



Why the One Big Beautiful Bill Act puts care management in the spotlight

When the One Big Beautiful Bill Act (OBBBA) became law, it was framed as a fiscal milestone—a promise to modernize Medicaid, streamline its costs and strengthen program oversight. The bill aims to accomplish those goals largely by tightening Medicaid eligibility with redetermination occurring every six months instead of annually and by introducing work requirements. Regardless of whether the bill delivers on its cost-saving intentions, payers must consider its practical impact now.

Coverage churn will likely increase as individuals struggle to document work and service efforts and meet deadlines. That will hurt continuity of care. In turn, individuals who later regain coverage may be in poorer health and require more expensive care. They may also be less inclined to trust healthcare organizations, while navigating new eligibility rules becomes a continuing frustration. In this complex environment, care managers will likely have expanded roles and payers will need to support them with a holistic care management philosophy.

The new architecture of care continuity

In the emerging and potentially fragmented healthcare environment, payers that solve continuity of care issues can help members continue to manage chronic and other health conditions and avoid duplicated costs or expensive acute episodes. Accomplishing this will require enabling care managers to connect the dots among financial policy, members' personal circumstances, clinical data and social determinants. This is the role that Enhanced Care Management (ECM) can take.

ECM fills the gap between what care management traditionally measures and what a member experiences. Traditional care management models are reactive, document-heavy and narrowly clinical. These systems were built mainly for capturing encounters and recording compliance. In contrast, ECM is not a product or a regulatory checkbox. It's an evolved care philosophy built for volatility. ECM integrates the clinical, behavioral and social dimensions of health into a single, adaptive framework, one that aims to anticipate rather than react.

By combining real-time monitoring, predictive analytics and social determinant insights, ECM could help care managers see risk as it forms instead of when it surfaces. It may give them the context to intervene early, personalize engagement and allocate resources where they matter most.



ECM could help equip care managers with the foresight necessary to prevent fragmented care by integrating the following data and tools:

- Social determinants of health (SDOH) may provide a lens into barriers like housing, food security and transportation
- Remote patient monitoring (RPM) could transform episodic care into continuous insight
- Predictive analytics may identify rising-risk populations before utilization spikes
- Behavioral and transitional data might ensure mental and physical health stay connected during care transitions

The payer imperative: From compliance to competitiveness

For health plans, ECM may be a strategic safeguard, not simply an operational improvement. As OBBBA reshapes Medicaid's financial foundation, payers may be judged not only on compliance but on how well they sustain member continuity amid disruption.

Plans that invest in ECM-aligned capabilities may stand apart in several ways, including:



Resilience under regulatory change

ECM frameworks could adapt quickly to new eligibility models and reporting demands.



Workforce empowerment

Integrated systems may reduce administrative drag, allowing care managers to focus on engagement instead of paperwork.



Member experience as competitive currency

Proactive outreach and social-context awareness may build trust in an era when policy seems unpredictable.

Gartner recently noted that payers integrating SDOH and remote patient monitoring data into care coordination reduced preventable admissions by up to 17%. That's not just cost avoidance; it suggests that when care is driven by context, better outcomes may follow.

Technology as the quiet enabler

As payers evolve toward ECM, technology's role may shift from process automation to purpose amplification. The goal isn't to digitize empathy but to equip care managers with real-time insight that makes empathy actionable.

Platforms like TriZetto® CareAdvance® embody this progression, unifying clinical, behavioral and social data into configurable workflows that align with ECM principles. By delivering interoperability, predictive intelligence and an intuitive user experience, CareAdvance may help payers operationalize enhanced care management at scale—quietly powering a more humane model of efficiency.

The OBBBA may test many assumptions about how care is delivered, financed and managed. It could reward the payers who turn policy disruption into operational advantage with smarter, more connected care management. ECM isn't just a reaction to reform; it may be a readiness strategy for what comes next. Because when coverage becomes uncertain, continuity may become everything.



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