



Q1 '09

Earnings Call

May 5, 2009

Forward-looking statements

Certain statements contained in this presentation constitute forward-looking statements. Such forward-looking statements are based on management's current expectations and involve known and unknown risks, uncertainties and other factors that may cause the Company's actual results to be materially different from those expressed or implied by such forward-looking statements. Such factors include, among others, the following: general economic and business conditions, both nationally and regionally; industry capacity; demographic changes; changes in, or the failure to comply with, laws and governmental regulations; the ability to enter into managed care provider arrangements on acceptable terms; changes in Medicare and Medicaid payments or reimbursement, including those resulting from a shift from traditional reimbursement to managed care plans; liability and other claims asserted against the Company; competition, including the Company's failure to attract patients to its hospitals; the loss of any significant customers; technological and pharmaceutical improvements that increase the cost of providing, or reduce the demand for, health care; a shortage of raw materials, a breakdown in the distribution process or other factors that may increase the Company's cost of supplies; changes in business strategy or development plans; the ability to attract and retain qualified personnel, including physicians, nurses and other health care professionals, including the impact on the Company's labor expenses resulting from a shortage of nurses or other health care professionals; the significant indebtedness of the Company; the availability of suitable acquisition opportunities and the length of time it takes to accomplish acquisitions; the Company's ability to integrate new businesses with its existing operations; and the availability and terms of capital to fund the expansion of the Company's business, including the acquisition of additional facilities. Certain additional risks and uncertainties are discussed in the Company's filings with the Securities and Exchange Commission, including the Company's annual report on Form 10-K and quarterly reports on Form 10-Q. Do not rely on any forward-looking statement, as we cannot predict or control many of the factors that ultimately may affect our ability to achieve the results estimated. We make no promise to update any forward-looking statement, whether as a result of changes in underlying factors, new information, future events or otherwise.

Non-GAAP Information

This document includes certain financial measures including such as adjusted EBITDA which are not calculated in accordance with Generally Accepted Accounting Principles (GAAP). Management recommends that you focus on the GAAP numbers as the best indicator of financial performance. These alternative measures are provided only as a supplement to aid in analysis of the Company.

Reconciliation between non-GAAP measures and related GAAP measures can be found in our Q1'09 quarterly earnings release issued on May 5, 2009.



