

FOOD IS MEDICINE | 2025 OUTCOMES REPORT

Medically Tailored Groceries as a Clinical Benefit

Pre/post outcomes from 102 matched member pairs across four program cohorts. September through December 2025.

n=102 MATCHED PAIRS | SSBCI BENEFIT DESIGN | DIABETES / DEPRESSION / CHRONIC ILLNESS

PUBLISHED BY

FareRx Member Hospitality Group

Philadelphia, PA | farerx.com

84%

of December cohort members more likely to stay with their health plan

102

matched pre/post survey pairs across four SSBCI cohorts

4.90

average delivery satisfaction rating (out of 5)

91%

of 12-week members maintained or improved medication adherence

What the data shows.

FareRx delivered medically tailored grocery programs to Medicare Advantage members with diabetes, depression, and chronic illness across four SSBCI cohorts (September through December 2025). This report presents matched pre/post survey outcomes from 102 member pairs.

Finding	What It Means	Why It Matters to a Health Plan
72-84% of members said this benefit makes them more likely to stay with their health plan	Members directly attribute plan loyalty to receiving this grocery benefit.	In a competitive MA market, member retention has a measurable dollar value.
89-92% of members maintained or improved medication adherence over the program period	The benefit supports not just the nutrition gap, but compliance behaviors that drive total cost of care.	Non-adherence costs the US healthcare system approximately \$300B per year.
Members in the 12-week program showed 3.7x greater improvement in medication adherence than 4-week members	Longer programs compound the effect. Duration is a clinical design variable, not a budget one.	Plans designing SSBCI benefits can calibrate duration to population risk level and expected ROI threshold.
Members reported significant gains in grocery shopping and meal planning confidence by program end	These are validated behavioral health indicators. Higher confidence correlates with more consistent healthy food choices.	Behavioral change is a leading indicator for A1c control, ER avoidance, and preventable readmission reduction.

84%

Dec cohort members more likely to stay with their plan

3.7x

Medication adherence multiplier
4-week vs 12-week

4.90/5

Average member delivery satisfaction rating

SECTION 1

Background: Policy and Population Context

In 2018, CMS introduced Special Supplemental Benefits for Chronically Ill (SSBCI) under Medicare Advantage, creating a direct policy mechanism for plans to fund food and nutrition interventions with documented clinical rationale. FareRx programs are designed and deployed as SSBCI benefits, making every outcome in this report a real-world data point from within that framework.

The target population consists of Medicare Advantage members with diabetes, depression, and chronic illness, which is among the highest-cost segments in managed care. Food-insecure members with diabetes are significantly more likely to visit the emergency department, skip medications, and generate preventable hospitalizations than food-secure peers.^[1,2] Addressing nutritional need is a cost-of-care intervention, not a social services add-on.

44M+

Americans experiencing food insecurity today

\$20K+

Avg annual spend for an MA member with diabetes and depression

49 states

Where MTM coverage is modeled as net cost-saving^[5]

SECTION 2

Program Design: Two Cohort Types

FareRx delivered two distinct program types during September through December 2025, both operating as SSBCI supplemental benefits. All surveys used a matched pre/post design with identical questions administered at enrollment and program completion.

4-Week Program

Oct-Dec 2025 cohorts | n=79 matched pairs

Members diagnosed with diabetes and depression enrolled through a health plan SSBCI benefit. Four weekly deliveries of medically tailored groceries curated by FareRx dietitians for glycemic management and nutritional quality.

DIABETES | DEPRESSION | SSBCI

12-Week Extended Care

Sept-Dec 2025 | n=23 matched pairs

Low-Income Subsidy (LIS)-eligible members with at least one qualifying chronic illness. Twelve consecutive weekly deliveries. Designed to measure whether sustained nutritional support compounds behavioral change beyond the 4-week baseline.

LIS-ELIGIBLE | CHRONIC ILLNESS | 12 WEEKS | SSBCI

Oct-Dec 2025 Cohorts | n=79 | Diabetes and Depression

Scores on a 5-point Likert scale. Matched pairs only. Members enrolled with co-diagnoses of diabetes and depression.

