

**From:** [Frazer, Dylan](#)  
**To:** ["foia@foia.com"](mailto:foia@foia.com)  
**Subject:** Response to Public Records Request  
**Date:** Friday, July 18, 2014 3:07:00 PM  
**Attachments:** [Invoices.zip](#)

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FOIA Group:

The Department of Vermont Health Access has conducted a search in response to your July 7, 2014 public records request for the following information:

1. Maximus invoices providing member services call center: Jan. 2013 - April 2014;
2. Maximus contract amendments since Jan. 1, 2011

Please find attached Maximus invoices for the date range above. The Maximus contract and all three amendments to the contract will follow this email, these attachments are large. Some information from the invoices has been redacted pursuant to 1 V.S.A. § 317(c)(1), as it is personally identifiable information pertaining to Maximus employees.

Please be advised that, pursuant to 1 V.S.A. § 318(a)(2), you have the right to appeal the denial of any portion of your request to Doug Racine, Secretary of the Agency of Human Services. Feel free to contact me if you have any questions.

Sincerely,

**Dylan Frazer**

Program Consultant – Policy Unit  
Dept. Of Vermont Health Access  
289 Hurricane Lane  
Williston, VT 05495  
P: 802-879-8203  
F: 802-879-8224

**This email message may contain privileged and/or confidential information. If you are not the intended recipient(s), you are hereby notified that any dissemination, distribution, or copying of this email message is strictly prohibited. If you have received this message in error, please immediately notify the sender and delete this email message from your computer.**

**CAUTION: The Agency of Human Services / DVHA cannot ensure the confidentiality or security of email transmissions.**

Summary **Invoice Information** Payments Voucher Attributes Error Summary

**Business Unit:** 03410 **Invoice Number:** PY39607-0513-02C#20959  
**Voucher ID:** 00017570 **Invoice Date:** 06/28/2013  
**Voucher Style:** Regular   
**Vendor:** 0000010226 **Misc. Amount:**  [Non Merchandise Summary](#)  
**Name:** MAXIMUS -001 **Freight Amount:**   
**Location:** MULTIPLE  
**\*Address:** 5  
 Maximus  
 11419 Sunset Hills Rd  
 Reston, VA 20190  
**Total:** 25,887.00  
**Balance:** 0.00

[Comments](#)

Advanced Vendor Search

**\*Pay Terms:** Net 30 **Basis Dt Type:** Invoice Date **Action:** \_\_\_\_\_  
**Accounting Date:** 07/25/2013  
**\*Currency:** USD

Copy from a Source Document

**PO Unit:** 03410 **Purchase Order:** 0000004257 **Copy PO** **Worksheet Copy Option:** None

Invoice Lines

Find | View All

Line	*Distribute by	Item	Description	Quantity	UOM	Unit Price	Extended Amou
1	Amount		VIEWS E&E contracts	42,738.00	EA	0.60571	25,887

**Ship To** SpeedChart  **Use One Asset ID**  
 PPATWIL001

[View PO/Receiver](#)

▼ Distribution Lines

Customize | Find | View 1 | First 1-2 of 2 Last

GL ChartFields 1	GL ChartFields 2	Exchange Rate	Statistics	Assets					
Amount	Quantity	*GL Unit	Account	Fund	Department	Program	Class	Project	
1 25,110.39		03410	507600	22005	3410010000	41609			
2 776.61		03410	507600	21500	3410010000	41609			

[Summary](#) | [Invoice Information](#) | [Payments](#) | [Voucher Attributes](#) | [Error Summary](#)

MAXIMUS Human Services, Inc.  
1891 Metro Center Drive  
Reston, VA 20190



Remit to: Maximus, Inc.  
1891 Metro Center Drive  
Reston, VA 20190-5207

Business Office  
Department of Vermont Health Access  
312 Hurricane Lane, Suite 201  
Williston, VT 054953

Invoice:  
#039607-0513-02  
June 28, 2013

*PH*

Contract # 23392

Invoice for AHS DVHA IT Health Care Consulting Services  
Project

DELIVERABLE		COST	
#5	Complete Project Status Report	\$	25,887
TOTAL AMOUNT DUE:			\$25,887

*ok to pay*  
**Approved for Payment**  
*7/15/13*  
*[Signature]*  
First Last Name \_\_\_\_\_ Date \_\_\_\_\_

Submitted by: \_\_\_\_\_

If you have questions concerning this invoice, please contact \_\_\_\_\_ Project Manager  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Summary **Invoice Information** Payments Voucher Attributes Error Summary

**Business Unit:** 03410 **Invoice Number:** PY39607-0513-02C#20959  
**Voucher ID:** 00017570 **Invoice Date:** 06/28/2013   
**Voucher Style:** Regular  

**Vendor:** 0000010226  **Misc. Amount:**   [Non Merchandise Summary](#)  
**Name:** MAXIMUS -001  **Freight Amount:**    
**Location:** MULTIPLE   
**\*Address:** 5 

Maximus  
 11419 Sunset Hills Rd  
 Reston, VA 20190

**Total:** 25,887.00  
**Balance:** 0.00

*Handwritten:* Re 7/25/13  
JRG 7/26/13

[Comments](#)

[Advanced Vendor Search](#)

**\*Pay Terms:** Net 30  **Basis Dt Type:** Invoice Date **Action:**   
**Accounting Date:** 07/25/2013   
**\*Currency:** USD 

Copy from a Source Document

**PO Unit:** 03410 **Purchase Order:** 0000004257 **Copy PO** **Worksheet Copy Option:** None

Invoice Lines

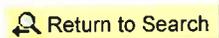
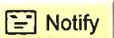
Line	*Distribute by	Item	Description	Quantity	UOM	Unit Price	Extended Amou
1	Amount	<input type="text"/>	VIEWS E&E contracts	42,738.00	EA	0.60571	25,887.00

**Ship To:** PPATWILC  **SpeedChart:**   Use One Asset ID

[View PO/Receiver](#)

Distribution Lines Customize | Find | View All |  |  | First 1 of 2 Last

GL ChartFields 1	GL ChartFields 2	Exchange Rate	Statistics	Assets					
Amount	Quantity	*GL Unit	*Account	Fund	Department	Program	Class	Project	
1	25,110.39	<input type="text"/>	03410	507600	22005	3410010000	41609	<input type="text"/>	<input type="text"/>

 Save  Return to Search  Notify  Refresh

MAXIMUS Human Services, Inc.  
1891 Metro Center Drive  
Reston, VA 20190



Remit to: Maximus, Inc.  
1891 Metro Center Drive  
Reston, VA 20190-5207

Business Office  
Department of Vermont Health Access  
312 Hurricane Lane, Suite 201  
Williston, VT 054953

Invoice:  
#039607-0513-02  
June 28, 2013

*PH*

Contract # 23392

Invoice for AHS DVHA IT Health Care Consulting Services  
Project

	DELIVERABLE	COST
#5	Complete Project Status Report	\$ 25,887
TOTAL AMOUNT DUE:		\$25,887

*ok to pay*  
*7/15/13*  
*Jennifer Salinas*  
Approved for Payment  
First Last Name Date

Submitted by: [Redacted]  
If you have questions concerning this invoice, please contact [Redacted] Project Manager  
Telephone: [Redacted] Email: [Redacted]

Voucher Entry

New Window | Help | Customize Page | http

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 03410  
Voucher ID: 00017651  
Voucher Style: Regular

Invoice Number: PYRENTAINAGE12/15/11-4/30/13C#  
Invoice Date: 06/30/2013

Vendor: 0000010226  
Name: MAXIMUS -001  
Location: MULTIPLE  
\*Address: 7  
Maximus  
PO Box 791188  
Baltimore, MD 21279-1188

Misc. Amount:  
Freight Amount:

Non Merchandise Summary

ke 8/5/13  
JRG 8/5/13

Total: 244,141.49  
Balance: 0.00

Comments

Advanced Vendor Search

\*Pay Terms: Net 30  
Control Group:

Basis Dt Type: Invoice Date  
Accounting Date: 08/05/2013  
\*Currency: USD

Action:

Copy from a Source Document  
PO Unit: Purchase Order: Copy PO Worksheet Copy Option: None

Invoice Lines table with columns: Line, \*Distribute by, Item, Description, Quantity, UOM, Unit Price, Extended Amount. Includes 'Ship To' and 'SpeedChart' fields.

Distribution Lines table with columns: Percent, Amount, Quantity, \*GL Unit, \*Account, Fund, Department, Program, Class, Pro.

Save Notify Refresh

PM



# MAXIMUS

HELPING GOVERNMENT SERVE THE PEOPLE®

TO:

Emily Trantum  
Business Office  
Department of Vermont Health Access  
312 Hurricane Lane, Suite 201  
Williston, VT 05495  
Attn: Bill Clark

DATE: 30-Jun-13  
INVOICE NO: Retainage 12/15/11-4/30/13  
REFERENCE: 20959

Managed Care Services provided the State of Vermont's Department of Health Access.

### Retainage Invoice for December 15 2011-April 30, 2013

	<b>GMMS</b>	<b>Bus Voucher</b>
December 15 -December 31, 2011	\$7,312.15	\$0.00
January-12	\$13,333.93	\$0.00
February-12	\$13,333.93	\$0.00
March-12	\$13,333.93	\$0.00
April-12	\$13,333.93	\$0.00
May-12	\$13,333.93	\$0.00
June-12	\$13,333.93	\$0.00
July-12	\$13,333.93	\$0.00
August-12	\$13,333.93	\$0.00
September-12	\$13,333.93	\$0.00
October-12	\$13,333.93	\$3,299.63
November-12	\$13,333.93	\$3,299.63
December-12	\$13,411.73	\$3,299.64
January-13	\$13,411.73	\$3,299.64
February-13	\$13,411.73	\$3,299.64
March-13	\$13,411.73	\$3,299.64
April-13	\$13,411.73	\$3,299.64
<b>Total</b>	<b>\$221,044.03</b>	<b>\$23,097.46</b>
<b>Net Billing</b>	<b>\$244,141.49</b>	

**Approved for Payment**  
*Tina Puli*  
First Last Name \_\_\_\_\_ Date \_\_\_\_\_

**RECEIVED**  
JUL 01 2013  
DEPARTMENT OF VERMONT  
HEALTH ACCESS

[Redacted]

Project Director Health Services, Eastern Division

YOUR PROMPT PAYMENT OF THIS INVOICE WILL BE APPRECIATED. IF YOU HAVE ANY QUESTIONS: PLEASE CONTACT [Redacted] EHS Vice President [Redacted]	<b>TOTAL</b>	<b>\$244,141.49</b>
--	--------------	---------------------

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 03410  
Voucher ID: 00016511  
Voucher Style: Regular

Invoice Number: VT-92C#20959  
Invoice Date: 01/31/2013

Vendor: 0000010226  
Name: MAXIMUS -001  
Location: MULTIPLE  
\*Address: 7

Misc. Amount:  
Freight Amount:

Non Merchandise Summary

Maximus  
PO Box 791188  
Baltimore, MD 21279-1188

Total: 261,811.49  
Balance: 0.00

*Re 2/21/13*  
*JRG 2/28/13*

Comments

Advanced Vendor Search

\*Pay Terms: Net 30

Basis Dt Type: Invoice Date

Action: Run

Accounting Date: 02/27/2013

Control Group:

\*Currency: USD

Copy from a Source Document

PO Unit: Purchase Order: Worksheet Copy Option: None

Invoice Lines

Line	*Distribute by	Item	Description	Quantity	UOM	Unit Price	Extended Amount
1	Amount		Maximus contract	663,670.6	EA	0.39449	261,811.49

Ship To: PPATWLC

SpeedChart

Use One Asset ID

Override PO Distribution %

Redistribute by percentage

View PO/Receiver

Distribution Lines

GL ChartFields 1	GL ChartFields 2	Exchange Rate	Statistics	Assets	Percent	Amount	Quantity	GL Unit	Account	Fund	Department	Program	Class	Project	Affiliate	OpenItem
1	100.0000				261,811.49	663,670.6		03410	507600	20405	3410010000	41050				

Save | Notify | Refresh

Add | Update/Display

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary



**MAXIMUS**  
 HELPING GOVERNMENT SERVE THE PEOPLE®

**Received in BO**

FEB 01 2013

PO Attached  
 Packing Slip

TO:  
 Business Office  
 Department of Vermont Health Access  
 312 Hurricane Lane, Suite 201  
 Williston, VT 05495

DATE: 31-Jan-13  
 INVOICE NO: VT-92  
 REFERENCE: 20959

Enrollment, Benefits Counseling, Member Services and Bus Program, provided for the Dept. of VT Health Access