Trevor Fetter

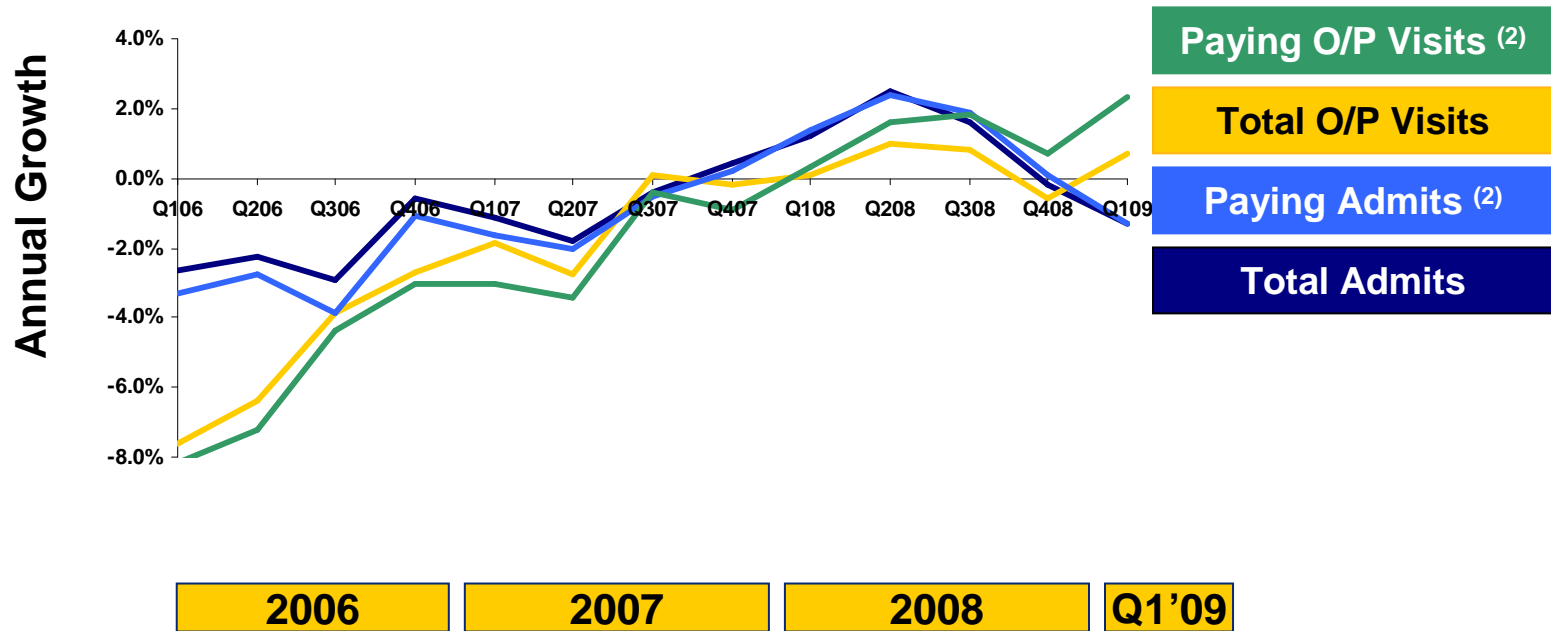
**President &
Chief Executive Officer**

Q1'09 Highlights

- 28% growth in adjusted EBITDA
- Strong cash flow from operations
- Balance sheet strengthened
 - Capital expenditures carefully controlled
 - USC sale completed
