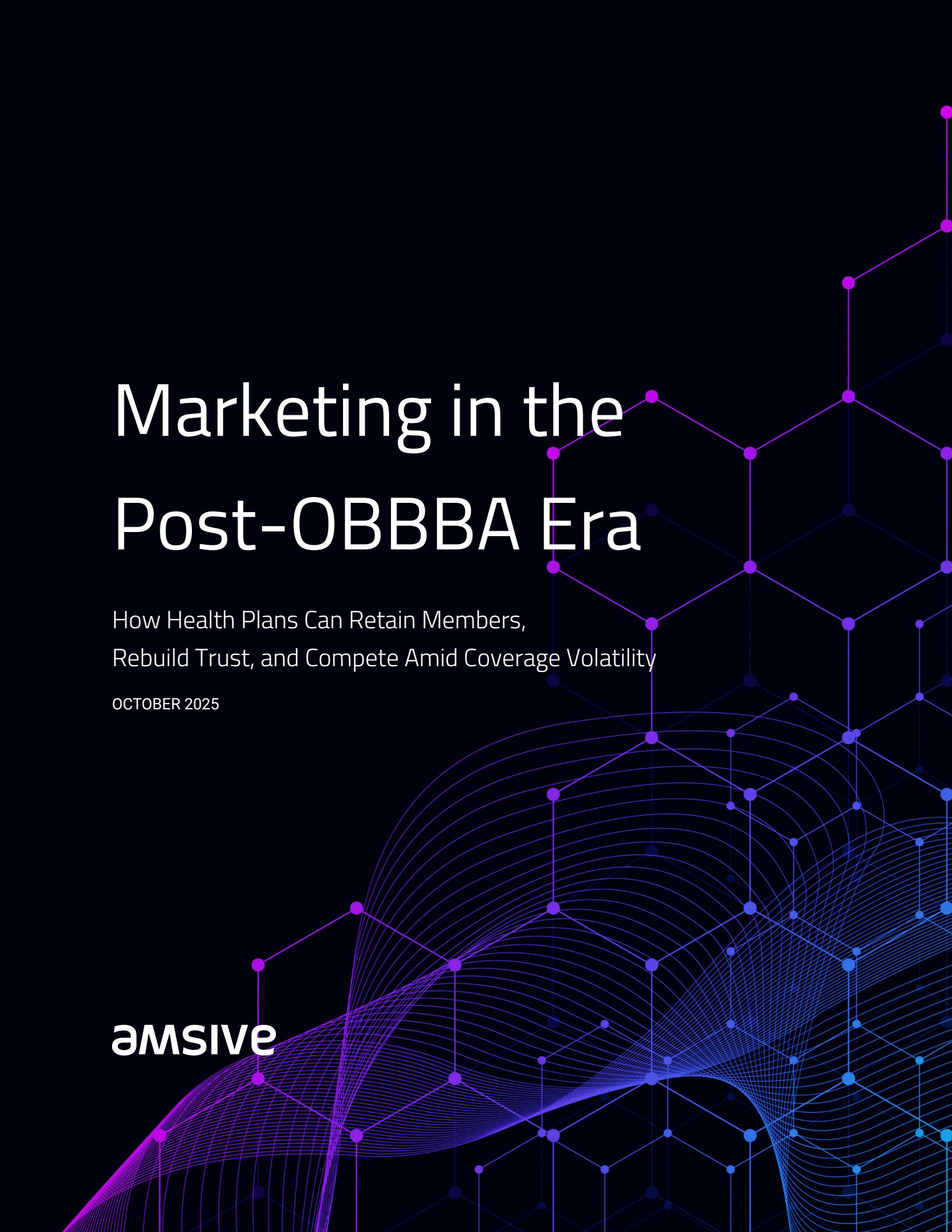




Marketing in the Post-OBBA Era

How Health Plans Can Retain Members,
Rebuild Trust, and Compete Amid Coverage Volatility

OCTOBER 2025

amsive

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Executive Summary

The post-OBBA era is rewriting the rules across Medicare, Medicaid, ACA Marketplace, and Employer-Sponsored Insurance (ESI). **For health plan leaders, the next 12–18 months aren't just about compliance—they're about protecting revenue and capturing market share in the most volatile coverage environment in a decade.**

- **Medicaid** faces a churn tsunami. Work requirements and semi-annual redeterminations will push millions off the rolls—often for paperwork, not eligibility. Plans that use automated triggers, real-time eligibility tracking, and culturally relevant outreach will keep members covered and preserve billions in recurring revenue.
- **Medicare Advantage** eligibility is tightening, penetration is higher than ever, and dual-eligibles face greater friction. Without proactive support, churn will spike. Plans that deploy data-driven retention models, multilingual navigation tools, and empathetic engagement will not only protect vulnerable members but cement trust in an unstable market.
- **ACA Marketplace** disruption accelerates as subsidies end, passive reenrollment disappears, and enrollment windows shrink by 33%. The winners will be those who pivot now to sprint-style campaigns fueled by predictive modeling and urgency-driven messaging. Every missed day risks lost members and a deteriorating risk pool.
- **Employer-Sponsored Insurance (ESI)** becomes the safe harbor. With millions leaving public programs, ESI can seize share by positioning itself as predictable, member-first, and innovative—especially with new flexibilities in telehealth, direct primary care, and dependent benefits. Plans that don't equip employers with clear, turnkey messaging will miss out on this migration.

