

CERTIFIED APPLICATION COUNSELOR DESIGNATED ORGANIZATION (CDO)

CDO Application User Guide





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A. CDO Application

1. Who should apply to the CDO Program?

The Certified Application Counselor Designated Organization (CDO) application is for **NEW** organizations who wish to apply to the CDO Program with the Centers for Medicare & Medicaid Services (CMS). *This is NOT how an existing CDO would renew their status, or for existing CDOs.* If you are **unsure** about your CDO status, please email CACQuestions@cms.hhs.gov and provide your organization's name and the state that you serve before creating an application.

Note: Please be sure to add CACQuestions@cms.hhs.gov to your organization's approved emails list and check your spam folder for messages from this email address.

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. You must have the following information ready for the CDO application:

- Organization Senior Official contact (required) – the Organization Senior Official must be able to bind the organization legally and financially and must sign the Conflict of Interest (COI) Attestation and if approved, the CMS-CDO agreement.
- CAC Project Director contact (required) – the CAC Project Director 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(optional) – the Secondary Contact may serve as an additional contact person who supports the CAC Project Director and is knowledgeable about the program's operations.
- Organization information:
 - Organization Name
 - Federal Employee Identification Number (FEIN) (if applicable)
 - Previous CDO ID (if applicable)
 - Phone number
 - Email address
 - Website URL (if applicable)



- Headquarters address
- List of states and counties where the organization will operate
- Primary organization type
- Organization specialty (if applicable)
- Intended enrollment assistance type

2. How to Apply to the CDO Program

2.1 Two-step Process

The CDO application process has two steps.

- **Step 1: Complete and Submit a CDO Application.** CMS reviews each application and determines if the applicant meets the requirements to be approved as a CDO.
- **Step 2: Enter into an Agreement with CMS.** If the application is approved, the applicant will receive an agreement that outlines specific requirements about serving as a CDO, certifying Certified Application Counselors (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 issuing your CDO identification number.

2.2 CDO Application

1. On the “Welcome” page of the [CDO Application Web Form](#), applicants should review the instructions before proceeding.
2. Select **Continue** after reading and agreeing to the system access requirements message.



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

User Guide Quick Start

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).

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 Employee Identification Number (FEIN) (if applicable)
 - Previous CDO ID (if applicable)
 - Phone number
 - Email address
 - Website URL (if applicable)
 - Headquarters address
 - List of states and counties where the organization will operate
 - Primary organization type
 - Organization specialty (if applicable)
 - Intended 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-FP). 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](#)

Figure 1: CDO Application Welcome Page

2.3 Submitter Contact Information

1. The CDO application can be filled out and completed by anyone. However, the Organization Senior Official (OSO), who has the authority to bind the organization legally and financially in an agreement, must review, initial, and sign the Conflict of Interest (COI) attestation. The submitter enters their contact information in the designated fields. All information with a red (*) asterisk is mandatory information.
 - 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)

2. Select **Continue**.

The screenshot shows the 'Submitter Contact Information' form. At the top left is the CMS logo and 'User Guide' link. The title 'Submitter Contact Information' is centered. Below it is an 'Instructions' section. The main form area is titled 'Submitter Contact Information' and contains several fields: First Name, Last Name, Email Address, Job Title, Primary Phone, Primary Phone Extension, Secondary Phone, Secondary Phone Extension, and Preferred Contact Method (a dropdown menu). At the bottom, there are three buttons: 'Back', 'Continue' (highlighted with a red box), and 'Exit'.

Figure 2: Submitter Contact Information Continue Button

2.4 Conflict of Interest (COI) Attestation

To implement CMS regulations prohibiting certain relationships, the OSO must review and sign the COI Attestation section of the application. Please follow the directions and have your OSO sign and initial where applicable.

1. Review the first page of the “COI Attestation.”



- Your OSO will check the **box** to attest that they have carefully read this form and understand that selecting **Continue** indicates agreement with the statements.

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.

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

- Select **Continue**.

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

Back Continue Exit

Figure 4: COI Attestation Continue button

- OSO will review the six statements on the second page of the "COI Attestation."



- OSO will enter their initials after each statement to agree, or attest, to the statements for themselves and on behalf of the organization they represent.

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.

• Initials here

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

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

Note: You would NOT list your own organization here.

- 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 interest³.

Company: <input type="text" value="Ohana Health Plan"/>	Type of Relationship: <input type="text" value="Contractor with Legal Aid-Medical-Legal Partnership"/>	Content Area: <input type="text" value="Medical-Legal Partnership"/>
Company: <input type="text" value="Kaiser Permanente"/>	Type of Relationship: <input type="text" value="Contractor with Legal Aid-Medical-Legal Partnership"/>	Content Area: <input type="text" value="Medical-Legal Partnership"/>
Company: <input type="text" value="Tenet Health"/>	Type of Relationship: <input type="text" value="Contractor with Legal Aid-Medical-Legal Partnership"/>	Content Area: <input type="text" value="Medical-Legal Partnership"/>

←

Figure 6: Conflict of Interest (COI) Attestation – Page 2 COI Listing

- The OSO will check the **box** to attest that they have carefully read and completed this form and provided current and accurate information to the best of their ability and that they understand that typing their name serves as an electronic signature for purposes of this form.
- OSO will type their name in the text box.



10. Select **Sign & Continue**. Once the OSO selects Sign & Continue, they can hand off the completion of this application to another person.

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.

* Type your name here to SIGN

Back Sign & Continue Exit

Figure 7: Conflict of Interest (COI) Attestation Page 2 Sign and Continue

2.5 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.

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

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):

Figure 8: Existing Organization Information Page FEIN

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.
3. Select **Continue**.



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

Yes

No

CDO ID: ⓘ

Back Continue Exit

Figure 9: Existing Organization Information Page Previously Approved as CDO

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 the section 2.6 <i>Organization Found</i> below.
The system did not find an existing application for your organization.	Refer to the section 2.7 <i>Organization Not Found</i> below.

2.6 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 <i>Figure 10</i> . 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 your organization’s information	Select Exit . Refer to <i>Figure 11</i> . Use the Organizational Maintenance Web Form (OMWF) to update your organization’s information. You can access the OMWF 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 <i>Figure 12</i> . 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.