Survey Domain	Before (Mean)	After (Mean)	Change
Self-Rated General Health	3.71	3.84	+0.13
Meal Planning Confidence	4.08	4.20	+0.12
Grocery Shopping Confidence	4.10	4.41	+0.31
Vegetable Servings (5+ daily)	4.11	4.26	+0.15
Medication / Appointment Adherence	3.73	3.79	+0.06

92%

maintained or improved medication adherence

3 in 10

members improved their self-rated health score

4.41/5

grocery confidence after (up from 4.10 before)

Sept-Dec 2025 | n=23 | LIS-Eligible Chronic Illness

Scores on a 5-point Likert scale. Matched pairs only. Members enrolled with LIS eligibility and at least one qualifying chronic condition.

Survey Domain	Before (Mean)	After (Mean)	Change
Self-Rated General Health	3.70	3.61	-0.09
Meal Planning Confidence	3.65	4.09	+0.44
Grocery Shopping Confidence	3.91	4.26	+0.35
Vegetable Servings (5+ daily)	4.88	4.50	-0.38
Medication / Appointment Adherence	3.61	3.83	+0.22

Note on negative deltas: The slight decline in self-rated health reflects enrollment of higher-acuity LIS-eligible members with active chronic conditions at baseline. The vegetable servings decline reflects a ceiling effect: a pre-score of 4.88/5 leaves minimal room for measured improvement on a 5-point scale.

4.09/5

meal confidence after (up from 3.65,
largest gain in dataset)

91%

maintained or improved medication
adherence

4.26/5

grocery confidence after (up from 3.91
before)

Dose-Response: Duration as a Clinical Variable

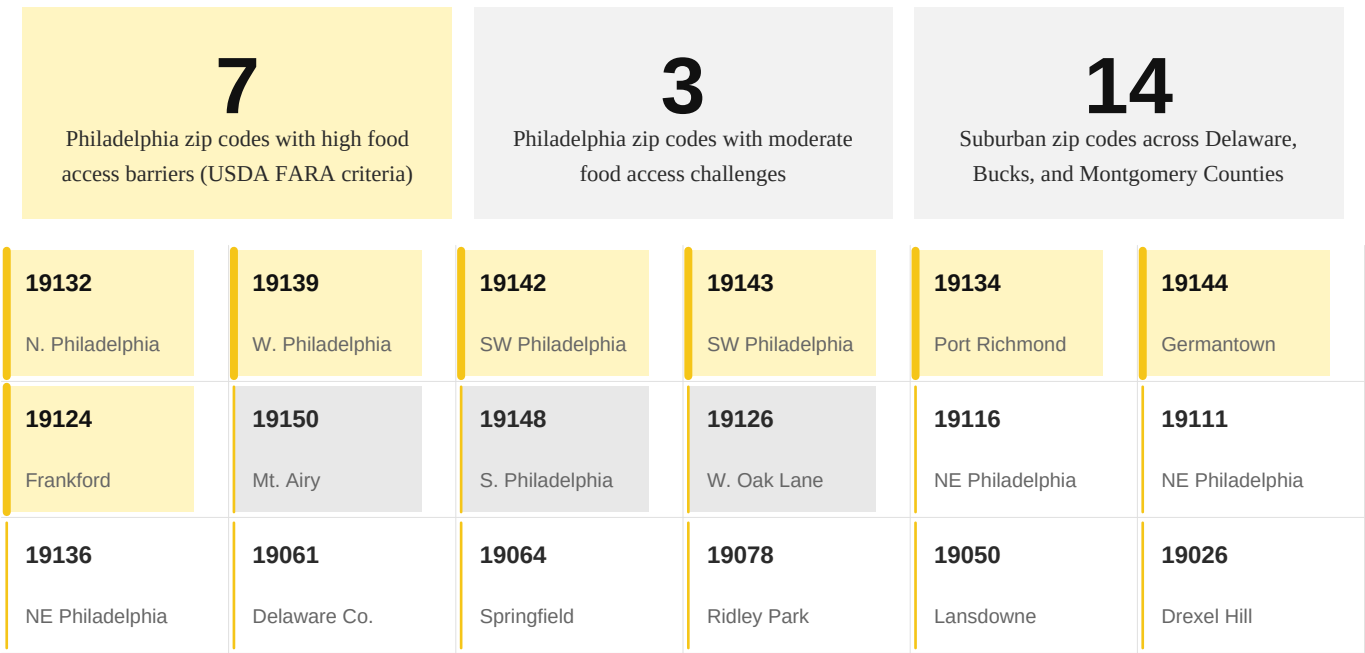
Comparing outcomes between the 4-week and 12-week programs reveals a consistent dose-response pattern. Members receiving 12 weeks of FareRx delivery showed 3.3 to 3.7 times larger behavioral gains in the metrics most predictive of downstream clinical outcomes.

