



MEDICARE MEMBER ONBOARDING EXECUTIVE RESEARCH BRIEF

Sooner is Safer: With More MA Disruption in the Cards for 2026, Carriers Need to Learn from 2025's Lessons and Educate All Members on Plan Changes Well Before 1/1.

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Deft Research recently published the 2025 Medicare Member Onboarding Study. This national market research report of nearly 4,200 Medicare beneficiaries examines the process seniors went through after selecting their 2025 Medicare coverage and identifies factors that either set them up to be loyal throughout the Open Enrollment Period or led them to change coverage.

The Medicare Member Onboarding Study features sections on how seniors looked for new coverage in the Q1 “redo” period, the role of agents, the impact of various onboarding tactics, the timing of when seniors learned of benefit and cost changes, the benefit and cost changes that led them to their final decision, and how surprises with coverage influenced both switch rates and other plan metrics. This executive research brief will examine a couple of interesting findings as it relates to OEP switching and when seniors recognize that their plan has changed.

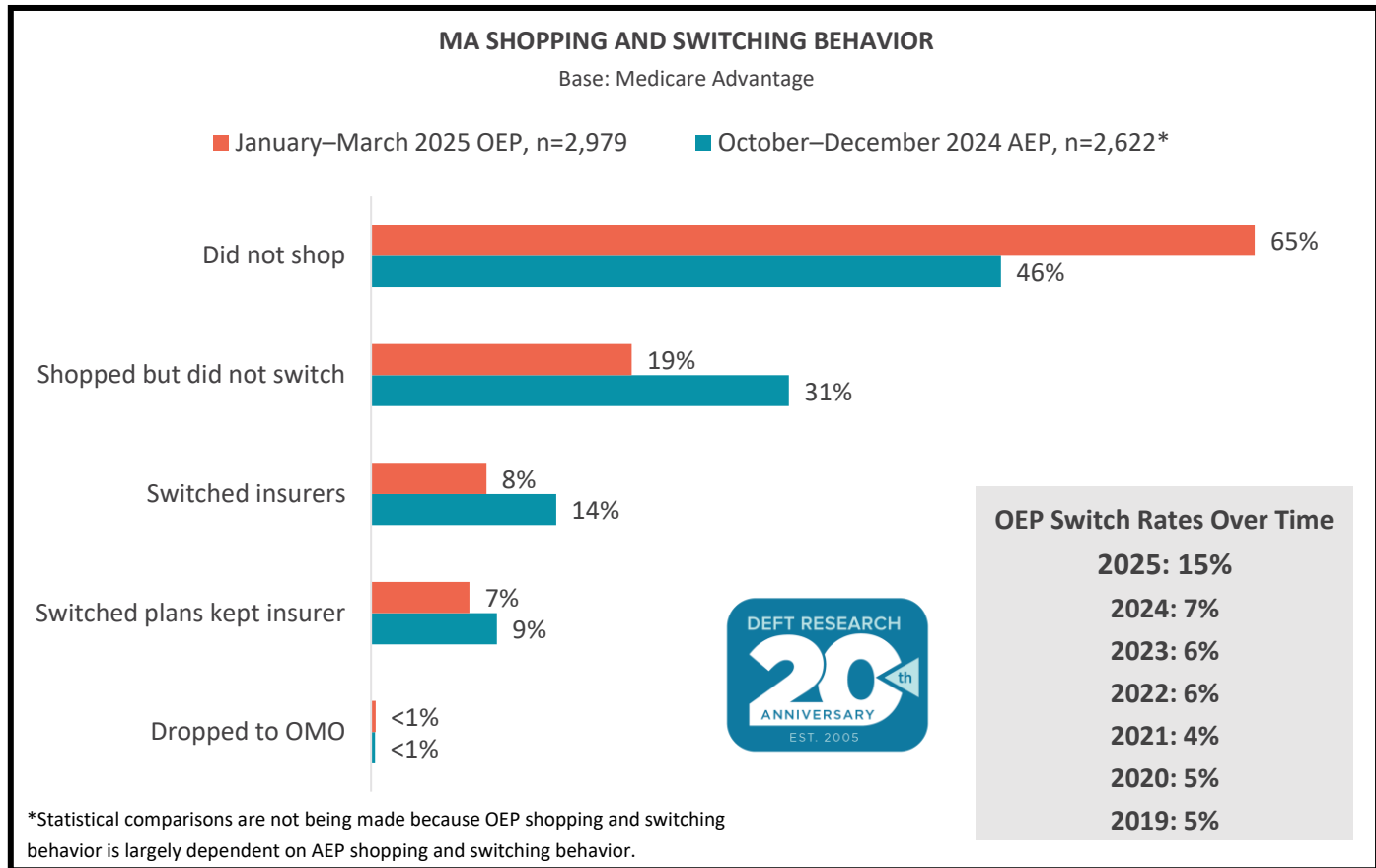
Armed with the insights from the Medicare Member Onboarding Study, carriers, agencies, and consultants alike will be better positioned to hold onto members gained in the 2026 AEP, which by all early looks, may very well be another disruptive year for the industry and seniors alike. For more information on the rest of the report, please contact your Deft Research Client Services associate or email info@deftresearch.com.