Figure 10: Organization Found Application In Progress Requesting Information

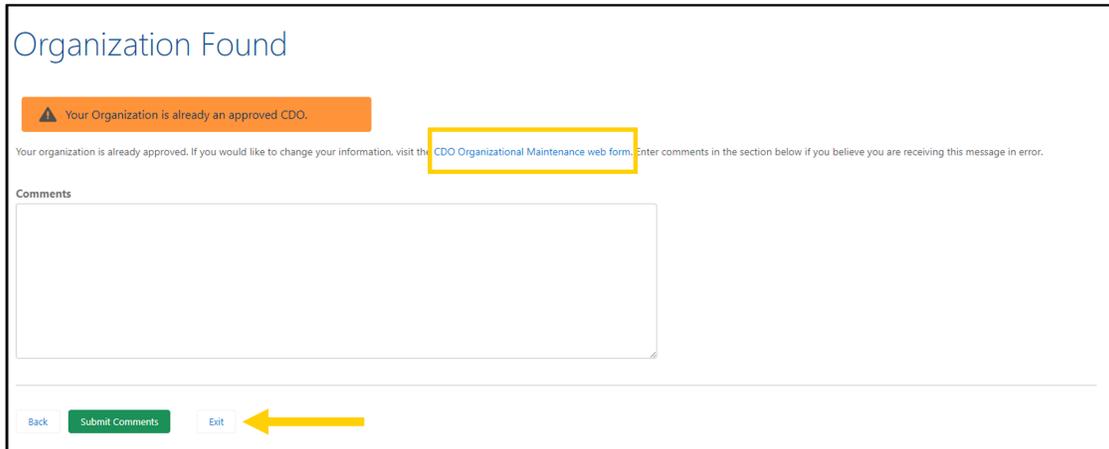


Figure 11: Organization Found (Approved) Page Exit Button

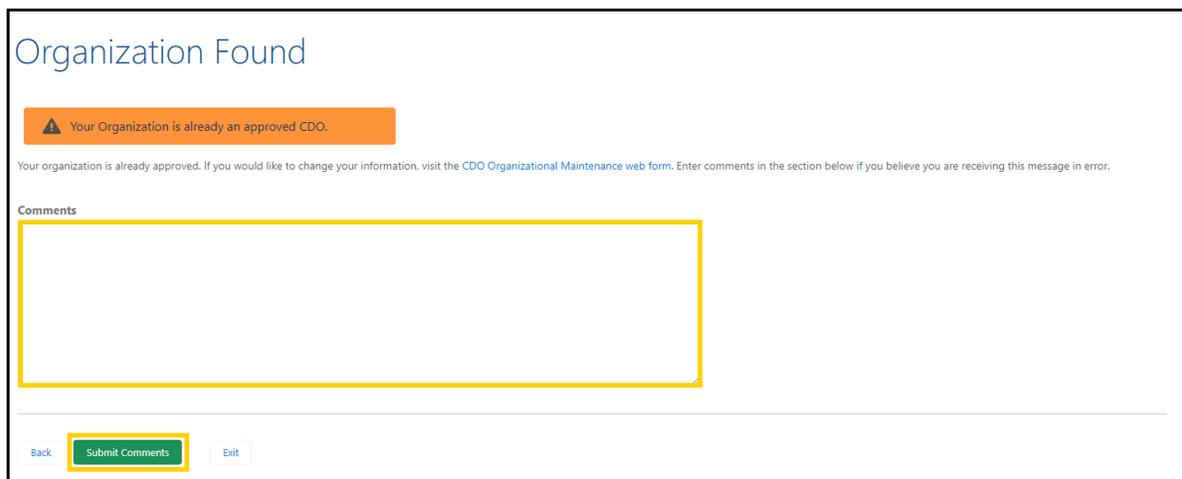


Figure 12: Organization Found (In Progress) Page Submit Comments Button

2.7 Organization Not 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.



Table 3 describes the actions you may take based on the status of your organization’s application.

Table 3: No Existing Organization Found Page Options

If	Then
Your organization was not matched to a previously approved CDO, and 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. Refer to <i>Figure 13</i> .
You believe you received the message in error	Enter your explanation in the “Comments” field and select Submit Comments . Refer to <i>Figure 14</i> . The web form will take you to the “Existing Organization Confirmation” page. The CDO Program Office will contact you.
You want to exit the web form	Select Exit . Refer to <i>Figure 15</i> .

