How To Prepare Your Medicare Lead Strategy For AEP 2027

Description

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By James Schulze

This article discusses the different types of motor vehicle leads available to attorneys and how they are generated. It also touches on critical success factors for selecting and using MVA leads, including exclusivity, alignment with a law firmâ??s intake capabilities, geographic targeting, and speed-to-lead.

For Medicare agents and agencies, the Annual Enrollment Period (AEP) is the most important sales season of the year. From October 15th through December 7th, Medicare beneficiaries have the opportunity to review their coverage and make changes for the upcoming year. That creates a massive but compressed opportunity for agents.

The challenge is that every Medicare organization knows AEP is coming. Competition for consumers increases, lead demand rises, call centers become busier, and mistakes that might be manageable during other parts of the year become expensive during AEP.

Preparing a Medicare lead strategy before October 15th can make the difference between simply buying more leads and actually building a scalable AEP campaign. Considering the new flexible CMS (Centers for Medicare & Medicaid Services) rules, like the elimination of the 48-hour scope of engagement (SOA) waiting period, tying together leads with new processes creates the needed scalability. For more information on CMS changes, read our blog, â??AEP 2027 Is Coming â?? What Medicare Agents Should Be Doing Right Now.â?•

A successful strategy should account for lead type, budget, technology, speed-to-lead, staffing, follow-up, compliance, and the ability to shift marketing dollars based on performance.

Start preparing for AEP before AEP

October 15th is not the time to start building an AEP marketing strategy. By then, agents should already know what Medicare lead products they intend to use, how much they plan to spend, where leads will be delivered, who will contact them, and how performance will be measured.

September provides an important preparation window. Agents can use this period to:

- Evaluate vendors
- Test technology
- Review CRM workflows
- Train sales teams
- Establish geographic targeting
- Determine how much lead volume their organization can realistically handle

The goal is to enter AEP ready to sell rather than spending the first weeks troubleshooting the marketing and technology behind the campaign.

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Build a Medicare lead mix

One of the biggest decisions is determining what type(s) of Medicare leads to purchase. There is no reason an AEP strategy has to depend on a single lead source. Agents can potentially build campaigns using a combination of Medicare aged leads, Medicare real-time leads, and Medicare inbound calls (read our blog, â??What Are Health Insurance Leads? Medicare vs. ACA Leads Explainedâ?•).

Each lead type serves a different purpose. Aged Medicare leads can provide volume at a lower acquisition cost. Real-time Medicare leads provide consumers who have recently expressed interest. Medicare inbound calls can connect agents directly with consumers who are actively initiating a conversation.

The right combination depends on budget, staffing, technology, sales process, and the organizationâ??s ability to work different types of opportunities.

September is also the month to finalize scripting. The script needed to reactivate a Medicare aged lead is considerably different from a buffer script for an inbound Medicare call. And again, with CMS changes like the change in Third-Party Marketing Organization (TPMO) disclaimers, scripting should be reworded for all Medicare leads.

A diversified approach can give agencies flexibility as AEP progresses.

Use aged Medicare leads to build volume

Aged Medicare leads can be an important component of an AEP campaign because Medicare purchasing decisions are inherently recurring. A consumer who expressed interest in Medicare months ago may still be a valuable prospect during AEP. Their circumstances may have changed, their plan may have changed, or they may simply want to understand what alternatives are available for the coming year.

The lower cost of aged Medicare leads also allows agencies to purchase significantly more records for the same marketing budget (read our blog, â??How Much Do Medicare And ACA Leads Cost In

2026?â?•).

But aged leads require the right expectations and outreach strategy. They should not be approached as though the consumer just completed a form. The initial inquiry may have occurred weeks or months earlier. The conversation should instead focus on reconnecting with the consumer and determining whether reviewing their Medicare options for the upcoming year makes sense.

For organizations with strong dialing and follow-up capabilities, aged Medicare leads can provide substantial AEP prospecting volume. The Leads Warehouse has been a leader in aged Medicare leads for over 21 years.

Real-time Medicare leads require real-time follow-up

Real-time Medicare leads occupy a different part of the marketing strategy. These consumers have recently responded to marketing and expressed interest in receiving Medicare information.

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That recency has value, but only if the agency takes advantage of it. If a real-time Medicare lead arrives and remains untouched for hours, much of the advantage of purchasing a real-time opportunity can disappear. Lead delivery should therefore be integrated directly with the agencyâ??s CRM or sales platform whenever possible. Agents should know immediately when a new lead arrives and have a defined process for beginning outreach.

During AEP, when consumers may be receiving significant amounts of Medicare advertising, speed, and consistency become even more important. Paying for a real-time lead without having a real-time sales process is a mismatch. APIs and workflows must maximize the opportunity of immediate intent with a real-time Medicare lead.