 - Bond exchange extended debt maturities

Volume growth trends (1)

(same-hospital)



(1) Volume data not adjusted for Leap Year

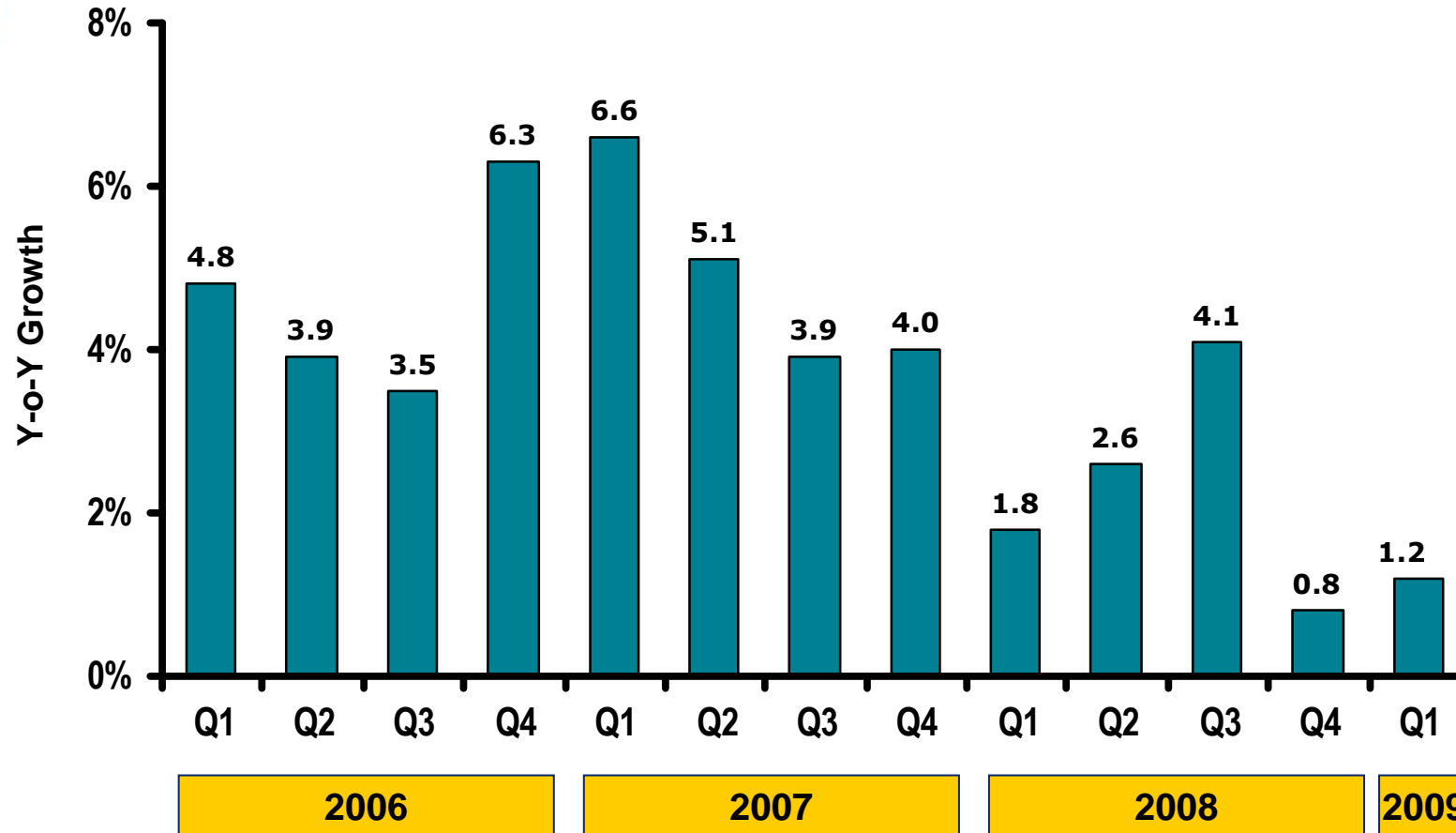
(2) Paying admissions/visits are defined as total admissions/visits less charity and uninsured admissions/visits

