

# Health Care Market Oversight (HCMO) Program

## HCMO-1: Notice of Material Change Transaction

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact us by email at [hcmo.info@oha.oregon.gov](mailto:hcmo.info@oha.oregon.gov) or by phone at 503-945-6161. We accept all relay calls.

### General Instructions

Pursuant to Oregon Revised Statute (ORS) 415.501, an entity to a material change transaction must submit a Notice to the Oregon Health Authority (OHA) notifying OHA of such transaction. This HCMO-1 Notice form must be used to comply with this statutory mandate.

You must file this HCMO-1 Notice form electronically with OHA, in a portable document form (pdf), by email to [hcmo.info@oha.oregon.gov](mailto:hcmo.info@oha.oregon.gov) **no less than 180 days** before the expected closing date of your material change transaction. Please submit the completed HCMO-1 Notice form, other relevant HCMO forms, and any supplemental documents as separate files.

To avoid delays in OHA's review of your proposed transaction, due diligence is required to complete this HCMO-1 Notice form correctly. Please provide a public-facing response to each item. Pursuant to the requirements of OAR 409-070-0070(1), this form should not contain any information you intend to designate as confidential. All information you designate as confidential must be provided separately as one or more supplemental attachments to this form. To avoid unnecessary delays, do not redact content that is publicly available or without grounds for a claim of confidentiality under Oregon law. Please consistently apply Bates numbering to all documents submitted with this form and include the applicable Bates number sequence on all redaction logs.

**The Notice is not complete until all required information is satisfactorily provided, and the review period will not run until OHA deems the Notice complete.**

This HCMO-1 Notice form, along with any public supporting documents, will be published and serve as notice to the public. Contact program staff with any questions or to request technical assistance at [hcmo.info@oha.oregon.gov](mailto:hcmo.info@oha.oregon.gov).

### Who must file a Notice

Under ORS 415.501, an entity entering into a transaction that constitutes a material change must submit written notice to OHA of such material change.

A material change transaction includes:

- A. A transaction in which at least one party had average revenue of \$25 million or more in the preceding three fiscal years and another party:

- i. Had an average revenue of at least \$10 million in the preceding three fiscal years; or
- ii. In the case of a new entity, is projected to have at least \$10 million in revenue in the first full year of operation at normal levels of utilization or operation as prescribed by the authority by rule.

### **Out-of-state entities**

If a transaction involves a health care entity in this state and an out-of-state entity, a transaction that otherwise qualifies as a material change transaction must submit this Notice if the transaction may result in increases in the price of health care or limit access to health care services in this state. See [OHA Guidance on Out-of-State Entities](#).

### **Confidentiality**

Information on this HCMO-1 Notice form shall be a public record and will be posted on OHA's website. Pursuant to ORS 415.501(13), OHA shall maintain the confidentiality of all confidential information and documents that are not publicly available that are obtained in relation to a material change transaction and may not disclose the information or documents to any person without the consent of the person who provided the information or document. Information and documents described in this paragraph are exempt from disclosure under Oregon Public Records Law (ORS 192.311 to 192.478).

Entities must follow the requirements of Oregon Administrative Rule (OAR) 409-070-0070 when designating portions of a Notice and any documents submitted by the applicant in support of the Notice as confidential. See [OHA Use of Confidential Information Guidance](#).

### **Definitions**

**"Acquisition"** occurs when:

- a) Another person acquires control of the health care entity including acquiring a controlling interest as described in OAR 409-070-0025;
- b) Another person acquires, directly or indirectly, voting control of more than fifty percent (50%) of any class of voting securities of the health care entity other than a domestic insurer as described in OAR 409-070-0025(1)(c);
- c) Another person acquires all or substantially all of the health care entity's assets and operations;
- d) Another person undertakes to provide the health care entity with comprehensive management services; or
- e) The health care entity merges tax identification numbers or corporate governance with another entity.

**"Legal entity name"** means legal business name as reported with Internal Revenue Service.

**“Merger”** means a consolidation between two or more organizations, including two or more organizations joining through a common parent organization or two or more organizations forming a new organization.

**“NPI”** means 10-digit National Provider Identification number issued by the Centers for Medicare and Medicaid Services (CMS).

**“Tax ID”** means 9-digit federal tax identification number also known as an employer identification number (EIN) assigned by the Internal Revenue Service.

**“Transaction”** means:

- a) A merger of a health care entity with another entity;
- b) An acquisition of one or more health care entities by another entity;
- c) New contracts, new clinical affiliations and new contracting affiliations that will eliminate or significantly reduce, as defined by the authority by rule, essential services (see [Essential Services and Significant Reduction](#) guidance);
- d) A corporate affiliation involving at least one health care entity; or
- e) Transactions to form a new partnership, joint venture, accountable care organization, parent organization or management services organization.

