

## Part D Open Enrollment Period: “To-Do” Checklist for Benefits Counselors

### Prior to meeting your client:

- ☐ Ask the beneficiary to bring or have available all cards and letters (e.g., Annual Notice of Change, reassignment, loss of deemed status).
- ☐ Ask client to bring a list of drugs currently taken, including the strength and dosage; suggest bringing a printout from the pharmacy.

### During your meeting:

- ☐ Review pertinent sections of current plan’s Annual Notice of Change (ANOC).
- ☐ When running a comparison by cost, be sure to print out and highlight appropriate information on alternative plans.

### After meeting with your client:

- ☐ [Give the client a checklist](#) to note date of receipt from plan of:
  - ☐ Membership card
  - ☐ Explanation and use of transition fills
- ☐ Check with beneficiary about any need for formulary exceptions or whether any of their medications are indication-based on the plan formulary (i.e., covered for one condition and not another)
- ☐ Remind beneficiary you are available to respond to questions or problems
- ☐ Give beneficiary your contact info

## Open Enrollment Worksheet: Gather Information

**Beneficiary's name:** \_\_\_\_\_

**Name of beneficiary's current Part D plan:**

\_\_\_\_\_

- Plan Membership Number:

Check one: ☐ PDP ☐ MA-PD ☐ None – in other creditable coverage (see below for more info)

**Beneficiary's membership numbers and effective dates from all other membership cards:**

- Medicare Number -- (new card # format)

Part A Effective Date -

Part B Effective Date -

- Social Security Number

☐ SSN

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- Medigap

Policy Name \_\_\_\_\_

Policy Number \_\_\_\_\_

- Other prescription drug coverage?

Name of Policy:

\_\_\_\_\_

Policy Number:

\_\_\_\_\_

- Is the other prescription drug coverage:
  - ☐ Employer-sponsored health insurance
  - ☐ FEHBP
  - ☐ VA or TRICARE

Name of Policy:

\_\_\_\_\_

Policy Number:

\_\_\_\_\_

\*\* Is this "other" coverage creditable drug coverage? Yes No

**Current Medications List:**

| <b>Name of Drug</b> | <b>Generic?<br/>(Y/N)</b> | <b>Strength and dose<br/>(Ex: 30 mg taken twice a day)</b> |
|---------------------|---------------------------|--|
| 1.                  |                           |  |
| 2.                  |                           |  |
| 3.                  |                           |  |
| 4.                  |                           |  |
| 5.                  |                           |  |
| 6.                  |                           |  |
| 7.                  |                           |  |
| 8.                  |                           |  |
| 9.                  |                           |  |
| 10.                 |                           |  |

- **Review pertinent sections of current plan Annual Notice of Change (ANOC)**
- **Record how costs will change for the beneficiary in 2026:**

Premium: 2026: \_\_\_\_\_ 2027: \_\_\_\_\_  
Deductible: 2026: \_\_\_\_\_ 2027: \_\_\_\_\_  
Copay/coinsurance: \_\_\_\_\_

Is the formulary changing in 2026? If yes, for which drugs?

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## Screen and Assess Options, 4-Step Process

### Step 1: Screen for LIS & MSP – run thru [BenefitsCheckUp](#)®

- Is the beneficiary enrolled in LIS/Extra Help in 2026? ☐ Yes ☐ No  
(Note: Can check status in Medicare Plan Finder if client has a registered [MyMedicare.gov](#) account and log-in)
- If not enrolled, is the beneficiary willing to screen for eligibility? Yes ☐ No ☐
  - If yes, record the following information:  
Monthly Income: \$ \_\_\_\_\_  
Resources: \_\_\_\_\_  
Marital status: Single ☐ Married ☐  
Living arrangement: Alone or with spouse ☐ In another's household ☐  
Living in congregate setting ☐ Nursing home ☐

### Step 2: Use the [Medicare Plan Finder](#) tool

- Baseline: Current plan (refer to Current Medications List on page one)
  - a. Coverage in 2026 for current drugs in current plan
  - b. Pharmacy: \_\_\_\_\_ In network? Yes ☐  
No ☐

### Step 3: Discuss MA-PD vs. PDP

### Step 4: Run comparison by cost, drug coverage, and utilization management

### How Beneficiary is Enrolled (no later than Dec. 7, 2026):

Date of enrollment: \_\_\_\_\_

- ☐ Plan Finder
- ☐ Paper application mailed to plan
- ☐ Enrollment confirmation number
- Note:** Can print out and give a copy to beneficiary, retaining a copy in your file
- ☐ Call plan
- Note:** Not recommended as no way to retain proof of enrollment action

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