For CMOs and marketing directors, the priorities are clear:

- **Retention is no longer passive.** Every reenrollment must be earned through precision engagement.
- **Acquisition pools are shifting.** Millions of newly uninsured represent growth—but only for those who move early with targeted outreach.
- **Timelines are compressing.** Expect sprint-based execution, real-time optimization, and data activation at unprecedented speed.
- **Trust is the deciding factor.** Confusion and missteps drive churn. Clarity and empathy drive loyalty.

The next 18 months are a window of opportunity. Health plans that act decisively—leveraging data, modeling, and sprint-ready campaigns—will capture share, protect margins, and emerge as leaders in a redefined market. Those that hesitate risk not just member loss, but long-term revenue erosion.

**The path forward isn't about reacting to policy—
it's about reimagining marketing as the stabilizer.**

Legislative Summary:

The One Big Beautiful Bill Act of 2025 (OBBBA)

The **One Big Beautiful Bill Act of 2025 (OBBBA)** represents one of the most sweeping fiscal interventions in U.S. healthcare policy in over a decade—but its origins are economic, not clinical.

Purpose and Political Framing

Passed on July 4, 2025, OBBBA represents the largest healthcare policy shift since the ACA. Its goal: reduce federal healthcare spending by \$1 trillion over 10 years. It does so through eligibility restrictions, subsidy expirations, and stricter program rules that will reverberate across Medicare, Medicaid, the ACA Marketplace, and indirectly, Employer-Sponsored Insurance (ESI).

Four Key Reform Categories

1. **Medicaid integrity & financing** – Work requirements, semi-annual redeterminations, citizenship verification, and reduced state funding.
2. **Medicare eligibility & benefits** – Restricts coverage to citizens/legal residents and delays simplification of Medicare Savings Program enrollment.
3. **ACA premium reforms** – Ends enhanced premium tax credits, eliminates income-based SEPs, compresses OEP to six weeks, and removes auto-reenrollment.
4. **Rural provider support** – Allocates \$50B in funding for rural hospitals, with downstream opportunities for plan partnerships.

Implementation Timeline: Critical Milestones	
DEC 2025	Enhanced ACA premium tax credits expire.
JAN 2026	Income-based SEPs eliminated; new HSA/HDHP rules introduced.
NOV 2026	ACA OEP compressed to Nov 1–Dec 15.
JAN 2027	Medicaid work requirements and semi-annual redeterminations begin; Medicare eligibility limited to citizens/legal residents.
JAN 2028	End of passive ACA enrollment; new asset tests for Medicaid long-term care.

Projected Coverage Loss: A Sharp Rise in the Uninsured

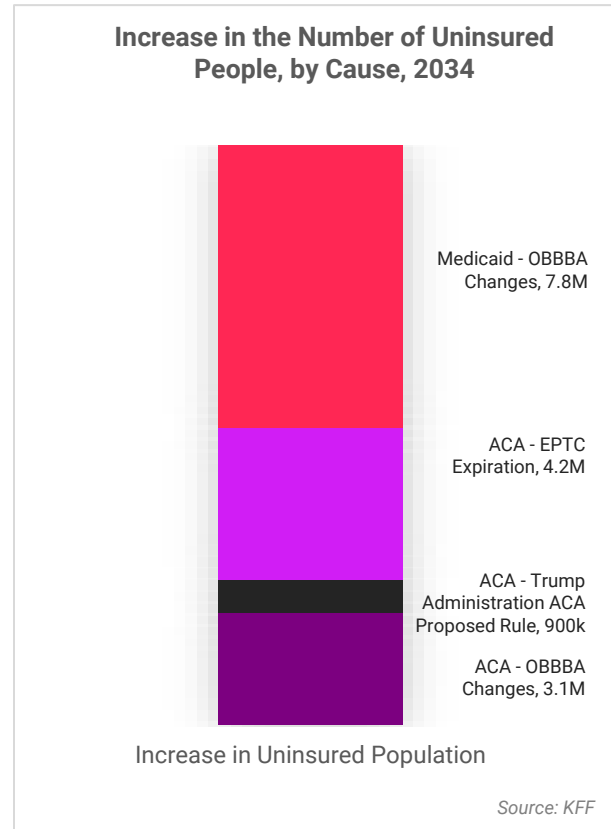
By 2034, OBBBA is projected to increase the number of uninsured by **16 million Americans** – a **40% increase from current estimates**:

- +7.8M from Medicaid disenrollments
- +4.2M from ACA subsidy expirations
- +4.0M from eligibility tightening and administrative churn
- **Geographic hotspots:** Florida (2.2M), Texas (1.7M), Georgia (690k), California (390k), North Carolina (320k)

Why It Matters

The impacts cascade across markets:

- Medicaid losses → ACA churn
- ACA complexity + premium hikes → employer plan migration or coverage drop-offs
- Provider instability → cost-shifting into Medicare Advantage and commercial lines



STRATEGIC TAKEAWAY

CMOs must view OBBBA not as siloed program changes, but as a chain reaction of **coverage loss, consumer confusion, and market volatility**. Plans that integrate marketing strategies across lines of business—and that treat retention as an active investment—will be positioned to lead in this disrupted landscape.