Metric	4-Week Gain	12-Week Gain	Multiplier
Meal Planning Confidence	+0.13	+0.43	3.3x
Grocery Shopping Confidence	+0.30	+0.35	1.2x
Medication Adherence	+0.06	+0.22	3.7x

This dose-response signal is consistent with the broader Food is Medicine literature. Doyle et al. (JAMA Internal Medicine, 2024) demonstrated that intensive, sustained food-as-medicine programs drove measurable health and utilization changes.^[4] FareRx data supports extending program duration for LIS-eligible and dual-eligible populations where behavioral change is the primary lever for cost management.

Geographic Reach: Serving High-Need Communities

The 12-Week Extended Care Program served members across 24 zip codes in the greater Philadelphia region. Zip code analysis reveals that a substantial share of members resided in communities with documented food access barriers, providing important context for the behavioral outcomes observed.



19036	19015	19020	19002	19067	19525
Glenolden	Delaware Co.	Bensalem	Ambler	Morrisville	Gilbertsville

Highlighted cells indicate high food access barriers per USDA FARA 2019 low-income, low-access census tracts. Zip code data from 12-Week Extended Care Program only.

Member Perceptions and Plan Retention Signal

84%

of December cohort members said FareRx makes them more likely to stay with their health plan.

72% combined across October and December programs. In a competitive Medicare Advantage market with \$500 to \$1,500 member acquisition costs, this is calculable retention ROI.

Perception Statement	Oct Program	Dec Program	Combined
Made it easier to prepare healthy meals	79%	80%	80%
Reduced stress around food	54%	75%	65%
Feel more connected to health plan	67%	82%	75%
More likely to stay with health plan	59%	84%	72%
Introduced new healthy foods	61%	61%	61%

Operational Quality: Delivery as Brand Equity

Every FareRx delivery is a brand interaction between the health plan and its member. Delivery quality data reflects not just logistics performance but the degree to which the program reinforces plan trust and member engagement.

Delivery Metric	Oct Program	Dec Program	Combined
Deliveries arrived on time	96%	100%	98%
Produce was fresh	96%	100%	98%
Driver was professional and courteous	100%	98%	99%

Delivery Metric	Oct Program	Dec Program	Combined
Items matched stated preferences	79%	69%	74%
Average delivery satisfaction rating			4.90 / 5

SECTION 9

In Their Own Words

Collected by FareRx program navigators during post-program exit interviews, September through December 2025.

"I loved the program so much, I wish it was longer! Every Friday I looked forward to it. Everything was really good, fresh, and packaged well."

"It's an excellent program, especially for people like me who don't get out of the house much."

"I would like to thank you all for thinking about me and others like me that sometimes don't get a chance to shop. I think the program is an excellent reminder of what we should be eating!"

"We ate more salad than we ever had before. It was an absolute blessing."

"She made sure to write down all the new things she tried so she could keep eating them. She would be very excited to pay for a similar program."

"It was one of the only deliveries that ran smoothly for me. An exceptional program with outstanding service."

