West Virginia Ethics Commission Disclosure of Interested Parties to Contracts Commission

Received

(Required by W. Va. Code § 6D-1-2)

Name of Contracting Business Entity: Change Healthcare Pharmacy Solutions, Inc. Address:	45 Commerce Dr. 51E 5
	Augusta, ME 04332
	5 Commerce Dr. STE 5 Augusta, ME 04332
Contract Number: 0511 BMS00000002 Contract Descript	ion: PDL / PPL / SMAC Medicaid Services
Governmental agency awarding contract: West Virginia Health and Human	Resources, Bureau for Medical Services
☐ Check here if this is a Supplemental Disclosure	
List the Names of Interested Parties to the contract which are known or reasonal entity for each category below (attach additional pages if necessary):	bly anticipated by the contracting business
 Subcontractors or other entities performing work or service under the	e Contract
2. Any person or entity who owns 25% or more of contracting entity (no ☑ Check here if none, otherwise list entity/individual names below.	t applicable to publicly traded entities)
 Any person or entity that facilitated, or negotiated the terms of, the services related to the negotiation or drafting of the applicable control. Check here if none, otherwise list entity/individual names below. 	ne applicable contract (excluding legal act)
Signature: Date Signe	d: April 24, 2019
Notary Verification	
Notary Verification	
Notary Verification State of	nnebec :

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