

**Instructions for Requests for  
Certificates of Authority for Medicare-Only  
Accountable Care Organizations**

As set forth in Article 29-E of the Public Health Law and associated regulations, 10 NYCRR Part 1003, the Department of Health (Department) may issue a certificate of authority through an expedited process to a “Medicare-only ACO” -- an Accountable Care Organization (ACO) that documents that it has been approved by the federal Centers for Medicare and Medicaid Services (CMS) to operate as an ACO under the Medicare program.

To request a New York State certificate of authority as a Medicare-only ACO, submit copies of the following in PDF format to the email address below:

1. Proof of CMS approval, i.e., a letter from CMS authorizing the ACO to be an ACO for Medicare beneficiaries.
2. Legal documentation of the ACO’s formation.
3. For Medicare-only ACOs as defined in 10 NYCRR § 1003.1(b):
  - a. the application submitted to CMS for the Medicare Shared Savings Program; and
  - b. the fully executed Medicare Shared Savings Program Accountable Care Organization Participation Agreement.
4. For Medicare-only ACOs defined in 10 NYCRR § 1003.1(c), the information set forth in 10 NYCRR § 1003.5.

As set forth in 10 NYCRR § 1003.1(b) and (c), no application is required for Medicare-only ACOs to obtain certificates of authority. However, a Medicare-only ACO may wish to complete sections II and III of the ACO application, available at [http://www.health.ny.gov/health\\_care/medicaid/redesign/aco](http://www.health.ny.gov/health_care/medicaid/redesign/aco), to facilitate the provision of the required information to the Department.

As set forth in the referenced regulation, a certificate of authority received through this expedited process shall only apply to the Medicare-only ACO’s actions related to Medicare beneficiaries under its authorization from CMS.

Submissions should be made electronically to [acobl@health.ny.gov](mailto:acobl@health.ny.gov). Questions may be sent to the same email address.