



MISSISSIPPI DIVISION OF
MEDICAID

EXECUTIVE APPROVAL REQUEST

From: Grant Banks

Date: 2/26/21

Regarding: Knowledge Services Contract Renewal Approval

COMMENTS: The attached contract/SoW a renewal of Ian Morris' services as Interoperability Project Manager through the ITS Knowledge Services MSP. There is already a BAA on file for this vendor

Approved/Reviewed

Disapproved

Approved with Comments

Jennifer Wentworth
Office of Administration

2-26-2021
Date

Approved/Reviewed

Disapproved

Approved with Comments

Laura Gibbes
Legal Council

2-26-2021
Date

Approved/Reviewed

Disapproved

Approved with Comments

Drew Snyder
Executive Director

3/13/21
Date

EXHIBIT A-2

Statement of Work Template

Original Amended

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

2/25/2021

Mississippi Division of Medicaid
550 High St. 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:** 52406
- **IT Contingent Worker Name:** Ian Morris
- **Vendor Name:** Morris Consulting
- **Position Title:** Interoperability PM
- **Regular Hourly Bill Rate:** \$143.75
- **OT Hourly Bill Rate (if applicable):** \$143.75
- **Original Number of Hours to be worked:** 5520
- **Amendment 1: Number of hours to be worked:** 1,840 per year/9,200 total
- **Amendment 2: Number of hours to be worked:**
- **Amendment 3: Number of hours to be worked:**
- **Original Total Cost of SOW: (Not to exceed)** \$793,500
- **Amendment 1: Total Cost of SOW: (Not to exceed)** \$1,322,500
- **Amendment 2: Total Cost of SOW: (Not to exceed)**
- **Amendment 3: Total Cost of SOW: (Not to exceed)**
- **Start Date of Service:** 4/30/2018
- **Original End Date of Service:** 4/25/2021
- **Amendment 1: End Date of Service:** 4/25/2023
- **Amendment 2: End Date of Service:**
- **Amendment 3: End Date of Service:**
- **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 Division of
Medicaid**



Authorized Signature

Drew Snyder
Printed Name

Executive Director
Title

Date
3/3/21

GuideSoft Inc., d/b/a Knowledge Services

Hailey Petty

Authorized Signature

Hailey Petty
Printed Name

Program Manager
Title

Date
2/25/2021