

Open Enrollment Insurance Verification Checklist

Run these checks on every returning patient with a visit between January 1 and April 30, when Medicare, Marketplace, employer and Medicaid coverage changes reach your front desk.

PATIENT	VISIT DATE	PAYER ON FILE
NEW PAYER / PLAN	CHECKED BY	REFERENCE #

PATIENT AND PAYER

- ☐ Ask to see the current card, front and back, instead of asking whether insurance is the same.
- ☐ Match name, date of birth and member ID exactly as the payer lists them, including dependents under a spouse's subscriber ID.
- ☐ Confirm the payer type so Medicare Advantage, Marketplace, employer and Medicaid plans each route correctly.

COVERAGE DATES

- ☐ Check the effective date against the visit date, including February 1 Marketplace starts and April 1 Medicare Advantage switches.
- ☐ Note any termination date or grace period flag on the account.

NETWORK AND BENEFITS

- ☐ Verify participation for the rendering provider and this location under the new product.
- ☐ Pull benefits for the scheduled service, including remaining deductible, copay, coinsurance and visit limits.

REQUIREMENTS

- ☐ Check prior authorization and referral rules under the new plan, and confirm how this payer now takes requests.
- ☐ Confirm primary and secondary order whenever a second plan shows up.

RECORD

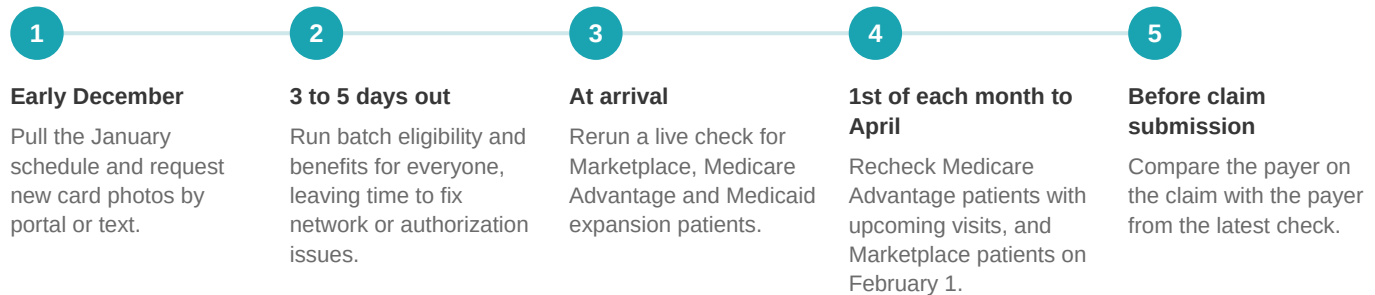
- ☐ Log the date, source, reference number and staff name for this check.
- ☐ Replace the old payer in the practice management system before the visit closes.

WATCH FOR THIS

A patient who joined Medicare Advantage still carries the red, white and blue Medicare card. Register the Advantage plan as primary, or the claim goes to the wrong payer.

When to Check, and What to Do When a Check Fails

VERIFICATION CALENDAR



KEY DATES FOR THE 2027 PLAN YEAR

Oct 15 to Dec 7, 2026	Medicare Annual Enrollment, new coverage starts Jan 1
Nov 1, 2026 to Jan 15, 2027	HealthCare.gov Marketplace enrollment, picks after Dec 15 start Feb 1
Jan 1 to Mar 31, 2027	Medicare Advantage Open Enrollment, one switch, starts the 1st of the next month
Jan 1, 2027	Medicaid work requirements and six-month renewals begin for expansion adults

FAILED CHECK RESPONSES

Subscriber not found	Recheck spelling, date of birth and member ID, then ask for the new card or an insurer app screenshot.
Coverage terminated	Ask whether the patient switched plans, and route anyone with no new plan to a financial counselor.
Enrolled in Medicare Advantage	Register the Advantage plan as primary and confirm you are in its network.
Out of network	Share the cost before the visit and let the patient reschedule, pay or use out-of-network benefits.
Grace period flag	Tell the patient claims may hold until premiums are current. Watch remits for N616 and N617.
Authorization required	Hold elective services until the request is filed.

LET OMNIMD RUN THESE CHECKS

OmniMD runs real-time clearinghouse checks and documents coverage, network, payer order and authorization flags in your practice management record before each visit.

[See how it works](#)

Sources: CMS statement on Marketplace open enrollment (Aug 4, 2026); Medicare.gov enrollment periods; CMS Medicaid community engagement fact sheet (Jun 1, 2026); Minnesota Department of Health grace period remittance best practice.