form 8-K provides further explanation and disclosure regarding Encompass Health's use of non-GAAP financial measures and should be read in conjunction with this supplemental information.

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Q1 2026 Summary

(\$ in millions, except per share data)	Q1		
	2026	2025	% Δ
Encompass Health			
Net operating revenue	\$ 1,586.6	\$ 1,455.4	9.0 %
Adjusted EBITDA	\$ 348.8	\$ 313.6	11.2 %
Adjusted EPS	\$ 1.60	\$ 1.37	16.8 %
Adjusted free cash flow	\$ 193.8	\$ 222.4	(12.9)%

Key takeaways

► Capacity additions

- Opened 49-bed hospital in Irmo, SC
- Added 44 beds to existing hospitals
- Net pre-opening and ramp-up costs of \$4.0 million

► Balance sheet

- Amended and restated credit agreement, extending maturity date to March 2031
- Net leverage of 1.9x

► Shareholder distributions

- Paid quarterly dividend of \$0.19 per share in January
- Repurchased 707,965 shares of common stock for \$71.6 million

Revenue

(\$ in millions)	Q1 2026	Q1 2025	% Change*
Net operating revenue:			
Inpatient	\$ 1,533.7	\$ 1,417.7	8.2%
Other ⁽¹⁾	52.9	37.7	40.3%
Total revenue	\$ 1,586.6	\$ 1,455.4	9.0%

(Actual Amounts)

Discharges	67,763	64,985	4.3%
New-store discharge growth			2.7%
Same-store discharge growth			1.6%
Net patient revenue per discharge	\$ 22,633	\$ 21,816	3.7%
Revenue reserves related to bad debt as a percent of revenue	2.2 %	2.0 %	20 bps

- ▶ Other revenue includes a \$15.3 million increase in Medicaid supplemental payments⁽²⁾ (\$4.9 million attributable to prior periods).

Adjusted EBITDA⁽³⁾

(\$ in millions)	Q1 2026	% of Revenue	Q1 2025	% of Revenue
Net operating revenue	\$ 1,586.6		\$ 1,455.4	
Operating expenses:				
Salaries and benefits	(818.1)	51.6 %	(762.3)	52.4 %
Other operating expenses ^(a)	(241.6)	15.2 %	(217.3)	14.9 %
Supplies	(64.3)	4.1 %	(62.2)	4.3 %
Occupancy costs	(15.2)	1.0 %	(14.9)	1.0 %
Hospital operating expenses	(321.1)	20.2 %	(294.4)	20.2 %
General and administrative expenses ^(b)	(47.5)	3.0 %	(43.3)	3.0 %
Other income ^{(c)(d)}	2.2		2.3	
Equity in nonconsolidated affiliates	0.4		0.9	
Noncontrolling interests in continuing operations	(53.7)		(45.0)	
Adjusted EBITDA	\$ 348.8		\$ 313.6	

▶ Other operating expenses includes a \$9.7 million increase in provider tax expenses⁽²⁾ (\$0.7 million attributable to prior periods).

(\$ in millions)	Q1 2026	Q1 2025
In arriving at Adjusted EBITDA, the following were excluded:		
(a) Loss on disposal or impairment of assets	\$ 0.3	\$ 0.2
(b) Stock-based compensation and the change in fair market value of the non-qualified deferred comp plan	\$ 10.7	\$ 9.0
(c) Change in fair market value of marketable securities and the non-qualified deferred comp plan	\$ 1.0	\$ (0.2)
(d) Gain on sale ⁽⁴⁾	\$ (17.5)	\$ —

Earnings per share - as reported

(\$ in millions, except per share data)	Q1	
	2026	2025
Adjusted EBITDA	\$ 348.8	\$ 313.6
Depreciation and amortization	(87.3)	(79.2)
Interest expense and amortization of debt discounts and fees	(31.8)	(31.8)
Stock-based compensation	(11.5)	(9.5)
Loss on disposal or impairment of assets	(0.3)	(0.2)
	<u>217.9</u>	<u>192.9</u>
Items not indicative of ongoing operating performance:		
Loss on early extinguishment of debt	(0.2)	—
Change in fair market value of marketable securities	(0.2)	0.7
Gain on sale ⁽⁴⁾	17.5	—
Pre-tax income	<u>235.0</u>	<u>193.6</u>
Income tax expense	(56.4)	(41.6)
Income from continuing operations*	<u>\$ 178.6</u>	<u>\$ 152.0</u>
Diluted shares (see page 25)	100.6	102.1
Diluted earnings per share*	<u>\$ 1.77</u>	<u>\$ 1.48</u>

* Earnings per share are determined using income from continuing operations attributable to Encompass Health. Reconciliations to GAAP provided on pages 26-31. Refer to pages 32-33 for end notes.

