

Certified Application Counselor Designated Organization Application

Page 1 – Welcome/Landing Page



Welcome to the Certified Application Counselor Designated Organization Application

This application allows you to:

- Complete and submit your organization's request to become a certified application counselor (designated organization (CDO)).

Note: Anyone from your organization can access the CDO Application web form to submit your CDO application. However, the person designated as Organization Senior Official (who can bind your organization in an agreement) is required to read, sign, initial, and attest to the terms of the Conflict of Interest (COI) Attestation form.

Before starting:

- You must complete and submit the application in a single session. If you need to leave for any reason, your changes will not be saved.
- Collect all necessary information before starting the process.
 - Organization Senior Official contact information (required)
 - CAC Project Director contact information (required)
 - Secondary Contact information (optional)
- Organization
 - Name
 - Federal Employer Identification Number (EIN) (if applicable)
 - Previous CDO ID (if applicable)
 - Phone number
 - Email address
 - Website URL (if applicable)
 - Headquarters address
 - List of states and countries where the organization will operate
 - Primary organization type
 - Organization specialty (if applicable)
 - Selected enrollment assistance type
- For full details on the certified application process, select [User Guide](#).

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.

Note: The Centers for Medicare & Medicaid Services (CMS) does not certify assister organizations in states operating State-based Marketplaces (SBMs) or State-based Marketplaces using the Federal Platform (SBMs-PP). If you want to become a CDO in one of these states, we encourage you to contact your state's Department of Insurance for assistance.

[Continue](#)

By using this application, you accept the terms and conditions. If you decline, you should not use the application.

- This warning banner provides privacy and security notices consistent with applicable federal law, directives, and other federal guidance for accessing this U.S. Government information system, which includes (1) this computer; (2) this computer network; (3) all computers connected to this network; and (4) all devices and storage media attached to this network or to a computer on this network.
- This system is provided for Government authorized use only.
- Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties.
- Personal use of social media and messaging sites on this system is limited to its use in connection with official work duties and is subject to monitoring.
- By using this system, you understand and consent to the following:
 - The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct IHG business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transmitted or stored on this system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transmitted or stored on this system.
 - Any communication or data transmitted or stored on this system may be disclosed or used for any lawful Government purpose.

[CMS/HHS Vulnerability Disclosure Policy](#)

[CMS/HHS Vulnerability Disclosure Policy](#)

The Centers for Medicare & Medicaid Services (CMS ("us," "our," or "we")) is committed to ensuring the security of the American public by protecting their information from unwanted disclosure, available at <https://www.cms.gov/vulnerability-disclosure-policy>.

[CMS/HHS Vulnerability Disclosure Policy](#)

[CMS.gov Privacy Policy](#)

Protecting your privacy is very important to us. This privacy policy describes what information we collect, why we collect it, and what we do with it, available at <https://www.cms.gov/privacy>.

Page 2 – Submitter Contact Information



[How to Apply Demo](#) [User Guide](#)

Submitter Contact Information

Instructions

Enter the Submitter Contact information.

The red asterisk (*) indicates required fields.

Submitter Contact Information

* 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"/>	

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[Continue](#)

[Exit](#)

Page 3 – Conflict of Interest (COI) Attestation Page



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Conflict of Interest (COI) Attestation

Instructions

The red asterisk (*) indicates required fields.

The COI attestation section must be filled out by the Senior Official¹ of the organization.

Pursuant to 45 CFR 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 (APTC) or cost-sharing reductions (CSR).

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.

Footnotes

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 102(b)(1)(i) on page 4 and Section 114(i) 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(a)(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 403.4 for the definition of Insurance Affordability Programs.

⁸ Section 107 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.

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Page 4 – Conflict of Interest (COI) Attestation Page



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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 requirements³.

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 Programs⁴.

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 consumers⁵.

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.

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 interest⁶.

Company:	Type of Relationship:	Content Area:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Add Another		

Footnotes

¹ See section on the previous screen on CDO staff members and volunteers subject to conflict of interest disclosure and attestation requirements.

² See page 6 of "AGREEMENT BETWEEN THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND CERTIFIED APPLICATION COUNSELOR DESIGNATED ORGANIZATION IN A STATE IN WHICH A FEDERALLY FACILITATED EXCHANGE IS OPERATING" accessed at <https://marketplace.cms.gov/technical-assistance-resources/cms-cdo-agreement.pdf>

³ <https://marketplace.cms.gov/technical-assistance-resources/cms-cdo-agreement.pdf>

⁴ Section 107 on page 5 of the CMS-CDO Agreement. See also 45 CFR 155.225(d)(4).

☒ * I have carefully read and completed this form myself and provided current and accurate information to the best of my ability. I understand that typing my name below serves as an electronic signature for purposes of this form.