Geography	Uninsured Increase
Florida	2.2M
Texas	1.7M
Georgia	690K
California	390K
North Carolina	320K
Tennessee	240K
South Carolina	230K
Ohio	170K
Alabama	160K
Mississippi	140K

Program-Specific Impacts on Health Insurance Lines of Business

A. Medicare Advantage (MA): Eligibility Contraction and Margin Squeeze

Why This Matters

OBBBA reshapes Medicare Advantage not by collapsing enrollment outright, but by **shrinking eligibility, raising friction for duals, and compressing plan margins**. For MA marketers, the stakes are high: protect vulnerable members, preserve trust, and capture growth in new markets. MA will be the proving ground for whether health plans can lead in a post-OBBBA landscape.

Core Impacts & Marketing Actions for MA Plans

1. Eligibility Shrinkage & Market Contraction

- Starting in 2027, Medicare eligibility is restricted to U.S. citizens and lawful residents.
- Diverse communities may see confusion and suppressed plan shopping due to eligibility uncertainty.

MARKETING ACTION

Audit and update all eligibility messaging. Build multilingual educational materials and eligibility-check tools. Train brokers and customer service to deliver clear guidance at every touchpoint.

2. Dual-Eligible Friction: Delayed MSP Simplification

- MSP enrollment simplification is postponed until 2035, leaving dual-eligibles to navigate a complex, paperwork-heavy process.
- Many may miss out on subsidies, face higher out-of-pocket costs, and question plan value.

MARKETING ACTION

MA marketers must lead with high-touch education and proactive outreach to dual-eligible members by bolstering member services and care team training on MSP processes, developing simplified digital and print materials (including multilingual support), and deploying empathetic, proactive campaigns that guide duals through enrollment and re-verification to reduce churn and build trust.

BY THE NUMBERS

DUAL ELIGIBLES

~12M

Americans rely on both Medicare & Medicaid; many will face higher OOP costs due to MSP simplification delays until 2035.

MEMBER EXPERIENCE INSIGHT

54%

Of consumers trust their insurer (Forrester). For MA plans, clarity and compassion — especially for dual-eligibles navigating MSP complexity — are as critical to retention as benefits.

3. Margin Pressure & Provider Instability

- IRA-driven Part D changes (out-of-pocket caps, insulin limits) raise plan liability.
- PAYGO-related cuts threaten provider reimbursement, fueling network strain.

MARKETING ACTION

Recalibrate benefit communications to consistently emphasize stability and provider access, while aligning marketing and network teams to reinforce a “trusted, reliable” positioning. Equip agents and brokers with clear talking points to proactively address member and provider concerns in a volatile financial climate.

4. Rural Growth Opportunity

- OBBBA provides \$50B for rural health transformation between 2026–2030.
- Rural partnerships open new geographic expansion opportunities.

MARKETING ACTION

Campaigns should highlight rural access benefits—transportation, local provider partnerships, care coordination—to position MA as an agent of community investment and modernization.

At a Glance: Threats vs. Opportunities

Strategic Threats	Opportunities
Eligibility contraction in diverse markets	Rural partnerships and expansion
Dual-eligible friction from MSP delays	Differentiation via high-touch dual support
Margin squeeze from Part D & PAYGO	Brand positioning as “stable & trusted”
Provider instability	Member trust through clarity & access

Strategic Framework for MA Marketing

- **Retention over Acquisition:** Focus on protecting dual-eligible members through proactive navigation and MSP support, while selectively pursuing rural expansion.
- **Calendar Compression:** While ACA timelines shorten, MA marketers must prepare for spillover effects: compressed creative, compliance, and media cycles as plans juggle multiple LOB launches in overlapping windows. Early readiness and sprint-based campaign execution will be critical during AEP/OEP.
- **Compliance as Differentiator:** Eligibility messaging must be crystal clear; train brokers and agents to communicate MSP complexity in simple, compliant terms.
- **Segmented Messaging:** Develop multilingual campaigns for duals and culturally attuned outreach in diverse communities; pair with rural-specific messaging that highlights access and investment.

Long-Term Outlook (CY2027 and Beyond)

By 2027, Medicare Advantage will be defined by margin compression and member trust. Part D reforms and potential PAYGO cuts will keep financial pressure high, while OBBBA's MSP simplification delay ensures dual-eligibles face administrative friction well into the 2030s.

More broadly, system-wide coverage contraction means many entering Medicare will arrive with worse health status and tighter financial constraints, forcing MA marketers to redefine member personas around volatility risk, digital readiness, and affordability thresholds. Rural health investment opens expansion opportunities, and digital enablement will become baseline — seniors will expect digital tools for eligibility, verification, and plan navigation.

The strategic imperative: *Defend retention among duals, prepare for higher acuity new enrollees, and capture growth in rural markets — all while reinforcing brand equity around stability and trust.*

Amsive Perspective

At Amsive, we see Medicare Advantage as a critical arena in the post-OBBBA landscape—where eligibility complexity, member trust, and retention pressures converge, offering an early signal of the challenges and opportunities marketers will face across all lines of business.

The marketers who win will:

- **Proactively support duals** with simplified tools and education,
- **Highlight stability** in an unstable funding environment,
- **Seize rural growth zones** with community-first messaging,
- **Build trust** through empathetic, multilingual communication.

Metric that Matters: *Active retention of dual-eligibles.* Tracking churn tied to MSP confusion and cost-sharing dissatisfaction will be the clearest signal of whether plans are successfully protecting their most vulnerable members.