Adjusted earnings per share⁽⁵⁾

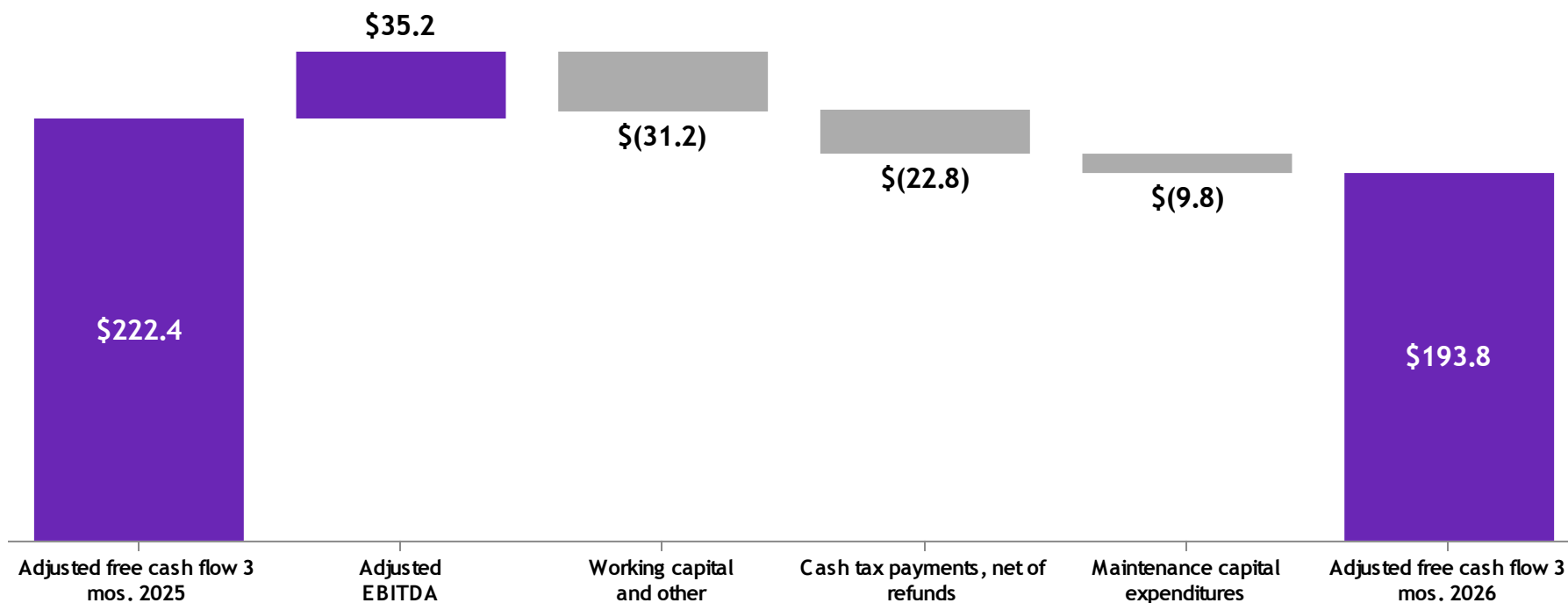
	Q1	
	2026	2025
Diluted earnings per share, as reported	\$ 1.77	\$ 1.48
Adjustments, net of tax:		
Income tax adjustments ⁽⁶⁾	(0.05)	(0.12)
Gain on sale ⁽⁴⁾	(0.13)	—
Adjusted earnings per share*	\$ 1.60	\$ 1.37

▶ Adjusted earnings per share removes from GAAP earnings per share the impact of items the Company believes are not indicative of its ongoing operating performance.

* Adjusted EPS may not sum due to rounding. See complete calculations of adjusted earnings per share on pages 29-31.

Adjusted free cash flow⁽⁷⁾

(\$ in millions)



2026 Guidance *(as of April 30, 2026)*

(\$ in millions, except per share data)

	Previous Guidance	Updated Guidance
Net Operating Revenue	\$6,365 to \$6,465	\$6,375 to \$6,470
Adjusted EBITDA ⁽³⁾	\$1,340 to \$1,380	\$1,350 to \$1,380
Adjusted earnings per share from continuing operations attributable to Encompass Health ⁽⁵⁾	\$5.81 to \$6.10	\$5.89 to \$6.11

2026 Guidance considerations *(as of April 30, 2026)*

▶ Pricing

- Medicare pricing increase of approximately 3.0% for Q1-Q3; approximately 2.4% for Q4
- Managed Care pricing increase of 2.0% to 3.0%
- Bad debt reserves of 2.0% to 2.5% of revenue

▶ Labor

- SWB per FTE increase of 3.0% to 3.5%

▶ Capacity additions

- 8 new hospitals with a total of 389 beds
- Net pre-opening and ramp-up costs of \$18 million to \$22 million (inclusive of costs associated with 2027 openings incurred in 2026)
- 150 to 200 beds to existing hospitals

▶ Corporate

- Tax rate of approximately 26%
- Diluted share count of approximately 101 million shares

Adjusted free cash flow⁽⁷⁾ assumptions *(as of April 30, 2026)*

Certain cash flow items (\$ in millions)	3 Months 2026 Actuals	2025 Actuals	2026 Assumptions
Cash interest payments (net of amortization of debt discounts and fees)	\$29.4	\$113.6	\$110 to \$120
Cash payments for income taxes, net of refunds ⁽⁸⁾	\$23.3	\$124.0	\$160 to \$190
Working capital and other	\$58.5	\$2.9	\$10 to \$40
Maintenance CAPEX	\$43.8	\$209.5	\$225 to \$240
Adjusted free cash flow	\$193.8	\$817.9	\$760 to \$875