Monthly invoice for	January GMMS	January Bus Program
Salaries and Fringe	\$110,006.75	\$8,939.55
Office Supplies and Equipment	\$3,072.71	\$86.58
Printing	\$3,247.21	\$13.22
Other Direct Costs	\$57,240.84	\$17,198.32
Subtotal	\$173,567.51	\$26,237.67
Indirect Costs and Fee	\$39,800.83	\$14,522.22
Total	\$213,368.34	\$40,759.89
Postage	\$10,160.52	\$1,109.11
Bus Tickets	\$0.00	\$13,125.00
<b>Gross Billing</b>	<b>\$223,528.86</b>	<b>\$54,994.00</b>
<b>Total Gross Billing</b>	<b>\$278,522.86</b>	
Less Retainage @ 6%	\$16,711.37	
<b>Net Billing</b>	<b>\$261,811.49</b>	

Approved for Payment  
 First Last Name  
 Date 2/19/13

RECEIVED  
 FEB 04 2013  
 DEPARTMENT OF VERMONT  
 HEALTH ACCESS

[Redacted]  
 Project Director, Vermont Health Access Member Services

YOUR PROMPT PAYMENT OF THIS INVOICE WILL BE APPRECIATED. IF YOU HAVE ANY QUESTIONS: PLEASE CONTACT [Redacted] Project Director [Redacted]	<b>TOTAL</b>	<b>\$261,811.49</b>
---	--------------	---------------------

PLEASE REMIT TO ADDRESS BELOW ORIGINAL INVOICE #104005.01.01  
 ATTN: [Redacted]  
 MAXIMUS, Inc. PO Box 791188 Baltimore, MD 21279-1188 703.251.8500 703.251.8241 FAX WWW.MAXIMUS.COM

Received in BO

FEB 22 2013

PO Attached \_\_\_\_\_  
Packing Slip \_\_\_\_\_

Agreement # 20959

Apprvd By:  JRG 2/28/13

Vndr # 10226

Date: 2/28/13

PO# 3908

PO Vchr # 16511

Ln # 1	Dist # 1	Amt: \$261,811.49
Ln #	Dist #	Amt:

Summary Invoice Information Payments Voucher Attributes / Error Summary

Business Unit: 03410 Invoice Number: VT-93C#20959  
 Voucher ID: 00016671 Invoice Date: 02/28/2013  
 Voucher Style: Regular  
 Vendor: 0000010226 Misc. Amount: Non Merchandise Summary  
 Name: MAXIMUS -001 Freight Amount:  
 Location: MULTIPLE  
 \*Address: 7  
 Maximus PO Box 791188 Total: 261,811.49  
 Baltimore, MD 21279-1188 Balance: 0.00

*Re 3/28/13  
JRG 3/21/13*

Comments

Advanced Vendor Search

\*Pay Terms: Net 30 Basis Dt Type: Invoice Date Action: Run  
 Accounting Date: 03/20/2013  
 Control Group: \*Currency: USD

Copy from a Source Document  
 PO Unit: Purchase Order: Worksheet Copy Option: None

Saved

Invoice Lines

Line	*Distribute by	Item	Description	Quantity	UOM	Unit Price	Extended Amount
1	Amount		Maximus - Contract	1,111,160	EA	0.23562	261,811.49

Ship To: PPAWILC  
 Use One Asset ID  
 Override PO Distribution %  
 Redistribute by percentage

Distribution Lines

Percent	Amount	Quantity	*GL Unit	*Account	Fund	Department	Program	Class	Project	Affiliate	Open Item
100.0000	261,811.49	1111160	03410	507600	20405	3410010000	41050				

Save | Notify | Refresh

Add | Update/Display

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary



**MAXIMUS**  
HELPING GOVERNMENT SERVE THE PEOPLE®

RECEIVED  
MAR 07 2013  
DEPARTMENT OF VERMONT  
HEALTH ACCESS

TO:  
Business Office  
Department of Vermont Health Access  
312 Hurricane Lane, Suite 201  
Williston, VT 05495

DATE: 28-Feb-13  
INVOICE NO: VT-93  
REFERENCE: 20959

Enrollment, Benefits Counseling, Member Services and Bus Program, provided for the Dept. of VT Health Access

Monthly invoice for	February GMMS	February Bus Program
Salaries and Fringe	\$110,006.75	\$8,939.55
Office Supplies and Equipment	\$3,072.71	\$86.58
Printing	\$3,247.21	\$13.22
Other Direct Costs	\$57,240.84	\$17,198.32
Subtotal	\$173,567.51	\$26,237.67
Indirect Costs and Fee	\$39,800.83	\$14,522.22
Total	\$213,368.34	\$40,759.89
Postage	\$10,160.52	\$1,109.11
Bus Tickets	\$0.00	\$13,125.00
<b>Gross Billing</b>	<b>\$223,528.86</b>	<b>\$54,994.00</b>
<b>Total Gross Billing</b>	<b>\$278,522.86</b>	
Less Retainage @ 6%	\$16,711.37	
<b>Net Billing</b>	<b>\$261,811.49</b>	

Received in BO  
MAR 07 2013  
PO Attached \_\_\_\_\_  
Packing Slip \_\_\_\_\_

[Redacted Signature]  
Project Director, Vermont Health Access Member Services

Approved for Payment  
[Signature] 3/14/13  
First Last Name \_\_\_\_\_ Date \_\_\_\_\_

YOUR PROMPT PAYMENT OF THIS INVOICE WILL BE APPRECIATED. IF YOU HAVE ANY QUESTIONS: PLEASE CONTACT [Redacted] Project Director [Redacted]	<b>TOTAL</b>	<b>\$261,811.49</b>
---	--------------	---------------------

PLEASE REMIT TO ADDRESS BELOW

ATTN: [Redacted]

MAXIMUS, Inc. PO Box 791188 Baltimore, MD 21279-1188 703.251.8500 703.251.8241 FAX WWW.MAXIMUS.COM

ORIGINAL INVOICE

#104005.01.01

Agreement # 20959

Apprvd By: *JRG 3/21/13*

Vndr # 10224

Date: *3/20/13*

PO# 3928

PO Vchr # *16671*

Ln # 1 Dist # 1

Amt: \$201,811.49 (41050)

Ln # Dist #

Amt:

Receiver *3/21/13*

Mo

PO Attached  
Packing Slip

[Summary](#)   [Invoice Information](#)   [Payments](#)   [Voucher Attributes](#)   [Error Summary](#)

**Business Unit:** 03410      **Invoice Number:** VT-94C#20959

**Voucher ID:** 00017082      **Invoice Date:** 03/31/2013

**Voucher Style:** Regular

**Vendor:** 0000010226      **Misc. Amount:**       [Non Merchandise Summary](#)

**Name:** MAXIMUS -001      **Freight Amount:**

**Location:** MULTIPLE

**\*Address:** 7

Maximus  
PO Box 791188  
Baltimore, MD 21279-1188

**Total:** 261,811.49

**Balance:** 0.00

*Re 5/21/13*  
*JRG 5/21/13*

[Comments](#)

[Advanced Vendor Search](#)

**\*Pay Terms:** Net 30

**Basis Dt Type:** Invoice Date

**Action:**

**Accounting Date:** 05/21/2013

**\*Currency:** USD

**Copy from a Source Document**

**PO Unit:** 03410      **Purchase Order:** 0000003908            **Worksheet Copy Option:** None

**Invoice Lines**

Line	*Distribute by	Item	Description	Quantity	UOM	Unit Price	Extended Amou
1	Amount	<input type="text"/>	Maximus contract	5,625.661	EA	0.04654	261,811.49

**Ship To**       **SpeedChart**        Use One Asset ID

[View PO/Receiver](#)

**▼ Distribution Lines**

Customize | Find | View All | |      First 1 of 1 Last

GL ChartFields 1	GL ChartFields 2	Exchange Rate	Statistics	Assets					
Amount	Quantity	*GL Unit	*Account	Fund	Department	Program	Class	Project	
1	261,811.49	1.0000	03410	507600	20405	3410010000	41050		

[Summary](#) | [Invoice Information](#) | [Payments](#) | [Voucher Attributes](#) | [Error Summary](#)

RECEIVED IN AR/AP  
MAY 20 2013  
FOR PROCESSING



**MAXIMUS**  
HELPING GOVERNMENT SERVE THE PEOPLE®

RECEIVED  
APR 02 2013  
DEPARTMENT OF VERMONT  
HEALTH ACCESS

TO:  
Business Office  
Department of Vermont Health Access  
312 Hurricane Lane, Suite 201  
Williston, VT 05495

DATE: 31-Mar-13  
INVOICE NO: VT-94  
REFERENCE: 20959

Enrollment, Benefits Counseling, Member Services and Bus Program, provided for the Dept. of VT Health Access

Monthly invoice for	March GMMS	March Bus Program
Salaries and Fringe	\$110,006.75	\$8,939.55
Office Supplies and Equipment	\$3,072.71	\$86.58
Printing	\$3,247.21	\$13.22
Other Direct Costs	\$57,240.84	\$17,198.32
Subtotal	\$173,567.51	\$26,237.67
Indirect Costs and Fee	\$39,800.83	\$14,522.22
Total	\$213,368.34	\$40,759.89
Postage	\$10,160.52	\$1,109.11
Bus Tickets	\$0.00	\$13,125.00
<b>Gross Billing</b>	<b>\$223,528.86</b>	<b>\$54,994.00</b>
<b>Total Gross Billing</b>	<b>\$278,522.86</b>	
Less Retainage @ 6%	\$16,711.37	
<b>Net Billing</b>	<b>\$261,811.49</b>	

Approved for Payment  
*[Signature]* 4/9/13  
First Last Name Date

[Redacted Signature]  
Project Director, Vermont Health Access Member Services

YOUR PROMPT PAYMENT OF THIS INVOICE WILL BE APPRECIATED. IF YOU HAVE ANY QUESTIONS: PLEASE CONTACT [Redacted] Project Director [Redacted]	<b>TOTAL</b>	<b>\$261,811.49</b>
---	--------------	---------------------

PLEASE REMIT TO ADDRESS BELOW ORIGINAL INVOICE #104005.01.01  
ATTN: [Redacted] MAXIMUS, Inc. PO Box 791188 Baltimore, MD 21279-1188 703.251.8500 703.251.8241 FAX WWW.MAXIMUS.COM

Agreement #  
Vndr #  
PO#  
Ln #  
Ln #  
Apprvd By:  
Date:  
PO Vchr #  
Dist #  
Dist #  
Amt:  
Amt:

Agreement # 20959  
Vndr # 10226  
PO# 3908  
Ln # 1  
Ln #  
Apprvd By:  
Date:  
PO Vchr #  
Dist # 1  
Dist #  
Amt \$2011  
Amt:

ET 5/20

Agreement # 20959  
Vndr # 10226  
PO# 3908  
Ln # 1  
Ln #  
Apprvd By: JRG 5/21/13  
Date: 5/21/13  
PO Vchr # 17082  
Dist # 1  
Dist #  
Amt: \$241,811.49 (41050)  
Amt:

- held in B/O waiting for PO update

Summary Invoice Information Payments Voucher Attributes Error Summary

New Window Help Customize Page

Business Unit: 03410 Invoice Number: 039607-0413C#23392

Voucher ID: 00016995 Invoice Date: 04/15/2013

Voucher Style: Regular

Vendor: 0000010226 Misc. Amount: Non-Merchandise Summary

Name: MAXIMUS -001 Freight Amount:

Location: MULTIPLE

\*Address: 5 Q

Total: 128,094.00

Balance: 0.00

Maximumus  
11419 Sunset Hills Rd  
Reston, VA 20190

Comments

Action:

\*Pay Terms: Net 30 Basis Dt Type: Invoice Date

Accounting Date: 05/07/2013

Control Group: USD

Advanced Vendor Search

Copy from a Source Document

PO Unit: Purchase Order: Worksheet Copy Option: None

Invoice Lines

Line	*Distribute by	Item	Description	Quantity	UOM	Unit Price	Extended Amount
1	Amount		VIEWS-enhanced DDI (de	12,830.58	EA	0.57329	7,355.6

Ship To: PPATWILC SpeedChart

Override PO Distribution %

Use One Asset ID

Redistribute by percentage

View PO/Receiver: Saved

Distribution Lines

GL ChartFields 1	GL ChartFields 2	Exchange Rate	Statistics	Assets
Percent	Amount	*GL Unit	*Account	Fund
1	100.0000	12830.5	03410	507600

Line	*Distribute by	Item	Description	Quantity	UOM	Unit Price	Extended Amount
2	Amount		VIEWS-enhanced DDI (de	414,855.4	EA	0.29104	120,738.3

Ship To: SpeedChart

PPATWILC

Use One Asset ID

Override PO Distribution %

Redistribute by percentage

Customize | Find | View All | View PO/Receiver

Distribution Lines	GL ChartFields 1	GL ChartFields 2	Exchange Rate	Statistics	Assets
Percent	Amount	Quantity	*GL Unit	*Account	Fund
1	100.0000	120,738.39	1.0000	03410	507600

Department: 3410010000

Fund: 22005

Program: 41609

Class: Q

Project: Q

View PO/Receiver

Save Notify Refresh

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

5/27/13

Re

5/27/13

Maximumus

5-17-13

MAXIMUS Human Services, Inc.  
1891 Metro Center Drive  
Reston, VA 20190



Remit to: Maximus, Inc.  
1891 Metro Center Drive  
Reston, VA 20190-5207

Business Office  
Department of Vermont Health Access  
312 Hurricane Lane, Suite 201  
Williston, VT 054953

