

**Federal Trade Commission/Antitrust Division of the Department of Justice**  
**Cover Sheet**

**For Newly Formed Accountable Care Organizations (“ACOs”)  
Requesting Voluntary Expedited Review Under the Statement of Antitrust  
Enforcement Policy Regarding ACOs Participating in the Medicare  
Shared Savings Program (“Policy Statement”)**

**1. Name of ACO (and any DBA) requesting voluntary review (“Applicant ACO”):**

**2. Applicant ACO Address:**

**Address:**

**City:**

**State:**

**Zip:**

**Telephone:**

**Email:**

**3. Contact Person for Applicant ACO:**

**Name:**

**Address:**

**City:**

**State:**

**Zip:**

**Telephone:**

**Email:**

- 4. Please attach a list of the names and a brief description of each organization or entity participating in the Applicant ACO.**

**Does the Applicant ACO include a health plan participant?**

**No      Yes**

**If yes, please identify the health plan participant and explain its role.**

- 5. Is the Applicant ACO or any of its participants organized as non-profit entities?**

**No      Yes**

**If yes, please provide the name and address of each non-profit entity.**

- 6. Please identify the Applicant ACO's proposed geographic area(s) of operation (City(ies)/MSA(s) and States).**

- 7. Please state the date, or intended date, of submission of an application to participate in the Medicare Shared Savings Program.**

**8. As of March 23, 2010, had the Applicant ACO signed or negotiated any contracts with private payers?**

**No    Yes**

**If yes, does the Applicant ACO currently comprise only the same, or a subset of the same, providers that signed or negotiated contracts with private payers on or before March 23, 2010?**

**No    Yes**

**If no, please explain.**

**9. Does the Applicant ACO plan to use the same leadership and governance structures and the same clinical and administrative processes in commercial markets as it uses in the Medicare Shared Savings Program?**

**No    Yes**

**PLEASE SUBMIT THE REQUEST FOR VOLUNTARY REVIEW AND THE COMPLETED COVER SHEET TO BOTH AGENCIES EITHER BY MAIL OR ELECTRONICALLY:**

**If by mail:**

**Office of the Assistant Attorney General  
Antitrust Division, Department of Justice  
Main Justice Building, Room 3109  
950 Pennsylvania Avenue, NW  
Washington, DC 20530  
(for non-U.S. Postal deliveries, use  
Zip Code 20004)**

**Federal Trade Commission  
Bureau of Competition  
Premerger Notification Office, Room 303  
600 Pennsylvania Avenue, NW  
Washington, DC 20580**

**If electronically:**

**DOJ – [acorequest@usdoj.gov](mailto:acorequest@usdoj.gov) and  
FTC – [acorequest@ftc.gov](mailto:acorequest@ftc.gov)**

**Because mail delivered to the Agencies by the U.S. Postal Service is subject to delay due to heightened security screening, please consider submitting your request and cover sheet electronically to both Agencies.**

**If sending hard copies, the Agencies request that you send them by courier or overnight service, if possible.**