Uses of free cash flow *(as of April 30, 2026)*

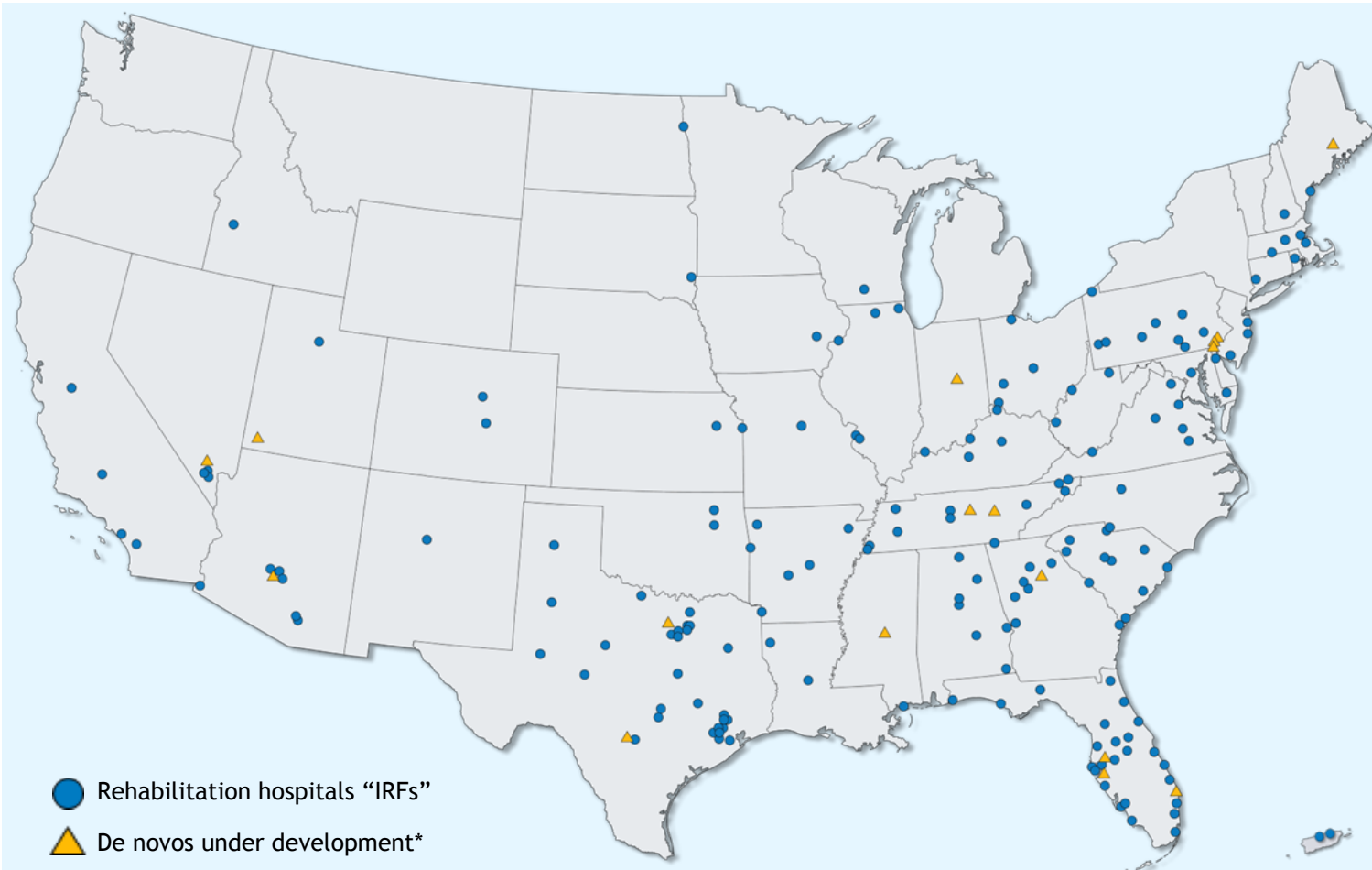
(\$ in millions)		3 Months 2026 Actuals	2025 Actuals	2026 Assumptions
Growth	Capacity expansions	\$117.5	\$526.4	\$675 to \$725
	Replacement IRFs	1.1	0.5	20 to 30
		<u>\$118.6</u>	<u>\$526.9</u>	<u>\$695 to \$755</u>
Debt reduction	Reduction (increase) in total debt ⁽⁹⁾	(\$83.0)	\$7.0	TBD
Shareholder distributions	Dividends on common stock	\$20.3	\$71.1	~ \$77
	Common stock repurchases	\$71.6	\$158.0	TBD

- Approximately \$261 million remaining under current authorization as of March 31, 2026⁽¹⁰⁾

Appendix

Encompass Health

Largest owner and operator of rehabilitation hospitals



● Rehabilitation hospitals “IRFs”
▲ De novos under development*

Company profile
as of 03/31/26

174
Rehabilitation
hospitals “IRFs”

66 are joint
ventures

18
IRFs under
development**

39
States and
Puerto Rico

Key statistics - trailing four quarters

~266,100
patient discharges

~\$6.1
Billion in revenue

~42,600
employees

*De novos under development - previously announced de novo hospitals under development as of April 30, 2026.

**IRFs under development as of April 30, 2026, include de novo and remote and satellite locations.⁽¹¹⁾

Refer to pages 32-33 for end notes.

Growth targets, fundamentals and value drivers

▶ 2023 - 2027 Growth targets

- 6 to 10 de novos per year
- 80 to 120 bed additions per year
- 6% to 8% discharge CAGR

▶ Large, under penetrated, and growing inpatient rehabilitation market

- Large addressable market indicated by low conversion rate of presumptively eligible inpatient rehabilitation patients
- Favorable demographics driving increased demand for rehabilitation services
- Unparalleled clinical expertise for treating inpatient rehabilitation conditions with consistent delivery of high-quality, cost-effective care
- Capacity addition strategy delivers attractive financial returns
- Cash flow and capital availability to fund capacity additions
- Fragmented sector presents unit acquisition and joint venture opportunities
- Significant barriers to entry and economies of scale
- Resilient business model with focus on non-discretionary conditions occurring predominantly in an aging population

▶ Shareholder distributions

- Cash dividend (currently \$0.19 per share per quarter)
- Approximately \$261 million remaining under current stock repurchase authorization as of March 31, 2026⁽¹⁰⁾

Multiple modalities for capacity expansion - beginning 2026

De novos (6-10 hospitals per year)

- Freestanding hospitals (inclusive of remote and satellite locations⁽¹¹⁾) with greater than 30 beds
- 4-8 acres of real estate
- Two primary prototypes - one and two story - to best fit available real estate
- Typically can accommodate future expansion

Bed additions (150-200 beds per year)

- Addresses high occupancy levels at existing hospitals
- Project size can vary depending on market demand, available land, CON requirements, etc.
- Leverages existing market demand, established referral sources and payor contracts, and elements of fixed infrastructure and management team

Small format hospitals (1-4 hospitals per year)

