

EXHIBIT A-2

Statement of Work Template

Original Amended

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

8/22/2019

Sheila Kearney
State of Mississippi, Department 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:** 63769
- **IT Contingent Worker Name:** Patti Irgens
- **Vendor Name:** Willow Healthcare
- **Position Title:** Procurement Project Manager
- **Regular Hourly Bill Rate:** \$105.00
- **OT Hourly Bill Rate (if applicable):** \$105.00
- **Original Number of Hours to be worked:** 5,520 hours (1,840 hours per year)
- **Amended Number of Hours to be worked:** Click or tap here to enter text.
- **Original Total Cost of SOW: (Not to exceed)** \$579,600 (\$193,200 per year)
- **Amended Total Cost of SOW: (Not to exceed)** Click or tap here to enter text.
- **Start Date of Service:** 9/16/2019
- **Original End Date of Service:** 9/16/2022
- **Amended End Date of Service:** Click or tap to enter a date.
- **Work Location:** 550 High Street 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

8/28/19

Date

GuideSoft Inc., d/b/a Knowledge Services

Doreen DeLancy

Authorized Signature

Doreen DeLancy

Printed Name

Program Manager

Title

8/22/2019

Date