**Story Collection Form**

**Consumers Affected by New SEP Rule**

CMS recently announced the new special enrollment confirmation process. Under the new process, all consumers applying through the most common special enrollment periods (SEP) will need to submit documentation to verify their eligibility to use an SEP. Failure to provide supporting documents may lead to the denial of coverage.

Georgians for a Healthy Future (GHF) is collecting information about consumers affected by the new SEP rule. It is important for organizations like GHF to collect these stories, so we can send comments to CMS about the impact of this new rule. If you encounter a consumer that has difficulty enrolling due to the new SEP confirmation process, please use this form to describe the issue. If you have any questions or concerns please contact Pranay Rana at [prana@healthyfuturega.org](mailto:prana@healthyfuturega.org) or at (404) 567-5016 ext. 4.

1. How did the change in rule affect consumer’s ability to enroll in coverage?

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1. Did the consumer have difficulty providing supplemental documents related to the life change?
2. Yes (If yes, please use the space below to describe the difficulty)
3. No.

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1. Did the requirement to provide documentation prevent enrollment during the appointment?
2. Yes
3. No
4. If Yes for question 3, did the consumer make a follow-up appointment?
5. Yes
6. No
7. ­­­­­­­­­­­­­­­­­­­­­­­­­Was the consumer ultimately able to enroll?
8. Yes
9. No
10. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (e.g. Escalation in progress)
11. How long did the process take? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. If the consumer was not able to enroll, do you believe the SEP confirmation process was the barrier that kept the consumer from enrolling?

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1. Please add any additional comments that you would like for GHF or CMS to know about consumer’s experience.

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**Organization’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assister’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_