ACP Network (PSHVN or UWMedACN)	Date ACP sends Roster to HCA (MM/DD/YYYY)	TIN (TIN of Provider Organziation)	TIN Provider (Legal Name of TIN Provider)	TIN Provider Added to a Clinically Integrated Network (Y or N)	Partner or Affiliate? (P or A) TIN added to CIN (use NA)	Date HCA Sends Roster to Regence (MM/DD/YYYY)	Effective date of Addition (MM/DD/YYYY)	Termination Date of Removal (MM/DD/YYYY)	Overlapping Provider Assigned to this ACP for Attribution (Y or N)