

CERTIFIED APPLICATION
COUNSELOR DESIGNATED
ORGANIZATION

CDO Application Web Form User Guide





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A. Introduction

Certified Application Counselor Designated Organizations (CDOs) are a vital component of the Assister community. In the Federally-facilitated Marketplaces (FFMs), CDOs oversee Certified Application Counselors (CACs) who are trained and able to help consumers seeking health insurance coverage options through an FFM.

Organizations that wish to become CDOs designated by the Centers for Medicare & Medicaid Services (CMS) to serve in an FFM must submit an online application using the CDO Application web form, meet specific eligibility criteria, and enter into an agreement with CMS.

1. Helpful Resources & Tips Before Getting Started

Before you get started, visit the [Welcome Page of the CDO Application web form](#) to understand what information you need to complete the CDO application.

For additional CDO application process resources, please access the following resources:

- [CDO Program web page](#) – contains additional resources and information for organizations interested in becoming a CDO.
- [CDO Application Web Form FAQs](#) – provides frequently asked questions about the CDO Application web form and the entire CDO application process including the CDO Organizational Maintenance web form.
- [CDO Application Demonstration video](#) – provides a step-by-step demonstration of the CDO Application web form.
- [CDO Application information web page](#) – provides information for potential CDOs about the CDO application process.

2. CDO Application Process Overview

The CDO application process has two steps.

- The first step is completing and submitting a CDO application. Submitting a CDO application alone does not guarantee approval of your organization as a CDO. CMS will review the application and determine if the organization meets the requirements of a CDO when the submission of the application is complete.

Note: The person completing and signing the form must be the person who will be designated as the Organization Senior Official (OSO), should CMS approve the application.

- The second step is entering into an agreement with CMS, if CMS approves your application, which outlines specific requirements about serving as a CDO, certifying CACs, and performing



oversight activities, including the ability to collect, store, and destroy Personally Identifiable Information (PII).

Your organization cannot operate as a CDO until you complete both steps and receive final approval from CMS, including your CDO identification number.

This document is a systematic guide to completing your organization's CDO application.

IMPORTANT: You must complete and submit the application in one session; you will not be able to save and return to the application. Be sure to collect all the needed application information prior to starting the application.

B. Welcome Page

On the [Welcome Page of the CDO Application web form](#), applicants should review the instructions before proceeding. Select **Continue** after reading and agreeing to the system access requirements message. The application then navigates to the "Submitter Contact Information" page.



Figure 1: CDO Application Welcome Page

C. Submitter Contact Information

On the “Submitter Contact Information” page, enter your contact information as the OSO.

Step 1. Enter the submitter’s contact information in the following text fields:

- First Name
- Last Name
- Email Address
- Job Title
- Primary Phone
- Primary Phone Extension (if applicable)
- Secondary Phone
- Secondary Phone Extension (if applicable)



- Preferred Contact Method (Primary Phone, Secondary Phone, or Email)

Submitter Contact Information

Instructions
Enter the Submitter Contact information.
The red asterisk (*) indicates required fields.

Submitter Contact Information

* First Name: First Name	* Last Name: Last Name
* Email Address: Email@domain.com	* Job Title: Assister
* Primary Phone: (555) 555-5555	Primary Phone Extension: 123
* Secondary Phone: (555) 555-6666	Secondary Phone Extension: 456
* Preferred Contact Method: Secondary Phone	

Back **Continue** Exit

Figure 2: Submitter Contact Information Continue Button

Step 2. Select **Continue**. The web form will take you to the “Conflict of Interest (COI) Attestation” page.



D. Conflict of Interest (COI) Attestation

Pursuant to 45 C.F.R. § 155.225(g)(2) and the agreement between CMS and the CDO designated as such by CMS in a state in which a Federally-Facilitated Exchange (FFE) is operating (“CMS-CDO Agreement”), any CDO and applicable staff member or volunteer of a CDO who is certified to serve as a CAC must not receive any consideration directly or indirectly from any health insurance issuer or issuer of stop loss insurance in connection with the enrollment of any individuals in a qualified health plan (QHP) or non-QHP. Such consideration will be considered a prohibited conflict of interest. All CDOs are required to complete a Conflict of Interest Attestation form.

- Step 1.** Review the first page of the “COI Attestation.”
- Step 2.** Check the **box** to attest that you have carefully read this form and understand that selecting **Continue** indicates your agreement with the statements.
- Step 3.** Select **Continue**.



Conflict of Interest (COI) Attestation

Instructions

The red asterisk (*) indicates required fields.

This form should be filled out by the Senior Official¹ of the organization.

Pursuant to 45 C.F.R. § 155.225(g)(2) and the agreement between the Centers for Medicare & Medicaid Services (CMS) and the Certified Application Counselor Designated Organization (CDO) designated as such by CMS in a state in which a Federally-Facilitated Exchange (FFE) is operating ("CMS-CDO Agreement"),² any CDO and applicable staff member or volunteer³ of a CDO who is certified to serve as a Certified Application Counselor (CAC) must not receive any consideration directly or indirectly from any health insurance issuer or issuer of stop-loss insurance in connection with the enrollment of any individuals in a Qualified Health Plan (QHP)⁴ or non-QHP⁵. Such consideration will be considered a prohibited conflict of interest.

Direct consideration means receiving anything of value (monetary and in-kind) from a health insurance or stop-loss insurance issuer without an intermediary.

Indirect consideration means receiving anything of value (monetary and in-kind) from a health insurance or stop-loss insurance issuer in an indirect way. An example of this can be receiving funding from a foundation or subsidiary of a health insurance issuer. This funding may result in steering individuals to particular plans and is prohibited⁶.

