Is Your Ops Stack Ready for the One Big Beautiful Bill Act?

Brillio's Agentic AI-led solution enhances self-service, improves eligibility visibility, and streamlines redetermination for healthcare payers.

The "One Big Beautiful Bill Act" (OBBA) signals a seismic shift in U.S. healthcare, ushering in a wave of regulatory mandates that reshape Medicaid and ACA programs. With provisions tied to eligibility, work requirements, cost-sharing, and provider taxation, OBBA introduces a range of compliance and operational challenges for payers, providers, and administrators alike.

Its impacts are systemic, reshaping the healthcare experience for nearly 100 million Americans — over 70 million Medicaid/CHIP beneficiaries and approximately 24 million enrolled through ACA marketplaces. From access to care and coverage continuity to financial predictability, these lives hang in the balance as digital systems strain to keep pace with accelerating policy changes.

Health plans and public programs now face intensified scrutiny and strain. Work mandates and biannual redeterminations are expected to drive coverage churn and administrative burden, placing contact centers under pressure from rising inquiries, appeals, and confusion. Provider networks must contend with new friction points around billing and coverage consistency.

Meanwhile, members at 100–138% of the Federal Poverty Level will encounter $35 copays that may lead to care deferral or dissatisfaction. Immigrant populations will see reduced access, with delayed Medicaid eligibility and narrower windows for retroactive coverage, further distorting risk pools and pricing assumptions.

These cascading challenges are compounded by legacy infrastructure. OBBA exposes the fragility of outdated eligibility engines and fragmented workflows, creating workflow disruptions, straining ACA and Medicaid operations, and magnifying the need for faster, modular, AI-enabled solutions. Yet within this disruption lies opportunity - health plans that move quickly to modernize can unlock new digital frontiers, reduce churn, and improve regulatory compliance .

How **OBBA Impacts Health Plans**

Medicaid Managed Care Plans

OBBA presents several eligibility requirements and reporting mandates. The introduction of an 80-hour per month work requirement and redeterminations every six months add several more layers of operational tracking and verification, leading to increased drop-offs and member churn.

As these shifts take hold, plans must manage disruptions to medical loss ratios and ensure continuity of care amid growing complexity. In the short term, success will hinge on supporting eligibility processes, minimizing gaps, and addressing member queries. Over the long term, plans must begin redesigning transition pathways. Particularly as members migrate between Medicaid and ACA coverage to ensure continuity without compromising compliance or experience.

ACA Marketplace Plans

OBBA introduces tighter eligibility filters and cost-sharing mechanisms that may reduce accessibility for vulnerable populations. The $35 copay requirement for members between 100–138% Federal Poverty Levels could discourage care-seeking behaviors. The five-year Medicaid eligibility delay for lawful immigrants adds pressure to Marketplace enrollment systems.

These policies increase friction in eligibility determination, introduce volatility into risk pools, and heighten member confusion, especially during coverage cliff transitions. In the near term, ACA plans must focus on capturing drop-offs, managing eligibility determinations, and optimizing special enrollment period operations. Over time, they'll need to reimagine acquisition and renewal models that are more adaptive to the volatility now embedded into the Marketplace.

Multi-Line Health Plans (Commercial and Duals)

For plans operating across commercial and public lines, OBBA brings intensified fragmentation. Member movement across Medicaid, ACA, and employer-sponsored programs is accelerating, driven by shifting eligibility rules and benefit structures. This creates misalignment in pricing, regulatory exposure, and member experience.

Back-office systems, already complex, will be strained further by inconsistent benefits and fragmented eligibility logic, increasing the likelihood of audit risk and administrative rework. In the short run, plans will need to closely monitor member transitions, reduce duplication, and synchronize outreach across programs. Longer term, success will depend on unifying engagement strategies, optimizing pricing models, and streamlining operations to address OBBA's cross-program ripple effects holistically.

Lastly, OBBA's rollout may potentially lead to uncertainty among members about updated eligibility rules, work mandates, and coverage details. This uncertainty may drive a significant increase in calls to health plan contact centers as members look for guidance and support.

Strategic Considerations for Payers in **the OBBA Era**

To meet OBBA's demands, health plans must not only react to policy, but **design for it.** That begins with clear ownership: payers must appoint dedicated **policy stewards** who can translate evolving federal and state mandates into operational and technical logic, reducing rework and ensuring consistent implementation across markets. These teams will become critical as complexity increases and the pace of change accelerates.

Automation and AI must also be applied with intention. By targeting high-impact processes like redetermination triage, document management, and contact center overflow, plans can reduce cost, improve member experience, and respond quickly where operational pressure is highest.

