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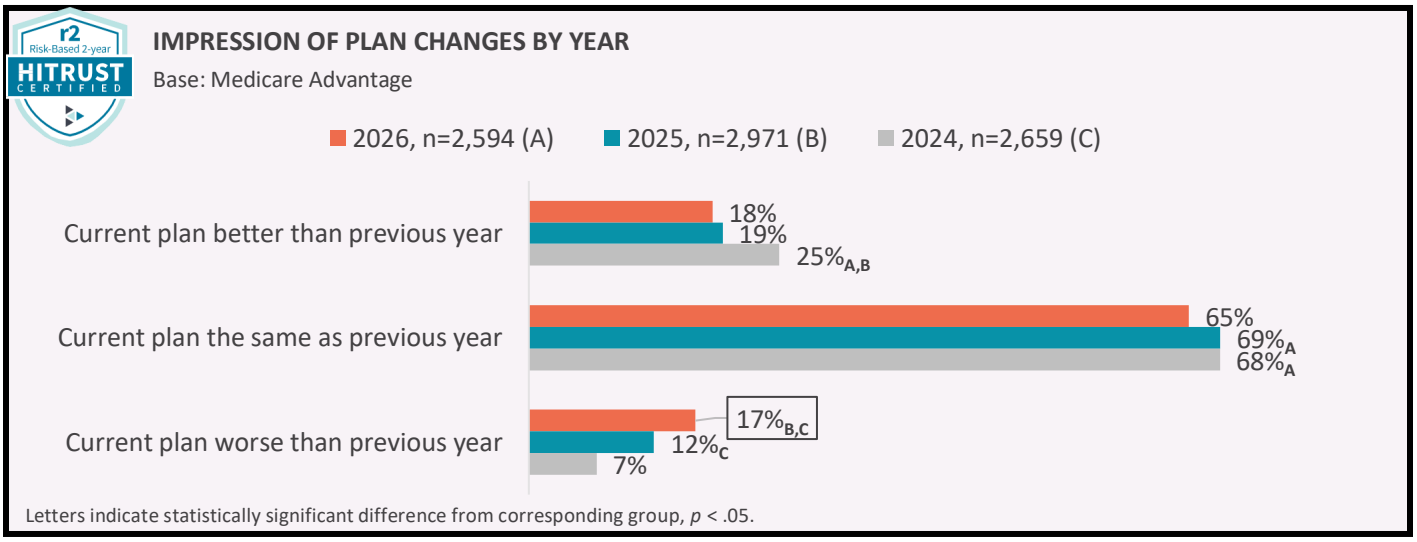
2026 MEDICARE MEMBER ONBOARDING AND MANAGEMENT STUDY

As "Meh" with MA sets in, OEP Switching Cools, but CAHPS Trouble Lurks on the Horizon

George Dippel, President of Deft Research

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Back-to-back years of record non-SNP MA terminations coupled with back-to-back years of benefit degradation is wearing on seniors. As seen on the chart below, more MA seniors in 2026 compared to both 2025 and 2024 feel that their January first coverage was worse than it was the previous year.



Whereas only 1 in 14 seniors felt their MA coverage was worse than it was the year before in 2024, now nearly 1 in 6 feel their coverage was downgraded. Ouch.

The good news for seniors is if they feel they are in the wrong MA plan coming out of the AEP, the OEP still provides an opportunity to upgrade. Seniors have historically done just that ever since CMS reinstituted the Q1 "redo" period. It used to be that in any given year, anywhere from 4 to 7% of seniors took advantage of the OEP and switched into a better fitting plan—with most OEP switchers having also switched in the AEP.

And generally speaking, Deft has noted that the higher the AEP switching was, the higher the OEP switching would be. Disruption often takes more time than just one election period to sift through. Fall alone is often not enough for seniors to take the time to work through all the AEP turbulence and arrive at their final, upgraded plan.

To the point that high AEP switching leads to high OEP switching, 2025's then-record AEP switching produced record OEP switching (15%) just a few short months later. So, with the 2026 AEP shattering 2025's old switching record, the writing was on the wall that the OEP would behave similarly.

But it didn't. OEP switching this year fell from 15% to just 10%—still higher than what we saw before this two-year MA reset—but much lower than expected based on the sheer size of 2026's disruption.

Two things are going on here:

1. The plans that MA seniors saw evaporate last fall (like $0 rich PPOs) were not replaceable—either in the AEP or the OEP. They were just "gone". No competitor wanted to feature the last ultra-rich PPO standing for obvious reasons.
2. It's quite possible that seniors are starting to get a little used to worsening benefits. They may be becoming numb to it and don't see the need to change in the OEP in an effort to upgrade whatever plan they were going to have. "Upgrade to what?"

As OEP plan upgrading becomes more of an impossibility, accepting an AEP downgrading becomes more of a reality.

After 2026's record disruption, seniors found the next best plan remaining in the AEP and moved on. When the OEP came around and they were presented with a chance to "upgrade" to something else, they looked at the plans once again and sighed a collective "meh" at the futility of the exercise.

