

Colorado All Payer Claims Database Data Release Application

Thank you for your interest in obtaining data from the CO APCD. As you fill out this application, please let us know if you have any questions or concerns by reaching out to ColoradoAPCD@civhc.org. We are here to help!

Also, please be aware that if you are requesting Protected Health Information (PHI), your request requires a recommendation for approval by the Data Release Review Committee (DRRC). Data elements that are considered PHI under HIPAA are indicated below. If PHI is requested, a CIVHC Account Executive will help you successfully complete an application and navigate the DRRC process.

Please use this application to submit information regarding your request for data from the Colorado All Payer Claims Database (CO APCD). This information will help the Center for Improving Value in Health Care (CIVHC), the Administrator of the CO APCD, answer any questions you have regarding your data request and assist us in helping you complete the data application form.

Note: Please reference the CO APCD Data Elements Request Form found at <http://www.civhc.org/get-data/data-release/> when completing this form.

Introduction: Section 10 CCR 2505-5-1.200.5 describes how the CO APCD Administrator addresses Requests for Data and Reports:

1.200.5.A. A state agency or private entity engaged in efforts to improve health care or public health outcomes for Colorado residents may request a specialized report from the CO APCD by submitting to the administrator a written request detailing the purpose of the project, the methodology, the qualifications of the research entity, and by executing a Data Use Agreement (DUA), to comply with the requirements of HIPAA.

1.200.5. B. A data release review committee shall review the request and advise the administrator on whether release of the data is consistent with the statutory purpose of the CO APCD, will contribute to efforts to improve health care for Colorado residents, and complies with the requirements of HIPAA. The administrator shall include a representative of a physician organization, hospital organization, non-physician provider organization and a payer organization on the data release review committee.

This Data Release Application serves as the written request for information noted in section 1.200.5.A.

PART ONE

Project Information	
Project Title:	22.45 Freedman Healthcare- Prevalence and treatment patterns of behavioral health conditions in patients with cancer
Date:	March 31 st , 2022
Organization Requesting Data:	Freedman HealthCare LLC.
Contact Person:	Brian Boates, MPH
Title:	Project Manager
E-mail:	bboates@freedmanhealthcare.com
Phone Number:	(413)-686-5170
Person Responsible for the Project (if different than above):	John Freedman, MD, MBA
Title:	President & CEO, Freedman HealthCare
E-mail:	john@freedmanhealthcare.com
Phone Number:	617-396-3600 x200

Project Purpose:

Project questions to be discussed with client representative:

- Please describe your project and project goals/objectives.

This project is for academic research and publication. Patients with cancer often have concomitant behavioral health conditions, including depression and anxiety, which may complicate their cancer care. We seek to learn more about those conditions and their treatment. By using claims data, we plan to measure the types and prevalence of behavioral health conditions among patients with the most common types of cancer. Using the CO APCD, our intention is to gather insights on prevalence (the proportion of the population with behavioral health diagnoses among individuals diagnosed with cancer).

Further, we will explore the treatments used by these patients, particularly psychotherapy (sessions with psychiatrist, psychologist, or social worker) and prescription medication. Where possible, we are interested in determining if there is an observable underdiagnosis or undertreatment of behavioral health conditions for those diagnosed with cancer. Our goal is to determine if there is a lack of behavioral health services provided to those diagnosed with cancer, and among those receiving behavioral health treatment, to estimate the rate of effective treatment.

- What specific research question(s) are you trying to answer, or problem(s) are you trying to solve with this data.

Population-based Questions

1. What is the prevalence of various cancers among Colorado residents?
2. What is the prevalence of relevant behavioral health diagnoses (Major depressive disorder, adjustment disorder, dysthymia, anxiety, etc.), among patients with cancer?

3. What are the differences, if any, between patients diagnosed with various forms of cancer?
 - a. Consider different stages (severity) of cancer
 - b. Examine differences by patient characteristics (such as age, gender, insurance type)
4. How does rate of diagnosed behavioral health conditions for patients with cancer compared to literature, expert opinion of prevalence, and to similar data in other states?

Behavioral Health Services Questions

5. What is the percent of patients diagnosed with cancer who have seen a mental health professional (psychologist, psychiatrist, social worker)? Of those, what percent have a visit with a primary diagnosis of a mood disorder?
6. What is the percent of patients with certain highly-prevalent cancers, who have seen a mental health professional?
7. What is the magnitude of undertreatment for behavioral health conditions for those diagnosed with cancer?