Ever since CMS reintroduced the Q1 Open Enrollment Period (formally referred to as the Medicare Advantage Open Enrollment Period), the OEP MA switch rate is generally about 40% of whatever the industry produced during the end-of-the-year Annual Election Period (AEP) as a rule of thumb. If we see a 15% MA switch rate in the AEP, the following OEP's MA switch rate ought to be about 40% of that or somewhere around 6%. Some years that “OEP switching of AEP switching” rate had been as low as 33%; other years have been as high as 50%. But the average tends to be around 40%.

The reason why the OEP and AEP switch rates are related has to do with the fact that OEP switching is almost entirely a byproduct of AEP disruption. Whatever amount of disruption occurs to MA plans in the AEP, some seniors will not know what happened to their benefits, their costs, or their access until they reach for their

Medicare card in January. Others may know what happened, but overtaxed agents will ask them to sit tight until 1/1 when they will have time to meet with them. When AEP disruption occurs, OEP switching will follow.

With a record AEP MA switch rate of 23% in 2025 it was likely that the 2025 OEP would break the old switch record of 7%. After all, a 23% AEP MA switch rate multiplied by the 40% rule-of-thumb factor yields an estimated OEP switch rate of 9%.



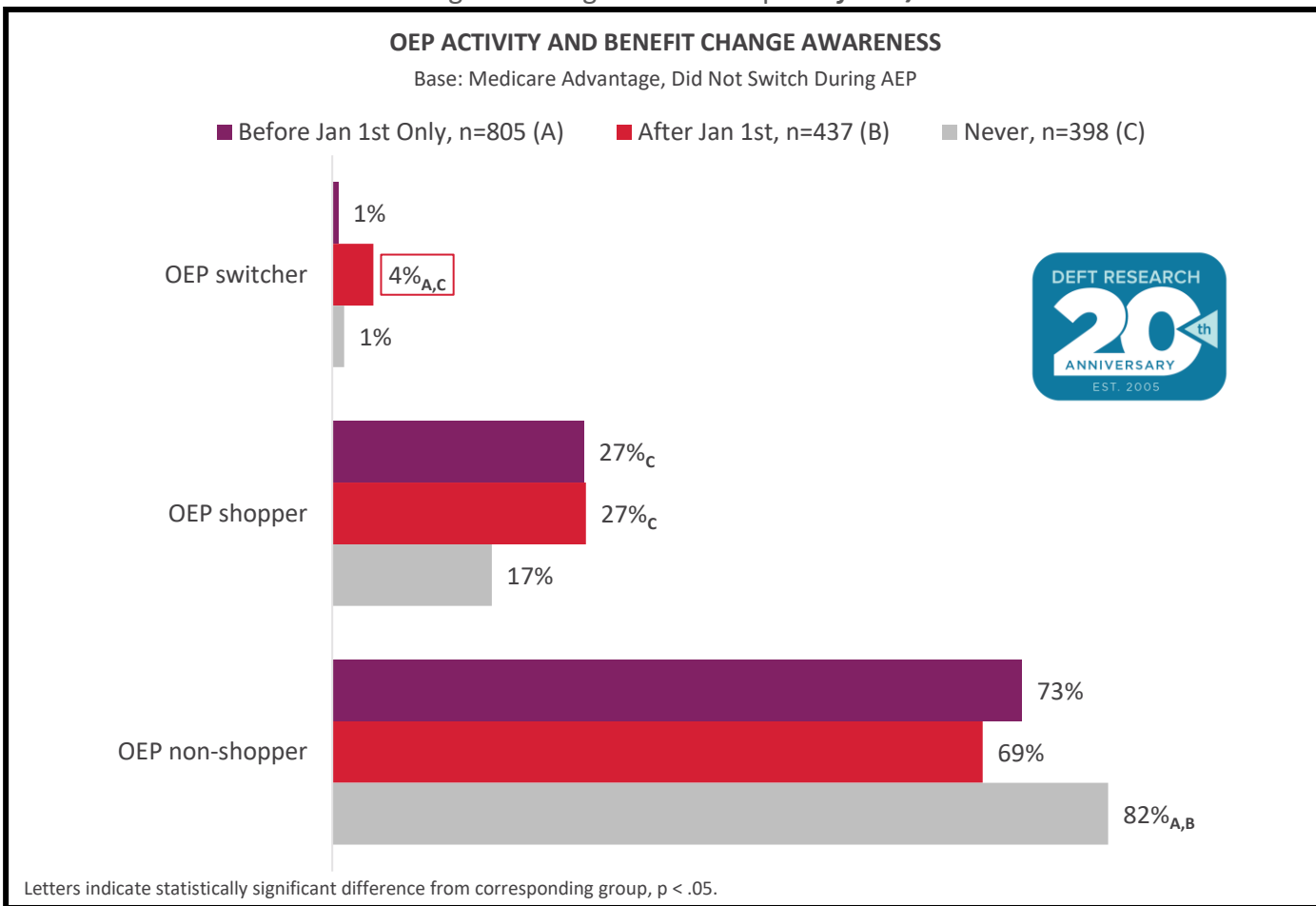
As seen on the chart above, the January 1st through March 31st OEP period resulted in a **15%** MA switch rate—well north of the 9% rate we could have predicted. As it turns out, 1.8 million termed members (9% of the individual, non-SNP MA market) put such a strain on the system that the old 40% rule of thumb went out the window. This year’s ratio of OEP switching as a percentage of AEP switching turned out being closer to 65%. Yowza!