Our POV: *Medicare Advantage is where retention, empathy, and precision marketing come together. Plans that treat member navigation and trust as core benefits—not extras—will lead the next decade.*

BY THE NUMBERS

+7.8M

Americans projected to lose Medicaid coverage by 2034 due to work requirements, semi-annual redeterminations, and stricter eligibility rules.

B. Medicaid: Churn Tsunami and Administrative Attrition

Why This Matters

OBBA introduces the most aggressive Medicaid changes in over a decade. The result isn't just budget cuts — it's **massive churn, new disenrollment risks, and higher consumer confusion**. For marketers, Medicaid becomes less about acquisition and more about mastering **retention and continuity of coverage**.

Member Experience Insight: Trust in insurers sits at just 54% (Forrester). For Medicaid, plans that communicate with cultural relevance and empathy along with high-touch guidance to at-risk members, will reduce procedural disenrollment and strengthen long-term loyalty.

Core Impacts for & Marketing Actions for Medicaid Plans

1. Work Requirements & Redeterminations = Churn Surge

- Starting 2027, work requirements and semi-annual redeterminations will create frequent drop-offs.
- Many will lose coverage due to missed paperwork, not ineligibility.

MARKETING ACTION

Deploy automated SMS/email nudges tied to eligibility cycles. Build multilingual, omni-channel retention journeys that keep paperwork top-of-mind.

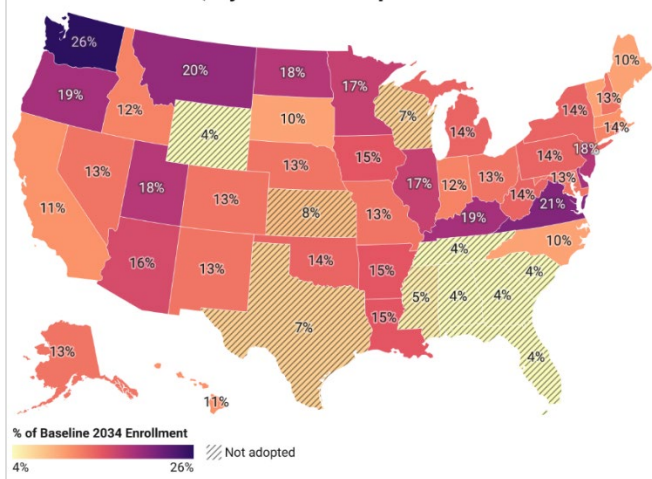
2. Administrative Barriers Compound Risk

- Citizenship checks for Medicaid/CHIP eligibility, shortened retroactive coverage (down to 1-2 months), and multi-state eligibility audits create new drop-off points.

MARKETING ACTION

Align closely with enrollment operations by standing up "coverage continuity teams" that track at-risk members in real time, flag potential terminations, and intervene before disenrollment occurs.

Estimated Medicaid Enrollment Loss in the House Reconciliation Bill, By State and Expansion Status



3. Budget Cuts = Benefit Volatility

- \$793B in federal Medicaid cuts over 10 years force states to reduce benefits, cap provider payments, or alter formularies.

MARKETING ACTION

Keep messaging nimble and frequently updated, with a clear focus on guiding members through benefit and policy changes.

4. Safety Net Strain Raises Member Risk

- Loss of 7.8M Medicaid enrollees increases uncompensated care and ER reliance.

MARKETING ACTION

Emphasize provider partnerships and community alignment in marketing. Position your plan as a trusted navigator in unstable environments.

At a Glance: Threats vs. Opportunities

Strategic Threats	Opportunities
Redetermination churn	Reinvent retention marketing as a core competency
Citizenship/admin barriers	Invest in eligibility tracking & outreach
Shrinking budgets & benefits	Position as trusted guide amid volatility
Safety net strain	Differentiate via community alignment

Strategic Framework for Medicaid Marketing

- **Retention as Growth:** With procedural disenrollments rising, retention marketing becomes the growth engine. Automated nudges and omnichannel high-touch outreach must anchor strategy.
- **Calendar Compression:** Semi-annual redeterminations create a twice-yearly churn cycle. Marketing must adopt continuous, year-round engagement rather than one-off pushes.
- **Compliance as Brand Equity:** Messaging must track frequent state-level benefit changes; inaccurate or outdated communications risk both compliance penalties and erosion of trust.
- **Segmented Messaging:** Culturally relevant, multilingual communications for at-risk populations are essential to reduce coverage loss. For disenrolled Medicaid members, emphasize help with transitions, ACA eligibility, and enrollment assistance.

Long-Term Outlook (CY2027 and Beyond)

By 2027, Medicaid will operate in a high-churn environment. Semi-annual redeterminations and work requirements will normalize coverage instability, with procedural disenrollments driving many losses. Federal funding reductions (~\$793B) and new asset/eligibility tests will pressure benefits and provider payments, making product volatility the norm. By 2034, OBBBA-related changes are projected to add ~7.8 million to the uninsured. The long-term marketing challenge is less about acquisition and more about keeping eligible members enrolled. Plans must evolve retention personas to flag disenrollment risk and adapt to digital verification tools.

The strategic imperative: *Make procedural disenrollment management a core marketing competency, combining automation, cultural relevance, and community alignment to keep eligible members continuously covered.*

Amsive Perspective

At Amsive, we believe Medicaid marketers must pivot from acquisition-first to retention-first, focusing on helping eligible members stay covered amid rising redeterminations and administrative barriers.

