

4. Qualifications

Based on our qualifications, experience, and past performance with Medicaid provider systems and provider operations projects, Montana and the NASPO ValuePoint participating states can expect to reduce risk and deliver project success for the Provider Services Module implementation. Our success in implementing modular provider enrollment and management systems in three states is unsurpassed in the Medicaid market. These projects provide a solid foundation for meeting the requirements of the Provider Services Module. Partnering with a well-known Medicaid market leader, with diverse Medicaid Provider experience, and a strong client focus, allows the State to minimize risk and achieve the State's goals and objectives for this module.

RFP Section 4

All subsections of Section 4 require a response. The Offeror must indicate certification of understanding for Sections and the offeror must restate the subsection number and the text immediately prior to your written response.

In this section, MAXIMUS responds to all Qualifications subsections with certification of understanding and restating the subsection number and text before our written response.

4.1 State's Right to Investigate and Reject

4.1 STATE'S RIGHT TO INVESTIGATE AND REJECT

The State may make such investigations as deemed necessary to determine the Offeror's ability to provide the supplies and or perform the services specified. The State reserves the right to reject a proposal if the information submitted by, or investigation of, the Offeror fails to satisfy the State's determination that the Offeror is properly qualified to perform the obligations of the contract. *This includes the State's ability to reject the proposal based on negative references.*

MAXIMUS understands and will comply with RFP item 4.1.

4.2 Offeror Qualifications

4.2 OFFEROR QUALIFICATIONS

To enable the State to determine the capabilities of an Offeror to provide the services specified in the RFP, the Offeror shall respond to the following regarding its ability to meet the State's requirements. **THE RESPONSE, "(OFFEROR'S NAME) UNDERSTANDS AND WILL COMPLY," IS NOT APPROPRIATE FOR THIS SECTION.**

NOTE: Each item must be thoroughly addressed. Offerors taking exception to any requirements listed in this section may be found nonresponsive or be subject to point deductions.

For the purposes of Offeror Qualifications, the Offeror must include company information, references, financial information, and other qualification information and materials for the entity that will be the actual Contracting Entity. For example: if corporation XYZ chooses to bid, and it plans to have its wholly owned affiliate ABC sign the contract, the proposal must include references, qualifications, financial and other reference information for the ABC affiliate. XYZ can also submit qualification material from XYZ Corporation but it won't be considered in evaluating the actual Contracting Entity.

MAXIMUS Human Services, Inc., the contracting entity for this opportunity, and is a wholly owned subsidiary of our parent company, MAXIMUS, Inc., a publicly traded corporation (NYSE: MMS).

MAXIMUS Human Services, Inc. relies upon our parent company and its other subsidiaries to supplement our workforce. The parent company provides corporate resources such as technology, information security/confidentiality, finance/accounting, auditing, real estate and facilities management, human resource and training, and legal/contracts services.

Option B Services will be provided by another MAXIMUS, Inc. wholly owned subsidiary, MAXIMUS Health Services, Inc. and will be supported by MAXIMUS Human Services, Inc. As such, and in accordance with Answers to Questions (that if both subsidiaries are participating in the bid and one of the subsidiaries will sign the contract, references from the other subsidiary participating in the bid can be

used), our company experience and references are from both subsidiaries. Our corporate information and financial information are for the actual contracting entity, MAXIMUS Human Services, Inc. We take no exceptions to any requirements listed in this section.

4.2.1 References

4.2.1 References

Offeror shall provide a minimum of 3 (three) references that are currently using or have previously used products and/or services of the type proposed in this RFP. The references may include state governments, universities, or comparable private sector projects for whom the Offeror, within the last 3 (three) years, has successfully completed a healthcare related system implementation. At a minimum, the Offeror shall provide the company name, location where the products and/or services were provided, contact person(s), contact telephone number, e-mail address, and a complete description of the products and/or services provided, and dates of service. These references will be contacted to verify Offeror's ability to perform the contract. The State reserves the right to use any information or additional references deemed necessary to establish the ability of the Offeror to perform the contract. Negative references or the inability to contact the reference may be grounds for proposal disqualification. Provide the information above for each proposed subcontractor.

For more than 28 years, MAXIMUS has partnered with CMS to manage and operate the Medicare reconsideration and appeal program, currently known as Qualified Independent Contractor (QIC). For more than 20 years, we have worked with providers and Managed Care Delivery Systems (MCOs) through our member and provider services contracts with the Medicaid program. And, for the past 19 years, MAXIMUS has worked in the Medicaid Provider market; we currently provide system and operational expertise in nine states. We have identified the references that best represent the broad systems and operational expertise we have.

MAXIMUS provides three references that are currently using or have previously used products and/or services of the type proposed in this RFP.

The references are from state governments projects for whom

MAXIMUS, within the last three years, has successfully completed a Provider Services module and the system implementation.

MAXIMUS has one subcontractor who will assist with the delivery of services. Microassist will manage the training materials, training sessions, and online training. Microassist has completed a number of similar training engagements for MAXIMUS and brings knowledgeable resources and repeatable processes. Microassist provides three references that are currently using or have previously used services of the type proposed in this RFP.

We understand that 1) the State will contact these references to verify our ability to perform the contract, 2) the State reserves the right to use any information or additional references deemed necessary to establish our ability to perform the contract, and 3) negative references or the inability to contact the reference may be grounds for proposal disqualification.

Our references can attest to our deep and successful experience in modular provider management systems supported by staff knowledgeable in Medicaid Provider Enrollment and Screening activities.



MAXIMUS far exceeds the minimum requirement of three years of experience. We have been delivered Provider Services for the past 19 years.

Project Name	Tennessee Medicaid Provider Portals, Systems and Databases Project
Company Name	Tennessee Department of Finance and Administration, Bureau of TennCare
Contact Person(s)	Dennis Elliott, Director Provider Services
Contact Telephone Number	(615) 507-6772
E-Mail Address	dennis.elliott@tn.gov
Dates of Service	05/16/2011 – 04/30/2015
Contract Value	\$10,210,788
Location Where the Products and/or Services Were Provided	Nashville, TN
Offeror / Subcontractor	MAXIMUS
Complete Description of the Products and/or Services Provided	The Tennessee Provider Portals, Systems, and Databases contract involves system development and maintenance of several different systems in support of Medicaid Providers for the State, including: ■ Electronic Health Record (EHR) Provider Incentive Payment Program (PIPP) ■ Provider Data Management System (DecisionPoint) ■ Financial Change Request (FCR) ■ Committee on Operating Rules for Information Exchange (CORE) As a follow on to our original contract, MAXIMUS continues to support the State in externalizing provider management functions outside of the MMIS. These functions include enrolling and screening, implementing a web-based Provider-facing system that offers the ability to integrate data validation with a variety of external data sources, processing enrollments and collecting payments, seeking and validating Provider information, and educating Providers on the system. We have enabled an interface with CAQH as the State's CVO and have integrated with EDIFICS to enable electronic transactions to be available through the provider portal.

Project Name	Nebraska Medicaid Provider Enrollment and Screening
Company Name	Nebraska Department of Health and Human Services, Division of Medicaid and Long-Term Care
Contact Person(s)	Michael Michalski, Deputy Director Finance & Program Integrity
Contact Telephone Number	(402) 471-5046
E-Mail Address	Michael.Michalski@nebraska.gov
Dates of Service	02/02/2015 – 02/01/2021
Contract Value	\$17,652,179
Location Where the Products and/or Services Were Provided	Lincoln, Nebraska
Offeror / Subcontractor	MAXIMUS

Complete Description of the Products and/or Services Provided	MAXIMUS has implemented a Provider screening and enrollment solution for the State of Nebraska that assists the Department in its efforts to meet the enhanced Medicaid Provider enrollment and screening requirements included in the ACA. As a part of this solution, MAXIMUS is responsible for implementing a comprehensive system, operating a full-service contact center, and developing processes for enrolling and screening Nebraska Providers. The basis for the implementation of the system is the MAXIMUS DecisionPoint for Provider Management platform. MAXIMUS configured and implemented the solution in 8 months and continues to provide the system under a Software as a Service (SaaS) model.
--	---

Project Name	Iowa Medicaid Enterprise Provider Service
Company Name	Iowa Department of Human Services (Iowa Medicaid Enterprise)
Contact Person(s)	Kera Oestreich, Contract Manager
Contact Telephone Number	515.256.4892
E-Mail Address	koestre@dhs.state.ia.us
Dates of Service	05/01/2010 – 06/30/2017
Contract Value	\$14,610,539
Location Where the Products and/or Services Were Provided	Des Moines, Iowa
Offeror / Subcontractor	MAXIMUS
Complete Description of the Products and/or Services Provided	MAXIMUS is responsible for managing the Provider Services Unit for the Iowa Medicaid Enterprise, the state's full-service Medicaid program, and provides the following services to support Medicaid Providers statewide: ■ Enrolling Providers and maintaining Provider data including meeting the ACA requirements for enrollment and screening ■ Operating a full-service contact center to answer inquiries and provider support ■ Training and assisting Providers participating in Medicaid ■ Responding to Provider inquiries ■ Maintaining the repository of Provider information ■ Conducting outreach and providing education to Medicaid Providers MAXIMUS also has provided the system solution for the administration of the Electronic Health Records (EHR) Provider Incentive Payment Program (PIPP).