Additional defined terms can be found at ORS 415.500 et seq. and OAR 409-070-0000 to -0085.

## I. Parties to the proposed transaction

List the entity name for all parties to the proposed transaction. Add extra rows as needed for additional parties.

Party A (Applicant)	Evernorth Health, Inc.
Party B:	CPRx Intermediate, LLC

Click or tap here to enter text.

## II. Contact information for the parties

Provide contact information for the proposed transaction, as requested below.

### 1. Provide information for Party A.

Legal entity name	Evernorth Health, Inc.
Assumed name	N/A
Tax ID	Click or tap here to enter text.
Mailing address	One Express Way, St. Louis, MO 63121
Website	Evernorth.com

Contact Name	Click or tap here to enter text.
Title	Associate Chief Counsel
Phone	
Cell Phone	
Email	

Is Party A represented by legal counsel for this transaction?

☒ Yes

☐ No

Provide information regarding Party A's legal counsel, if applicable.

Name	Please see attached
Firm	Click or tap here to enter text.
Address	Click or tap here to enter text.
Phone	Click or tap here to enter text.
Email Address	Click or tap here to enter text.

2. Provide information for Party B.

Legal entity name	CPRx Intermediate, LLC
Assumed name	N/A
Tax ID	
Mailing address	50 Kennedy Plaza, 17 <sup>th</sup> Fl, Providence, RI 02903
Website	N/A
Contact Name	
Title	Manager, Vice President, and Treasurer
Phone	
Cell Phone	

Email	
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Is Party B represented by legal counsel for this transaction?

☒ Yes

☐ No

Provide information regarding Party B's legal counsel, if applicable.

Name	Please see attached.
Firm	Click or tap here to enter text.
Address	Click or tap here to enter text.
Phone	Click or tap here to enter text.
Email Address	Click or tap here to enter text.

For any additional Parties, please provide a supplemental attachment describing the information requested in Section 2.

3. Provide a billing contact for payment of review fees.

Name	Emily Butcher Repetto
Address	10 St. James Ave, 11 <sup>th</sup> Floor, Boston, MA 02116
Phone	617.619.9205
Email Address	Emily.butcher@hklaw.com

### III. About the proposed transaction

4. Provide the type of material change transaction. (See OAR 409-070-0010 for definitions of transactions subject to review.)

☐ Merger

☒ Acquisition

☐ Affiliation

☐ Contract

☐ Other (specify) \_\_\_\_\_

5. What is the anticipated effective date of the proposed material change transaction?  
August 1, 2025

6. Briefly describe the proposed material change transaction, including:

a. Goals and objectives

To effectuate a majority change of equity ownership interest in the great-great-great grandparent ("CHSS JV, LLC") of a non-resident pharmacy entity operating in a non-dispensing capacity in Oregon, expanding upon Party A's existing minority equity ownership interest in the same.

b. Summary of transaction terms

The transaction will result in a 51% change of ownership of CHSS JV, LLC, a Delaware company, whereby Party A will gain 100% equity ownership interest of CHSS JV, LLC.

c. Why the transaction is necessary or warranted

Party A previously purchased a 49% equity ownership interest in the aforementioned CHSS JV, LLC in 2023 with the option to purchase the remaining 51% within a specified timeframe thereafter. This transaction is the result of the exercise of that option pursuant to terms agreed upon by the parties.

d. Any exchange of funds between the parties, including the nature, source and amount of funds or other consideration (such as any arrangement in which one party agrees to furnish the other party with a discount, rebate, or any other type of refund or remuneration in exchange for, or in any way related to, the provision of health care services).

As a result of the transaction, Party A will pay as consideration to Party B a purchase price of approximately \$[X]. No additional compensation or other forms of remuneration or similar arrangements for the provision of health care services are provided for by the transaction.

7. Describe the negotiation or transaction process that resulted in the entities entering into an agreement.

As noted above, the parties entered negotiations pursuant to an option provided for in the terms of Party A's initial 49% equity ownership interest purchase in 2023. This transaction was the result of an arms-length negotiation between the parties, whereby Party A's legal counsel conducted appropriate diligence into Party B's operations and health care compliance practices.

- a. How the entities were identified (e.g., did one party approach the other, did one party engage in a bid/auction process, etc.)

As noted above, the parties were previous ownership interest holders in the target entity, CHSS JV, LLC.

- b. Any due diligence performed by any of the parties to the transaction. Provide any products, reports, or analyses resulting from due diligence processes.

As noted above, Party A's legal counsel conducted appropriate due diligence into CHSS JV, LLC's operations and legal compliance for the past 32 years, both generally and specifically regarding health care regulatory operations and compliance. Legal counsel's examination largely did not return significant risks from an operational or fraud, waste, and abuse perspective. Legal counsel provided standard recommendations for improvements to existing operations, as is in the ordinary course for transactions of this nature.

