 **NC DHHS Notice of Funding Availability**



**DHHS Division/Office issuing this notice**: Office of Rural Health

**Date of this notice:** **March 17, 2025**

**Grant Applications will be accepted beginning March 17, 2025**

**Deadline to Receive Applications: April 17, 2025**

**Working title of the funding program:** Medication Assistance Program

**Purpose: Description of the function of the program and reason why it was created:**

The Office of Rural Health (ORH) announces the availability of grant funding to identify and fund community organizations in North Carolina that will help uninsured, low-income citizens of all ages evaluate their optimal prescription drug choices and apply for free, discounted, and low-cost drugs through public and private medication assistance programs.

These grant funds, supported through the North Carolina General Assembly, are for helping uninsured, low-income North Carolinians gain access to free and low-cost medications. Safety net organizations who care for underserved and medically indigent patients including community health centers, free and charitable clinics, state designated rural health centers, and health departments offering medication assistance to the uninsured in their community are eligible to apply for this funding.

* Provide services of a Prescription Assistance Coordinator (PAC) defined as an individual who assists all uninsured, low-income North Carolinians with identifying their optimal prescription drug options from among public and private programs, and providing direct assistance in obtaining medication using a web-based application that is capable of reporting the following mandatory data:
  + Dollar value of medications received for patients
  + Number of medications received for patients
  + Total number of unduplicated patients served

MAP grantees must use *The Pharmacy Connection* web-based application to determine eligibility for free or low-cost prescription drug programs offered through pharmaceutical companies. The Pharmacy Connection (TPC) user and license fee of $3,000.00 is a reimbursable line-item expense of this grant. This annual fee, which supports administration, license renewal, invoicing, and payment, is managed by the Foundation for Health Leadership and Innovation (FHLI). The required TPC $3,000.00 fee is pre-populated in the MAP budget template spreadsheet.

All applicants must specify a dispensing plan that will ensure their patients will receive the medications that are procured on their behalf and compliant with the NC Board of Pharmacy policies.

Grant funds must be used exclusively to support the approved project and spent in accordance with the grant agreement and approved project budget.

Based on the limited amount of funding available, grant funds may be used for PAC salaries, project-related travel, supplies, limited amounts of equipment, and other direct project expenses essential to supporting the PAC. These expenses must be budgeted to the categories and line items identified in the Budget. Salary for staff who are not directly involved in providing prescription assistance services should not be included.

**Maximum Award Amount: $28,850**

Applicant organizations must ensure that Medication Assistance Program funding does not duplicate or supplant any other funding.

**Funding Availability:**

ORH anticipates a competitive applicant pool. Funding requests are contingent upon availability of program funding. The highest scoring applicants will receive a two-year award based on applicant scores. ORH expects to receive more requests than can be funded. Therefore, submission of a grant application does not guarantee receipt of an award. Successful applicants will be required to attend a grant award workshop.

**Proposed Project Period or Contract Term**

August 1, 2025 – July 31, 2027

**Eligibility:**

All safety net organizations that provide or will provide medication assistance programs for uninsured, low-income patients are eligible to apply. This includes:

* + Federally Qualified Health Centers and Look-Alikes (FQHCs)
  + Free and Charitable Clinics
  + Health Departments
  + Hospital-Owned Primary Care Clinics
  + State Designated Rural Health Centers
  + School-Based and School-Linked Health Centers
  + AHEC Clinics
  + Other Non-Profit Community Organizations that provide pharmacy services, direct primary and preventive patient care to low-income, uninsured, underinsured and medically vulnerable populations

Only **one** application may be submitted per eligible organization. An eligible organization must submit one application rather than applications by service site, “doing business as,” or under separate EINs that are all connected to the same eligible organization.

As a condition of receiving a grant award, successful applicants must:

* Complete the contract process
* Submit a monthly expense report for reimbursement in a format specified by ORH
* Use an electronic financial software application (EXCEL spreadsheets are not acceptable formats)
* Dispense prescription drugs according to NC Board of Pharmacy dispensing policies
* Comply with ORH’s policies and procedures for contract development, execution, and management
* Connect or have a plan to connect to NC HealthConnex

(*To meet the state’s mandate, a provider is “****connected****” when its clinical and demographic information are being sent to NC HealthConnex at least twice daily.” For further information, please see the HIEA website*:  <https://hiea.nc.gov>)

**Application Overview:**

Applicants must submit the following information electronically through the on-line application tool:

1. Organizational Information
2. Grant Narrative
3. Budget
4. Evaluation Criteria

**Deadline for Submission:**

Grant applications must be received electronically by the Office of Rural Health by April 17, 2025.

