

Office of Pharmacy Services Small Rural Pharmacy Grants Program FY22 FINAL REPORT FORM

<u>DIRECTIONS</u>: Please answer the following questions as completely, accurately, and as detailed as possible and submit your pharmacy's completed and signed form to the Program via email to Deanna Beebe at <u>deanna.beebe@maryland.gov</u> by the submission deadline of <u>5:00 PM EST on Friday, July 29th, 2022</u>. (The Program will <u>not</u> be accepting Final Report forms until <u>Friday, July 1st, 2022</u>, after the completion of the grant funding period. Submitting a completed and signed Final Report form is a requirement of your participation in the Program per the Grant Agreement. Failure to submit a completed Final Report form by the submission deadline above may prevent your pharmacy from being eligible for future grant funding opportunities.)

Thank you for participating in the Small Rural Pharmacy Grants Program FY22!

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1.	What were the total # of MCO prescriptions filled between Sunday, November 1st, 2020 Wednesday, June 30th, 2021 in FY21 and the total #of MCO prescriptions filled between Monday, November 1st, 2021 and Thursday, June 30th, 2022 in FY22?		
	a. Beginning:		
	b. Ending:		
2.	What was the percent change in these numbers over the grant funding period?		
3.	What were the total # of MCO participants covered by your pharmacy between Sunday, November 1st, 2020 Wednesday, June 30th, 2021 in FY21 and the total # of MCO participant covered by your pharmacy between Monday, November 1st, 2021 and Thursday, June 30th, 2022 in FY22?		
	a. Beginning:		
	b. Ending:		
4.	What was the percent change in these numbers over the grant funding period?		
- 5 .	Were there any changes in which managed care organizations (MCOs) provider network your pharmacy participated with during the grant funding period?		
	a. (Yes/No)?		
	b. If Yes , what were the changes in your pharmacy's MCO Network?		
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_	First and Last Name (Printed)	Title
	Signature of Authorized Representative	Date
	ertification: I certify that we used this grant award figures. I pensing prescriptions.	unding for costs and fees directly related to
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7.	Please provide any additional comments about the below:	e Program or the use of your grant funds
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	(Please attach additional pages if needed.)	
	how much of the grant funds were spent on each ca	
	grant funds were spent on during the grant period	. Please also provide a fiscal breakdown of