
 Envision HEALTHCARE — PIONEERING THE DELIVERY OF CARE —	Policy No.: 8	Signature: 	
	Created: 7/2015	Reviewed: 5/2018	Revised:

PREVENTING FRAUD, WASTE, AND ABUSE

SCOPE:

All Envision Healthcare colleagues. For purposes of this policy, all references to “colleague” or “colleagues” include temporary, part-time and full-time employees, independent contractors, clinicians, officers and directors.

PURPOSE:



To provide all Envision Healthcare and its subsidiaries’ (the “Company”) colleagues with 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 Compliance Program is the prevention and detection of fraud, waste and abuse. We train and educate all colleagues 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 our programs and services with particular emphasis on risk areas identified by the federal government and experts in the field. Mistakes or errors on bills that result in overpayments are returned promptly and corrective action plans are required when problems are identified.

PROCEDURE:

Colleagues are expected to report any suspected fraud, waste, or abuse, violations of the Code of Conduct, Ethics & Compliance Program, or other irregularities to their supervisor, manager, or a member of the Ethics & Compliance Department. In addition, colleagues may make an anonymous report by using the Ethics and Integrity Helpline, which is available 24 hours a day, seven days a week at (877) 835-5267. 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*.

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Some examples of activities that should be reported include:

1. Billing for services or medical tests that were never performed;
2. Performing inappropriate or medically unnecessary medical procedures to increase reimbursement from the insurer;
3. Up coding or inflating a bill to the insurer by using diagnosis codes that increase the reimbursement for that particular condition;
4. Double billing or billing twice for the same goods or services;
5. Inflating the actual work performed or billing for the highest level of service when in actuality a lower level of service was delivered;
6. Falsifying records or statements to get a claim paid or approved; and
7. 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 colleague for taking action under the False Claims Act.

POLICY REVIEW

The Ethics & Compliance Department will review and update this Policy in the normal course of its review of the Corporate Ethics & Compliance Program.