Only electronic applications will be accepted.

**How to Apply: Applicants must submit their application electronically through the Zengine portal. You must create a profile to access the application. The profile will require creating a username and password.** Use the RFA document as guidance for the electronic version of the application.

**Access the application portal through the following link:** [**https://webportalapp.com/sp/ncorh\_medication\_assistance**](https://webportalapp.com/sp/ncorh_medication_assistance)

**Technical Assistance Webinars:**

**April 7, at 11:00 am**

**Microsoft Teams** [Need help?](https://aka.ms/JoinTeamsMeeting?omkt=en-US)

[**Join the meeting now**](https://teams.microsoft.com/l/meetup-join/19%3ameeting_NTEwNGU5ZTgtODM1Ny00NTc2LTkwOTUtODg1ZjFhZDM2ZWVi%40thread.v2/0?context=%7b%22Tid%22%3a%227a7681dc-b9d0-449a-85c3-ecc26cd7ed19%22%2c%22Oid%22%3a%22221f56c0-5811-4df1-bcca-9de268774ace%22%7d)

Meeting ID: 228 330 838 239

Passcode: Eo3Sx3VT

**Dial in by phone**

[+1 984-204-1487,,553328223#](tel:+19842041487,,553328223) United States, Raleigh

[Find a local number](https://dialin.teams.microsoft.com/c102d528-0544-4660-b869-294e85047e28?id=553328223)

Phone conference ID: 553 328 223#

**Join on a video conferencing device**

Tenant key: ncgov@m.webex.com

Video ID: 118 991 543 2

[More info](https://www.webex.com/msteams?confid=1189915432&tenantkey=ncgov&domain=m.webex.com)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**April 10, 2025, at 11:00 am**

**Microsoft Teams** [Need help?](https://aka.ms/JoinTeamsMeeting?omkt=en-US)

[**Join the meeting now**](https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZGE3YmUyNWYtZGUyMC00MDFiLWI5ZGEtMjEyMTVmNmQ5OWUz%40thread.v2/0?context=%7b%22Tid%22%3a%227a7681dc-b9d0-449a-85c3-ecc26cd7ed19%22%2c%22Oid%22%3a%22221f56c0-5811-4df1-bcca-9de268774ace%22%7d)

Meeting ID: 277 234 028 66

Passcode: 3wQ66iU6

**Dial in by phone**

[+1 984-204-1487,,602948296#](tel:+19842041487,,602948296) United States, Raleigh

[Find a local number](https://dialin.teams.microsoft.com/c102d528-0544-4660-b869-294e85047e28?id=602948296)

Phone conference ID: 602 948 296#

**Join on a video conferencing device**

Tenant key: ncgov@m.webex.com

Video ID: 111 216 673 7

[More info](https://www.webex.com/msteams?confid=1112166737&tenantkey=ncgov&domain=m.webex.com)