Behavioral Health Medication Questions

8. What percent of patients diagnosed with cancer filled a prescription for SSRIs, SNRIs, MAOIs, or other antidepressants?
 - a. Repeat for anxiolytics and other relevant BH medications
 - b. Measure variation in use across type or severity of cancer diagnosis and patient characteristics
 - c. Compare to patients not diagnosed with cancer
9. What is the percent of patients who were prescribed a behavioral health medication by the same provider treating the underlying cancer?

Dose Escalation and Switch Rate Questions

10. How often do patients who receive behavioral health medications receive clinically recommended dose escalation or medication switch over a six- to twelve-month period?
 - a. Examine for differences by prescriber type (primary care vs. oncologist vs. BH specialist, e.g.)
 - b. Compare to patients not diagnosed with cancer

Healthcare Utilization and Variation Questions

11. For patients diagnosed with cancer and behavioral health condition(s), what is the:
 - a. overall cost of care – per year and per “episode of care”?
 - b. number of visits to oncologist or cancer clinic?
 - c. number of ED visits, over the course of treatment?
 - d. number of urgent care visits, over the course of treatment?
 - e. number of hospitalizations, over the course of treatment?
 - f. age of patients over vs under the age of 65?
 - g. percent of patients diagnosed with mood disorders?
 - h. prevalence of BH prescriptions, over a select period?

- How will this project benefit Colorado or Colorado residents? (this is a statutory requirement for all non-public releases of CO APCD data)

This research will answer important questions regarding Coloradans who've been diagnosed with cancer, specifically how it pertains to their mental health, and the resulting treatment. As is true nationally, behavioral health conditions and cancer are both common among Coloradans. However, the intersection of these types of conditions have traditionally gone under researched. Our proposed research will identify the prevalence and treatment patterns among Coloradans diagnosed with cancer and a behavioral health condition. Further, our assessment of Colorado will be compared to two other states (Rhode and Delaware) to illuminate any differences in prevalence and/or treatment patterns. While this project will not include recommendations for care transformation, it will contribute to the limited scientific literature on prevalence and treatment of behavioral conditions among people diagnosed with cancer. This literature may then be used to guide treatment and policy initiatives.

- Please answer all applicable questions below (Note that your project must meet one or more of the Triple Aim criteria below to generate a benefit for Colorado):

- If applicable, how will your project support lowering health care costs?

Low quality care is a significant driver of state healthcare costs. By better understanding the rate of ineffective behavioral health medication prescribing, healthcare stakeholders and policy makers could use this information to drive prescribing changes that will drive down cost.

- If applicable, how will you project help improve the health of Coloradans?

As as part of our proposed analysis outlined above, our work will identify the size of the affected population in Colorado, and the likely rate of behavioral health condition underdiagnosis across the state. Undiagnosed mental health conditions, particularly in those already managing cancer, can negatively impact the health outcomes of those already facing health challenges Our research aims to better understand the scale of this problem and other key questions, such as prescribing patterns, so healthcare policy makers and other decision makers may be better informed.

- If applicable, how will your project improve the quality of care or patient experience?

As noted previously, our proposed research will attempt to answer questions such as the likely size of the affected population in Colorado, prevalence of ineffective prescribing, and coordination of care between cancer and behavioral health condition treatment. Together, this research will illuminate the current care experience of Coloradans diagnosed with cancer and certain behavioral health conditions. By understanding the current care condition of this population, clinicians and other

healthcare decision makers will have more information to inform adjustments to care practices.

- Do you need a claims data set or would you like a custom report generated by CIVHC that addresses the specific questions/problems your project seeks to address?

We are requesting a claims data set.

- Do you need Protected Health Information (PHI)?
 - Do you need patient-specific dates (e.g., dates of service or DOB) or 5 digit zip code. If so, this is a request for a **Limited Data Set**.
Yes, we are requesting a Limited Data Set.
 - Do you need direct patient identifiers such as name, address, or city? If so, this is a request for an **Identifiable Data Set** (requires IRB approval).
No, we do not need this information.
 - If you do not require any PHI, please only complete PART ONE of the application.

Please note: your CIVHC representative will work with you to complete **Addendum I – Analyst Supplement** to address data warehouse specific questions.

