Washington State Health Care Authority
Public Employees Benefits Board

ACP Selection
Partner Request - Proposed Partners

Instructions:
- **Please complete the information below on each of your proposed partners.**

Ref.	Proposed ACP Partners (including Lead organization)	Health System	RELATIONSHIP				Regence Relationship	Health Information Technology
			Type of Relationship	Length of Relationship	Will they participate in performance incentives/disincentives?	Notes	Is part of the existing PEBB Regence UMP network? If not, please describe steps needed to ensure ACP compatibility and full implementation by 2016.	Does partner have an EHR in place? Are you able share clinical information with them?
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