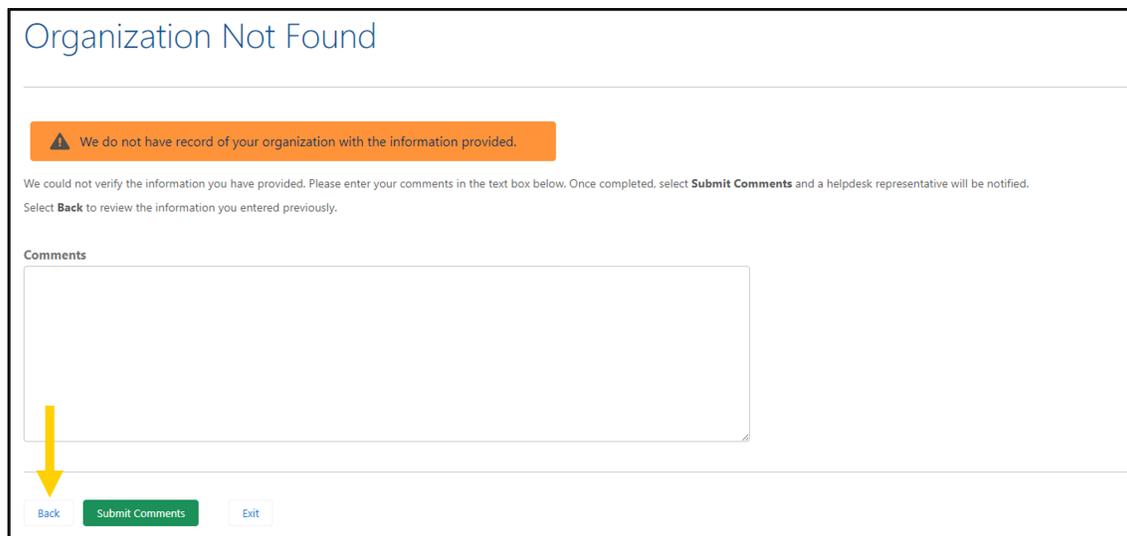


Figure 13: No Existing Organization Found Page Back Button

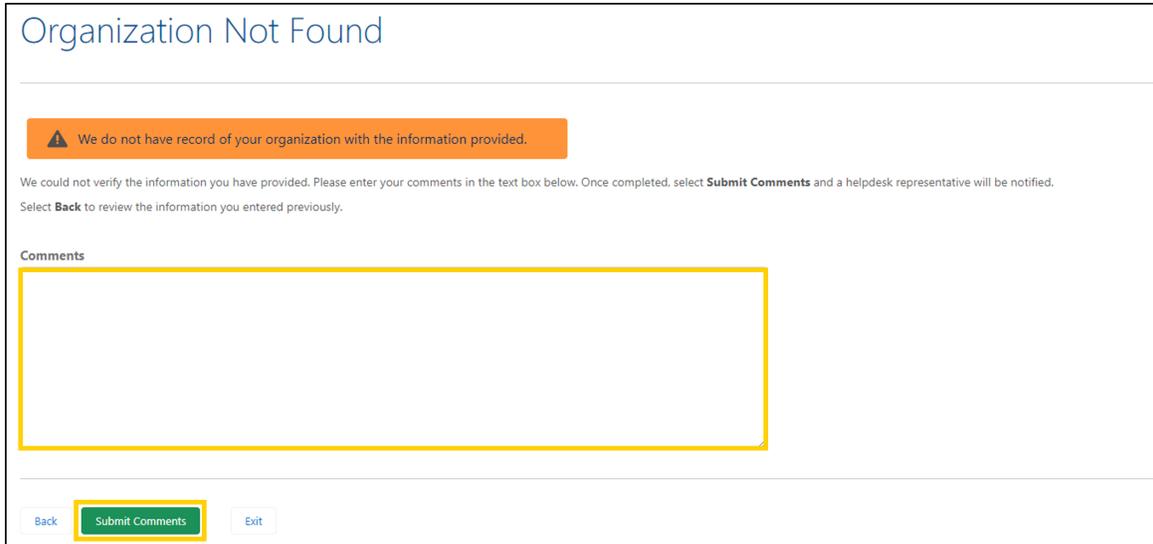


Figure 14: No Existing Organization Found Page Submit Comments Button

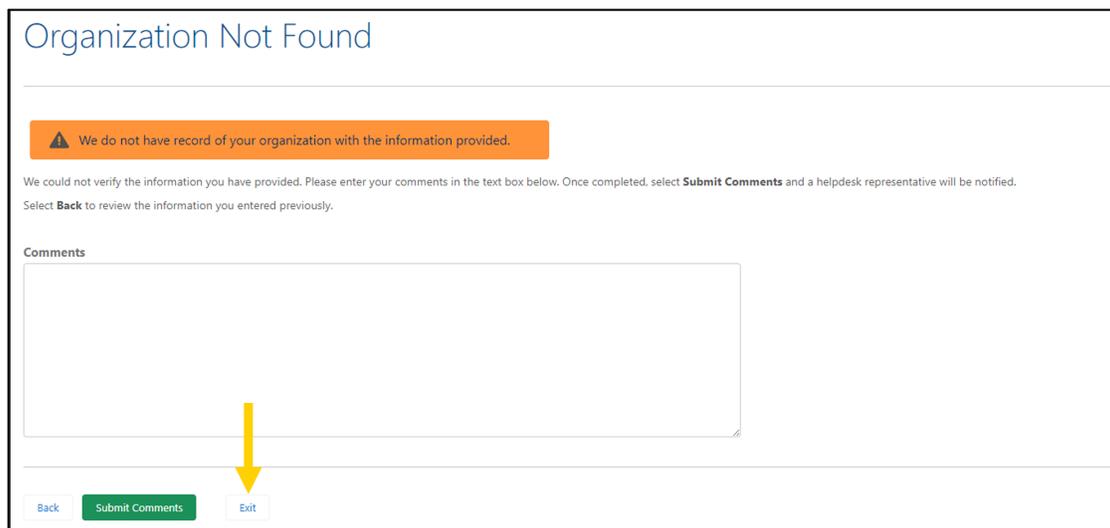


Figure 15: No Existing Organization Found Page Exit Button

2.8 Organization Contact Information

As a CDO, your organization must have two unique leadership contacts on record with CMS: an Organization Senior Official (OSO) and a CAC Project Director. There is an option to include a third contact if your organization has one, referred to as the Secondary Contact. Please note individuals cannot fill multiple roles. **Error! Not a valid bookmark self-reference.**describes each role.



Table 4: Organization Contact Information Roles and Description

Role	Description
Organization Senior Official	This individual must complete the Conflict of Interest Attestation 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, maintaining the CAC roster, keeping CAC certification records, and updating organization information with CMS.
Secondary Contact (optional)	This individual may serve as an additional contact that supports the CAC Project Director and is knowledgeable about the program's operations.

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

1. Enter the Organization Senior Official contact information in the following text fields. All information with a red (*) asterisk is mandatory required information.
 - 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 Senior Official 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 16: Organization Contact Information Page Organization Senior Official Contact Information

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:	<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 17: Organization Contact Information Page CAC Project Director Contact Information



3. If you are entering a Secondary Contact, select the **box** above the Secondary Contact Information.

The screenshot shows a white box with a blue border. At the top left is a small square checkbox. To its right is the title "Secondary Contact Information" in blue. Below the title is a horizontal line. At the bottom of the box are three buttons: "Back" (light blue), "Continue" (dark blue), and "Exit" (light blue).

