

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

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

9/25/18

Rita Rutland  
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:** 49901
- **IT Contingent Worker Name:** Chris Smith
- **Vendor Name:** Willow Healthcare
- **Position Title:** Project Director
- **Regular Hourly Bill Rate:** \$ 165.95
- **OT Hourly Bill Rate (if applicable):** \$ 165.95
- **Knowledge Services Not to Exceed Rate:** \$916,044
- **Number of Hours to be worked:** 1,840 per year, 5,520 total
- **Total Cost of SOW:** \$916,044
- **Start Date of Service:** 01/03/2019
- **End Date of Service:** 1/3/2022
- **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 Division of Medicaid



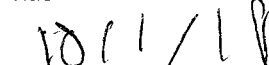
Authorized Signature

Drew Snyder

Printed Name

Executive Director

Title



Date

GuideSoft Inc., d/b/a Knowledge Services

*Doreen DeLancy*

Authorized Signature

Doreen DeLancy

Printed Name

Program Manager

Title

September 25, 2018

Date