To ensure that CDOs comply with this prohibition, certain CDO staff members and volunteers must attest that they are not receiving prohibited consideration, and must disclose certain other financial relationships (Conflict of Interest Disclosure and Attestation Requirement).

Staff members and volunteers subject to the conflict of interest disclosure and attestation requirements must disclose to CMS, the CDO, and assisted consumers any relationship with QHPs, Insurance Affordability Programs⁷, as well as any other potential conflicts of interest⁸.

Potential conflicts of interest can exist in situations where there is no current conflict of interest, but one could develop in the future. Insurance Affordability Programs include: Medicaid, the Children's Health Insurance Program (CHIP), and programs that make available to qualified individuals coverage in a QHP through the Exchange with advance payments of the premium tax credit (APTCs) or cost-sharing reductions (CSRs).

Potential conflicts of interest may be non-prohibited but must still be disclosed by certain CDO staff and volunteers to the CDO. Some examples include⁹:

- A CDO that is a health care provider must disclose to every consumer assisted that it contracts with a Medicaid managed care organization to receive payment for health care services it provides.
- A CAC who works part-time as an administrative assistant for a health insurance issuer must disclose this relationship to the CDO and to every consumer assisted. This employment relationship is not prohibited because the employee is not receiving consideration from the health insurance issuer in connection with the enrollment of consumers in a QHP or non-QHP.

CDO staff members and volunteers subject to the conflict of interest disclosure and attestation requirements include¹⁰:

- All staff members and volunteers certified by a CDO to perform CAC services including those staff members and volunteers engaged in outreach and education activities.
- Anyone who performs work related to CAC program activities on a CDO's behalf, even if they are not performing on-the-ground application and enrollment assistance. This includes anyone supervising a CDO's program activities on behalf of the organization.

Staff members and volunteers working for a CDO who are in no way involved with the CAC program would not be subject to the conflict of interest disclosure and attestation requirements¹¹.

¹ A senior official is generally an officer of the organization or corporation with the power to bind the organization to a contract.

² <https://marketplace.cms.gov/technical-assistance-resources/cms-cdo-agreement.pdf>

³ See section on CDO staff members and volunteers subject to conflict of interest disclosure and attestation requirements.

⁴ Section II(2)(b)(vii) on page 4 and Section II(14) on page 6 of the CMS-CDO Agreement. See also 45 CFR 155.225(g)(2). Note that 45 CFR 155.225(g)(2) also provides that in an FFE, no health care provider shall be ineligible to operate as a CAC or CDO solely because it receives consideration from a health insurance issuer for health care services provided.

⁵ A "non-QHP" is a health insurance policy that is not certified to be sold on the Exchange. The non-QHP prohibition does not apply to Homeowners', life, or auto policies. See footnote 24 on page 8 of "Assister Conflict of Interest Requirements" accessed at <https://marketplace.cms.gov/technical-assistance-resources/conflict-of-interest-requirements.pdf>.

⁶ See discussion of 45 CFR 155.210(d)(4) at 77 FR 18333. This was later applied to CACs by CMS finalizing 45 CFR 155.225(g)(2).

⁷ See 45 CFR 155.300 and 45 CFR 435.4 for the definition of insurance Affordability Programs.

⁸ Section II(7) on page 5 of the CMS-CDO Agreement. See also 45 CFR 155.225(d)(2).

⁹ See page 9 of "Assister Conflict of Interest Requirements" accessed at <https://marketplace.cms.gov/technical-assistance-resources/conflict-of-interest-requirements.pdf> for more guidance.

¹⁰ See page 6 of "Assister Conflict of Interest Requirements" accessed at <https://marketplace.cms.gov/technical-assistance-resources/conflict-of-interest-requirements.pdf>.

¹¹ See pages 2, 3, and 7 of "Assister Conflict of Interest Requirements" accessed at <https://marketplace.cms.gov/technical-assistance-resources/conflict-of-interest-requirements.pdf> for more guidance.

I have carefully read this form and understand that pressing Continue indicates my agreement with the above statements.

Back Exit

Figure 3: Conflict of Interest (COI) Attestation – Page 1

Step 4. Review the six statements on the second page of the "COI Attestation."

Step 5. Enter your initials after each statement to agree or attest to the statements for yourself and on behalf of the organization you represent.



Conflict of Interest (COI) Attestation

Instructions
The red asterisk (*) indicates required fields.

To implement the CMS regulations prohibiting certain relationships, I, as the Senior Official of the organization, agree or attest to the following for myself and on behalf of the organization I represent (please sign your initials on each line):

I. I attest that to the best of my knowledge I and my organization do not receive any consideration, directly or indirectly, from any health insurance issuer or issuer of stop-loss insurance in connection with the enrollment of any individual(s) in a QHP or non-QHP¹. *Consideration received from a health insurance issuer for health care services provided is not prohibited.*

II. I attest that to the best of my knowledge the staff and volunteers of my organization subject to the conflict of interest requirements² do not receive any consideration, directly or indirectly, from any health insurance issuer or issuer of stop-loss insurance in connection with the enrollment of any individual(s) in a QHP or non-QHP¹. *Consideration received from a health insurance issuer for health care services provided is not prohibited.*

III. My organization agrees to set up a process to determine the individual potential and actual conflicts of interest of applicable staff members or volunteers subject to the COI and attestation requirements¹.

IV. My organization and I agree to disclose to CMS, the CDO, and to consumers who we assist any actual or potential conflicts of interest including relationships we have with QHPs and Insurance Affordability Programs³.

V. My organization and I agree to establish procedures for the CDO's CACs to disclose all potential conflicts of interest of the CDO or the individual CAC prior to assisting consumers³.