*

[Back](#) [Sign & Continue](#) [Exit](#)

Page 5 – Existing Organization Information Page



Existing Organization Information

Instructions

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

*** Does your organization have a FEIN?**

- ☐ Yes
☐ No

Please enter your organization's Federal Employee Identification Number (FEIN): ⓘ

*** Has your organization previously been approved to be a CDO?**

- ☐ Yes
☐ No

CDO ID: ⓘ

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Page 6 – Organization Contact 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, verifying 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

☐ Save 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--"/>	

CAC Project Director Contact Information

☐ Save 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--"/>	

Secondary Contact Information

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Page 7 – Organization Headquarters Information Page



Instructions

Organization Information

Organization Headquarters Address

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

Instructions

Map of Marketplaces

State

Select a State

County/Parish

Available Counties

Ward list

Filter

++

+

Select Counties

Ward list

Filter

+

++

Update Data

[Back](#)
[Continue](#)
[Exit](#)

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Instructions

Select the options that apply to your organisation.
The red asterisk (*) indicates required fields.

Does your organization currently:

- ☐ Have processes in place to identify and protect personally identifiable information (PII)?
- ☐ No
- ☐ Not sure
- ☐ Screen the staff and volunteers it staffs or sponsors organizations?
- ☐ No
- ☐ Not sure
- ☐ Have measures in place to screen people with health concerns/disorders?

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Page 10 – CDO Summary Page



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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.

[Submit](#) [Edit](#)

Submitter Contact Information

First Name:

Rose

Email Address:

rosemary@yahoo.com

Primary Phone:

(123) 456-7890

Secondary Phone:**Preferred Contact Method:**

Primary Phone

[Edit](#)

Last Name:

Mary

Job Title:

CEO

Primary Phone Extension:**Secondary Phone Extension:**

Organization Contact Information

Organization Senior Official Contact Information**First Name:**

Rose

Email Address:

rosemary@yahoo.com

Primary Phone:

(123) 456-7890

Secondary Phone:**Preferred Contact Method:**

Primary Phone

Last Name:

Mary

Job Title:

CEO

Primary Phone Extension:**Secondary Phone Extension:****CAC Project Director Contact Information****First Name:**

Basil

Email Address:

basilleaves@yahoo.com

Primary Phone:

(123) 456-7890

Secondary Phone:**Preferred Contact Method:**

Primary Phone

Last Name:

Leaves

Job Title:

Project Director

Primary Phone Extension:**Secondary Phone Extension:**

Organization Headquarters Information

Organization Name:

Helping Hand Helpers

Organization Federal Employee Identification Number (FEIN):

12-3456789

Organization Phone Number:

(123) 456-7990

Organization Email Address:

hnh@yahoo.com

Organization Website URL:**Address Line 1:**

12345 Rosemary Street

Address Line 2:**City:**

Silver Spring

State:

AK

Zip Code:

12345-6789

[Edit](#)

Service Locations

State	County
Alabama	Dade, Troup, Autauga, Baldwin, Barbour, Bibb, Blount, Bullock, Butler, Calhoun, Chambers, Cherokee, Chilton, Choctaw, Clarke, Clay, Cleburne, Coffee, Colbert, Conecuh, Coosa, Covington, Crenshaw, Cullman, Dale, Dallas, De Kalb, Elmore, Escambia, Etowah, Fayette, Franklin, Geneva, Greene, Hale, Henry, Houston, Jackson, Jefferson, Lamar, Lauderdale, Lawrence, Lee, Limestone, Lowndes, Macon, Madison, Marengo, Marion, Marshall, Mobile, Monroe, Montgomery, Morgan, Perry, Pickens, Pike, Randolph, Russell, Shelby, Saint Clair, Sumter, Talladega, Tallapoosa, Tuscaloosa, Walker, Washington, Wilcox, Winston
Edit	

Additional Organization Information

Organization Type:

Social Services

Organization Subspecialties:

Behavioral/Mental health

What is your intended enrollment assistance type?

Year-round

Does your organization currently:

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

Yes

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

Yes

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

Yes

[Edit](#)

Conflict of Interest (COI)

Attestation

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-QHP12. Consideration received from a health insurance issuer for health care services provided is not prohibited.
Initial: RM

II, I attest that to the best of my knowledge the staff and volunteers of my organization subject to the conflict of interest requirements 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-QHP14. Consideration received from a health insurance issuer for health care services provided is not prohibited.
Initial: RM

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 requirements.
Initial: RM

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 Programs.
Initial: RM

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 consumers.
Initial: RM

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 matters.
Initial: RM

None reported.
Signature: Rose Mary

Edit

Submit

Exit

Page 11 – Confirmation Page



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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 emails 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: 2/23/2026, 4:09 PM

Application ID: CDO Application-02649

An acknowledgment email has been sent to the following contacts:

Submitter Contact: Rose Mary

Organization Senior Official: Rose Mary

Certified Application Counselor (CAC) Project Director: Basil Leaves

Print PDF

Exit