



Medicare AEP vs. OEP Lead Strategies â?? How Agents Can Improve Lead Conversion

Description

By James Schulze

This article explains why agents should buy different Medicare lead types during each enrollment period. It also highlights the need for agents to recognize beneficiary psychology and keep their pipelines from stagnating to drive sales effectiveness in AEP and OEP.

With over **67 million** Americans enrolled in Medicare and Medicare Advantage penetration passing **54%** nationwide, senior health insurance remains highly competitive. Yet many agents struggle to maintain a consistent return on investment (ROI). The calendar dictates Medicare economics. Acquisition strategies that thrive during the fall enrollment rush often bleed capital when used in winter.

At The Leads Warehouse, we have supplied compliant Medicare leads nationwide for more than 21 years. Over our multi-decade experience in the industry, we have seen that buying leads accounts for only **25%** of an agent's sales success when using leads. The other **75%** can be attributed to outreach cadence, dialing speed, and pipeline velocity. When balancing AEP against OEP, brokers must align their lead products with seasonal consumer intent.

AEP vs. OEP â?? how enrollment calendars dictate lead pricing and intent

The cost of Medicare leads fluctuates significantly between the fall Annual Enrollment Period (AEP) and winter Open Enrollment Period (OEP). During the 54-day AEP window, heavy carrier churn creates urgency, making inbound Medicare leads and real-time inquiries profitable. During OEP, switching rules narrow, meaning agencies must shift capital toward cost-effective aged Medicare leads to protect margins.

Understanding Medicare leads cost requires evaluating seasonal rules. During AEP, all beneficiaries can change plans or adjust coverage. In contrast, OEP only permits beneficiaries enrolled in a

Medicare Advantage plan to switch. Paying top-tier prices for leads during a period with restricted switching eligibility inflates acquisition costs.

The required sales efforts and close rates also differ by Medicare lead type:

Performance Metric	Aged Leads	Real-Time Co-Reg Leads	Inbound Medicare Calls
Sales activity required	300 dials	200 callbacks	10 calls
Conversations generated	10	10	10
Conversation-to-close rate	25%	28%	40%
Expected sales (per 10 conversations)	2.5	2.8	4.0
Relative lead cost	Lowest	Low to Moderate	Highest
Best advantage	Lowest CPL, ideal for high-margin OEP campaigns	Scalable entry-point volume for rapid dialing	Highest consumer intent, best during peak AEP rushes

Note: Figures based on TLW client-reported performance data referenced in this article. Actual results will vary by lead age, source, geography, targeting, and sales process.

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Relying solely on expensive live channels year-round causes your acquisition costs to spike when OEP arrives. For more information on the cost of Medicare leads, read our [blog](#), “How Much Do Medicare And ACA Leads Cost in 2026?”

Surviving the 54-day AEP sprint with inbound calls and real-time leads

AEP, running between October 15 and December 7th, is a 54-day sprint. Beneficiaries receive Annual Notice of Change letters detailing modifications to doctor networks, copays, and drug formularies. This disruption creates motivation, making AEP the ideal window to buy real-time coreg leads and inbound calls.

If buying real-time Medicare leads, agents must contact the prospects quickly. These benchmarks from TLW client disposition reports show how rapidly connection rates drop when agents take longer to contact the lead:

- Contact within the first minute: **35-50%** connection rate
- Contact within 1 to 5 minutes: **20-30%** connection rate (40-50% drop)
- Contact within 5 to 10 minutes: **10-15%** connection rate (70-80% drop)
- Contact after 10 minutes: **5-10%** connection rate (80-90% drop)

Calling prospects within 60 seconds of receiving the lead results in more connections and conversions than waiting 60 minutes to make a contact attempt. For call centers, real-time co-registration leads offer affordable, scalable volume. Co-reg leads come from reward portals and surveys. While cost per lead

(CPL) is low, initial consumer intent varies.

To prevent reps from working unqualified contacts, agencies must apply strict geographic and aged filters before leads post to dialers. Pairing pre-filtered co-reg feeds with inbound calls from [The Leads Warehouse](#) keeps skilled closers focused on high-intent conversations while dialers build pipeline.