The brands that win will:

- Build automated retention journeys tied to eligibility triggers,
- Deliver multilingual, omni-channel education to reduce drop-offs,
- Partner with enrollment operations to proactively intervene before members lose coverage,
- Position themselves as trusted guides in communities most at risk.

Metric that Matters: *Procedural disenrollment rate*. Understanding and reducing the number of members who lose coverage due to paperwork or verification failures — not true ineligibility — will be the defining measure of Medicaid marketing effectiveness.

Our POV: Plans that minimize procedural disenrollments — keeping eligible members continuously covered — will lead in retention, satisfaction, and sustainable growth.

C. ACA Marketplace: Retention Crisis and Shrinking Pools

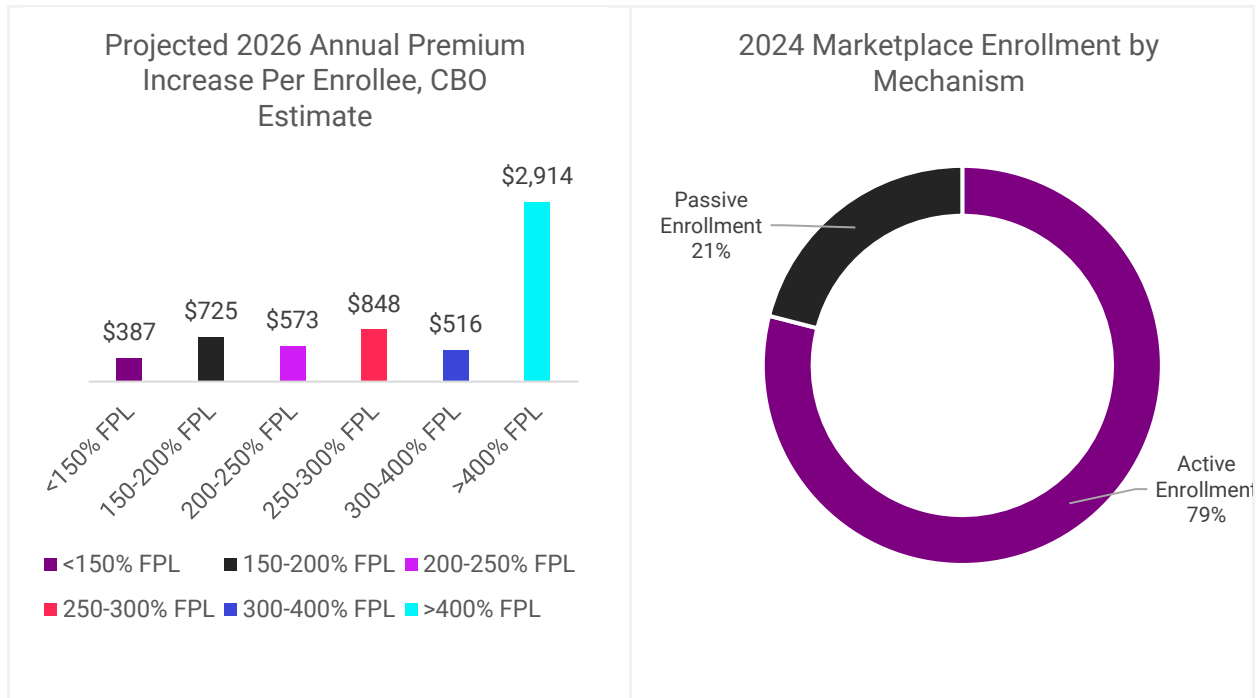
Why This Matters

The ACA Marketplace faces the sharpest disruption under OBBBA. Subsidies are ending, SEPs are eliminated, and auto-reenrollment disappears. The result: millions at risk of churn, tighter enrollment windows, and higher pressure on marketers to re-engage members with urgency, clarity and precision targeting.

BY THE NUMBERS

+7.3M

Program-wide ACA enrollment losses are projected to reach ~9.3% in 2026, rising to 16.2% of 2025 enrollment by 2034 – a net increase of 7.3 million uninsured Americans.



Member Experience Insight: Only 54% of consumers trust their insurer (Forrester). For ACA members facing subsidy expirations and new eligibility rules, empathy-driven messaging is critical to retention and avoiding confusion-driven churn.

Core Impacts & Marketing Actions for ACA Plans

1. Subsidy Expiration = Premium Shock

- APTCs expire Dec 2025, pricing out ~4.2M enrollees.

MARKETING ACTION

Launch an APTC Sunset Response Campaign. Identify impacted members via subsidy data. Deploy multi-channel comms (direct mail, SMS, email, digital, calls). Build budgeting and plan comparison tools to mitigate disenrollment.

2. End of Passive Safety Nets

- Auto-reenrollment ends in 2027; income-based SEPs eliminated in 2026.

MARKETING ACTION

Update all marketing materials for Plan Year 2027 and agent scripts. Retrain brokers and reps on new rules. Replace passive retention with urgency-driven campaigns tied to the Dec 15 OEP deadline (“act by Dec 15 or lose coverage”).

3. Compressed OEP = Less Time to Act

- Beginning with the 2027 plan year, OEP shrinks by 33% to Nov 1–Dec 15, eliminating a window that historically drove ~40% of signups.

