



Your roster, verified.

VERIFICATION RUN · JULY 1, 2026

Active coverage confirmed across your current patients.

This report covers the full monthly insurance verification. The system pulled your current roster and checked each patient for active coverage through the state Medicaid system. The short version: **590 of 613 patients checked came back with active coverage confirmed (96%), 590 prior insurance flags were cleared, and 22 were surfaced for your team to review.**

PATIENTS CHECKED

613

current roster run through verification this month

ACTIVE COVERAGE CONFIRMED

590

verified with active coverage on file

96% of those checked

SURFACED FOR REVIEW

22

coverage not active, flagged for your team

COVERAGE RESULTS

What we found

● Coverage status, by outcome

Active coverage confirmed	590
Needs manual review	15
NO_RECORD	6
LOCK_IN	1

Every current patient on the roster checked against active coverage for this month.

● Confirmed active, by location

Cincinnati	217 of 225 active
Dayton	191 of 198 active
Columbus	100 of 104 active
Middletown	82 of 85 active

Coverage by plan

A breakdown of confirmed coverage across the managed-care plans your patients carry.

Managed-care plans on file

CareSource	343
OhioRISE	62
AmeriHealth	42
Molina	38
United Healthcare	31
Buckeye	29
Humana	28
Anthem BCBS	18
Medicaid Ohio	18

What the system updated for you

Records refreshed in your system	612
Prior insurance flags cleared	590
Flagged for your team to review	22
To be re-checked	1

Each verified patient has their coverage status, plan and last-checked date written back automatically, so your team always sees the current picture.

The bottom line

We checked **613 current patients** against the state system, confirmed active coverage for **590** of them, cleared **590** prior insurance flags, and surfaced **22** for your team to follow up. Your roster is current, and this verification now runs every month so it stays that way.

Figures reflect the monthly insurance verification run dated July 1, 2026, checking each current patient against the state Medicaid eligibility system. "Surfaced for review" and "to be re-checked" are routed to your team so no coverage gap goes unaddressed.