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EXHIBIT A

DESCRIPTION OF THE WORK

THE WORK

TITLE: APCD-CDL

MEDIUM: Data layout

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THE PURPOSE

NAME OF REQUESTOR:

Emi Botzler-Rodgers,

Humboldt County Behavioral Health Director

ORGANIZATION: Humboldt County Department of Health and Human Services Behavioral Health

MEDI-CAL VERIFICATION: Licensee hereby acknowledges and agrees they are a managed care plan for Medi-Cal: YES

PROGRAM AFFILIATION/DEPARTMENT: California Department of Health Care Services (DHCS)

DESCRIPTION OF SPECIFIC USE: The APCD-CDL will be used by the Licensee as the official data layout to receive Medi-Cal historical utilization data from the California Department of Health Care Services (DHCS). Delivery of Medi-Cal historical utilization data to Licensee, as a contracted managed care plan for Medi-Cal, is considered to be non-commercial use, and falls within the parameters of the Terms of the license.

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TERRITORY: World

TERM: 2 Years

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