Figure 18: Organization Contact Information Page Secondary Contact Information Checkbox

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)

The screenshot shows a form titled "Secondary Contact Information" with a checkbox "Same as Submitter". Below are several input fields: "First Name", "Last Name", "Email Address", "Job Title", "Primary Phone", "Primary Phone Extension", "Secondary Phone", "Secondary Phone Extension", and "Preferred Contact Method" (a dropdown menu with "--None--" selected).

Figure 19: Organization Contact Information Page Secondary Contact Information Fields

5. Select **Continue**.



Figure 20: Organization Contact Information Page Continue Button

2.9 Organization Headquarters Information

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

1. Enter your organization’s contact information in the following text fields. All information with a red (*) asterisk is mandatory required information.
 - Organization Name
 - Organization Phone Number
 - Organization Email Address
 - Organization Website URL (if applicable)

Organization Information

* Organization Name:

* Organization Phone Number:

* Organization Email Address:

Organization Website URL:

Figure 21: Organization Headquarters Information Page Organization Information

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

Organization Headquarters Address

* Address Line 1: Address Line 2:

* City: * State: * Zip Code:

Figure 22: Organization Headquarters Page Organization Headquarters Address

3. Select **Continue**.



Figure 23: Organization Headquarters Information Page Continue Button

2.10 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. CMS only certifies organizations to operate in Federally Facilitated Marketplace states. If your organization is operating in SBM or SBM-FP states, you would need to contact that state’s Department of Insurance to be certified in that state. 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).



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 24: Service Locations Page Map of Marketplaces Link

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

Figure 25: Service Locations Page State Selection

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.



* State: Florida

County/Parish:

Available Counties
Showing all 67

Selected Counties
Empty list

Filter	Filter
Alachua	
Baker	
Bay	
Bradford	
Brevard	
Broward	
Calhoun	
Charlotte	
Citrus	
Clay	

Figure 26: Service Locations Page Counties Selection

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

Update Table

Service Locations

State	County
Florida	Brevard

Figure 27: Service Locations Page Update Table Button

4. Repeat steps 1-3 for each state in which your organization will provide enrollment assistance services.
5. Select **Continue**.

Back Continue Exit

Figure 28: 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.

2.11 Additional Organization Details

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

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

*** 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 29: 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.

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



Organization Specialty (optional) Select all that apply.

Tribal

Faith-based

Behavioral/Mental health ←

HIV/AIDS

Other

Figure 30: Additional Organization Details Page Organization Specialty

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

*** What is your intended enrollment assistance type?**

Year-round ←

Open Enrollment only

Figure 31: Addition Organization Details Page Intended Enrollment Assistance Type

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 32: 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.
5. Select **Continue**

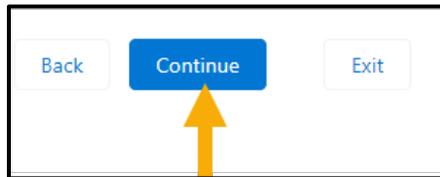


Figure 33: Additional Organization Details Page Continue Button

2.12 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.

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)



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: John	Last Name: Smith
Email Address: jen@email.com	Job Title: Director
Primary Phone: (777) 555-9999	Primary Phone Extension:
Secondary Phone:	Secondary Phone Extension:
Preferred Contact Method: Primary Phone	

←

Figure 34: Submitter Contact Information Edit button

2. Select **Submit** to submit the application.

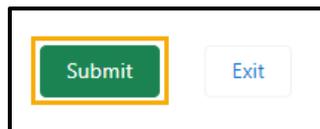


Figure 35: CDO Summary Page Submit Button

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

2.13 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.

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

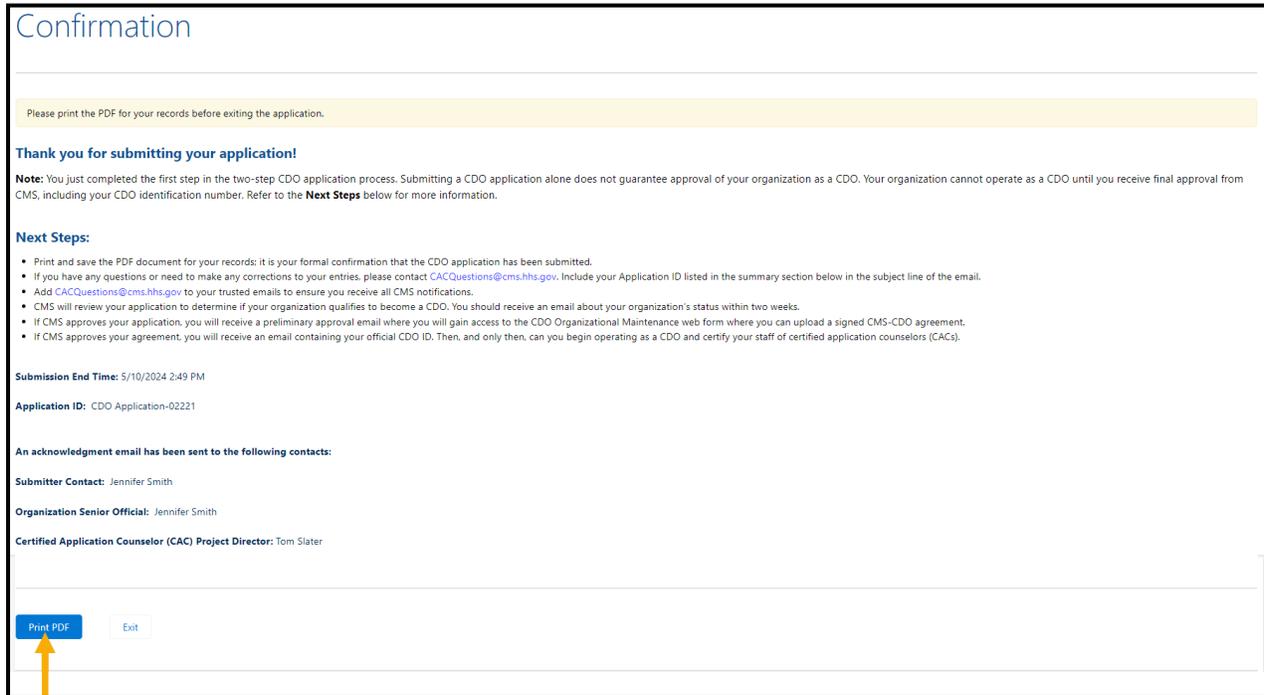


Figure 36: Confirmation Page PDF Option

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

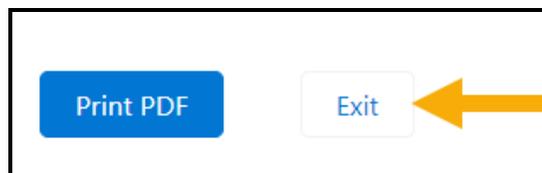


Figure 37: Confirmation Page Exit Application Button

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

3. Next Steps

Completing and submitting the 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 from cacquestions@cms.hhs.gov containing your application ID. *If you do not receive an acknowledgement email, you may not have successfully*



submitted your application (remember to check your spam/junk folders). 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.