If you are requesting a Custom Report with analytics to be provided by CIVHC; please stop here and submit the information above to your CIVHC representative.

PART TWO

I. **Type of CO APCD Analytic Data Set Requested**

Please select the type of data set that you are requesting by checking one of the boxes below (**select only ONE option**). Details on each type of CO APCD data set can be found in *The CO APCD Companion Instruction Guide* (available from your CIVHC representative):

Types of Analytic Data Sets (Please select ONE below)

For users interested in a wide range of data to analyze on their own.

- ☐ De-Identified Data Set
- ☒ Limited Data Set*
- ☐ Identified Data Set *

*These types of data requests include Protected Health Information (PHI). Under HIPAA, PHI may only be released in limited circumstances for public health, health care operations, and research purposes under the terms of a HIPAA compliant data use agreement (DUA).

2. **Requested Data Elements – Limited and Fully Identifiable Data Sets**

The CO APCD is committed to protecting the privacy and security of Colorado's health care claims data. The CO APCD will limit the use of the data to purposes permitted under applicable laws,

including APCD Statute/Rule and HIPAA/HITECH, to information reasonably necessary to accomplish the project purpose as described in this Application.

Data Element Selection and Justification

If you have not already done so, please use the Data Element Dictionary (DED) to identify the specific data elements that are required for this project. In keeping with the minimum necessary standard established under HIPAA, CO APCD policy is to release only those data elements that are required to complete your project.

Type of Data	Justification for Elements on the DED
Names	<i>Not applicable.</i>
Street Address	<i>Not applicable</i>
City	<i>Not applicable</i>
Zip Code	As part of the analysis, we'd like to measure overall healthcare resource utilization and variation. We intend to measure overall healthcare resource utilization and show variation among various subpopulations. The inclusion of service dates is necessary to evaluate episodic costs of care and to generally be able to observe utilization trends over certain periods of time. The five-digit zip allows for the geographic analysis that's needed to evaluate areas of interest, such as type of community (urban/suburban/rural), income levels, and CDC's Social Vulnerability Index.
Health Plan Beneficiary Numbers	<i>Not applicable.</i>
Dates (including Day and Month detail.) Specify which date fields are needed and why.	We intend to measure overall healthcare resource utilization and show variation among various subpopulations. The inclusion of service dates is necessary to evaluate episodic costs of care and to generally be able to observe utilization trends over certain periods of time. Birthdates are not requested (age in years will suffice).
Provider Identifying Information	As part of our proposed analysis, we intend on examining anti-depressant prescribing by certain providers and provider organizations. This includes understanding utilization patterns associated with institutions and locations of care and health care providers, including provider's respective specialties and subspecialties.

A. Counts, Totals and other Summary Statistics

The CO APCD seeks to provide aggregated summary data whenever possible. Applicants are encouraged to request counts, totals, rates and other summary values whenever such information

can reasonably accomplish the purpose of the project (add rows to the table below if necessary). The CO APCD supports the federal CMS minimum cell size suppression policy that requires any cell in any report or data table, printed or electronic, with less than eleven records or observations to be replaced by “Less than eleven” or similar text. You must also apply complementary cell suppression techniques to ensure that cells with fewer than eleven records cannot be identified by manipulating data in adjacent rows and columns.

Field Number and Name	Requested Count or Sum
<i>Not applicable</i>	<i>Not applicable</i>

B. Linkages to Other Data Sets

The CO APCD seeks to ensure that data cannot be re-identified if it is linked to or combined with information obtained from other sources. If this project requires claims line level detail or includes linkages to other databases, or if CO APCD data will be combined with other information, provide a justification for each proposed linkage. Be sure to describe how this will contribute to achieving the project purpose, including whether the project can be completed without this linkage, and the steps you will take to prevent the identification of individual patients:

Will you link the CO APCD data to another data source?

☒ No.

☐ Yes. If yes, please answer the following questions.

- Which CO APCD identifying data elements will be used to perform the linkage?
- Once the linkage is made, what non-CO APCD data elements will appear in the new linked file?
- Have all necessary approvals been obtained to receive and link with the other data files (e.g., IRB or Privacy Board approval)?
 - ☐ Yes, if so please provide copy
 - ☐ In progress, anticipated approval date: _____
 - ☐ No or N/A, reason: _____

C. Distribution of the Report or Product: **Prior Review by the CO APCD Administrator**

If you are producing a report for publication in any medium (print, electronic, lecture, slides, etc.) the CO APCD Administrator must review the report prior to public release. The CO APCD Administrator will review the report for compliance with CMS cell suppression rules; risk of inferential identification; and consistency with the purpose and methodology described in this Application.

