



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

DIRECTIONS: 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 deanna.beebe@maryland.gov by the submission deadline of **5:00 PM EST on Friday, July 29th, 2022**. (The Program will **not** be accepting Final Report forms until **Friday, July 1st, 2022**, 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!

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 participants** 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?**

