Why Medicare Inbound Calls Are Valuable During AEP

Description

By James Schulze

This article discusses Medicare inbound calls and the advantages they can offer during AEP when time is of the essence. It also gives agents insights on how they can evaluate the economics of inbound calls versus other lead types and what they can do to ready their organizations for handling inbound calls and enrolling more seniors during AEP.

The Medicare Annual Enrollment Period (AEP) is the busiest season of the year for many Medicare agents and agencies. From October 15th through December 7th, Medicare beneficiaries can review their existing coverage and make changes for the coming year. At the same time, consumers are exposed to Medicare advertising across television, direct mail, digital media, and other channels. That creates enormous opportunity, but also enormous competition.

One way Medicare agencies can reach consumers during this compressed selling season is through Medicare inbound calls. At The Leads Warehouse, we provide fully compliant Medicare inbound calls with SMIDs, carrier approvals, and full transparency in marketing creatives.

Unlike traditional Medicare leads, where an agent receives consumer information and initiates outreach, inbound calls reverse the process. The consumer calls the agent. That difference can make Medicare calls a valuable component of an AEP marketing strategy.

What are Medicare inbound calls?

Medicare inbound calls are generated when consumers respond to marketing and initiate a telephone call to learn more about Medicare coverage. The consumer sees an online or CTV (Connected TV) creative, is offered a phone number, and calls in to speak to an agent. The calls are routed through a call routing platform like Ringba to connect to an agent who is open to taking calls from the geography the caller is dialing in from (read our blog, â??What Are Health Insurance Leads? Medicare vs. ACA Leads Explainedâ?•).

At The Leads Warehouse, we offer a variety of buffer periods for the Medicare agent to qualify the consumer. The buffer period can range from a few seconds up to 2 minutes, with the agent choosing in advance the proper buffer time for their operation. Longer buffer periods create more expensive calls.

Marketing can be used to generate consumer interest and encourage qualified consumers to call. The resulting call is routed to an available Medicare agent or agency based on the requirements established for the campaign. Instead of receiving a name and a phone number and attempting to make contact, the agent begins with a consumer already on the telephone. That eliminates one of the greatest challenges associated with virtually every lead generation campaign: establishing an initial connection with the consumer.

The consumer initiates the conversation

The fundamental advantage of an inbound Medicare call is consumer action. The consumer has seen or responded to marketing and taken the additional step of making a telephone call. The inbound call shows a higher level of intent by the consumer which provides a great closing opportunity.

At The Leads Warehouse, we provide a closing script for our Medicare inbound calls. The #1 mistake a Medicare agent can make is to treat a Medicare inbound call like a discovery call. The consumer is already calling the Medicare agent with intent; the agent should focus on selling a policy.

Inbound calls do not guarantee an enrollment. Consumers still have questions. They may be comparing plans, researching options, or determining whether changing coverage makes sense. But the conversation has already begun. During AEP, when agents are trying to maximize production within a limited time frame, reducing the time spent attempting to establish initial contact can be particularly valuable.

AEP creates a natural call environment

AEP gives Medicare beneficiaries a reason to review their coverage. Premiums can change. Benefits can change. Prescription drug coverage can change. Provider networks and individual circumstances can change. Consumers may also simply want to know whether another option better fits their needs for the coming year.

That creates an environment in which Medicare marketing naturally produces questions. At The Leads Warehouse, besides providing closing scripts for our Medicare inbound calls, our scripts offer buffer suggestions and rebuttals. Medicare inbound calls are very valuable. A Medicare agent must be ready to close the client or the consumer will move on quickly. Inbound Medicare calls allow agents to answer those questions while the consumer is actively thinking about coverage. The opportunity exists in real time rather than requiring the agent to generate the conversation later.

Medicare calls cost more than many leads

The convenience of receiving an interested consumer directly on the telephone comes at a price. Medicare inbound calls generally cost substantially more than aged Medicare leads and can cost more than real-time web leads (read our blog, â??How Much Do Medicare And ACA Leads Cost In 2026?â?•).