VI. My organization and applicable staff members or volunteers subject to the COI and attestation requirements agree to act in the best interest of the consumer in all matters⁴.

- FL
- FL
- FL
- FL
- FL
- FL

Figure 4: Conflict of Interest (COI) Attestation – Page 2 OSO Initials

Step 6. List any disclosures of actual or potential conflicts of interest by completing the Company, Type of Relationship, and Content Area fields.

Step 7. Select **Add Another** to add more than one disclosure.

My organization, any applicable staff members or volunteers subject to the COI and attestation requirements, and I disclose the following actual or potential conflicts of interest.

Company:

Type of Relationship:

Content Area:

Add Another

Figure 5: Conflict of Interest (COI) Attestation – Page 2 COI Listing

Step 8. Check the **box** to attest that you have carefully read and completed this form and provided current and accurate information to the best of your ability and that you understand that typing your name serves as an electronic signature for purposes of this form.

Step 9. Type your name in the text box.

Step 10. Select **Sign & Continue**.



Figure 6: Conflict of Interest (COI) Attestation Page 2 Sign and Continue

E. Existing Organization Information

The “Existing Organization Information” page allows you to check your organization’s status to determine whether an application already exists for your organization.

Step 1. Select **Yes** or **No** indicating whether your organization has a Federal Employee Identification Number (FEIN). If your organization has an FEIN, enter the nine-digit number in the field provided.

Figure 7: Existing Organization Information Page FEIN

Step 2. Select **Yes** or **No** to indicate previous approval of your organization as a CDO. If yes, enter your organization’s eight-character CDO ID in the field provided.

Step 3. Select **Continue**.



Figure 8: Existing Organization Information Page Previously Approved as CDO

Figure 9: Existing Organization Information Page Continue Button

Step 4. Select **Continue**.

Table 1 provides guidance on how to proceed to the appropriate section of this user guide if your organization does/does not have an existing application.



Table 1: Existing Organization Information Paths

If	Then
The system found an existing application for your organization.	Refer to subsection 1 below.
The system did not find an existing application for your organization.	Refer to subsection 2 below.

1. Organization Found

If your organization previously submitted a CDO application that CMS approved or is reviewing, the web form will direct you to the “Organization Found” page.

Table 2 describes the actions you may take based on the status of your organization’s application.

Table 2: Organization Found Page Options

If	Then
Your organization’s application is in progress, and you want to request additional information	Enter your request in the “Comments” field. Refer to Error! Not a valid bookmark self-reference.. Select Submit Comments . The web form will take you to the “Existing Organization Confirmation” page. The CDO Program Office will contact you.
CMS approved your organization as a CDO, and you want to change update your organization’s information	Select Exit . Refer to Error! Not a valid bookmark self-reference.. Use the Organizational Maintenance web form to update your organization’s information. You can access the Organizational Maintenance web form by selecting the link provided in your organization’s preliminary approval email.
You believe you received the Organization Found message in error	Enter your explanation in the “Comments” field. Refer to Error! Not a valid bookmark self-reference.. Select Submit Comments . The web form will take you to the “Existing Organization Confirmation” page. The CDO Program Office will contact you.

WARNING: If you are directed to the “Organization Found” page, you cannot proceed with a new application.



Organization Found

Based on the information you entered, we determined that:

We approved your organization as a CDO. If you would like to change your organization's information, visit the CDO Maintenance web form link. Any individuals listed as a representative of your organization can make updates.

Enter comments below if you believe you are receiving this message in error or to explain why you are submitting a new application.

Comments

Enter any comments here.

Back **Submit Comments** Exit

Figure 10: Organization Found Page Requesting Information Submit Comments Button

Organization Found

Based on the information you entered, we determined that:

We approved your organization as a CDO. If you would like to change your organization's information, visit the CDO Maintenance web form link. Any individuals listed as a representative of your organization can make updates.

Enter comments below if you believe you are receiving this message in error or to explain why you are submitting a new application.

Comments

Enter any comments here.

Back **Submit Comments** Exit

Figure 11: Organization Found Page Approved Exit Button



Figure 12: Organization Found Page Submit Comments Button

2. No Existing Organization Found

If you entered your organization's FEIN or previous CDO ID, but the system was unable to match it to a previously approved CDO, the web form will direct you to the “No Existing Organization Found” page.

- If you want to verify the information you entered is correct, select **Back** to return to the “Existing Organization Information” page and review the information you submitted.
- If you believe you are receiving the message in error, enter your explanation in the “Comments” field and select **Submit Comments**. The web form will direct you to the “Existing Organization Confirmation” page. The CDO Program Office will contact you.
- If you want to exit the web form, select **Exit**.



The screenshot shows a web page titled "No Existing Organization Found". Below the title is a message: "We could not find a match with an existing organization using the information you provided. Use the **Back** button to verify the information you entered is correct. If you believe you received this message in error, use the **Comments** section to explain why you believe your organization should be found in our records." Below this message is a "Comments" section with a text area containing the text: "My organization was certified before. Our ID is CDOAAZZ00." At the bottom of the page are three buttons: "Back", "Submit Comments" (highlighted with a green border), and "Exit".

Figure 13: No Existing Organization Found Page Submit Comments Button

The screenshot shows the same web page as Figure 13. The "Submit Comments" button is now highlighted with a green border, and the "Exit" button is highlighted with a yellow border. The text in the comments section remains the same.

Figure 14: No Existing Organization Found Page Exit Button

F. Organization Contact Information

As a CDO, your organization must have two leadership contacts on record with CMS: an Organization Senior Official and a CAC Project Director. There is an option to include a third contact, referred to as the Secondary Contact; however, CMS does not require this information. Please note individuals cannot fill multiple roles.

