

Fourth Quarter – Fiscal Year 2010 November 11, 2010



## Selected Financial Results from Continuing Operations

(\$mm, except per share data)	Q4	FY09	Q4	FY10	%	FY 09	F	FY 10	%
Revenue	Ac	tual	A	ctual	Change	 Actual	A	ctual	Change
Health Services	\$ 1	129.5	\$	129.0	(0.4%)	\$ 495.1	\$	514.3	3.9%
Human Services		65.3		83.5	27.9%	 225.0		317.5	41.1%
Total	\$ 1	L94.8	\$	212.5	9.1%	\$ 720.1	\$	831.7	15.5%
Operating Income (Loss)									
Health Services	\$	19.0	\$	20.0	5.1%	\$ 72.9	\$	64.7	(11.2%)
Human Services		5.2		12.4	138.5%	12.4		39.6	219.4%
Corporate Other		(0.3)		(2.2)	nm	(0.9)		(2.2)	nm
Legal, settlement & acq. (expense) recovery		(0.2)			nm	 4.2		5.4	28.6%
Total	\$	23.7	\$	30.2	27.4%	\$ 88.6	\$	107.5	21.3%
Operating Margin % (excl legal)	1	12.3%		14.2%		11.7%	L	12.3%	
Interest and Other Income, net		(0.1)		0.2	nm	0.1		0.8	700.0%
Income Before Taxes - Continuing Ops		23.6		30.4	28.8%	88.7		108.3	22.1%
Provision for Income Taxes		9.2		9.7	5.4%	 34.9		38.9	11.6%
Net Income - Continuing Operations	\$	14.4	\$	20.7	43.8%	\$ 53.8	\$	69.4	28.9%
Fully Diluted EPS - Continuing Ops Pro Forma Adjustments	\$ \$	0.80 0.01	\$ \$	1.16 (0.08)	45.0%	\$ 3.01 (0.14)	\$ \$	3.86 (0.24)	27.4%
Adj. EPS - Continuing Ops, excluding legal	\$	0.81	\$	1.08	33.3% _	\$ 2.87	\$	3.62	25.1%

#### **Record Q4 and FY 10 Results**

Q4 revenue grew 9.1% FY 10 revenue grew 15.5%

Q4 operating margin bolstered from seasonality & timing of international revenue; includes \$2.2 million charge related to a bad debt reserve on a long-term receivable

Q4 and FY '10 margin expansion driven by Human Services

#### **GAAP & Adjusted Diluted EPS**Fiscal fourth quarter:

 GAAP EPS of \$1.16 includes \$0.08 of infrequently occurring tax benefit. As a result, adjusted diluted EPS from continuing operations is \$1.08.

#### Fiscal full year

FY '10 GAAP diluted EPS of \$3.86 includes \$0.24 of benefits (legal recoveries of \$0.19 and tax benefit of \$0.05); as a result, adjusted diluted EPS from continuing operations is \$3.62.



## Health Services Segment

		e Months I eptember		Twelve Months Ended September 30						
	2009	2010	% change	2009	2010	% change				
Revenue										
Health Services	\$ 129.5	\$ 129.0	(0.4%)	\$ 495.1	\$ 514.3	3.9%				
Operating Income										
Health Services	\$ 19.0	\$ 20.0	5.1%	\$ 72.9	\$ 64.7	(11.2%)				
Operating Margin % (excl legal)	14.7%	15.5%		14.7%	12.6%					

- Full year revenue grew 3.9% compared to last year driven by new work and acquired revenue
- Q4 operating income increased 5.1% with operating margin of 15.5%.
- Fiscal year 2010 margin decline compared to FY 09 was principally due to the timing of rebids and expansion in lower risk, cost-reimbursable programs where margins are lower
- As disclosed in 8K, quarterly fluctuations in Health Services margins should be expected and are due to normal program life cycles



#### **Human Services Segment**

	Three Months Ended September 30				Twelve Months Ended September 30					
	2	.009	2	2010	% change		2009		2010	% change
Revenue										
Human Services	\$	65.3	\$	83.5	27.8%	\$	225.0	\$	317.5	41.1%
Operating Income										
Human Services	\$	5.2	\$	12.4	140.5%	\$	12.4	\$	39.5	219.7%
Operating Margin % (excl legal)		7.9%		14.8%			5.5%		12.4%	
\$ in millions										