Invoice:  
#039607-0413  
April 15, 2013

Contract # 23392  
Invoice for AHS DVHA IT Health Care Consulting Services  
Project

	DELIVERABLE	COST
#2	Technical Documentation for Health Care Integrated Application Processes	\$ 128,094
<b>TOTAL AMOUNT DUE:</b>		<b>\$128,094</b>

*ok to pay*  
*James Baker*  
*4/18/13*  
**Approved for Payment**  
First Last Name Date

Submitted by: [Redacted]

If you have questions concerning this invoice, please contact [Redacted] Project Manager  
Telephone: [Redacted] Email: [Redacted]

Agreement # 23392  
 Vndr # 10226  
 PO# 3974  
 Ln # 1  
 Ln # 2  
 Apprvd By:  
 Date:  
 PO Vchr #  
 Dist # 1  
 Dist # 1  
 Amt: \$ 7,355.41  
 Amt: \$120,738.39  
\$128,094.00

Agreement # 23392  
 Vndr # 10226  
 PO# 3974  
 Ln # 1  
 Ln # 2  
 Apprvd By:   
 Date: 5/1/13  
 PO Vchr # 10995  
 Dist # 1  
 Dist # 1  
 Amt: \$ 7,355.41  
 Amt: \$120,738.39  
\$128,094.00  
 (fund 10000)  
 (fund 22005)

 5/2/13 to AP

[Summary](#)   [Invoice Information](#)   [Payments](#)   [Voucher Attributes](#)   [Error Summary](#)

**Business Unit:** 03410  
**Voucher ID:** 00017262  
**Voucher Style:** Regular

**Invoice Number:** VT-95C#20959  
**Invoice Date:** 04/30/2013

**Vendor:** 0000010226  
**Name:** MAXIMUS -001  
**Location:** MULTIPLE  
**\*Address:** 7

**Misc. Amount:**  
**Freight Amount:**

[Non Merchandise Summary](#)

Maximus  
 PO Box 791188  
 Baltimore, MD 21279-1188

**Total:** 210,117.13  
**Balance:** 0.00

*Re JRG 6/10/13*

[Comments](#)

[Advanced Vendor Search](#)

**\*Pay Terms:** Due Now

**Basis Dt Type:** Invoice Date

**Action:**

**Accounting Date:** 06/10/2013

**\*Currency:** USD

**Copy from a Source Document**

**PO Unit:** 03410   **Purchase Order:** 0000003908   [Copy PO](#)   **Worksheet Copy Option:** None

**Invoice Lines**

Line	*Distribute by	Item	Description	Quantity	UOM	Unit Price	Extended Amou
1	Amount		Maximus contract	1,446,452	EA	0.14526	210,117

**Ship To:** PPATWILC   **SpeedChart:**    Use One Asset ID

[View PO/Receiver](#)

**Distribution Lines**

Customize | Find | View All | First 1 of 1 Last

GL ChartFields 1	GL ChartFields 2	Exchange Rate	Statistics	Assets	Amount	Quantity	*GL Unit	*Account	Fund	Department	Program	Class	Project
					210,117.13	1.0000	03410	507600	20405	3410010000	41050		

[Save](#)   [Return to Search](#)   [Notify](#)   [Refresh](#)

[Summary](#) | [Invoice Information](#) | [Payments](#) | [Voucher Attributes](#) | [Error Summary](#)



# MAXIMUS

HELPING GOVERNMENT SERVE THE PEOPLE®

TO:  
**Business Office**  
**Department of Vermont Health Access**  
**312 Hurricane Lane, Suite 201**  
**Williston, VT 05495**

DATE: 30-Apr-13  
 INVOICE NO: VT-95  
 REFERENCE: 20959

Enrollment, Benefits Counseling, Member Services and Bus Program, provided for the Dept. of VT Health Access

Monthly invoice for	April GMMS	April Bus Program
Salaries and Fringe	\$110,006.75	\$8,939.55
Office Supplies and Equipment	\$3,072.71	\$86.58
Printing	\$3,247.21	\$13.22
Other Direct Costs	\$57,240.84	\$17,198.32
Subtotal	\$173,567.51	\$26,237.67
Indirect Costs and Fee	\$39,800.83	\$14,522.22
Total	\$213,368.34	\$40,759.89
Postage	\$10,160.52	\$1,109.11
Bus Tickets	\$0.00	\$13,125.00
<b>Gross Billing</b>	<b>\$223,528.86</b>	<b>\$54,994.00</b>
<b>Total Gross Billing</b>	<b>\$278,522.86</b>	
Less Retainage @ 6%	<del>\$16,711.37</del>	
<b>Net Billing</b>	<b>\$261,811.49</b>	

*Bus Pass billing is under discussion and will be re-invoiced at a later date. See attached.  
Tina Purba*

**Approved for Payment** \$210,117.13



First Last Name \_\_\_\_\_ Date \_\_\_\_\_

Project Director, Vermont Health Access Member Services

**Approved for Payment**  
*Tina Purba* 5/30/2013  
 First Last Name \_\_\_\_\_ Date \_\_\_\_\_

YOUR PROMPT PAYMENT OF THIS INVOICE WILL BE APPRECIATED. IF YOU HAVE ANY QUESTIONS: PLEASE CONTACT \_\_\_\_\_ Project Director \_\_\_\_\_

TOTAL \$261,811.49

\$210,117.13

PLEASE REMIT TO ADDRESS BELOW

ORIGINAL INVOICE

#104005.01.01

ATTN: \_\_\_\_\_ PO Box 791188 Baltimore, MD 21279-1188 703.251.8500 703.251.8241 FAX WWW.MAXIMUS.COM

	April Invoice	Actual Payment
GMMS	\$223,528.86	\$223,528.86
Bus Pass	\$54,994.00	
Ttl Gross	\$278,522.86	\$223,528.86
6% retainage	\$16,711.37	\$13,411.73
Net Billing	\$261,811.49	\$210,117.13

	May Invoice	Actual Payment
GMMS	\$223,528.86	\$223,528.86
Bus Pass	\$54,994.00	
Sub Ttl Gross	\$278,522.86	\$223,528.86
Exchange Set-Up	\$909,551.00	\$909,551.00
Ttl Gross	\$1,188,073.86	\$1,133,079.86
8% retainage	\$95,045.91	\$90,646.39
Net Billing	\$1,093,027.95	\$1,042,433.47

Agreement # 20959

Apprvd By: (10) JRG 6/10/13

Vndr # 10226

Date: 6/10 /13

PO# 3908

PO Vchr # 17262

Ln # 1

Dist # 1

Amt: \$210,117.13 (41060)

Ln #

Dist #

Amt:

6/7/13 (TW)

[Summary](#)   [Invoice Information](#)   [Payments](#)   [Voucher Attributes](#)   [Error Summary](#)

**Business Unit:** 03410  
**Voucher ID:** 00017305  
**Voucher Style:** Regular

**Invoice Number:** VT-96C#20959  
**Invoice Date:** 05/31/2013

**Vendor:** 0000010226   
**Name:** MAXIMUS -001   
**Location:** MULTIPLE   
**\*Address:** 7

**Misc. Amount:**   
**Freight Amount:**

[Non Merchandise Summary](#)

Maximus  
 PO Box 791188  
 Baltimore, MD 21279-1188

**Total:** 205,646.55  
**Balance:** 0.00

*Handwritten:* 6/11/13  
*Signature:* [Handwritten Signature]  
 Comments 6/11/13

[Advanced Vendor Search](#)

**\*Pay Terms:** Due Now

**Basis Dt Type:** Invoice Date

**Action:**

**Accounting Date:** 06/11/2013

**Control Group:**

**\*Currency:** USD

Copy from a Source Document

**PO Unit:**    **Purchase Order:**       **Worksheet Copy Option:** None

Invoice Lines

Line	*Distribute by	Item	Description	Quantity	UOM	Unit Price	Extended Amo
1	Amount	<input type="text"/>	Maximus contract	942,683.3	EA	0.21815	205,64

**Ship To** SpeedChart  
 PPATWILC

Use One Asset ID

**Override PO Distribution %**  
 Redistribute by percentage

[View PO/Receiver](#)

▼ **Distribution Lines**   [Customize](#) | [Find](#) | [View All](#) | |   [First](#) 1 of 1 [Last](#)

GL ChartFields 1	GL ChartFields 2	Exchange Rate	Statistics	Assets						
Percent	Amount	Quantity	*GL Unit	*Account	Fund	Department	Program	Class	Pro	
1 100.0000	205,646.55	1.0000	03410	507600	20405	3410010000	41050			

[Summary](#) | [Invoice Information](#) | [Payments](#) | [Voucher Attributes](#) | [Error Summary](#)

TO:  
 Emily Trantum  
 Business Office  
 Department of Vermont Health Access  
 312 Hurricane Lane, Suite 201  
 Williston, VT 05495

DATE: 31-May-13  
 INVOICE NO: VT-96  
 REFERENCE: 20959

Enrollment, Benefits Counseling, Member Services and Bus Program, provided for the Dept. of VT Health Access

	May GMMS	May Bus Program
Monthly invoice for		
Salaries and Fringe	\$110,006.75	\$8,939.55
Office Supplies and Equipment	\$3,072.71	\$86.58
Printing	\$3,247.21	\$13.22
Other Direct Costs	<u>\$57,240.84</u>	<u>\$17,198.32</u>
Subtotal	\$173,567.51	\$26,237.67
Indirect Costs and Fee	<u>\$39,800.83</u>	<u>\$14,522.22</u>
Total	\$213,368.34	\$40,759.89
Postage	\$10,160.52	\$1,109.11
Bus Tickets	<u>\$0.00</u>	<u>\$13,125.00</u>
<b>Gross Billing</b>	<u>\$223,528.86</u>	<u>\$54,994.00</u>
<b>Total Gross Billing</b>	<del>\$278,522.86</del>	<del>\$1,133,079.86</del>
<b>Total Exchange Set Up</b>	\$909,551.00	
Less Retainage @ 8%	<u>\$95,045.91</u>	\$90,646.39
<b>Net Billing</b>	<u>\$1,093,027.95</u>	<u>\$1,042,433.47</u>

*Bus Pass billing is under discussion and will be re-invoiced at a later date. See attached.  
 Tom Pentli*

*Tom Pentli 5/30/2013*

██████████  
 Project Director, Vermont Health Access Member Services

YOUR PROMPT PAYMENT OF THIS INVOICE WILL BE APPRECIATED. IF YOU HAVE ANY QUESTIONS: PLEASE CONTACT ██████████ Project Director ██████████	<b>TOTAL</b>	<b>\$1,093,027.95</b>
---	--------------	-----------------------

PLEASE REMIT TO ADDRESS BELOW  
 ATTN: ██████████

ORIGINAL INVOICE

#104005.01.01

MAXIMUS, Inc. PO Box 791188 Baltimore, MD 21279-1188 703.251.8500 703.251.8241 FAX WWW.MAXIMUS.COM

May 31, 2013

Business Office  
Department of Vermont Health Access  
312 Hurricane Lane, Suite 201  
Williston, Vermont 05495

**SUBJECT: INVOICE RECEIPT**  
Complete and Fax to (802) 651-1528

Dear Business Office:

This signed letter will serve as receipt that the below listed invoice was received by the Agency of Human Services on \_\_\_\_\_ (date) at \_\_\_\_\_ (time).