Note: 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. Be sure to check your SPAM/Junk folders!

- ✓ If the CMS CDO Program Office approves your CDO application, the OSO will receive a **preliminary approval email** to sign the CMS-CDO Agreement in DocuSign. Refer to the [Signing the Agreement](#) section for instructions on signing the agreement in DocuSign. Please note: receipt of this email does NOT mean that your organization is designated as a CDO.
- ✓ Once the OSO has successfully signed the CMS-CDO Agreement in DocuSign, they will receive a confirmation email. If they do not receive acknowledgement of their submission, they need to make sure they signed their agreement with DocuSign or contact CACQuestions@cms.hhs.gov.
- ✓ CMS will review the signed agreement.
- ✓ Once CMS approves the agreement, the organization will receive a **Welcome Packet email congratulating them on their CDO Designation and will contain** their CDO ID, a link to the Organization Maintenance Web Form (OMWF) and instructions on next steps.

4. Signing the Agreement

The OSO will receive an email from DocuSign to review and sign the CMS-CDO Agreement. **Your organization will not be designated as a CDO until the OSO signs the CMS-CDO Agreement and receives final approval from CMS.**

Note: Please be sure to add dse@DocuSign.net to your organization's approved emails list and check your spam folder for messages from this email address.

1. The OSO reviews the DocuSign agreement:
 - a. Open the email from dse@DocuSign.net and review the message from DocuSign.
 - b. Select **REVIEW DOCUMENT** to begin the signing process.

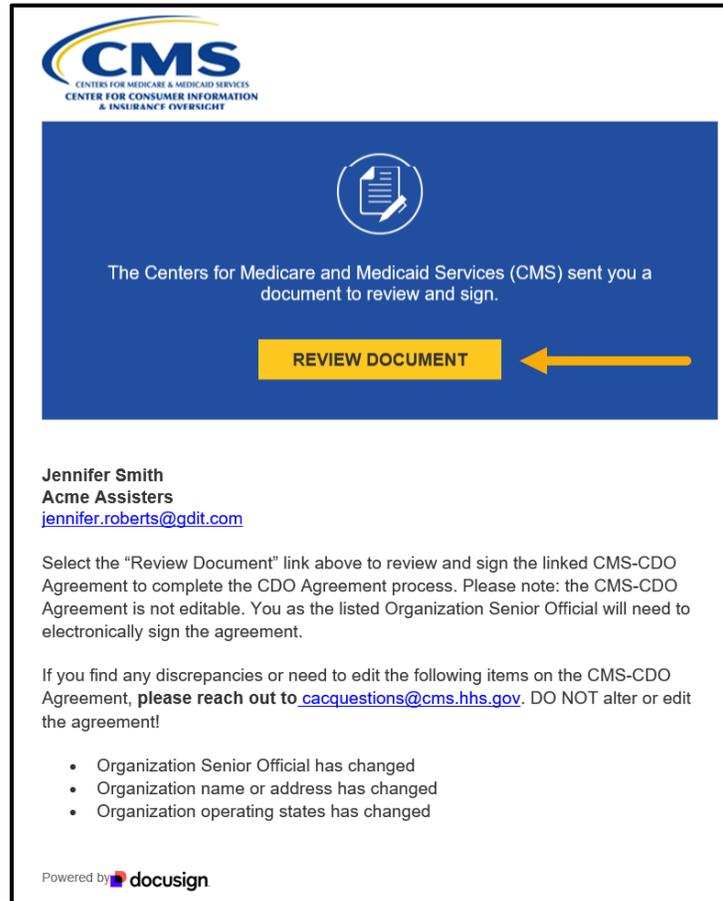


Figure 38: DocuSign email with Review Document link

- c. Review the disclosure and select the checkbox **“I agree to use Electronic Records and Signatures”**.
- d. Select **CONTINUE** to begin the signing process.



Figure 39: I agree to use Electronic Records and Signatures and Continue button

2. Next, the OSO will start the signing process:
 - a. Review the CMS-CDO agreement in DocuSign.
 - **The CMS-CDO Agreement is not editable.** If any updates are necessary to the agreement, such as changes to the Organization’s name, service states, address, or Organization Senior Official, please contact CACQuestions@cms.hhs.gov.



- b. Select **START** when ready to sign, then select the **SIGN** tag.



Figure 40: Start tag

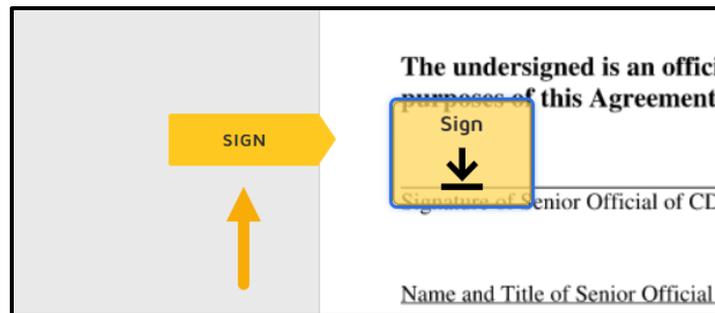


Figure 41: Sign tag

3. Next, the OSO will Adopt a Signature:
 - a. Verify that your name and initials are legible. If not, please redo them as needed.
 - b. Select **ADOPT AND SIGN** to adopt and save your signature and return to the document.



