# Catalyzing Action for Pharmacist-Provided Food Is Medicine Care

## Summary of Recommendations

### Payment Policies (five recommendations, 15 actions)

<table>
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<tr>
<th>Recommendation</th>
<th>Actions</th>
<th>Primary Stakeholders</th>
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<tbody>
<tr>
<td><strong>Recommendation 1</strong>&lt;br&gt;Recognize pharmacists as eligible providers under Medicare Part B to establish reimbursement for clinical services</td>
<td>Enact provider status legislation that authorizes pharmacists as eligible Medicare Part B health-care providers. Looking ahead, this could include providing FIM-related care and diet-related chronic disease management. Advocate for CMS to recognize pharmacists as eligible providers, through the annual Medicare Physician Fee Schedule rule proposal process, to support broader access to clinical care, including FIM care, delivered at pharmacies.</td>
<td>• Congress&lt;br&gt;• CMS&lt;br&gt;• Pharmacy leadership&lt;br&gt;• Trade associations&lt;br&gt;• Patient advocates</td>
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*In states without waivers: Advocate for Medicaid Section 1115 demonstration waivers, with emphasis in rural communities, to leverage pharmacies as a reimbursable provider to improve access to FIM care.*

*In states where waivers are pending: Submit written comments or participate in public hearings to advocate for including pharmacies as reimbursable providers of health-related social needs interventions, including nutrition supports.*

*In states where waivers are already approved: Connect with stakeholders to advocate for including pharmacists as reimbursable providers of health-related social needs interventions, including nutrition supports, during the waiver renewal process.*

| Recommendation 2<br>Include pharmacies as reimbursable service providers within state Medicaid Section 1115 demonstration waivers | In states without waivers: Consider and prioritize approval for Section 1115 demonstration waivers that utilize pharmacies in rural communities to connect with harder-to-reach patients and reimburse them as qualified providers. In states where waivers are pending: Submit written comments or participate in public hearings to advocate for including pharmacies as reimbursable providers of health-related social needs interventions, including nutrition supports. In states where waivers are already approved: Connect with stakeholders to advocate for including pharmacists as reimbursable providers of health-related social needs interventions, including nutrition supports, during the waiver renewal process. | • CMS<br>• Pharmacy leadership<br>• Trade associations<br>• Patient advocates<br>• Policymakers<br>• Pharmacy leadership<br>• Trade associations<br>• Patient advocates |
## Vision: FIM Care Is a Reimbursable Service for Pharmacists across Payer Types

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<td><strong>Recommendation 3</strong>  &lt;br&gt; Incorporate FIM interventions into Medication Therapy Management services in Medicare, Medicaid, and private insurance</td>
<td>Incorporate FIM-related interventions into pharmacist MTM (Medication Therapy Management) programs. Examples may include opportunities for pharmacists to screen a patient for eligibility into FIM programs, educate eligible patients on FIM programs to promote uptake, and monitor and support adherence to FIM interventions.</td>
<td>• Public and private health plans</td>
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| | Encourage private health plans to offer pharmacist MTM services that include FIM care for beneficiaries with diet-related chronic diseases. | • Pharmacy leadership  
• Employer health benefit leadership |
| | Offer pharmacist MTM services that include FIM care in private plans for beneficiaries with diet-related chronic diseases. | • Private health plans |
| **Recommendation 4**  <br> Incorporate community health workers into pharmacy operations to improve patient healthcare access through existing reimbursement options | Cross-train pharmacy technicians as CHWs to support patient needs. | • Pharmacy leadership  
• Pharmacy technicians |
| | For pharmacies that employ CHWs: Collaborate with Medicare Part B providers to provide CHI services to reach more patients and be reimbursed for services. | • Medicare Part B providers  
• Pharmacy leadership  
• CHWs |
| | (1) Enact provider status legislation that includes pharmacists as eligible Medicare Part B health-care providers, where pharmacists are authorized to be reimbursed for providing FIM-related care and diet-related chronic disease management.  
(2) Once pharmacies are recognized as Medicare Part B providers: Authorize pharmacies to deliver and bill for services that qualify as an "initiating visit" for CHI. | • Congress  
• CMS |
| | Once pharmacies can be reimbursed for leveraging CHWs, integrate CHWs in pharmacy operations to support patient engagement and care with a focus on health-related social needs including FIM. | • Pharmacy leadership  
• CHWs  
• Pharmacy technicians |
| | Managed care plans should collaborate with pharmacies to leverage cross-trained CHWs/pharmacy technicians to improve patient access to FIM-related interventions. | • Managed care plans  
• Pharmacy leadership  
• CHWs  
• Pharmacy technicians |
| **Recommendation 5**  <br> Enhance partnerships between employer-sponsored health plans and pharmacies to include FIM benefits | Expand employer-sponsored, pharmacy-based chronic disease prevention and management programs to include FIM services such as medically tailored groceries or healthy food cards. | • Pharmacy leadership  
• Employers  
• Employer-sponsored health plans  
• Health benefit brokers |
**Pharmacy Workflow (four recommendations, eight actions)**