<b>Invoice Number</b>	<b>Invoice Period</b>	<b>Amount Invoiced</b>
VT-96	May	\$1,093,027.95

Received by: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

If you have any questions or comments, please contact [REDACTED] Project Director [REDACTED]

	April Invoice	Actual Payment
GMMS	\$223,528.86	\$223,528.86
Bus Pass	\$54,994.00	
Ttl Gross	\$278,522.86	\$223,528.86
6% retainage	\$16,711.37	\$13,411.73
Net Billing	\$261,811.49	\$210,117.13

	May Invoice	Actual Payment
GMMS	\$223,528.86	\$223,528.86
Bus Pass	\$54,994.00	
Sub Ttl Gross	\$278,522.86	\$223,528.86
Exchange Set-Up	\$909,551.00	\$909,551.00
Ttl Gross	\$1,188,073.86	\$1,133,079.86
8% retainage	\$95,045.91	\$90,646.39
Net Billing	\$1,093,027.95	\$1,042,433.47

\$17,982.31  
\$205,646.55

Agreement # 20959

Apprvd By: (P)

Vndr # 10226

Date: 6/1/13

PO# 3908

PO Vchr # 17305

Ln # 1

Dist # 1

Amt: \$205,646.55 (41050)

Ln #

Dist #

Amt:

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 03410  
 Voucher ID: 00017652  
 Voucher Style: Regular

Invoice Number: PYVT-97C#20959  
 Invoice Date: 06/30/2013

Vendor: 0000010226   
 Name: MAXIMUS -001   
 Location: MULTIPLE   
 \*Address: 7

Misc. Amount:   
 Freight Amount:

Non Merchandise Summary

Maximus  
 PO Box 791188  
 Baltimore, MD 21279-1188

Total: 1,673,573.84  
 Balance: 0.00

*Handwritten:* RC 8/5/13  
 JRG 8/5/13

Comments

Advanced Vendor Search

\*Pay Terms: Net 30

Basis Dt Type: Invoice Date

Action:

Accounting Date: 08/05/2013

Control Group:

\*Currency: USD

Copy from a Source Document

PO Unit:  Purchase Order:   Worksheet Copy Option: None

Invoice Lines

Line	*Distribute by	Item	Description	Quantity	UOM	Unit Price	Extended Amou
1	Amount	<input type="text"/>	Exchange Start Up	3,638,205	EA	0.46000	1,673,573.84

Ship To: PPATWILC   
 SpeedChart:    
 Use One Asset ID



Override PO Distribution %  
 Redistribute by percentage

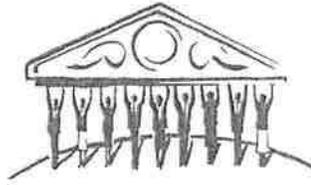
View PO/Receiver

▼ Distribution Lines

Customize | Find | View 1 | | | First 1-2 of 2 Last

GL ChartFields 1	GL ChartFields 2	Exchange Rate	Statistics	Assets						
Percent	Amount	Quantity	*GL Unit	*Account	Fund	Department	Program	Class	Proj	
1 97.4050	1,623,366.62	354379	03410	507600	22005	3410010000	41609	<input type="text"/>	<input type="text"/>	
2 2.5950	50,207.22	94411.4	03410	507600	10000	3410010000	41609	<input type="text"/>	<input type="text"/>	

PY



**MAXIMUS**  
HELPING GOVERNMENT SERVE THE PEOPLE<sup>®</sup>

RECEIVED  
JUL 12 2013  
DEPARTMENT OF VERMONT  
HEALTH ACCESS

TO:  
Emily Trantum  
Business Office  
Department of Vermont Health Access  
312 Hurricane Lane, Suite 201  
Williston, VT 05495

DATE: 30-Jun-13  
INVOICE NO: VT-97  
REFERENCE: 20959

Enrollment, Benefits Counseling, Member Services and Bus Program, provided for the Dept. of VT Health Access

Monthly invoice for	June GMMS	June Bus Program
Salaries and Fringe	\$110,006.75	\$8,939.55
Office Supplies and Equipment	\$3,072.71	\$86.58
Printing	\$3,247.20	\$13.22
Other Direct Costs	\$57,240.84	\$17,198.32
Subtotal	\$173,567.50	\$26,237.67
Indirect Costs and Fee	\$39,800.83	\$14,522.22
Total	\$213,368.33	\$40,759.89
Postage	\$10,160.57	\$1,109.12
Bus Tickets	\$0.00	\$13,125.00
Gross Billing	\$223,528.90	\$54,894.01
Total Gross Billing	\$278,522.91	\$223,528.90
Total May Exchange Set Up	\$909,551.00	
Total June Exchange Set Up	\$909,551.00	
Less Retainage @ 8%	\$167,609.99	\$163,410.47
Net Billing	\$1,929,814.92	

ET 7/31 per attached email

\$1,879,220.43

Approved for Payment  
*Luca Parisi*  
First Last Name Date

[Redacted]  
Project Director, Vermont Health Access Member Services

YOUR PROMPT PAYMENT OF THIS INVOICE WILL BE APPRECIATED. IF YOU HAVE ANY QUESTIONS: PLEASE CONTACT [Redacted] Project Director [Redacted]	TOTAL	\$1,929,814.92
--	-------	----------------

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 03410  
 Voucher ID: 00017969  
 Voucher Style: Regular

Invoice Number: VT-98C#20959  
 Invoice Date: 07/31/2013

Vendor: 0000010226  
 Name: MAXIMUS -001  
 Location: MULTIPLE  
 \*Address: 5

Misc. Amount:  
 Freight Amount:

Maximus  
 11419 Sunset Hills Rd  
 Reston, VA 20190

Total: 1,226,386.65  
 Balance: 0.00

*20 9-13-13*  
[Non Merchandise Summary](#)  
*JRG 9/16/13*

[Comments](#)

[Advanced Vendor Search](#)

\*Pay Terms: Net 30

Basis Dt Type: Invoice Date

Action:

Accounting Date: 09/13/2013

Control Group:

\*Currency: USD

Copy from a Source Document

PO Unit: Purchase Order:  Worksheet Copy Option: None

Invoice Lines

Line	*Distribute by	Item	Description	Quantity	UOM	Unit Price	Extended Amou
1	Amount		Exchange Start Up	3,638,205	EA	0.23000	836,786

Ship To: PPATWILC  
 SpeedChart  
 Use One Asset ID

Override PO Distribution %  
 Redistribute by percentage

[View PO/Receiver](#)

▼ Distribution Lines

Customize | Find | View 1 | First 1-2 of 2 Last

GL ChartFields 1	GL ChartFields 2	Exchange Rate	Statistics	Assets	Department	Program	Class	Proj
1 97.4050	619,640.71	354379	03410	507600	22005	3410010000	41609	
2 2.5950	217,146.21	94411.4	03410	507600	10000	3410010000	41609	

Line	*Distribute by	Item	Description	Quantity	UOM	Unit Price	Extended Amou
3	Amount		Beneficiary enrollment and	2,303,459	EA	0.16360	376,840



MAXIMUS Monthly Invoice



TO:  
 Emily Trantum  
 Business Office  
 Department of Vermont Health Access  
 312 Hurricane Lane, Suite 201  
 Williston, VT 05495

DATE: 31-Jul-13  
 INVOICE NO: VT-98  
 REFERENCE: 20959

Invoice For the Month of July 2013

Variable Costs	Rate	VHC Volume of Talk Time Minutes/Mailings	VHC Total	GMC Volume of Talk Time Minutes/Mailings	GMC Total	Bus Program Total	Total
Monthly Volume of Talk Time Minutes	\$0.858		\$0.00	132,859	\$113,993.02	\$7,452.20	\$113,993.02
Notifies	\$0.70		\$0.00	10,646	\$7,452.20	\$19,065.20	\$19,065.20
Booklets	\$3.08		\$0.00	6,190	\$19,065.20	\$1,464.94	\$1,464.94
Applications/Forms	\$0.89		\$0.00	1,646	\$1,464.94		\$1,464.94
<b>Total Variable Costs</b>			<b>\$0.00</b>		<b>\$141,975.36</b>		<b>\$141,975.36</b>
<b>Fixed Costs</b>		<b>Volume of Talk Time Minutes</b>	<b>Allocation</b>	<b>VHC Total</b>	<b>GMC Total</b>	<b>Bus Program Total</b>	<b>Total</b>
Startup		0	0%	\$	\$	\$	\$
Fixed Costs - GMC/NHC		132,859	100%	\$	207,854.75	\$	207,854.75
VHC Allocation					\$	13,865.25	\$
GMC Allocation					\$		\$
Fixed Costs - Bus Voucher Program						\$	\$
<b>Total Start Up &amp; Fixed Costs</b>							<b>1,131,271.00</b>
<b>Total Start Up, Fixed &amp; Variable Costs</b>							<b>1,273,246.36</b>
Less Retainage (8%)							<b>(101,859.71)</b>
<b>Incentives and Penalties</b>		<b>Performance</b>	<b>Volume of Talk Time Minutes</b>	<b>Allocation</b>	<b>VHC Total</b>	<b>GMC Total</b>	<b>Total</b>
Standards		90.5%					
% of Calls Answered in 25 sec.		99.9%					
% of Calls Answered in 4 min.		1.0%					
Abandonment Rate							
Incentive					\$	\$	\$
VHC Allocation					\$	55,000.00	\$
GMC Allocation					\$		\$
Penalty					\$	\$	\$
VHC Allocation					\$		\$
GMC Allocation					\$		\$
<b>Total Incentive/Penalty</b>							<b>55,000.00</b>
<b>Estimated Net Billing (including Possible Incentive &amp; Penalties)</b>							<b>1,226,386.65</b>

Project Director, VHC GMC CSC

**Approved for Payment**  
*Wendy Feltz*  
 9/10/2013  
 First Last Name Date

YOUR PROMPT PAYMENT OF THIS INVOICE WILL BE APPRECIATED. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT [Redacted] Project	TOTAL	\$ 1,226,386.65
---	-------	-----------------

PLEASE REMIT TO ADDRESS BELOW  
 ATTN: [Redacted]

MAXIMUS, Inc. PO Box 791188 Baltimore, MD 21279-1188 703.251.8500 703.251.8241 FAX WWW.MAXIMUS.COM

ORIGINAL INVOICE

#104005



July 31, 2013

Business Office  
Department of Vermont Health Access  
312 Hurricane Lane, Suite 201  
Williston, Vermont 05495

**SUBJECT: INVOICE RECEIPT**  
Complete and Fax to (802) 651-1528

Dear Business Office:

This signed letter will serve as receipt that the below listed invoice was received by the Agency of Human Services on \_\_\_\_\_ (date) at \_\_\_\_\_ (time).

Invoice Number	Invoice Period	Amount Invoiced
VT-98	July	\$1,226,386.65

Received by: \_\_\_\_\_

Signature

\_\_\_\_\_

Print Name

If you have any questions or comments, please contact



Project Director



#104005



Period:07/1/2013 -

MAXIMUS Monthly Invoice  
Call Volume Report



Date	GMC Total Talk Time Minutes	VHC Total Talk Time Minutes	Total Billable Talk Time Minutes	GMC and VHC Including Bus Total Talk Time Minutes	Maximum Agent Talk Minutes Per Month
7/1/2013	8,496	0	8,496	9,511	
7/2/2013	6,981	0	6,981	8,226	
7/3/2013	6,187	0	6,187	7,315	
7/4/2013	0	0	0	0	
7/5/2013	4,549	0	4,549	5,235	
7/8/2013	8,003	0	8,003	9,092	
7/9/2013	6,451	0	6,451	7,396	
7/10/2013	5,969	0	5,969	6,970	
7/11/2013	5,540	0	5,540	6,199	
7/12/2013	5,376	0	5,376	6,109	
7/15/2013	6,666	0	6,666	7,689	
7/16/2013	5,234	0	5,234	6,109	
7/17/2013	5,046	0	5,046	5,672	
7/18/2013	4,543	0	4,543	5,277	
7/19/2013	5,030	0	5,030	5,735	
7/22/2013	7,979	0	7,979	9,203	
7/23/2013	6,226	0	6,226	7,162	
7/24/2013	5,677	0	5,677	6,465	
7/25/2013	5,624	0	5,624	6,364	
7/26/2013	5,042	0	5,042	5,671	
7/29/2013	6,850	0	6,850	7,970	
7/30/2013	5,969	0	5,969	6,924	
7/31/2013	5,420	0	5,420	6,269	
<b>Total</b>	<b>132,859</b>	<b>0</b>	<b>132,859</b>	<b>152,563</b>	<b>573,300</b>

Period: 07/1/2013 - 07/31/2013

Date	GMC Notices Total Mailed	VHC Notices Total Mailed	GMC Booklets Total Mailed	VHC Booklets Total Mailed	GMC Applications & Forms Total Mailed	VHC Applications & Forms Total Mailed	Total Mailed
7/1/2013	819		390		60		
7/2/2013	656		319		100		
7/3/2013	697		122		80		
7/4/2013	0		0		0		
7/5/2013	523		138		61		
7/8/2013	542		120		52		
7/9/2013	356		161		113		
7/10/2013	431		394		88		
7/11/2013	342		346		62		
7/12/2013	331		587		69		
7/15/2013	322		387		49		
7/16/2013	322		569		101		
7/17/2013	334		145		79		
7/18/2013	295		130		63		
7/19/2013	515		122		58		
7/22/2013	399		359		71		
7/23/2013	406		289		92		
7/24/2013	369		247		74		
7/25/2013	815		133		78		
7/26/2013	308		153		63		
7/29/2013	553		369		60		
7/30/2013	647		369		81		
7/31/2013	655		152		92		
<b>Total</b>	<b>10,646</b>	<b>0</b>	<b>6,190</b>	<b>0</b>	<b>1,646</b>	<b>0</b>	<b>18,482</b>



MAXIMUS Monthly Invoice  
-Incentives Penalties Assessment  
Invoice For the Month of: July 2013



Incentive Payment Measurement		
Standard	Rate This Month	Standard Met
70% of calls or more for the month are answered by a live agent in 25 seconds after leaving the IVR	90.3%	Yes
98% of calls or more are answered by a live agent in 4 minutes	99.9%	Yes
Calls abandoned for the month after leaving the IVR are less than or equal to 5%	1.0%	Yes
Penalty Deduction Measurement		
Standard	Rate This Month	Standard Met
60% of calls or more for the month are answered by a live agent in 25 seconds	90.3%	Yes