Adopt Your Signature

Confirm your name, initials, and signature.

* Required

Full Name* Initials*

Jennifer Smith JS

SELECT STYLE DRAW UPLOAD

PREVIEW [Change Style](#)

Jennifer Smith JS

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts.

ADOPT AND SIGN CANCEL

Figure 42: Adopt a Signature

4. Finally, the OSO will confirm signing:
 - a. When finished signing, select **FINISH**.

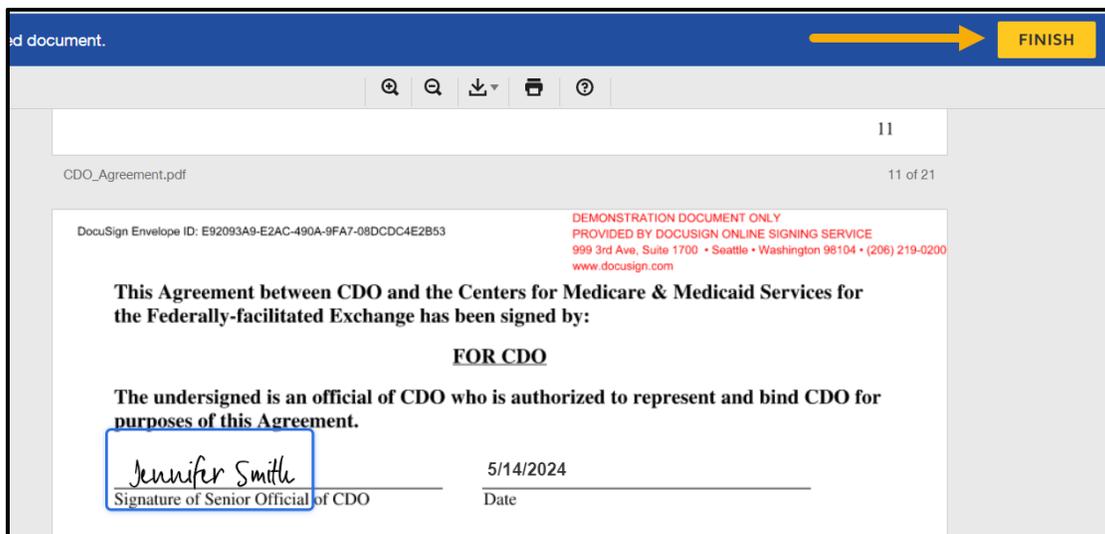


Figure 43: Finish button

- b. A message will appear stating that you have completed the document.



- c. The OSO will receive a copy of the signed CMS-CDO agreement as an attachment in their email.

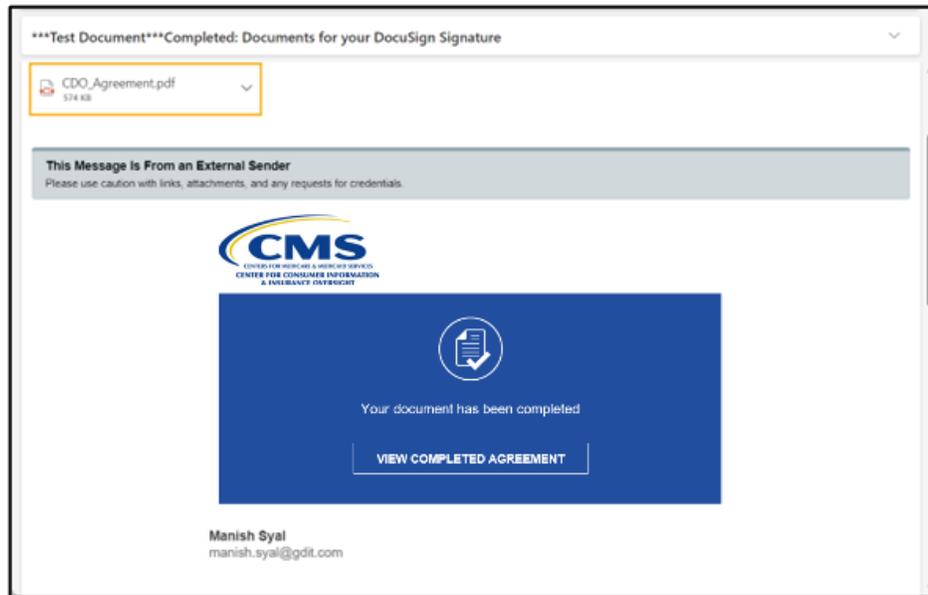


Figure 44: Email with signed CDO Agreement Attached

B. Tips and Troubleshooting

FAQ 1. Where can I find more information about becoming a CDO?

- **Answer:** For more information about becoming a CDO, visit the [CDO Program web page](#).

FAQ 2. What is the CDO Application Web Form?

- **Answer:** The CDO Application Web Form is the platform organizations use to submit CDO applications to CMS. Any organization operating in a Federally facilitated Marketplace (FFM) state seeking to provide CAC enrollment assistance to consumers must apply to become a CDO using the CDO Application Web Form and enter into an agreement with CMS.

To learn more about the CDO application process and CDO Program requirements, visit the [CDO Program web page](#).

FAQ 3. Who can access the CDO Application Web Form?

- **Answer:** Initially, anyone from your organization can access the CDO Application Web Form. CMS requires that each organization has at least two leadership contacts: an Organization Senior Official (OSO) and a CAC Project Director. There is an option to include a third contact, referred to as the



Secondary Contact. The OSO must complete and sign the Conflict of Interest (COI) Attestation within the application.

FAQ 4. Our organization is a health plan issuer or agent/broker. Can we become a CDO?

- **Answer:** No, Individuals and entities who receive direct or indirect consideration from a health insurance issuer or stop loss insurance issuer in connection with the enrollment of an individual into a qualified health plan (QHP) or non-QHP are ineligible for the CDO Program and cannot serve as CDOs or CACs (45 CFR 155.225(g)(2)).