MARKETING ACTION

Campaigns must be front-loaded, sprint-based, and continually optimized. Build targeted “early outreach” campaigns for SEP-eligible enrollees while the window still exists. Deploy education-focused messaging now, and reposition retention assets for aggressive use in Q4 2025.

4. New Administrative Friction & Adverse Selection

- Stricter tax reconciliation and income verification rules, plus coverage restrictions for some lawful immigrants, increase dropout risk.
- Healthier, cost-sensitive members may exit, worsening the risk pool.

MARKETING ACTION

Invest in guided digital enrollment tools. Plans must aggressively intervene to keep eligible members from falling through the cracks — with real-time eligibility tools, proactive broker/customer service training, and cost-transparency campaigns. Without this, expect higher churn and a sicker, more expensive risk pool.

5. Niche Growth from HSA-Compatible Bronze/Catastrophic Plans

- Starting 2026, all Bronze and Catastrophic plans become HSA-compatible.

MARKETING ACTION

Develop targeted campaigns for gig workers, self-employed, and >400% FPL segments. Emphasize tax advantages and affordability. Explore off-exchange product pilots.

At a Glance: Threats vs. Opportunities

Strategic Threats	Opportunities
Subsidy expiration & rising premiums	Position ESI or HSA-compatible products as stable alternatives
End of auto-reenrollment & SEPs	Build urgency-driven, active re-engagement campaigns
OEP compressed by 33%	Shift to sprint-based marketing cycles
Administrative friction & adverse selection	Double down on retention and invest in guided enrollment & transparency
Risk pool deterioration	Explore off-exchange & HSA-compatible niches

Strategic Framework for ACA Marketing

- **Retention vs. Acquisition Balance:** A high-touch, deadline-driven active re-enrollment campaign is the new retention vs auto-renewals. But with millions losing coverage, predictive acquisition models are equally critical to capture the newly uninsured.
- **Calendar Compression:** A six-week OEP beginning for PY2027 demands sprint-based marketing cycles. Campaigns, benefits, and creative must be locked earlier to allow for optimization. Focus on urgency-based messaging, real-time digital optimization, and fast-start broker onboarding.
- **Compliance as Differentiator:** Communicate subsidy expirations, tax reconciliation, and eligibility requirements in plain language to avoid confusion and complaints.
- **Segmented Messaging:** Target subsidy-expiring members, younger cost-sensitive consumers, and gig workers seeking HSA-compatible plans with tailored value propositions. Deliver cost transparency, plan re-evaluation tools, and action-driven reminders.

Long-Term Outlook (CY2027 and Beyond)

By 2027, the ACA Marketplace will be reshaped by shrinking enrollment windows, subsidy loss, and adverse selection. Healthy, cost-sensitive consumers will exit, leaving sicker risk pools and increasing pricing pressure. By 2034, program-wide enrollment losses could reach 16.2% of 2025 levels, adding 7.3M to the uninsured. Long-term, ACA marketers must redefine personas by affordability thresholds and digital readiness, while shifting growth strategies toward HSA-compatible plans and off-exchange options. Digital enablement will be table stakes – members will expect mobile enrollment dashboards and real-time support tools during compressed OEP cycles.

The strategic imperative: *Pivot ACA marketing from volume to precision – sprint-ready campaigns, empathy-driven messaging, and precision risk-pool management to sustain share in a volatile market.*

Amsive Perspective

At Amsive, we see ACA marketing shifting from **steady-state retention to urgency-driven re-engagement**. In a post-OBBA environment, every enrollment must be actively earned through speed, empathy, and precision.

The brands that win will:

- Act early with subsidy education and budgeting tools,
- Double down on guided enrollment and multilingual navigation,
- Leverage risk/churn modeling to drive strongest retention results,
- Position HSA-compatible products as relief valves for price-sensitive segments.

Metric that Matters: Active re-enrollment rate. Measuring how many members successfully re-verify coverage — versus those lost when passive safety nets disappear — will define marketing ROI for 2026–2027.

Our POV: ACA success is now about speed, empathy, and precision. Plans that move fast and communicate with clarity will hold share in a shrinking, more volatile market.

BY THE NUMBERS

10.9M-16M

Americans projected to lose coverage due to OBBA's Medicaid and ACA changes. A significant share will seek stability through employer-sponsored insurance.

D. Employer-Sponsored Insurance (ESI): Stability, Flexibility, and Strategic Positioning

Why This Matters

While OBBBA disrupts Medicaid and ACA, ESI stands out as a safe harbor. Employer-sponsored plans become more attractive as public programs lose stability, supported by new flexibilities around telehealth, direct primary care (DPC), and tax-advantaged benefits. For marketers, the opportunity is to position ESI as predictable, innovative, and central to total compensation.

Member Experience Insight: Consumer trust in insurers has fallen to 54% (Forrester). For ESI, positioning employer coverage as stable, predictable, and member-first builds both employee loyalty and employer differentiation.

Core Impacts & Marketing Actions for ESI Plans

1. Telehealth & HDHP Flexibility

- OBBBA permanently allows first-dollar telehealth coverage in HDHPs without impacting HSA eligibility.

MARKETING ACTION

Promote HDHPs with telehealth as “virtual-first” solutions that deliver convenience, affordability, and compliance certainty. Position telehealth as a differentiator at a time when other markets face volatility.