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 03410  
 Voucher ID: 00017969  
 Voucher Style: Regular  
 Vendor: 0000010226  
 Name: MAXIMUS -001  
 Location: MULTIPLE  
 \*Address: 5

Invoice Number: VT-98C#20959  
 Invoice Date: 07/31/2013

Misc. Amount:  
 Freight Amount:

Maximus  
 11419 Sunset Hills Rd  
 Reston, VA 20190

Total: 1,226,386.65  
 Balance: 0.00

*20 9-13-13*  
 Non Merchandise Summary  
*JRG 9/16/13*

Comments

Advanced Vendor Search

\*Pay Terms: Net 30

Basis Dt Type: Invoice Date

Action:

Accounting Date: 09/13/2013

Control Group:

\*Currency: USD

Copy from a Source Document

PO Unit: Purchase Order: Copy PO Worksheet Copy Option: None

Invoice Lines

Line	*Distribute by	Item	Description	Quantity	UOM	Unit Price	Extended Amou
1	Amount		Exchange Start Up	3,638,205	EA	0.23000	836,786

Ship To: PPATWILC  
 SpeedChart:  Use One Asset ID

Override PO Distribution %  
 Redistribute by percentage

View PO/Receiver

▼ Distribution Lines

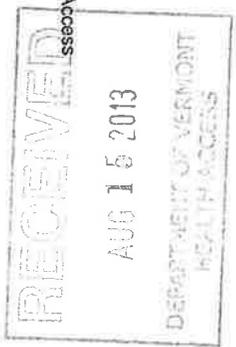
Customize | Find | View 1 | First 1-2 of 2 Last

GL ChartFields 1	GL ChartFields 2	Exchange Rate	Statistics	Assets	Program	Class	Proj
Percent	Amount	Quantity	*GL Unit	*Account	Fund	Department	
97.4050	619,640.71	354379	03410	507600	22005	3410010000	41609
2.5950	217,146.21	94411.4	03410	507600	10000	3410010000	41609

Line	*Distribute by	Item	Description	Quantity	UOM	Unit Price	Extended Amou
3	Amount		Beneficiary enrollment and	2,303,459	EA	0.16360	376,846



TO: Emily Trantum  
Business Office  
Department of Vermont Health Access  
312 Hurricane Lane, Suite 201  
Williston, VT 05495



DATE: 31-Jul-13  
INVOICE NO: VT-98  
REFERENCE: 20959

Invoice For the Month of: July 2013

Variable Costs	Rate	VHC Volume of Talk Time Minutes/Callings	VHC Total	GMC Volume of Talk Time Minutes/Callings	GMC Total	Bus Program Total	Total
Monthly Volume of Talk Time Minutes	\$0.858		\$0.00	132,859	\$113,993.022		\$113,993.02
Notifies	\$0.70		\$0.00	10,646	\$7,452.20		\$7,452.20
Booklets	\$3.08		\$0.00	6,190	\$19,065.20		\$19,065.20
Applications/Forms	\$0.89		\$0.00	1,646	\$1,464.94		\$1,464.94
<b>Total Variable Costs</b>			<b>\$0.00</b>		<b>\$141,975.36</b>		<b>\$141,975.36</b>

Fixed Costs	Volume of Talk Time Minutes	Allocation	VHC Total	GMC Total	Bus Program Total	Total
Startup						\$ 909,551.00
Fixed Costs - GMC/VHC	0	0%	\$ -			\$ 207,854.75
VHC Allocation	132,859	100%	\$ 207,854.75			\$ 207,854.75
GMC Allocation						\$ 13,865.25
Fixed Costs - Bus Voucher Program						\$ 13,865.25
<b>Total Start Up &amp; Fixed Costs</b>						<b>\$ 1,131,271.00</b>
<b>Total Start Up, Fixed &amp; Variable Costs</b>						<b>\$ 1,273,246.36</b>
Less Retainage (3%)						\$ (101,859.71)

Incentives and Penalties	Performance	Volume of Talk Time Minutes	Allocation	VHC Total	GMC Total	Total
Standards						
% of Calls Answered in 25 sec.	90.3%					
% of Calls Answered in 4 min.	99.9%					
Abandonment Rate	1.0%					\$ 55,000.00
Incentive						\$ -
VHC Allocation		0	0%	\$ -		\$ -
GMC Allocation		152,563	100%	\$ 55,000.00		\$ 55,000.00
Penalty						\$ -
VHC Allocation		0	0%	\$ -		\$ -
GMC Allocation		152,563	100%	\$ -		\$ -
<b>Total Incentive/Penalty</b>						<b>\$ 55,000.00</b>

**Estimated Net Billing Including Possible Incentive & Penalties** \$ 1,226,386.65

Project Director: VHC GMC CSC

YOUR PROMPT PAYMENT OF THIS INVOICE WILL BE APPRECIATED. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT [Redacted] Project [Redacted]

Director [Redacted]

PLEASE PRINT TO ADDRESS BELOW

ATTN: [Redacted]

MAXIMUS, Inc. PO Box 791188 Baltimore, MD 21279-1188 703.251.8500 703.251.8241 FAX WWW.MAXIMUS.COM #104005

Approved for Payment

*Maria Furlie*

9/10/2013

First Last Name Date

Period: 07/1/2013 -

Date	GMC Total Talk Time Minutes	VHC Total Talk Time Minutes	Total Billable Talk Time Minutes	GMC and VHC Including Bus Total Talk Time Minutes	Maximum Agent Talk Minutes Per Month
7/1/2013	8,496	0	8,496	9,511	
7/2/2013	6,981	0	6,981	8,226	
7/3/2013	6,187	0	6,187	7,315	
7/4/2013	0	0	0	0	
7/5/2013	4,549	0	4,549	5,235	
7/8/2013	8,003	0	8,003	9,092	
7/9/2013	6,451	0	6,451	7,396	
7/10/2013	5,969	0	5,969	6,970	
7/11/2013	5,540	0	5,540	6,199	
7/12/2013	5,376	0	5,376	6,109	
7/15/2013	6,666	0	6,666	7,689	
7/16/2013	5,234	0	5,234	6,109	
7/17/2013	5,046	0	5,046	5,672	
7/18/2013	4,543	0	4,543	5,277	
7/19/2013	5,030	0	5,030	5,735	
7/22/2013	7,979	0	7,979	9,203	
7/23/2013	6,226	0	6,226	7,162	
7/24/2013	5,677	0	5,677	6,465	
7/25/2013	5,624	0	5,624	6,364	
7/26/2013	5,042	0	5,042	5,671	
7/29/2013	6,850	0	6,850	7,970	
7/30/2013	5,969	0	5,969	6,924	
7/31/2013	5,420	0	5,420	6,269	
<b>Total</b>	<b>132,859</b>	<b>0</b>	<b>132,859</b>	<b>152,563</b>	<b>573,300</b>

Incentive Payment Measurement		
Standard	Rate This Month	Standard Met
70% of calls or more for the month are answered by a live agent in 25 seconds after leaving the IVR	90.3%	Yes
98% of calls or more are answered by a live agent in 4 minutes	99.9%	Yes
Calls abandoned for the month after leaving the IVR are less than or equal to 5%	1.0%	Yes

Penalty Deduction Measurement		
Standard	Rate This Month	Standard Met
60% of calls or more for the month are answered by a live agent in 25 seconds	90.3%	Yes

Summary    **Invoice Information**    Payments    Voucher Attributes    Error Summary

**Business Unit:** 03410  
**Voucher ID:** 00018192  
**Voucher Style:** Regular

**Invoice Number:** VT-99C#20959  
**Invoice Date:** 08/30/2013 

**Vendor:** 0000010226   
**Name:** MAXIMUS -001   
**Location:** MULTIPLE   
**\*Address:** 5 

**Misc. Amount:**    
**Freight Amount:**  

[Non Merchandise Summary](#)

Maximus  
 11419 Sunset Hills Rd  
 Reston, VA 20190

**Total:** 1,218,975.80  
**Balance:** 0.00

*Handwritten:* ✓  
 ZC 10/27/13  
 JRG 10/07/13

[Comments](#)

[Advanced Vendor Search](#)

**\*Pay Terms:** Net 30   
**Control Group:**  

**Basis Dt Type:** Invoice Date  
**Accounting Date:** 10/07/2013   
**\*Currency:** USD 

**Action:**

**Copy from a Source Document**

**PO Unit:**     **Purchase Order:**         **Worksheet Copy Option:** None

**Invoice Lines**

Line	*Distribute by	Item	Description	Quantity	UOM	Unit Price	Extended Amou
1	Amount	<input type="text"/>	Start Up Costs	1,127,844	EA	0.74193	836,786

**Ship To:** PPATWILC     **SpeedChart:**    
 Use One Asset ID

**Override PO Distribution %**  
 Redistribute by percentage

[View PO/Receiver](#)

▼ **Distribution Lines**    Customize | Find | View 1 |  |     First 1-2 of 2 Last

GL ChartFields 1	GL ChartFields 2	Exchange Rate	Statistics	Assets						
Percent	Amount	Quantity	*GL Unit	*Account	Fund	Department	Program	Class	Proj	
1 97.0000	811,683.31	109400	03410	507600	22005	3410010000	41609			
2 3.0000	25,103.61	33835.3	03410	507600	21500	3410010000	41609			

Line	*Distribute by	Item	Description	Quantity	UOM	Unit Price	Extended Amou
3	Amount	<input type="text"/>	Operating State	1,926,615	EA	0.19175	369,436



TO:  
 Emily Trantum  
 Business Office  
 Department of Vermont Health Access  
 312 Hurricane Lane, Suite 201  
 Williston, VT 05495

Invoice For the Month of: August 2013

MAXIMUS Monthly Invoice  
 Received in BO

SFP 11 2013

DATE: 30-Aug-13  
 INVOICE NO: VT-99  
 REFERENCE: 20959

PO # 104005  
 Packing Slip

RECEIVED  
 SEP 10 2013  
 DEPARTMENT OF VERMONT  
 HEALTH ACCESS



Variable Costs	Rate	VHC Volume of Talk Time Minutes/Mailings	VHC Total	GMC Volume of Talk Time Minutes/Mailings	GMC Total	Bus Program Total	Total
Monthly Volume of Talk Time Minutes	\$0.258		\$0.00	128,480	\$110,235.654		\$110,235.65
Notices	\$0.70		\$0.00	9,711	\$6,797.70		\$6,797.70
Booklets	\$3.08		\$0.00	5,051	\$15,557.08		\$15,557.08
Applications/Forms	\$0.89		\$0.00	1,494	\$1,329.66		\$1,329.66
<b>Total Variable Costs</b>			\$0.00		\$133,920.09		\$133,920.09

Fixed Costs	Volume of Talk Time Minutes	Allocation	VHC Total	GMC Total	Bus Program Total	Total
Startup						\$ 909,551.00
Fixed Costs - GMC/VHC	0	0%	\$ -	-		\$ 207,854.75
VHC Allocation	128,480	100%	\$ 207,854.75			\$ 207,854.75
GMC Allocation				\$ 13,865.25		\$ 13,865.25
Fixed Costs - Bus Voucher Program					\$ 13,865.25	\$ 13,865.25
<b>Total Start Up &amp; Fixed Costs</b>						\$ 1,131,271.00

<b>Total Start Up, Fixed &amp; Variable Costs</b>							\$ 1,265,191.09
Less Retainage (8%)							\$ (101,215.29)

Incentives and Penalties	Performance	Volume of Talk Time Minutes	Allocation	VHC Total	GMC Total	Total
Standards						
% of Calls Answered in 25 sec.	77.1%					
% of Calls Answered in 4 min.	99.1%					
Abandonment Rate	2.6%					
Incentive		0	0%	\$ -	-	\$ -
VHC Allocation		130,237	100%	\$ 55,000.00		\$ 55,000.00
GMC Allocation		130,237			\$ -	\$ -
Penalty		0	0%	\$ -		\$ -
VHC Allocation		130,237	100%	\$ -		\$ -
GMC Allocation					\$ -	\$ -
<b>Total Incentive/Penalty</b>						\$ 55,000.00

<b>Estimated Net Billing Including Possible Incentive &amp; Penalties</b>							\$ 1,218,975.81
---	--	--	--	--	--	--	-----------------

\$1,218,975.81

Project Director, VHC GMC CSC

YOUR PROMPT PAYMENT OF THIS INVOICE WILL BE APPRECIATED. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT [Redacted] Project	TOTAL	\$	1,218,975.81
---	-------	----	--------------

PLEASE REMIT TO ADDRESS BELOW  
 Director [Redacted]  
 ORIGINAL INVOICE #104005

MAXIMUS, Inc., PO Box 791188 Baltimore, MD 21279-1188 703.251.8500 703.251.8241 FAX  
 WWW.MAXIMUS.COM

Approved for Payment  
 [Signature] 9/23/2013  
 First Last Name Date



August 31, 2013

Business Office  
Department of Vermont Health Access  
312 Hurricane Lane, Suite 201  
Williston, Vermont 05495

**SUBJECT: INVOICE RECEIPT**  
Complete and Fax to (802) 551-1528

Dear Business Office:

This signed letter will serve as receipt that the below listed invoice was received by the Agency of Human Services on \_\_\_\_\_ (date) at \_\_\_\_\_ (time).