- First opening to occur in 2027
- Freestanding hospital with 20-30 beds
- Facilitates a hub and spoke strategy in large and growing markets
- 2-3 acres of real estate within 35 miles of an existing hospital to operate as a remote location
- Leverages management of existing Encompass Health hospital
- Non-expandable

Development activity

Inpatient Rehabilitation Hospitals opened or under development				
	Joint venture	Expected open date	Number of beds	
			2026	2027
De novos				
Irmo, SC			49	—
Concordville, PA		2Q26	50	—
Loganville, GA	✓	2Q26	40	—
Norristown, PA		3Q26	50	—
Bangor, ME		4Q26	50	—
San Antonio, TX		4Q26	50	—
Avondale, AZ		4Q26	60	—
Wesley Chapel, FL			—	50
Apollo Beach, FL			—	50
St. George, UT			—	50
Fishers, IN			—	50
Haslet, TX			—	50
Flowood, MS			—	50
Cookeville, TN	✓		—	40
Remote and satellite⁽¹¹⁾				
Cleveland, TN		4Q26	40	—
Other bed additions			150 to 200	150 to 200
Total capacity expansion*			539 to 589	490 to 540

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IRF development projects announced and underway**

1Q 2026 Development activity highlights		
De novos opened	# of beds	JV
• Irmo, SC	49	
Beds added to existing hospitals		
	44	
De novo announcements		
• Flowood, MS	50	
• Bear, DE	40	

RCD and TEAM

Review Choice Demonstration (“RCD”)

RCD is a five-year demonstration project initiated by the Centers for Medicare & Medicaid Services (“CMS”) providing either pre-claim or post-payment claim review to demonstrate compliance with Medicare IRF rules. This demonstration is only applicable to Medicare fee-for-service claims.

Status of RCD rollout

State	MAC	# of EHC hospitals impacted	Start Date
Alabama	Palmetto	7	August 2023
Pennsylvania	Novitas	2*	June 2024
Texas	Novitas	24*	March 2026
California	Noridian	3	May 2026

**Inclusive of hospitals in Texas (1) and Pennsylvania (2) opening later in 2026.*

Transforming Episode Accountability Model (“TEAM”)

A CMS 30-day bundled payment initiative for certain acute care hospitals (“ACHs”) covering five surgical episode groups.

- Medicare FFS population only for 189 of 935 CBSAs (700+ ACHs)
- 5-year period from Jan. 2026 to Dec. 2030
- Surgical episode groups included: Lower extremity joint replacement (LEJR); surgical hip and femur fracture treatment (SHFFT); coronary artery bypass graft (CABG); spinal fusion; major bowel procedure
- ACHs may not restrict Medicare beneficiaries’ choice of post-acute provider.
- Medicare beneficiaries eligible for Medicare on the basis of having end stage renal disease are excluded from TEAM.

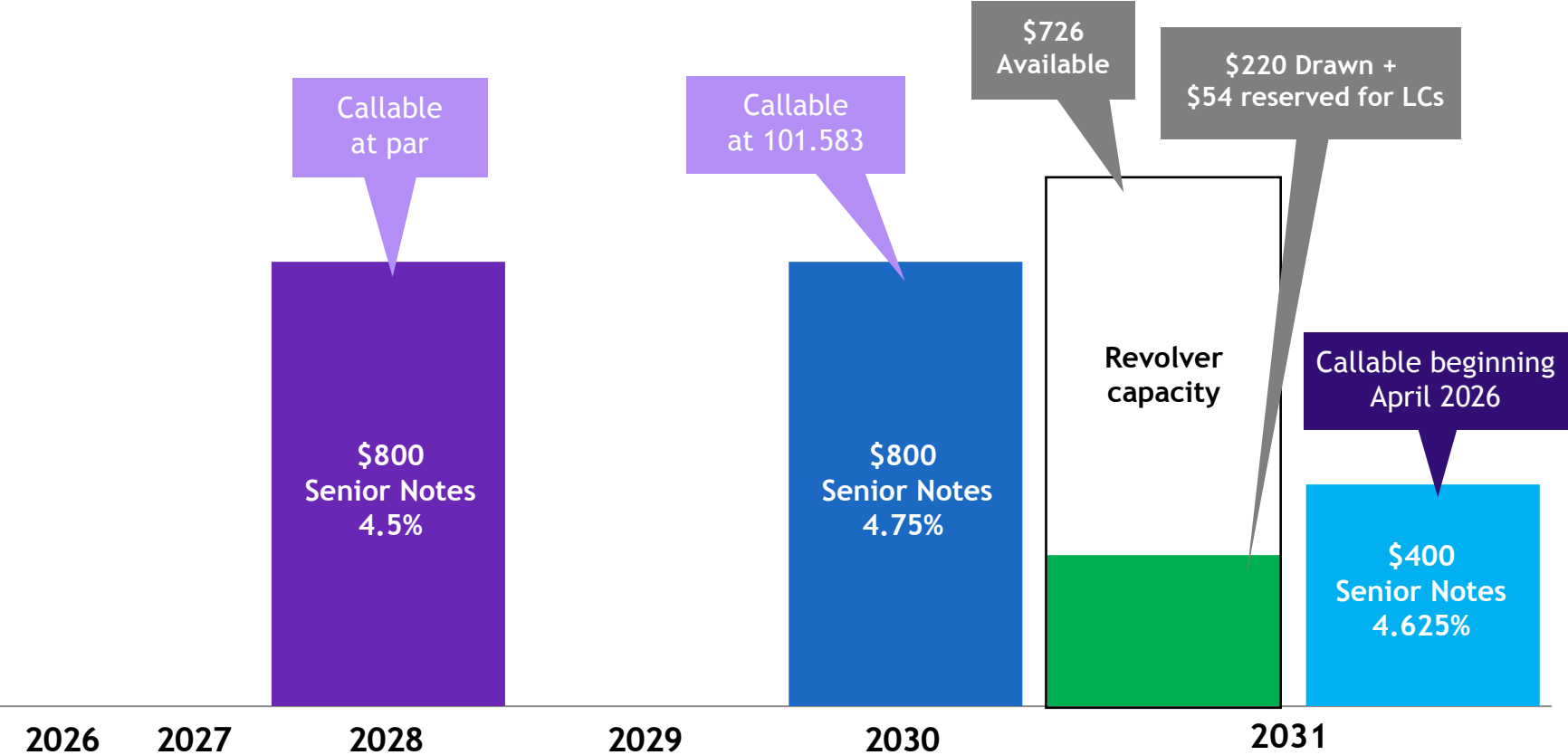
Potential impact factors:

- 89 EHC hospitals are in TEAM markets; 41 are joint ventures
- ~2% of EHC total discharges were within TEAM geographic, condition (procedure) and payor parameters in 2024.
- No downside risk in year 1 for ACHs
- Quality of outcomes impacts ACHs’ bonus amounts.

Debt maturity profile - face value

As of March 31, 2026*

(\$ in millions)



▶ Amended and restated credit agreement, extending maturity date to March 2031

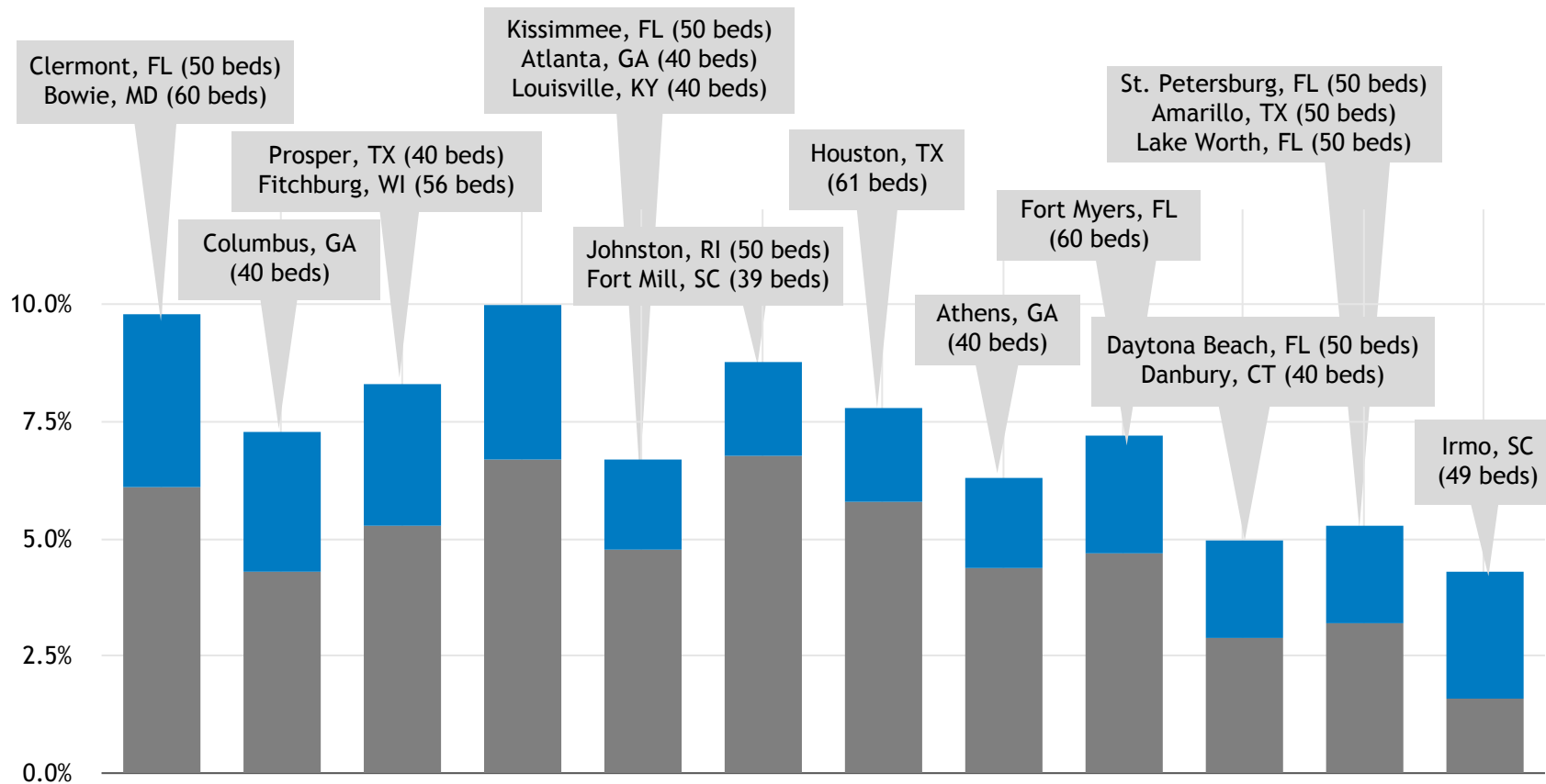
Debt schedule

(\$ in millions)	March 31, 2026	December 31, 2025	Change in Debt vs. YE 2025
Advances under \$1 billion revolving credit facility	\$ 220.0	\$ 130.0	\$ 90.0
Bonds Payable:			
4.50% Senior Notes due 2028	792.9	792.0	0.9
4.75% Senior Notes due 2030	787.7	787.0	0.7
4.625% Senior Notes due 2031	393.8	393.6	0.2
Other notes payable	91.2	93.6	(2.4)
Finance lease obligations	288.2	294.6	(6.4)
Long-term debt	\$ 2,573.8	\$ 2,490.8	\$ 83.0
Debt to Adjusted EBITDA	2.0x	2.0x	
Leverage net of cash and cash equivalents	1.9x	1.9x	