Table 3: Organization Contact Information Roles and Description describes each role.



Table 3: Organization Contact Information Roles and Description

Role	Description
Organization Senior Official	This individual must complete the application and sign the CMS-CDO Agreement. Therefore, they must have the authority to both legally and financially bind the organization.
CAC Project Director	This individual is responsible for maintaining compliance with CDO requirements, certifying CAC staff and volunteers, keeping CAC certification records, and updating organization information with CMS.
Secondary Contact	This individual may serve as an additional contact that supports the CAC Project Director and is knowledgeable about the program's operations.

NOTE: The Organization Senior Official completing and submitting the application must select **Same as Submitter**, and the contact information fields will populate with the Organization Senior Official's information.

The "Organization Contact Information" page allows you to enter contact information for each role.

Step 1. Enter the Organization Senior Official contact information in the following text fields:

- First Name
- Last Name
- Email Address
- Job Title
- Primary Phone
- Primary Phone Extension (if applicable)
- Secondary Phone
- Secondary Phone Extension (if applicable)
- Preferred Contact Method (Primary Phone, Secondary Phone, or Email)



Organization Contact Information

Instructions

Enter contact information for each of the roles as defined below. Select the check box to identify the submitter as one of the roles and auto populate that section with information you previously entered.

Organization Senior Official: This individual must sign the CMS-CDO Agreement and have the authority to legally and financially bind the organization.

Certified Application Counselor (CAC) Project Director: This individual is responsible for maintaining compliance with CDO requirements, certifying CAC staff and volunteers, keeping CAC certification records, and updating organization information with CMS.

Secondary Contact (if applicable): This individual may serve as an additional contact that supports the CAC Project Director and is knowledgeable about the program's operations. To enter a Secondary Contact select the checkbox next to Secondary Contact Information. CDOs must have two (2) **unique** contacts; therefore, contact information cannot be the same across multiple roles.

The red asterisk (*) indicates required fields.

Organization Senior Official Contact Information

Same as Submitter

* First Name: First Name of OSO	* Last Name: Last Name of OSO
* Email Address: EmailaddressofOSO@domain.com	* Job Title: Owner
* Primary Phone: (555) 555-7777	Primary Phone Extension: 567
Secondary Phone: (555) 555-8888	Secondary Phone Extension: 678
* Preferred Contact Method: Primary Phone	

Figure 15: Organization Contact Information Page Organization Senior Official Contact Information

Step 2. Enter the CAC Project Director contact information in the following text fields:

- First Name
- Last Name
- Email Address
- Job Title
- Primary Phone
- Primary Phone Extension (if applicable)
- Secondary Phone
- Secondary Phone Extension (if applicable)
- Preferred Contact Method (Primary Phone, Secondary Phone, or Email)



CAC Project Director Contact Information

Same as Submitter

* **First Name:**
First Name of PD

* **Last Name:**
Last Name of PD

* **Email Address:**
EmailaddressofPD@domain.com

* **Job Title:**
Assister

* **Primary Phone:**
(555) 555-9999

Primary Phone Extension:
777

Secondary Phone:
(555) 555-0000

Secondary Phone Extension:
888

* **Preferred Contact Method:**
Email

Figure 16: Organization Contact Information Page CAC Project Director Contact Information

Step 3. If you are entering a secondary contact, select the **box** next to Secondary Contact Information.

Secondary Contact Information

Back Continue Exit

Figure 17: Organization Contact Information Page Secondary Contact Information Checkbox

Step 4. Enter the secondary contact information in the following text fields:

- First Name
- Last Name
- Email Address
- Job Title
- Primary Phone
- Primary Phone Extension (if applicable)
- Secondary Phone
- Secondary Phone Extension (if applicable)
- Preferred Contact Method (Primary Phone, Secondary Phone, or Email)



Secondary Contact Information

Same as Submitter

* First Name:	<input type="text"/>	* Last Name:	<input type="text"/>
* Email Address:	<input type="text"/>	* Job Title:	<input type="text"/>
* Primary Phone:	<input type="text"/>	Primary Phone Extension:	<input type="text"/>
Secondary Phone:	<input type="text"/>	Secondary Phone Extension:	<input type="text"/>
* Preferred Contact Method:	<input type="text" value="--None--"/>		

Figure 18: Organization Contact Information Page Secondary Contact Information Fields

Step 5. Select **Continue**. The web form will take you to the “Organization Headquarters Information” page.



Organization Contact Information

Instructions
Enter contact information for each of the roles as defined below. Select the check box to identify the submitter as one of the roles and auto-populate that section with information you previously entered.
Organization Senior Official: This individual must sign the CMS-CDO Agreement and have the authority to legally and financially bind the organization.
Certified Application Counselor (CAC) Project Director: This individual is responsible for maintaining compliance with CDO requirements, certifying CAC staff and volunteers, keeping CAC certification records, and updating organization information with CMS.
Secondary Contact (if applicable): This individual may serve as an additional contact that supports the CAC Project Director and is knowledgeable about the program's operations. To enter a Secondary Contact select the checkbox next to Secondary Contact information. CDOs must have two (2) unique contacts; therefore, contact information cannot be the same across multiple roles.
The red asterisk (*) indicates required fields.