- Please describe your audience and how to you will make your project publicly available?

This request for data release is for research purposes with the intention of publication in a peer-reviewed journal, presentation at a scientific conference, or other professional means of dissemination. We expect Dr. Freedman or Dr. Block will serve as lead author or possible presenter. All results presented in any form will be aggregated and not reveal any identifying information. We will follow CMS cell size suppression rules (aggregated results of fewer than 11 individuals will not be shown), and we will otherwise follow good anonymizing practices.

- If the report is not to be made publicly available, then briefly describe how the information derived from this data will be used and by whom:

Not applicable.

Other Organizations: Do you intend to engage third parties who will have access to the data requested as part of this project? If so, list the organizations below, describe their role(s); and explain why they will be granted access to the requested data.

Organization/Company Name:	
Contact Person:	
Title:	
Address:	
Telephone Number:	
E-mail Address:	
Role or responsibility in this project	

Project Schedule:

Proposed Project Start Date:	April 1, 2022
Project End Date:	December 31, 2022
Proposed Publication or Release Date:	March 31, 2023 (estimated publication date)
End of Date Retention Period:	December 31, 2023 (depends on when final report is published)

D. Frequency

Data in the CO APCD Warehouse is refreshed every other month and data products can be provided on a one time basis or under a subscription model (e.g., quarterly, bi-annually or annually). Please select frequency below.

☒ One Time

OR

Subscription (Please select subscription model below)

- ☐ Quarterly
- ☐ Bi-annually
- ☐ Annually

E. Project Reporting

CIVHC highlights projects and data analysis on the public website: www.civhc.org/change-agents. This display of CO APCD projects provides future data requesters with ideas of how they can structure their analysis, and allows CIVHC's stakeholders to see how CO APCD data recipients are working to accomplish the Triple Aim for Colorado. Data recipients have the option of choosing whether to be identified or to not be identified.

- ☒ Yes, it is okay for CIVHC to identify my organization
- ☐ No, I do NOT wish for CIVHC to identify my organization

PART THREE

DATA MANAGEMENT PLAN (Not applicable for Custom Report Requests)

I. Organizational Capacity

As an Attachment, please provide copies of the Data Privacy and Security Policies and Procedures for the Requesting Organization as well as those of any third parties that will have access to the requested CO APCD data.

- Has the Requesting Organization or any member of the project team ever been involved with a project that experienced a data security incident? If so, describe the incident, the response procedures that were followed and any subsequent changes in procedures, processes or protocols to mitigate the risk of further events.
 - **NO**

To the extent that the Data Privacy and Security Policies and Procedures, provided as an Attachment, do not already do so, please answer or attach answers for the following:

- **Physical Possession and Storage of CO APCD Data Files:**
 - Describe how you will maintain an inventory of CO APCD data files and manage physical access to them for the duration of the project:
 - *CO APCD data files are transferred through via an SFTP download. A newly acquired external USB drive with AES 256-bit encryption is used to receive this data.*