2. Direct Primary Care (DPC) + HSA Compatibility

- Starting 2026, DPC fees are HSA-eligible – \$150/month individual, \$300/month family.

MARKETING ACTION

Build integrated DPC + HSA messaging playbooks for brokers and HR teams. Highlight preventive care, affordability, and employee access as a “quality-first” option versus public market instability.

3. Dependent Care FSA Expansion

- FSA limits increase in 2026 (\$7,500 individual / \$3,750 married filing separately).

MARKETING ACTION

Reframe FSAs as part of a broader “total rewards” package. Use Open Enrollment campaigns to highlight dependent savings as an added retention and recruitment lever for employers.

4. Migration from Public to Employer Coverage

- Millions projected to transition from Medicaid/ACA into employer coverage as public programs contract.

MARKETING ACTION

Equip employers with streamlined onboarding tools and simplified plan choice communications. Position ESI as “predictable coverage without red tape.” Target displaced Medicaid/ACA members directly through employer channels.

At a Glance: Threats vs. Opportunities

Strategic Threats	Opportunities
Complexity of new employer benefits	Simplify with turnkey broker/HR toolkits
Competition for displaced members	Position ESI as the stable, predictable option
Rising employee cost sensitivities	Promote affordability via DPC + HSA value
Employer retention challenges	Reinforce ESI as part of total compensation

Strategic Framework for ESI Growth

- **Acquisition Opportunity:** Position ESI as the destination for millions leaving Medicaid/ACA. Marketing must help employers attract and retain these displaced members.
- **Retention via Employers:** Reinforce ESI as a central part of “total rewards” to support employer recruitment and retention.
- **Compliance & Clarity:** Ensure employer and broker toolkits are accurate on telehealth safe harbor, DPC eligibility, and FSA expansions.
- **Segmented, Empathy-Driven Messaging:** Craft dual narratives — one for HR leaders (stability, recruitment advantage) and another for employees (predictability, affordability, convenience). With trust at only 54% (Forrester), ESI marketers can help employers differentiate by framing coverage as predictable, member-first, and central to the total rewards experience. Positioning ESI as “peace of mind” will resonate in a volatile market.

Long-Term Outlook (CY2027 and Beyond)

By 2027, ESI will solidify as the safe harbor for coverage stability. Millions leaving ACA and Medicaid will look to employer plans as predictable alternatives, while telehealth, DPC, and dependent benefit expansions differentiate offerings. By 2030, employees will expect digital plan navigation and mobile support as baseline. For employers, ESI will evolve beyond a benefit into a recruitment and retention engine. Employers will also need to redefine employee personas by affordability sensitivity and demand for predictable coverage.

The strategic imperative: *Position ESI as both peace of mind for employees and a competitive advantage for employers, with brand equity shifting from simply offering coverage to demonstrating the capability to guide and support members.*

Amsive Perspective

At Amsive, we see ESI as the counterweight to OBBBA-driven volatility. Plans and brokers that lean into telehealth flexibility, DPC affordability, and dependent savings will differentiate in a crowded market. ESI is no longer just a health benefit — it's a strategic tool for recruitment and retention.

Metric that Matters

Migration from public to private coverage. Tracking how many members shift from ACA/Medicaid into employer plans — and whether they're retained through year one — will be the leading indicator of growth in the ESI space.

Our POV

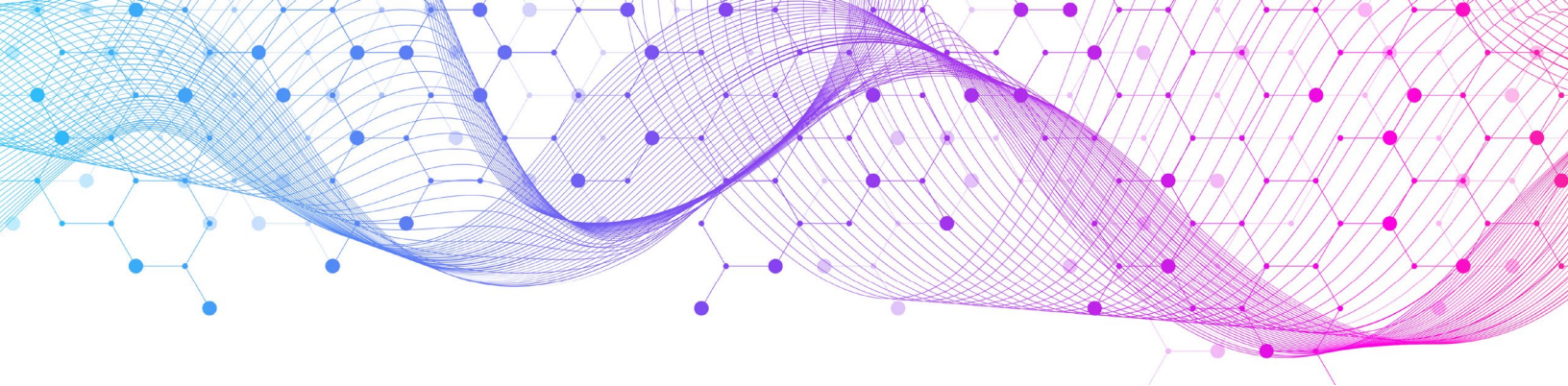
Employer-sponsored coverage is now the anchor in a volatile market. Plans that frame ESI as peace of mind — predictable, flexible, and total-compensation-oriented — will win both members and employer loyalty in the post-OBBBA era.