Organization Senior Official Contact Information
 Same as Submitter

• First Name: First Name of OSO
• Email Address: email.address@domain.com
• Primary Phone: (555) 555-7777
Secondary Phone: (555) 555-8888
• Preferred Contact Method: Primary Phone

• Last Name: Last Name of OSO
• Job Title: Clerk
Primary Phone Extension: 567
Secondary Phone Extension: 478

CAC Project Director Contact Information
 Same as Submitter

• First Name: First Name of PD
• Email Address: email.address@domain.com
• Primary Phone: (555) 555-9999
Secondary Phone: (555) 555-0000
• Preferred Contact Method: Email

• Last Name: Last Name of PD
• Job Title: Assister
Primary Phone Extension: 777
Secondary Phone Extension: 888

Secondary Contact Information
 Same as Submitter

• First Name: First Name of Secondary
• Email Address: email.address@secondary@domain.com
• Primary Phone: (555) 555-1234
Secondary Phone: (555) 555-2345
• Preferred Contact Method: Secondary Phone

• Last Name: Last Name of Secondary
• Job Title: Assister
Primary Phone Extension: 111
Secondary Phone Extension: 222

Back Continue Exit

Figure 19: Organization Contact Information Page Continue Button

G. Organization Headquarters Information

The “Organization Headquarters Information” page allows you to enter information about your organization’s headquarters.

Step 1. Enter your organization’s contact information in the following text fields:

- Organization Name
- Organization Phone Number
- Organization Email Address
- Organization Website URL (if applicable)



Organization Headquarters Information

Instructions

Complete the fields below to provide information about the organization applying to become a CDO.
The red asterisk (*) indicates required fields.

Organization Information

* Organization Name:

Organization Name

* Organization Phone Number:

(555) 123-4444

* Organization Email Address:

Organization@domain.com

Organization Website URL:

websitedomain.com

Figure 20: Organization Headquarters Information Page Organization Information

Step 2. Enter the organization's headquarters address in the following fields:

- Address Line 1
- Address Line 2 (if applicable)
- City
- State (use the picklist to select the state)
- Zip Code



Figure 21: Organization Headquarters Page Organization Headquarters Address

Step 3. Select **Continue**. The web form will take you to the “Service Locations” page.

Figure 22: Organization Headquarters Information Page Continue Button

H. Service Locations

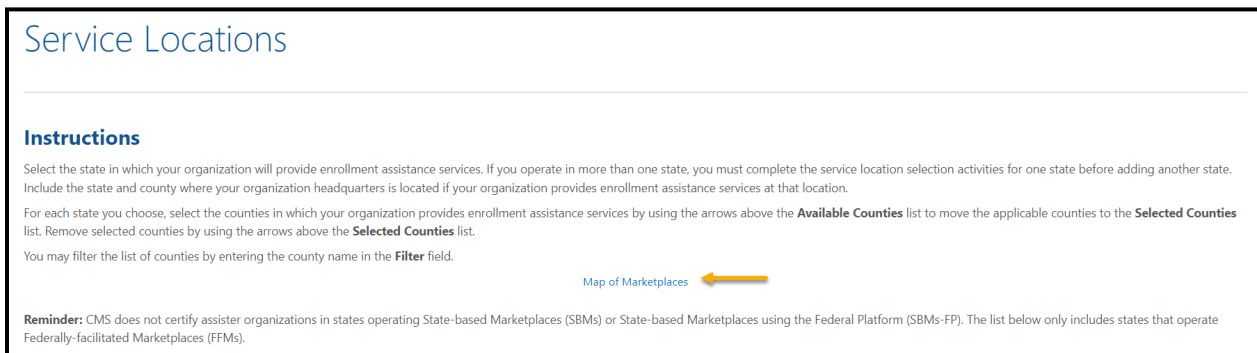
On the “Service Locations” page, you’ll select the state(s) and county or counties in which your organization provides enrollment assistance services. To access a color-coded map that provides the Marketplace type by state, visit [Map of Marketplaces](#).



NOTE: You can select **Map of Marketplaces** to open the map, which defines each state Marketplace by Marketplace type (e.g., Federally-facilitated Marketplace, State-based Marketplace, and State-based Marketplace using the Federal Platform).

For service location assistance please refer to the resources for Find Local Help:

- [FLH Upkeep Tool](#)
- [FLH Upkeep Tool User Guide](#)
- [FLH Upkeep Tool FAQs](#)



Service Locations

Instructions

Select the state in which your organization will provide enrollment assistance services. If you operate in more than one state, you must complete the service location selection activities for one state before adding another state. Include the state and county where your organization headquarters is located if your organization provides enrollment assistance services at that location.

For each state you choose, select the counties in which your organization provides enrollment assistance services by using the arrows above the **Available Counties** list to move the applicable counties to the **Selected Counties** list. Remove selected counties by using the arrows above the **Selected Counties** list.

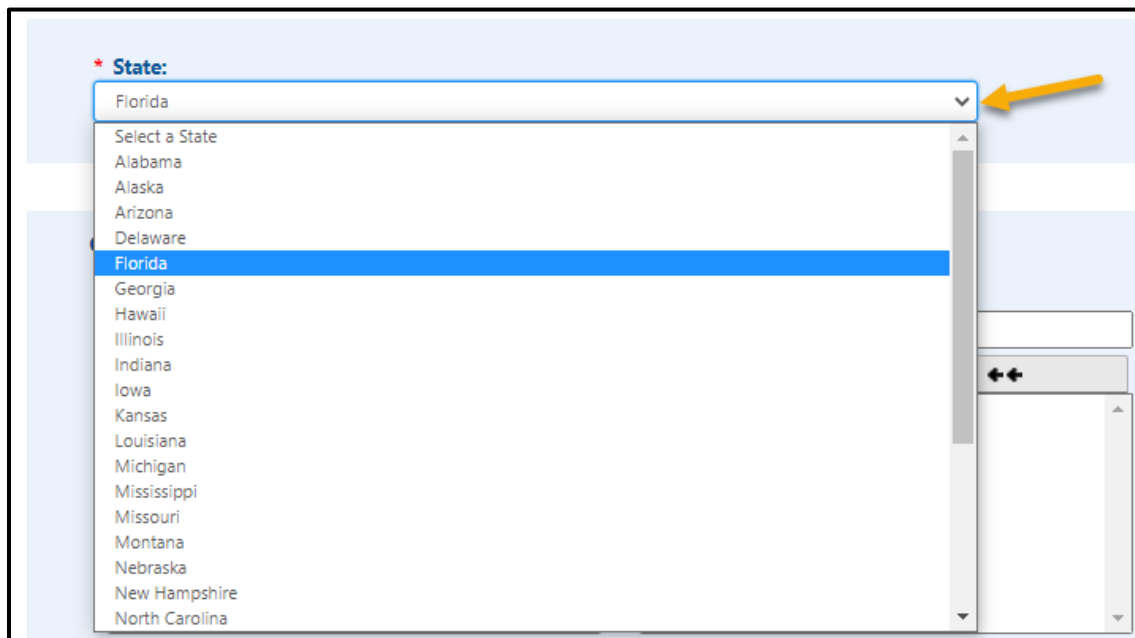
You may filter the list of counties by entering the county name in the **Filter** field.

