

EXHIBIT A-2
Statement of Work Template
Amended
STATEMENT OF WORK FOR IT CONTINGENT WORKERS
BETWEEN
Mississippi Division of Medicaid
AND
GUIDESOFT, INC., d/b/a KNOWLEDGE SERVICES

May 29, 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: 52897
IT Contingent Worker Name: Stefanie Bryant
Vendor Name: SWB Consulting
Position Title: Data Analyst/Eligibility Business Analyst
Regular Hourly Bill Rate: \$ 51.00
OT Hourly Bill Rate (if applicable): \$ 51.00
Knowledge Services Not to Exceed Rate:


- Year 1: \$53,040
- Years 2-5: \$93,840
- 5 Year Total: \$428,400

Number of Hours to be worked:

- Year 1: 1,040
- Years 2-5: 1,840
- 5 Year Total: 8,400

Total Cost of SOW: \$428,400
Start Date of Service: 5/21/2018
End Date of Service: 4/2/2023
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.

~~State of Mississippi~~ Division of Medicaid


Authorized Signature

Drew Snyder

Printed Name

Executive Director

Title

7/9/19

Date

GuideSoft Inc., d/b/a Knowledge Services

Doreen DeLancy

Authorized Signature

Doreen DeLancy

Printed Name

Program Manager

Title

May 29, 2019

Date