



How To Close Medicare And ACA Leads â?? Timing, Scripts, And Compliance Basics

Description

By James Schulze

This article discusses why it is harder to close Medicare leads and ACA leads today and factors that can help agents drive up their close rates. It also shares other ways agents can ensure they are successful in closing deals.

Generating leads is only half the battle. Agents can only make money if they *close* them. Many agents are quick to blame the lead when things do not convert. But there are so many other factors at play. At The Leads Warehouse, our product sheets provide more than the price. We also share tips on cadence, deliverability, and script, as high-quality leads can still fail if agents donâ??t get these things right.

Why it is harder to close deals in 2026

The Medicare and ACA market has changed. Consumers are more cautious. They are comparing more options and taking longer to decide. At the same time, agents are facing even greater competition than before. This means that agents will need to differentiate themselves to get the full benefit of high-quality leads. But how? Better follow-up? Stronger conversations with beneficiaries? Clearer messaging? Well, actually all three will be demanded of agents, which applies whether they are buying inbound calls, aged leads, or any other type of lead.

Telephony laws are making it harder than ever to contact consumers (read our [blog](#), â??Why Is It So Hard To Connect With Prospects Today?â?• for more information on TCPA). The best leads are ruined if you cannot contact the consumer. Agents need to focus on:

- Clean caller IDs for telemarketing
- 10DLC and A2P registrations for SMS
- Domain authority for email deliverability

So, what can agents do to drive up their close rates?

Three factors that drive up close rates

Closing comes down to three core elements. If agents get these right, their results will improve quickly:

1. Timing
2. Script
3. Compliance

Let's go a little deeper into each of these factors.

Timing and the need for speed

Speed is one of the largest factors in closing both inbound calls and aged leads. Inbound calls are frequently used to sell Medicare plans, given their high level of compliance with CMS rules. Aged leads are often used in ACA sales (read our [blog](#), "What Are Health Insurance Leads? Medicare vs. ACA Leads Explained").

With **inbound calls**, the consumer has called in to speak with an agent. The agent is in a *live* conversation with a prospect, offering the best chance to close a deal. To handle inbound calls correctly, and ultimately close more deals, agents should follow these best practices:

1. Answer immediately.
2. Do not transfer slowly.
3. Engage within seconds.
4. Build trust fast.

Aged leads also require a timely response to close. That may seem counterintuitive, as an aged lead is a consumer who has expressed an interest in speaking with an agent at some point in the past year or beyond. To close aged leads, agents should:

1. Call on the same day as the lead is received.
2. Call a lead multiple times, don't give up after one or two tries.
3. Vary outreaches, using text and email messages.
4. Stay consistent.

Scripting and the need to keep it simple

Scripting has been described by many of our clients as being the single most important factor in closing deals. Unfortunately, many agents overcomplicate their scripts and, as a result, conversations suffer. Agents must first understand the goal of a script. An agent's job is not to sell immediately. It is to build trust, understand the need, and guide the consumer.

Scripting should be tailored to the lead type (e.g., inbound call, aged lead). For **Medicare** sales, where inbound calls are prevalent, a best-practice closing framework consists of these steps:

1. **Introduction** – Keep your introduction short and to the point. Introduce yourself and tell them you are there to help them review their Medicare options.
2. **Confirm eligibility** – Next, confirm the individual's age, current coverage, and timing. A helpful tip – ask if they have their Red/White/Blue card. Seniors understand what this is and agents can quickly get all the information they need from this card.
3. **Identify needs** – Next, make sure you understand their doctor preferences, prescription needs, and budget.
4. **Present options** – Once you understand a beneficiary's needs, you can start talking about their plan options. Keep it simple and don't overwhelm them. Make sure you thoroughly know and understand your carrier's incentives.
5. **Ask for the close** – Don't forget to ask for their business: "Based on this, this plan makes sense. Would you like to move forward?"

ACA sales, for which aged leads are frequently used, require a slightly different approach. A commonly used framework includes:

1. **Identify eligibility** – Agents should qualify consumers immediately, confirming their income level, household size, and coverage status. The 2025 ACA Marketplace Changes must be reviewed to ensure eligibility is current.
2. **Explain subsidies** – Next, using simple and clear language, fully explain any subsidies they might qualify for. Focus on savings.
3. **Simplify plans** – With so many different plans in the marketplace, choosing the right plan becomes overwhelming for many Americans. Rather than covering every option, the scripting should be narrowed to only discuss the plans that the agent believes are the best options based on the information the consumer has provided, including any plans the consumer may have specifically asked about.
4. **Guide the discussion** – Conversations with beneficiaries can sometimes go a little off track. Gently bring the conversation back to the primary focus. Guide the discussion with questions that build toward a close. Make it easy for the consumer to say "yes."
5. **Close** – Once you feel you have the right plan identified, go for the close: "Based on your situation, this plan fits well. Let's get you enrolled."

Scripting for aged leads is often more challenging, as agents will interact with consumers that do not have immediate intent. For aged leads, your scripting will need to include stronger positioning, better questions, and better follow-up. Without a solid script, aged leads will underperform. But with the right script, they can help agents dramatically scale their insurance business.

Compliance and the need to follow the rules

Health insurance is a highly-regulated industry. The Centers For Medicare & Medicaid (CMS) have created and finalized several rules that regulate agents' marketing and communications for beneficiaries (read our [blog](#), "2027 CMS Proposed Rule And What It Means For Medicare Agents"). The CMS guidelines cover disclosure requirements, consent tracking, proper documentation, and more.

Agencies must follow the rules or face stiff penalties. Compliance protects your license and your agency. And, it builds trust with consumers. Agencies should avoid these common lapses in

compliance:

- Misleading statements
- Skipping disclosures
- Improper outreaches

Additional ways agencies can close more deals

There are a few more things agents can do to increase the number of deals they close:

1. **Buy the right mix of leads** â?? Most agents buy more than one lead type. This makes sense, because each lead type has different strengths and can help agents achieve multiple objectives. For example, inbound calls help agents reach the highest-intent consumers, while aged leads provide the volume to help them meet their scaling objectives. Together, they create balance. High performing agencies use inbound calls for immediate closes and aged leads for building their pipeline. And, they follow up aggressively on both types.
2. **Perform strong follow-up** â?? In a perfect world, all Medicare and ACA leads would close on the first conversation. That doesnâ??t always happen though. Leads need to be worked consistently. Agents can only close deals if they connect with beneficiaries and many require multiple touches. And, going the extra mile on follow-up can build trust with consumers, ultimately leading to more closed deals.
3. **Select a reputable leads provider** â?? Have you ever purchased and used leads only to find that youâ??re talking into a black hole when you want to have a discussion about the quality of the leads and how they performed? Or when you want some advice on your scripting, tech stack, or compliance requirements? A reputable leads provider doesnâ??t leave you or your questions hanging. At The Leads Warehouse, we have a wealth of marketing experience and knowledge of CMS and ACA regulations that we share with our clients so they can successfully and legally connect with potential customers. We are transparent about our data sources, offering first-party O&O data and high-quality aged data. Our fast delivery system allows agents to quickly get started on building their pipeline.

Conclusion

It is tougher to close Medicare and ACA leads today, but the issue may not be lead quality as is often suspected. Agents who respond quickly, use effective scripting, and pay close attention to compliance requirements can significantly increase the number of deals they close. Getting the right blend of lead types from a reputable leads provider and consistently following up on them will go a long way in selling more policies. Are you ready to talk about how you can grow your Medicare and ACA 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.

If you are serious about growing your [Medicare](#) and [ACA](#) insurance 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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