
**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report: **March 12, 2013**
Date of Earliest Event Reported: **March 12, 2013**

MAXIMUS, INC.

(Exact name of registrant as specified in its charter)

Virginia
(State or other jurisdiction
of incorporation)

1-12997
(Commission
File Number)

54-1000588
(I.R.S. Employer
Identification No.)

**1891 Metro Center Drive,
Reston, Virginia**
(Address of principal executive offices)

20190-5207
(Zip Code)

Registrant's telephone number, including area code: **(703) 251-8500**

Not Applicable
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
 - Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
 - Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
 - Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))
-
-
-

Item 8.01 **Other Events.**

On March 12, 2013, Richard A. Montoni, Chief Executive Officer of MAXIMUS, and Bruce L. Caswell, General Manager of the Company's Health Services Segment, presented at the Barclays Global Healthcare Conference in Miami. Among other topics, they addressed the recent five-year, \$264.3 million (CAD) extension of the Company's contract with the British Columbia Ministry of Health to deliver Health Insurance BC services until March 31, 2020. A webcast of the presentation was open to the public. The slides that accompanied that presentation are furnished as Exhibit 99.1 to this Current Report on Form 8-K.

Exhibit No. **Description**

99.1 Presentation Slides of Richard A. Montoni and Bruce L. Caswell

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

MAXIMUS, Inc.

Date: March 13, 2013

By: /s/ David R. Francis
David R. Francis
General Counsel and Secretary

EXHIBIT INDEX

Exhibit No.

Description

99.1

Presentation Slides of Richard A. Montoni and Bruce L. Caswell

MAXIMUS Investor Presentation

Richard Montoni,
President & Chief Executive Officer

Bruce Caswell,
Health Services Segment
President & General Manager

Barclays Global Healthcare Conference
March 12, 2013
Miami

A number of statements being made today will be forward-looking in nature. Such statements are only predictions and actual events or results may differ materially as a result of risks we face, including those discussed in our SEC filings. We encourage you to review the summary of these risks in Exhibit 99.1 to our most recent Form 10-K filed with the SEC. The Company does not assume any obligation to revise or update these forward-looking statements to reflect subsequent events or circumstances.



Established Partner for Government Social Programs

Leading Operator of Government Health and Human Services Programs Worldwide

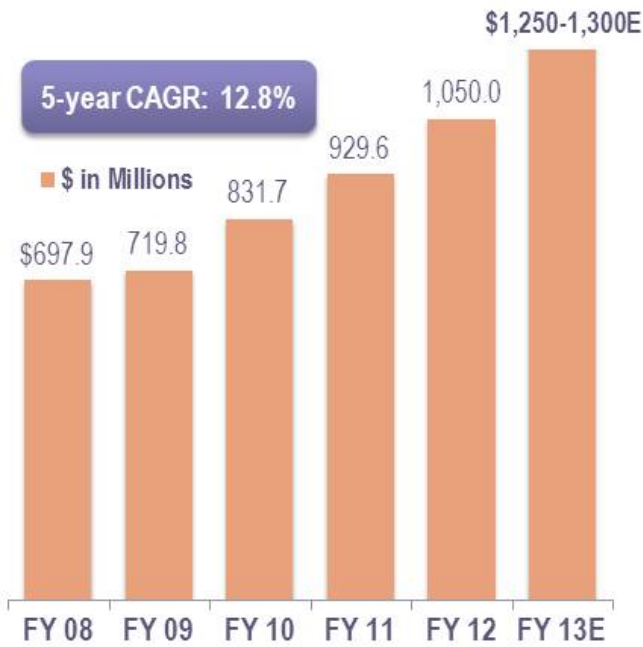
- Economic and demographic factors driving social reforms
- Superior positioning for health care & welfare reform
- Healthy balance sheet:
 - \$167.1 million in cash at 12/31/2012
 - Quarterly cash dividend
 - Opportunistic share buyback program
 - No long-term debt
- Strong Fiscal 2013 forecasted growth:
 - Revenue growth of 19-24%
 - EPS growth of 27-33%



**Five year, \$265M contract extension for
Health Insurance British Columbia;
runs through March 31, 2020**

Growth, Consistency & Predictability in Earnings

Annual Revenue



Adjusted Diluted EPS from Continuing Operations



* FY 12 EPS tempered by start up of Work Programme contract in the UK.

