



**Small Rural Pharmacy Grants Program
FINAL REPORT FORM**

PLEASE ANSWER THE FOLLOWING QUESTIONS AND SUBMIT THE COMPLETED FORM TO THE PROGRAM BY 5:00 PM EST ON FRIDAY, JULY 30TH, 2021. THANK YOU.

1. What were the total # of MCO prescriptions filled between January 1st and August 31st of CY2020 by the beginning of the funding period (Tuesday, September 1st, 2020) and the total # of MCO prescriptions filled between November 1st and June 30th in CY2020-CY2021 by the end of the funding period (Wednesday, June 30th, 2021)?

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 January 1st and August 31st of CY2020 by the beginning of the funding period (Tuesday, September 1st, 2020) and the total # of MCO participants covered by your pharmacy between November 1st and June 30th in CY2020-CY2021 by the end of the funding period (Wednesday, June 30th, 2021)?

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?