Excellent cost control

- 1.2% increase in controllable operating expense per adjusted patient day
 - 0.7% decrease in controllable operating expense per adjusted admission
- \$19mm (48%) reduction in malpractice expense

Cost control has been excellent

Controllable Expenses⁽¹⁾ per Adjusted Patient Day



(1) Same-hospital controllable expenses defined as SWB, supplies, and other operating expenses.





MPI

“Medicare Profitability Initiative”

- MPI is designed to advance Tenet’s transition to a new business model
- Driving margin expansion in the context of increasing reliance on government-level reimbursement

Performance metrics

- Cost efficiency
 - Labor trends have improved
 - Turnover improved 22%
 - Contract labor costs down 33%
 - Overtime down 16%
 - Medical malpractice expense down 48%
- Bad debt – more challenging to project
- Pricing
 - 92% of commercial rates contracted for 2009, 52% for 2010
 - Medicare IPPS rates introduce uncertainty in Q4
- Volumes – Q1'09 largely stable, but softer commercial admissions in April

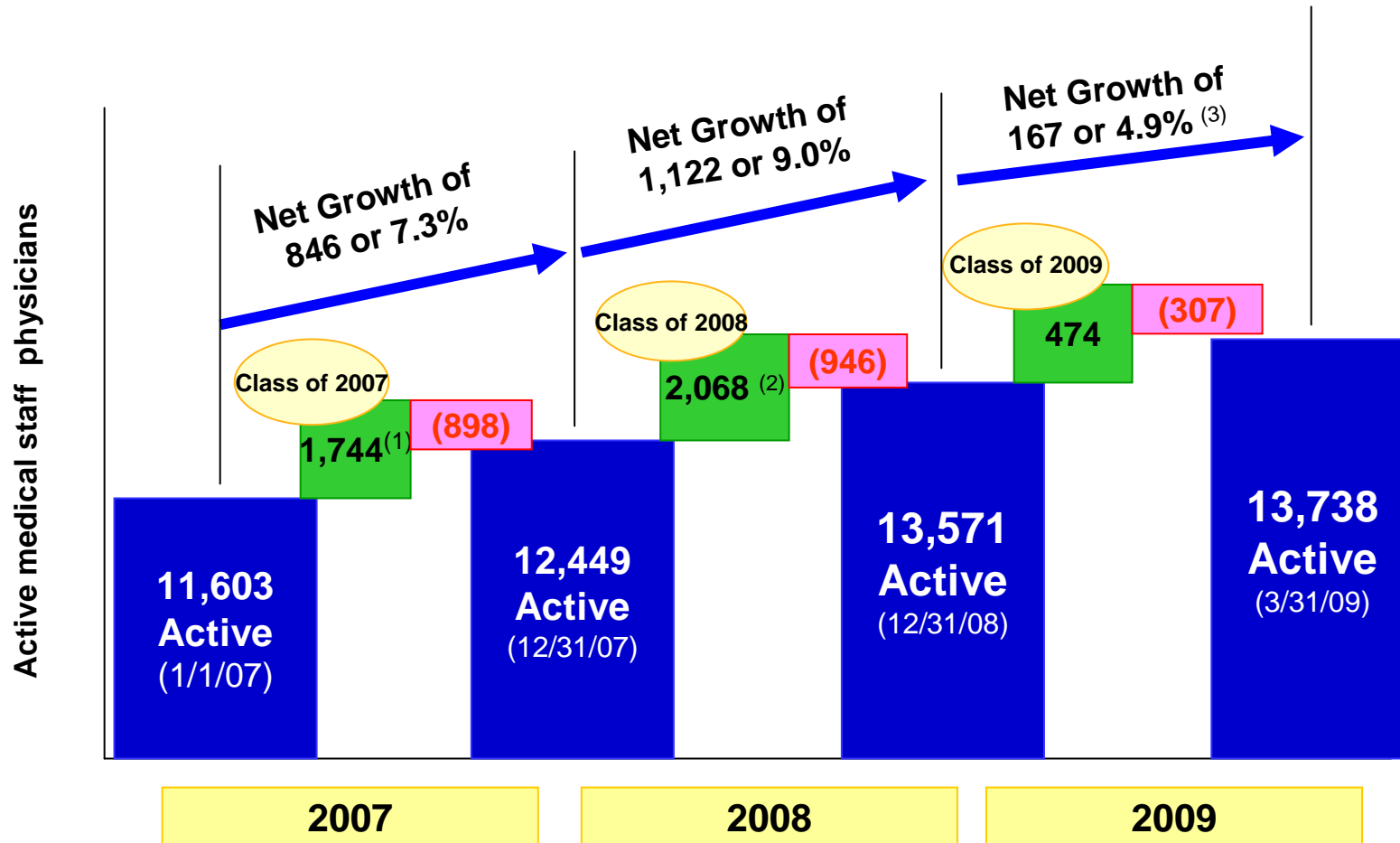


Stephen L. Newman, M.D.