For guidance on the role of health insurance issuers, agents, and brokers in providing application and enrollment assistance to consumers, send an inquiry to the Agent and Broker Mailbox at FFMProducer-AssisterHelpdesk@cms.hhs.gov

FAQ 5. Can we apply to become a CDO if our state operates a State-based Marketplace (SBM) or State-based Marketplace using the Federal Platform (SBM-FP)?

- **Answer:** No, CMS does not certify assister organizations in states that operate an SBM or an SBM-FP. Per the CMS-CDO Agreement, CMS is responsible for the management and oversight of the FFM and designates CDOs in states that operate an FFM.

For guidance regarding assister certification requirements, we encourage you to contact your state's Department of Insurance.

FAQ 6. What is the Conflict of Interest (COI) Attestation?

- **Answer:** To implement CMS regulations prohibiting certain relationships, the OSO is required to complete and sign the Conflict of Interest (COI) Attestation during the CDO application process. 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.

FAQ 7. Where can I go for information after I submit a CDO application?

- **Answer:** To inquire about application status or to submit additional information requested by CMS, email us at CACQuestions@cms.hhs.gov.

FAQ 8. How long does it take CMS to review my initial application and issue a preliminary approval?

- **Answer:** CMS's CDO Program Office will review your CDO application within two weeks of receipt. We review applications in the order in which they are received.



FAQ 9. Can we update our information while our CDO application is under review?

- **Answer:** You cannot change your information while your CDO application is under review. If CMS approves your CDO application, you will receive a Welcome Packet email. The email will contain a link to the OMWF where you can edit your organization's information.

FAQ 10. What do we do after receiving a Preliminary Approval email?

- **Answer:** After receiving a Preliminary Approval email, the OSO will need to sign the CMS-CDO agreement in DocuSign. Receiving a Preliminary Approval email does NOT mean CMS approves your organization as a CDO. Your organization is not an approved or designated CDO until you:
 - Complete and sign CMS-CDO Agreement; and
 - Receive a Welcome Packet email from CMS that includes your CDO ID and the counter-signature page of the CMS-CDO Agreement with the effective date of your agreement and two-year CDO certification period.

FAQ 11. Can anyone from my organization sign the CMS-CDO agreement?

- **Answer:** No, only the OSO who is authorized to represent and bind your organization for purposes of the CMS-CDO agreement can sign the CMS-CDO agreement.

If the responsible entity changes after CMS approves your organization as a CDO, your organization must update its information on record with CMS and replace the signed CMS-CDO agreement using the OMWF.

FAQ 12. How do I access the OMWF?

- **Answer:** If CMS approves your application, we will send a Welcome Packet email to your contacts on file. The Welcome Packet email contains a link to the OMWF.

FAQ 13. I submitted the signed CMS-CDO Agreement, and it keeps getting rejected. Why?

- **Answer:** CMS will not accept your signed CMS-CDO Agreement if any of the following information is missing or does not match your organization's approved corresponding CDO application.
 - Service location(s)
 - Signature of Organization Senior Official
 - Organization Senior Official Name and Title
 - Date of signature
 - Organization Name Corresponding Application ID
 - Organization address





- Conflict of Interest Attestation

You cannot edit the CMS-CDO Agreement once signed. If edits to the Organization Name, address, or Organization Senior Official are required, these need to be completed in the OMWF.

FAQ 14. What is the difference between the CDO Application Web Form and CDO Organizational Maintenance Web Form (OMWF)?

- **Answer:** The **CDO Application Web Form** is the platform organizations use to submit CDO applications to CMS.
- **The OMWF is the maintenance platform organizations use to manage their CDO record with CMS once they have been approved and designated as a CDO by CMS.**

FAQ 15. How long does it take CMS to review my signed CMS-CDO Agreement?

- **Answer:** CMS's CDO Program Office will review your CMS-CDO Agreement within five business days of receipt. We review agreements in the order in which they are received.

After CMS completes our review, we will send a Welcome Packet email that includes your CDO ID, the counter-signature page of the CMS-CDO Agreement with the effective date of the agreement and two-year CDO certification period, and important guidance for operating as a CDO.

FAQ 16. What happens if I do not submit the signed CMS-CDO Agreement?

- **Answer:** New applicants that do not submit a signed CMS-CDO Agreement after receiving preliminary approval from CMS will not be approved to become a CDO. Only organizations that submit their signed CMS-CDO Agreement and receive a CDO ID from CMS can certify staff or volunteers as CACs. Submitting a CDO application is only the first step of the application process. To complete the process, the OSO signs the CMS-CDO Agreement in DocuSign for CMS review, and your organization must receive final approval from CMS.

Existing CDOs must renew before your agreement and CDO certification expires, or you will become inactive. If this happens, your organization will need to re-apply since your CDO ID will no longer be valid. Per the CMS-CDO Agreement, you must also inform your CACs to stop providing enrollment assistance as CACs.

FAQ 17. What happens after I sign the CMS-CDO Agreement?

- **Answer:** CMS's CDO Program Office will review your CMS-CDO Agreement within five business days of receipt. If your CMS-CDO Agreement requires revision and/or resubmission, CMS will send an email to your contacts on file containing the information needed and instructions for resubmitting the agreement.



If CMS approves your CMS-CDO Agreement, we will send a Welcome Packet email that includes your CDO ID, counter-signature page with the effective date of the agreement and two-year CDO certification period, and important guidance for operating as a CDO.

FAQ 18. What should we do if we experience technical issues with the CDO Application Web Form or OMWF?

- **Answer:** If you encounter technical issues when accessing the CDO Application Web Form or OMWF, email us at CACQuestions@cms.hhs.gov and include the list of steps you were taking prior to receiving the error message along with an attached screenshot.

FAQ 19. What if our organization does not have a company email?

- **Answer:** If your organization does not have a general company email address, please provide the email address of one of your organization's leadership contacts included on your CDO application. CMS requests a company email address to have a consistent contact within the organization. CMS will not publish this email address for public use.

FAQ 20. Why am I receiving a "CDO Organization Found" error when I enter my organization's information?

- **Answer:** You are receiving a CDO Organization Found error message because CMS already received an application from your organization, and it is either under review, or your organization is already approved as a CDO.

CMS designates your organization for two years; if you were already approved and are within your two-year certification period, you do not need to reapply to operate as a CDO.

