

**EXHIBIT A-2**  
**Statement of Work Template – FOR INFORMATION PURPOSES ONLY**

**STATEMENT OF WORK FOR IT CONTINGENT WORKERS**  
**BETWEEN**  
**Mississippi Division of Medicaid**  
**AND**  
**GUIDESOFT, INC., d/b/a KNOWLEDGE SERVICES**

December 18, 2017

Grant Banks  
Mississippi Division of Medicaid  
550 High Street, Suite 1000 | Jackson, MS 39201  
Phone: 601-359-6153

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: 49901
- IT Contingent Worker Name: Chris Smith
- Position Title: Project Director
- Regular Hourly Bill Rate: \$ 165.95
- OT Hourly Bill Rate (if applicable): \$ 165.95
- Knowledge Services Not to Exceed Rate: \$305,348
- Number of Hours to be worked: 1840
- Total Cost of SOW: \$ \$305,348
- Start Date of Service: 1/2/2018
- End Date of Service: 1/2/2019
- Work Location: 550 High Street, Suite 1000 | Jackson, MS 39201

Name of Vendor providing IT Contingent Worker: Willow Healthcare

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 Division of Medicaid

  
Authorized Signature

Rita Rutland  
Printed Name

Deputy Administrator Information  
Management Services  
Title

December 19, 2017  
Date

GuideSoft Inc., d/b/a Knowledge Services

  
Authorized Signature

Doreen DeLancy  
Printed Name

Project Director  
Title

December 18, 2017  
Date