Chief Operating Officer

PRP

18.4% net growth in active physicians since Jan 1, 2007

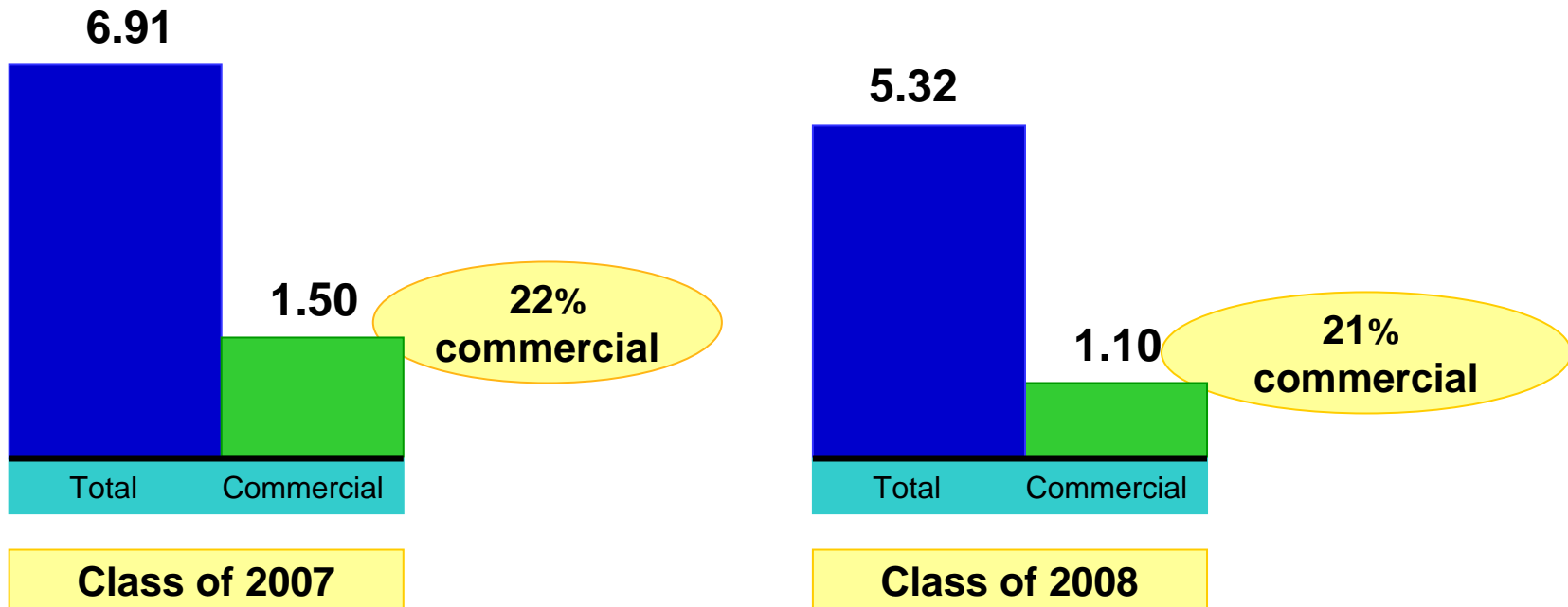


(1) Includes 166 physicians with existing privileges at other Tenet hospitals, primarily in El Paso
(2) Includes 103 physicians with existing privileges at other Tenet hospitals, primarily in El Paso
(3) Q1'09 growth annualized

PRP

Admissions growth from physician Classes of 2007 and 2008

Admissions per Physician ⁽¹⁾ (Q1'09)

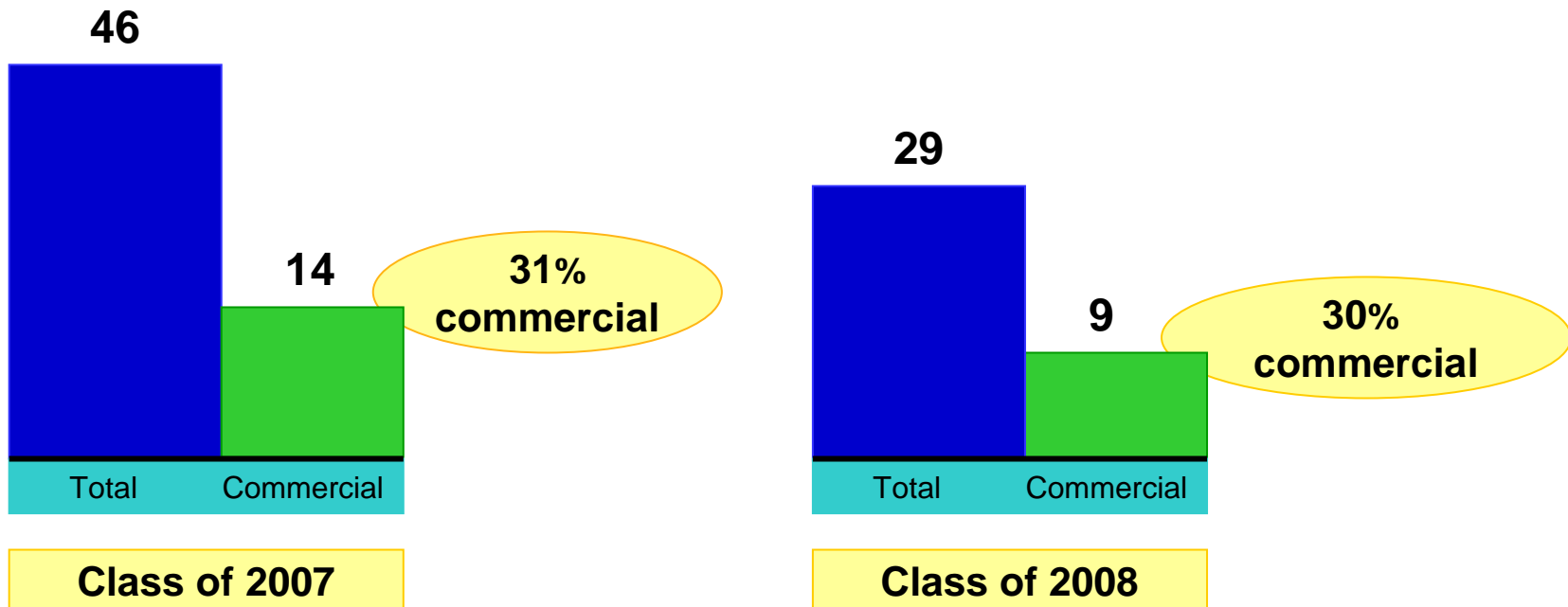


⁽¹⁾ Physicians from Classes of 2007 and 2008 currently on active medical staff

PRP

OP volume growth from physician Classes of 2007 and 2008

Outpatient Referrals per Physician ⁽¹⁾
(Q1'09)



⁽¹⁾ Physicians from Classes of 2007 and 2008 currently on active medical staff

Percentage change in commercial admissions in seven TGI service lines⁽¹⁾ exceeds percentage change in non-TGI commercial admissions

(same hospital)