Thankfully, this spring has brought good news: industry insiders are hopeful that the final CMS MA rate notification in early April will mean fewer Service Area Reductions (SARs) and benefit cuts this October. That may be true. And as cuts drove disruption last October, there is hope that 2026 will be calmer for all stakeholders involved.

But persistently high utilization and strained carrier finances may end up meaning that 2026 will look more like 2025 than any of us want. Paired with inertia in switching, where those who switch are more likely to do so again, the storm of disruption and switching may not be over yet.

If that is the case, then what is the lesson that we can take from the last few months? As seen in the [Medicare Member Onboarding Study](#), that lesson is “sooner is safer”—help all members thoroughly understand what their benefits look like as soon as possible—even if that means you may lose some of them in the AEP.

For consumers who did not switch in the AEP, but ended up learning of plan changes at some point, 65% learned about all changes to their plan prior to 1/1. But a full 35% of this group—or a little over one in three of these seniors—learned something had changed with their plan *after 1/1*.



As seen on the chart above, MA seniors who did not switch in the AEP and learned about plan changes after 1/1 were four times more likely to end up being an OEP switcher than those who found out before 1/1. Doing everything possible to help seniors know “sooner” is “safer” when it comes to preventing OEP attrition. Now, the cynic may think that a senior unaware of plan changes in the AEP may also be a senior who stays unaware of plan changes during the OEP and remains in their plan longer before finally switching out the following AEP. That may certainly be true.

