

 <b>Envision</b> HEALTHCARE — PIONEERING THE DELIVERY OF CARE —	Policy No.: 15		
	Created: 8/2019	Reviewed: 9/2020	Revised:

## **RISK ASSESSMENT POLICY**

ETHICS & COMPLIANCE DEPARTMENT

### **PURPOSE:**

Envision Healthcare has adopted this Risk Assessment Policy in order to set forth the process to be followed by Envision Healthcare, its subsidiaries and all affiliated companies (“Company”) in conducting an annual risk assessment to identify and prioritize compliance risks across the Company.

### **POLICY:**

The Ethics & Compliance Department shall conduct an annual risk assessment and internal review process across the Company to identify and prioritize compliance risks, develop a compliance risk audit work plan (“Risk Assessment Work Plan”) related to the identified compliance risks, implement such plan, develop corrective actions in response to results of compliance risk audits performed, and track implementation of the Risk Assessment Work Plan in order to assess its effectiveness.

### **PROCEDURE**

#### A. Identification of Risks

As part of the risk identification process, the following actions may be taken to assist in assessing compliance risk:

- 1) Conduct interviews with key personnel, including but not limited to: Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, Chief Human Resources Officer, Chief Information Officer, Chief Quality Officer, General Counsel, Division or Group Presidents, Service Line Presidents, other key stakeholders from the Finance, Human Resources, Information Technology, Quality, Clinical Operations and Legal Departments.
- 2) Regularly review Work Plan issued by the Officer of Inspector General for the U.S. Department of Health and Human Services (OIG); and

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- 3) Review government issued reports or audits, such as comprehensive error testing rate (CERT) reports, ZPIC audit results, Office of Civil Rights (OCR) breach reports and/or enforcement trends across the healthcare industry.
- 4) Review risk areas identified through the Compliance Helpline and Disclosure program.

Areas audited in previous years which were determined to contain ongoing risk will also be considered for inclusion on an annual basis.

#### B. Prioritization of Risk

The following information will be analyzed when assessing and assigning the risk level (i.e. low, medium, high) of the identified compliance risk:

- 1) Department or function impacted (i.e Clinical Operations, Finance, Business Operations, Revenue Cycle Management, IT, etc.);
- 2) Specific type of impact the risk poses to the Company (i.e. legal, financial, strategic, operational, reputational);
- 3) Strength of controls currently in place to mitigate the identified compliance risk;
- 4) Number of times a risk was reported during the risk assessment process; and
- 5) Probability and frequency of occurrence of an identified compliance risk.

#### C. Development of Risk Assessment Work Plan

Upon identification and prioritization of compliance risks, an Internal Audit Work Plan will be developed by the Ethics & Compliance Department to assist with tracking the review process, developing of corrective action plans and implementing the corrective action plans in order to assess their effectiveness. The Internal Audit Work Plan, including updates on progress made, will be presented to the Executive Compliance Committee as well as the Compliance and Quality Committee of the Board on a quarterly basis.

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**POLICY REVIEW**

The Ethics & Compliance Department will review and update this Policy when necessary in the normal course of its review of the Company’s Ethics & Compliance Program.