DaVita HealthCare Partners

J.P. Morgan Healthcare Conference

January 8, 2013

DaVita

Certain statements in today's presentation contain forward-looking statements within the meaning of the federal securities laws. All statements that do not concern historical facts are forward-looking statements and include, among other things, statements about our expectations, beliefs, intentions and/or strategies for the future. These forward-looking statements include statements regarding our future operations, financial condition and prospects, expectations for treatment growth rates, revenue per treatment, expense growth, levels of the provision for uncollectible accounts receivable, operating income, cash flow, operating cash flow, estimated tax rates, capital expenditures, the development of new centers and center acquisitions, government and commercial payment rates, revenue estimating risk, the impact of our related level of indebtedness on our financial performance, including earnings per share.

These statements involve substantial known and unknown risks and uncertainties that could cause our actual results to differ materially from those described in the forward-looking statements, including, but not limited to, risks resulting from the concentration of profits generated from commercial payor plans, continued downward pressure on average realized payment rates from commercial payors, which may result in the loss of revenues or patients, a reduction in the number of patients under higher-paying commercial plans, a reduction in government payment rates under the Medicare End Stage Renal Disease program or other government-based programs, the impact of health care reform legislation that was enacted in the United States in March 2010, changes in pharmaceutical or anemia management practice patterns, payment policies, or pharmaceutical pricing, our ability to maintain contracts with physician medical directors, legal compliance risks, including our continued compliance with complex government regulations, current or potential investigations by various government entities and related government or private-party proceedings, continued increased competition from large and medium-sized dialysis providers that compete directly with us, the emergence of new models of care introduced by the government or private sector, such as accountable care organizations, independent practice association and integrated delivery systems, and changing affiliation models for physicians plans, such as employment by hospitals, that may erode our patient base and reimbursement rates, our ability to complete any acquisitions or mergers, dispositions that we might be considering or announce, or to integrate and successfully operate any business we may acquire, including the HCP business, or to expand our operations and services to markets outside the United States, or to businesses outside of dialysis, variability of DaVita's cash flows, risks arising from the use of accounting estimates in our financial statements, loss of key HCP employees following the HCP transaction, potential disruption from the HCP transaction making it more difficult to maintain business and operational relationships with customers, partners, affiliated physicians and physician groups and others, the risk that the cost of providing services under HCP's agreements will exceed HCP's compensation, the risk that laws regulating the corporate practice of medicine could restrict the manner in which HCP conducts its business, the risk that reductions in reimbursement rates and future regulations may negatively impact HCP's business, revenue and profitability, the risk that HCP may not be able to successfully establish a presence in new geographic regions, the risk that reductions in the quality ratings of health maintenance organization plan customers of HCP could have an adverse effect on HCP's business, the fact that HCP faces certain competitive threats that could reduce its profitability, or the risk that a disruption in HCP's healthcare provider networks could have an adverse effect on HCP's operations and profitability, and the other risk factors set forth in our Form 10-Q.

We base our forward-looking statements on information currently available to us, and we undertake no obligation to update or revise any forward-looking statements, whether as a result of changes in underlying factors, new information, future events or otherwise. All references to "DaVita" as used throughout this presentation refer to DaVita HealthCare Partners Inc. and/or its subsidiaries. All references to "HealthCare Partners" and "HCP" as used throughout this presentation refer to HealthCare Partners Holdings, LLC and its related entities.

For a reconciliation of non-GAAP financial information included in this presentation to the most comparable measure calculated in accordance with GAAP, see the attached reconciliation schedule.

Kidney Care

HealthCare Partners

Consolidated Outlook & Capital Structure

At a Glance

Investment Considerations

Building Blocks

International

Kidney Care at a Glance

As of Q3'12

• LTM Revenue	$7.6B
• LTM OI	$1.3B
• U.S. Facilities	1,912
• Patients	~150,000
• LTM Treatments	21.5M
• U.S. Patient Share	~34%

Typical DaVita Center

- $3.9M revenue
- $670K OI
- 78 patients
  - 90% Government
  - 10% Private
- Number of teammates
  - 5 nurses
  - 8 techs
  - 4 other
- 16 machines and chairs

Strong Clinical Outcomes

As of Q3'12

- Kt/V > 1.2 — 98%
- % Fistulas Placed — 71%
- Ca <= 10.2 — 98%
- Phos <= 5.5 — 81%
- CVC use (Day 90) — 15%

A Quality Leader

Kidney Care

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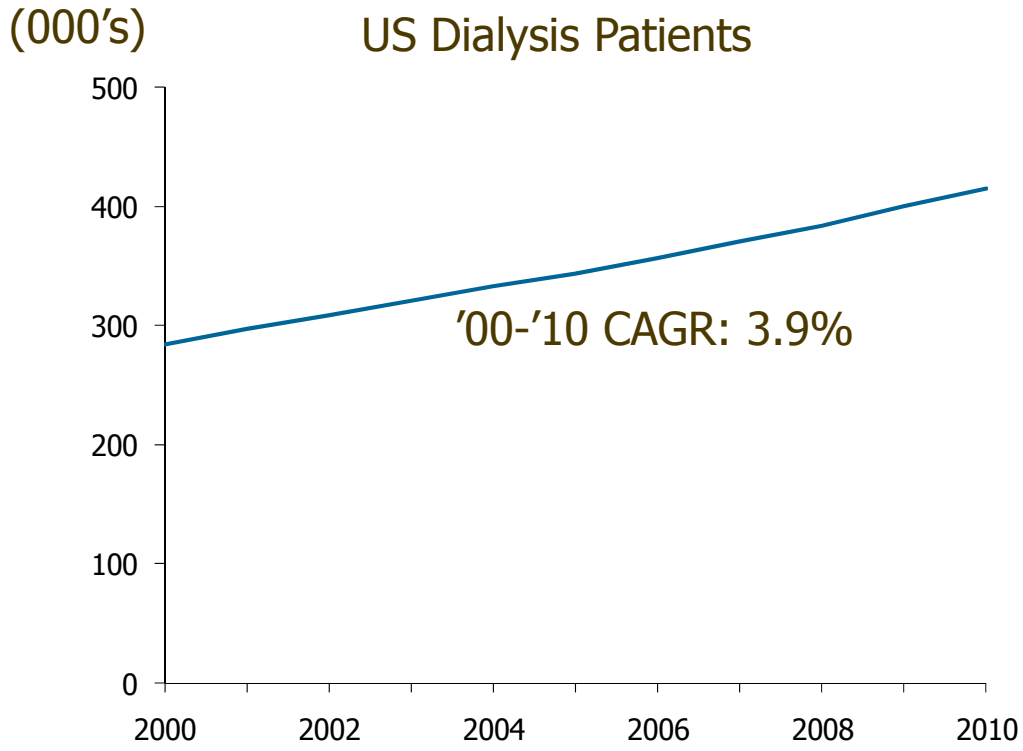
Kidney Care Key Investment Highlights

Industry	DaVita
• Stable demand growth	• Strong clinical outcomes
• Steady cash flows	• Scale provider
• Significant government accountability	• Strong compliance record
• Unusual transparency	• Operating track record
• Reasonable credibility/coherence in DC	• Experienced management team
• Largely investor owned	• Integrated care capability

Stable Demand Growth

- Steady and resilient industry demand
  - Independent of macroeconomic factors: not cyclical and not seasonal
  - Limited therapeutic alternatives: transplant
  - Strong center loyalty
- No clinical need controversy



Source: USRDS

Strong Operating Track Record

OI	We Said [1]	We Did [2] [3] [6]	In Or Above Range
2003:	$292-312M	$355M	√
2004:	$356-380M	$402M	√
2005:	$410-435M [4]	$462M	√
2006:	$575-645M [5]	$701M	√
2007:	$680-750M	$800M	√
2008:	$790-850M	$822M	√
2009:	$870-930M [6]	$940M	√
2010:	$950-1,020M	$997M	√
2011:	$1,040-1,100M	$1,155M	√
2012:	$1,100-1,200M	$1,315-1,330M [7]	√

[1] First guidance.
[2] Non-GAAP measure; excludes one-time charges and reported prior period recoveries.
[3] 2003 and 2004 represent the original amounts as reported and have not been adjusted for the required divestitures that occurred in connection with the Gambro acquisition. In addition, all amounts presented have not been adjusted for the effects of the required divestitures in connection with the DSI acquisitions.
[4] Gambro acquisition completed October 2005.
[5] Includes stock compensation expense; Original guidance excluded stock compensation.
[6] Effective January 1, 2009, we were required to change the presentation of minority interests (non-controlling interests) in our consolidated statement of income, which changed the presentation of operating income as well. All prior amounts have not been adjusted to reflect the application of this requirement.
[7] Latest 2012 Operating Income guidance provided October 2012; excludes HCP

Significant Government Accountability

- Transparent Economics
- "Single DRG"
- ~90% government pay
- ~1,000 independent centers
- Some recent closures

Unique Compliance Record

	Initiated	Status	Result
Lab	1998	Closed 2004	$95M paid to DVA
ED of Pennsylvania	2001	Closed 2007	$0
ED of New York	2004	Closed 2009	$0
ND of Georgia	2008	DOJ declined 2010; Civil Action Ongoing	$0
ED of Texas	2002	DOJ declined 2010; Reached settlement 2012	$55M
ED of Missouri	2005	Closed 2012	$0
PRI Dallas	2010	Ongoing	TBD
New York -Medicare	2011	Civil only - Pending	TBD

