

	Ethics & Compliance Department	
	Policy No.: 15	Created: 08/2019
		Reviewed: 06/2025
	Revised:	

RISK ASSESSMENTS

PURPOSE:

Envision Healthcare Operating, Inc. and its subsidiaries and affiliates (“Envision” or “the Company”) has adopted this Risk Assessments policy in order to set forth the process to be followed by the 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. Upon identification and prioritization of these compliance risks, the Ethics & Compliance Department will develop a work plan (“Work Plan”) to include the identified compliance risks. The Ethics & Compliance Department will implement the Work Plan, develop corrective actions in response to results of compliance risk audits performed, and track implementation of the Work Plan 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 People Services & Operations Officer, Chief Information Officer, Chief Quality Officer, General Counsel, Division or Group Presidents, Service Line Presidents, other key stakeholders from the Finance, People & Culture, 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 risk areas identified through the Compliance Helpline and Disclosure program.
- 4) 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 Work Plan for Compliance Risks Identified in Risk Assessment

Upon identification and prioritization of compliance risks, such compliance risks will be added to the Work Plan to assist with tracking the review process, development of corrective action plans, and implementation of the corrective action plans in order to assess their effectiveness. The Work Plan, including updates on progress made, will be presented to the Executive Compliance Committee as well as the Compliance 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.