If you are not sure of your organization's CDO status, you can send a message to us using the comment field on the "CDO Organization Found" page. We will respond via CACQuestions@cms.hhs.gov.

FAQ 21. What if our organization does not have two leadership contacts to fulfill the Organization Senior Official and CAC Project Director roles?

- **Answer:** Please email us at CACQuestions@cms.hhs.gov to discuss your situation.

FAQ 22. What if the CDO Application Web Form does not let me add my state in the "Service Location" section?

- **Answer:** If your state operates a State-based Marketplace (SBM) or State-based Marketplace using the Federal Platform (SBM-FP), the CDO Application Web Form will not list your state in the "Service Location" state picklist. To access a color-coded map that provides the Marketplace type by state, visit [Map of Marketplaces](#).

If you are not sure what Marketplace type your state operates, email us at CACQuestions@cms.hhs.gov.



FAQ 23. What should we do if we applied or signed CMS-CDO Agreement and have not heard from CMS?

- **Answer:** CMS will immediately confirm receipt of a CDO application, signed CMS-CDO Agreement, or supporting documentation in a confirmation email from CACQuestions@cms.hhs.gov. If you do not receive this email, you may not have selected the **Submit** button to complete the process. Please return to the form and select **Submit**.

If an organization's CDO application is approved, CMS will send a Preliminary Approval email within 2 weeks of submitting a CDO application. If an organization receives approval to be a designated CDO, CMS will send a Welcome Packet email within five business days of signing the CMS-CDO Agreement.

If you submitted documentation in support of your application and received an email confirming receipt, but CMS has not sent a Preliminary Approval email or Welcome Packet email after 30 business days, email us at CACQuestions@cms.hhs.gov. Please include your organization's name and CDO application ID.

FAQ 24. I am not getting emails from CACQuestions@cms.hhs.gov. What do I do?

- **Answer:** Please check your spam/junk folder. To ensure you receive communication from CMS moving forward, please add "CACQuestions@cms.hhs.gov" to your contacts and spam filter.

FAQ 25. Whom do we contact if we have additional questions about the CDO application process?

- **Answer:** You can access CDO application technical assistance micro learnings, user guides, and more by going to the [CDO Program web page](#). If you have additional questions, please email us at CACQuestions@cms.hhs.gov.

C. Resources

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

- [CDO Program web page](#) – contains additional resources and information for organizations interested in becoming a CDO.
- [CDO Application information web page](#) – provides information for potential CDOs about the CDO application process.



D. Glossary

Term	Definition
ACA	The Affordable Care Act (ACA) is the comprehensive health care reform law enacted in March 2010 (sometimes known as ACA, PPACA, or “Obamacare”).
Agents and Brokers	Are compensated by insurance companies or consumers, consistent with state law and operate in FFM, SBMs, and SBM-FPs
CACs	Certified Application Counselors (CACs) are trained to provide unbiased assistance and can help consumers seeking health insurance coverage options through an FFM.
CAC Project Director	This individual is responsible for maintaining compliance with CDO requirements, certifying CAC staff and volunteers, maintains the CAC roster, keeping CAC certification records, and updating organization information with CMS.
CDO	Certified Application Counselor Designated Organizations (CDOs) are organizations who currently assist with CDO Program with the Centers for Medicare & Medicaid Services (CMS) and have CACs.
CDO Application	The CDO Application Web Form is the platform organizations use to submit CDO applications to CMS.
CMS	The Centers for Medicare & Medicaid Services
COI	The Conflict of Interest (COI) Attestation section of the CDO Application allows the OSO to disclose of actual or potential conflicts of interest by completing the Company, Type of Relationship, and Content Area fields.
DocuSign	DocuSign is the website where the OSO will electronically sign the approved CMS-CDO agreement.
FFM	Federally Facilitated Marketplaces (FFM) are in states where HHS performs all Marketplace functions. Consumers can apply for coverage at HealthCare.gov.
Non-QHP	Non-Qualified Health Plans (Non-QHP) are health insurance plans that don’t follow the ACA health insurance guidelines.



Term	Definition
OMWF	<p>The Organization Maintenance Web Form (OMWF) is the platform organizations use to:</p> <ul style="list-style-type: none">• Keep their CDO record up to date;• Add and maintain their roster of CACs; and• Submit a new signed and dated CMS-CDO Agreement and COI Attestation to renew their CDO status every two years.
OSO	<p>The Organization Senior Official (OSO) is the individual that must complete the application and sign the CMS-CDO Agreement. Therefore, they must have the authority to both legally and financially bind the organization.</p>
PHI	<p>Protected Health Information (PHI) specifically refers to health information shared with HIPAA covered entities. Medical records, lab reports, and hospital bills are PHI, along with any information relating to an individual’s past, present, or future physical or mental health.</p>
PII	<p>Personally Identifiable Information (PII) encompasses any information that can be directly or indirectly linked to an individual’s identity.</p>
Preliminary Approval Email	<p>After you submit an initial CDO Application and COI Attestation, CMS will review the application. CMS will send a Preliminary Approval email to organizations that meet program requirements.</p>
QHP	<p>A Qualified Health Plan (QHP) is a health insurance plan that meets requirements established by the Affordable Care Act (ACA) and meets the certification requirements of the state’s health insurance exchange/marketplace.</p>
Secondary Contact	<p>This individual may serve as an additional contact that supports the CAC Project Director and is knowledgeable about the program’s operations.</p>
Service Locations	<p>The state(s) and county or counties in which your organization provides enrollment assistance services.</p>
SBM	<p>State Based Marketplaces (SBMs) are in states that independently manage all Marketplace functions. Consumers apply for cover through the state’s Marketplace website.</p>



Term	Definition
SBM-FP	State Base Marketplaces using the Federal Platform (SBM-FP) are in states that rely on the federal Healthcare.gov website for eligibility and enrollment and independently manage all other Marketplace functions. Consumers apply for coverage at HealthCare.gov
Welcome Packet Email	An email from CMS that includes: your CDO ID and the counter-signature page of the CMS-CDO Agreement with the effective date of your agreement and two-year CDO certification period.