envision	Ethics & Compliance Department		
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PREVENTING FRAUD, WASTE AND ABUSE

SCOPE

Applies to all Envision clinicians and teammates. For purposes of this policy, all references to "clinician" or "teammate" include temporary, part-time and full-time employees, independent contractors, officers and directors.

PURPOSE

Envision Healthcare Operating, Inc. and its subsidiaries and affiliates ("Envision" or "the Company") has adopted this Preventing Fraud, Waste and Abuse Policy to provide detailed information regarding federal and state laws relating to false claims, including whistleblower provisions in those laws, and to provide information on preventing and detecting fraud, waste and abuse in the health care industry.

POLICY

A cornerstone of the Company's Ethics & Compliance Program is the prevention and detection of fraud, waste and abuse, and the Ethics & Compliance Department strives to train and educate all clinicians and teammates to recognize potential problem areas and to use the internal mechanisms available to report any suspected problems. The Company's documentation and coding policies support accurate billing for services provided to our patients. In addition, the Ethics & Compliance Department conducts scheduled and unscheduled audits or reviews of its programs and services with particular emphasis on risk areas identified by the federal government and experts in the field. When mistakes or errors that result in overpayments are identified, those overpayments are returned promptly. Corrective action plans are developed and implemented, as necessary.

PROCEDURE

Clinicians and teammates are expected to report any suspected fraud, waste or abuse violations of the Code of Business Conduct and Ethics, Ethics & Compliance Program or other irregularities to their supervisor, manager or a member of the Ethics & Compliance Department. In addition, clinicians and teammates may make an anonymous report by using the Ethics & Integrity Compliance Helpline, which is available 24 hours a day, seven days a week at 877-835-5267, or through the online Compliance Form located at www.envisionhealth.com/compliance. Company policy

prohibits any individual from retaliating against any person who has made a report or raised a concern in good faith. Reports of suspected retaliation will be investigated according to the process set out in the *Non-Retaliation* policy. For more information regarding reporting obligations, please refer to the *Reporting Potential Issues or Areas of Non-Compliance* policy.

Examples of activities that should be reported include:

- Billing for services or medical tests that were never performed
- Performing inappropriate or medically unnecessary medical procedures to increase reimbursement from the insurer
- Up coding or inflating a bill to the insurer by using diagnosis codes that increase the reimbursement for that particular condition
- Double billing or billing twice for the same goods or services
- Inflating the actual work performed or billing for the highest level of service when in actuality a lower level of service was delivered
- Falsifying records or statements to get a claim paid or approved
- Failing to obtain the proper physician certifications before patients are treated with certain therapies

The whistleblower protection provisions of the False Claims Act provide for reinstatement, twice the amount of back pay with interest, and litigation costs and attorneys fees if an employer discriminates against a clinician or teammate for taking action under the False Claims Act.

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.