**To obtain further information:** Funding Agency Contact/Inquiry Information:

**Nicole Fields-Pierre:** [nicole.fields-pierre@dhhs.nc.gov](mailto:nicole.fields-pierre@dhhs.nc.gov)

**For assistance with the application link:**

**Sharema Williams:** [sharema.williams@dhhs.nc.gov](mailto:sharema.williams@dhhs.nc.gov)

|  |  |
| --- | --- |
| **Section** | **Description** |
| **General Information** | **RFA Title:** **Medication Assistance Program Grant SFY 2026 & 2027**  **Opening Date: 03/17/2025**  **Closing Date: 04/17/2025**  Funding Agency Name: Office of Rural Health  Funding Agency Address: 2009 Mail Service Center, Raleigh, NC, 27699-2009  Funding Agency Contact/Inquiry Information: Nicole Fields-Pierre, [nicole.fields-pierre@dhhs.nc.gov](mailto:nicole.fields-pierre@dhhs.nc.gov)  **Submission Instructions:**  Grant applications must be submitted electronically to the Office of Rural Health by April 17, 2025.  **How to Apply: Applicants must submit their application electronically through the Zengine portal. You must create a profile to access the application. The profile will require creating a username and password.** Use the RFA document as guidance for the electronic version of the application.  Applications must be complete, and agencies must respond to all application requirements. Incomplete applications, or applications not completed in accordance with the instructions, will not be reviewed.  All applicants will receive a confirmation notice after an application has been successfully submitted.  These awards are contingent upon the availability of funding and final Department approval.  **Maximum Award Amount: $28,850**  **Funding Availability:**  ORH anticipates a competitive applicant pool. Funding requests are contingent upon availability of program funding. The highest scoring applicants will receive a two-year award based on applicant scores. ORH expects to receive more requests than can be funded. Therefore, submission of a grant application does not guarantee receipt of an award. Successful applicants will be required to attend a grant award workshop.  **Proposed Project Period or Contract Term**  August 1, 2025 - July 31, 2027  Questions regarding the grant application may be directed to:  Nicole Fields-Pierre at [nicole.fields-pierre@dhhs.nc.gov](mailto:nicole.fields-pierre@dhhs.nc.gov)  Questions about the application link may be directed to:  Sharema Williams at [sharema.williams@dhhs.nc.gov](mailto:sharema.williams@dhhs.nc.gov) |
| **Technical Assistance Webinars** | **Technical Assistance Webinars:**  Organizations are invited to participate in any or both webinars.  Webinars will be held on the following dates:  **April 7, 2025, at 11:00 am**  **Microsoft Teams** [Need help?](https://aka.ms/JoinTeamsMeeting?omkt=en-US)  [**Join the meeting now**](https://teams.microsoft.com/l/meetup-join/19%3ameeting_NTEwNGU5ZTgtODM1Ny00NTc2LTkwOTUtODg1ZjFhZDM2ZWVi%40thread.v2/0?context=%7b%22Tid%22%3a%227a7681dc-b9d0-449a-85c3-ecc26cd7ed19%22%2c%22Oid%22%3a%22221f56c0-5811-4df1-bcca-9de268774ace%22%7d)  Meeting ID: 228 330 838 239  Passcode: Eo3Sx3VT  **Dial in by phone**  [+1 984-204-1487,,553328223#](tel:+19842041487,,553328223) United States, Raleigh  [Find a local number](https://dialin.teams.microsoft.com/c102d528-0544-4660-b869-294e85047e28?id=553328223)  Phone conference ID: 553 328 223#  **Join on a video conferencing device**  Tenant key: ncgov@m.webex.com  Video ID: 118 991 543 2  [More info](https://www.webex.com/msteams?confid=1189915432&tenantkey=ncgov&domain=m.webex.com)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **April 10, 2025, at 11:00 am**  **Microsoft Teams** [Need help?](https://aka.ms/JoinTeamsMeeting?omkt=en-US)  [**Join the meeting now**](https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZGE3YmUyNWYtZGUyMC00MDFiLWI5ZGEtMjEyMTVmNmQ5OWUz%40thread.v2/0?context=%7b%22Tid%22%3a%227a7681dc-b9d0-449a-85c3-ecc26cd7ed19%22%2c%22Oid%22%3a%22221f56c0-5811-4df1-bcca-9de268774ace%22%7d)  Meeting ID: 277 234 028 66  Passcode: 3wQ66iU6  **Dial in by phone**  [+1 984-204-1487,,602948296#](tel:+19842041487,,602948296) United States, Raleigh  [Find a local number](https://dialin.teams.microsoft.com/c102d528-0544-4660-b869-294e85047e28?id=602948296)  Phone conference ID: 602 948 296#  **Join on a video conferencing device**  Tenant key: ncgov@m.webex.com  Video ID: 111 216 673 7  [More info](https://www.webex.com/msteams?confid=1112166737&tenantkey=ncgov&domain=m.webex.com)  **To obtain further information:** Funding Agency Contact/Inquiry Information:  **Nicole Fields-Pierre:** [**nicole.fields-pierre@dhhs.nc.gov**](mailto:nicole.fields-pierre@dhhs.nc.gov)  **For assistance with the application link:**  **Sharema Williams:** [**sharema.williams@dhhs.nc.gov**](mailto:sharema.williams@dhhs.nc.gov) |