Invoice Number	Invoice Period	Amount Invoiced
VT-99	August	\$1,218,975.81 -80

Received by: \_\_\_\_\_

Signature

\_\_\_\_\_ Print Name

If you have any questions or comments, please contact [redacted] Project Director [redacted]

#104005



MAXIMUS Monthly Invoice  
Call Volume Report



Period: 08/1/2013 - 08/31/2013

Date	GMC Total Talk Time Minutes	VHC Total Talk Time Minutes	Total Billable Talk Time Minutes	GMC and VHC Including Bus Total Talk Time Minutes	Maximum Agent Talk Minutes Per Month
8/1/2013	5,551	0	5,551	5,603	
8/2/2013	5,175	0	5,175	5,213	
8/5/2013	6,763	0	6,763	6,873	
8/6/2013	6,215	0	6,215	6,312	
8/7/2013	5,552	0	5,552	5,675	
8/8/2013	6,414	0	6,414	6,538	
8/9/2013	5,953	0	5,953	5,997	
8/12/2013	7,655	0	7,655	7,804	
8/13/2013	6,402	0	6,402	6,486	
8/14/2013	6,383	0	6,383	6,482	
8/15/2013	5,561	0	5,561	5,605	
8/16/2013	0	0	0	0	
8/19/2013	7,271	0	7,271	7,355	
8/20/2013	5,560	0	5,560	5,653	
8/21/2013	5,433	0	5,433	5,518	
8/22/2013	5,706	0	5,706	5,770	
8/23/2013	6,065	0	6,065	6,141	
8/26/2013	7,357	0	7,357	7,459	
8/27/2013	6,448	0	6,448	6,532	
8/28/2013	5,895	0	5,895	6,015	
8/29/2013	6,375	0	6,375	6,424	
8/30/2013	4,745	0	4,745	4,784	
<b>Total</b>	<b>128,480</b>	<b>0</b>	<b>128,480</b>	<b>130,237</b>	<b>573,300</b>



MAXIMUS Monthly Invoice  
Mail Volume Report



Period: 08/1/2013 - 08/31/2013

Date	GMHC Notices Total Mailed	VHC Notices Total Mailed	GMHC Booklets Total Mailed	VHC Booklets Total Mailed	GMHC Applications & Forms Total Mailed	VHC Applications & Forms Total Mailed	Total Mailed
8/1/2013	476		384		65		
8/2/2013	694		423		57		
8/5/2013	418		139		49		
8/6/2013	645		190		80		
8/7/2013	441		151		101		
8/8/2013	324		410		69		
8/9/2013	286		375		76		
8/12/2013	343		111		88		
8/13/2013	268		339		85		
8/14/2013	306		480		82		
8/15/2013	346		497		0		
8/16/2013	0		0		0		
8/19/2013	411		101		77		
8/20/2013	394		168		73		
8/21/2013	305		116		67		
8/22/2013	525		127		58		
8/23/2013	327		368		51		
8/26/2013	340		93		73		
8/27/2013	903		141		104		
8/28/2013	628		153		66		
8/29/2013	868		144		45		
8/30/2013	463		141		61		
<b>Total</b>	<b>9,711</b>	<b>0</b>	<b>5,051</b>	<b>0</b>	<b>1,494</b>	<b>0</b>	<b>16,256</b>

Incentive Payment Measurement		
Standard	Rate This Month	Standard Met
70% of calls or more for the month are answered by a live agent in 25 seconds after leaving the IVR	77.1%	Yes
98% of calls or more are answered by a live agent in 4 minutes	99.1%	Yes
Calls abandoned for the month after leaving the IVR are less than or equal to 5%	2.6%	Yes
Penalty Deduction Measurement		
Standard	Rate This Month	Standard Met
60% of calls or more for the month are answered by a live agent in 25 seconds	77.1%	Yes

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 03410  
 Voucher ID: 00018192  
 Voucher Style: Regular  
 Vendor: 0000010226  
 Name: MAXIMUS -001  
 Location: MULTIPLE  
 \*Address: 5

Invoice Number: VT-99C#20959  
 Invoice Date: 08/30/2013

Misc. Amount:  
 Freight Amount:

Non Merchandise Summary

Maximus  
 11419 Sunset Hills Rd  
 Reston, VA 20190

Total: 1,218,975.80  
 Balance: 0.00

*Handwritten:* RC 10/27/13  
 JRG 10/07/13

Comments

Advanced Vendor Search

\*Pay Terms: Net 30  
 Control Group:

Basis Dt Type: Invoice Date  
 Accounting Date: 10/07/2013  
 \*Currency: USD

Action:

Copy from a Source Document

PO Unit: Purchase Order:   Worksheet Copy Option: None

Invoice Lines

Line	*Distribute by	Item	Description	Quantity	UOM	Unit Price	Extended Amou
1	Amount		Start Up Costs	1,127,844	EA	0.74193	836,786

Ship To: PPATWILC SpeedChart  Use One Asset ID

Override PO Distribution %  
 Redistribute by percentage

[View PO/Receiver](#)

▼ Distribution Lines

GL ChartFields 1	GL ChartFields 2	Exchange Rate	Statistics	Assets
Percent	Amount	Quantity	*GL Unit	*Account
97.0000	811,683.31	109400	03410	507600
3.0000	25,103.61	33835.3	03410	507600

Customize | Find | View 1 | First 1-2 of 2 Last

Line	*Distribute by	Item	Description	Quantity	UOM	Unit Price	Extended Amou
3	Amount		Operating State	1,926,615	EA	0.19175	369,431

Ship To  SpeedChart  Use One Asset ID

Override PO Distribution %  
 Redistribute by percentage

[View PO/Receiver](#)

▼ Distribution Lines Customize | Find | View All | | First 1 of 1 Last

GL ChartFields 1   GL ChartFields 2   Exchange Rate   Statistics   Assets

	Percent	Amount	Quantity	*GL Unit	*Account	Fund	Department	Program	Class	Pro
1	100.0000	369,432.85	1.0000	03410	507600	20405	3410010000	41050		

Line	*Distribute by	Item	Description	Quantity	UOM	Unit Price	Extended Amou
4	Amount		Buss Pass Specific	153,626.9	EA	0.08303	12,756.03

Ship To  SpeedChart  Use One Asset ID

Override PO Distribution %  
 Redistribute by percentage

[View PO/Receiver](#)

▼ Distribution Lines Customize | Find | View All | | First 1 of 1 Last

GL ChartFields 1   GL ChartFields 2   Exchange Rate   Statistics   Assets

	Percent	Amount	Quantity	*GL Unit	*Account	Fund	Department	Program	Class	Pro
1	100.0000	12,756.03	1.0000	03410	507600	20405	3410010000	41050		

Save   Notify   Refresh

[Summary](#) | [Invoice Information](#) | [Payments](#) | [Voucher Attributes](#) | [Error Summary](#)



MAXIMUS Monthly Invoice



TO: Emily Trantum  
Department of Vermont Health Access  
312 Hurricane Lane, Suite 201  
Williston, VT 05495

Invoice For the Month of: August 2013

SFP 1 1 2013

DATE: 30-Aug-13  
INVOICE NO: VT-99  
REFERENCE: 20959

PO Attention:                       
Packing Slip:                     

RECEIVED  
SEP 10 2013  
DEPARTMENT OF VERMONT  
HEALTH ACCESS

Variable Costs	Rate	VHC Volume of Talk Time Minutes/Mailings	VHC Total	GMC Volume of Talk Time Minutes/Mailings	GMC Total	Total
Monthly Volume of Talk Time Minutes	\$0.858		\$0.00	128,480	\$110,235.654	\$110,235.65
Notices	\$0.70		\$0.00	9,711	\$6,797.70	\$6,797.70
Booklets	\$3.08		\$0.00	5,051	\$15,557.08	\$15,557.08
Applications/Forms	\$0.89		\$0.00	1,494	\$1,329.66	\$1,329.66
<b>Total Variable Costs</b>			<b>\$0.00</b>		<b>\$133,920.09</b>	<b>\$133,920.09</b>

Fixed Costs	Volume of Talk Time Minutes	Allocation	VHC Total	GMC Total	Bus Program Total	Total
Startup					\$	\$ 909,551.00
Fixed Costs - GMC/VHC	0	0%	\$ -			\$ 207,854.75
VHC Allocation	128,480	100%	\$ 207,854.75			\$ 207,854.75
GMC Allocation					\$ 13,885.25	\$ 13,885.25
Fixed Costs - Bus Voucher Program						
<b>Total Start Up &amp; Fixed Costs</b>						<b>\$ 1,131,271.00</b>

<b>Total Start Up, Fixed &amp; Variable Costs</b>						<b>\$ 1,265,191.09</b>
Less Retainage (8%)						<b>\$ (101,215.29)</b>

Incentives and Penalties	Performance	Volume of Talk Time Minutes	Allocation	VHC Total	GMC Total	Total
Standards						
% of Calls Answered in 25 sec.	77.1%					
% of Calls Answered in 4 min.	99.1%					
Abandonment Rate	2.6%					
Incentive		0	0%	\$ -		\$ 55,000.00
VHC Allocation		130,237	100%	\$ 55,000.00		\$ 55,000.00
GMC Allocation		130,237				\$ -
Penalty		0	0%	\$ -		\$ -
VHC Allocation		130,237	100%	\$ -		\$ -
GMC Allocation						\$ -
<b>Total Incentive/Penalty</b>						<b>\$ 55,000.00</b>
<b>Estimated Net Billing (Including Possible Incentive &amp; Penalties)</b>						<b>\$ 1,210,175.81</b>

\$1,210,975.80

Project Director: VHC GMC CSC

YOUR PROMPT PAYMENT OF THIS INVOICE WILL BE APPRECIATED. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT [Redacted] Project Director. TOTAL \$ 1,210,975.81

PLEASE REMIT TO ADDRESS BELOW ORIGINAL INVOICE #104005

MAXIMUS, Inc. PO Box 791188 Baltimore, MD 21279-1188 703.251.8500 703.251.8244 FAX WWW.MAXIMUS.COM  
Approved for Payment  
Date 9/23/2013

August 31, 2013

Business Office  
Department of Vermont Health Access  
312 Hurricane Lane, Suite 201  
Williston, Vermont 05495

**SUBJECT: INVOICE RECEIPT**  
Complete and Fax to (802) 651-1528

Dear Business Office:

This signed letter will serve as receipt that the below listed invoice was received by the Agency of Human Services on \_\_\_\_\_ (date) at \_\_\_\_\_ (time).

Invoice Number	Invoice Period	Amount Invoiced
VT-99	August	\$1,218,975.81 <i>80</i>

Received by: \_\_\_\_\_

Signature

Print Name

If you have any questions or comments, please contact

██████████ Project Director

#104005



Period: 08/1/2013 - 08/31/2013

MAXIMUS Monthly Invoice  
Call Volume Report



Date	GMC Total Talk Time Minutes	VHC Total Talk Time Minutes	Total Billable Talk Time Minutes	GMC and VHC Including Bus Total Talk Time Minutes	Maximum Agent Talk Minutes Per Month
8/1/2013	5,551	0	5,551	5,603	
8/2/2013	5,175	0	5,175	5,213	
8/5/2013	6,763	0	6,763	6,873	
8/6/2013	6,215	0	6,215	6,312	
8/7/2013	5,552	0	5,552	5,675	
8/8/2013	6,414	0	6,414	6,538	
8/9/2013	5,953	0	5,953	5,997	
8/12/2013	7,655	0	7,655	7,804	
8/13/2013	6,402	0	6,402	6,486	
8/14/2013	6,383	0	6,383	6,482	
8/15/2013	5,561	0	5,561	5,605	
8/16/2013	0	0	0	0	
8/19/2013	7,271	0	7,271	7,355	
8/20/2013	5,560	0	5,560	5,653	
8/21/2013	5,433	0	5,433	5,518	
8/22/2013	5,706	0	5,706	5,770	
8/23/2013	6,065	0	6,065	6,141	
8/26/2013	7,357	0	7,357	7,459	
8/27/2013	6,448	0	6,448	6,532	
8/28/2013	5,895	0	5,895	6,015	
8/29/2013	6,375	0	6,375	6,424	
8/30/2013	4,745	0	4,745	4,784	
<b>Total</b>	<b>128,480</b>	<b>0</b>	<b>128,480</b>	<b>130,237</b>	<b>573,300</b>