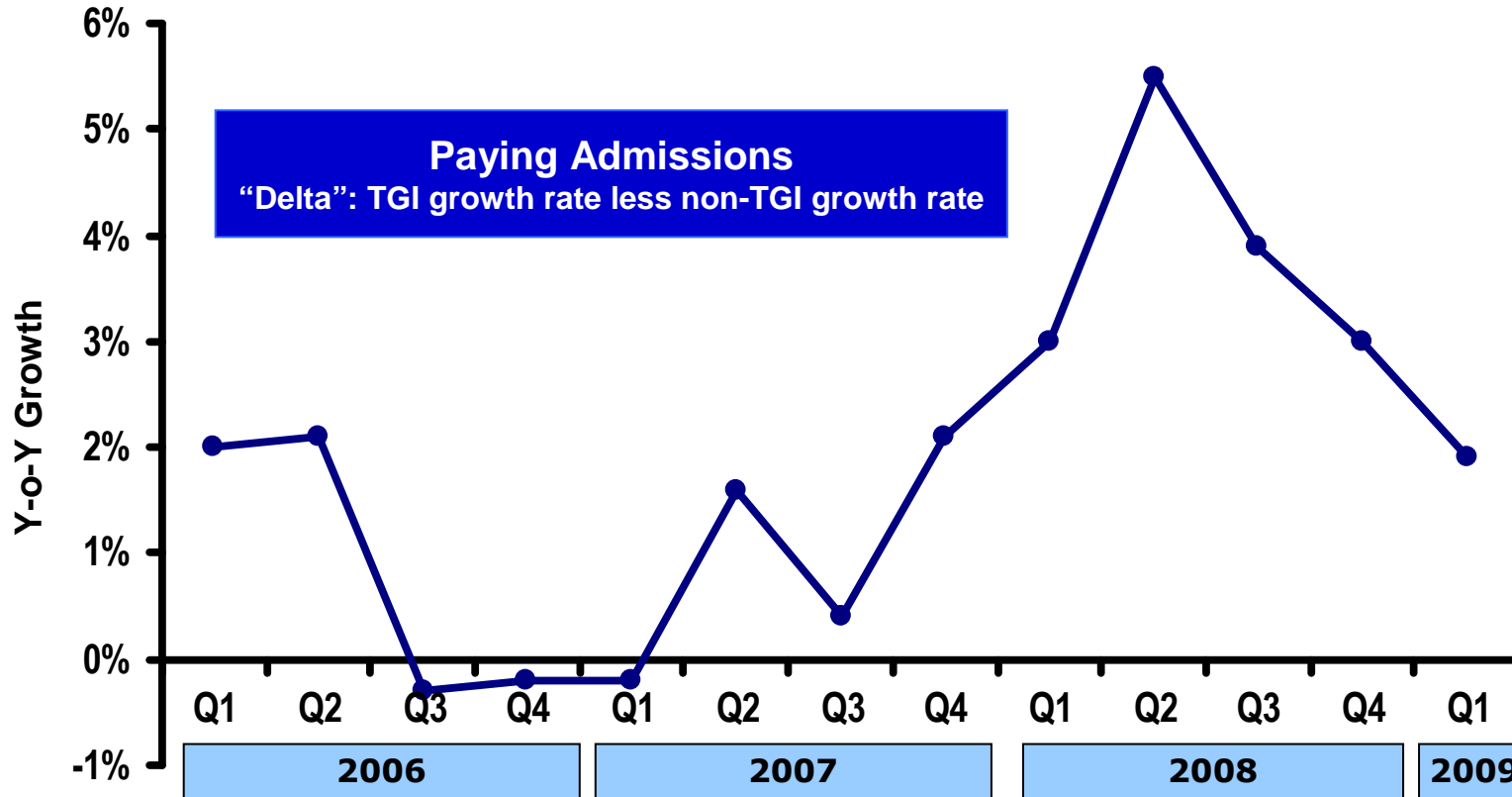
	2006				2007				2008				2009
(%)	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
TGI Growth	(7.2)	(4.2)	(6.8)	(4.2)	(4.2)	(1.4)	3.5	2.1	5.7	5.9	(1.1)	2.7	(5.2)
Non-TGI Growth	(3.6)	(6.2)	(5.4)	(2.7)	(2.2)	(0.9)	(1.6)	(2.9)	(6.5)	(4.0)	(4.1)	(4.7)	(2.7)
Delta	(3.6)	2.0	(1.4)	(1.5)	(2.0)	(0.5)	5.1	5.0	12.2	9.9	3.0	7.4	(2.5)
Commercial Growth	(4.4)	(5.8)	(5.7)	(3.0)	(2.7)	(1.0)	(0.3)	(1.6)	(3.7)	(1.6)	(3.4)	(3.0)	(3.2)

(1) Includes: general surgery, major trauma, neonatal, neurological medicine, neurosurgery, open heart and orthopedic surgery.