Core Government Offerings

FY12 Health Services Revenue



What We Do

- Eligibility & enrollment (Medicaid/CHIP)
- Health insurance exchange operations
- Consumer education & managed care plan choice counseling
- Health insurance appeals (Medicare, Medicaid, & other govt. programs)
- Multilingual customer contact centers

How We Get Paid

- Choice rates
- Call volumes & mailings
- Applications & enrollments
- Outreach & field operations support
- Number of program participants
- Number & type of health appeals

FY12 Human Services Revenue



What We Do

- Welfare-to-work case management (help jobseekers find employment)
- Job training & employer networks
- Child support enforcement
- Multilingual in-person case management & customer contact centers

How We Get Paid

- Attachment fees
- Outcome fees
- Sustained employment fees
- Tasks completed
- Fee for service

Average Weighted Contract Life of 4+ Years

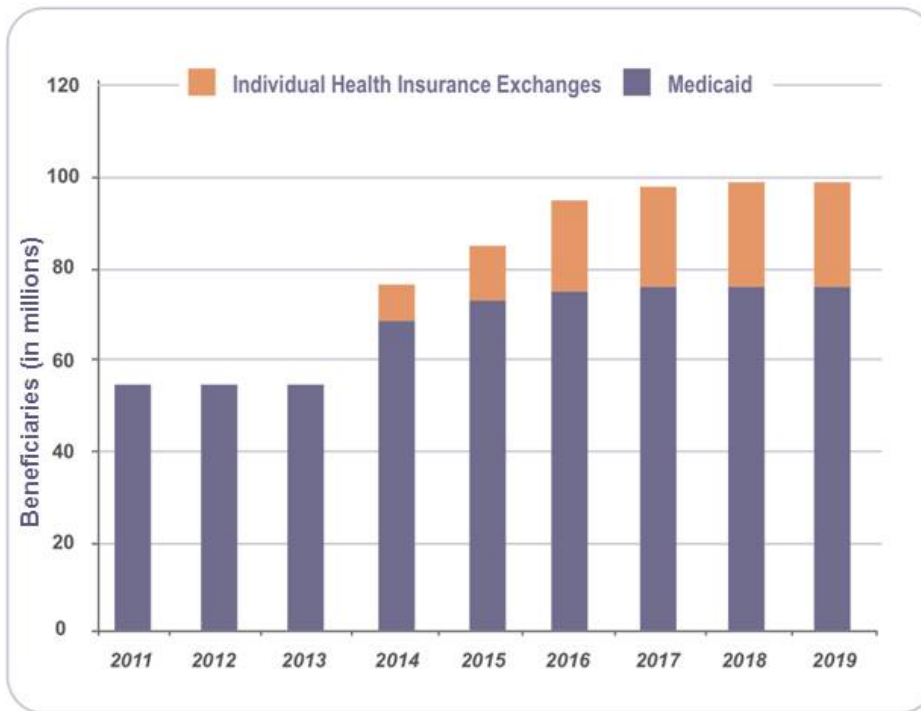
Typical Contract Margins of 10-15%

Highly Predictable Revenue

CHIP & Medicaid Managed Care Supply Chain

	Serving Beneficiaries				Managing the Delivery System	
	Outreach & Intake	Eligibility	Engagement	Enrollment	Health Plan & Network Management	Oversight & Appeals
Medicaid Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
MAXIMUS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Community Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
MCO & Network Management			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providers & Hospitals				<input type="checkbox"/>	<input type="checkbox"/>	

Superior Positioning for Growth from Health Care Reform



- Medicaid is the cornerstone of ACA
- New opportunities created by ACA intersect with MAXIMUS core capabilities

Estimated incremental total addressable market:

- \$500m annually for individual exchanges
- \$130m to \$200m annually for Medicaid expansion
- SHOP market opportunity

Sources: CBO's Feb. 2013 Estimate of the Effects of ACA on Health Insurance Coverage (http://cbo.gov/sites/default/files/cbofiles/attachments/43900_ACAInsuranceCoverageEffects.pdf)
Centers for Medicare & Medicaid Services, 2011 Actuarial Study (<http://www.cms.gov/Research-Statistics-Data-and-Systems/Research/ActuarialStudies/downloads/MedicaidReport2011.pdf>)

Three Exchange Options for States

State Based Exchange

State operates all activities

States have the option to use federal services for:

- Premium tax credit & cost sharing reduction
- Exemptions
- Risk adjustment program
- Reinsurance program

State Partnership Exchange

State-operated activities:

- Plan management
- Consumer assistance
- Both

States may perform or use federal services for:

- Reinsurance program
- Medicaid & CHIP eligibility assessment or determination

Federally Facilitated Exchange

U.S. Dept. of Health & Human Services operated

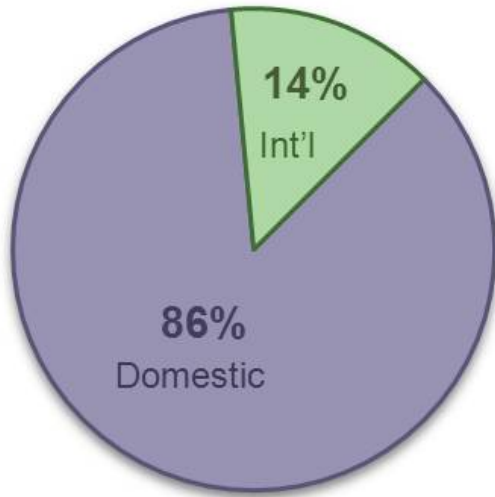
States may use federal services for:

- Reinsurance program
- Medicaid & CHIP eligibility assessment or determination

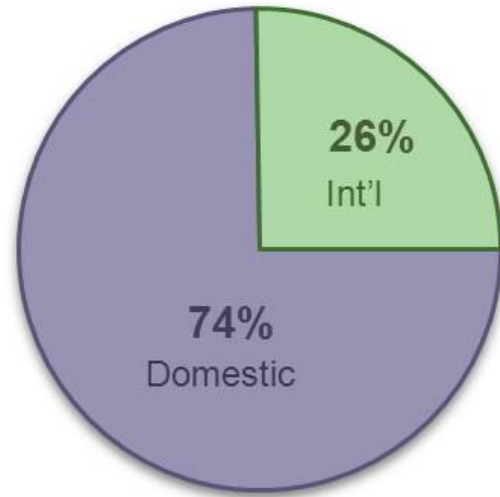
Many states are expected to transition to a state-based exchange in the future.

Strategic Global Expansion

FY 2006 Revenue



FY 2012 Revenue



Macro forces compelling governments to rethink social programs, which increases global demand for MMS core competencies.

Global Workforce Services Provider

Model Programs

United States

- TANF
- Ticket to Work

Australia

- Job Services Australia
- Disability Employment Services

Other Welfare Reform Initiatives

United Kingdom

- Work Programme
- Day One Support for Young People

Canada

- Employment Program of BC

Saudi Arabia

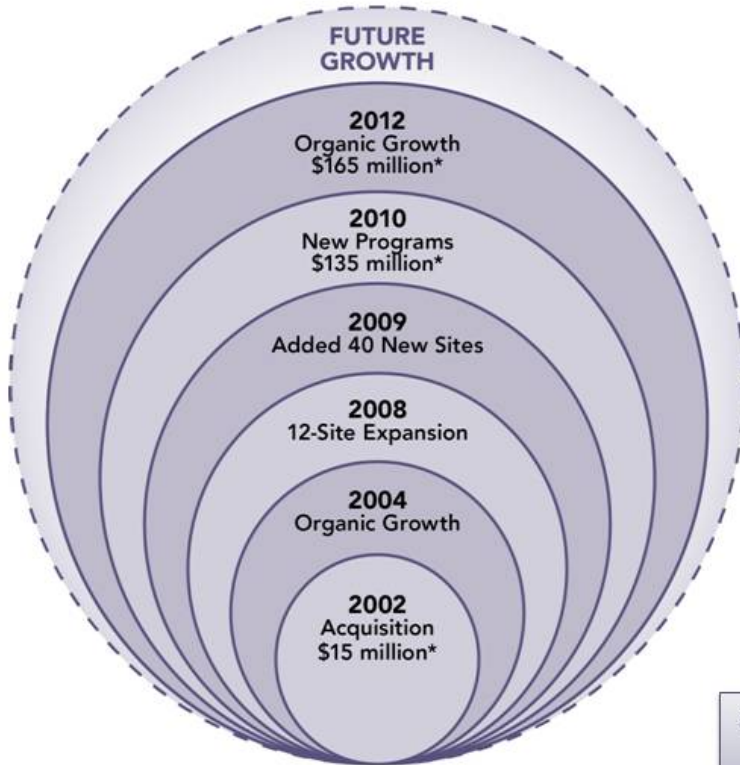
- Ta'qat Pilot Program



We deliver outcomes that matter for governments by helping individuals transition from welfare to sustainable employment and economic independence.