Any and all reports, products, or analysis prepared in connection with this transaction are protected pursuant to attorney-client privilege and Oregon confidentiality laws. Further information regarding diligence, if necessary and to the extent such information is not privileged under law, can be provided upon request.

8. Will the proposed material change transaction change control of a public benefit corporation or religious corporation?

☐ Yes

☒ No

9. List any applications, forms, notices, or other materials that have been submitted to any other state or federal agency regarding the proposed material change transaction. Include the data and nature of any submissions. This includes, but is not limited to, the Oregon Department of Consumer and Business Services, Oregon Public Health Division, Oregon Department of Justice, U.S. Department of Health and Human Services (e.g., Pioneer ACO or Medicare Shared Savings Program application), Federal Trade Commission, and U.S. Department of Justice.

A federal Hart-Scott-Rodino filing is scheduled to be made by July 7.

- a. If a pre-merger notification was filed with the Federal Trade Commission or U.S. Department of Justice, please attach the pre-merger notification filing along with this notice submission.

Please see note above.

## IV. About the entities involved in the proposed transaction

### 10. Describe Party A.

Click or tap here to enter text.

#### a. Describe Party A's business, including business lines or segments

Party A is the ultimate parent to a number of subsidiaries providing mail order and other pharmacy and pharmacy-related services to individuals nationwide. The Company, through its subsidiaries, delivers innovative solutions to improve access to health care for a diverse range of clients, including employers, health plans, government programs, hospitals, labor unions, consultants, members, and providers.

#### b. Describe Party A's governance and operational structure (including ownership of or by a health care entity)

As noted above, Party A is organized as a corporation and is the ultimate parent to 7 subsidiaries with operations nationwide and in Oregon. Please see attached for a list of directors & officers of Party A. Additional information concerning Party A's governance and operation structure can be found in the attached governance documents.

#### c. Provide a diagram or chart showing the organizational structural and relationships between business entities.

Please see attached.

#### d. List all of Party A's business entities currently licensed to operate in Oregon using [HCMO-1b: Business Entities form](#). Provide the business name, assumed business name, business structure, date of incorporation, jurisdiction, principal place of business, and FEIN for each entity.

Please see attached.

#### e. Provide financial statements for the most recent three fiscal years. If Party A also operates outside of Oregon, provide financial statements both for Party A nationally and for Party A's Oregon business.

Please see attached.

#### f. Describe and identify Party A's health care business. Provide responses to i-ix as applicable:

Click or tap here to enter text.

##### i. Provider type (hospital, physician group, etc.)

Pharmacy

##### ii. Service lines, both overall and in Oregon

Pharmacy



iii. Products and services, both overall and in Oregon

Mail order pharmacy services

iv. Number of staff and FTE, both overall and in Oregon

29,886 employees nationwide (28,973 FTE); 40 employees in Oregon (31.43 FTE)

v. Geographic areas served, both overall and in Oregon

United States and United States, Territories. Non-resident facilities operate throughout Oregon.

vi. Addresses of all facilities owned or operated using [HCMO-1c: Facilities and Locations form](#)

Please see attached.

vii. Annual number of people served in Oregon, for all business, not just business related to transaction

84,600 pharmacy patients

viii. Annual number of services provided in Oregon

1,113,400 prescriptions

ix. For hospitals, number of licensed beds

N/A

11. Describe Party B.

Click or tap here to enter text.

a. Describe Party B's business, including business lines or segments

Party B is the ultimate parent to a conglomerate of entities whose subsidiaries primarily provide remote order processing and management services in support of pharmacies, including specialty and infusion pharmacies, that service hospitals, health systems, and providers nationwide.

Specific to Oregon, Party B is the great-great-great-great grandparent to Pipeline Health Holdings, LLC ("PipelineRx"), a non-dispensing non-resident pharmacy providing services to Oregon residents. PipelineRx services a small number of customers in Oregon that account for less than 1% of CHSS JV, LLC's overall operations

b. Describe Party B's governance and operational structure (including ownership of or by a health care entity)

As noted above, Party B is a limited liability company and ultimate parent to 1 subsidiary with operations in Oregon and nationwide. A copy of Party B's formation documents is attached.

- c. Provide a diagram or chart showing the organizational structural and relationships between business entities.

Please see attached.

- d. List all of Party B's business entities currently licensed to operate in Oregon using [HCMO-1b: Business Entities form](#). Provide the business name, assumed business name, business structure, date of incorporation, jurisdiction, principal place of business, and FEIN for each entity.

Please see attached.

- e. Provide financial statements for the most recent three fiscal years. If Party B operates outside of Oregon, provide financial statements both for Party B nationally and for Party B's Oregon business.

Please see attached.

- f. Describe and identify Party B's health care business. Provide responses to i-ix as applicable.