Four Questions. Four Data-Backed Answers.

Q1. Does it affect member retention?

Yes. 72 to 84% of members said FareRx makes them more likely to stay with their plan. In a competitive MA market with \$500 to \$1,500 member acquisition costs, retention is measurable ROI.

Q2. Does it affect the behaviors that drive downstream cost?

Yes. Medication adherence maintained or improved in 89 to 92% of all members. The 12-week LIS cohort showed a +0.22 gain on a 5-point adherence scale.^[3,6]

Q3. Is there a dose-response?

Yes. The 12-week program produced 3.3 to 3.7 times larger behavioral gains than the 4-week program. For LIS-eligible populations, program duration should be a benefit design input, not a budget variable.^[4]

Q4. Can it be delivered at scale with operational consistency?

Yes. 4.90/5 average delivery satisfaction. 100% on-time delivery (December cohort). 100% fresh produce confirmation. Consistent service across 24 zip codes and 102 member interactions.

Ready to bring this benefit to your members?

FareRx is seeking health plan and employer partners to expand Food is Medicine delivery programs and connect grocery delivery to credentialed MNT services and CPT-reimbursable nutrition interventions.

Mike Cangi, Founder and CEO

mike@farerx.com
farerx.com

FareRx in Context: Supporting Literature

FareRx program-level outcomes are directionally consistent with, and in key metrics exceed, findings from peer-reviewed Food is Medicine research. Berkowitz et al.^[3] demonstrated improved glycemic outcomes with MTM delivery for food-insecure diabetic patients in a randomized crossover trial. Doyle et al.^[4] confirmed improved health and care utilization in a JAMA Internal Medicine RCT. Health Affairs (2025)^[5] modeled MTM coverage as net cost-saving in 49 of 50 states. FareRx self-reported medication adherence and nutritional confidence gains are directionally consistent with clinical outcomes reported across these foundational studies.

Metric	Published Literature	FareRx 2025
A1c reduction (MTM, food-insecure DM)	0.3 to 2.0% (Berkowitz 2019)[3]	Clinical data pending*
Medication adherence maintenance	Improved in MTM arms[6]	89 to 92% maintained or improved
Healthcare cost savings (modeled)	Net-saving in 49/50 states[5]	Outcomes framework in progress
Member retention signal	Not broadly studied	72 to 84% more likely to stay

* FareRx is pursuing claims data linkage and A1c integration through health plan partnerships and Teaching Kitchen MNT credentialing. Clinical endpoint data is a stated priority for 2026 cohorts.

References

[1] Mozaffarian D et al. "Food Is Medicine" strategies for nutrition security and cardiometabolic health equity. J Am Coll Cardiol. 2024;83(8):843-864.

[2] Downer S, Berkowitz SA, Harlan TS, Olstad DL, Mozaffarian D. Food is medicine: actions to integrate food and nutrition into healthcare. BMJ. 2020;369:m2482.

[3] Berkowitz SA et al. Medically tailored meal delivery for diabetes patients with food insecurity: a randomized cross-over trial. J Gen Intern Med. 2019;34(3):396-404.

[4] Doyle J, Alsan M, Skelley N, Lu Y, Cawley J. Effect of an intensive food-as-medicine program on health and health care use: a randomized clinical trial. JAMA Intern Med. 2024;184:154-163.

[5] Deng S, Hager K, Wang L et al. Estimated impact of medically tailored meals on health care use and expenditures in 50 US states. Health Affairs. 2025;44(4):433-442.

[6] Go AS et al. Effect of medically tailored meals on clinical outcomes in recently hospitalized high-risk adults. Med Care. 2022;60(10):750-758.

[7] Nguyen HQ et al. Association of a Medicare Advantage posthospitalization home meal delivery benefit with rehospitalization and death. JAMA Health Forum. 2023;4(6):e231678.

[8] Chen AMH et al. Food as medicine? Exploring the impact of providing healthy foods on adherence and clinical and economic outcomes. Explor Res Clin Soc Pharm. 2022;5:100129.