AEP 2027 Is Coming â?? What Medicare Agents Should Be Doing Right Now

Description

The Leads Ware House

By James Schulze

This article discusses how Medicare agents can begin preparing today for sales growth in AEP 2027, especially in light of recent CMS changes that give them more flexibility on interacting with beneficiaries. It also highlights the need to develop a strong lead strategy, supported by a well-designed sales process, effective scripting, and fully-tested technology.

Medicareâ??s Annual Enrollment Period (AEP) begins on October 15, 2026 and runs through December 7th. Successful Medicare agents know preparation starts well before the first enrollment. October 15th should be the day your AEP strategy goes live, not the day you start building it.

Right now, Medicare agents should be completing carrier training, reviewing 2027 plans, practicing scripts, preparing existing clients, and deciding how they will generate Medicare leads. Agencies using aged Medicare leads, Medicare real-time leads, or Medicare calls should also have their sales processes ready before AEP begins.

The Leads Warehouse offers all types of medicare leads, with a focus on compliance (read our blog, â??What Are Health Insurance Leads? Medicare vs. ACA Leads Explainedâ?•). We are experts at Medicare marketing and are up to speed on CMS CY 2027 changes. We know when SMIDS are needed for Medicare marketing versus Medicare communications, and we have almost 21 years of experience selling Medicare leads.

This year, preparation is especially important because the Centers for Medicare & Medicaid Services (CMS) has made significant changes affecting how agents can interact with beneficiaries (read our blog , â??Why The 2027 CMS Medicare Rule Is Good News For Medicare Lead Buyersâ?•). The Leads Warehouse can provide the leads to help you win.

Know your carriers and review your book

Getting certified is only the beginning. Agents should understand the plans they will actually sell. It is critical to understand carrier incentives because a consumer may ask about additional benefits when calling as a Medicare inbound call, and it is important to know the angles available in each state. Review premiums, copays, provider networks, formularies, supplemental benefits, service areas, and major differences from 2026.

Then, look at your existing clients and determine the best approach for retaining these clients. It doesnâ??t serve an agent well to win 100 new clients if they turn around and lose 100 clients. Annual Notice of Change (ANOC) documents may reveal benefit changes that cause beneficiaries to reconsider their coverage. Agents should know which clients could be affected before those clients start shopping.

AEP creates an opportunity to generate new business from Medicare leads, but retention matters too. Protect the book youâ??ve already built.

Understand the new CMS rules

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AEP 2027 gives agents more flexibility in several important areas, including.

- **Elimination of the 48-hour waiting period after SOA â??** One of the biggest changes is the elimination of the mandatory 48-hour waiting period after completing a Scope of Appointment (SOA). Agents can now collect an SOA and conduct a plan consultation during the same interaction. Thatâ??s particularly important when working Medicare real-time leads and Medicare aged leads. A beneficiary who is ready to discuss coverage no longer has to wait two days because of the SOA timing requirement. The SOA itself is still required. The waiting period is what disappeared.
- **Elimination of the 12-hour separation requirement between educational and marketing events â??** CMS also got rid of the previous 12-hour period that was required between educational and marketing events at the same location. Agents can now transition from an educational event to a marketing event as long as attendees are informed of the change and are given an opportunity to leave.
- **Collection of SOAs at educational events â??** Agents can also collect SOAs at educational events again.

For agents using events to generate Medicare leads, this creates a much smoother path from education to a future sales conversion. Combining current client lists with Medicare aged lead lists is a great way to create an invite list to ensure events are packed (read our blog, â??How To Use Aged Medicare Leads To Fill Educational Events Under The New CMS Rulesâ?•). The relaxed CMS rules make Medicare events more valuable than ever.

Update your scripts and training

CMS also changed the Third Party Marketing Organization (TPMO) disclaimer timing requirement. Instead of requiring the disclaimer within the first 60 seconds, it must be provided before plan benefits are discussed. This gives agents more flexibility to establish the purpose of the conversation and build rapport before transitioning into required compliance language. Agents should use this opportunity to review their scripts.

The scripts should also match the type of Medicare lead the agent is using. Someone who submitted a Medicare real-time lead minutes ago requires a different opening script from someone who became an aged Medicare lead months ago. A beneficiary generating an inbound Medicare call has already taken the additional step of initiating the conversation. Agents should role-play all of these scenarios now. Practice the opening, SOA transition, qualifying questions, benefit discussion, objections, and close.

A good script only works when the agent knows how to use it. The Leads Warehouse provides scripting for all lead types: real-time Medicare leads, aged Medicare leads, and Medicare inbound calls. The Medicare inbound call scripting is a two-part script: the buffer script and closing script. Medicare agents using Medicare click-to-call leads can minimize their cost per acquisition (CPA) with effective buffer use. What does that mean? It means agents ask the right questions to qualify beneficiaries within the buffer, before they are billed for the call.

