**CDO Reporting Form**

An authorized representative from each CDO must complete and submit a Quarterly Report to CDOs@GeorgiaAccess.ga.gov for review by Georgia Access Assister Program Staff each quarter. CDOs are required to submit the reports via email by the deadlines outlined below.

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| **Report** | **Deadline\*** |
| First Quarterly Report | January 15, 2025 |
| Second Quarterly Report | April 15, 2025 |
| Third Quarterly Report | July 15, 2025 |
| Fourth Quarterly Report | October 15, 2025 |

**Quarterly Report**

*Instructions:* The CDO authorized representative must complete this form and provide an electronic or physical signature. A response is required for each field.

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| **A. Organization Information** |
| **1. Organization Legal Name** |  |
| **2. Date** |  |
| **B. Short Answer: Program Summary** |
| **1. Culturally and Linguistically Appropriate Information** |
| Describe how the organization disseminated information to consumers in a manner that wasculturally and linguistically appropriate. |
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| **2. Assisting Consumers with Disabilities** |
| Specify how the organization coordinated reasonable modifications and accommodations forconsumers with disabilities. |
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| **3. Common Languages** |
| List up to five of the most common languages listed in order of most to least commonly spoken by consumers, other than English, spoken by consumers that the organizationassisted during the quarter. For any instances where a consumer spoke an additional |

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| language that the organization was not able to accommodate, please list that language andhow the situation was remedied. |
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| **4. Protecting Consumer Personally Identifiable Information (PII)** |
| Detail how the organization collected, retained, and protected consumers' PII. Provide details on any breaches with protocols for collecting PII or retaining consent forms, as applicable. |
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| **5. Reducing Health Disparities and Inequity** |
| Describe how the organization worked within its community to address and reduce health disparities and inequity. |
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| **C. Short Answer: Outreach & Education Event Information** |
| *CDOs are required to report the following outreach and education event information for all events conducted during the reporting period. CDOs are required to participate in a minimum of one (1)**outreach event per month.* |
| **1. Event Information** |
| The title of the event (if applicable), date and time of the event, and event location. |
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| **2. Event Description** |
| A detailed description of the event including its purpose, materials used, and the targetaudience. |

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| **3. Event Data** |
| The number of CACs present, total attendees, and total consumers assisted with applications during this event.1. If applicable, CDOs are encouraged to include data that supports post-event successes (i.e., contacts obtained during the event that led to completedapplications). |
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| **4. Event Partners** |
| The names of all organizations or partners who assisted with the event. |
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| **5. Lessons Learned** |
| Provide a detailed explanation of areas for improvement and how any lessons learned will beincorporated into the strategy for future events. |
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| **D. Quantitative Metrics** |
| **1. General Information** |
| *Number of:* |
| a. Licensed CACs |  |
| b. Site visits conducted |  |
| c. Internal trainings with staff |  |
| d. Breaches with protocols for collecting PII or retaining consent forms |  |
| **2. Consumer Assistance** |
| *Number of:* |

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| --- | --- |
| a. Appointments scheduled with consumers (not including rescheduledappointments) |  |
| b. Appointments scheduled and held with consumers |  |
| c. Follow-up calls and/or follow-up appointments with consumers |  |
| **3. Consumer Inquires** |
| *Number of inquiries about:* |
| a. Health insurance options |  |
| b. Health insurance literacy |  |
| c. Locating providers |  |
| d. Billing and payment questions |  |
| e. Evaluating health care options using tools and information availablethrough a consumer's health plan |  |
| f. Accessing preventative health services |  |
| **4. Georgia Access Application Assistance & Support** |
| *Number of:* |
| a. Georgia Access accounts created |  |
| b. Georgia Access eligibility assessment and results review |  |
| c. Consumers assisted to compare Georgia Access plans |  |
| d. Total consumers supported/assisted |  |
| i. Consumers supported by county | CompleteAppendix A |
| e. Applications started |  |
| f. Applications completed |  |
| g. Total hours spent on application assistance |  |
| **5. Referrals** |
| *Number of referrals:* |
| a. Received from other entities |  |
| b. To agents/brokers |  |
| c. To insurance companies |  |
| d. To Medicare |  |
| e. To Medicaid/CHIP |  |
| f. To other consumer assistance/health insurance programs |  |
| **E. Signature** |
| **1. Authorized Representative Name** |  |
| **2. Title** |  |
| **3. Telephone Number** |  |
| **4. Email** |  |
| ***Authorized Representative Signature*** |  |
| ***Date*** |  |

**Appendix A: Counties in Georgia**

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| **County** | **#** | **County** | **#** | **County** | **#** | **County** | **#** | **County** | **#** | **County** | **#** |
| Appling |  | Cherokee |  | Fannin |  | Jenkins |  | Oglethorpe |  | Thomas |  |
| Atkinson |  | Clarke |  | Fayette |  | Johnson |  | Paulding |  | Tift |  |
| Bacon |  | Clay |  | Floyd |  | Jones |  | Peach |  | Toombs |  |
| Baker |  | Clayton |  | Forsyth |  | Lamar |  | Pickens |  | Towns |  |
| Baldwin |  | Clinch |  | Franklin |  | Lanier |  | Pierce |  | Treutlen |  |
| Banks |  | Cobb |  | Fulton |  | Laurens |  | Pike |  | Troup |  |
| Barrow |  | Coffee |  | Gilmer |  | Lee |  | Polk |  | Turner |  |
| Bartow |  | Colquitt |  | Glascock |  | Liberty |  | Pulaski |  | Twiggs |  |
| Ben Hill |  | Columbia |  | Glynn |  | Lincoln |  | Putnam |  | Union |  |
| Berrien |  | Cook |  | Gordon |  | Long |  | Quitman |  | Upson |  |
| Bibb |  | Coweta |  | Grady |  | Lowndes |  | Rabun |  | Walker |  |
| Bleckley |  | Crawford |  | Greene |  | Lumpkin |  | Randolph |  | Walton |  |
| Brantley |  | Crisp |  | Gwinnett |  | Macon |  | Richmond |  | Ware |  |
| Brooks |  | Dade |  | Habersham |  | Madison |  | Rockdale |  | Warren |  |
| Bryan |  | Dawson |  | Hall |  | Marion |  | Schley |  | Washington |  |
| Bulloch |  | Decatur |  | Hancock |  | McDuffie |  | Screven |  | Wayne |  |
| Burke |  | DeKalb |  | Haralson |  | McIntosh |  | Seminole |  | Webster |  |
| Butts |  | Dodge |  | Harris |  | Meriwether |  | Spalding |  | Wheeler |  |
| Calhoun |  | Dooly |  | Hart |  | Miller |  | Stephens |  | White |  |
| Camden |  | Dougherty |  | Heard |  | Mitchell |  | Stewart |  | Whitfield |  |
| Candler |  | Douglas |  | Henry |  | Monroe |  | Sumter |  | Wilcox |  |
| Carroll |  | Early |  | Houston |  | Montgomery |  | Talbot |  | Wilkes |  |
| Catoosa |  | Echols |  | Irwin |  | Morgan |  | Taliaferro |  | Wilkinson |  |
| Charlton |  | Effingham |  | Jackson |  | Murray |  | Tattnall |  |  |  |
| Chatham |  | Elbert |  | Jasper |  | Muscogee |  | Taylor |  |  |  |
| Chattahoochee |  | Emanuel |  | Jeff Davis |  | Newton |  | Telfair |  |  |  |
| Chattooga |  | Evans |  | Jefferson |  | Oconee |  | Terrell |  |  |  |