- *The USB drive is then attached to the secure datacenter workstation, and the data is transferred to a newly created VHD for this client project. The downloaded files are then unzipped into this VHD.*
 - *The secure datacenter workstation - high speed, high-capacity analytical level computer - running Windows 10 with BitLocker feature for data encryption enabled - is located in an office with no windows and a single door protected by a keypad lock.*
 - *The workstation has multiple SSD drives configured as a RAID array for redundancy. An APC Smart-UPS systems provide surge protection and allow safe power down in case of a power failure.*
 - *An individual Virtual Hard Disk (VHD) on the workstation is set up for this project; every client project is set up on its own separate virtual drive. The use of a VHD also allows certifiable destruction of the project's data upon completion of the project.*
 - *External network attached storage device with AES 256-bit encryption is set up for backup of ongoing work, with a dedicated disk drive for each client project.*
 - *The USB drive is then placed within a fireproof/water safe, equipped with its own keypad lock. This initial backup is maintained for the duration of the project as a clean copy of the initial data set.*
 - *Because the secure datacenter workstation is isolated from the office network and is disconnected from email, analytical data and reports are transferred from the workstation to an external USB backup drive. This is then attached to another computer in the data center for dissemination to other staff members or the client. Only de-identified, analytical products are transferred using this mechanism.*
- Describe your personnel/staffing safeguards, including:
- Confidentiality agreements in place with individuals identified as being assigned to this study. Include, for example, agreements between the Principal Investigator or Data Custodian and others, including research team members, and information technology and administrative staff:
 - *The APCD project team will sign an agreement stating that they understand the project data use rules set by the client. Before findings are shared, they will be reviewed by another team member for compliance.*
 - Staff training programs you have in place to ensure data protections and stewardship responsibilities are communicated to the research team:
 - *All staff members complete the annual Cyber Security and Awareness Training from KnowBe4*
 - *All staff members who work with PHI and other restricted data complete the HIPAA Training from Compliancy Group*
 - *Every year since contracting with the Compliancy Group, Freedman HealthCare has been awarded the certification of HIPAA compliance upon completing the HIPAA compliance audit*
 - Procedures to track the active status and roles of each member of the research team throughout the project and a process for notifying the CO APCD of any changes to the team:

- *Only staff members whose professional duties require them to access the APCD Data have the credentials to log into the secure datacenter workstation*
- *Only staff members whose professional duties require them to have remote access to the secure datacenter workstation with the APCD Data have the capability to remotely log into the workstation via restrictive closely-monitored VPN with Multi-Factor Authentication*
- *If a staff member's role changes and they are no longer associated with the APCD project, their credentials to access data are revoked, and the client is notified via email and/or during a call of the change to the team*
- Describe your technical and physical safeguards. Examples include:
 - Actions taken to physically secure data files, such as site and office access controls, secured file cabinets and locked offices:
 - *The secure datacenter workstation where APCD data is stored and analyzed on a separate encrypted virtual hard drive is located in an office with no windows and a single door protected by a keypad lock.*
 - Safeguards to limit access to CO APCD data and analytical extracts among the research team (Note: if the distribution of analytical data extracts among the researcher team is part of your data management plan, the extracts remain subject to the terms of your Data Use Agreement).
 - *The secure datacenter workstation and the CO APCD data access is restricted to the absolute least number of people that is necessary to perform project-related work*
 - *Because the secure datacenter workstation is isolated from the office network and is disconnected from email, analytical data and reports are transferred from the workstation to an external USB backup drive only for project-related tasks. This USB is then attached to another computer in the secure data center for dissemination to other staff members or the client. Only de-identified, analytical products are transferred using this mechanism, and only to persons who are involved with the project, or the client.*
- Provide a brief description of your policies and procedures for ensuring that CO APCD data are protected when stored on a server.
 - Describe how your organization prevents the copying or transfer of data to local workstations and other hard media devices (CDs, DVDs, hard drives, etc.). Note that Applicants are required to encrypt CO APCD data both in motion and at rest:
 - *The secure datacenter workstation is isolated from the main Freedman HealthCare network. Highly restricted network access to the workstation is limited to software updates through a white-listed firewall; no other workstation access to/from the internet exists.*
 - *The data on the workstation is kept on an encrypted virtual drive, separate for each client.*
 - *The SentinelOne Endpoint Detection and Response with anti-malware and anti-virus features is monitoring the secure datacenter workstation for threats in real time. Windows patches and updates are performed on the workstations and the rest of the network computers on a weekly basis.*

- *Remote access to the workstation requires closely monitored restrictive VPN: users logging in through VPN must be using a Freedman HealthCare-owned & managed computer. The computer must also be running the most recent Windows and anti-virus updates.*
 - *Multi-Factor Authentication is in place for staff for remote VPN-enabled access*
 - *The secure datacenter workstation and the CO APCD data access is restricted to the absolute least number of people that is necessary to perform project-related work*
 - *Because the secure datacenter workstation is isolated from the office network and is disconnected from email, analytical data and reports are transferred from the workstation to an external USB backup drive only for project-related tasks. This USB is then attached to another computer in the secure data center for dissemination to other staff members or the client. Only de-identified, analytical products are transferred using this mechanism, and only to persons who are involved with the project, or the client.*
 - *There exists no other way to transfer data to and from the secure datacenter workstation other than via the encrypted USB drive.*
- Data Reporting and Publication
 - Your organization must ensure that all analytic extracts, analyses, findings, presentations, reports, and publications based on CO APCD data files adhere to specific requirements of the Data Use Agreement (DUA: refer to sections 6, 7 and 8 in the Data Use Agreement). **Briefly describe your plan for demonstrating that data reporting and publication processes will be consistent with the DUA, including adhering to CO APCD cell suppression policies:**