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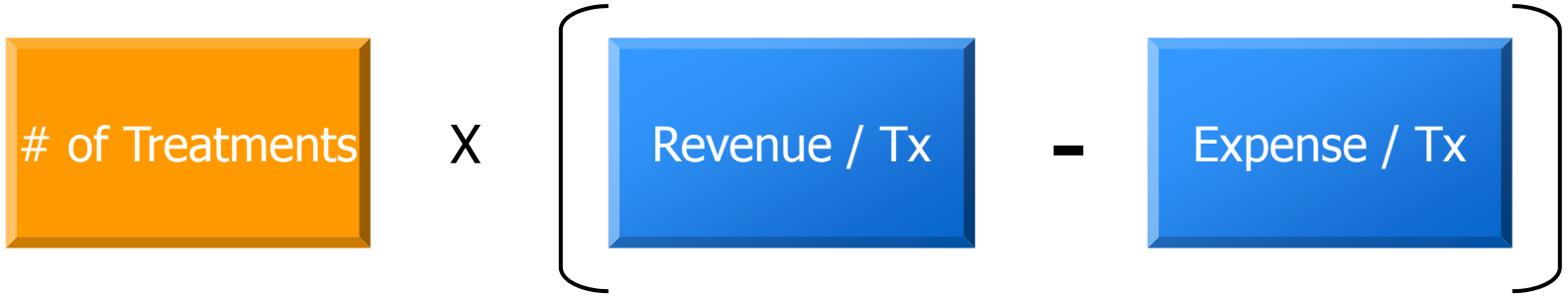
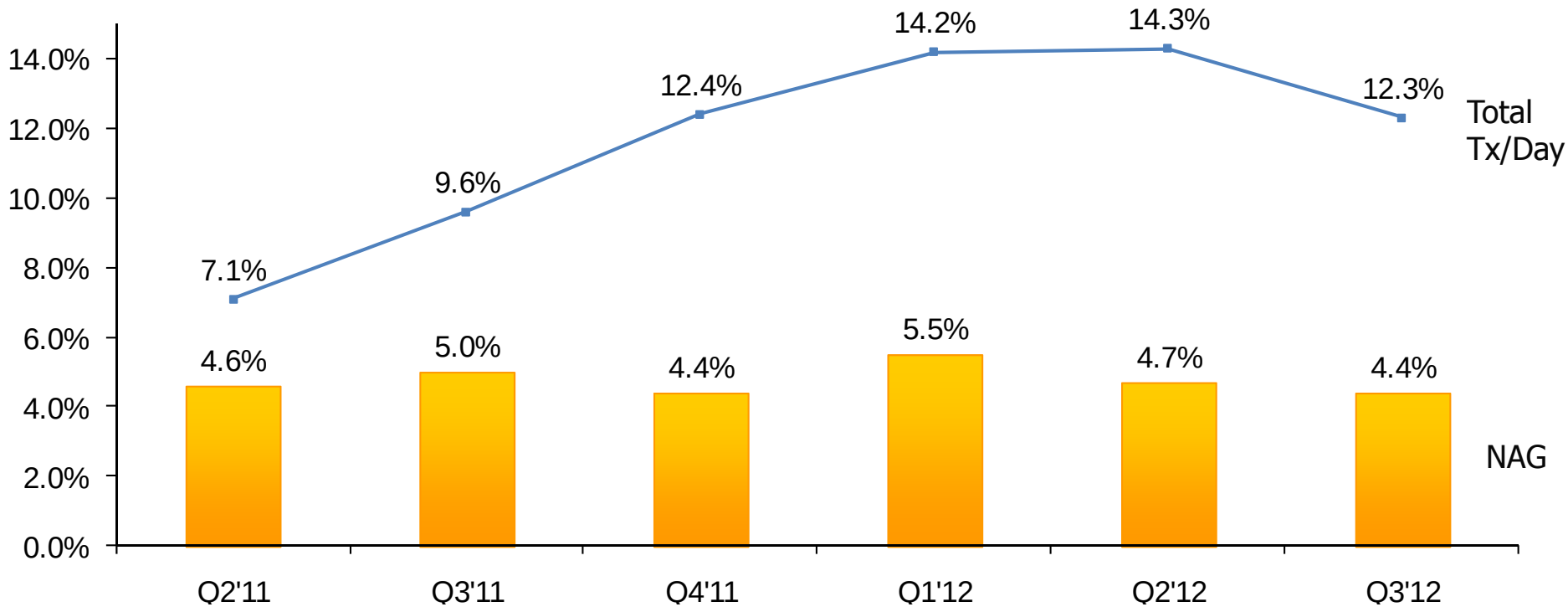
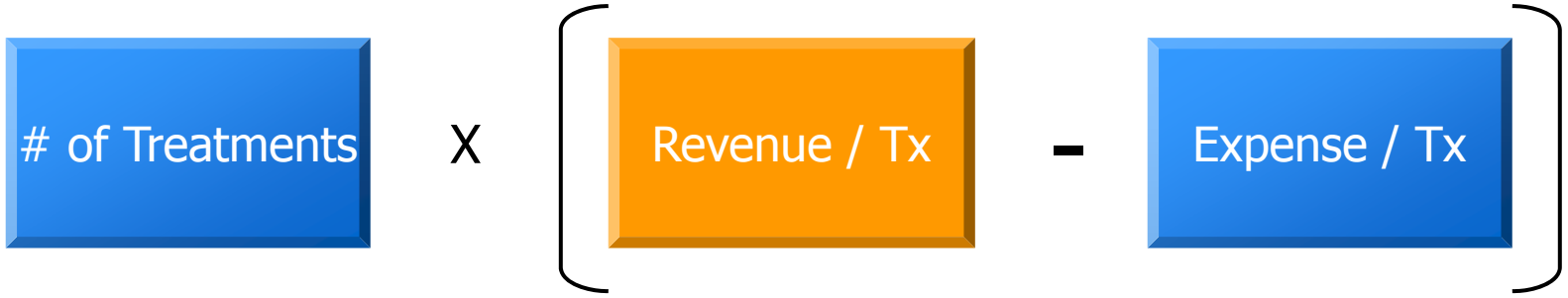
Building Blocks



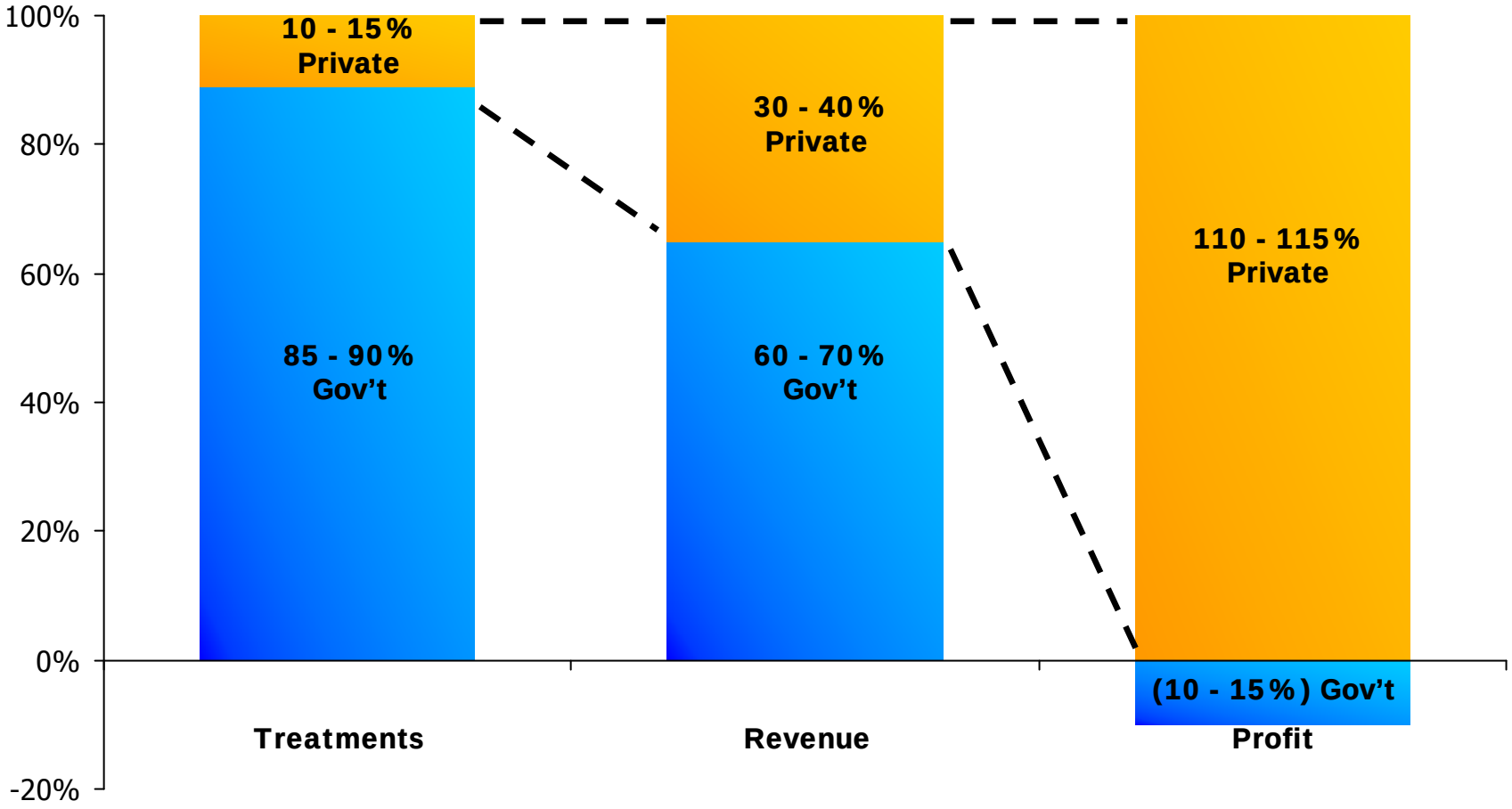
Total Tx/Day Growth (YoY)



Building Blocks



Industry Profit Concentration



Private Revenue Takeaways

- ↑ Multi-year contracting
- ? Mix
- ? Dialysis patient equal rights
- ? Uncertainty of exchanges

Government Revenue

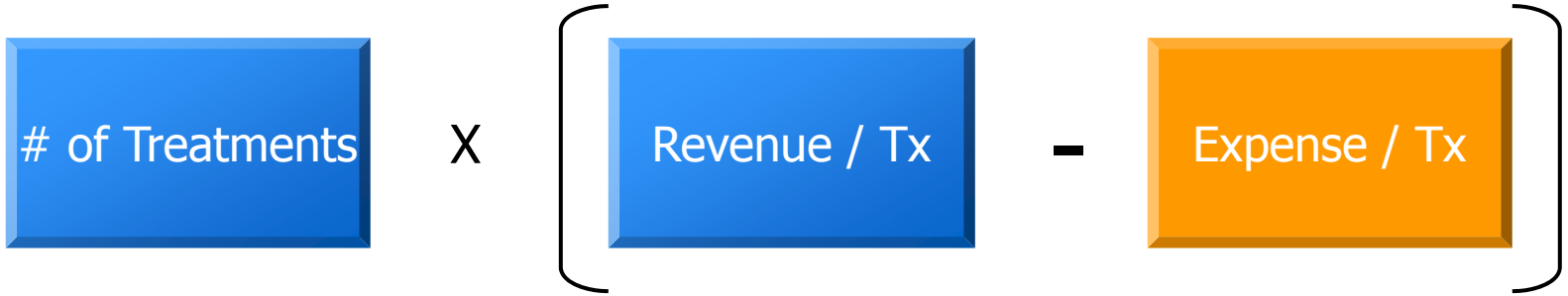
Medicare

- ~50% of dialysis revenue
  - Market basket
  - QIP
  - Rebasing in 2014
  - Sequestration cut in 2013

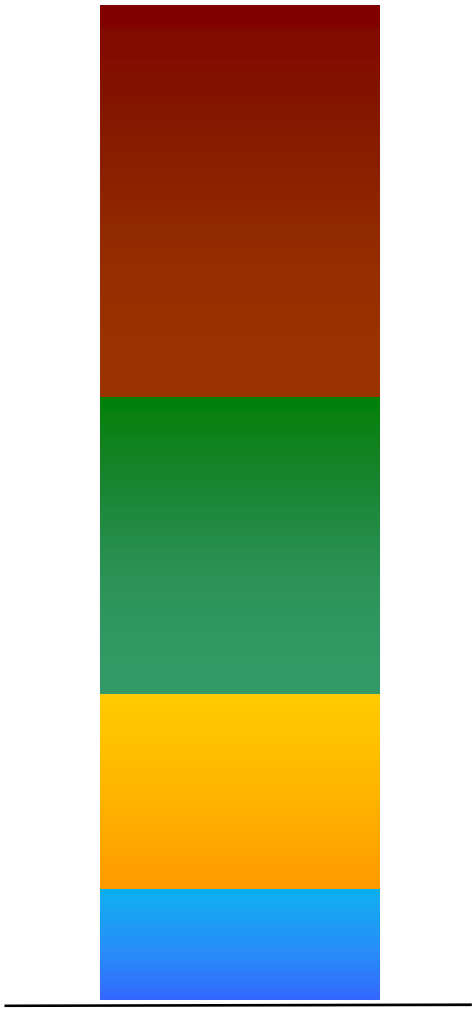
MA, VA, Medicaid

- ~15% of dialysis revenue
  - Rate pressure
- MA and VA growth

Building Blocks



Cost per Treatment



Component	Historical
• Teammate costs	• 1 – 2 %/yr
• Pharma and supplies	• Utilization levels dynamic
• Other center-level costs	• 1 – 2 %/yr
• G&A	• In-line with Tx growth (over time)

Kidney Care

HealthCare Partners

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Investment Considerations

Building Blocks

International

International

Why Go International?

- Large and fragmented markets
- Growth faster than U.S. market
- Privatization and government outsourcing gaining momentum
- Sustainable margins / ROE

Long-term upside opportunity

Challenges

- Significant upfront investment
- Dilutive for medium-term
- Greater Risk

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Consolidated Outlook & Capital Structure

