

**EXHIBIT A-2**  
**Statement of Work Template**

**STATEMENT OF WORK FOR IT CONTINGENT WORKERS  
BETWEEN  
STATE OF MISSISSIPPI DIVISION OF MEDICAID  
AND  
GUIDESOFT, INC., d/b/a KNOWLEDGE SERVICES**

May 23, 2019

Sheila Kearney  
Mississippi Division of Medicaid  
550 High Street, Suite 1000 | Jackson, MS 39201

Authorization for work performed pursuant to this Statement of Work ("SOW") is granted under the terms of the Master Consulting Services Agreement between GuideSoft, Inc. d/b/a Knowledge Services and Mississippi Department of Information Technology Services.

- **Knowledge Services Posting Number:** 60484
- **IT Contingent Worker Name:** Paul Shadwick
- **Vendor Name:** Ciber
- **Position Title:** Interoperability PM
- **Regular Hourly Bill Rate:** \$ 156.51
- **OT Hourly Bill Rate (if applicable):** \$ 156.51
- **Number of Hours to be worked:** not to exceed 2,080 per year/6,240 total
- **Total Cost of SOW:** not to exceed \$325,540.80 per year/\$976,622.40 3 year total
- **Start Date of Service:** 7/15/19
- **End Date of Service:** 7/15/2022
- **Work Location:** 550 High Street, Suite 1000 | Jackson, MS 39201

For the faithful performance of the terms of this Statement of Work, the parties hereto have caused this Statement of Work to be executed by their undersigned authorized representatives.

**Mississippi Department of Medicaid**

  
\_\_\_\_\_  
Authorized Signature

Drew Snyder  
\_\_\_\_\_  
Printed Name

Executive Director  
\_\_\_\_\_  
Title

July 11, 2019  
\_\_\_\_\_  
Date

**GuideSoft Inc., d/b/a Knowledge Services**

Doreen DeLancy  
\_\_\_\_\_  
Authorized Signature

Doreen DeLancy  
\_\_\_\_\_  
Printed Name

Program Manager  
\_\_\_\_\_  
Title

May 23, 2019  
\_\_\_\_\_  
Date