TGI

Percentage change in paying admissions in seven TGI service lines⁽¹⁾ exceeds percentage in non-TGI paying admissions

(same hospital)



(%)	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
TGI Growth	(1.7)	(1.1)	(4.1)	(1.2)	(1.8)	(3.3)	(0.5)	0.6	2.6	5.8	4.2	3.0	0.3
Non-TGI Growth	(3.7)	(3.2)	(3.8)	(1.0)	(1.6)	(1.7)	(0.9)	(0.2)	0.8	1.2	1.4	(0.6)	(1.6)
Delta	2.0	2.1	(0.3)	(0.2)	(0.2)	(1.6)	0.4	0.8	1.8	4.6	2.8	3.6	1.9
Total Growth	(3.3)	(2.8)	(3.9)	(1.1)	(1.7)	(2.0)	(0.8)	(0.1)	1.1	2.2	2.0	0.1	(1.2)

(1) Includes: general surgery, major trauma, neonatal, neurological medicine, neurosurgery, open heart and orthopedic surgery.

MPI

“Medicare Profitability Initiative”

- MPI designed to advance Tenet’s transition to a new business model
- MPI designed to enhance profitability across all payer classes
- Identify best practices in Tenet’s most cost-efficient hospitals
- Builds on PMI’s data-driven skill set
- More . . . at Tenet’s June 2nd Investor Day



Biggs C. Porter
Chief Financial Officer

Q1'09 Highlights

■ Volumes

- 2.0% decline in commercial managed care admissions
(growth rate adjusted for Leap Year)
- April commercial managed care admissions showed incremental declines – impacted by “Easter Effect”
 - April’s commercial managed care outpatient visits were stable
 - Remain comfortable with 2009 Outlook assumption of a 3% decline in commercial managed care admissions

■ Revenues

- 3.6% growth in same-hospital net revenues
 - Includes \$11mm in cost report adjustments

Cost report adjustments⁽¹⁾ have been primarily favorable

	2006				2007				2008				2009
(\$mm)	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Cost Report Adjustments ⁽²⁾	27	4	(10)	16	12	13	22	–	2	(9)	10	2	11

(1) As reported in each period

(2) Q2'08 includes a \$16mm adverse adjustment related to a pending CMS decision in connection with GME FTE units at one of our California hospitals. There was a subsequent \$8mm partial reversal of this Q2'08 adjustment recorded in Q4'08.

Q1'09 Highlights *(cont.)*

- Cost efficiencies
 - Raising 2009 Outlook assumption for cost initiative savings to \$180mm from \$150mm
- Bad Debt expense
 - Well-controlled primarily due to:
 - Reduced uninsured revenues
 - Collections improved at point of service
 - But, . . . a decline in the combined balance after and self pay collection rate
 - Remain cautious on 2009 Outlook for bad debt expense
 - Bad debt increase could lag the economy

Q1'09 Highlights *(cont.)*

■ Cash

- Adjusted free cash flow – negative \$135mm
 - \$151mm improvement compared to negative \$286mm in Q1'08
- Q1 includes significant seasonal cash usage
 - \$123mm in matching 401(k) contributions and annual incentive compensation payments
 - Interest payments are also larger in Q1:
 - \$149mm in Q1'09
 - \$65mm in Q2'09 (before swap impact)

Interest Rate Swap (effective May 1, 2009)

- Swapped fixed for floating
- \$1 billion notional amount against our 2013 maturity
- Expected 2009 interest savings of approximately \$9mm (assuming stable one-month LIBOR)
- Interest rate cap on one-month LIBOR at 8 percent
- Retain net floating rate exposure well below industry average, including cash position

2009 adjusted EBITDA walk-forward

(Continuing operations)