Historical Financials

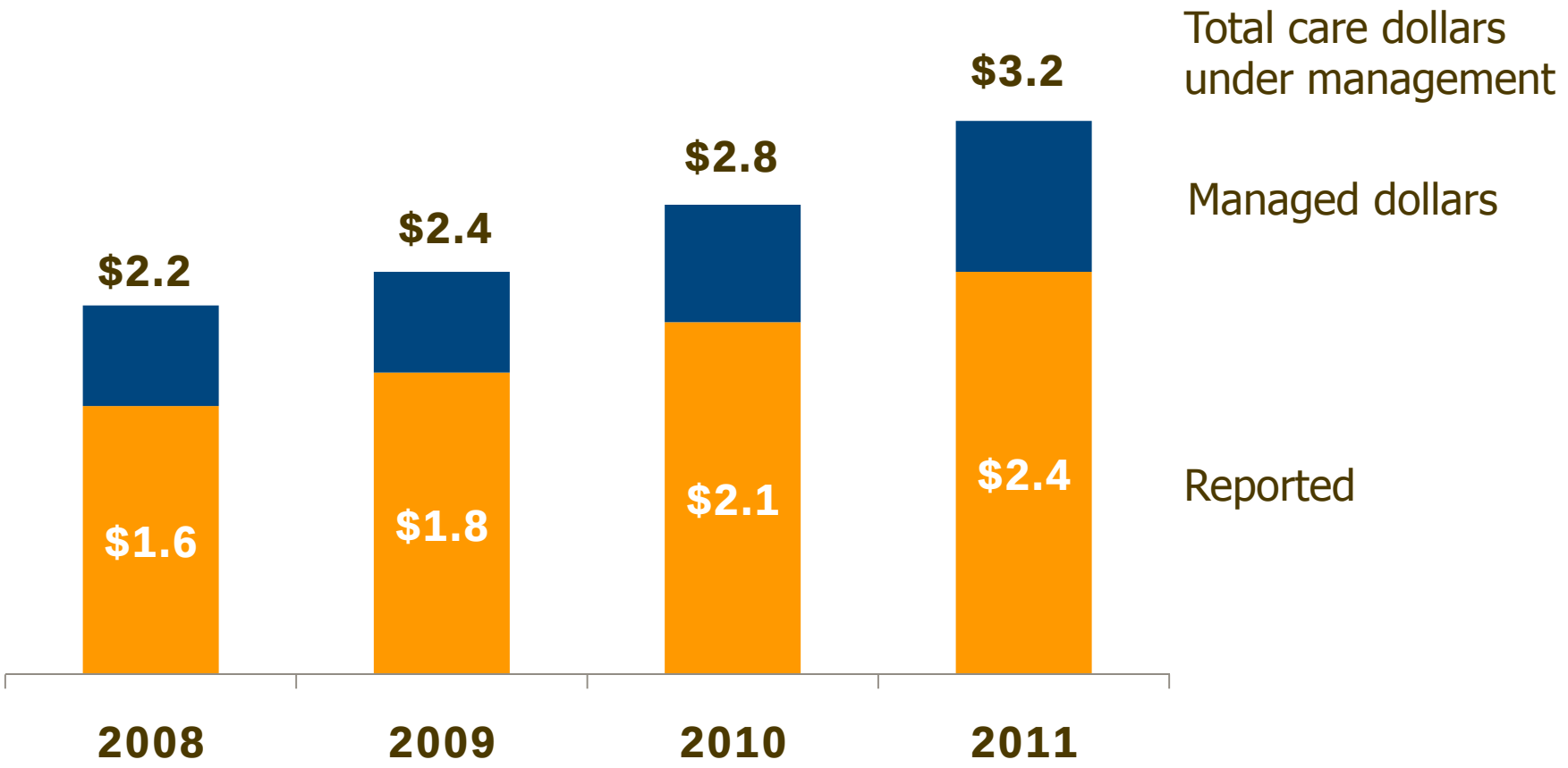
Business Model

Integrated Care Model

Investment Considerations

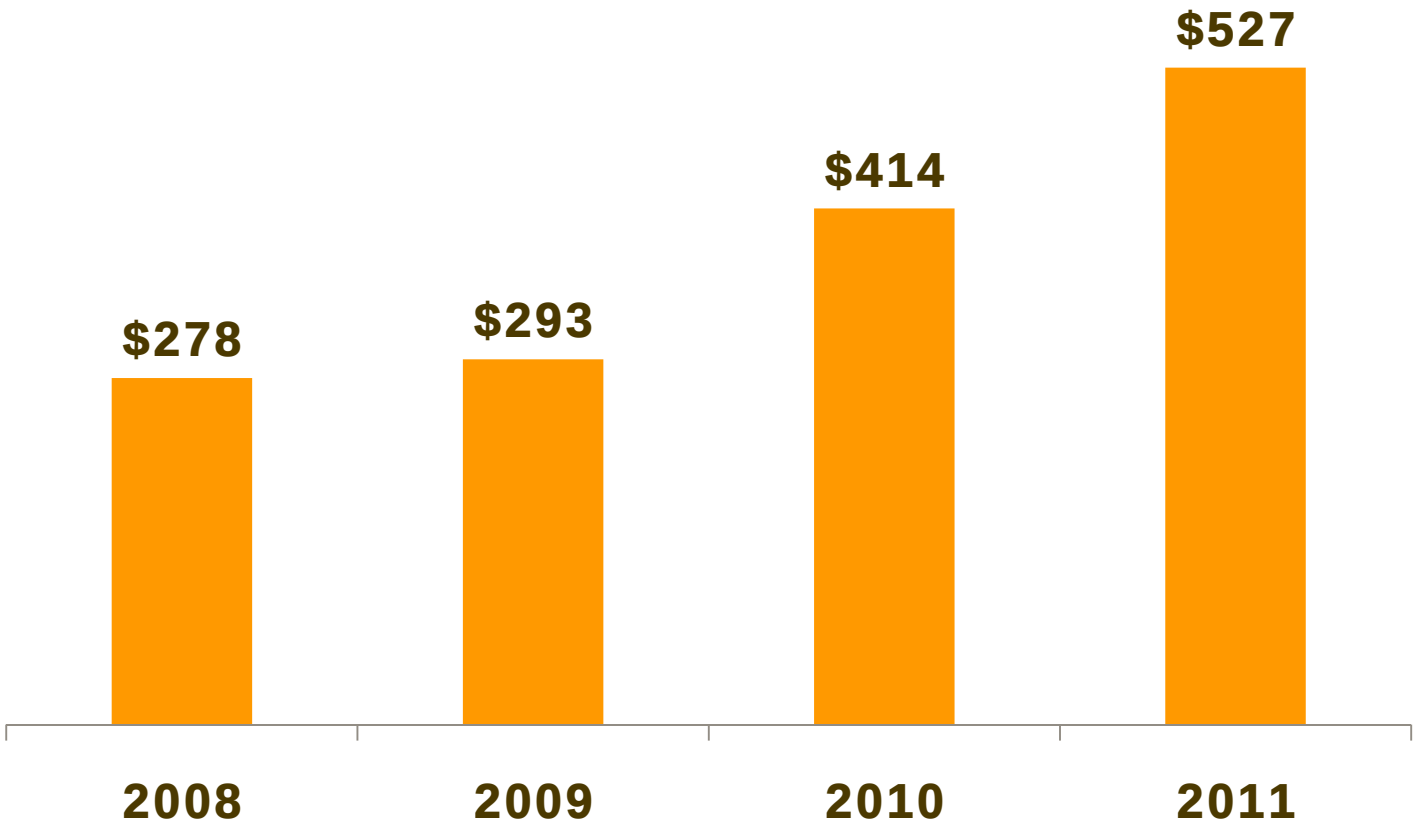
Revenue and Managed Dollars

- *$ in Billions*



Adjusted EBITDA[1]

- *$ in Millions*



[1] EBITDA excluding stock-based compensation expense; see Non-GAAP reconciliation

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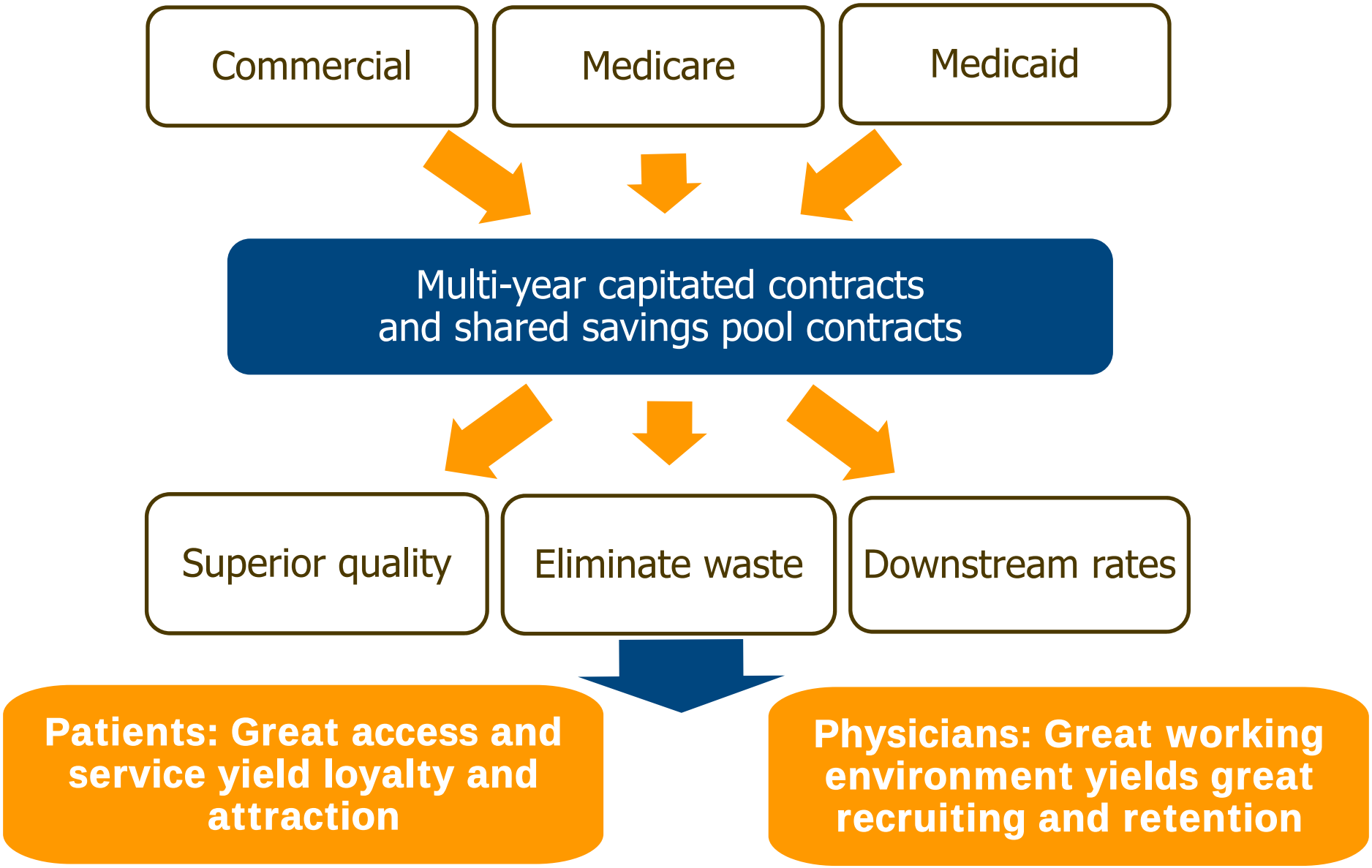
HCP At a Glance

- Operates in 4 states: California, Florida, Nevada, New Mexico
- Senior patients: 190,000
- Commercial patients: 480,000
- Medicaid patients: 70,000
- Group primary care physicians: 500
- Group specialists: 400
- Affiliated physicians: >8,000