Click or tap here to enter text.

- i. Provider type (hospital, physician group, etc.)

Non-dispensing pharmacy service provider to hospitals, health systems, and providers

- ii. Service lines, both overall and in Oregon

Management services in support of specialty pharmacies and infusion pharmacies and other infusion sites of care; remote order entry and verification; and other pharmacy operations, clinical and non-clinical.

- iii. Products and services, both overall and in Oregon

Same as above.

- iv. Number of staff and FTE, both overall and in Oregon

1060 employees nationwide (998 FTEs); 5 employees in Oregon (4.3 FTEs).

- v. Geographic areas served, both overall and in Oregon

Services are provided nationwide and to 6 customers in Oregon

- vi. Addresses of all facilities owned or operated using [HCMO-1c: Facilities and Locations form](#)

Please see attached

- vii. Annual number people served in Oregon, for all business, not just business related to transaction

Party B's operations do not provide direct services to patients in Oregon, but to health care providers. Services are provided to 6 health care providers in Oregon.

viii. Annual number of services provided in Oregon

Services totaled approximately \$560,000 in CY2024.

ix. For hospitals, number of licensed beds

N/A

For any additional Parties, please provide a supplemental attachment describing the information requested in Section 11 (a) – (f).

12. Describe all mergers, acquisitions, and joint ventures that closed in the ten (10) years prior to filing this notice of material change transaction involving any entities party to the current proposed transaction, the same or related services, and health care entities. For each previous transaction, include:

- a. Legal names of all entities party to the transaction
- b. Type of transaction
- c. Description of the transaction
- d. Date the transaction closed

Please see attached.

13. Describe any anticipated changes resulting from the proposed material change transaction, including:

- a. Operational structure
  - i. Provide a chart or diagram showing the pre- and post-transaction organizational structure and relationships between entities.

Please see attached.

b. Corporate governance and management

Please see attached.

c. Investments or initiatives

No change.

d. Type and level of staffing

No change.

e. Type and level of services provided

No change.

f. Number and type of locations

No change.

g. Geographic areas served

No change.

h. For providers, payer contracts and payer mix

N/A

i. For insurance carriers, provider contracts and networks

N/A

j. Other contractual arrangements, including contracts with suppliers, partners, ancillary service providers, PBMs, or management services organizations

No change.

## **V. Impacts from the proposed material change transaction**

14. Describe how the proposed material change transaction will impact the public and people served by the entities in Oregon.

The proposed material change is likely to have minimal impact on the public and the people served by the entities in Oregon. At this time, Party A does not intend to significantly alter PipelineRx's operations in Oregon. Party A's increased ownership interest will permit the company to provide greater resources and extensive support to PipelineRx, ensuring that its services remain available and affordable to its customers who service Oregon residents.

a. If there are any anticipated negative effects, describe how the entities will seek to mitigate negative impacts.

We do not anticipate any negative effects to result from the transaction given the existing relationship between the parties and the expected minimal change to operations.

15. Explain how the proposed material change transaction will:

a. Impact health outcomes for people in Oregon. Provide applicable data, metrics, or documentation to support your statements.

We do not expect any material changes to health outcomes for people in Oregon as a result of this transaction beyond those expected in the ordinary course of continued operations. As discussed above, Party A does not intend to significantly alter PipelineRx's operations in Oregon. As such, we expect any impact to health outcomes to remain similar to those currently observed by PipelineRx's operations.

b. Benefit the public good by reducing the growth in health care costs. Provide applicable data, metrics, or documentation to support your statements.

As discussed above, the proposed transaction will have indirect benefits to public good by providing additional resources and support to an existing licensed non-resident pharmacy entity providing management services to pharmacy hospital systems, enabling it to keep costs reasonably controlled relative to market conditions.

- c. Benefit the public good by increasing access to services for medically underserved populations. Provide applicable data, metrics, or documentation to support your statements.

As noted above, Party A's ownership interest will enable the company to provide additional resources and support to PipelineRx, ensuring the stability of the business. While this will not directly increase access to services beyond that already provided for by the business, it will provide safeguards against a reduction in access to services for those populations for whom services are already provided, which may include medically underserved populations.

- d. Benefit the public good by rectifying historical and contemporary factors contributing to health inequities or access to services. Provide applicable data, metrics, or documentation to support your statements.

In addition to what has been described above, Party A and PipelineRx ensure their services are provided in accordance with industry standards of care and set clinical criteria and formularies. Where possible, these metrics help to provide similar outcomes for similar cases, thereby allowing patients access to needed care where appropriate.

- e. If the transaction will not benefit the public good as described in b-d, explain why this proposed material change transaction is in the best interest of the public.

Party A's increased ownership interest will permit the company to provide greater resources and extensive support to PipelineRx, ensuring that its services remain available and affordable to its customers who service Oregon residents.

16. Describe any competitive effects that may result from the proposed material change transaction.

We do not anticipate any change to competition resulting from the proposed transaction. This transaction will result in a change whereby an existing minority equity interest holder, Party A, will obtain a majority equity interest in the several level indirect parent to an Oregon licensee.

- a. Will the proposed material change transaction result in a decrease in competition?

We do not anticipate any change to competition resulting from the proposed transaction. As noted, Party A already holds a minority interest in CHSS JV, LLC. This transaction will result in a change from a minority stake to a majority stake of Party A's equity ownership interest, but will not otherwise result in a change to the operations of PipelineRx that could result in a decrease in competition in Oregon.

- i. If yes, describe any anticompetitive effects that will result from the proposed transaction.

N/A

- ii. If yes, describe any plans to mitigate potential anticompetitive effects, including any divestiture plans.

N/A

- b. Provide applicable data, metrics, or documentation to support your statements.

Click or tap here to enter text.

17. Describe the proposed material change transaction's impact on the financial stability of any entity involved in the transaction.

As described above, Party A's increased ownership interest will permit the company to provide greater resources and support to PipelineRx, ensuring that its services remain available and performed to a high standard of care.

## VI. Supplemental materials

Submit the following materials, if applicable, with your submission. Apply Bates numbering to all confidential documents submitted with the Notice and include the applicable Bates number sequence on all redaction logs.

- ☒ [HCMO-1a: NPI form](#) (required for health care provider entities)
- ☒ [HCMO-1b: Business Entities form](#) (required parties with multiple business entities licensed to operate in Oregon)
- ☒ [HCMO-1c: Facilities and Locations form](#)
- ☒ Pre- and post-transaction organizational structure diagram
- ☒ Copies of all current agreements or term sheets for the proposed transaction
- ☒ Financial statements for all entities for the most recent three fiscal years
- ☒ Copies of current governance documents for all entities (for examples, bylaws, articles of incorporation, corporate charter, etc.)
- ☒ Documentation or analytic support for your responses, as applicable
- ☒ Redaction log

## VII. Certification

I, the undersigned, being first duly sworn, do say:

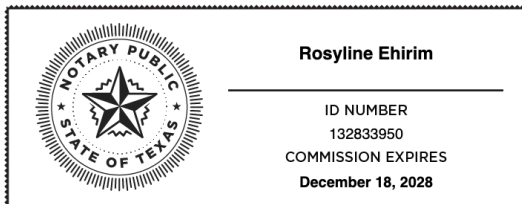
1. I have read ORS 415.500 et seq. and OARs 409-070-0000 to 409-070-0085.
2. I have read this Notice of Material Change Transaction and the information contained therein is accurate and true.

Signed on the 16<sup>th</sup> day of June, 20 25.

*Rod Tals*

SUBSCRIBED AND SWORN TO before me, this 16<sup>th</sup> day of June, 20 25.

*Rosylne Ehirim*



Notary Public in and for Texas Harris

My Commission Expires: 12/18/2028

Electronically signed and notarized online using the Proof platform.

## Health Care Market Oversight (HCMO) Program

### HCMO-1a: National Provider Identifiers

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact us by email at [hcmo.info@oha.oregon.gov](mailto:hcmo.info@oha.oregon.gov) or by phone at 503-945-6161. We accept all relay calls.

Complete this form if the proposed material change transaction involves entities that are associated with National Provider Identifiers (NPIs). Submit the completed form in a portable document form (pdf) to [hcmo.info@oha.oregon.gov](mailto:hcmo.info@oha.oregon.gov). Information provided in this form will not be posted publicly.

List all organization NPIs associated with each entity in the table format below (similar to the data structure of the National Plan and Provider Enumeration System NPI Registry). Include organization NPIs for any clinics, facilities, service locations, operating companies, or subsidiaries involved in providing services to people in Oregon. Do not provide individual provider NPIs. Please add tables, as needed, for other parties to the material change transaction that have associated NPIs.

#### NPIs associated with Party A

Entity Name: Evernorth Health, Inc.

NPI	Name	Primary Practice Address	Primary Taxonomy
1558443911	ESI Mail Pharmacy Service Inc	4600 North Hanley Road St. Louis, MO 63134	3336M0002X
1811072101	Lynnfield Compounding Center, Inc.	374 Merrimac St., Ste. 200, Newburyport, MA 01950	333600000X
1851480545	Lynnfield Drug Inc	374 Merrimac St., Ste. 100, Newburyport, MA 01950	333600000X
1720786742	Lynnfield Drug Inc	374 Merrimac St., Ste. 100, Newburyport, MA 01950	3336M0002X
1275589830	Accredo Health Group Inc	22623 68 <sup>th</sup> Ave S, Kent, WA 98032	333600000X
1407163736	Accredo Health Group Inc	2410 Wardlow Rd, Ste. 101, Corona, CA 92878	333600000X



<b>NPI</b>	<b>Name</b>	<b>Primary Practice Address</b>	<b>Primary Taxonomy</b>
1972710176	Accredo Health Group Inc	3000 Ericsson Dr, Ste. 100, Warrendale, PA 15086	333600000X
1902857501	Accredo Health Group Inc	3488 S Main St., Salt Lake City, UT 84115	333600000X
1306804547	Accredo Health Group Inc	730 Cool Springs Blvd, Ste. 301, Franklin, TN 37067	333600000X
1346208949	Accredo Health Group Inc	1620 Century Center Pkwy, Ste. 109, Memphis, TN 38134	333600000X

Continued in the attached document.

## **NPIs associated with Party B**

Entity Name: CPRx Intermediate, LLC

<b>NPI</b>	<b>Name</b>	<b>Primary Practice Address</b>	<b>Primary Taxonomy</b>
1568934289	Pipeline Health Holdings, LLC	1730 Blake St., Ste. 400, Denver, CO 80202	193400000X 208U00000X
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Click or tap here to enter text.

Please add additional tables for other parties to the proposed material change transaction that have associated NPIs.

Click or tap here to enter text.

Click or tap here to enter text.

PUBLIC

**Attachment – HCMO-1a: National Provider Identifiers  
NPIs associated with Party A – Evernorth Health, Inc. (con't.)**

<b>Npi</b>	<b>Name</b>	<b>Primary Practice Address</b>	<b>Primary Taxonomy</b>
1659704617	Accredo Health Group Inc	2 Boulden Circle Suite 1 New Castle, De 19720	333600000X
1689623555	Accredo Health Group Inc	361 Inverness Dr S Ste F Englewood, Co 80112	333600000X
1629029251	Accredo Health Group Inc	2040 W Rio Salado Pkw Suite 101b Tempe, Az 85281	333600000X
1629232756	Accredo Health Group Inc	11411 Strang Line Rd Ste A Lenexa, Ks 66215	333600000X
1447835624	Accredo Health Group Inc	4750 E 450 S Ste A Whitestown, In 46075-8404 United States	333600000X
1639266836	Express Scripts Pharmacy Inc	13051 N Telecom Pkw Ste 150 Temple Terrace, Fl 33637	3336M0002X
1992892194	Express Scripts Pharmacy Inc	4865 Dixie Hwy Fairfield, Oh 45014	3336M0002X
1710074919	Express Scripts Pharmacy Inc	501 Ronda Ct North Huntingdon, Pa 15642	3336M0002X
1700374808	MAH Pharmacy LLC	4600 N Hanley Rd Suite C Saint Louis, Mo 63134	3336M0002X
1700690161	MAH Pharmacy LLC	4600 N Hanley Rd Ste C Saint Louis, Mo 63134	333600000X
1578376026	MAH Pharmacy, L.L.C.	4867 Dixie Hwy Fairfield, Oh 45014	333600000X
1447548524	MAH Pharmacy, L.L.C.	4867 Dixie Highway Fairfield, Oh 45014	3336M0002X

1285716647	ESI Mail Pharmacy Service Inc	433 River St Suite 800 Troy, Ny 12180	3336M0002X
1376625731	ESI Mail Pharmacy Service Inc	4500 Alexander Blvd Ne Albuquerque, Nm 87107	3336M0002X
1033426424	ESI Mail Pharmacy Service Inc	4600 N Hanley Rd Ste D Saint Louis, Mo 63134	3336M0002X
1730261199	ESI Mail Pharmacy Service Inc	7909 S Hardy Dr Ste 111 Tempe, Az 85284	3336M0002X
1063645026	Express Scripts Pharmacy Inc	4750 E 450 S Whitestown, In 46075	3336M0002X
1417376765	Express Scripts Pharmacy Inc	2040 Route 130 Burlington, Nj 08016	3336M0002X
1346322575	Express Scripts Specialty Dist Svcs	4600 N Hanley Rd Ste B Saint Louis, Mo 63134	3336M0002X
1467534826	Express Scripts Specialty Distribution Services, Inc.	4600 N Hanley Rd Ste B Saint Louis, Mo 63134	333600000X
1649352006	ESI Mail Pharmacy Service Inc	7909 S Hardy Dr Suite 106 Tempe, Az 85284	3336M0002X
1043309735	Accredo Health Group Inc	6272 Lee Vista Blvd Suite 100 Orlando, Fl 32822	3336S0011X

## Health Care Market Oversight (HCMO) Program

### HCMO-1b: Business Entities Form

List all business entities associated with parties to the proposed material change transaction that are currently registered to operate in Oregon. Please add additional rows or pages as needed. Submit the completed form in a portable document form (pdf) to [hcmo.info@oha.oregon.gov](mailto:hcmo.info@oha.oregon.gov). This form will be published.

#### Definitions

**“Business Name”** refers to the legal business name as reported to the Internal Revenue Service.

**“Assumed Business Name”** has the meaning provided in ORS 648.005.

**“Business Structure”** refers to type of structure, such as a corporation, partnership, LLC, or other.

**“Date Formed or Incorporated”** refers to the date when the business entity was formed or incorporated.

**“Jurisdiction”** refers to the state of domestic registration.

**“Principal Place of Business”** is the physical street address where the business is located.

**“FEIN”** means the 9-digit federal tax identification number assigned by the Internal Revenue Service.

## Business entities associated with Party A

Entity Name: Evernorth Health, Inc.

Business Name	Assumed Business Name	Business Structure	Date Formed or Incorporated	Jurisdiction	Principal Place of Business	FEIN
ESI Mail Pharmacy Service, Inc.	Express Scripts	Corporation	11/10/1999	DE	St. Louis, MO	Click or tap here to enter text.
Accredo Health Group, Inc.	N/A	Corporation	1/29/1997	DE	St. Louis, MO	Click or tap here to enter text.
MAH Pharmacy, LLC	CHD Pharmacy	LLC	11/13/2009	DE	St. Louis, MO	Click or tap here to enter text.
Express Scripts Pharmacy, Inc	Express Scripts	Corporation	6/27/2013	DE	St. Louis, MO	Click or tap here to enter text.
Express Scripts Specialty Distribution Services, Inc	N/A	Corporation	12/2/1999	DE	St. Louis, MO	Click or tap here to enter text.
Lynnfield Compounding Center, Inc.	Freedom FP Fertility Pharmacy	Corporation	12/29/2000	FL	St. Louis, MO	Click or tap here to enter text.
Lynnfield Drug, Inc	Freedom Fertility	Corporation	12/29/2000	FL	St. Louis, MO	Click or tap here to enter text.
Village Fertility Pharmacy, LLC	N/A	LLC	10/27/2016	DE	Waltham, MA	Click or tap here to enter text.

<b>Business Name</b>	<b>Assumed Business Name</b>	<b>Business Structure</b>	<b>Date Formed or Incorporated</b>	<b>Jurisdiction</b>	<b>Principal Place of Business</b>	<b>FEIN</b>
Integrity Rx Specialty Pharmacy, LLC	N/A	LLC	4/17/2014	AZ	Scottsdale, AZ	Click or tap here to enter text.
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## Business entities associated with Party B

Entity Name: CPRx Intermediate, LLC

Business Name	Assumed Business Name	Business Structure	Date of Incorporation	Jurisdiction	Principal Place of Business	FEIN
Pipeline Health Holdings, LLC	PipelineRx	LLC	8/31/2009	Delaware	6950 E Belleview Ave, Ste. 320, Greenwood Village, CO 80111	Click or tap here to enter text.
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<b>Business Name</b>	<b>Assumed Business Name</b>	<b>Business Structure</b>	<b>Date of Incorporation</b>	<b>Jurisdiction</b>	<b>Principal Place of Business</b>	<b>FEIN</b>
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
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Please add additional tables for other entities involved in the material change transaction that have associated business entities.

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## Health Care Market Oversight (HCMO) Program

### HCMO-1c: Facilities and Locations Form

List all health care facilities and locations associated with parties to the proposed material change transaction that currently operate in Oregon. Please add additional rows or pages as needed. Submit the completed form in a portable document form (pdf) to [hcmo.info@oha.oregon.gov](mailto:hcmo.info@oha.oregon.gov). This form will be published.

For each location, include the location or facility name, street address, services provided at the location, and service area zip codes. Service area refers to the smallest number of zip codes from which the location or facility draws at least 75% of its patients, based on home zip codes of patients. Add rows as needed for additional locations.

#### Locations associated with Party A

Entity Name: Evernorth Health, Inc.

Location/ Facility Name	Street Address	Services provided at location	Service area zip codes
ESI Mail Pharmacy Service, Inc. dba Express Scripts	4600 North Hanley Road, Louis, MO 63134	Pharmacy	Statewide*
Accredo Health Group, Inc.	22623 68th Avenue South, Kent, WA 98032	Pharmacy	Statewide*
Accredo Health Group, Inc.	2410 Wardlow Rd., Ste. 101, Corona, CA 92878	Pharmacy	Statewide*
Accredo Health Group, Inc.	3000 Ericsson Drive, Ste. 100, Warrendale, PA 15086	Pharmacy	Statewide*
Accredo Health Group, Inc.	6272 Lee Vista Blvd, Ste. 100, Orlando, FL 32822	Pharmacy	Statewide*
Accredo Health Group, Inc.	3488 South Main Street, Salt Lake City, UT 84115	Pharmacy	Statewide*

Location/ Facility Name	Street Address	Services provided at location	Service area zip codes
Lynnfield Compounding Center, Inc. dba Freedom FP Fertility Pharmacy	374 Merrimac St., Ste. 200, Newburyport, MA 01950	Pharmacy	Statewide*
Lynnfield Drug, Inc. dba Freedom Fertility Pharmacy	374 Merrimac St., Ste. 100, Newburyport, MA 01950	Pharmacy	Statewide*
Express Scripts Specialty Distribution Services, Inc	4600 N. Hanley Road, Ste. B, St. Louis, MO 63134	Pharmacy	Statewide*

\*As a mail order pharmacy provider, business in Oregon is not limited to a specific zip code.

Continued in attachment below.

## Locations associated with Party B

Entity Name: CPRx Intermediate, LLC

Location/ Facility Name	Street Address	Services provided at location	Primary service area zip codes
Pipeline Health Holdings, LLC dba PipelineRx	6950 E Belleview Ave, Ste. 320, Greenwood Village, CO 80111	Non-dispensing pharmacy/remote order entry and verification	97439, 97423, 97128, 97411, 97836, 97239*
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Location/ Facility Name	Street Address	Services provided at location	Primary service area zip codes
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
N/A	N/A	N/A	Click or tap here to enter text.

\*Based on customer zip codes. Actual patient reach may extend beyond.

Please add additional tables for other parties to the proposed material change transaction that have health care facilities or locations.

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HCMO-1c: Facilities and Locations Form  
Locations associated with Party A – Evernorth Health, Inc. (con't.)

<b>Location/Facility Name</b>	<b>Street Address</b>	<b>Services provided at location</b>	<b>Service area zip codes</b>
ESI Mail Pharmacy Service, Inc. dba Express Scripts	7909 S Hardy Drive, Ste. 106, Tempe, AZ 85284	Pharmacy	*Statewide
Accredo Health Group, Inc.	730 Cool Springs Blvd, Ste. 301, Franklin, TN 37067	Pharmacy	*Statewide
Accredo Health Group, Inc.	1620 Century Center Pkwy, Ste. 109, Memphis, TN 38134	Pharmacy	*Statewide
Accredo Health Group, Inc.	2 Boulden Cir, Ste. 1, New Castle, DE 19720	Pharmacy	*Statewide
Express Scripts Pharmacy, Inc. dba Express Scripts	4750 E 450 S, Whitestown, IN 46075	Pharmacy	*Statewide
MAH Pharmacy, LLC dba CHD Pharmacy	4867 Dixie Hwy, Fairfield, OH 45014	Pharmacy	*Statewide
Express Scripts Pharmacy, Inc. dba Express Scripts	2040 Rte. 130 N, Burlington, NJ 08016	Pharmacy	*Statewide
ESI Mail Pharmacy Service, Inc. dba Express Scripts	433 River St, Ste. 800, Troy, NY 12180	Pharmacy	*Statewide
ESI Mail Pharmacy Service, Inc. dba Express Scripts	4500 Alexander Blvd. NE, Albuquerque, NM 87107	Pharmacy	*Statewide
ESI Mail Pharmacy Service, Inc. dba Express Scripts	4600 N Hanley Rd, Ste. D, St. Louis, MO 63134	Pharmacy	*Statewide
ESI Mail Pharmacy Service, Inc. dba Express Scripts	7909 S Hardy Drive, Ste. 111, Tempe, AZ 85284	Pharmacy	*Statewide
Express Scripts Pharmacy, Inc. dba Express Scripts	13051 N. Telecom Parkway, Ste. 150, Temple Terrace, FL 33637	Pharmacy	*Statewide

Express Scripts Pharmacy, Inc. dba Express Scripts	4865 Dixie Hwy, Fairfield, OH 45014	Pharmacy	*Statewide
Express Scripts Pharmacy, Inc. dba Express Scripts	501 Ronda Court, North Huntingdon, PA 15642	Pharmacy	*Statewide
Accredo Health Group, Inc.	361 Inverness Dr S, Ste. F, Englewood, CO 80112	Pharmacy	*Statewide
Accredo Health Group, Inc.	2040 W. Rio Salado Pkwy, Ste. 101B, Tempe, AZ 85281	Pharmacy	*Statewide
MAH Pharmacy, LLC dba CHD Pharmacy	4600 North Hanley Rd. Ste. C, St. Louis, MO 63134	Pharmacy	*Statewide
Accredo Health Group, Inc.	11411 Strang Line Rd, Ste. A, Lenexa, KS 66215	Pharmacy	*Statewide
Accredo Health Group, Inc.	4750 E 450 S, Ste. A, Whitestown, IN 46075	Pharmacy	*Statewide