

April 19, 2018

## **Assister Association/Appendix B Consent Form Processes**

ALL ASSISTERS SHOULD BE USING THE SAME CONSENT FORM. IF AN OLD FORM IS SUBMITTED, THE ASSOCIATION WILL NOT BE COMPLETED. AS A PARTICIPATING ASSISTER WITH KHBE, YOU ARE REQUIRED TO OBTAIN THIS SIGNED CONSENT FORM FROM YOUR CLIENT, AND KEEP THE FORM IN YOUR FILES FOR FUTURE REFERENCE IN THE EVENT OF AN AUDIT.

THE MOST CURRENT APPENDIX B CONSENT FORM IS LOCATED ON THE KHBE WEBSITE AT:  
<https://healthbenefitexchange-edit.ky.gov/Pages/Agentandassistertrainingmaterials.aspx>

### **For Non-Emergency and Future Scheduled Appointment Assister Associations**

Process for utilizing the Mail Room:

1. Fax or mail the Appendix B Consent form with ALL of the information completed accurately and legibly, and signed by the client
  - a. Fax # 1-502-573-2007
  - b. P.O. Box 2104, Frankfort, KY 40602
2. Upon receipt of the Appendix B Consent form, mailroom staff will scan and upload the Appendix B Consent form into the case
3. A task is created for a DCBS worker to make the assister association and complete the task

**\*\*NOTE: IF YOU CHOOSE TO UTILIZE THIS PROCESS, THERE IS AN ALLOWABLE 15 DAY TURN-AROUND PERIOD FOR TASK COMPLETION FOR THE DCBS WORKER. THIS OPTION IS NOT RECOMMENDED FOR EMERGENCY CASES, OR IF YOU HAVE THE CLIENT WITH YOU IN PERSON.**

**\*\*NOTE #2: IF THE FORM IS NOT LEGIBLE, MISSING INFORMATION, OR THE CASE CANNOT BE FOUND, IT WILL BE FORWARDED TO THE APPROPRIATE KHBE STAFF PERSON FOR ADDITIONAL RESEARCH AND ASSISTER CONTACT.**

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### **For In-Person Assister Associations**

Process for utilizing the KHBE Call Center, Support Professional Line:

1. While the client is with you in-person, call 1-855-326-4650
2. The CSR will confirm your identity as the assister, and also confirm the identity of the client
3. Once the proper ID has been made, make the assister association request over the phone to the CSR
4. The CSR will need to verbally confirm with the client that the client approves the requested assister association
5. The CSR will complete the assister association to the case

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### **For Emergencies**

ONLY if you have an emergency and need immediate assistance, complete the Fax Cover Sheet for the DCBS Help Desk and attach Appendix B Consent. Please include any additional information that will help DCBS identify the specific individual and make the association.