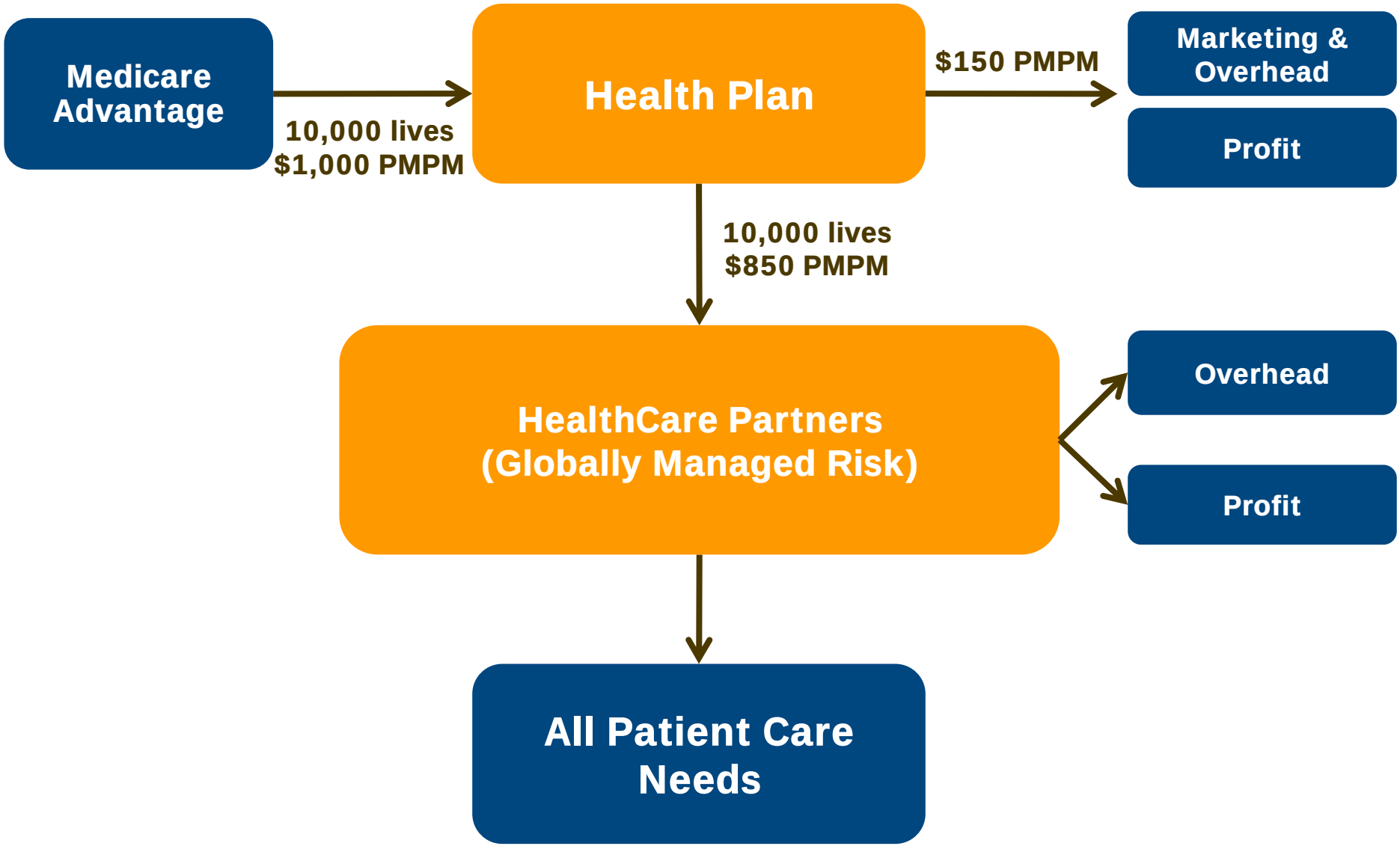
Note: Above patient counts are only capitated lives.

Business Model



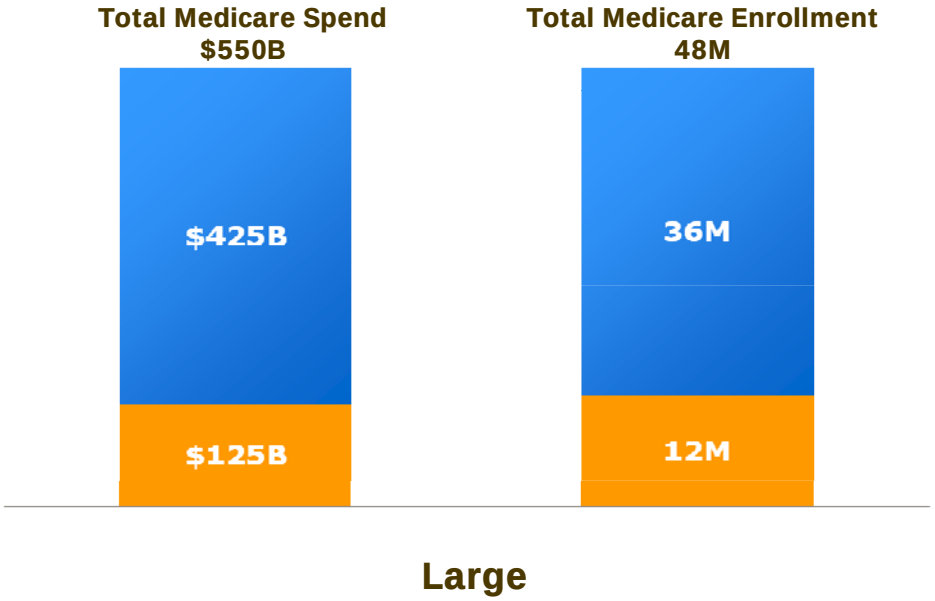
How HCP Contracts with Health Plans

- ***Illustrative***

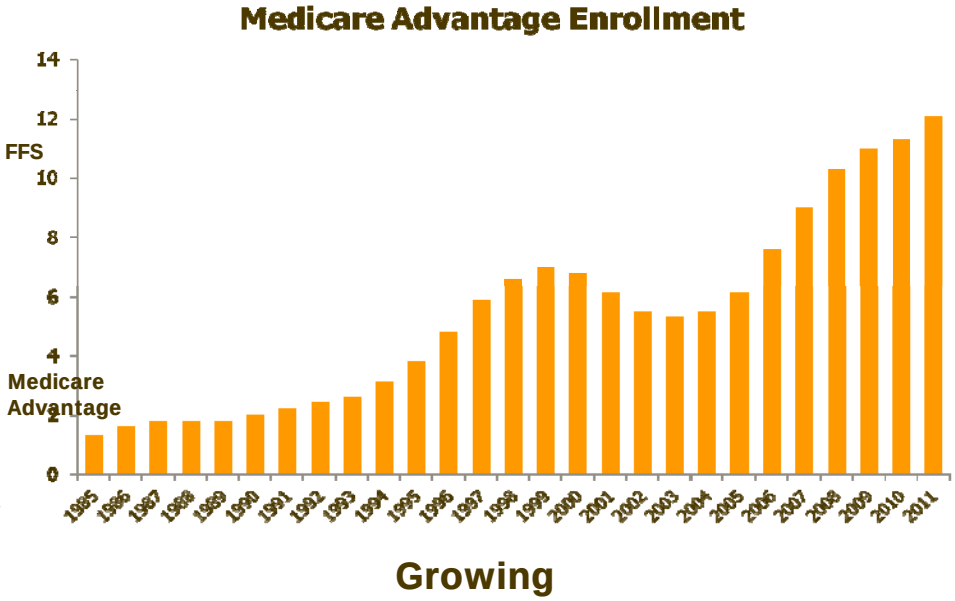


Medicare Advantage Market

- *2011*
- *In Millions*
- *CAGR ('85-'11): 9%*



Large



Growing

Why Seniors Choose MA

- Basic Coverage
  - One plan covers Part A, B & D components
  - Reduced cost sharing
  - Enhanced benefits
- Annual Cost $2,000-$3,000 less out of pocket (LA County)

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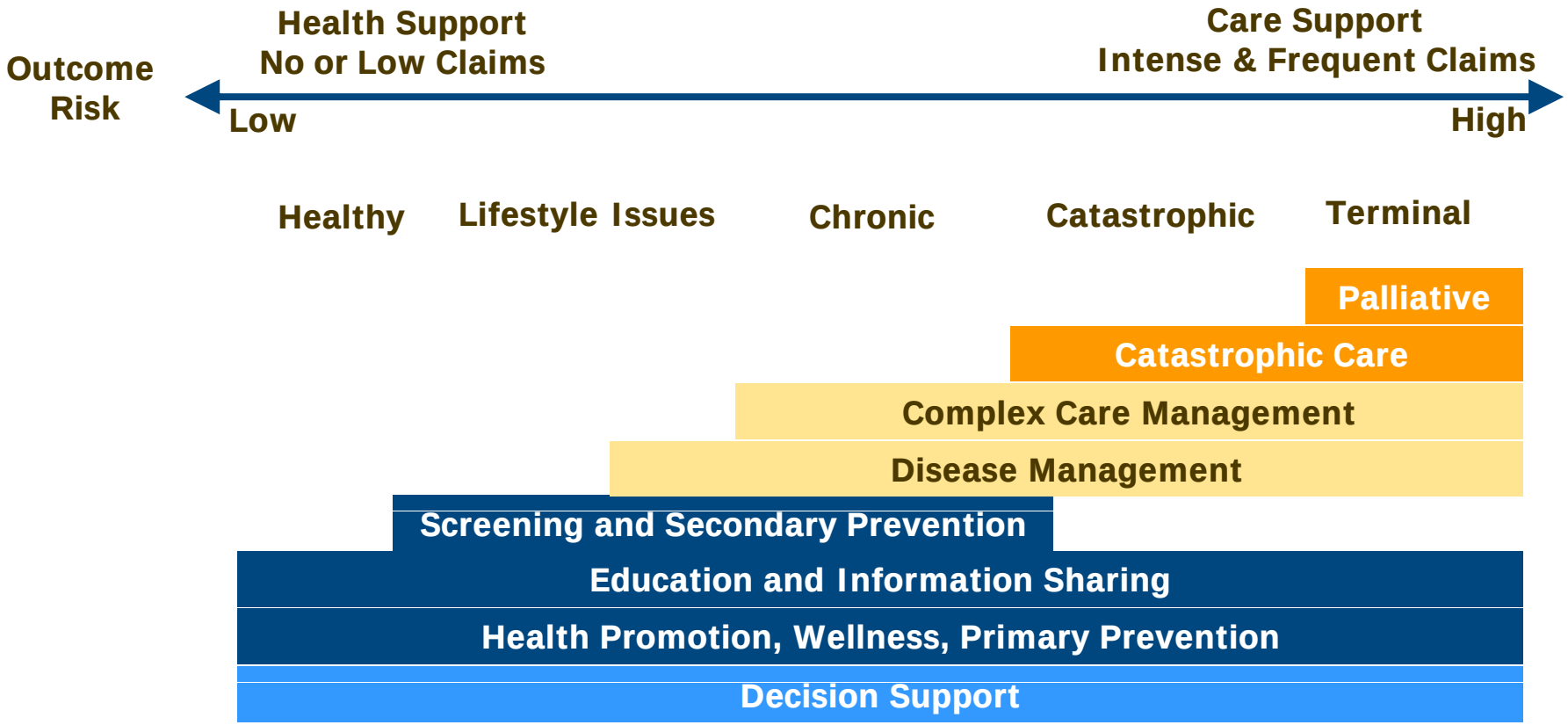
Programs Overlap

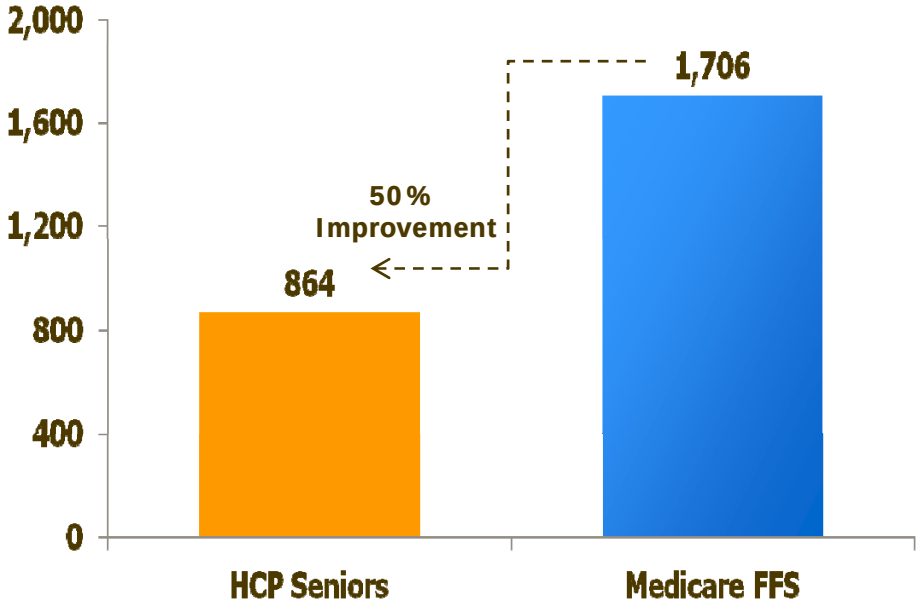


Alignment

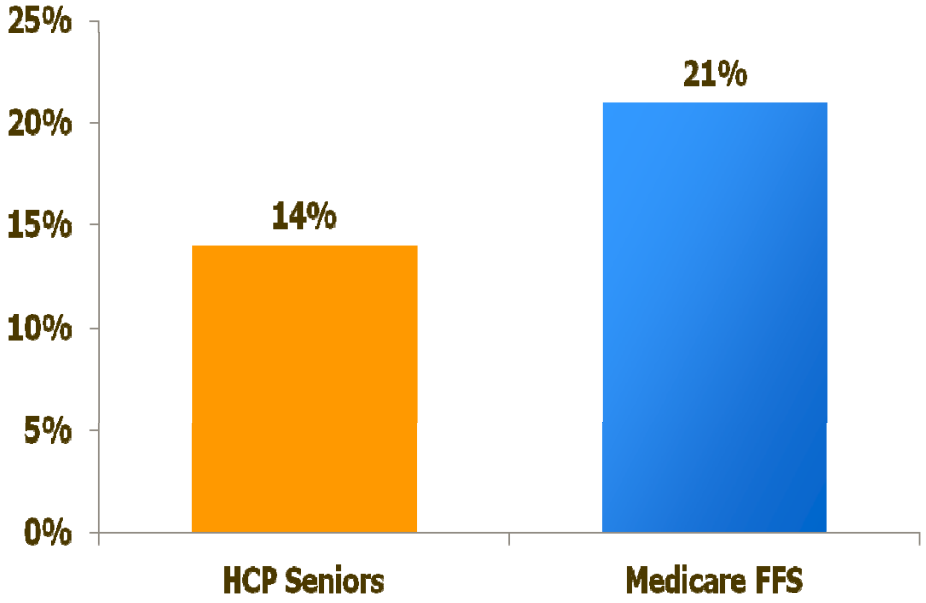
- Physician compensation
  - Panel size
  - Clinical outcomes
  - Patient satisfaction
  - Group/regional resource management

Clinical Utilization – CA Example

Inpatient Acute Bed Days/1,000 pts



30-Day All Cause Re-admit Rate



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Investment Considerations

HCP's Primary Markets

	CALIFORNIA	FLORIDA	NEVADA
			
Share of key payors' MA lives	30-40%	50%+	~100%
Physicians	Leading physician group		
Payor relations	Strong and long-term relationships		
Hospitals	Strong and long-term relationships		

Fundamental Forces of Change

- Strain of FFS healthcare
- Increased incentives for transparent quality & cost
- Healthcare becoming more "consumer-like"
- Physician consolidation
- Increased comfort with managed care

MA Headwinds

- Scheduled decreases to MA payments
  - ACA eliminates MA premium to FFS Medicare by 2016
  - Coding intensity adjustment increases in 2014

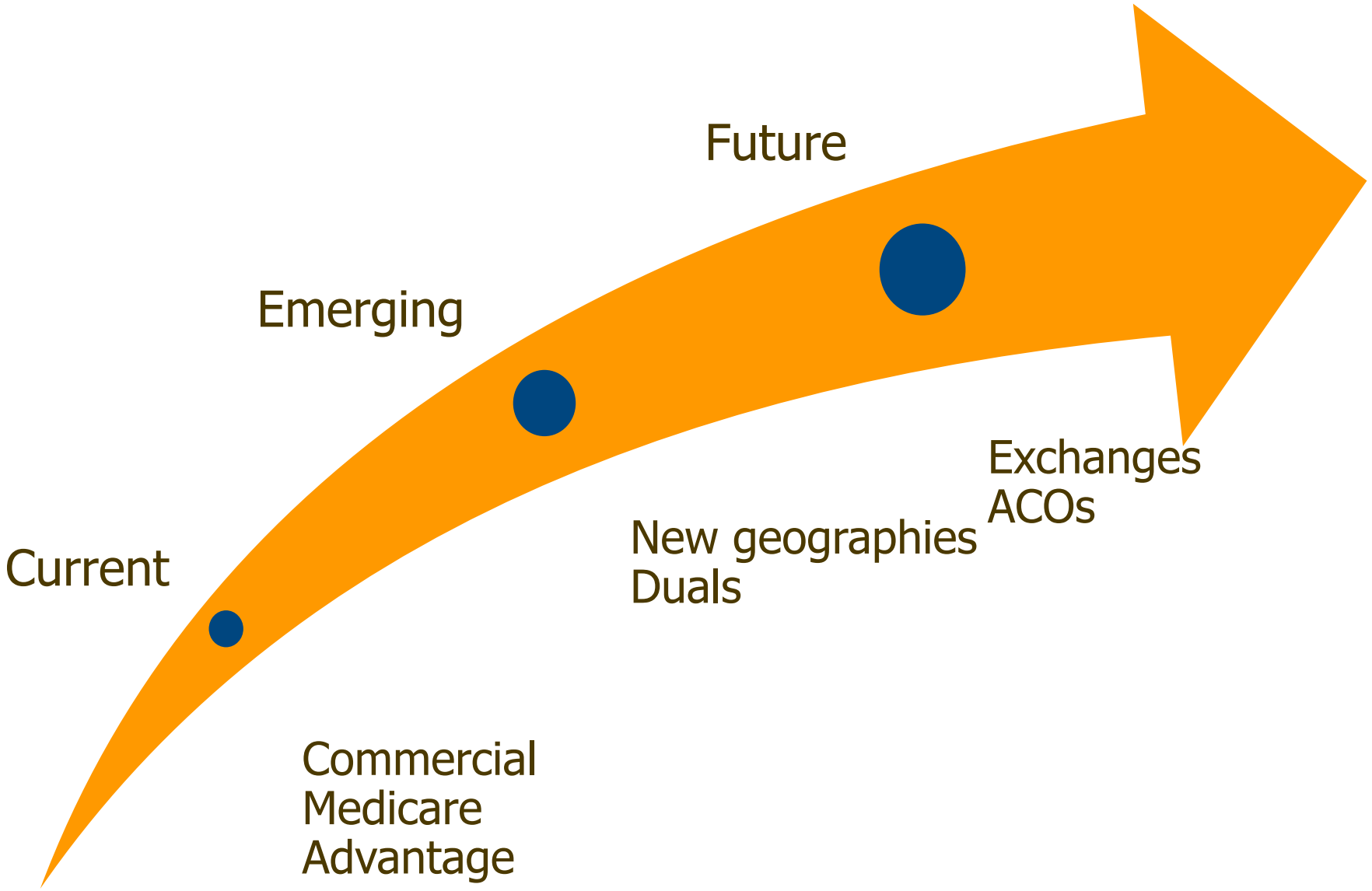
Offsetting MA Rate Cuts

- Shared impact partially offset:
  - Benefit changes
  - Pass through to providers
  - Star ratings
  - Payor

ABQ

- What happened and what is happening?
- What does this imply for HCP's long-term growth strategy?