The leverage ratio for 1Q26 stated in terms of the most comparable GAAP measurement would be Debt to Net cash provided by operating activities: 2.1x

The leverage ratio for 2025 stated in terms of the most comparable GAAP measurement would be Debt to Net cash provided by operating activities: 2.1x

New-store/same-store growth



Discharges	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
New store	3.6%	3.0%	3.0%	3.3%	1.9%	2.0%	2.0%	1.9%	2.5%	2.1%	2.1%	2.7%
Same store ⁽¹²⁾	6.2%	4.3%	5.3%	6.7%	4.8%	6.8%	5.8%	4.4%	4.7%	2.9%	3.2%	1.6%
Total by quarter	9.8%	7.3%	8.3%	10.0%	6.7%	8.8%	7.8%	6.3%	7.2%	5.0%	5.3%	4.3%
Total by year			8.7%				8.3%				6.0%	
Same store by year ⁽¹²⁾			4.8%				5.6%				3.4%	

Payment sources (percent of revenues)

	Q1		Full Year
	2026	2025	2025
Medicare	65.5 %	67.0 %	65.4 %
Medicare Advantage	16.2 %	16.5 %	16.4 %
Managed care	10.6 %	10.0 %	10.7 %
Medicaid	2.9 %	2.9 %	3.1 %
Other third-party payors	0.7 %	0.6 %	0.7 %
Workers' compensation	0.5 %	0.4 %	0.5 %
Patients	0.4 %	0.2 %	0.3 %
Other income	3.2 %	2.4 %	2.9 %
Total	<u>100.0 %</u>	<u>100.0 %</u>	<u>100.0 %</u>

Operational metrics

	Q1 2026	Q4 2025	Q3 2025	Q2 2025	Q1 2025	Full Year 2025
Net operating revenues:	(In Millions)					
Inpatient	\$1,533.7	\$1,497.6	\$1,427.3	\$1,413.7	\$1,417.7	\$5,756.3
Other	52.9	47.0	50.2	44.0	37.7	178.9
Net operating revenues	<u>\$1,586.6</u>	<u>\$1,544.6</u>	<u>\$1,477.5</u>	<u>\$1,457.7</u>	<u>\$1,455.4</u>	<u>\$5,935.2</u>
	(Actual Amounts)					
Discharges ⁽¹³⁾	67,763	67,238	65,839	65,237	64,985	263,299
Net patient revenue per discharge	\$ 22,633	\$ 22,273	\$ 21,679	\$ 21,670	\$ 21,816	\$ 21,862
Outpatient visits	21,935	22,325	22,361	21,597	19,955	86,238
Average length of stay	12.1	12.0	12.1	12.0	12.2	12.1
Occupancy %	78.7 %	76.3 %	76.2 %	76.6 %	78.8 %	75.9 %
# of licensed beds	11,541	11,465	11,352	11,233	11,159	11,465
Occupied beds	9,083	8,748	8,650	8,604	8,793	8,702
Full-time equivalents (FTEs) - internal	29,599	29,236	29,198	28,784	28,572	28,948
Contract labor FTEs	345	313	354	379	375	355
Total FTEs ⁽¹⁴⁾	<u>29,944</u>	<u>29,549</u>	<u>29,552</u>	<u>29,163</u>	<u>28,947</u>	<u>29,303</u>
EPOB ⁽¹⁵⁾	3.30	3.38	3.42	3.39	3.29	3.37

Share information

(in millions)	Weighted Average for the Period				
	Q1		Full Year		
	2026	2025	2025	2024	2023
Basic shares outstanding	99.2	100.5	100.5	99.9	99.5
Restricted stock awards, dilutive stock options, and restricted stock units	1.4	1.6	1.7	2.3	1.8
Diluted shares outstanding	100.6	102.1	102.2	102.2	101.3

(in millions)	End of Period				
	Q1		Full Year		
	2026	2025	2025	2024	2023
Basic shares outstanding	99.4	100.9	100.0	100.8	100.3

Net cash provided by operating activities reconciled to Adjusted EBITDA⁽³⁾

(\$ in millions)	Q1		Full Year
	2026	2025	2025
Net cash provided by operating activities	\$ 313.1	\$ 288.6	\$ 1,175.6
Interest expense and amortization of debt discounts and fees	31.8	31.8	123.2
Gain (loss) on investments, excluding impairments	16.2	(0.1)	5.9
Equity in net income of nonconsolidated affiliates	0.4	0.9	4.3
Net income attributable to noncontrolling interests in continuing operations	(53.7)	(45.0)	(192.9)
Amortization of debt-related items	(2.4)	(2.4)	(9.6)
Distributions from nonconsolidated affiliates	(0.1)	(0.5)	(4.1)
Current portion of income tax expense	47.9	32.8	170.6
Change in assets and liabilities	33.8	7.5	(4.3)
Cash (provided by) used in operating activities of discontinued operations	(21.2)	0.7	1.4
Change in fair market value of marketable securities	0.2	(0.7)	(2.5)
Gain on sale ⁽⁴⁾	(17.5)	—	—
Other	0.3	—	0.3
Adjusted EBITDA	\$ 348.8	\$ 313.6	\$ 1,267.9

Reconciliation of net income to Adjusted EBITDA⁽³⁾

(\$ in millions)	Q1		Full Year
	2026	2025	2025
Net income	\$ 248.2	\$ 196.5	\$ 759.1
(Income) loss from discontinued operations, net of tax, attributable to Encompass Health	(15.9)	0.5	1.0
Net income attributable to noncontrolling interests included in continuing operations	(53.7)	(45.0)	(192.9)
Provision for income tax expense	56.4	41.6	192.9
Interest expense and amortization of debt discounts and fees	31.8	31.8	123.2
Depreciation and amortization	87.3	79.2	327.9
Loss on early extinguishment of debt	0.2	—	—
Loss on disposal or impairment of assets	0.3	0.2	2.7
Stock-based compensation	11.5	9.5	56.5
Change in fair market value of marketable securities	0.2	(0.7)	(2.5)
Gain on sale ⁽⁴⁾	(17.5)	—	—
Adjusted EBITDA	<u>\$ 348.8</u>	<u>\$ 313.6</u>	<u>\$ 1,267.9</u>