The APCD project team will sign an agreement stating that they understand the project data use rules set by the DUA. Before findings are shared, they will be reviewed by another team member for compliance, including:

Cell suppression rules: cells with less than 11 observations may be displayed (directly or as a result of data analysis)

Identification of individuals: no attempt will ever be made to identify individuals in the APCD data or to link records included in the APCD data to any other individually identifiable source of information.

Results and reports: Freedman HealthCare will provide the APCD Administrator with a copy of any results derived from the APCD Data and information regarding the outcome of the project, as it is described in the Application. The Freedman HealthCare will obtain approval from the APCD Administrator to release any reports or outputs prior to distribution outside the named project team.

2. Completion of Research Tasks and Data Destruction

Your organization must ensure that it has policies and procedures in place to destroy the CO APCD data files upon completion of the project and that you have safeguards to ensure the data are protected when researchers terminate their participation in the research project. Describe your plan for demonstrating that your organization has policies and procedures in place to reliably destroy the data files upon completion of the research:

- *When the client's project is completed, all copies of the project data on the workstation and backup devices are destroyed through standard IT procedures using the DoD 5220.22-M (ECE) method. The destruction certificate from the appropriate registered entity is retained.*

3. **Request for Privacy Board Approval** *(Only Applicable to Identifiable Data Requests)*

Projects that request Identifiable information for a research purpose may require approval from the DRRC acting as a Privacy Board if an IRB is not available.

- The DRRC, acting as a Privacy Board, may approve a waiver of the individual authorization normally required to release PHI under CFR § 164.508 if:
- It would be impracticable for researchers to obtain written authorization from patients that are the subject of the research; and
- The research could not practicably be conducted without access to and use of the PHI.
- The DRRC, acting as a Privacy Board, is required to evaluate certain criteria in considering whether to approve an authorization waiver. If you are requesting Identifiable Information for a research purpose, explain why your proposed use of PHI involves no more than a minimal risk to the privacy of patients that are the subject of the research. Evidence of minimal risk to the privacy of patients that should be addressed in your explanation includes:
 - An adequate plan to protect PHI identifiers from improper use and disclosure;
 - An adequate plan to destroy PHI identifiers at the earliest opportunity; and
 - Adequate written assurances that PHI will not be reused or disclosed.

Appendix I

Certification of Project Completion and Destruction or Retention of Data

(Please Save)

Name:	
Title:	
Organization:	
Address:	
Tel Number:	
Fax Number:	
E-mail Address;	
Project Title:	
Data Sets:	
Years:	
<input type="checkbox"/> Certification of Data Destruction	Date the Data was Destroyed:
<input type="checkbox"/> Request to Retain Data	Date Until Data Will Be Retained:

Instructions: Data must be destroyed so that it cannot be recovered from electronic storage media in accordance with the methods established by the “Guidance to Render Unsecured Protected Health Information Unusable, Unreadable, or Indecipherable to Unauthorized Individuals,” as established by the U.S. Department of Health and Human Services (HHS).

I hereby certify that the project described in the Application is complete as of this date _____, ___, 20__.

Complete the appropriate section, below:

☐ I/we certify that we have destroyed all Data received from the CO APCD Administrator in connection with this project, in all media that were used during the research project. This includes, but is not limited to data maintained on hard drive(s), diskettes, CDs, etc.

☐ I/we certify that we are retaining the data received in connection with the aforementioned project, pursuant to the following health or research justification (provide detail, use as much additional space as necessary and state how long the data will be retained).

☐ I/we hereby certify that we are retaining the Data received from the APCD Administrator in connection with the aforementioned project, as required by the following law. [Reference the appropriate law and indicate the timeframe].

By signing this Agreement, the Receiving Organization agrees to abide by all provisions set out in this Agreement.

SIGNATURES:

For the CO APCD:	For Receiving Organization:
Signature:	Signature:
Name: Pete Sheehan	Name:
Title: VP of Client Solutions & State Initiatives	Title: