MEDICARE / 2027 AEP OPERATIONS

2027 Medicare AEP Go / No-Go Workbook

Verify each state, organization, and product before volume arrives

WHAT THIS WORKBOOK DOES

Use this workbook to make evidence-based readiness decisions across licenses, annual training and testing, product certification, contracts, appointments or ready-to-sell status, approved marketing, beneficiary safeguards, enrollment systems, and follow-up capacity.

Privacy rule
Do not enter beneficiary names, Medicare Beneficiary Identifiers, dates of birth, health or prescription information, enrollment data, call recordings, payment details, credentials, or other sensitive records. Keep required records in organization-approved systems.

VERSION	SOURCE REVIEW	FORMAT
1.0	August 14, 2026	Printable PDF / blank planning aid

Open the live guide

CALENDAR AND DECISION RULE

Readiness is specific to state, organization, and product

Medicare's Annual Election Period runs October 15 through December 7 every year. Preparation and authorization must be complete before the agent conducts the relevant marketing or enrollment activity.

Row-level decisions only
Do not label an agent generally ready. A person can be ready for one organization, state, or plan family and stopped for another. Hold any row with missing or inconsistent evidence.

Season phases

PHASE	OBJECTIVE	EVIDENCE BEFORE ADVANCING
Foundation	Resolve licenses, identity mismatches, contracts, hierarchy, and renewal risks	Active official records and a clean exception list
2027 certification	Complete accepted training, independent test, product modules, and attestations	Current completion records and ready-to-sell confirmation
Pre-launch operations	Test approved materials, contact, SOA, recording, comparison, enrollment, and escalation	Documented test cases and current procedures
October 15-December 7	Apply the correct election-period and enrollment process	Beneficiary-specific review and approved submission status
Closeout	Resolve pends, confirm status through approved channels, service questions, and retain records	Closed exception log and documented follow-up

Season owner and escalation route

GO / NO-GO MATRIX

Approve one state, organization, and product row at a time

Use one copy of this page per organization or duplicate rows as needed. Record only status and evidence location, not credentials or beneficiary data.

Organization: _____ State: _____ Product / plan family: _____

WORKSTREAM	PASS CONDITION	GO / HOLD / STOP
State authority	Active license and correct line of authority in the state of business	[ ] GO [ ] HOLD [ ] STOP
2027 training and test	Current program and independent test accepted by the organization	[ ] GO [ ] HOLD [ ] STOP
Product certification	Assigned product modules and attestations complete	[ ] GO [ ] HOLD [ ] STOP
Contract and appointment	Approved relationship and required state appointment are effective	[ ] GO [ ] HOLD [ ] STOP
Ready-to-sell	Organization confirms current state-and-product status	[ ] GO [ ] HOLD [ ] STOP
Sales operations	Approved assets and contact, SOA, recording, comparison, and enrollment workflows pass testing	[ ] GO [ ] HOLD [ ] STOP

Evidence location, owner, and exception

Automatic stop conditions
Stop the row for an expired or wrong license, unaccepted or incomplete 2027 training, missing product certification, pending or terminated relationship, unverified ready-to-sell status, or a workflow that relies on old assets, personal devices, unapproved scripts, or incomplete records.

MARKETING AND CONTACT CONTROLS

Test the beneficiary-protection workflow before using it

The cited 2027 CMS training guidelines cover prohibited marketing, unsolicited contact, personal marketing appointments, Scope of Appointment, TPMO disclosures, events, cross-selling, health-care settings, referrals, and call recording. Follow the organization's current operating procedure for each interaction.

[ ] **Contact source.** The source of permission or inbound request is documented and the planned channel is allowed. An unverified lead list is not treated as permission.

[ ] **Appointment scope.** The current required Scope of Appointment process is completed and retained before the applicable personal marketing appointment; discussion stays within the agreed product categories.

[ ] **Approved materials.** Prior-year decks, flyers, benefit summaries, formularies, directories, scripts, disclaimers, and plan comparisons are removed from active folders.

[ ] **Recorded channels.** Recording, disclosure, storage, retrieval, and failure escalation pass testing for every call channel the organization requires to be recorded.

[ ] **Event boundaries.** Educational and marketing activities follow current notices, materials, sign-in treatment, and transition procedures.

2027 guideline detail
The reviewed CMS guidance says written Scope of Appointment is required for in-person personal marketing appointments and notes removal of the former 48-hour waiting period. It also says organizations must ensure TPMOs record marketing, sales, and enrollment calls, including the audio portion of web-based calls, in their entirety. Apply the organization's current instructions.

Failed test or policy question

BENEFICIARY-SPECIFIC REVIEW

A generic benefit pitch is not a pre-enrollment review

Use current plan-year sources and the approved organization workflow. Record detailed beneficiary information only in the approved system, never on this page.

REVIEW AREA	EVIDENCE TO CHECK	WORKFLOW COMPLETE
Providers and facilities	Primary care, specialists, hospital, facilities, and network rules	[ ] Current source and consequences reviewed
Prescriptions and pharmacies	Current drugs, formulary, restrictions, preferred pharmacy, and network	[ ] Plan-year source reviewed
Costs	Premium, continued Part B premium, deductible, copays, coinsurance, and relevant services	[ ] Beneficiary-specific comparison completed
Coverage needs	Dental, vision, hearing, equipment, therapy, travel, and stated priorities	[ ] Needs and open confirmations reviewed
Other coverage and eligibility	MA, Part D, Medigap, employer, Medicaid, LIS, SNP, or institutional facts as applicable	[ ] Effect and election-period questions resolved
Documents and recourse	Summary of Benefits, EOC, ANOC, directories, formulary, cancellation, and complaint routes	[ ] Required materials and disclosures completed

Unresolved question and official escalation owner

OPERATING RHYTHM

Protect quality during AEP volume

[ ] **Start of day.** Review organization alerts, system status, product suspensions, license or certification exceptions, and updated procedures.

[ ] **Submission reconciliation.** Match every submitted request to an approved receipt or pending status; do not recreate, alter, or resubmit outside the current process.

[ ] **Recording and document exceptions.** Escalate failed recordings, missing SOAs, consent gaps, unavailable plan documents, or incomplete attestations and stop the affected workflow.

[ ] **Complaint and correction queue.** Route beneficiary concerns, inaccurate statements, misunderstandings, privacy issues, and plan questions with clear ownership.

[ ] **Capacity protection.** Set volume limits based on the time needed for accurate comparison, documentation, submission, and service.

[ ] **Weekly quality sample.** Review contact source, appointment scope, recording, comparison, election period, enrollment evidence, and follow-up across a representative sample.

CONTROL	DAILY	WEEKLY	OWNER / ESCALATION
Authority and product status	[ ]	[ ]	_____
Systems and recording	[ ]	[ ]	_____
Submission exceptions	[ ]	[ ]	_____
Complaints and corrections	[ ]	[ ]	_____
Capacity and quality	[ ]	[ ]	_____

SOURCE-LED CLOSEOUT

Official references and final launch decision

OFFICIAL SOURCES

Primary references

1. CMS: 2027 Agent and Broker Training and Testing Guidelines
Open official source

2. CMS: Medicare Open Enrollment
Open official source

3. CMS: Marketing models, standard documents, and educational materials
Open official source

4. CMS: Agent Broker Compensation
Open official source

5. NIPR: State insurance licensing information
Open official source

6. NIPR: Manage or renew an insurance license
Open official source

Final launch decision

State / organization / product: _____

[ ] GO [ ] HOLD pending evidence [ ] STOP and escalate

Decision owner: _____ Review date: _____

Evidence or conditions:

Build the knowledge foundation

Browse NHP University's supplemental course catalog, then complete every official 2027 training, product, contracting, appointment, and compliance step through the responsible organizations.

Browse the NHP course catalog