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| **Recommendation 6**  
Create a seamless and efficient process to identify FIM-eligible patients so pharmacies can connect them to interventions, either externally or in-store | Identify patients who could benefit from FIM interventions within the pharmacy management system using eligibility criteria determined by plans.  
Improve patients’ understanding of their benefits and eligibility. For example, eligible patients (identified by a plan) can receive virtual or in-person communication about FIM opportunities and can inquire further with their pharmacist. | • Health plans  
• Pharmacy leadership  
• Pharmacy management system providers/vendors                                                                 |
| **Recommendation 7**  
Utilize front-of-store capacities to serve as a one-stop-shop for FIM interventions | For pharmacies located in grocery stores: Coordinate with front-of-store leadership to set up a process to assist pharmacy patients with redeeming the food portion of their FIM intervention.  
Host food pickup onsite in partnership with a FIM provider (such as a produce prescription service or medically tailored meals company) so that patients can schedule their FIM pickup in conjunction with medication pickup. | • Front-of-store leadership  
• Pharmacy leadership  
• Health plans                                                                 |
| **Recommendation 8**  
Foster collaboration between pharmacists and dietitians as part of an interprofessional team to complement a patient’s medications with additional lifestyle modifications | For pharmacies with on-site dietitians located in grocery stores: Establish a protocol for pharmacists to refer patients to on-site dietitians. In pharmacies with a grocery division, dietitians can support FIM interventions with “store tours,” providing interactive nutrition education and counseling.  
For pharmacies with access to virtual dietitians: Refer and set up appointments for eligible patients to meet with virtual dietitians for nutrition counseling.  
For pharmacies located in grocery stores that do not have access to dietitians, whether on-site or virtually: Develop sustainable and viable funding pathways with health plans to incorporate dietitian services into the broader pharmacy care team. | • Pharmacy leadership  
• Dietitians  
• Front-of-store leadership  
• Health plans  
• Pharmacy leadership  
• Dietitians  
• Health plans  
• Pharmacy leadership  
• Front-of-store leadership |
| **Recommendation 9**  
Refer patients to external FIM resources through social-needs aggregator platforms | Utilize aggregator databases to connect patients externally to relevant care and health-related social needs resources. See Appendix B for examples. | • Pharmacy leadership  
• Pharmacists  
• Pharmacy technicians  
• CHWs |
## Technology Infrastructure *(three recommendations, 11 actions)*

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| **Recommendation 10**  
Improve data interoperability for pharmacists to document their services and exchange clinical information | **Incentivize improvements to pharmacy data systems, similar to the federal Medicare and Medicaid Promoting Interoperability Programs model that incentivizes health-care providers to use certified EHR technology for improved quality of care, to enable more effective data sharing.**  
Invest in technology upgrades to ensure pharmacy management systems are equipped to exchange data with other stakeholders, with capacities for more detailed clinical documentation that includes opportunities to document FIM-related services, including referrals to FIM interventions.  
Support bidirectional data exchange between pharmacies and existing health-care partner systems, such as hospitals and clinics, ensuring their systems meet the relevant data standards.  
Review statutes and regulations at the state and federal levels to ensure they support pharmacists’ ability to access information related to front-of-store food purchasing activity while maintaining patient privacy standards. | • Office of the National Coordinator for Health Information Technology  
• Pharmacy leadership  
• Pharmacy management system vendors  
• Health-care facilities  
• Pharmacy management system vendors  
• Pharmacy legal teams  
• Federal and state policymakers |
| **Recommendation 11**  
Implement technology solutions to improve and streamline the patient care experience | **Continue to leverage emerging technologies, such as robotics and AI-assisted software, to automate aspects of the pharmacy dispensing workflow and leverage the skills of pharmacy technicians in supporting dispensing and other technical tasks related to vaccines and testing to allow more time for pharmacists to provide patient care, which requires their clinical expertise.**  
Facilitate FIM screening that is covered by insurance leveraging QR codes, on-site tablets, or a question at check-out for patients to engage with FIM services privately and of their own volition.  
Automate SMS or email reminders for FIM intervention engagement and follow-up appointments based on patient profile, insurance coverage, and health needs.  
Streamline scheduling through user-friendly patient care portals so that pharmacists can help patients confirm appointments on referral. This includes being able to schedule next steps with the full suite of FIM intervention services, including dietitians and follow-up. | • Pharmacy leadership  
• Technology providers  
• Pharmacy leadership  
• Technology providers  
• Health plans  
• Pharmacy leadership  
• Technology providers  
• Health plans  
• Pharmacy leadership  
• Technology providers  
• Dietitians and other providers on the FIM care team |
# Vision: Interoperable Technology Infrastructure to Support FIM Data Sharing throughout the Health-Care Ecosystem

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| **Recommendation 12** Coordinate evaluation data throughout FIM stakeholders to track health outcomes better and improve care coordination | Define FIM intervention key performance indicators and standardize across technology systems.                                                                                                | • CMS  
• Health plans  
• Pharmacy leadership  
• Pharmacy management system vendors |
|               | *For pharmacies located in grocery stores that leverage food purchasing data:* Establish a pathway to connect food purchasing data and FIM interventions with patient consent, including patient identification, monitoring, and follow-up. | • Technology providers  
• Pharmacy leadership  
• Front-of-store leadership |
|               | Collaborate with health plans to develop sustainable funding pathways and incentives for pharmacy teams to help measure FIM performance indicators and outcomes as part of pharmacy-based FIM care interventions, ideally as part of broader pharmacy-based chronic care prevention and management programs. | • Health plans  
• CMS  
• Pharmacy leadership |

**In total:** 12 recommendations, 34 actions