| **RFA Description**  **Eligibility** | The purpose of grants awarded under this program is to provide access to free and/or low-cost prescription medications to uninsured, low-income patients.  Grants will be awarded on a competitive basis to safety net organizations that:   * Provide services of a Prescription Assistance Coordinator (PAC) defined as an individual who assists all uninsured, low-income North Carolinians with identifying their optimal prescription drug options from among public and private programs, and providing direct assistance in obtaining medication using a web-based application that is capable of reporting the following mandatory data:   + Dollar value of medications received for patients   + Number of medications received for patients   + Total number of unduplicated patients served   MAP grantees must use *The Pharmacy Connection* web-based application to determine eligibility for free or low-cost prescription drug programs offered through pharmaceutical companies. The Pharmacy Connection (TPC) user and license fee of $3,000.00 is a reimbursable line-item expense of this grant. This annual fee, which supports administration, license renewal, invoicing, and payment, is managed by the Foundation for Health Leadership and Innovation (FHLI). The required TPC $3,000.00 fee is pre-populated in the MAP budget template spreadsheet.  All applicants must specify, and attest to, a dispensing plan that will ensure their patients will receive the medications that are procured on their behalf and compliant with the NC Board of Pharmacy policies.  Applications submitted in response to this RFA will be evaluated by ORH staff. During the review of the application, ORH may consider who will benefit from the grant, how many will benefit from the grant, cost of administering the grant, capacity building and sustainability of the grant application. ORH may consider the applicants past performance of grants and publicly funded projects when awarding grants.    All safety net organizations that provide or will provide medication assistance programs to uninsured and low-income individuals in their communities are eligible to apply. This includes:   * + Federally Qualified Health Centers and Look-Alikes (FQHCs)   + Free and Charitable Clinics   + Health Departments   + Non-Profit, Hospital-Owned Primary Care Clinics   + State Designated Rural Health Centers   + School-Based and School-Linked Health Centers   + AHEC Clinics   + Other Non-Profit Community Organizations that provide pharmacy services, direct primary and preventive patient care to low-income, uninsured, underinsured and medically vulnerable populations |
| **Allowable Costs** | Grant funds must be used exclusively to support the approved project and spent in accordance with the grant agreement and approved project budget.  Based on the limited amount of funding available, grant funds may be used for salaries of Prescription Assistance Coordinators (PACs), project-related travel, supplies, limited amounts of equipment, and other direct project expenses essential to supporting the PAC. These expenses must be budgeted to the categories and line items identified in the Budget. Salary for staff who are not directly involved in providing prescription assistance services should not be included. |
| **Other Contractor Requirements for successful award recipients** | In addition to the contents within this RFA, the contractor shall also adhere to the following:   * Submit Performance Reports (quarterly and as requested) * Submit Monthly Expenditure Reports (MERs) to request reimbursement (due by the 10th of each month) * Utilize an electronic financial software application (Excel is not an acceptable format) * Use *The Pharmacy Connection* web-based application to determine eligibility for free or low-cost prescription drug programs offered through pharmaceutical companies. The Pharmacy Connection (TPC) user and license fee of $3,000.00 is a reimbursable line-item expense of this grant. This annual fee, which supports administration, license renewal, invoicing, and payment, is managed by the Foundation for Health Leadership and Innovation (FHLI). The required TPC $3,000.00 fee is pre-populated in the MAP budget template spreadsheet. * Specify and attest to a dispensing plan that will ensure their patients will receive the medications that are procured on their behalf and are compliant with the NC Board of Pharmacy policies. |

