



~615,000 Beneficiaries. One Policy Decision.

Social Determinants of Health Benefits in Medicare Advantage After VBID Termination: A Three-Year Longitudinal Analysis
 Adrian Cisneros · Faculty Advisor: Dr. Keith Whitworth · Texas Christian University, Department of Biology

\$4.5B
VBID EXCESS COST

35.7M
MA ENROLLEES (2026)

10
SSBCI CATEGORIES

~615K
BENEFICIARIES LOST SDOH COVERAGE

When CMS terminated the \$4.5B VBID model, ~615,000 Medicare beneficiaries were enrolled in plans that subsequently dropped SDOH coverage — food assistance, transportation, pest control, and more. **Counterintuitively, plan-level adoption reached a three-year high of 29.2% in 2026—revealing that access loss was driven by large, high-enrollment plan exits, not broad market retreat.**

Background & Context

CMG's Value-Based Insurance Design (VBID) model incentivized Medicare Advantage plans to offer SDOH supplemental benefits across 10 SSBCI categories. When VBID was terminated (end of CY

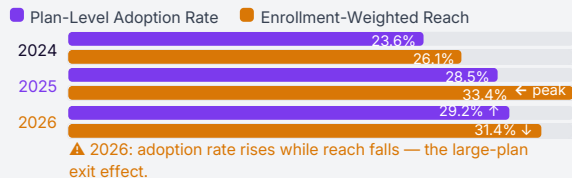
2025) due to \$4.5B in excess costs, a key question emerged: **did plan-level growth actually translate into patient access?**

Methods

- Data: CMS Plan Benefit Package (PBP) filings, CY 2024–2026 (n = 7,208 / 7,018 / 6,839 plans)
- Two annual metrics: **plan-level adoption rate** and **enrollment-weighted beneficiary reach**
- Longitudinal cohort tracked via cross-year contract/plan ID matching; VBID termination as policy shock event

The Access Gap: Two Metrics, Two Stories

Adoption rose every year; beneficiary reach peaked at VBID's height, then fell — exposing the large-plan withdrawal effect.



Why the Gap Exists

Plans that dropped SDOH were disproportionately **large, high-enrollment** organizations. Smaller plans retained — more plans offering, fewer people covered. Market metrics ≠ patient access.

VBID Survival Pipeline: From Mandate to Market

Of all plans that ever participated in VBID, fewer than half retained SDOH benefits by 2026.



VBID had near-universal SDOH adoption while active: **907 of 917 plans (98.9%)** offered SDOH in 2025. The mandate worked — the question was what would happen after it ended.

Cohort Retention: Not All Adopters Are Equal

Newer adopters show remarkably stronger commitment.



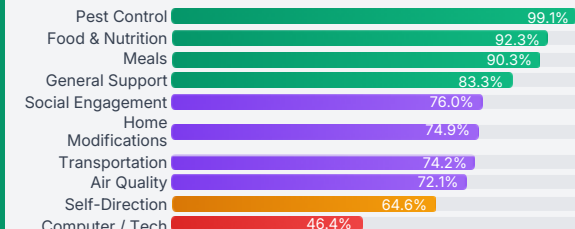
2024-only: compliance-driven — most exited post-mandate. 2025-only & both-year: internalized as competitive strategy.

Market Concentration

- Top 10 carriers** account for ~45–50% of all SDOH enrollment — Humana, UnitedHealth, Aetna, Anthem, Cigna leading
- SDOH adoption operates as a **corporate-level strategy**: most multi-plan organizations show "all plans" or "most plans" patterns
- 59 plans dropped all SDOH** benefits by 2026; 536 total market exits across the study period
- Mega-plans (200K+ enrollment): ~30% SDOH adoption, stable — scale does not guarantee access

Benefit Retention Rate, 2025 → 2026 (VBID Survivors)

Cheap, simple benefits hold; costly, tech-dependent ones collapse — a hierarchy of resilience.



■ Core (>85%) ■ Vulnerable (70–85%) ■ At-Risk (50–70%) ■ Critical (<50%) **VBID survivors only**

Key Findings

- VBID created durable norms**: 67.3% of surviving plans retained SDOH — institutional momentum outlasted the mandate.
- Large-plan exit drove access loss**: adoption hit a 3-yr high while ~615K lost coverage — market metrics mask patient access.
- Core benefits are sticky**: Food, Meals & Pest Control ≥90% retention; Computer/Tech <50% — a clear resilience hierarchy.
- Commitment predicts retention**: 2025-only (95.1%) far outperformed 2024-only (25.6%) — strategic adoption vs. compliance.

Implications & Future Directions

Voluntary persistence fails when large plans exit — **plan-level adoption is an insufficient equity metric; enrollment-weighted reach must become the policy standard.** Future work: large-plan retention incentives, enrollment-weighted reporting mandates, and closing outcome data gaps in utilization and geographic equity.