- The Human Services Segment drove the lion's share of Company growth in FY '10
- Q4 revenue grew 27.8% (23.7% constant currency) and for the full year grew 41.1% (29.4% constant currency)
- Operating margin increased to 14.8% for Q4'10 and 12.4% for FY '10; driven by international expansion
- Year/year comparisons particularly favorable in Australia; more than doubled book of business at the end of fiscal 2009 and won new work in early fiscal 2010
- Launched new welfare-to-work program in United Kingdom in Q1 '10; exited the year fully ramped; expectations unchanged since last call for current contract to run through June 2011.



#### Cash Flow and Balance Sheet

Financial stability has become a pre-requisite for government partners in the current economic environment and our financial flexibility will continue to be an important differentiator.

- Solid net income drove record cash flows for the fiscal year
- Q4 '10 cash flow exceeded our expectations due to strong collections including a large receivable that was previously expected to occur in October; DSOs were 66 days
- Cash provided by operating activities from continuing operations
  - Q4 '10: \$20.6 million with free cash flow\* of \$14.7 million
  - Fiscal 2010: \$141.0 million with free cash flow\* of \$118.4 million
- In Q4 '10, used cash of \$17.7 million for the purchase of 307,987 shares of MMS. In September, MAXIMUS Board expanded the authorization by \$100 million and at September 30, 2010, MAXIMUS had \$122.8 million available under the repurchase program
- Healthy cash and cash equivalents totaling \$155.3 million at September 30, 2010

<sup>\*</sup>The Company defines free cash flow as cash provided by operating activities, less property, plant and equipment and capitalized software



#### FY 2011 Guidance From Continuing Operations

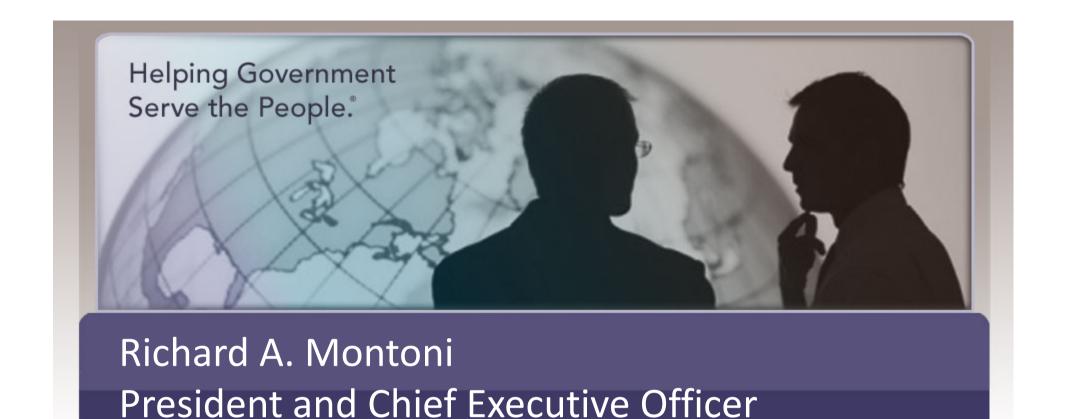
	FY 11E
Revenue	\$890-\$920 million
Adjusted Diluted EPS	\$3.95-\$4.15
Cash from Continuing Ops	\$75-\$95 million
Free Cash Flow from Cont. Ops	\$52-\$72 million

7%-11% revenue growth 9%-15% earnings growth

- At September 30, 2010, 97% of forecasted fiscal 2011 revenue is in the form of backlog/options
- Forecast has risks and opportunities that may mean the difference between the top or bottom of the range assumptions
  - New programs in early phases where timing of cost and revenue may vary from current assumptions
  - May experience volume fluctuations
  - Material changes to currency
  - Don't anticipate disruption from mid-term elections but administrations are shifting

Ranges are realistic and achievable, including the upper ends; management's focus is to concentrate on those drivers that will result in delivery of the upper ends.





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#### **Enhanced Go-to-Market Strategy**

Our Health Services and Human Services realignment has resulted in an enhanced cross-collaboration and comprehensive go-to-market strategy.