SFY 2026 & 2027 Medication Assistance Program (MAP)

**Organization Information**

|  |  |
| --- | --- |
| Organization Name: |  |
| Site Name (if applicable): |  |
| Organization EIN: |  |
| Organization NPI (if applicable): |  |
| Organization UEI (if applicable): |  |
| Mailing Address:  Payment Remittance Address: |  |
| Website Address |  |
| Organization Fiscal Year: |  |
| Organization Type: (check one) | 🞎 Federally Qualified Health Center and Look-Alikes (FQHC)  🞎 Free and Charitable Clinic 🞎 Health Department 🞎 AHEC Clinics  🞎 Non-Profit, Hospital-Owned Primary Care Clinics  🞎 Rural Health Centers  🞎 School-Based and School-Linked Health Centers 🞎 Other Non-Profit Community Organization (specify): |

FY 2026 & 2027 Medication Assistance Program (MAP)

**Organization Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Grant Contact Name: |  | | | |
| Email: |  | | Phone Number: |  |
| Finance Contact Name: |  | | | |
| Email: |  | Phone Number: | | |
| Grant Signatory Name: |  | |  |  |
| Title: |  | | | |
| Email: |  | Phone Number: |  |  |

Do you currently have a Medication Assistance Program in operation? 🞎 Yes 🞎 No

If yes, approximately how many hours per week do you offer these services?

o 0 hours/week

o 1-11 hours/week

o 11-20 hours/week

o 21-30 hours/week

o 31-40 hours/week

o 41-50 hours/week

o >50 hours/week

Do you have a current ORH Medication Assistance Program grant? 🞎 Yes 🞎 No

Does this request include technology (computers, software, hardware, or IT related services)? 🞎 Yes 🞎 No

Is your organization currently connected to NC HealthConnex? 🞎 Yes 🞎 No

If yes, is data being submitted to NC HealthConnex? 🞎 Yes 🞎 No

If no, is your organization actively working with NC HealthConnex to execute a participation agreement? 🞎 Yes 🞎 No

Summary of Request – Provide a brief, one to two sentences, description of your request:

|  |  |
| --- | --- |
| Total Amount of Grant Request: $  Total Organizational Annual Budget: $ | |
| Primary County Served (where the grant will be utilized): |  |
| Other Counties Served (if applicable): |  |

SFY 2026 & 2027 Medication Assistance Program (MAP)

**Overview of Organization**

***Overview of Organization \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_5 Points***

1. Provide a brief description of your organization.
2. Describe your staff’s experience and training in providing medication assistance services for uninsured and low-income patients.

1. Does your agency have a 340-B program?

If yes, how many patients were served in SFY24? \_\_\_\_\_\_\_\_\_\_\_

***Grant Narrative***

***Community Need and Patient Population 15 Points***

Describe the population served by this grant proposal.

Include the population’s healthcare needs, service area needs, information on the incidence of poverty and unemployment. Also detail uninsured rates and chronic disease rates in the targeted community in addition to other pertinent demographic data that support the necessity for grant funding.

Please refrain from using bullets or tables in your essay.

***How will access to MAP funds address community need? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 15 Points***

Describe how these funds will address the need for medication assistance in the communities your organization serves.

Please refrain from using bullets or tables in your essay.

***How will your agency utilize these funds? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_15 Points***

Describe the purpose of the grant.

The project description should be specific on what medication assistance related services you plan to fund with this grant. Include proposed activities, timelines to implement grant activities, and anticipated outcomes.

Will your dispensing plan be compliant with the NC Board of Pharmacy?

Yes No

Please refrain from using bullets or tables in your essay.

***Why is the proposed funding a good use of State dollars? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 15 Points***

Describe the process you will use to evaluate how the proposed use of funds affects the population and/or community need.

Please refrain from using bullets or tables in your essay.

***Please list current community partnerships and responsibilities of each agency. \_\_\_\_\_\_\_\_\_\_ 10 Points***

Describe all project partners and their respective roles. How will partnering with other community agencies increase the number of patients receiving medication assistance?

Please refrain from using bullets or tables in your essay.

**Budget 20 Points**

Complete the Line-Item Budget and Budget Narrative Template

**General Instructions for Budget and Budget Narrative**:

Budget narratives must show calculations for all budget line items and must clearly justify/explain the need for these items. Calculations should be easy to follow/recreate. Each budgeted line item should explain:

What is it?

How many?

How much?

For what purpose?

Do not add new line items to the budget. All budget expenses must fit into one of the line items listed in the budget template.