Reconciliation of net cash provided by operating activities to adjusted free cash flow⁽⁷⁾

(\$ in millions)	Q1		Full Year
	2026	2025	2025
Net cash provided by operating activities	\$ 313.1	\$ 288.6	\$ 1,175.6
Impact of discontinued operations	(21.2)	0.7	1.4
Net cash provided by operating activities of continuing operations	291.9	289.3	1,177.0
Capital expenditures for maintenance	(43.8)	(34.0)	(209.5)
Distributions paid to noncontrolling interests of consolidated affiliates	(57.8)	(32.9)	(152.1)
Items not indicative of ongoing operating performance:			
Transaction costs and related liabilities	3.5	—	2.5
Adjusted free cash flow	\$ 193.8	\$ 222.4	\$ 817.9
Cash dividends on common stock	\$ 20.3	\$ 18.0	\$ 71.1

Adjusted EPS⁽⁵⁾ - Q1 2026

For the Three Months Ended March 31, 2026

	Adjustments					As Adjusted
	As Reported	Loss on Early Exting. of Debt	Income Tax Adjustments ⁽⁶⁾	Change in Fair Market Value of Marketable Securities	Gain on Sale ⁽⁴⁾	
(\$ in millions, except per share amounts)						
Adjusted EBITDA	\$ 348.8	\$ —	\$ —	\$ —	\$ —	\$ 348.8
Depreciation and amortization	(87.3)	—	—	—	—	(87.3)
Interest expense and amortization of debt discounts and fees	(31.8)	—	—	—	—	(31.8)
Stock-based compensation	(11.5)	—	—	—	—	(11.5)
Loss on disposal or impairment of assets	(0.3)	—	—	—	—	(0.3)
Loss on early extinguishment of debt	(0.2)	0.2	—	—	—	—
Change in fair market value of marketable securities	(0.2)	—	—	0.2	—	—
Gain on sale ⁽⁴⁾	17.5	—	—	—	(17.5)	—
Income from continuing operations before income tax expense	235.0	0.2	—	0.2	(17.5)	217.9
Provision for income tax expense	(56.4)	(0.1)	(4.7)	—	4.5	(56.7)
Income from continuing operations attributable to Encompass Health	\$ 178.6	\$ 0.1	\$ (4.7)	\$ 0.2	\$ (13.0)	\$ 161.2
Diluted earnings per share from continuing operations*	\$ 1.77	\$ —	\$ (0.05)	\$ —	\$ (0.13)	\$ 1.60
Diluted shares used in calculation	100.6					

Adjusted EPS⁽⁵⁾ - Q1 2025

For the Three Months Ended March 31, 2025

	Adjustments			As Adjusted
	As Reported	Income Tax Adjustments ⁽⁶⁾	Change in Fair Market Value of Marketable Securities	
(\$ in millions, except per share amounts)				
Adjusted EBITDA	\$ 313.6	\$ —	\$ —	\$ 313.6
Depreciation and amortization	(79.2)	—	—	(79.2)
Interest expense and amortization of debt discounts and fees	(31.8)	—	—	(31.8)
Stock-based compensation	(9.5)	—	—	(9.5)
Loss on disposal or impairment of assets	(0.2)	—	—	(0.2)
Change in fair market value of marketable securities	0.7	—	(0.7)	—
Income from continuing operations before income tax expense	193.6	—	(0.7)	192.9
Provision for income tax expense	(41.6)	(12.0)	0.2	(53.4)
Income from continuing operations attributable to Encompass Health	\$ 152.0	\$ (12.0)	\$ (0.5)	\$ 139.5
Diluted earnings per share from continuing operations*	\$ 1.48	\$ (0.12)	\$ —	\$ 1.37
Diluted shares used in calculation	102.1			

Adjusted EPS⁽⁵⁾ - 2025

For the Year Ended December 31, 2025

	Adjustments			As Adjusted
	As Reported	Income Tax Adjustments ⁽⁶⁾	Change in Fair Market Value of Marketable Securities	
	(\$ in millions, except per share amounts)			
Adjusted EBITDA	\$1,267.9	\$ —	\$ —	\$1,267.9
Depreciation and amortization	(327.9)	—	—	(327.9)
Interest expense and amortization of debt discounts and fees	(123.2)	—	—	(123.2)
Stock-based compensation	(56.5)	—	—	(56.5)
Loss on disposal or impairment of assets	(2.7)	—	—	(2.7)
Change in fair market value of marketable securities	2.5	—	(2.5)	—
Income from continuing operations before income tax expense	760.1	—	(2.5)	757.6
Provision for income tax expense	(192.9)	(7.9)	0.6	(200.2)
Income from continuing operations attributable to Encompass Health	\$ 567.2	\$ (7.9)	\$ (1.9)	\$ 557.4
Diluted earnings per share from continuing operations*	\$ 5.55	\$ (0.08)	\$ (0.02)	\$ 5.45
Diluted shares used in calculation	102.2			