Period: 08/1/2013 - 08/31/2013

Date	GMC Notices Total Mailed	VHC Notices Total Mailed	GMC Booklets Total Mailed	VHC Booklets Total Mailed	GMC Applications & Forms Total Mailed	VHC Applications & Forms Total Mailed	Total Mailed
8/1/2013	476		384		65		
8/2/2013	694		423		57		
8/5/2013	418		139		49		
8/6/2013	645		190		80		
8/7/2013	441		151		101		
8/8/2013	324		410		69		
8/9/2013	286		375		67		
8/12/2013	343		111		76		
8/13/2013	268		339		88		
8/14/2013	306		480		85		
8/15/2013	346		497		82		
8/16/2013	0		0		0		
8/19/2013	411		101		77		
8/20/2013	394		168		73		
8/21/2013	305		116		67		
8/22/2013	525		127		58		
8/23/2013	327		368		51		
8/26/2013	340		93		73		
8/27/2013	903		141		104		
8/28/2013	628		153		66		
8/29/2013	868		144		45		
8/30/2013	463		141		61		
<b>Total</b>	<b>9,711</b>	<b>0</b>	<b>5,051</b>	<b>0</b>	<b>1,494</b>	<b>0</b>	<b>16,256</b>

Incentive Payment Measurement		
Standard	Rate This Month	Standard Met
70% of calls or more for the month are answered by a live agent in 25 seconds after leaving the IVR	77.1%	Yes
98% of calls or more are answered by a live agent in 4 minutes	99.1%	Yes
Calls abandoned for the month after leaving the IVR are less than or equal to 5%	2.6%	Yes
Penalty Deduction Measurement		
Standard	Rate This Month	Standard Met
60% of calls or more for the month are answered by a live agent in 25 seconds	77.1%	Yes

---

Retainage Caluculator		Invoice Amount		Retainage	
\$	909,551.00	0.92	\$ 836,786.92	\$	72,764.08
			\$ -	\$	-
			\$ -	\$	-
\$	341,774.84	0.92	\$ 369,432.85	\$	27,341.99
\$	13,865.25	0.92	\$ 12,756.03	\$	1,109.22

Agreement #20959

Approved By:

August

PO #4466

Date:

Vendor #10226

PO VCHR #:

Line	Dist	Fund	Program Code	Percentage	Amount	Description
1	1	22005	41609	0.97	\$ 811,683.31	Start Up Costs
1	2	21500	41609	0.03	\$ 25,103.61	Start Up Costs - State Share
2	1	22005	41706	0	\$ -	Operating Exchange Share
3	1	20405	41050		\$ 369,432.85	Operating Medicaid Share
4	1	20405	41050		\$ 12,756.03	Operating Buss Pass Specific
<b>TOTAL</b>					<b>\$ 1,218,975.80</b>	

ET 10/4

V18192  
⑩

10/7/13  
JRG 10/07/13

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 03410  
 Voucher ID: 00018498  
 Voucher Style: Regular

Invoice Number: VT-100C#20959

Invoice Date: 09/13/2013

Vendor: 0000010226

Misc. Amount:

[Non Merchandise Summary](#)

Name: MAXIMUS -001

Freight Amount:

Location: MULTIPLE

\*Address: 5

Total: 389,559.44

Balance: 0.00

*Handwritten:* JL 11/19/13  
 JRG 11/20/13

Maximus  
 11419 Sunset Hills Rd  
 Reston, VA 20190

[Comments](#)

[Advanced Vendor Search](#)

\*Pay Terms: Net 30

Basis Dt Type: Invoice Date

Action:

Accounting Date: 11/19/2013

Control Group:

\*Currency: USD

Copy from a Source Document

PO Unit: Purchase Order: [Copy PO](#) Worksheet Copy Option: None

Invoice Lines

Line	*Distribute by	Item	Description	Quantity	UOM	Unit Price	Extended Amo
2	Amount		Operating Exchange	6,573,068	EA	0.00631	41,50

Ship To: P PATWILC  
 SpeedChart  
 Use One Asset ID

Override PO Distribution %  
 Redistribute by percentage

[View PO/Receiver](#)

▼ Distribution Lines

Customize | Find | View All | First 1 of 1 Last

GL ChartFields 1	GL ChartFields 2	Exchange Rate	Statistics	Assets	Program	Class	Pro
Percent	Amount	Quantity	*GL Unit	*Account	Fund	Department	
1 100.0000	41,503.73	1.0000	03410	507600	22005	3410010000	41706

Line	*Distribute by	Item	Description	Quantity	UOM	Unit Price	Extended Amo
3	Amount		Operating State	1,926,615	EA	0.17404	335,29

Ship To: SpeedChart

TO: Emily Trantum  
 Business Office  
 Department of Vermont Health Access  
 312 Hurricane Lane, Suite 201  
 Williston, VT 05495

DATE: 30-Sep-13  
 INVOICE NO: VT-100  
 REFERENCE: 20959

Invoice For the Month of: September 2013

Variable Costs	Rate	VHC Volume of Talk Time Minutes/Meetings	VHC Total	GMC Volume of Talk Time Minutes/Meetings	GMC Total	Bus Program Total	Total
Monthly Volume of Talk Time Minutes	\$0.858	24,446	\$20,974.34	186,054	\$159,694.73		\$180,669.07
Notifies	\$0.70		\$0.00	7,905	\$5,533.50		\$5,533.50
Booklets	\$3.08		\$0.00	4,687	\$14,435.96		\$14,435.96
Applications/Forms	\$0.89		\$0.00	1,276	\$1,135.64		\$1,135.64
<b>Total Variable Costs</b>			<b>\$20,974.34</b>		<b>\$180,739.83</b>		<b>\$201,714.17</b>
<b>Fixed Costs</b>							
Startup		Volume of Talk Time Minutes	Allocation	VHC Total	GMC Total	Bus Program Total	Total
Fixed Costs - GMC/VHC		24,446	12%	\$ 24,138.41			\$ 24,138.41
VHC Allocation			88%		\$ 183,716.34		\$ 183,716.34
GMC Allocation		186,054				\$ 13,865.25	\$ 13,865.25
Fixed Costs - Bus Voucher Program							
<b>Total Start Up &amp; Fixed Costs</b>							<b>\$ 221,720.00</b>
<b>Total Start Up, Fixed &amp; Variable Costs</b>							<b>\$ 423,434.17</b>
(Less Retainage (8%))							<b>\$ (33,874.73)</b>
<b>Incentives and Penalties</b>							
Standards		Performance	Volume of Talk Time Minutes	Allocation	VHC Total	GMC Total	Total
% of Calls Answered in 25 sec:		80.9%					
% of Calls Answered in 4 min:		88.3%					
Abandonment Rate		5.7%					
Incentive			24,446	11%	\$ -		\$ -
VHC Allocation			186,054	88%	\$ -		\$ -
GMC Allocation			2,077	1%	\$ -		\$ -
Bus Allocation							
Penalty			24,446	11%	\$ -		\$ -
VHC Allocation			186,054	88%	\$ -		\$ -
GMC Allocation			2,077	1%	\$ -		\$ -
Bus Allocation							
<b>Total Incentive/Penalty</b>							<b>\$ -</b>
<b>Estimated Net Billing Including Possible Incentive &amp; Penalties</b>							<b>\$ 389,559.44</b>

Project Director, VHC GMC CSC

YOUR PROMPT PAYMENT OF THIS INVOICE WILL BE APPRECIATED. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT [Redacted] Project [Redacted]

**Approved for Payment**  
 [Signature]  
 11/18/13  
 Date

RECEIVED  
 OCT 15 2013

ORIGINAL INVOICE

#104005

TOTAL INVOICE \$389,559.44



September 30, 2013

Business Office  
Department of Vermont Health Access  
312 Hurricane Lane, Suite 201  
Williston, Vermont 05495

**SUBJECT: INVOICE RECEIPT**  
Complete and Fax to (802) 651-1528

Dear Business Office:

This signed letter will serve as receipt that the below listed invoice was received by the Agency of Human Services on \_\_\_\_\_ (date) at \_\_\_\_\_ (time).

Invoice Number	Invoice Period	Amount Invoiced
VT-100	September	\$389,559.44

Received by: \_\_\_\_\_

Signature

\_\_\_\_\_

Print Name

If you have any questions or comments, please contact [redacted] Project Director [redacted]

#104025



Period: 09/1/2013 - 09/30/2013

MAXIMUS Monthly Invoice  
Call Volume Report



Date	GMC Total Talk Time Minutes	VHC Total Talk Time Minutes	Total Billable Talk Time Minutes	GMC and VHC Including Bus Total Talk Time Minutes	Maximum Agent Talk Minutes Per Month
9/2/2013	0	0	0	0	
9/3/2013	14,070	339	14,409	14,578	
9/4/2013	9,734	561	10,295	10,418	
9/5/2013	9,031	665	9,696	9,799	
9/6/2013	8,662	458	9,120	9,216	
9/7/2003	480	53	533	533	
9/9/2013	12,418	784	13,201	13,304	
9/10/2013	9,939	774	10,714	10,807	
9/11/2013	8,653	827	9,480	9,584	
9/12/2013	7,460	767	8,226	8,350	
9/13/2013	7,855	754	8,609	8,712	
9/14/2013	355	20	375	375	
9/16/2013	10,724	895	11,618	11,719	
9/17/2013	7,658	995	8,654	8,741	
9/18/2013	8,040	1,221	9,261	9,361	
9/19/2013	6,932	1,449	8,381	8,496	
9/20/2013	6,957	1,424	8,381	8,461	
9/21/2013	270	51	321	321	
9/23/2013	11,702	1,783	13,485	13,572	
9/24/2013	9,287	1,835	11,122	11,193	
9/25/2013	8,365	1,977	10,341	10,433	
9/26/2013	8,010	2,432	10,441	10,566	
9/27/2013	7,858	1,825	9,683	9,795	
9/28/2013	295	97	392	392	
9/30/2013	11,301	2,459	13,760	13,851	
<b>Total</b>	<b>186,054</b>	<b>24,446</b>	<b>210,500</b>	<b>212,577</b>	<b>573,300</b>



MAXIMUS Monthly Invoice  
 Incentives Penalties Assessment  
 Invoice For the Month of: September 2013



Incentive Payment Measurement		
Standard	Rate This Month	Standard Met
70% of calls or more for the month are answered by a live agent in 24 seconds after leaving the IVR	80.9%	Yes
98% of calls or more are answered by a live agent in 4 minutes	88.3%	No
Calls abandoned for the month after leaving the IVR are less than or equal to 5%	5.7%	No

Penalty Deduction Measurement		
Standard	Rate This Month	Standard Met
60% of calls or more for the month are answered by a live agent in 24 seconds	80.9%	Yes

Summary **Invoice Information** Payments Voucher Attributes Error Summary

**Business Unit:** 03410  
**Voucher ID:** 00018626  
**Voucher Style:** Regular

**Invoice Number:** VT-101C#20959  
**Invoice Date:** 10/31/2013

**Vendor:** 0000010226  
**Name:** MAXIMUS -001  
**Location:** MULTIPLE  
**\*Address:** 5

**Misc. Amount:**  
**Freight Amount:**

[Non Merchandise Summary](#)

Maximus  
 11419 Sunset Hills Rd  
 Reston, VA 20190

**Total:** 476,272.80  
**Balance:** 0.00

*Re 12/9/13  
 JRG 12/10/13*

[Comments](#)

[Advanced Vendor Search](#)

**\*Pay Terms:** Net 30

**Basis Dt Type:** Invoice Date

**Action:**

**Accounting Date:** 12/09/2013

**Control Group:**

**\*Currency:** USD

Copy from a Source Document

**PO Unit:**  **Purchase Order:**  **Copy PO** **Worksheet Copy Option:** None

Invoice Lines

Line	*Distribute by	Item	Description	Quantity	UOM	Unit Price	Extended Amount
2	Amount	<input type="text"/>	Operating Exchange	6,573,068	EA	0.02426	159,46

**Ship To**  
 PPATWILC

**SpeedChart**

Use One Asset ID

Override PO Distribution %  
 Redistribute by percentage

[View PO/Receiver](#)

▼ Distribution Lines

Customize | Find | View All |   First 1 of 1 Last

GL ChartFields 1	GL ChartFields 2	Exchange Rate	Statistics	Assets						
Percent	Amount	Quantity	*GL Unit	*Account	Fund	Department	Program	Class	Pro	
1 100.0000	159,462.45	1.0000	03410	507600	22005	3410010000	41706			

Line	*Distribute by	Item	Description	Quantity	UOM	Unit Price	Extended Amount
3	Amount	<input type="text"/>	Operating State	1,926,615	EA	0.15782	304,05

**Ship To**  
 PPATWILC

**SpeedChart**

Use One Asset ID



Invoice For the Month of: October 2013

TO: Emily Trantum  
Business Office  
Department of Vermont Health Access  
312 Hurricane Lane, Suite 201  
Williston, VT 05495