***What is the insurance breakdown of patients receiving services at the pharmacy? \_\_\_ \_\_ 5 Points***

List the current number of patients receiving pharmacy services who use private insurance, public insurance or are uninsured.

|  |  |
| --- | --- |
|  | Patient Population Served |
| 1. No Insurance/Uninsured Patients |  |
| 1. Public Insurance (e.g., Medicare, Medicaid, CHIP, Tricare) |  |
| 1. Private Insurance (e.g., BCBS) |  |

**Please use the guidelines below to place your project expense in the proper budget category.**

|  |  |
| --- | --- |
| Project Expenses | Description |
| Staffing | |
| Employee Salary | Include separate descriptions of each position, including position title, name of staff person, position duties relative to project activities, & part/full-time status. Include the total annual salary for each staff person in the project. List only staff members that will work on project activities. Only include hours worked (regular and overtime). Do not include bonuses of any kind. |
| Employee Fringe Benefits | Include the employer part of health, dental & vision insurance, FICA (Social Security & Medicare tax) and 401k employer match. Indicate cost per category per staff person. Fringe shall not exceed 30% of total line item for salary allocated to the grant. |
| Contracted Staff | Temporary workers or subcontractor staff. Include hours to be worked and hourly rate. |
| Facility Expenses | |
| Rent | Office space, program meeting space |
| Rented Equipment | Rented or leased equipment, such as copier machine or phone system |
| Utilities (If not included in the rent) | Gas/Electric/Water monthly expenses |
| Telephone/Internet | Monthly phone and/or internet |
| Security | Security services in the form of personnel such as security guard, retained by the Contractor. (Purchase of a security system belongs under Equipment – Other). |
| Repair and Maintenance | Custodial services or basic repair/maintenance not billed in the Professional Service Area line item |
| General Supplies (Not Capital Equipment): | |
| Office Supplies | Business cards, printer ink, paper, etc. |
| Medical Supplies | List out individual supplies |
| Patient Education Materials | Training manuals, handouts, one-pagers, information cards. List out specific materials. |
| Postage and Delivery |  |
| Other Operating Expenses (Not Capital Equipment) | |
| Travel | Include purpose of travel (e.g., travel to visit patients, travel to conferences). Note that reimbursement should not exceed current State rates as defined by the NC Office of State Budget and Management. |
| Staff Development | Conferences and conference registration, trainings |
| Marketing/Community Awareness | Advertising, publications, PSAs, websites, and web materials. Marketing expenses shall not exceed 10% of the grant total |
| Professional Services | Legal services, IT related technical services, accounting, bookkeeping, payroll |
|  |  |
| Capital Equipment | Any item purchased outright exceeding $500.00 is considered capital equipment and will be deducted from Year 2 and 3 grant award amounts |

**Evaluation Criteria**

Complete these mandatory performance measures required for all applicants. These measures will be reported monthly, quarterly, biannually, or annually as indicated. You will complete the Baseline Values and Target to Be Reached. Measure Type, Collection Frequency, Data Source, Collection Process and Calculation and Data Limitations are provided.

|  |  |  |
| --- | --- | --- |
| **Evaluation Criteria for Medication Assistance Program** | **Baseline Values/Measures as of 08/01/2025** | **Target to Be Reached**  **by 07/31/2027** |
|  | *This is a projected value* | *This is a projected target* |
| **REQUIRED: Output Measure**  Number of unduplicated patients served. Patients are individuals who have at least one visit during the reporting period. |  |  |
| Measure Type | Output | |
| Collection Frequency | Quarterly (at 3,6,9 and 12 months) | |
| Data Source | The Pharmacy Connection | |
| Collection Process and Calculation | Reports from The Pharmacy Connection | |
| Data Limitations | Any unforeseen issue with The Pharmacy Connection | |

|  |  |  |
| --- | --- | --- |
| **Required: Outcome Measure** | Baseline Value as of **08/01/2025** | Target to be reached by **07/31/2027** |
| Value of Medications Received |  |  |
| Measure Type | Outcome | |
| Collection Frequency | Biannually (at six and 12 months) | |
| Data Source | The Pharmacy Connection | |
| Collection Process and Calculation | Reports from The Pharmacy Connection | |
| Data Limitations | Unforeseen issues with The Pharmacy Connection | |