Know the 2027 benefit changes

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Agents also need to understand what beneficiaries will be asking about. CMS has codified several Inflation Reduction Act changes to Part D for 2027 and beyond, including elimination of the traditional coverage-gap phase, a reduced annual out-of-pocket threshold, no cost sharing in the catastrophic phase, and the Manufacturer Discount Program. The old Medicare Part D â??donut holeâ?• conversation is becoming obsolete.

Agents donâ??t need to give beneficiaries a regulatory lecture. They need to explain how the changes affect their coverage in simple language.

CMS has also relaxed restrictions on marketing superlatives such as â??bestâ?• or â??topâ?• when claims are truthful and supportable. Marketing and sales call-record retention requirements are also dropping from 10 years to six years.

All of these changes should be incorporated into an agentâ??s training before AEP begins.

Build your Medicare lead pipeline now

Agents should not wait until October 15th to purchase Medicare leads and then figure out how to work them. The learning curve could cost them precious selling time.

Different Medicare lead products require different strategies:

- **Aged Medicare leads â??** These can be especially useful before AEP because agents can start building a pipeline now. These consumers previously expressed interest in Medicare coverage and may be willing to review their options again. Start working aged Medicare leads before AEP, identify interested consumers, and schedule appropriate follow-up. Donâ??t approach an aged lead as though the consumer requested information five minutes ago. Determine their current situation and whether an AEP review makes sense.
- **Medicare real-time leads â??** Real-time leads require a different strategy. These consumers recently requested information, so speed in contacting the lead is critical. Before AEP, test how quickly Medicare real-time leads reach your CRM and how quickly an agent makes the first call. Fresh intent has little value if the lead sits untouched.

- **Medicare calls â??** Calls can provide strong, immediate intent because the beneficiary initiates the conversation. But agencies purchasing Medicare calls need agents available to answer them. Medicare inbound calls typically come with a buffer, and buffer scripting should be rehearsed so it is second nature. Call routing, staffing, scripts, and compliance procedures all need to work. A missed Medicare call can quickly become another agencyâ??s opportunity.

The goal isnâ??t to choose one type of Medicare lead. It is to match the lead mix to your sales operation.

Finally, with the relaxed CMS rules, Medicare lead demand could be an all-time high. To guarantee the best placement for real-time Medicare leads, act now. Medicare inbound calls can hit caps â?? get in queue now to guarantee your volume. Lastly, aged Medicare leads are not endless in numbers. Define geography in advance and get lead counts to be prepared.

Test everything before October 15th

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AEP is a terrible time to discover a technology problem. Agents should test their entire Medicare lead workflow before the season begins, including:

- Making sure aged Medicare leads load correctly into campaigns
- Confirming Medicare real-time leads arrive immediately
- Testing Medicare call routing and call recording
- Checking CRM automations and follow-up tasks

Agents should also know their numbers well, tracking these metrics for each lead source:

- Cost per lead (CPL)
- Contact rate
- Appointment rate
- Application rate
- Applications
- Enrollments
- Conversion rate
- Cost per acquisition (CPA)

Aged Medicare leads may produce your lowest acquisition cost. Medicare real-time leads may deliver stronger immediate conversion. Medicare calls may perform differently from both. Tracking each separately tells you where to move your AEP marketing budget.

AEP is won before October 15th

The 2027 AEP gives Medicare agents more flexibility than theyâ??ve had in recent years. Same-day SOAs remove unnecessary delays. Educational events can transition more naturally into marketing opportunities. TPMO disclaimer timing gives agents more room to establish a conversation.

But flexibility only helps agents who are prepared. By October 15th, carrier training should be finished. Existing clients should be reviewed. Scripts should be practiced. Technology should be tested. And your Medicare lead strategy should already be created.

If aged Medicare leads are part of the plan, start building the pipeline now. If youâ??re buying Medicare real-time leads, test your speed to lead. If youâ??re purchasing Medicare calls, make sure your agents and technology are ready.

October 15th is when AEP enrollment begins. The work that determines how successful it will be should be happening right now.

The Leads Warehouse has worked with Medicare agents and agencies for more than 20 years, providing aged Medicare leads, Medicare real-time leads, Medicare calls, and other Medicare lead generation solutions to help agencies build their sales pipelines. Are you ready to talk about how you can grow your Medicare sales pipeline?

About the author

James Schulze is the President and CEO of The Leads Warehouse, a marketing data company with over 20 years of experience in bringing lead generation solutions to companies selling into the home, automotive, financial, insurance, health and life, and legal sectors. He works directly with clients to optimize conversion strategies and ROI across multiple verticals.

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If you are serious about growing your Medicare business, the right mix of leads is important. Our team works with agencies to maximize their ROI on health insurance sales leads. Call **1-800-884-8371** or visit The Leads Warehouse to get started.

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