Company Name	Pacific Institute for Research and Evaluation
Contact Person(s)	Ann Mason
Contact Telephone Number	(904) 744-6023
E-Mail Address	mason@pire.org
Dates of Service	10/2016 - present
Location Where the Products and/or Services Were Provided	Austin, TX

Offeror / Subcontractor	Microassist
Complete Description of the Products and/or Services Provided	Microassist developed learning hosted at the Federal Veterans Health Administration. Microassist's instructional design team created Patient Centered Care modules that were incorporated into the Advanced Integrative Health Clinical Inter-professional education program.

Company Name	Texas Department of State Health Services
Contact Person(s)	Mary Van Wisse
Contact Telephone Number	(512) 206-5892
E-Mail Address	Mary.VanWisse@dshs.texas.gov
Dates of Service	2008-2016
Location Where the Products and/or Services Were Provided	Austin, TX
Offeror / Subcontractor	Microassist
Complete Description of the Products and/or Services Provided	Microassist created a custom learning system for the Texas Department of State Health Services as part of a successful public outreach program from the medical community to pregnant women regarding perinatal HIV testing.

Company Name	Association of Food and Drug Officials
Contact Person(s)	Randy Young
Contact Telephone Number	(717) 575-2888, extension 106
E-Mail Address	ryoung@afdo.org
Dates of Service	02/2017 - present
Location Where the Products and/or Services Were Provided	Austin, TX
Offeror / Subcontractor	Microassist
Complete Description of the Products and/or Services Provided	Microassist programmed storyboards for IFSS Food Protection Professional Entry Level Courses.

4.2.2 Company Profile and Experience

4.2.2 Company Profile and Experience

Offeror shall provide documentation establishing the individual or company submitting the proposal has the qualifications and experience to provide the supplies and/or services specified in this RFP, including, at a minimum:

In this subsection, we describe our company's qualifications and experience to provide the services specified in this Provider Services Module RFP, including Base services, and Option A and Option B Services.

About MAXIMUS

- a general description of the company including its primary source of business, organizational structure and size, number of employees, years of experience performing services similar to those described within this RFP;

MAXIMUS, Inc. was founded in 1975 with a mission of *Helping Government Serve the People*®. MAXIMUS partners with governments at all levels to provide critical health and human services programs. We deliver innovative business process management and technology solutions that contribute to improved outcomes for citizens and higher levels of productivity, accuracy, accountability and efficiency of government-sponsored programs. With more than 18,000 employees worldwide, MAXIMUS is a proud partner to government agencies in the United States, Australia, Canada, Saudi Arabia, Singapore, and the United Kingdom.

In 2006, MAXIMUS established the subsidiary, MAXIMUS Human Services, Inc., to focus on providing government human services agencies with a variety of business process services and related consulting services for child support, welfare-to-work, financial services, and education programs.

In 2007, MAXIMUS established the subsidiary, MAXIMUS Health Services, Inc., to focus on providing government health services agencies with health care operational and systems services. These encompass support for Medicaid, CHIP, health insurance exchanges, eligibility and enrollment modernization, long-term care programs, and MMIS and health information technology consulting.

Exhibit 4-1 shows our corporate organizational structure.

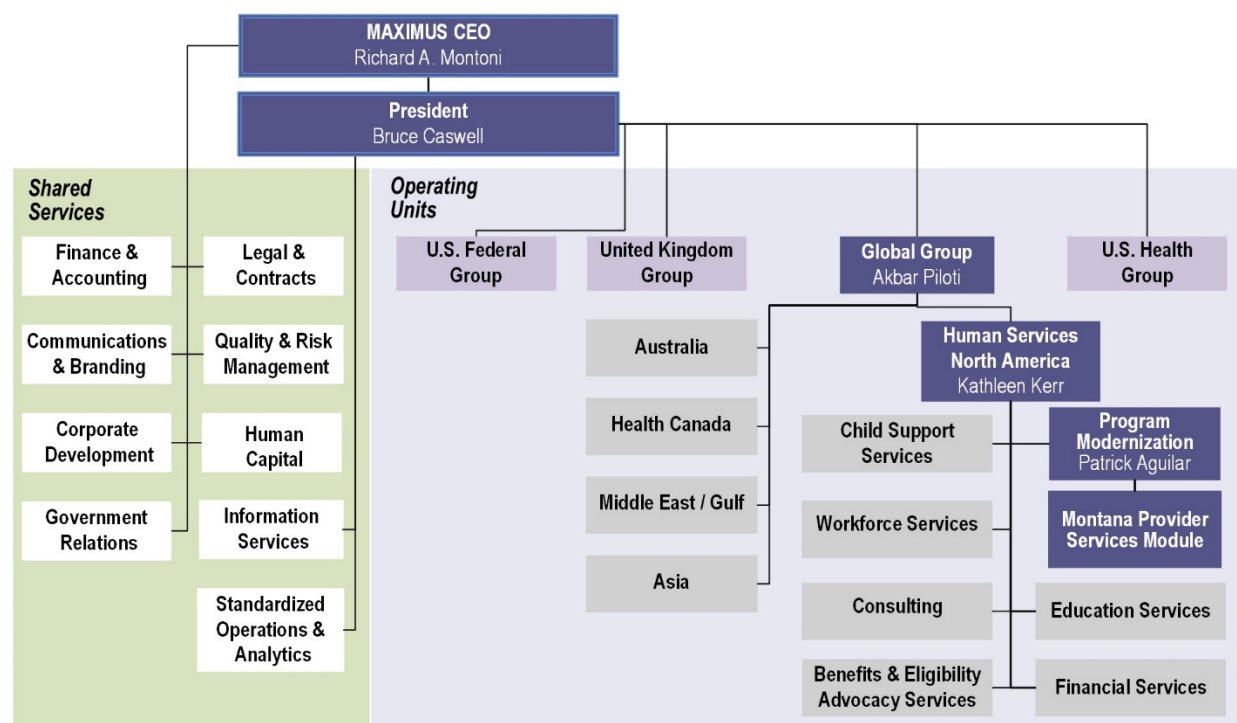


Exhibit 4-1: MAXIMUS Organization Structure. MAXIMUS Human Services, Inc. is a wholly owned subsidiary of MAXIMUS, Inc., with which we share services. MAXIMUS Human Services, Inc. is the actual contracting entity for this Provider Services Module proposal.

Our strength is based on our pinpointed focus on health and human services solutions.

Medicaid Experience

Serving more than three quarters of the Medicaid managed care market, MAXIMUS has grown to be the leading contractor in the nation providing Medicaid enrollment broker and CHIP administrative

operations. As shown in *Exhibit 4-2: Medicaid and Provider Services Experience*, we operate health operations projects across 30 states and the District of Columbia for our government partners, including 30 State Medicaid programs.

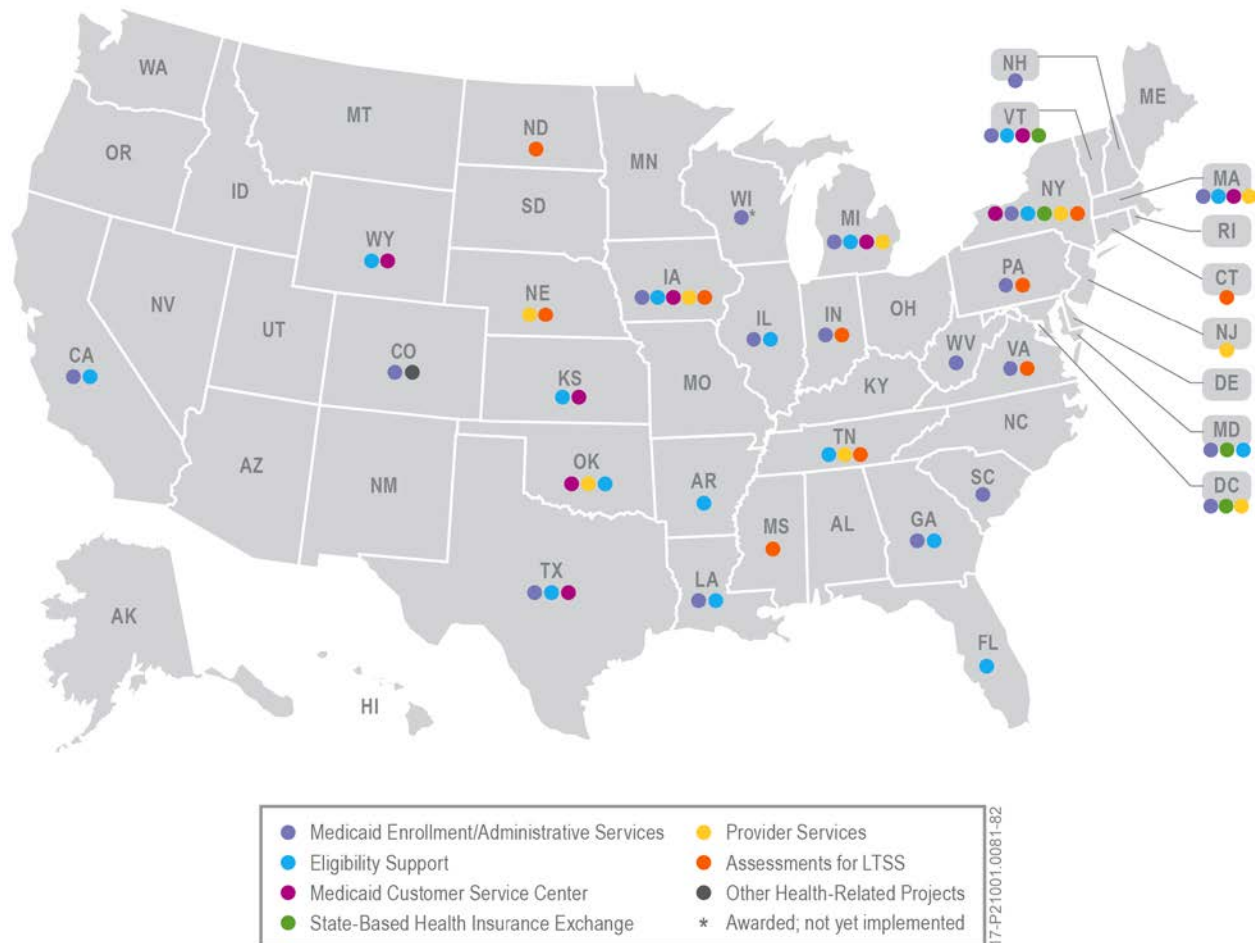


Exhibit 4-2: Medicaid and Provider Services Experience. We operate 29 Medicaid-related projects, along with other health and human services projects in 39 states.

With 19 Medicaid managed care enrollment broker projects, we understand that Provider management is not isolated from other services based around Medicaid, but is highly integrated with the larger Medicaid and health care environments. MAXIMUS leverages best practices and lessons learned from our Medicaid Provider experience and from our wide array of health services projects (including Enrollment Broker, Health Insurance Exchange, and eligibility support).

Provider Services Experience

Since the passing of the Patient Protection and Affordable Care Act (ACA) in 2010, MAXIMUS has been involved in the implementation of this monumental policy. We focused on helping our clients achieve compliance with the Provider enrollment and screening requirements included in the ACA. When CMS began pushing modularity as a key building block for new Medicaid support systems, we were on the forefront and developed a modular Provider Management solution which is now implemented in three states. Our modular Provider Management solution is unsurpassed in the Medicaid market. Our clients in

Tennessee, Iowa, Massachusetts, Nebraska, and the District of Columbia are some of the first agencies to achieve compliance with these new requirements using our modular solutions, and this experience provides the background and experience for our MPATH Provider Services proposal.

MAXIMUS is the first company to develop and implement an independent Provider Management solution outside of the traditional MMIS. We accomplished this project in partnership with the State of Tennessee as they moved away from a traditional MMIS model to one that more fully supported their managed care Medicaid Program. As modularity ideas have advanced, MAXIMUS has developed a model to transition fiscal agent operations into standalone business services components governed by service level agreements and technology requirements. This approach benefits our clients by allowing the incremental modernization of systems and services to improve the quality of services delivered. It also enables clients to control how and when new services and supporting technology are delivered. The Provider community specifically benefits from having a customer-centric, intuitive, web-based solution that eliminates mounds of paper and encompasses a variety of communication methods that support the modern technology currently used by the larger Medicaid Provider population.

And we have not stopped there. We are currently pursuing modular certification for our solutions in Nebraska and the District of Columbia and we expect both modular solutions to be federally certified well before the Montana Provider Service project begins. We have already worked with both states to complete the applicable MECT checklist and provided the required documentation to support the certification review. We are currently working with each state's IV&V vendor, and are in the process of scheduling the CMS review.

Our seven years of experience with ACA implementation, and over 19 years of experience with Medicaid Provider systems, brings Montana the skills, experience, and qualifications to implement our solution for Montana and the other participating states.

MAXIMUS is currently working with multiple states, forming new ideas for how Provider data should be structured and made available outside of the traditional MMIS to avoid built-in constraints that impact data sharing and advanced business processes.

Broad Experience Benefits Montana and Participating States

Success in delivering the Provider Services Module requires an intricate mix of Medicaid Provider management expertise, understanding of the requirements, ability to provide experienced project management to implement systems and operations simultaneously, and an experienced, customer-focused technology team able to quickly understand and implement the DPHHS's priorities. Our ability to deliver the services that the State seeks for this solution is reflected in several of our key corporate attributes:

- **Experience Providing ACA Compliant Solutions.** The MAXIMUS Provider Services Module was developed and customized specifically for Medicaid Provider Management and the ability to operate Provider functions outside of the traditional MMIS model. Our custom-built, fully ACA-compliant Provider Services system automates all Provider management functions and facilitates the process of properly screening and re-validating Providers to ensure that they meet all Medicaid eligibility guidelines. It is a web-based solution designed for Provider self-service and screening automation supported by a flexible data integration platform that addresses all ACA requirements and is able to integrate with existing legacy systems.

- **Experience Supporting Provider Self-Service Access.** The Provider registration portals built by MAXIMUS are designed to optimize and encourage self-service through easy to use functions and time saving capabilities. We focus on those areas that are problematic such as electronic submission, including document upload functionality, front-end profile editing, and web-based access. We have built functionality that Providers understand will save them time and resources when they need to update or maintain their data. Our self-service registration portal is currently driving 100 percent of Provider applications in Tennessee, and has been instrumental in reducing paper applications in a number of our other Provider operations projects.
- **Provider Services System and Provider Operations Experience.** From a Provider system and services perspective, MAXIMUS is working with multiple states, forming new ideas for how Provider data should be structured and made available outside of the traditional MMIS to avoid built-in constraints that impact data sharing and advanced business processes. In Tennessee, we are responsible for the design, development, and implementation of technology systems in support of the State's Medicaid Providers to externalize the Provider management capabilities from the MMIS. We continue to provide maintenance, enhancements, and operational support of the systems that we have built for the program. In Nebraska, we were awarded a contract to bring the state into compliance with the new ACA requirements for Provider enrollment and screening, enable technology and services for the State to speed up the application process, screen high and medium risk Providers, and conduct site visits to ensure Providers are practicing as they should be. MAXIMUS is also well-versed in the nuances of Provider Services system administration through our extensive experience performing Provider operations projects nationwide.
- **Experience Ensuring Provider Network Adequacy.** In New York and New Jersey, we maintain statewide directories of health care Providers to help these states make sure they have adequate coverage, help with Managed Care Organization (MCO) compliance checking, and help to enable states to make accurate data available to members. In Iowa and Massachusetts, MAXIMUS is providing full Provider management services, including operating Provider call centers and meeting the new ACA enrollment and screening requirements. In Tennessee, we are implementing MCO compliance analytics as part of our solution to enable the State to check network compliance attributes for Provider and member density.
- **Knowledge of Industry Best Practices.** MAXIMUS has extensive experience standing up projects of similar size, scope, and timeframes. Because of our flexible and well-tuned implementation and operation models, we are able to stand-up complex projects successfully within aggressive timeframes. To address the need for timely implementation, we have developed and refined the necessary skill sets to enable a quick, low-risk implementation. We also are not limited to legacy ideas about how business processes and technology should be used. We continually look for innovative methods that stem from Provider needs, use technology to improve performance, and align operating procedures to combat existing problems with support. Due to our experience in the Medicaid Provider environment, we are able to implement industry best practices to reach Providers in the most cost effective ways.

MAXIMUS has the ability to leverage best practices and lessons learned not only from our Medicaid Provider experience, but from our wide array of health services projects. We work alongside health and human services agencies to ensure that their programs perform well, that states meet program goals and

expectations, and that in the end, the most important clients are being served — the customers. This perspective and our specific experience is important to the DPHHS because it helps you partner with a company that can approach a project from multiple perspectives and not be constrained by worrying about “how it was always done.”

Subcontractor – Microassist

- Provide the information above for each proposed subcontractor.

Microassist, Inc. will be responsible for the development of the Staff Training Plan; evaluation of the communication, training and publication revision needs for updates resulting from business process changes; conducting Train-the-Trainer sessions for the incumbent’s training staff; and administering and assessing trainee feedback via a training evaluation survey.

Microassist, Inc. was founded in 1988 to provide instructor-led software training and technical services to organizations in Central Texas. Since that time, Microassist has grown to provide a wide array of learning systems, courses, and services to state and local governments and the private sector, including instructor-led training, regular course offerings, standard and custom technology-based training solutions and managed training services.

In addition, Microassist is an award-winning provider of accessible solutions for web, training, and open-source products. They have been selected by the Texas Department of Information Resources (DIR) for their training contracts for over twenty-five consecutive years, and are one of the largest current training vendors for the State of Texas.

Microassist has specific expertise in providing accessibility remediation for documents, open-source learning management systems (LMS), and websites, and has accessible custom application development expertise in ASP.NET, PHP, Ruby on Rails, and Java-based tools. This expertise has been leveraged to create, remediate, and maintain some of the largest United States government websites operating under Section 508 and WCAG (Web Content Accessibility Guidelines) 2.0 requirements.

Microassist’s experience includes:

- Texas Department of Information Resources (DIR) – Information Security Training Program
- Texas Health and Human Services Commission (HHSC) – Texas Integrated Eligibility Redesign System (TIERS) Training
- Texas State Library and Archives Commission (TSLAC) – End User Application Training
- Texas Department of Family and Protective Services (DFPS) – Child Care Licensing (CCL) Employee Training Texas Department of State Health Services (DSHS)
- Vital Statistics – Texas Electronic Registrar (TER)

Detailed Description of Similar Past Projects

- a detailed description of any similar past projects, including the product/service type and dates the products and/or services were provided;
- the client for whom the services were provided; and

MAXIMUS has been continually supporting provider enrollment and screening activities specifically for Medicaid for the past 19 years. Throughout this time, we have continued to add new projects and currently have seven projects specifically related to Medicaid provider data and systems.

Exhibit 4-3: Significant Relevant Experience presents our experience with similar Medicaid Provider-

focused projects nationwide. The number of years in operation displayed in the exhibit is a testament to our strong past performance and overall customer satisfaction.

Relevant MAXIMUS Experience	Number of Years in Operation	Provider Screening and Enrollment	Provider Data Management System	Web Portal Development and/or Operation	Data Collection and Validation	Data Integration
Tennessee Provider Portals, Systems and Databases	6	✓	✓	✓	✓	✓
Nebraska Provider Enrollment and Screening	3	✓	✓	✓	✓	✓
District of Columbia Provider Data Management System and Services	2	✓	✓	✓	✓	✓
Iowa Medicaid Enterprise Provider Services	12	✓			✓	
Massachusetts MassHealth Customer Services	19	✓			✓	✓
New York State Physician Profile	15		✓	✓	✓	✓
New Jersey Health Care Provider Profile	13		✓	✓	✓	✓

Exhibit 4-3: Significant Relevant Experience. MAXIMUS has 19 years of successful experience with numerous contracts similar to the Montana Provider Services Modules requirements.

Tennessee Provider Portals, Systems, and Databases

The Tennessee Provider Portals, Systems, and Databases contract is the evolution of a multi-year effort to externalize Provider management functions outside of the traditional MMIS model. Tennessee's ultimate goal is for all Provider functions to be accessible from the online portal, including HIPAA transaction request response, electronic remittance advice, and all Provider-related functions. Our contract has included the development of several systems including the Electronic Health Records (EHR) Provider Incentive Payment Program (PIPP) system, a financial payment workflow approval system for payments made to Providers outside of the regular processes, and multiple phases of the development of the Provider Data Management System (PDMS).

Through these successful projects, the State has benefitted from our ability to design and maintain a base infrastructure that contains a multitude of Provider management functions such as enrollment and screening. Our web-based, Provider-facing systems offer the ability to automate and improve data validation by integrating with a variety of external data sources, including the State's Council for Affordable Quality Healthcare (CAHQ) and Credentials Verification Organization (CVO). This modern technology platform also enables us to quickly adapt to new program initiatives. MAXIMUS currently performs maintenance, enhancements, and support of the easily accessible, yet dynamic web-based portal we have built to support all Provider management functions, including Provider registration.

Our basis for achieving excellence in operating and maintaining the Provider portals, systems, and databases lies in our understanding of the Provider service business process and requirements. Using this understanding, we have designed, built, and implemented innovative solutions to support Medicaid Providers and improve program performance. The Tennessee Project includes Provider data management functions that are very similar to the Montana requirements, as it demonstrates our experience with design, development, and implementation of systems, as well as our ability to support these systems.

The modern technology infrastructure of our solution has allowed the State to benefit from the ability to quickly and cost effectively develop new systems and functional components, web-based services, data integration among numerous platforms, and automation of what were previously manual and paper processes. Our Tennessee Provider solutions, which are directly relevant to the Montana Provider Services Module requirements, facilitate the modernization of all Provider management functions, including the ability to:

- Register and screen Providers electronically
- Enhance and standardize data collection and eliminate all paper applications
- Provide web-based self-service to Providers for all Medicaid functions
- Integrate with a variety of system platforms to exchange data including CAQH and web services integration with the MMIS
- Automate communication with Providers
- Implement improved functionality to manage Providers and support the Provider network
- Align with MITA 3.0 for enhanced federal funding participation

Using an iterative development methodology, MAXIMUS built the Tennessee solution utilizing a defined set of system releases. For each deliverable required, we submitted documentation and provided demonstrations and formal walkthroughs with the State so they were able to understand each component, ask any questions, and identify areas that needed enhancement. As each component of the application was built, the State gained an understanding of how we use our processes to promote on-time delivery.

District of Columbia Provider Data Management System and Services

MAXIMUS has implemented a Provider screening and enrollment solution for the District of Columbia that assists the District in its efforts to meet the enhanced Medicaid Provider enrollment and screening requirements included in the ACA and reduce the need for paper applications and processing. We provide enrollment and screening services through our ACA-compliant DecisionPoint solution for Provider Management system for this project. We brought together the best in self-service features, existing connections to key data sources, an in-depth knowledge of the Washington, D.C.-area health systems and Providers, and a flexible, modular approach to deliver a purpose-built solution to the District. This helps the District Medicaid program to better connect with the Provider community using methods that help facilitate transparency, understanding, and participation. It has also vastly improved the efficiency of the Provider enrollment process and reduced the timeframes for enrollment.

Our solution for the District includes the following services:

- Implementation of our DecisionPoint for Provider Management solution, including configuration of D.C.-specific requirements and support for federal certification
- A full operations center, which includes enrollment, screening, and site visit operations, as well as a fully operational call center
- Hosting of the DecisionPoint solution in a Software as a Service (SaaS) model
- Full infrastructure and technical support, including maintenance, operations, and enhancement staff

Nebraska Provider Enrollment and Screening

MAXIMUS was the first vendor to offer a modular Provider enrollment and screening solution that included both system and the operational components. Our solution for Nebraska assists the Department in its efforts to meet the enhanced Medicaid Provider enrollment and screening requirements included in the ACA, and move away from the traditional MMIS as they move towards 100 percent managed care. As a part of this solution, MAXIMUS was responsible for implementing a comprehensive system, operating a full-service contact center, and developing processes for enrolling and screening Nebraska Providers within our solution. We are also supporting certification activities and are in the process of requesting the CMS review. We anticipate that our Nebraska solution will be the first modular Provider enrollment and screening solution certified under the new modular requirements.

We are using the same MAXIMUS Provider Services system proposed for Montana as the web-based solution that addresses all ACA requirements, and which integrates with the existing State legacy Provider data systems. Our solution embodies a technical system and platform for managing workflows that support assigning, routing, and monitoring tasks, and gives supervisors the ability to prioritize, delegate, or reroute tasks as needed. It automates all Provider management functions, including the ability to enroll Providers and conduct periodic reactivation/revalidation activities electronically via a web portal, standardize and improve the data collection process through automated business edits and task-based workflows, screen Providers against verification databases, track the status of required Provider site visits and other outreach activities, and monitor the payment of application fees as applicable.

Iowa Medicaid Enterprise Provider Services

In early 2004, the Iowa Department of Human Services took a new approach to operating its Medicaid program, creating the Iowa Medicaid Enterprise (IME). The IME divided a large, multi-faceted Medicaid contract into nine smaller contracts awarded to multiple vendors with special expertise in each Medicaid area. Within the IME, MAXIMUS is responsible for managing the Provider Services Unit, and provides the following services to support Medicaid Providers:

- Enrolling Providers and maintaining Provider data, including meeting the ACA requirements for enrollment and screening
- Re-validating Providers
- Operating a full-service contact center
- Training and assisting Providers participating in Medicaid
- Responding to Provider inquiries
- Maintaining the repository of Provider information
- Conducting outreach and providing education to Medicaid Providers

Our solution reflects the Montana Provider Services Module requirements, because in performing the screening and enrollment functions using a legacy platform, we understand where improvements in processes can be supported by a new platform. MAXIMUS is unique in its structure because we use our experience from our operations to inform our system builds. Similar to the role required to in Montana, our Provider Services project interacts directly with current and potential Medicaid Providers on a daily basis, answering their questions and concerns, assisting them in updating their information, and enrolling them in the State's system through a dedicated contact center. The MAXIMUS operation in Iowa also

performs the ACA-mandated functions for Provider enrollment and screening, including making site visits.

MAXIMUS is currently providing contact center customer service for Providers participating in Iowa's medical assistance programs, enrollment and registration, maintaining and updating a comprehensive Provider database, as well as providing outreach and education services. MAXIMUS delivers full Provider management services, ensuring that Providers meet ACA enrollment and screening requirements.

As part of a different scope for Iowa, MAXIMUS also implemented a system to support the Electronic Health Records (EHR) Provider Incentive Payment Program (PIPP) in a four-month effort.

New Jersey Health Care Profile

MAXIMUS is proud to have served the New Jersey Division of Consumer Affairs in implementing and operating the New Jersey Health Care Profile (NJHCP) project since its inception in 2004. This repository of Provider information, mandated by the New Jersey Health Care Consumer Information Act, has proved to be an important resource for the health care consumers in New Jersey. Each Provider profile in the NJHCP Project includes a wealth of information about the Provider's education and specialty training, disciplinary actions, malpractice history, and hospital privileges. Additional information may include office practice locations, insurance plan participation, professional and community service activities, and other details that consumers may wish to consider in making their choice of health care provider. Our experience building this online Provider directory is important because we have a similar requirement in Montana.

Our efforts to establish and operate this service have included compiling a database of more than 52,000 health care providers; implementing and operating a Helpline and Help Desk to field consumer and Provider inquiries; and designing and operating a self-reporting site for Providers, as well as a paper survey for those who prefer not to use the site. We have sought to create a user environment – whether via the Internet, phone, or mail – that facilitates both compliance with the law for Providers and retrieval of information for consumers. Our efforts in this highly successful Provider profile initiative have included:

- Designing and operating user-friendly websites to serve Providers and the public
- Implementing Provider data collection tools that allow Providers an easy and convenient method for completing their self-reporting information online
- Designing a hard copy survey for Providers to report their information via mail
- Conducting follow-up calls to encourage and facilitate Provider participation
- Building a Provider database for use in analysis, reporting, storage, and retrieval
- Establishing a robust and effective protocol for data verification
- Maintaining licensing agreements for obtaining profile data from outside sources such as the AMA, the AOA, the NPDB, and the Healthcare Integrity and Protection Data Bank (HIPDB)
- Researching conflicting or discrepant Provider information
- Designing and operating the Helpline to serve consumers, and the Help Desk to serve health care professionals
- Providing ad hoc reports to the client as requested

This site receives approximately 400,000 visits per year.

New York State Physician Profile Project

The New York State Physician Profile Project provides health care consumers in the State of New York with information about all licensed and registered physicians in the state, with the objective of helping consumers locate and determine the appropriate physician to meet their health care needs. MAXIMUS works closely with the New York Department of Health to achieve its vision for a comprehensive and easy-to-access physician profile that provides updated and unduplicated information through a public-facing website.

The project demonstrates our experience understanding the multitude of Provider data, our ability to cleanse and analyze this data to create the state physician profiles, and our call center operations capabilities to support the Provider community. This project also demonstrates our experience with large-scale Provider operations projects.

MAXIMUS collaborated with the State to design and implement the New York State Physician Profile and provided relevant support to include the following:

- Compiling and maintaining a complex database of roughly 115,000 physicians
- Offering profile information to the public via the New York State Physician Profile website
- Verifying the accuracy of randomly selected profiles and confirming the accuracy and completeness of physician self-reported information
- Establishing and operating a toll-free call center for consumers and health care professionals
- Building an application to accommodate data analysis, management reporting, storage, and retrieval
- Conducting ongoing refresher trainings for call center customer service representatives
- Designing and conducting online and paper-based physician surveys to gather physician self-reported information

MAXIMUS collaborates with the New York Department of Health and the New York Office of Professional Medical Conduct to validate and verify that all information is 100 percent correct and reported in a timely fashion, and that duplicated information does not exist. The website provides the public with detailed practitioner information about their education, training, and practice locations. The website also provides medical malpractice information and other legal action information including, but not limited to, licensee actions, criminal convictions, hospital restrictions, and out-of-state actions. We also forged constructive relationships with Provider and consumer advocacy groups and integrated their feedback as a measure of continuous process improvement.

Massachusetts MassHealth Customer Services

MAXIMUS serves approximately 65,000 active Providers through our MassHealth project in Massachusetts, conducting Provider enrollment and credentialing for 62 unique Provider types. MAXIMUS offers both in-person and webinar-based Provider education and training sessions, assists in relationship management with and gives presentations to an active Provider association community, and provides one-on-one support for Provider issues regarding enrollment, claims, and other relevant topics. We currently support the ACA Provider Initiative in Massachusetts by performing ongoing re-validation of all active MassHealth Providers every five years, and offering project management, subject matter

expertise, and operational support for Ordering/Referring and Section 1202 enhanced payments. This is an interesting project for MAXIMUS because the existing MMIS does not fully support the ACA-mandated requirements for enrollment and screening. To maximize performance, MAXIMUS has had to create technical solutions for many of the existing tasks. We have used our DecisionPoint product as an example of how to structure our support systems in Massachusetts.

It is our responsibility to make available the information that Providers need to enroll as a MassHealth Provider, to submit claims for services provided to MassHealth Members, and to be aware of all regulations, policies, and procedures that must be followed to allow claims to be processed. MAXIMUS is responsible for developing and maintaining a cohesive and comprehensive approach to working with Providers, beginning at the point at which a prospective Provider applicant first contacts MAXIMUS for information on the MassHealth Program and continues through the services of Provider-related activities performed under the contract, such as re-validation.

4.2.3 Resumes

4.2.3 Resumes

A resume or summary of qualifications, work experience, education, and skills must be provided for all key personnel, including any subcontractors, who will be performing any aspects of the contract. Include years of experience providing services similar to those required; education; and certifications where applicable. Identify what role each person would fulfill in performing work identified in this RFP.

At the end of this section, we include a resume for all key personnel. We are not proposing key personnel from our subcontractor. Per RFP Section 3.10.5, key personnel include, at a minimum, a Project Manager, Contract Manager, Testing Lead, Integration Lead, Certification Lead, and Technical Manager.

Resumes include project role, qualifications, years of experience providing services similar to those required, work experience, education, skills, and certifications where applicable.

A summary of our key personnel and their qualifications are included in *Section 3.10.5 – Personnel*.

4.2.4 Offeror Financial Stability

4.2.4 Offeror Financial Stability

Offerors shall demonstrate their financial stability to supply, install, and/or support the services specified by: (1) providing annual financial statements, preferably audited (for publicly traded companies), audited financial statements (for privately held companies), or unaudited financial statements and tax returns (for privately held companies for which audited statements are not available), for the three consecutive years immediately preceding the issuance of this RFP. If an Offeror does not have three (3) years of such documentation, it shall submit the documentation that it does have going back no more than three Offeror fiscal years; and (2) providing copies of any quarterly financial statements that have been prepared since the end of the period reported by its most recent annual report. If financial statements aren't publicly available, Offeror must meet the requirements of Sections 2.3.1 and 2.3.2 to have the information kept confidential.

We have the financial stability to supply, install, and/or support the services listed in this RFP.

MAXIMUS Human Services, Inc. had \$105 million in revenue in FY 2016. At the end of this section, we include our audited financial statements for FY 2014–2016.

In FY 2016, our publicly traded parent company, MAXIMUS, Inc. had \$2.4 billion in overall annual revenue, cash and cash equivalents totaling \$158 million, minimal debt, and a significant revolving line of credit. MAXIMUS provides annual and quarterly financial statements for the parent company, but only annual statements for our major subsidiaries.

With regards to financial management, MAXIMUS Human Services, Inc. is a standalone trading company. Although it utilizes most centralized services provided by its parent company, MAXIMUS, Inc., it is a profitable entity with positive cash flows and requires no guarantees from its parent company to bid and operate contracts. MAXIMUS Human Services, Inc. is a party to a loan agreement, along with MAXIMUS, Inc. and its other subsidiaries, which allows access to up to \$400 million of borrowings.

As a publicly traded company and a government contractor serving the public, MAXIMUS regularly submits to transparent reviews/audits. Our financials are publicly filed and available at www.MAXIMUS.com. We are subject to the rules and regulations of the U.S. Securities and Exchange Commission (SEC), Sarbanes-Oxley Act, and New York Stock Exchange. The company's Board of Directors has an Audit Committee that is responsible for retaining and evaluating the company's outside audit firm, Ernst & Young. In 2016, Ernst & Young ranked No. 3 on *Accounting Today's* ranking of the top 100 accounting firms according to U.S. revenue. Their audit opinions are included in our Annual Reports.

Our financials are evidence of our financial capacity and stability to implement and operate this project. Recent recognition of our transparency and integrity include:

Fortune Magazine named MAXIMUS to its 2017 “World’s Most Admired Companies,” ranked eighth among industry technology services.



Institutional Investor Magazine recognized MAXIMUS Senior Vice President of Investor Relations Lisa Miles as one of the nation’s top investor relations professionals in 2016, ranked third for Best Midcap Investor Relations Professionals in the business, education, and professional services sector.



Barron's 400 Index selected MAXIMUS for two consecutive years (2013 and 2014) as the top six percent of all North American publicly traded companies based on their fundamental soundness and overall attractiveness to investors. Only 1.5 percent of North America companies remain on the list for two consecutive years.



Forbes/GMI Ratings named MAXIMUS to *Forbes* 2014 list of 100 of “America's Most Trustworthy Companies” based on the accounting and governance behaviors of United States publicly traded companies.



4.2.5 Oral Presentation/Product Demonstration/Interview

4.2.5 Oral Presentation/Product Demonstration/Interview

Offerors selected to participate in product demonstrations/interviews will be notified by the State in advance. For planning purposes, the State will submit an agenda and specific guidance as deemed appropriate to promote productive and efficient product demonstrations. The Offeror is expected to demonstrate and answer questions on the products and/or services outlined in the Offeror's proposal to meet the requirements of this RFP. It is required that the Contractor have a demonstration environment that is comprised of the proposed solution components that are currently operating in a production environment. Product Demonstrations/Interviews will be scheduled for all offerors who received an 80% or higher score on the technical proposal.

Offerors will be required to bring certain key personnel to the product demonstrations/interviews in Helena, Montana. At a minimum, the following key staff are expected to be present. Offerors are welcome to bring additional staff at their discretion.

1. Project Manager
2. Contract Manager
3. Testing Lead
4. Integration Lead

5. Certification Lead

MAXIMUS understands and will comply with the demonstrations/interviews processes. We understand that if selected, we are expected to:

- Demonstrate and answer questions on the products and/or services outlined in our proposal to meet the requirements of this RFP
- Have a demonstration environment that is comprised of the proposed solution components that are currently operating in a production environment
- Bring the following key personnel to the product demonstrations/interviews in Helena, Montana, at a minimum, and additional staff at our discretion
 - Project Manager
 - Contract Manager
 - Testing Lead
 - Integration Lead
 - Certification Lead

4.2.6 Equal Pay for Montana Women

4.2.6 Equal Pay for Montana Women

Executive Order No. 12-2016 promoting equal pay for Montana women directs the Department of Administration to include incentives in the RFP process for contractors who engage in best practices to promote wage transparency. These best practices include the following:

- (a) posting salary ranges in employment listings;
- (b) certifying that the contractor will not ask about wage history in employee interviews; and
- (c) certifying that the contractor will not retaliate or discriminate against employees who discuss or disclose their wages in the workplace.

No, I do not agree.

Company Name (Clearly Printed):

Authorized Signature:

Date:

Statement of Compliance with Equal Pay for Montana Women. Offeror indicating it will comply with Executive Order No. 12-2016 will receive 5% of the total points available. Offerors who do not comply will not receive the available points. Offerors are required to sign and upload a PDF copy of this certification with their proposal to certify compliance.

Yes, I agree and will comply with the best practices to promote wage transparency outlined in Executive Order No. 12-2016.

Company Name (Clearly Printed):

Authorized Signature:

Date:

MAXIMUS understands Executive Order No. 12-2016 and has completed the certificate for Equal Pay for Montana Women as part of our submission.

In addition, per Answers to Questions (The contractor must provide the information for each proposed subcontractor in addition to the prime contractor), our subcontractor, Microassist, understands Executive Order No. 12-2016 and has completed the certificate for Equal Pay for Montana Women as part of our submission.

We include both signed forms at the end of this section.

Resumes

Financials



MAXIMUS Human Services, Inc.
Consolidating Financial Statements

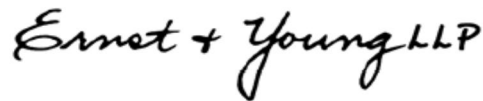
Year ended September 30, 2016

Report of Independent Registered Accounting Firm on Supplemental Information

The Board of Directors and Shareholders of MAXIMUS, Inc.