Upside



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Consolidated Outlook & Capital Structure

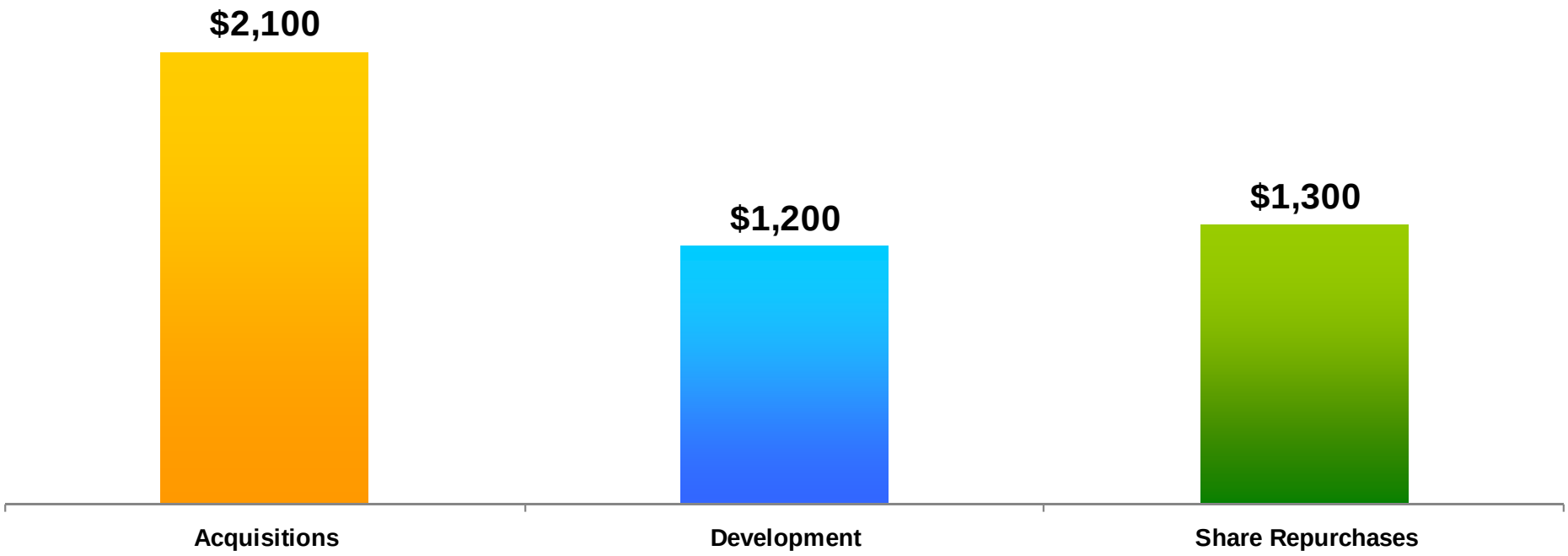
Guidance

OI ($M)	Dialysis	HCP	Consolidated Company
2012	$1,315 - $1,330	$25 - $30 per month	$1,365 - $1,390 (implied)
2013	$1,350 - $1,450	$400 - $450	$1,750 - $1,900