[Map of Marketplaces](#) ←

Reminder: CMS does not certify assister organizations in states operating State-based Marketplaces (SBMs) or State-based Marketplaces using the Federal Platform (SBMs-FP). The list below only includes states that operate Federally-facilitated Marketplaces (FFMs).

Figure 23: Service Locations Page Map of Marketplaces Link

Step 1. Select a **State** in which your organization will provide enrollment assistance services from the drop-down menu. The “Available Counties” list will populate with the counties for the state(s) you chose.



* **State:**

Florida

Select a State

Alabama

Alaska

Arizona

Delaware

Florida

Georgia

Hawaii

Illinois

Indiana

Iowa

Kansas

Louisiana

Michigan

Mississippi

Missouri

Montana

Nebraska

New Hampshire

North Carolina



Figure 24: Service Locations Page State Selection

- Step 2.** Select the county or counties in which your organization will provide enrollment assistance services; use the arrows above the “Available Counties” list to move the applicable counties to the “Selected Counties” list. You may filter the list of counties by entering the county name in the “Filter” field.

The screenshot shows a web form for selecting service locations. At the top, there is a dropdown menu for "State:" with "Florida" selected. Below this, there is a section titled "County/Parish:" which is divided into two columns: "Available Counties" and "Selected Counties". The "Available Counties" column shows a list of counties: Alachua, Baker, Bay, Bradford, Brevard, Broward, Calhoun, Charlotte, Citrus, and Clay. Above this list is a "Filter" field and a set of arrows (two right-pointing arrows and one right-pointing arrow) to move counties to the "Selected Counties" list. The "Selected Counties" column is currently empty, with an "Empty list" message and a "Filter" field above it. A set of arrows (one left-pointing arrow and two left-pointing arrows) is positioned above the "Selected Counties" list to move counties back to the "Available Counties" list.

Figure 25: Service Locations Page Counties Selection

- Step 3.** Select **Update Table**. The Service Locations table will include all service locations for your organization.



Figure 26: Service Locations Page Update Table Button

- Step 4.** Repeat steps 1-3 for each state in which your organization will provide enrollment assistance services.
- Step 5.** Select **Continue**. The web form will direct you to the “Additional Organizational Details” page.



The screenshot shows a web form for selecting service locations. At the top, there is a dropdown menu for "State" with "Florida" selected. Below this, there are two columns for "County/Parish" selection. The left column, "Available Counties", shows a list of Florida counties including Alachua, Baker, Clay, Collier, Columbia, DeSoto, Dixie, Duval, Escambia, and Flagler. The right column, "Selected Counties", shows a list of selected counties including Bay, Bradford, Brevard, Broward, Calhoun, Charlotte, and Citrus. An "Update Table" button is located between the two columns. Below the county selection, there is a table titled "Service Locations" with columns for "State" and "County". The "State" column contains "Florida" and the "County" column contains "Bay, Bradford, Brevard, Broward, Calhoun, Charlotte, Citrus". At the bottom of the form, there are three buttons: "Back", "Continue" (which is highlighted with a red box), and "Exit".

Figure 27: Service Locations Page Continue Button

NOTE: If your organization operates in more than one state, you must complete the service location selection steps for one state before adding another state. Include the state and county for your organization’s headquarters if your organization provides enrollment assistance services at that location.

I. Additional Organization Details

The “Additional Organization Details” page allows you to provide information about the type of work your organization performs.

Step 1. Select the **Primary Organization Type** that applies to your organization. You can only select one.



Additional Organization Details

Instructions

Select the options that apply to your organization.

The red asterisk (*) indicates required fields.

* What is your Primary Organization Type?


- Health Services *Select all that apply.* 
 - Hospital/Health System
 - Pharmacy
 - Federally Qualified Health Center/Community Health Center
 - Primary Care Association
 - Medical Practice
- Social Services
- Government Agency (city, state, local, federal, etc.)
- Health Plan Issuer
- Agent/Broker
- Other

Figure 28: Additional Organization Details Page Primary Organization Type

NOTE: If you select "Health Services," select all the types of health services that apply to your organization. You must select at least one.

Step 2. Select your **Organization Specialty**, if applicable.

Organization Specialty (optional) *Select all that apply.*


- Tribal
- Faith-based
- Behavioral/Mental health 
- HIV/AIDS
- Other

Figure 29: Additional Organization Details Page Organization Specialty

Step 3. Select your **intended enrollment assistance type**.



* What is your intended enrollment assistance type?