 Equally important is designing systems for **policy fluidity.** As policy changes begin to outpace system updates, health plans will require configurable architectures that can adapt rules and eligibility logic without relying on code-level changes.

Flexibility must also extend to organizational design. Static operating models cannot withstand OBBA's level of volatility. Plans will need to build modular operational pods and cross-functional teams that can flex around volume surges, regional dynamics, or policy updates, without resorting to costly reorganizations. And finally, payers must revisit their product portfolios. What is affordable for members today may no longer be sustainable for the plan tomorrow. Reassessing pricing, coverage, and subsidy assumptions will be essential to ensuring financial sustainability in a market now defined by churn, complexity, and shifting access.

From Overload to Orchestration: Brillio's Intelligent Agents Powering Enterprise AI

To help healthcare organizations meet the challenges of OBBA head-on, Brillio has architected a solution purpose-built to automate complexity, improve agility, and elevate member experience with modular AI agents that can work across self-service, eligibility, and redetermination journeys to reduce friction, streamline operations, and improve retention and conversion metrics across programs.

Knowledge Agent: Self-Service Meets Agent Assist

Brillio's Knowledge Agent acts as a front-line support layer for member interactions across contact centers, portals, and digital channels. In self-service mode, it answers member questions across Medicaid, ACA, and commercial plans, while guiding OBBA workflows with multilingual accessibility and intuitive design. When member needs become more complex, the agent seamlessly transitions to live agent support, offering real-time prompts, policy lookups, and scripted summaries that accelerate resolution and reduce average handle time.

Over time, the Knowledge Agent evolves into a dynamic, policy-aware graph that powers AI copilots across IVRs, CRMs, bots, and portals, serving as the connective tissue for unified service delivery across all lines of business.

Redetermination Agent: Automation Where It Hurts Most

Designed to target the operational heart of OBBA's burden, the Redetermination Agent helps members navigate eligibility checks and avoid coverage loss. It identifies at-risk populations based on timing, triggers, and trends, then collects required documentation and guides members through pre-fill workflows. Seamlessly integrated with eligibility systems and member-facing channels, this agent reduces delays and administrative friction.

As part of Brillio's longer-term vision, the Redetermination Agent evolves into a Retention AI layer that learns from churn patterns, integrates into CRM systems for engagement orchestration, and enables proactive retention strategies through segmentation and predictive modeling.

Eligibility Switch Navigator: Turning Transitions into Opportunity

With OBBA accelerating eligibility churn across Medicaid, ACA, and commercial plans, Brillio's Eligibility Switch Navigator helps plans detect eligibility changes in real time and calculate subsidy eligibility across products. It recommends the most cost-effective, risk-aligned options for members and supports seamless enrollment through assisted journeys.

In its enterprise-ready form, the Navigator becomes a cross-product recommendation engine that supports life event-based re-enrollment, interoperable plan switches, and deeper household optimization strategies. By improving plan transition conversion and lifetime value, it transforms eligibility disruption into a competitive advantage.

Together, these agents deliver measurable gains across key metrics: first-call resolution, subsidy capture, plan conversion, member retention, and redetermination throughput, all while reducing the operational strain of policy compliance.

OBBA as a **Catalyst for Competitive Transformation**

OBBA doesn't just raise the bar but rather redefines it. Health plans now face a future where policy updates outpace traditional response cycles, and where eligibility, engagement, and compliance must evolve in real time. Brillio helps organizations meet this moment not by managing around the disruption, but by modernizing through it. With modular AI agents, configurable policy engines, and deep expertise in Medicaid and ACA operations, Brillio empowers healthcare organizations to transform complexity into clarity, churn into retention, and mandates into momentum.

As 2026 approaches, the imperative is to act to future-proof operations and turn compliance into a competitive edge. Brillio is ready to help you lead through change with intelligence, agility, and confidence.

About Brillio

Brillio is a digital technology services company that drives AI-first engineering and design-led experiences for global enterprises. Born digital in 2014, its consulting-led services span Customer Experience, Data & AI, Product Engineering, and Digital Infrastructure. With an industry-leading NPS of 71, Brillio accelerates time to market through its proprietary BrillioOne.ai platform, powered by AI-ready talent with deep domain expertise.

Brillio is the official Digital Transformation Partner and the official Data and AI Services Provider of Atlassian Williams Racing. Brillio partners with leading technology providers including Microsoft, AWS, Google Cloud, Salesforce, Adobe, Databricks, and Snowflake and operates with 6,000+ "Brillians" across 15 global delivery centers. Consistently recognized as a Great Place to Work® since 2021, Brillio blends innovation, talent, and purpose to deliver measurable outcomes for clients and fulfilling careers for employees.

https://www.brillio.com/
Contact Us: info@brillio.com