But those extra months of realized revenue may come at a steep price. When seniors realize plan changes after 1/1, they are two times as likely to call their plan and complain about a concern they have than seniors who realize all plan changes before 1/1. Those complaints to carriers can just as easily morph into complaints and grievances to CMS. In an era when plan finances are stretched to the limit, holding onto quality ratings may very well be more important than holding onto an enrollment for a few more months before a frustrated and uninformed senior makes a change they should have made a year earlier.

Don't miss these offerings related to the Medicare Member Onboarding Study:

- [Medicare Shopping and Switching Study](#) is a must-have to understand the senior health insurance market and what led consumers to switch this last AEP.
- [Medicare Part D Study](#) provides a complete picture of Part D (including both MAPD and standalone) and can help you understand how seniors are reacting to changes in their benefits after disruptive changes put in place by the IRA.
- [AEP Gut Check Study](#) examines the pain points, service failures, and plan experiences that carriers and agents must address as we near the AEP.

Keep the insights coming all year with our syndicated studies.

The **2025 Senior Market Insights Service** includes the following studies:

- [National MAPD Benefit Design Conjoint Plus MaxDiff Study](#) examines tradeoffs between benefits, illuminating senior's preferences for major product components alongside preferences for supplemental benefits.
- [Medicare Shopping and Switching Study](#) examines senior consumerism during the AEP and highlights what made members venture to new products.
- [Medicare Part D Study](#) provides insight into seniors' reaction to IRA-influenced changes to Part D, including how that may have influenced migration from standalone Part D to MAPD and how carriers might reduce attrition.
- [Dual Eligible Acquisition Study](#) provides insights into the rapidly growing segment of seniors with Medicaid eligibility (D-SNP or otherwise), examining how they shop and consider new coverage.
- [Medicare Member Onboarding Study](#) can help you better understand the important events and touchpoints that drive enduring membership for MA, MedSupp, and Part D members.
- [Medicare Age-In Study](#) shows the product preferences and ideal cadence of touchpoints, channels, and enrollment preferences of the next generation of boomer eligibles as they navigate their journey into Medicare.
- [AEP Gut Check Study](#) examines the pain points, service failures, and plan experiences that carriers and agents must address as we near the AEP.
- [Dual Eligible Retention Study](#) helps to better understand the member experience carriers, agencies, and consultants need to hold to Dual Eligible consumers.
- [Medicare Digital Tools Study](#) gives an in-depth look at how seniors shop online, navigate health insurance and healthcare, and whether they find the amount of information online to be overwhelming.
- [Medicare Member Experience Study](#) shows what causes attrition, switching intention, and lower CAHPS scores, helping carriers to better engineer member communications and customer service for higher scores.

Our **2025 Commercial Market Insights Service** studies for the Individual Under 65 Market include:

- [Individual and Family Plan Benefit Design Conjoint Study](#) gauges consumer appetite for richer or leaner benefits, providing carriers and consultants with fresh insight on how consumers may react if ACA subsidies change for 2026.
- [Individual and Family Plan Shopping and Switching Study](#) examines the traditional OEP enrollment period, the channels that best connected with consumers, and how these individuals chose to enroll.
- [Commercial Group, ICHRA, and Alternative Health Plans Study](#) provides insight into non-traditional solutions that appear poised to disrupt the commercial group market, including how current commercial group members feel about a potential move to ACA coverage through ICHRA and the market potential of copay-only insurance plans.
- [Individual and Family Plan Digital Tools Study](#) gives an in-depth look at all aspects of digital healthcare, including online shopping on public and private exchanges, portal management, e-brokers, virtual care, and virtual-first plans.
- [Individual and Family Plan Member Experience Study](#) identifies the experiences that either inflate or depress loyalty so that carriers can be more informed on how to hold onto their ACA members.