But cost per opportunity isnâ??t the only metric that matters. An inexpensive lead that requires numerous dialing attempts before producing a conversation has different economics than a call that immediately puts an agent and consumer together. The increased cost of a Medicare inbound call is offset by operational savings. A Medicare agency taking consumer-initiated inbound Medicare calls does not need an automated dialer, a team of sales fronters, or to worry about DID management.

Agencies should evaluate Medicare calls based on **cost per acquisition (CPA)** â?? which is the lead cost for acquiring one customer â?? not simply the cost per call. A higher-priced marketing product can still produce better economics if it efficiently generates enrollments.

Call handling becomes critical

There is little value in paying for Medicare inbound calls if agents donâ??t answer them. AEP call campaigns require staffing, routing, technology, and scheduling to be in alignment. If a consumer calls and no licensed agent is available, the opportunity may disappear. Inbound calls are routed algorithmically with platforms like Ringba. A Medicare agent is judged by revenue per call (RPC) for call routing rules. If an agent is only able to pick up a few Medicare calls, they will have a lower RPC and will be slotted down the priority queue. This can result in fewer calls, fewer closing opportunities, and frustrated agents waiting for consumers.

Agencies should understand how many calls their teams can realistically handle before scaling volume. That includes accounting for existing customers, follow-up, appointments, handling real-time leads, and other demands on agents during AEP. The objective isnâ??t to purchase the largest possible call volume. It is to purchase the volume the agency can effectively answer and work.

The buffer is important

Medicare inbound call campaigns may include a buffer or qualification period before a call becomes billable. That buffer is valuable time. Agents need a concise process for determining whether the consumer is appropriate for the campaign and whether the conversation should continue.

A good buffer script should be rehearsed rather than improvised. As noted, The Leads Warehouse provides scripting. It is up to the Medicare agency to practice the scripts, rebuttals, and closing techniques. A well-run Medicare sales agency has a daily stand-up meeting to review best practices and share strategies amongst the team.

The goal isnâ??t to create a long interrogation. It is to efficiently determine whether there is a legitimate opportunity and move the right consumer forward in the funnel.

Medicare calls can complement other lead types

Inbound calls do not need to replace aged Medicare leads or real-time Medicare leads. The products serve different purposes:

- **Aged Medicare leads** can provide inexpensive outbound prospecting volume.
- **Real-time Medicare leads** can provide recent consumer inquiries that receive priority outreach.

- **Medicare inbound calls** can place interested consumers directly into live conversations with agents.

A larger agency might use all three lead types simultaneously. Outbound agents can work aged leads, while newly generated real-time leads receive immediate attention and inbound call agents remain available to handle incoming consumer conversations. The result is a diversified AEP acquisition strategy rather than dependence on one marketing source.

AEP 2027 requires preparation

AEP is too short to spend October figuring out whether call routing works. September should be used to test technology, staffing, scripts, agent availability, tracking, and campaign capacity.

The Centers for Medicare & Medicaid (CMS) changes for the 2027 plan year also make preparation important. Agencies need current sales processes, scripts, Scope of Appointment (SOA) procedures, and applicable Third-Party Marketing Organization (TPMO) practices in place before volume increases. Lead generation and compliance cannot operate as separate systems. For more information on CMS changes, read our blog, â??AEP 2027 Is Coming â?? What Medicare Agents Should Be Doing Right Now.â?•

The marketing creates the conversation. The agency still needs the process required to properly handle it.

Conclusion

Medicare inbound calls solve a basic sales problem: getting the consumer and agent into the same conversation. During AEP, that can be especially valuable. Consumers have a limited period to evaluate their options, agencies have a limited time to maximize production, and competition for Medicare prospects increases. Inbound calls allow consumers who are actively responding to Medicare marketing to initiate contact themselves. They cost more than many lead products and require disciplined call handling, but agencies with the right staffing, technology, scripting, and sales process can use them effectively.

The best AEP strategy may ultimately include aged Medicare leads for volume, real-time Medicare leads for recency, and Medicare inbound calls for immediate conversations. For agencies prepared to answer and convert them, Medicare inbound calls can be an important part of turning the AEP opportunity into enrollments. 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, 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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