But their resignation to accept what many may see as the coverage they are stuck with should not be confused with a sign that these same seniors will provide rave reviews for their plans when CAHPS surveys show up. In fact, CMS's recent final rule announcement, where they made good on the gist of what was in the proposed rule, ought to give Star Czars at insurers pause. Many easier-to-nail operational components have been replaced with more dicey experiential components. When seniors are "wowed" by increasing supplemental benefits, higher flex cards, lower copays, and the like, it's relatively easy to see 9's and 10's in experiential-based CAHPS surveys. But the collective "meh" we heard in the OEP feels more like middling 7's and 8's to me.

N.B. An enthused consumer shows it when given a chance to rate their plan. A downtrodden one does as well.



Deft Research recently published the 2026 Medicare Member Onboarding and Management Study. This national market research report of over 3,400 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 and Management 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.

Armed with the insights from the Medicare Member Onboarding and Management Study, carriers, agencies, and consultants alike will be better positioned to hold onto members gained in the 2027 AEP, which by all early looks could be another disruptive year for the industry. For more information on the rest of the report, please contact your Deft Research Client Services associate or email info@deftresearch.com.

Did you enjoy this Single Insight Point (SIP) from the 2026 Medicare Member Onboarding and Management Study? Are you ready to move from just a SIP to a whole gulp? Please connect with your Deft Research Client Services Associate to unlock all the business-changing insights from the 90-plus pages of insightful reporting.

Don't miss these offerings related to the 2026 Medicare Member Onboarding and Management Study:

- **National Medicare Health Segmentation Study** illuminates health segments within the senior population so organizations can best serve their unique needs.
- **National Supplemental Benefit Conjoint and Ancillary Products Study** helps you design the most attractive supplemental options while balancing costs and gauging interest in ancillary products. Select from one or both of the following:
    - *Medicare Advantage Version*: focuses on traditional supplemental benefits
    - *MedSupp/OMO Version*: focuses on the Dental/Vision/Hearing bundle
- **Medicare Age-In Study** identifies strategies to boost acquisition and reduce early retention risk, while analyzing trends in self-insurance and recommending ancillary products for those not interested in MA or unable to afford MedSupp.

Keep the insights coming all year with our syndicated studies.

The **2026 Senior Market Insights Service** includes the following studies:

- **National Medicare Health Segmentation Study** illuminates health segments within the senior population so organizations can best serve their unique needs.
- **National Supplemental Benefit Conjoint and Ancillary Products Study** helps you design the most attractive supplemental options while balancing costs and gauging interest in ancillary products. Select from one or both of the following:
    - *Medicare Advantage Version*: focuses on traditional supplemental benefits
    - *MedSupp/OMO Version*: focuses on the Dental/Vision/Hearing bundle
- **Medicare Shopping and Switching Study** examines senior consumerism during the AEP and highlights what made members venture to new products.
- **Influences of Part D in MAPD and Standalone Coverage Study** explores how the tiered placement of specific, common medications influences MAPD and Part D consumerism.
- **SNP (C-SNP and D-SNP) 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 and Management Study** explains how to update existing members and onboard new ones after the AEP. It also highlights what worked well in member services and education, and where improvements are needed for the next year.
- **Medicare Age-In Study** identifies strategies to boost acquisition and reduce early retention risk, while analyzing trends in self-insurance and recommending ancillary products for those not interested in MA or unable to afford MedSupp.
- **SNP (C-SNP and D-SNP) Experience Study** provides carriers and agencies with a blueprint to best serve dual eligibles and/or those with specific demanding health conditions.
- **AEP Gut Check Study** is a “must have” for carriers, agencies, and consultants. It assesses the pain points, service failures, and plan experiences that carriers and agents must address as we near the AEP.
- **BONUS: How the U.S. Consumer Selects a Provider and Health System Study** is the first-of-its-kind study, we look across the broad U.S. healthcare consumer landscape.
- **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.
- **MAPD + PDP Disruption Tool** provides detailed market summaries of benefit changes from the national to the county level, helping you anticipate shifts in 2026 enrollment.
- **Custom Research** can help you answer the tough questions facing your organization about your member experience (and those of your competitors) as you prepare for 2027.

Our **2026 Commercial Market Insights Service** studies for the Individual Under 65 Market include:

- **National ACA On and Off Exchange Benefit Design Conjoint Study** shows the premium-based tradeoffs that under-65 beneficiaries will make in the subsidized/on-exchange market as well as the non-subsidized/off-exchange market.
- **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.
- **ICHRA Study Part I: Brokers and Employers** examines two of the three stakeholders who will decide ICHRA's trajectory in the near term: employers looking to untangle health insurance from employment and brokers who will (or will not) facilitate that transition.
- **ICHRA Study Part II: Employees** chronicles how employees managed through cost increases, the impact on them, and how it compares to employees in traditional group coverage who may have faced less dramatic premium increases.
- **BONUS: How the U.S. Consumer Selects a Provider and Health System Study** is the first-of-its-kind study, we look across the broad U.S. healthcare consumer landscape.
- **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.