We have audited, in accordance with the standards of the Public Company Accounting Oversight Board (United States), the consolidated financial statements of MAXIMUS, Inc. and subsidiaries as of and for the year ended September 30, 2016 (not presented herein), and have issued an unqualified opinion thereon dated November 21, 2016. The consolidating balance sheets and income statements are not intended to present the financial position, results of operations, and cash flows of the individual companies, as would complete financial statements including necessary disclosures, and should be read in conjunction with the financial statements and our report thereon. The scope of our audit procedures was not designed to provide a basis for expressing opinions on the presentations of the accounts of the individual companies on a stand-alone basis and, accordingly, we do not express such opinions. However, the information has been subjected to audit procedures performed in conjunction with the audit of the consolidated financial statements. Such information is the responsibility of the Company's management.

Our audit procedures included determining whether the information reconciles to the financial statements or the underlying accounting and other records, as applicable, and performing procedures to test the completeness and accuracy of the information. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

The image shows a handwritten signature in black ink that reads "Ernst + Young LLP". The signature is written in a cursive, flowing style. It is positioned above a thin, light-colored horizontal line.

McLean, Virginia
March 7, 2017

MAXIMUS, Inc. and Subsidiaries
Consolidating Income Statements
Year ended September 30, 2016
(Amounts in thousands)

	MAXIMUS Human Services, Inc *	Other MAXIMUS, Inc subsidiaries	Eliminations	MAXIMUS, Inc
Revenue	105,420	2,297,940	-	2,403,360
Cost of revenue	75,309	1,765,860	-	1,841,169
Gross profit	30,111	532,080	-	562,191
Selling, general and administrative expenses	17,399	250,860	-	268,259
Amortization of intangible assets	-	13,377	-	13,377
Acquisition-related expenses	-	832	-	832
Gain on sale of business	-	6,880	-	6,880
Operating income	12,712	273,891	-	286,603
Interest expense	-	4,134	-	4,134
Other income, net	-	3,499	-	3,499
Income before income taxes	12,712	273,256	-	285,968
Provision for income taxes	4,757	101,051	-	105,808
Net income	7,955	172,205	-	180,160
Income attributable to noncontrolling interest	-	1,798	-	1,798
Net income attributable to MAXIMUS	7,955	170,407	-	178,362

* The consolidating information is not intended to present the financial position, results of operations, and cash flows of the individual companies, as would complete financial statements including necessary disclosures, and should be read in conjunction with the financial statements included in the Company's Form 10-K filed with SEC on November 21, 2016

MAXIMUS, Inc. and Subsidiaries
Consolidating Balance Sheets
September 30, 2016
(Amounts in thousands)

	MAXIMUS Human Services, Inc *	Other MAXIMUS, Inc subsidiaries	Eliminations	MAXIMUS, Inc
ASSETS				
Current assets:				
Cash and cash equivalents	-	66,199	-	66,199
Accounts receivable - billed and billable, net	19,509	424,848	-	444,357
Accounts receivable - unbilled	1,746	34,687	-	36,433
Income tax receivable	-	17,273	-	17,273
Prepaid expenses and other current assets	410	56,308	-	56,718
Amounts receivable from other MAXIMUS entities	8,890	-	(8,890)	-
Total current assets	30,555	599,315	(8,890)	620,980
Property and equipment, net	1,924	129,645	-	131,569
Capitalized software, net	892	29,247	-	30,139
Investments in subsidiaries	-	-	-	-
Goodwill	-	397,558	-	397,558
Intangible assets, net	-	109,027	-	109,027
Deferred contract costs, net	976	17,206	-	18,182
Deferred income taxes	362	8,282	-	8,644
Deferred compensation plan assets	-	23,307	-	23,307
Other assets	54	9,359	-	9,413
Total assets	34,763	1,322,946	(8,890)	1,348,819
LIABILITIES AND SHAREHOLDERS' EQUITY				
Current liabilities				
Account payable and accrued liabilities	3,168	147,543	-	150,711
Accrued compensation and benefits	3,992	92,488	-	96,480
Deferred revenue	2,021	71,671	-	73,692
Income taxes payable	-	7,979	-	7,979
Long-term debt, current portion	-	277	-	277
Amounts payable to other MAXIMUS entities	-	8,890	(8,890)	-
Other liabilities	-	11,617	-	11,617
Total current liabilities	9,181	340,465	(8,890)	340,756
Deferred revenue, less current portion	1,275	38,732	-	40,007
Deferred income taxes	-	16,813	-	16,813
Long term debt	-	165,338	-	165,338
Deferred compensation plan liabilities, less current portion	-	24,012	-	24,012
Other liabilities	-	8,753	-	8,753
Total liabilities	10,456	594,113	(8,890)	595,679
Shareholders' equity				
Common Stock	-	461,679	-	461,679
Accumulated other comprehensive income	-	(36,169)	-	(36,169)
Retained earnings	24,307	299,264	-	323,571
Total MAXIMUS shareholders' equity	24,307	724,774	-	749,081
Noncontrolling interests	-	4,059	-	4,059
Total equity	24,307	728,833	-	753,140
Total liabilities and equity	34,763	1,322,946	(8,890)	1,348,819

* The consolidating information is not intended to present the financial position, results of operations, and cash flows of the individual companies, as would complete financial statements including necessary disclosures, and should be read in conjunction with the financial statements included in the Company's Form 10-K filed with SEC on November 21, 2016



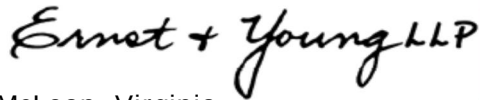
MAXIMUS Human Services, Inc.
Consolidating Financial Statements
Year ended September 30, 2015

Report of Independent Registered Accounting Firm on Supplemental Information

The Board of Directors and Shareholders of MAXIMUS, Inc. Company

We have audited, in accordance with the standards of the Public Company Accounting Oversight Board (United States), the consolidated financial statements of MAXIMUS, Inc. Company and subsidiaries as of and for the year ended September 30, 2015 (not presented herein), and have issued an unqualified opinion thereon dated November 16, 2015. The consolidating balance sheets and income statements are not intended to present the financial position, results of operations, and cash flows of the individual companies, as would complete financial statements including necessary disclosures, and should be read in conjunction with the financial statements and our report thereon. The scope of our audit procedures was not designed to provide a basis for expressing opinions on the presentations of the accounts of the individual companies on a stand-alone basis and, accordingly, we do not express such opinions. However, the information has been subjected to audit procedures performed in conjunction with the audit of the consolidated financial statements. Such information is the responsibility of the Company's management.

Our audit procedures included determining whether the information reconciles to the financial statements or the underlying accounting and other records, as applicable, and performing procedures to test the completeness and accuracy of the information. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

The image shows a handwritten signature in black ink that reads "Ernst & Young LLP". The signature is written in a cursive, flowing style. To the right of the signature, there is a vertical red line.

McLean, Virginia

February 29, 2016

MAXIMUS, Inc. and Subsidiaries
Consolidating Balance Sheets
September 30, 2015
(Amounts in thousands)

	MAXIMUS Human Services, Inc *	Other MAXIMUS, Inc subsidiaries	Eliminations	MAXIMUS, Inc
ASSETS				
Current assets:				
Cash and cash equivalents	-	74,672	-	74,672
Accounts receivable - billed and billable, net	17,593	378,584	-	396,177
Accounts receivable - unbilled	1,185	29,744	-	30,929
Deferred income taxes	-	18,992	-	18,992
Prepaid expenses and other current assets	612	59,517	-	60,129
Amounts receivable from other MAXIMUS entities	4,012	-	(4,012)	-
Total current assets	23,402	561,509	(4,012)	580,899
Property and equipment, net	2,645	135,185	-	137,830
Capitalized software, net	1,242	31,241	-	32,483
Investments in subsidiaries	-	-	-	-
Goodwill	-	376,302	-	376,302
Intangible assets, net	-	102,358	-	102,358
Deferred contract costs, net	352	18,774	-	19,126
Deferred compensation plan assets	-	19,310	-	19,310
Other assets	43	11,820	-	11,863
Total assets	27,684	1,256,499	(4,012)	1,280,171
LIABILITIES AND SHAREHOLDERS' EQUITY				
Current liabilities				
Account payable and accrued liabilities	2,765	152,646	-	155,411
Accrued compensation and benefits	6,149	93,551	-	99,700
Deferred revenue	1,105	76,537	-	77,642
Income taxes payable	-	11,709	-	11,709
Long-term debt, current portion	-	356	-	356
Amounts payable to other MAXIMUS entities	-	4,012	(4,012)	-
Other liabilities	-	11,562	-	11,562
Total current liabilities	10,019	350,373	(4,012)	356,380
Deferred revenue, less current portion	1,246	51,708	-	52,954
Deferred income taxes	-	15,159	-	15,159
Long term debt	-	210,618	-	210,618
Deferred compensation plan liabilities, less current portion	-	20,635	-	20,635
Other liabilities	67	8,659	-	8,726
Total liabilities	11,332	657,152	(4,012)	664,472
Shareholders' equity				
Common Stock	-	446,132	-	446,132
Accumulated other comprehensive income	-	(22,365)	-	(22,365)
Retained earnings	16,352	172,259	-	188,611
Total MAXIMUS shareholders' equity	16,352	596,026	-	612,378
Noncontrolling interests	-	3,321	-	3,321
Total equity	16,352	599,347	-	615,699
Total liabilities and equity	27,684	1,256,499	(4,012)	1,280,171

* The consolidating information is not intended to present the financial position, results of operations, and cash flows of the individual companies, as would complete financial statements including necessary disclosures, and should be read in conjunction with the financial statements included in the Company's Form 10-K filed with SEC on November 16, 2015

MAXIMUS, Inc. and Subsidiaries
Consolidating Income Statements
Year ended September 30, 2015
(Amounts in thousands)

	MAXIMUS Human Services, Inc *	Other MAXIMUS, Inc subsidiaries	Eliminations	MAXIMUS, Inc
Revenue	97,113	2,002,708	-	2,099,821
Cost of revenue	68,503	1,518,601	-	1,587,104
Gross profit	28,610	484,107	-	512,717
Selling, general and administrative expenses	17,887	220,905	-	238,792
Amortization of intangible assets	-	9,348	-	9,348
Acquisition-related expenses	-	4,745	-	4,745
Operating income	10,723	249,109	-	259,832
Interest expense	-	1,398	-	1,398
Other income, net	-	1,385	-	1,385
Income before income taxes	10,723	249,096	-	259,819
Provision for income taxes	4,364	95,406	-	99,770
Net income	6,359	153,690	-	160,049
Loss attributable to noncontrolling interest	-	2,277	-	2,277
Net income attributable to MAXIMUS	6,359	151,413	-	157,772

* The consolidating information is not intended to present the financial position, results of operations, and cash flows of the individual companies, as would complete financial statements including necessary disclosures, and should be read in conjunction with the financial statements included in the Company's Form 10-K filed with SEC on November 16, 2015



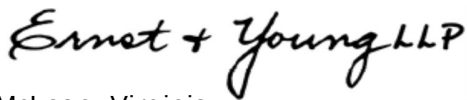
MAXIMUS Human Services, Inc.
Consolidating Financial Statements
Year ended September 30, 2014

Report of Independent Registered Accounting Firm on Supplemental Information

The Board of Directors and Shareholders of MAXIMUS, Inc. Company

We have audited, in accordance with the standards of the Public Company Accounting Oversight Board (United States), the consolidated financial statements of MAXIMUS, Inc. Company and subsidiaries as of and for the year ended September 30, 2014 (not presented herein), and have issued an unqualified opinion thereon dated November 17, 2014. The consolidating balance sheets and income statements are not intended to present the financial position and results of operations, of the individual companies, as would complete financial statements including necessary disclosures, and should be read in conjunction with the financial statements and our report thereon. The scope of our audit procedures was not designed to provide a basis for expressing opinions on the presentations of the accounts of the individual companies on a stand-alone basis and, accordingly, we do not express such opinions. However, the information has been subjected to audit procedures performed in conjunction with the audit of the consolidated financial statements. Such information is the responsibility of the Company's management.

Our audit procedures included determining whether the information reconciles to the financial statements or the underlying accounting and other records, as applicable, and performing procedures to test the completeness and accuracy of the information. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

The image shows a handwritten signature in black ink that reads "Ernst & Young LLP". The signature is written in a cursive, flowing style. To the right of the signature, there is a faint vertical red line.

McLean, Virginia

June 18, 2015

MAXIMUS, Inc. and Subsidiaries
Consolidating Balance Sheets
September 30, 2014
(Amounts in thousands)

	MAXIMUS Human Services, Inc *	Other MAXIMUS, Inc subsidiaries	Eliminations	MAXIMUS, Inc
ASSETS				
Current assets:				
Cash and cash equivalents	-	158,112	-	158,112
Accounts receivable - billed and billable, net	11,106	251,905	-	263,011
Accounts receivable - unbilled	601	25,955	-	26,556
Deferred income taxes	-	28,108	-	28,108
Prepaid expenses and other current assets	645	56,028	-	56,673
Amounts receivable from other MAXIMUS entities	7,074	-	(7,074)	-
Total current assets	19,426	520,108	(7,074)	532,460
Property and equipment, net	2,225	78,021	-	80,246
Capitalized software, net	-	39,734	-	39,734
Investments in subsidiaries	-	-	-	-
Goodwill	-	170,626	-	170,626
Intangible assets, net	-	39,239	-	39,239
Deferred contract costs, net	130	11,916	-	12,046
Deferred compensation plan assets	-	17,126	-	17,126
Other assets	58	9,461	-	9,519
Total assets	21,839	886,231	(7,074)	900,996
LIABILITIES AND SHAREHOLDERS' EQUITY				
Current liabilities				
Account payable and accrued liabilities	2,512	100,669	-	103,181
Accrued compensation and benefits	6,805	87,332	-	94,137
Deferred revenue	1,392	54,486	-	55,878
Income taxes payable	-	4,693	-	4,693
Amounts payable to other MAXIMUS entities	-	7,074	(7,074)	-
Other liabilities	-	7,432	-	7,432
Total current liabilities	10,709	261,686	(7,074)	265,321
Deferred revenue, less current portion	1,064	31,193	-	32,257
Deferred income taxes	-	21,383	-	21,383
Deferred compensation plan liabilities, less current portion	-	18,768	-	18,768
Other liabilities	73	7,009	-	7,082
Total liabilities	11,846	340,039	(7,074)	344,811
Shareholders' equity				
Common Stock	-	429,857	-	429,857
Accumulated other comprehensive income	-	230	-	230
Retained earnings	9,993	115,882	-	125,875
Total MAXIMUS shareholders' equity	9,993	545,969	-	555,962
Noncontrolling interests	-	223	-	223
Total equity	9,993	546,192	-	556,185
Total liabilities and equity	21,839	886,231	(7,074)	900,996

* The consolidating information is not intended to present the financial position, results of operations, and cash flows of the individual companies, as would complete financial statements including necessary disclosures, and should be read in conjunction with the financial statements included in the Company's Form 10-K filed with SEC on November 17, 2014

MAXIMUS, Inc. and Subsidiaries
Consolidating Income Statements
Year ended September 30, 2014
(Amounts in thousands)

	MAXIMUS Human Services, Inc *	Other MAXIMUS, Inc subsidiaries	Eliminations	MAXIMUS, Inc
Revenue	71,584	1,629,328	-	1,700,912
Cost of revenue	55,829	1,192,960	-	1,248,789
Gross profit	15,755	436,368	-	452,123
Selling, general and administrative expenses	13,302	213,513	-	226,815
Operating income	2,453	222,855	-	225,308
Interest and other income, net	-	2,061	-	2,061
Income before income taxes	2,453	224,916	-	227,369
Provision for income taxes	946	81,027	-	81,973
Net income	1,507	143,889	-	145,396
Loss attributable to noncontrolling interest	-	44	-	44
Net income attributable to MAXIMUS	1,507	143,933	-	145,440

* The consolidating information is not intended to present the financial position, results of operations, and cash flows of the individual companies, as would complete financial statements including necessary disclosures, and should be read in conjunction with the financial statements included in the Company's Form 10-K filed with SEC on November 17, 2014