Year-round ←

Open Enrollment only

Figure 30: Addition Organization Details Page Intended Enrollment Assistance Type

Step 4. Select **Yes** or **No** to answer questions about internal processes your organization currently has in place.

Does your organization currently:

* Have processes in place to handle and protect Personally Identifiable Information (PII)?

Yes ←

No

* Screen the staff and volunteers it will certify as application counselors?

Yes ←

No

* Have processes in place to assist people with health coverage decisions?

Yes ←

No

Figure 31: Additional Organization Details Page Organization Current Status

NOTE: To become a CDO, your organization must:

- Have an established process for screening staff or volunteers who work for your organization (often completed during the hiring process) to ensure appropriate vetting of individuals before serving as individual CACs.
- Determine whether staff have any conflicts of interest to resolve.
- Have safeguards in place for protecting the privacy and security of PII to ensure the appropriate handling of consumer’s personal information as you provide enrollment assistance.
- Be capable of providing services to help those you serve with health coverage decisions once you become a CDO.

Step 5. Select **Continue**. The web form will direct you to the “CDO Summary” page.



Additional Organization Details

Instructions

Select the options that apply to your organization.

The red asterisk (*) indicates required fields.

* What is your Primary Organization Type?

- Health Services *Select all that apply.*
- Hospital/Health System
 - Pharmacy
 - Federally Qualified Health Center/Community Health Center
 - Primary Care Association
 - Medical Practice
- Social Services
- Government Agency (city, state, local, federal, etc.)
- Health Plan Issuer
- Agent/Broker
- Other

Organization Specialty (optional) *Select all that apply.*

- Tribal
- Faith-based
- Behavioral/Mental health
- HIV/AIDS
- Other

* What is your intended enrollment assistance type?

- Year-round
- Open Enrollment only

Does your organization currently:

* Have processes in place to handle and protect Personally Identifiable Information (PII)?

- Yes
- No

* Screen the staff and volunteers it will certify as application counselors?

- Yes
- No

* Have processes in place to assist people with health coverage decisions?

- Yes
- No

Back

Continue

Exit

Figure 32: Additional Organization Details Page Continue Button



J. CDO Summary

The “CDO Summary” page displays all the information you entered in the CDO application. You can edit any of the sections by selecting the **Edit** link next to the section title.

Step 1. Review and select **Edit** for any of the following sections if needed:

- Submitter Contact Information
- Organization Contact Information
- Organization Headquarters Information
- Service Locations
- Additional Organization Information
- Conflict of Interest (COI)



CDO Summary

Instructions

Select **Edit** in any section to update the data contained in that section.

Select **Submit** to complete the first steps in the CDO application process.

Reminder! Completing and submitting a CDO application is the first step in the two-step CDO application process. Submitting a CDO application alone does not guarantee approval of your organization as a CDO. Your organization cannot operate as a CDO until you receive final approval from CMS, including your CDO identification number.

Submitter Contact Information

First Name: First Name	Last Name: Last Name
Email Address: email@domain.com	Job Title: Assister
Primary Phone: (555) 555-5555	Primary Phone Extension: 123
Secondary Phone: (555) 555-6666	Secondary Phone Extension: 456
Preferred Contact Method: Secondary Phone	

←

Organization Contact Information

Organization Senior Official Contact Information

First Name: First Name of OSO	Last Name: Last Name of OSO
Email Address: emailaddressofoso@domain.com	Job Title: Owner
Primary Phone: (555) 555-7777	Primary Phone Extension: 567
Secondary Phone: (555) 555-8888	Secondary Phone Extension: 678
Preferred Contact Method: Primary Phone	

CAC Project Director Contact Information

First Name: First Name of PD	Last Name: Last Name of PD
Email Address: emailaddressofpd@domain.com	Job Title: Assister
Primary Phone: (555) 555-9999	Primary Phone Extension: 777
Secondary Phone: (555) 555-0000	Secondary Phone Extension: 888
Preferred Contact Method: Email	

Secondary Contact Information

First Name: First Name of Secondary	Last Name: Last Name of Secondary
Email Address: emailaddressofsecondary@domain.com	Job Title: Assister
Primary Phone: (555) 555-1234	Primary Phone Extension: 111
Secondary Phone: (555) 555-2345	Secondary Phone Extension: 222
Preferred Contact Method: Secondary Phone	

←

Step 2. Select **Submit** to submit the application. The web form will direct you to the “Confirmation” page.

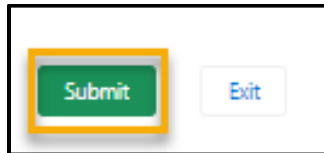


Figure 33: CDO Summary Page Submit Button

WARNING: If you do not select **Submit**, CMS will not receive your application.

K. Confirmation

The “Confirmation” page provides confirmation of your application submission and allows you to print and save a PDF confirmation containing the information you submitted.

Step 1. Select **PDF** to generate a PDF confirmation.