The following executive dashboard highlights the KPIs that matter most in a post-OBBBA market — the metrics CMOs should track to know whether their strategies are working.

Executive KPI Dashboard: What to Track in a Post-OBBA Market

Strategic Priority	KPI to Track	Why It Matters
Retention & Churn Management	- Active re-enrollment rate (ACA) - Dual-eligible retention (MA) - Procedural disenrollment rate (Medicaid)	Retention is no longer passive; these KPIs show whether plans are successfully keeping eligible members covered.
Acquisition & Market Penetration	- Cost per acquisition (CPA) by product line - Migration volume from public → ESI	Identifies the efficiency of targeting newly uninsured and displaced members.
Funnel & Campaign Effectiveness	- Lead-to-quote rate - Quote-to-enroll rate - Daily OEP pacing	Shows whether marketing investments are driving efficient conversion during compressed enrollment windows.
Brand & Experience	- Member NPS (by product line) - Complaint volume - Time-to-resolution for eligibility/subsidy issues	Trust is collapsing (54% of consumers trust insurers). These metrics track whether plans are building credibility and member loyalty.
Innovation & Differentiation	- Uptake of HSA/DPC products (ACA, ESI) - Employer satisfaction with ESI flexibility	Indicates whether new benefits and products are resonating in a volatile market.

Key Insight: In a volatile, post-OBBA market, health plans that invest in analytics infrastructure and cross-functional KPI ownership will outperform peers that rely solely on lagging indicators like total enrollment.



Conclusion

The Strategic Imperative for Health Plans

OBBBA is not a temporary disruption — it is a fundamental reset of the health coverage market. Automatic retention is gone, enrollment windows are compressed, and consumer trust is at historic lows. The next decade will be defined by how plans respond in the next 18 months.

For CMOs, **the mandate is clear:**

- Retention must become a proactive discipline, not a passive outcome.
- Acquisition must be precise, empathetic, and data-driven.
- Brand equity must shift from coverage to capability — proving that members can trust you to guide them through complexity.

Health plans that act decisively will not just survive the OBBBA era — they will emerge as leaders who win loyalty, stabilize margins, and expand share in a volatile market.

At Amsive, we believe the winners will be those who move fastest, communicate with the greatest clarity, and treat trust and navigation as core benefits. Our role is to help health plans transform disruption into durable growth through strategies that combine precision marketing, empathy, and measurable impact.

The market is already shifting — the only question is which brands will define the next decade of healthcare marketing.



Let's talk about your marketing performance.

KPIs Appendix

The post-OBBA era will require health plans to **move beyond enrollment volume** as their primary success metric. With retention barriers rising, eligibility complexity increasing, and risk pools shifting, marketing and sales leaders must adopt a **more precise, segmented KPI model** that tracks behavioral, compliance, and lifetime value trends.

Appendix: KPI Definitions and Measurement Priorities

For Marketing Directors and Managers, here is expanded guidance on the KPIs that align with the executive dashboard.

1. Retention & Churn Management

- **Active re-enrollment rate (ACA):** Measures the shift from passive auto-reenrollment to active member action.
- **Dual-eligible retention (MA):** Tracks churn among duals navigating MSP complexity; early warning for satisfaction gaps.
- **Procedural disenrollment rate (Medicaid):** Distinguishes losses due to missed paperwork vs. true ineligibility – critical for targeted retention campaigns.
- **Redetermination success rate (Medicaid):** Measures effectiveness of outreach during eligibility verification cycles.

2. Acquisition & Market Penetration

- **Cost per acquisition (CPA) by segment:** Measures the total marketing investment to attract, convert, and retain a member through their first renewal, segmented by population.
- **Migration from public → ESI:** Tracks how many members move into employer-sponsored plans and stay through year one.
- **New member source attribution:** Identifies which tactics (brokers, grassroots, digital ads) are driving acquisition.
- **First-year retention rate:** Evaluates whether newly acquired members are being kept long enough to recoup acquisition and onboarding costs.

3. Funnel & Campaign Effectiveness

- **Lead-to-quote rate:** Shows whether marketing efforts generate qualified interest.
- **Quote-to-enroll rate:** Identifies friction in plan comparison and conversion.
- **Digital engagement by channel:** Tracks which channels (email, SMS, paid media, calculators, videos) actually move members toward enrollment.
- **Daily OEP pacing vs. targets:** Ensures campaigns respond in real-time during compressed enrollment windows.

4. Brand & Experience

- **Member Net Promoter Score (NPS) by Product Line:** Gauges loyalty, satisfaction and future retention likelihood.
- **Complaint volume / CMS flag rates:** Early signal of compliance or communication breakdowns.
- **Time-to-resolution for subsidy/eligibility issues:** Indicates operational responsiveness and member support quality.
- **Call center volume + reason codes:** Surfaces systemic pain points in messaging, benefit confusion or eligibility navigation.

5. Innovation & Differentiation

- **HSA/DPC uptake (ACA, ESI):** Measures adoption of new product innovations.
- **Employer satisfaction with ESI flexibility:** Captures how well employers perceive telehealth/DPC/FSA expansions as retention tools.
- **Digital tool usage:** Tracks adoption of eligibility dashboards, mobile verification, and AI-assisted support tools — baseline for long-term digital enablement.

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