OCF ($M)	Dialysis	HCP	Consolidated Company
2013			$1,350 - $1,500

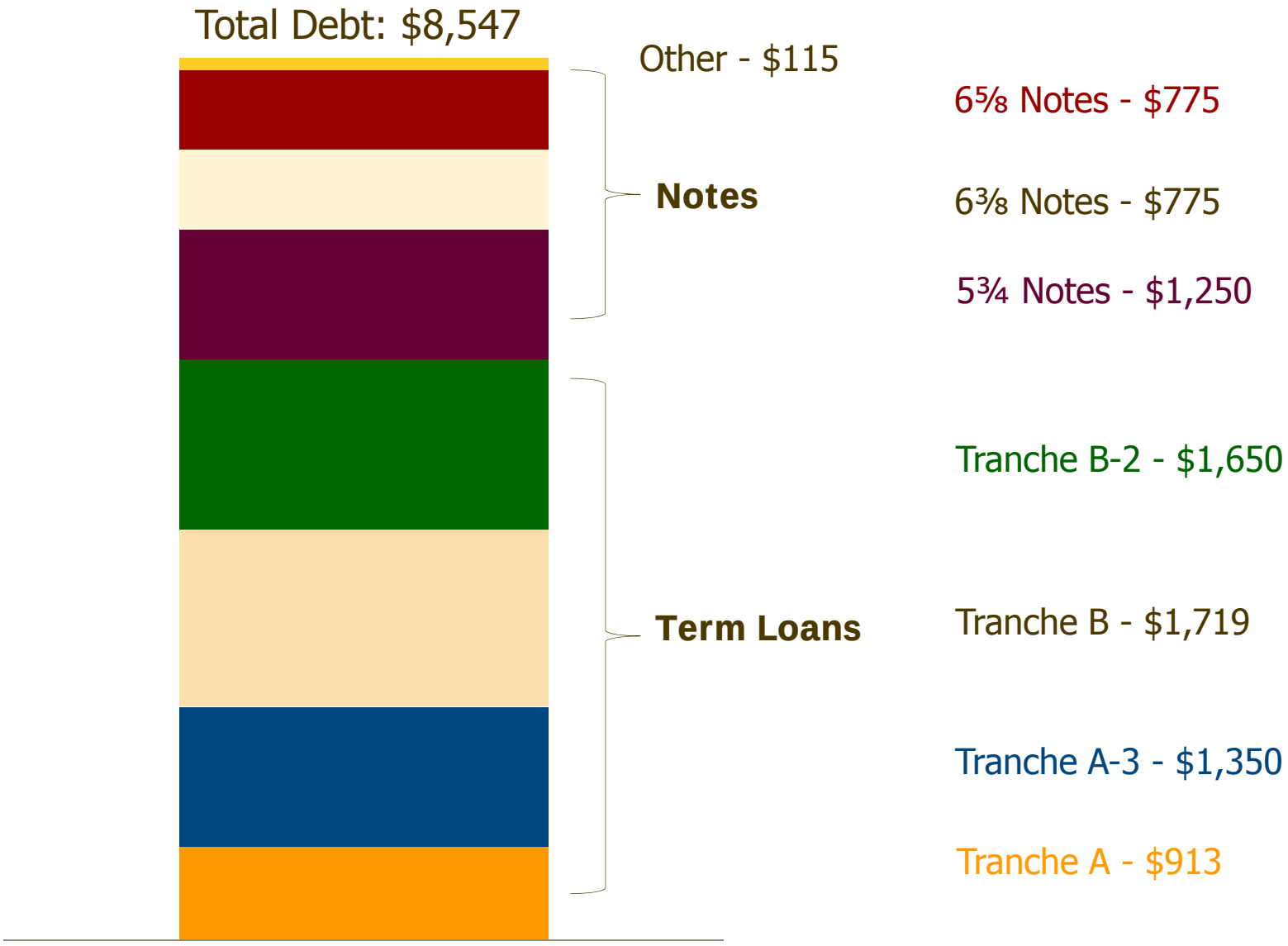
Historical Uses of Cash

- *$ in Millions*
- *Q1'06 – Q3'12*



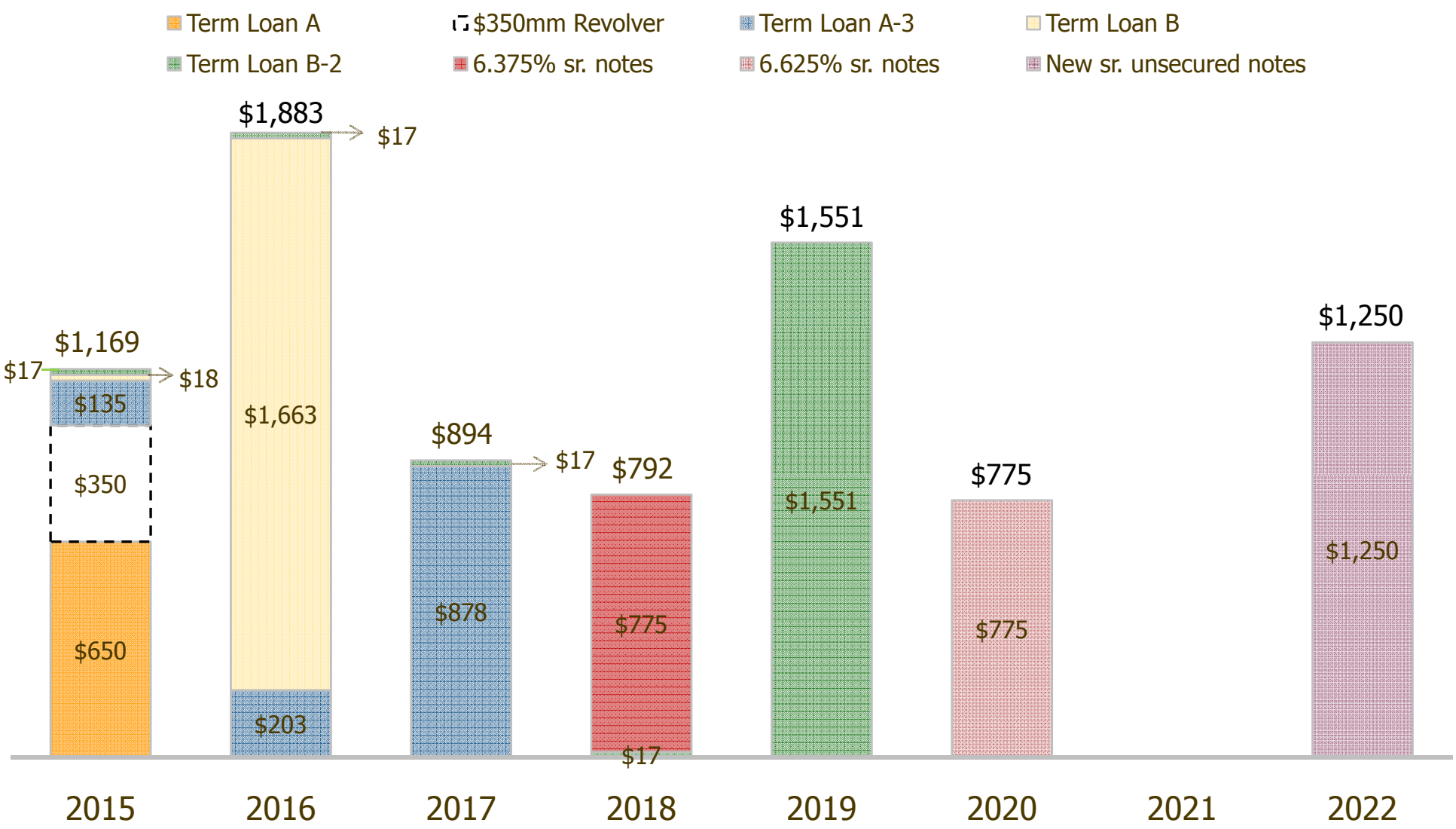
Capital Structure – Pro forma for HCP

- *$ in Millions*



Pro Forma Debt Maturities

- *$ in Millions*



Summary

- Distinctively strong cash flow
- Kidney care
  - 34% national share
  - Essential service
  - High quality = savings
  - Bell curve
- HCP
  - Huge market
  - Fragmented
  - High value-add
  - Build growth engine

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Reconciliations for Non-GAAP Measures

Reconciliation of trailing twelve months operating income excluding a pre-tax legal proceeding contingency accrual and related expenses.

We believe that operating income excluding a pre-tax legal proceeding contingency accrual and related expenses enhances a user's understanding of our normal operating income for these periods by providing a measure that is meaningful because it excludes an unusual charge for a legal proceeding contingency accrual that resulted from an agreement we reached in principle to settle federal program claims relating to our historical Epogen practices during the second quarter of 2012 and accordingly, is more comparable to prior periods and indicative of consistent operating income. This measure is not a measure of financial performance under GAAP and should not be considered as an alternative to operating income.

	Q4 2011	Q1 2012	Q2 2012	Q3 2012	LTM Q3 2012
Operating income	$ 330	$ 321	$ 248	$ 341	$ 1,240
Add: Legal proceeding contingency accrual and related expenses			78		78
	$ 330	**$ 321**	**$ 326**	**$ 341**	**$ 1,318**

Reconciliations for Non-GAAP Measures

Reconciliation of operating income

We believe that operating income excluding Medicare lab recoveries related to prior years' services, gains from insurance settlements, goodwill impairment charge, valuation gain on the Product Supply Agreement, and noncontrolling interests enhances a user's understanding of our operating income for these periods by providing a measure that is more meaningful because it excludes Medicare lab recoveries related to prior years' services, insurance settlement gains related to insurance proceeds from Hurricane Katrina and from a fire that destroyed one of our centers, a non-cash goodwill impairment charge that resulted from a decrease in the implied fair value of goodwill below its carrying amount associated with our infusion therapy business, a non-recurring non-cash item that resulted from the termination of our purchase obligation for dialysis machines from Gambro Renal Products Inc. under the Product Supply Agreement, and noncontrolling interests that were originally deducted from operating income, and accordingly is more comparable to prior periods as originally reported and indicative of consistent operating income. This measure is not a measure of financial performance under United States generally accepted accounting principles and should not be considered as an alternative to operating income.

	2003(*)	2004(2)	2005	2006	2007	2008	2009	2010	2011
Operating income	$ 386	$ 395	$ 489	$ 778	$ 909	$ 869	$ 940	$ 997	$ 1,131
Less: Medicare lab recoveries related to prior years' services	(24)	(8)	(4)	-	-	-	-	-	-
Gains on insurance settlements	-	-	-	-	(7)	-	-	-	-
Goodwill impairment charge	-	-	-	-	-	-	-	-	24
Valuation gain on the product supply agreement	-	-	-	(38)	(55)	-	-	-	-
	362	**387**	**485**	**740**	**847**	**869**	**940**	**997**	**1,155**
Noncontrolling interests	(7)	(14)	(23)	(39)	(47)	(47)			
	$ 355	**$ 373**	**$ 462**	**$ 701**	**$ 800**	**$ 822**	**$ 940**	**$ 997**	**$ 1,155**

*2003 operating income is as originally reported and has not adjusted for the required divestitures related to the Gambro acquisition. (2) Operating income for 2004 excluding the operating income impact of the required divestitures' related to the Gambro acquisition of $29 million and Medicare lab recoveries related to prior years' services, would have been $402 million.

Reconciliations for Non-GAAP Measures

In California, as a result of its managed care administrative services agreement with hospitals, HCP does not assume the direct financial risk for institutional (hospital) services, but is responsible for managing the care dollars associated with both the professional (physician) and institutional services being provided for the PMPM fee attributable to both professional and institutional services. In those cases, HCP recognizes the surplus of institutional revenue less institutional expense as HCP revenue. In addition to revenues recognized for financial reporting purposes, HCP measures its total care dollars under management, which includes the PMPM fee payable to third parties for institutional (hospital) services where HCP manages the care provided to its members by the hospitals and other institutions, which are not included in GAAP revenues. HCP uses total care dollars under management as a supplement to GAAP revenues as it allows HCP to measure profit margins on a comparable basis across both the global capitation model (where HCP assumes the full financial risk for all services, including institutional services) and the risk sharing models (where HCP operates under managed care administrative services agreements where HCP does not assume the full risk). HCP believes that presenting amounts in this manner is useful because it presents its operations on a unified basis without the complication caused by models that HCP has adopted in its California market as a result of various regulations related to the assumption of institutional risk. Total care dollars under management is not a measure of financial performance computed in accordance with GAAP and should not be considered in isolation or as a substitute for revenues calculated in accordance with GAAP. Total care dollars under management includes PMPM payments to third parties that are not recorded in HCP's accounting records and have not been reviewed and are not otherwise subject to procedures by HCP's independent auditors. The following table reconciles Total Care Dollars Under Management to medical revenues for the periods indicated. "Total Care Dollars Under Management" is a non-GAAP measure.

	Year ended December 31,			
	2008	2009	2010	2011
Medical revenues	$ 1,557	$ 1,731	$ 2,049	$ 2,375
Less: Risk share revenue, net	(36)	(30)	(87)	(127)
Add: Institutional capitation amounts	638	687	831	964
Total care dollars under management	$ 2,159	$ 2,388	$ 2,793	$ 3,212

Reconciliations for Non-GAAP Measures

HCP uses Adjusted EBITDA and similar calculations as measures to assess operating and financial performance, including compliance with the financial covenants contained in its senior secured credit agreement. Adjusted EBITDA is defined as net income attributable to HCP before income taxes, net debt expense, depreciation and amortization, stock-based compensation, and any impairment charges. Adjusted EBITDA is not a measure of financial performance computed in accordance with GAAP and should not be considered in isolation or as a substitute for operating income, net income, cash flows from operations, or other statement of operations or cash flow data prepared in conformity with GAAP, or as measures of profitability or liquidity. In addition, the calculation of Adjusted EBITDA is susceptible to varying interpretations and calculation, and the amounts presented may not be comparable to similarly titled measures of other companies. Adjusted EBITDA may not be indicative of historical operating results, and HCP does not mean for it to be predictive of future results of operations or cash flows. Adjusted EBITDA reconciled to net income to HCP is as follows:

	Year ended December 31,			
	2008	2009	2010	2011
Net income	$ 203	$ 220	$ 330	$ 409
Income tax expense	30	41	49	71
Debt expense	14	6	5	16
Depreciation and amortization	24	26	29	31
Stock-based compensation	8	6	7	7
Impairment charge	5	-	-	-
Interest income	(6)	(6)	(6)	(7)
Adjusted EBITDA	$ 278	$ 293	$ 414	$ 527