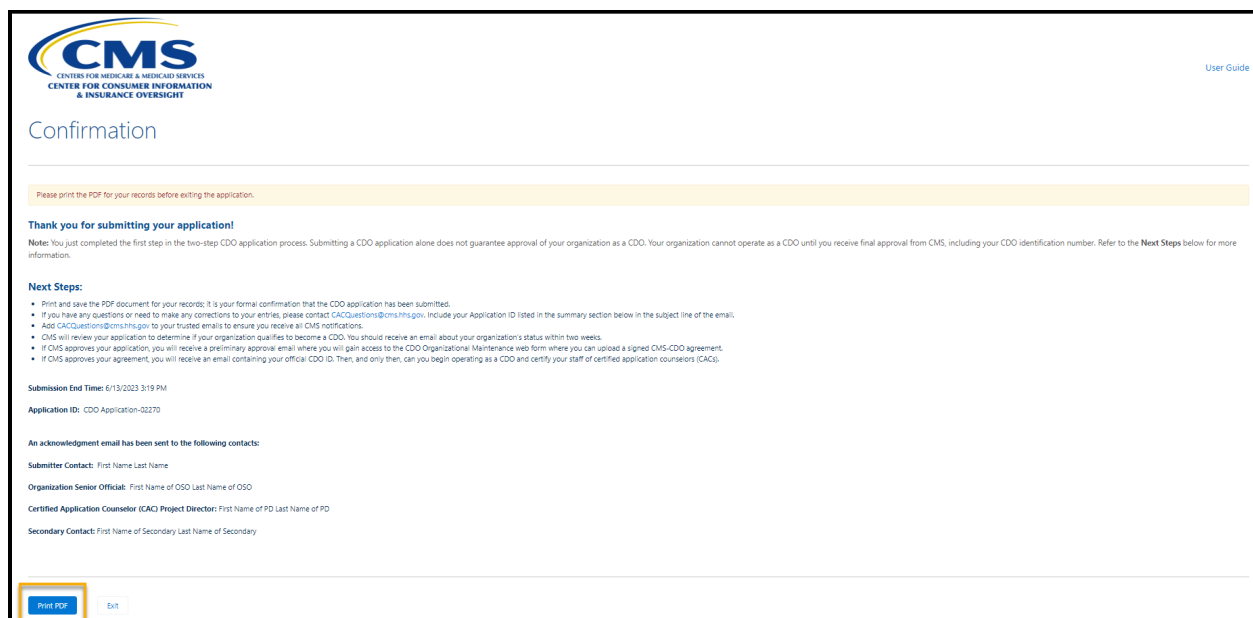


Figure 34: Confirmation Page PDF Option

Step 2. Select **Exit** to exit the application.



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION
& INSURANCE OVERSIGHT

User Guide

Confirmation

Please print the PDF for your records before exiting the application.

Thank you for submitting your application!

Note: You just completed the first step in the two-step CDO application process. Submitting a CDO application alone does not guarantee approval of your organization as a CDO. Your organization cannot operate as a CDO until you receive final approval from CMS, including your CDO identification number. Refer to the **Next Steps** below for more information.

Next Steps:

- Print and save the PDF document for your records; it is your formal confirmation that the CDO application has been submitted.
- If you have any questions or need to make any corrections to your entries, please contact CACQuestions@cms.hhs.gov. Include your Application ID listed in the summary section below in the subject line of the email.
- Add CACQuestions@cms.hhs.gov to your trusted email list to ensure you receive all CMS notifications.
- CMS will review your application to determine if your organization qualifies to become a CDO. You should receive an email about your organization's status within two weeks.
- If CMS approves your application, you will receive a preliminary approval email where you will gain access to the CDO Organizational Maintenance web form where you can upload a signed CMS-CDO agreement.
- If CMS approves your agreement, you will receive an email containing your official CDO ID. Then, and only then, can you begin operating as a CDO and certify your staff of certified application counselors (CACs).

Submission End Time: 6/13/2023 3:19 PM
Application ID: CDO Application-02270

An acknowledgment email has been sent to the following contacts:

Submitter Contact: First Name Last Name
Organization Senior Official: First Name of OSO Last Name of OSO
Certified Application Counselor (CAC) Project Director: First Name of PD Last Name of PD
Secondary Contact: First Name of Secondary Last Name of Secondary

Print PDF Exit

Figure 35: Confirmation Page Exit Application Button

WARNING: You should print a copy of the PDF for your records, as you will not be able to return to this page.

L. Next Steps

Completing and submitting a CDO application is the first step in the two-step CDO application process. After you submit an initial CDO application:

- You will receive an acknowledgement email containing your application ID. If you do not receive an acknowledgement email, you may not have successfully submitted your application. Please contact CACQuestions@cms.hhs.gov if you do not receive an acknowledgement email.
- The CMS CDO Program Office will review your application, and you should expect to receive an email regarding your organization's status within two weeks. If you do not receive a status email, please email CACQuestions@cms.hhs.gov and request a status update. Be sure to provide your application ID number from your acknowledgement email and organization's name in your email request.
- While under review, if the CMS CDO Program Office has any questions about your application, they will email you from CACQuestions@cms.hhs.gov. Please respond to this email as soon as possible with the requested information. If you do not provide the information needed, the application process will stall.



- If the CMS CDO Program Office approves your CDO application, you will receive a preliminary approval email. Receipt of this email does NOT mean CMS approved your organization as a CDO.

The second step in the application process is to complete, sign, and return a CMS-CDO agreement.

The [CDO Organizational Maintenance web form](#), referred to as the maintenance web form, is the platform that CDOs use to maintain information about your organization with the CMS.

After the CMS CDO Program Office approves your application, you will use the maintenance web form to:

- Submit your signed CMS-CDO agreement.
- Maintain administrative data on CDO headquarter location, service locations, designated contacts information, etc.
- Submit and maintain a roster of CACs.
- Monitor CAC Annual Certification Data from the Marketplace Learning Management System (MLMS).
- Renew your signed CMS-CDO agreement.
 - Per Section IV.1 (Effective Date and Term) of the CMS-CDO agreement, existing CDOs complete a renewal application within the time frame communicated by CMS, typically two years from your effective date, by reviewing existing organization information and uploading a renewal agreement.

For additional CDO application process help, please access the following resources:

- [CDO Program web page](#) – contains additional resources and information for organizations interested in becoming a CDO.
- [CDO Program FAQs](#) – provides frequently asked questions about the entire CAC application process and the CDO Program.