Cornerstone of Growth Strategy: Land and Expand

Australia Growth



*Fiscal Year Revenue

What we look for in a new market:

- Extension of core capabilities
- Match services with rising social demands in unsustainable programs (welfare reform in UK)
- Stable countries, developed economies, democracy, favorable regulatory environment
- Australia became the model for outcomes-based performance program structures

Signed three-year \$450 million contract extension for Australia in FY12

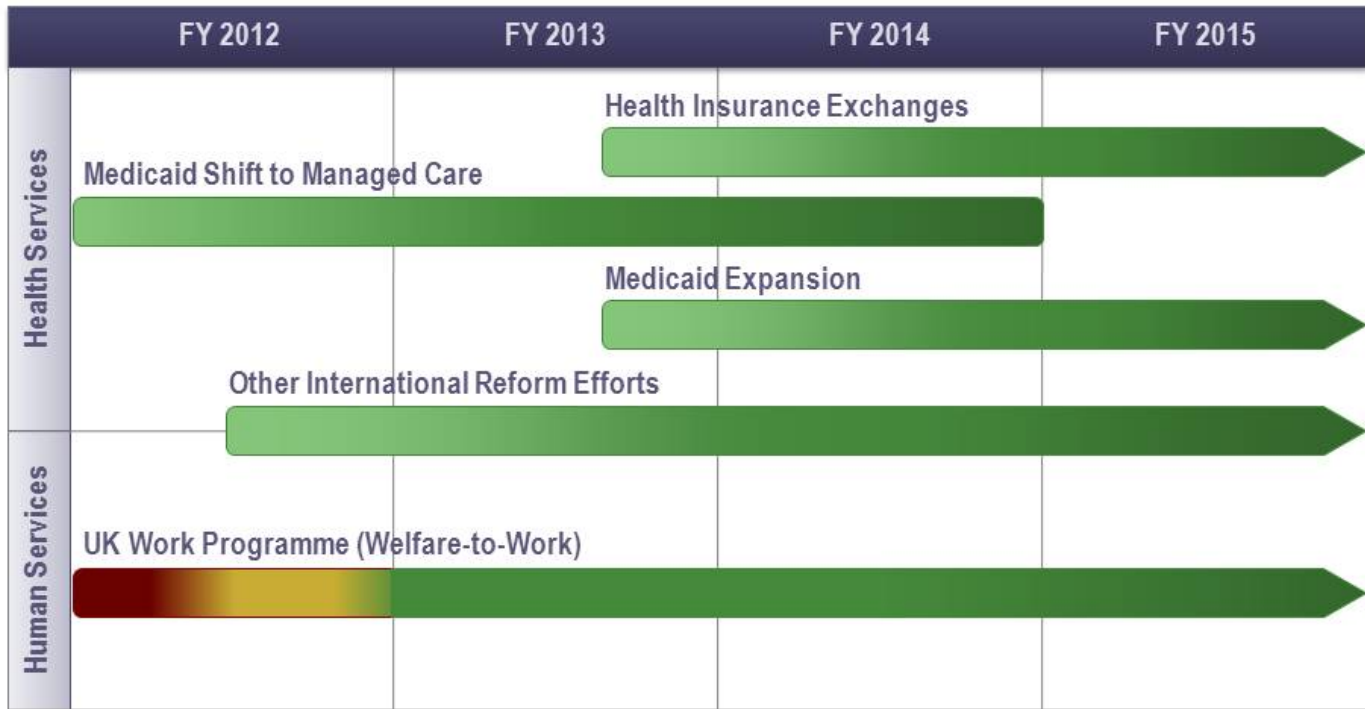
MMS Value Add: Proven Partner for Government

- ✓ Proven track record operating social programs
- ✓ Deliver outcomes that matter to governments
- ✓ Cost effective
- ✓ Experience working with diverse populations
- ✓ Independent with no conflict of interest
- ✓ Innovative, scalable and flexible
- ✓ Successful operation of performance-driven programs
 - Local hiring & workforce development
 - Implementation of government policies
 - Rapid deployment of operations
 - Achievement of critical program outcomes



Governments value the level of expertise, proven delivery, and brand recognition that MAXIMUS brings to critical safety net programs.

Multi-Year Growth Drivers



Changes in population demographics and increased caseloads

Poised to Capitalize on Growth Opportunities

Capitalizing On Growing Demand

- ✓ Established global leader
- ✓ Positioned for significant growth across both Segments
- ✓ Strong financial position
- ✓ Experienced management team

MAXIMUS Investor Presentation

MAXIMUS, Inc.
(NYSE: MMS)

Barclays Global Healthcare Conference
March 12, 2013

For more information, visit www.maximus.com
or contact Lisa Miles, Senior VP Investor Relations
lisamiles@maximus.com
703.251.8637