Medicare inbound calls create a different opportunity

Medicare inbound calls can add another layer to an AEP strategy. Instead of receiving consumer information and initiating outreach, the agent receives a call from a consumer responding to marketing. The consumer has taken the additional step of initiating the conversation.

For agencies, with licensed agents available to answer calls, this can provide a powerful acquisition channel during AEP. To maximize close rates, a Medicare agency should have well-rehearsed buffer scripts with rebuttals to focus on seniors ready to close rather than shoppers.

Additionally, inbound Medicare calls require operational discipline. Calls need to be answered. Routing needs to work. Agents need to be available. Tracking needs to identify which campaigns are producing conversations and sales. A high-intent Medicare caller has little value if the call goes unanswered or is routed incorrectly. And, as calls go unanswered, an agencyâ??s revenue per call (RPC) will suffer, thus putting the agency at the end of the queue for inbound Medicare calls.

Before increasing inbound call volume for AEP, agencies should make sure their technology and staffing can handle the traffic.

Match lead volume to agent capacity

Buying more Medicare leads does not automatically produce more Medicare sales. Every organization has a practical intake capacity. If an agency can effectively work 500 new opportunities per week but purchases 1,500 leads per week, the additional volume may simply result in slower response times and inadequate follow-up. AEP can make this problem worse, because organizations naturally want to maximize production during a limited selling season.

The better approach is to determine how much volume the sales team can properly work and scale from there. That calculation should consider more than the initial call. Agents may need multiple attempts to reach a consumer. Existing prospects require follow-up. Inbound calls need to be answered while outbound campaigns continue. Appointments must be completed.

The real capacity of an organization is **the number of opportunities it can properly work,** not simply the number of leads it can purchase.

Get your technology ready

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AEP exposes weak technology quickly. Before the season begins, agencies should verify that leads are posting correctly, CRM fields are mapping properly, notifications are working, call routing is functioning, and performance can be tracked back to the appropriate source.

This is especially important for organizations using multiple Medicare lead products. Aged Medicare leads may enter an outbound dialing workflow. Real-time Medicare leads may require immediate alerts and rapid contact. Medicare calls may need to be routed based on state, agent availability, or other campaign requirements. These systems should be tested before AEP volume increases.

October should be about selling Medicare plans, not discovering that leads have been sitting unnoticed because an integration stopped working.

Build follow-up into the strategy

Not every Medicare lead will answer the first call. That makes follow-up an essential part of AEP economics. Agencies should have an established contact strategy rather than allowing individual agents to decide when or whether to try a prospect again. That may include multiple call attempts or other permitted communication channels based on the consumerâ??s consent and the campaign being used.

This is particularly important with aged Medicare leads, where persistence and volume can be central to the economics of the campaign. The goal should not simply be to generate or purchase more opportunities. It should be to maximize the value of the opportunities already acquired.

Measure performance by lead type

An agency purchasing three different Medicare lead products should not evaluate all three using the same expectations.

- **Aged Medicare leads** may have a lower contact or conversion rate but also carry a substantially lower acquisition cost.

- **Real-time Medicare leads** may cost more but offer greater recency.
- **Inbound Medicare calls** may carry a higher acquisition cost while moving the consumer directly into a live conversation.

Ultimately, agencies should track performance through enrollment and acquisition cost. Cost per lead (CPL) alone does not answer whether a campaign is successful. A more expensive lead source that produces a lower cost per acquisition can outperform a cheaper source. Conversely, an inexpensive aged lead campaign can be extremely effective when supported by an efficient sales organization.

AEP marketing decisions should increasingly be based on what produces business rather than which source has the lowest advertised CPL.

Be prepared to adjust during AEP

An AEP strategy should be planned before October 15th, but it should not be frozen for seven weeks. Performance can change throughout the enrollment period. Agencies should monitor:

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- Contact rates
- Conversations
- Appointments
- Enrollments
- Acquisition costs
- Agent capacity
- Lead availability

If one channel is performing well, there may be an opportunity to scale it. If another is struggling, the answer may be adjusting the sales process, changing targeting, or reallocating budget.

AEP moves too quickly to wait until December to determine what worked. The organizations that track results as they happen have the ability to make changes while those changes can still affect the season.

Conclusion

A strong Medicare AEP lead strategy is about more than finding a source of Medicare leads. It requires aligning aged Medicare leads, Medicare real-time leads, Medicare calls, technology, staffing, follow-up, compliance, and performance measurement into one acquisition system. September is the time to make sure those pieces work together. By October 15th, the focus should shift from preparation to execution. Agencies that enter AEP with their lead sources selected, technology tested, agents prepared, and performance metrics established put themselves in a much better position to take advantage of the largest Medicare marketing opportunity of the year. Are you ready to talk about how you can grow your Medicare sales pipeline for AEP?

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,

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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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