Line #	(\$mm)	Revenue	Cost	Adjusted EBITDA	Change	Revised
1	2008	8,663	(7,931)	732	-	732
2	Volume – assuming constant mix ^(a)	61	(37)	24	-	24
3	– impact from adverse mix shift	(37)	(6)	(43)	-	(43)
4	Pricing – Base Line Increase ^(b)	303	(28)	275	(11)	264
5	- Managed Care ^(c)	43	-	43	6	49
6	Costs – Base Line Inflation ^(d)	-	(298)	(298)	-	(298)
7	- Cost Reduction Initiatives ^(e)	-	150	150	30	180
8	Bad Debt – impact of rate differential only ^(f)	-	(110)	(110)	-	(110)
9	Other ^(g)	57	(30)	27	-	27
10	Total – Upper End of Adjusted EBITDA Range	9,090	(8,290)	800	25	825
11	Allowance for Risk ^(h)			(65)	-	(65)
12	Total – Lower End of Adjusted EBITDA Range			735	25	760

(a) Assumes admissions growth of 0.8% and outpatient visit growth of 0.5%, using 2008 average pricing. Margin assumption on incremental revenues 40%.

(b) Base line pricing increases of approximately 3.5%. This assumption is before discrete initiatives valued in this analysis.

(c) Rate parity price increases in existing contracts and anticipated future increases plus \$7mm from P4P payments.

(d) Inflation rate of 4.0% reflects normal merit increases, union contract adjustments, supply cost increases and other items before discrete initiatives valued in this analysis.

(e) Full year impact of cost initiatives initiated in late 2008; malpractice reductions; plus original \$29mm in 2008's estimates as previously disclosed

(f) Assumes 2009 bad debt ratio of approximately 8.5%, a 90 basis point increase over our Q4'07 bad debt ratio of 7.6%. Bad debt ratio was 7.3% in 2008.

(g) Includes impact of Sierra Providence East Medical Center (El Paso) and Coastal Carolina Hospital.

(h) Various risks including volume growth, volume mix, and bad debt create at least \$65 million in uncertainties for 2009 performance.

This schedule is not intended to provide a series of spot estimates or line item guidance. Other combinations of line item performance could produce the same or higher or lower results.



2009 Cash Walk Forward

(\$mm)

	Prior		Change	Revised	
	Low	High		Low	High
2009 EBITDA	735	800	25	760	825
Add Back: Stock Compensation Charges	20	25	-	20	25
Changes in Cash from Operating Assets and Liabilities	(115)	(70)	(5)-(30)	(120)	(100)
Interest Payments	(400)	(440)	(20) - 5	(420)	(435)
Adjusted Net Cash Provided by Operating Activities – Cont. Ops.	240	315	-	240	315
Capital Expenditures – Cont. Ops.	(400)	(450)	-	(400)	(450)
Adjusted Free Cash Flow – Cont. Ops.	(160)	(135)	-	(160)	(135)
Income Tax Refunds	15	25	-	15	25
Payments against Reserves for Restructuring Charges, Litigation Costs and Settlements	(190)	(170)	-	(190)	(170)
Net Cash Provided (Used In) Operating Activities from Disc. Ops.	(10)	10	-	(10)	10
Investing Activities, Reserve Fund, Divestitures and Other	308	343	-	308	343
Net Financing Activities	(20)	(30)	-	(20)	(30)
Net Increase (Decrease) in Cash and Cash Equivalents	(57)	43	-	(57)	43
Cash and Cash Equivalents December 31, 2008	507		-	507	
Cash and Cash Equivalents December 31, 2009	450	550	-	450	550

April 1 – Dec 31, 2009 - - Cash Walk Forward

(\$mm)	Low	High
EBITDA Outlook (Q2'09-Q4'09)	484	549
Add Back: Stock Compensation Charges	13	18
Changes in Cash from Operating Assets and Liabilities	48	68
Interest Payments	(271)	(286)
Adjusted Net Cash Provided by Operating Activities – Cont. Ops.	274	349
Capital Expenditures – Cont. Ops.	(299)	(349)
Adjusted Free Cash Flow – Cont. Ops.	(25)	0
Income Tax Refunds	15	25
Payments against Reserves for Restructuring Charges, Litigation Costs and Settlements	(162)	(142)
Net Cash Used In Operating Activities from Disc. Ops.	(66)	(46)
Investing Activities, Reserve Fund, Divestitures and Other	32	67
Net Financing Activities	4	(6)
Net Increase (Decrease) in Cash and Cash Equivalents	(202)	(102)
Cash and Cash Equivalents March 31, 2009	652	
Cash and Cash Equivalents December 31, 2009	450	550