End notes

- (1) Historically, we used the term “Outpatient and other” revenue to report revenue related to our outpatient business and other revenue sources. As we have decreased our outpatient business, the associated revenues do not represent the primary source of “Outpatient and other” revenue. As of December 31, 2025, this category of revenue is referred to as “Other” revenue.
- (2) Historically, we have used the term “provider tax revenues” to refer to “Medicaid supplemental payments,” both of which represent amounts received in connection with state Medicaid programs that are not included in the specific Medicaid claim reimbursements we receive. These amounts include state directed and supplemental payment programs associated with Medicaid. Provider taxes are amounts paid by us to fund, in part, state Medicaid programs. We have used the term “net provider tax revenues” to represent the difference between provider taxes paid and the Medicaid supplemental payments received.
- (3) Adjusted EBITDA is a non-GAAP financial measure. The Company’s leverage ratio (total consolidated debt to Adjusted EBITDA for the trailing four quarters) is, likewise, a non-GAAP measure. Management and some members of the investment community utilize Adjusted EBITDA as a financial measure and the leverage ratio as a liquidity measure on an ongoing basis. These measures are not recognized in accordance with GAAP and should not be viewed as an alternative to GAAP measures of performance or liquidity. In evaluating Adjusted EBITDA, the reader should be aware that in the future the Company may incur expenses similar to the adjustments set forth.
- (4) On December 31, 2025, we entered into an agreement to sell our 50% membership interest in Gamma Knife Center at Barnes-Jewish Hospital, LLC (“Gamma Knife”) to our existing joint venture partner, Barnes-Jewish Hospital, LLC, for \$17.9 million effective January 1, 2026. We accounted for Gamma Knife as an equity method investment. As a result of this transaction, we recorded a \$17.5 million pre-tax gain during the three months ended March 31, 2026.
- (5) The Company is providing adjusted earnings per share from continuing operations attributable to Encompass Health (“adjusted earnings per share”), which is a non-GAAP measure. The Company believes the presentation of adjusted earnings per share provides useful additional information to investors because it provides better comparability of ongoing operating performance to prior periods given that it excludes the impact of government, class action, and related settlements, professional fees - accounting, tax, and legal, mark-to-market adjustments for stock appreciation rights, gains or losses related to hedging and equity instruments, loss on early extinguishment of debt, adjustments to its income tax provision (such as valuation allowance adjustments, settlements of income tax claims, windfall tax benefits and executive compensation disallowance), items related to corporate and facility restructurings, and certain other items deemed to be non-indicative of ongoing operating performance. It is reasonable to expect that one or more of these excluded items will occur in future periods, but the amounts recognized can vary significantly from period to period and may not directly relate to the Company's ongoing operating performance. Accordingly, they can complicate comparisons of the Company's results of operations across periods and comparisons of the Company's results to those of other healthcare companies. Adjusted earnings per share should not be considered as a measure of financial performance under generally accepted accounting principles in the United States as the items excluded from it are significant components in understanding and assessing financial performance. Because adjusted earnings per share is not a measurement determined in accordance with GAAP and is thus susceptible to varying calculations, it may not be comparable as presented to other similarly titled measures of other companies.
- (6) Income tax adjustments primarily relate to windfall tax benefits and executive compensation disallowance.
- (7) The definition of adjusted free cash flow, which is a non-GAAP measure, is net cash provided by operating activities of continuing operations minus capital expenditures for maintenance, distributions to noncontrolling interests, and certain items deemed to be non-indicative of ongoing operating performance. Common stock dividends are not included in the calculation of adjusted free cash flow. Because this measure is not determined in accordance with GAAP and is susceptible to varying calculations, it may not be comparable to other similarly titled measures presented by other companies.

End notes (continued)

- (8) The increase in our assumption for cash taxes compared to our prior assumption (provided February 5, 2026) is primarily driven by (i) gains recognized on the sale of our 50% membership interest in the Gamma Knife Center at Barnes-Jewish Hospital, LLC to our existing joint venture partner for \$17.9 million, and (ii) the recovery of approximately \$22 million of attorneys' fees and other expenses in *Enhabit, Inc. et al. v. Nautic Partners IX, L.P., et al., C.A. No. 2022-0837-LWW (Del. Ch.)*. The cash associated with these gains is not included in free cash flow.
- (9) Cash used for net debt borrowings were \$81.1 million during the three months ended March 31, 2026. Cash used for net debt redemptions were \$29.0 million during the twelve months ended December 31, 2025.
- (10) On October 28, 2013, the Company announced its board of directors authorized the repurchase of up to \$200 million of its common stock. On February 14, 2014, the Company's board approved an increase in this common stock repurchase authorization from \$200 million to \$250 million. As of June 30, 2018, the remaining repurchase authorization was approximately \$58 million. On July 24, 2018, the Company's board approved resetting the aggregate common stock repurchase authorization to \$250 million. As of June 30, 2024, the remaining repurchase authorization was approximately \$181 million. On July 24, 2024, the Company's board approved resetting the aggregate common stock repurchase authorization to \$500 million. As of March 31, 2026, the remaining repurchase authorization was approximately \$261 million.
- (11) Our inpatient rehabilitation hospitals ("IRFs") may operate one or more satellite and/or remote locations. Satellite and remote locations are located within 35 miles to one of our existing IRFs but do not have a separate Medicare provider number. As such, they are considered a bed addition, are included in same store results from the day of opening, and are not included in our count of total open hospitals. As of March 31, 2026, we operated 9 remote locations.
- (12) Same-store comparisons are calculated based on hospitals open throughout both the full current periods and prior periods presented. These comparisons include the financial results of market consolidation transactions and capacity expansions (including the addition of satellite and remote hospitals) in existing markets.
- (13) Represents discharges from 174 consolidated hospitals in Q1 2026; 173 consolidated hospitals in Q4 2025; 170 consolidated hospitals in Q3 2025; 168 consolidated hospitals in Q2 2025 and 167 consolidated hospitals in Q1 2025.
- (14) Total full-time equivalents included in the table represent Encompass Health employees who participate in or support the operations of our hospitals and include full-time equivalents related to contract labor.
- (15) Employees per occupied bed, or "EPOB," is calculated by dividing the number of total full-time equivalents, including full-time equivalents from the utilization of contract labor, by the number of occupied beds during each period.