- Engaging both existing and potential clients at the state and federal levels. Active on conference panels,
   Webinars and industry and government workgroups
- Demonstrating how our services help clients meet increased demand for services and achieve requirements such as Medicaid expansion, health insurance exchanges and long-term care programs
- Pushing new innovations for enhancing BPO modeling and monitoring tools. These tools help clients optimize their operations and more effectively manage costs in an era of continued budget pressures



#### Further Strengthened Domestic Market Presence

Over the past several months, we've further established our presence as a market leader by securing key contracts that represent the blueprint of health care reform.

- Signed new 5-year Eligibility and Enrollment Modernization (EEM) contracts in New York and launched Colorado EEM.
  - These represent the future model for health insurance exchanges
  - Offer seamless eligibility and are consumer friendly
- Awarded new work for high risk pools in California and New York. States doing more with less; leveraging current IT and BPO infrastructure
- New work to assess personal health record for entities not covered by HIPAA for the Office of the National Coordinator (ONC)
- Added new three state contracts to provide independent, evidencebased health appeals. With 37 states, MAXIMUS is now the largest Independent Medical Review Organization in the country





# Domestic Environment and Health Care Reform (ACA)



- Election results and shift in power in House may lead to minor technical fixes to ACA, but major changes less likely
- The current law contains many provisions that appear to have bi-partisan and stakeholder support:
  - Addressing pre-existing conditions within high risk pools
  - Extending health appeals rights to consumers
  - Improving efficiencies and controlling costs of current public insurance programs
- States already actively addressing increased costs
  - Transition away from traditional fee-for-service into Medicaid managed care. Efforts are underway in Texas to move more beneficiaries into managed care as a way to control costs



# United Kingdom Update

We remain confident that MAXIMUS is a strong contender in the UK's Work Programme due to our strong performance to date.

- UK coalition government implementing austerity measures; key feature is a major welfare reform. Consolidating many welfare-to-work programs into the single 'back-to-work' Work Programme
- Two-step rebid process progressing as planned; recently submitted bid for a spot on the Buying Framework and expect results for phase one by the end of this month
- Buying Framework was established to narrow the field of qualified vendors who will be eligible to bid on Phase two.
- Actively preparing for the release of phase two, for specific contracts within the 11 regional lots set up by the Dept of Work & Pensions
- Strong performance to date with a job placement outcome rate at 13 weeks that's nearly double the UK national average





#### International Environment

The evolution of social welfare programs in many European countries is well underway.



- In Q4 FY 10, 27% of revenue was from international programs
- Other countries interested in our demonstrated ability to run model programs in a cost-effective way while meeting key performance outcomes
- We are rigorously evaluating each opportunity abroad



## Backlog and New Awards

At September 30<sup>th</sup>, backlog increased 17% to a record \$2.1 billion.

- With 97% of forecasted revenue in the form of backlog, we are optimistic with our FY
   11 financial targets
- At September 30<sup>th</sup>, signed contract wins totaled \$685 million
  - Includes new enrollment center contract in New York
- At September 30<sup>th</sup>, new contracts pending (awarded but unsigned) totaled \$709 million
  - Subsequent to quarter close, we signed several contracts, including a five-year extension for the California Healthy Families program



## Pipeline and Rebids

#### Pipeline of Opportunities at November 5, 2010

Pipeline	Nov. 3, 2009	Nov. 5, 2010
Proposals Pending	\$342M	\$238M
Proposals in Preparation	\$339M	\$111M
RFPs Tracking	\$745M	\$1,458M
Total Pipeline	\$1,426M	\$1,807M

#### **Fiscal 2011 Rebids**

- Already secured three bids worth \$300 million of the 14 rebids in FY 11 (includes a 5-year extension on California Healthy Families)
- The 11 contracts that remain up for rebid are worth approximately \$600 million
- UK rebid presents a promising opportunity. This bid represents about one-third of the remaining total contract value up for rebid



#### Conclusion

Our guidance for fiscal 2011 reflects our success in building a robust pipeline and converting indentified opportunities into wins.



- New contracts illustrate the traction we are building with our government partners as they prepare for health care reform
- Excited about our prospects in international markets, including the UK
- Ready to help our clients meet the challenges of increased demand, new regulations and evolving markets