Dominating the Q1 OEP window with aged Medicare leads

When January arrives, the market transitions into OEP. While ad competition cools, agencies often mistakenly maintain expensive AEP marketing channels. Because OEP applies only to individuals already enrolled in Medicare Advantage, general intent drops. Paying peak prices for Medicare leads for sales during Q1 causes acquisition costs to soar.

This makes aged Medicare leads the most profitable asset for OEP. Seniors who enrolled during the fall often experience buyer's remorse by mid-January when visiting a doctor or pharmacy. They discover dropped doctors or increased copays, making them receptive to comparing alternative Medicare plans.

For the cost of **10** inbound calls, an agency can purchase **1,000** verified aged leads. Even if **10** inbound calls result in **3** sales, an agent has essentially exhausted their pipeline. Converting a modest percentage of the **1,000** aged leads, an agency would close multiple enrollments while retaining over **990** prospects to keep working through March. Sourcing aged data from [The Leads Warehouse](#) sustains production through Q1 without overspending.

Beneficiary psychology — once they answer, it's all the same•

Sales managers often complain that certain lead types do not convert. However, consumer psychology shows that once a beneficiary answers, traffic source matters far less than agent skill. Whether a prospect originated from a survey, an ad, or an aged list, they are simply evaluating health insurance options.

Seniors do not choose plans based on marketing channels. They buy from agents who listen, demonstrate competence, and make the process easy. As sales expert [Jeffrey Gitomer](#) observed, people buy from companies they like and that are easy to do business with. If an agent sounds rushed or pushes high-pressure promises, the prospect disconnects regardless of lead origin.

Reaching that conversation requires consistent follow-up. Statistics show that **27%** of sales leads never receive a call, and most agents quit after **2** attempts. Yet **80%** of sales closes occur between the **5th and 12th** contact attempts (For more information on the number of calls vs. connections vs. contacts, schedule time with The Leads Warehouse: [HERE](#)). Multi-touch outreach bridges the gap between cold data and closed policies.

Pipeline velocity — stationary = bad• rule for Medicare CRMs

During short enrollment windows, time is an agent's most critical asset. The greatest threat to revenue is pipeline stagnation. When pipelines fill with unresponsive prospects, agent activity slows, and acquisition costs rise. On a fast-paced sales floor, stationary records represent lost revenue.

Agency leaders must enforce the rule: **empty the pipeline to keep it flowing**. Managers should track activity stages across every assigned lead:

- **Connect & Qualify** â?? Contact established and doctor network verified.
- **Review & Needs Analysis** â?? Formularies, copays, and benefits evaluated.
- **Enrollment Scheduled** â?? Application completed or appointment set.
- **Stale Purge** â?? Records showing zero contact after consistent attempts cleared from active queues.

Purging dormant records unclogs dialers and keeps agents focused on engaged seniors.

How to buy Medicare leads that fit your agencyâ??s production capacity

Choosing between real-time data, inbound calls, and aged records requires assessing operational capacity. Independent brokers should invest in inbound calls and exclusive Medicare leads because they lack bandwidth for outbound prospecting. Conversely, agencies with dedicated dialers maximize margins by blending real-time co-reg feeds with high-volume aged leads.

Before you buy Medicare leads for agents, evaluate your dialing software, CRM workflow, and follow-up capacity. Sourcing verified Medicare lists from The Leads Warehouse gives your team clean, TCPA- and CMS-compliant data backed by 21-plus years of experience. For more information on how to buy Medicare leads, read our [blog](#), â??Where To Buy Medicare Leads â?? Aged Leads, Real-Time Leads, & Inbound Calls.â?•

Since 2005, The Leads Warehouse has helped Medicare insurance professionals scale enrollment pipelines. By matching your lead strategy to the realities of AEP and OEP, your business can maximize sales efficiency, protect margins, and achieve sustainable campaign ROI. Are you ready to talk about how you can grow your Medicare sales pipeline?

Ready to Maximize Your Medicare Production for AEP & OEP?

Get instant access to compliant, high-intent aged Medicare data, T65 filter lists, real-time web leads, inbound calls, and live call transfers.

[Buy Aged Medicare Leads & Sales Lists Here â??](#)

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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