DATE: 31-Oct-13  
INVOICE NO: VT-101  
REFERENCE: 20959

**Record in BO**  
**DEL 11 6 2013**  
**POA stamp**  
**Receipt Slip**

Variable Costs	Rate	VHC Volume of Talk Time Minutes/Minutes	VHC Total	GMC Volume of Talk Time Minutes/Minutes	GMC Total	Bus Program Total	Total
Monthly Volume of Talk Time Minutes	\$0.858	114,148	\$97,939.24	200,567	\$172,086.87		\$270,026.11
Notice	\$0.70		\$0.00	8,395	\$5,876.50		\$5,876.50
Booklets	\$3.08		\$0.00	5,030	\$15,492.40		\$15,492.40
Applications/Firms	\$0.89		\$0.00	5,138	\$4,572.82		\$4,572.82
<b>Total Variable Costs</b>			<b>\$97,939.24</b>		<b>\$198,028.59</b>		<b>\$295,967.83</b>
<b>Fixed Costs</b>							
Startup							\$ 207,854.75
Fixed Costs - GMC/VHC							\$ 75,389.51
VHC Allocation	114,148	36%	\$ 75,389.51				\$ 132,465.24
GMC Allocation	200,567	64%					\$ 13,865.25
Fixed Costs - Bus Voucher Program							\$ 221,720.00
<b>Total Start Up &amp; Fixed Costs</b>							<b>\$ 517,697.83</b>
<b>Total Start Up, Fixed &amp; Variable Costs</b>							<b>\$ (41,415.03)</b>
Less Retention (8%)							
<b>Incentives and Penalties</b>							
Standards		Performance	Volume of Talk Time Minutes	Allocation	VHC Total	GMC Total	Total
% of Calls Answered in 25 sec	35.1%						
% of Calls Answered in 4 min	59.5%						
Abandonment Rate	18.1%						
Incentive			114,148	36%	\$ -	\$ -	\$ -
VHC Allocation			200,567	63%	\$ -	\$ -	\$ -
GMC Allocation			2,414	1%	\$ -	\$ -	\$ -
Bus Allocation			114,148	36%	\$ -	\$ -	\$ -
VHC Allocation			200,567	63%	\$ -	\$ -	\$ -
GMC Allocation			2,414	1%	\$ -	\$ -	\$ -
Bus Allocation							\$ -
<b>Total Incentive/Penalty</b>							<b>\$ -</b>
<i>Estimated Net Billing Including Possible Incentive &amp; Penalties</i>							
[REDACTED]							
Project Director: VHC GMC CSC							

YOUR PROMPT PAYMENT OF THIS INVOICE WILL BE APPRECIATED. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT [REDACTED] Project Director

ORIGINAL INVOICE #104005

PLEASE RETURN ADDRESS BELOW  
ATTN: [REDACTED]

MAXIMUS, Inc. PO Box 791188 Baltimore, MD 21279-1188 703.251.8500 703.251.8241 FAX WWW.MAXIMUS.COM

Approved for Payment  
*Tom Purdy*  
First Last Name Date

October 31, 2013

Business Office  
Department of Vermont Health Access  
312 Hurricane Lane, Suite 201  
Williston, Vermont 05495

**SUBJECT: INVOICE RECEIPT**  
Complete and Fax to (802) 651-1528

Dear Business Office:

This signed letter will serve as receipt that the below listed invoice was received by the Agency of Human Services on \_\_\_\_\_ (date) at \_\_\_\_\_ (time).

Invoice Number	Invoice Period	Amount Invoiced
VT-101	October	\$476,272.80

Received by: \_\_\_\_\_

Signature

Print Name

If you have any questions or comments, please contact

Project Director

#10405



Period: 10/1/2013-10/31/2013

MAXIMUS Monthly Invoice  
Call Volume Report



Date	GMC	VHC	Total Billable	GMC and VHC Including Bus	Maximum Agent Talk Minutes Per Month
	Total Talk Time Minutes	Total Talk Time Minutes	Talk Time Minutes	Total Talk Time Minutes	
Total	200,567	114,148	314,716	317,130	573,300
10/1/2013	10,187	5,037	15,224	15,328	
10/2/2013	8,441	4,643	13,084	13,306	
10/3/2013	8,977	4,332	13,309	13,407	
10/4/2013	9,457	4,093	13,550	13,717	
10/5/2013	300	496	796	796	
10/7/2013	9,653	5,154	14,807	14,919	
10/8/2013	9,794	4,610	14,404	14,517	
10/9/2013	9,186	4,519	13,705	13,808	
10/10/2013	8,603	4,045	12,649	12,748	
10/11/2013	7,922	3,843	11,765	11,797	
10/12/2013	522	526	1,049	1,049	
10/14/2013	6,615	4,158	10,773	10,896	
10/15/2013	9,059	4,475	13,534	13,637	
10/16/2013	8,222	4,953	13,175	13,286	
10/17/2013	9,199	4,288	13,486	13,541	
10/18/2013	7,960	4,408	12,368	12,474	
10/19/2013	231	311	542	542	
10/21/2013	8,478	5,268	13,746	13,878	
10/22/2003	3,948	3,206	7,153	7,175	
10/23/2013	9,333	5,962	15,295	15,390	
10/24/2013	8,801	5,018	13,819	13,876	
10/25/2013	8,202	5,289	13,492	13,551	
10/26/2013	417	839	1,256	1,256	
10/28/2013	8,387	5,490	13,877	14,050	
10/29/2013	8,811	6,697	15,508	15,651	
10/30/2013	10,045	6,180	16,226	16,325	
10/31/2013	9,819	6,305	16,124	16,212	



Period: 10/1/2013 - 10/31/2013

MAXIMUS Monthly Invoice  
Mail Volume Report



Date	GMC Notices Total Mailed	VHC Notices Total Mailed	GMC Booklets Total Mailed	VHC Booklets Total Mailed	GMC Applications & Forms Total Mailed	VHC Applications & Forms Total Mailed	Total Mailed
10/1/2013	1345		700		78	0	0
10/2/2013	127		128		90	229	229
10/3/2013	412		306		78	230	230
10/4/2013	583		196		73	226	226
10/7/2013	296		672		78	169	169
10/8/2013	151		89		101	242	242
10/9/2013	580		559		86	239	239
10/10/2013	219		253		66	169	169
10/11/2013	234		101		62	133	133
10/14/2013	0		0		0	0	0
10/15/2013	473		367		120	287	287
10/16/2013	419		125		85	180	180
10/17/2013	96		67		64	167	167
10/18/2013	199		109		66	186	186
10/21/2013	327		68		49	153	153
10/22/2013	0		91		0	0	0
10/23/2013	547		185		90	236	236
10/24/2013	227		359		80	144	144
10/25/2013	235		184		65	102	102
10/28/2013	337		88		58	125	125
10/29/2013	341		205		48	98	98
10/30/2013	835		99		75	127	127
10/31/2013	412		79		66	118	118
<b>Total</b>	<b>8,395</b>	<b>0</b>	<b>5,030</b>	<b>0</b>	<b>1,578</b>	<b>3,560</b>	<b>18,563</b>



Invoice For the Month of: October 2013

Incentive Payment Measurement		
Standard	Rate This Month	Standard Met
70% of calls or more for the month are answered by a live agent in 24 seconds after leaving the IVR	35.1%	No
98% of calls or more are answered by a live agent in 4 minutes	59.5%	No
Calls abandoned for the month after leaving the IVR are less than or equal to 5%	18.1%	No
Penalty Deduction Measurement		
Standard	Rate This Month	Standard Met
60% of calls or more for the month are answered by a live agent in 24 seconds	35.1%	No

Summary **Invoice Information** Payments Voucher Attributes Error Summary

**Business Unit:** 03410  
**Voucher ID:** 00019129  
**Voucher Style:** Regular

**Invoice Number:** VT-102C#20959A

**Invoice Date:** 11/30/2013

**Vendor:** 0000331353

**Misc. Amount:**

[Non Merchandise Summary](#)

**Name:** MAXIMUS HE-001

**Freight Amount:**

**Location:** MULTIPLE

**\*Address:** 1

Maximus Health Services, Inc.  
 PO Box 791188  
 Baltimore, MD 21279-1188

**Total:** 493,673.31

**Balance:** 0.00

*RC*  
*MD*  
*2/10/14*  
*2/10/14*  
[Comments](#)

[Advanced Vendor Search](#)

**\*Pay Terms:** Net 30

**Basis Dt Type:** Invoice Date

**Action:**

**Accounting Date:** 02/06/2014

**\*Currency:** USD

Copy from a Source Document

**PO Unit:** 03410 **Purchase Order:** 0000004558 **Copy PO** **Worksheet Copy Option:** None

Invoice Lines

Line	*Distribute by	Item	Description	Quantity	UOM	Unit Price	Extended Amot
2	Amount	<input type="text"/>	enrollment and customer s	6,372,102	EA	0.03863	246,14

**Ship To**  **SpeedChart**  Use One Asset ID

[View PO/Receiver](#)

▼ Distribution Lines

Customize | Find | View All | First 1 of 1 Last

GL ChartFields 1	GL ChartFields 2	Exchange Rate	Statistics	Assets	Amount	Quantity	*GL Unit	*Account	Fund	Department	Program	Class	Project
					246,149.06	1.0000	03410	507600	22005	3410010000	41706		

Line	*Distribute by	Item	Description	Quantity	UOM	Unit Price	Extended Amot
3	Amount	<input type="text"/>	enrollment and customer s	917,828.4	EA	0.25579	234,76

**Ship To**  **SpeedChart**  Use One Asset ID



TO: Emily Trantum  
Business Office  
Department of Vermont Health Access  
312 Hurricane Lane, Suite 201  
Williston, VT 05495

Invoice For the Month of: November 2013

DATE: 30-Nov-13  
INVOICE NO: VT-102  
REFERENCE: 20959



Variable Costs	Rate	VHC Volume of Talk Time (Minutes/Month)	VHC Total	GMC Volume of Talk Time (Minutes/Month)	GMC Total	Bus Program Total	Total
Monthly Volume of Talk Time Minutes	\$0.858	173,704	\$149,037.66	171,525	\$147,168.36	\$4,006.80	\$296,206.02
Notices	\$0.70	-	\$0.00	5,724	\$4,006.80	\$12,212.20	\$4,006.80
Booklets	\$3.08	-	\$0.00	3,965	\$12,212.20	\$894.45	\$12,212.20
Applications/Forms	\$0.89	1,755	\$1,561.95	1,005	\$894.45	-	\$2,456.40
<b>Total Variable Costs</b>			<b>\$150,599.61</b>		<b>\$164,281.81</b>		<b>\$314,881.42</b>

Fixed Costs	Volume of Talk Time (Minutes)	Allocation	VHC Total	GMC Total	Bus Program Total	Total
Startup						\$
Fixed Costs - GMC/VHC	173,704	50%	\$ 104,583.24			\$ 207,854.75
VHC Allocation	171,525	50%		\$ 103,271.51		\$ 103,271.51
GMC Allocation					\$ 13,865.25	\$ 13,865.25
Fixed Costs - Bus Voucher Program						\$
<b>Total Start Up &amp; Fixed Costs</b>						<b>\$ 221,720.00</b>

<b>Total Start Up, Fixed &amp; Variable Costs</b>							<b>\$ 536,601.42</b>
Less Retainage (8%)							<b>(42,928.13)</b>

Incentives and Penalties	Performance	Volume of Talk Time (Minutes)	Allocation	VHC Total	GMC Total	Total
Standards	20.1%					
% of Calls Answered in 25 sec	30.4%					
% of Calls Answered in 4 min	27.9%					
Abandonment Rate						
Incentive		173,704	50%	\$		\$
VHC Allocation		171,525	49%			\$
GMC Allocation		1,642	0%			\$
Bus Allocation						
<b>Total Incentive</b>						<b>\$</b>

<b>Estimated Net Billing (Including Possible Incentive)</b>							<b>\$ 493,673.31</b>
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Project Director, VHC GMC CSC

YOUR PROMPT PAYMENT OF THIS INVOICE WILL BE APPRECIATED. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT [Redacted]	Project	TOTAL	\$	493,673.31
Director: [Redacted]				
PLEASE RETURN TO ADDRESS BELOW				
ATTN: [Redacted]				

MAXIMUS, Inc. PO Box 791188 Baltimore, MD 21279-1188 703.251.8500 703.251.8241 FAX WWW.MAXIMUS.COM

ORIGINAL INVOICE

#104005

Approved for Payment  
Date: 1/13/14  
First Last: [Signature]

November 30, 2013

Business Office  
Department of Vermont Health Access  
312 Hurricane Lane, Suite 201  
Williston, Vermont 05495

**SUBJECT: INVOICE RECEIPT**  
Complete and Fax to (802) 851-1528

Dear Business Office:

This signed letter will serve as receipt that the below listed invoice was received by the Agency of Human Services on \_\_\_\_\_ (date) at \_\_\_\_\_ (time).

Invoice Number	Invoice Period	Amount Invoiced
VT-102	November	\$493,673.31

Received by: \_\_\_\_\_

Signature

\_\_\_\_\_  
Print Name

If you have any questions or comments, please contact \_\_\_\_\_ Project Director \_\_\_\_\_

#104005

Period: 11/1/2013-11/30/2013

Date	GMC Total Talk Time Minutes	VHC Total Talk Time Minutes	Total Billable Talk Time Minutes	GMC and VHC Including Bus Total Talk Time Minutes	Maximum Agent Talk Minutes Per Month
Total	171,525	173,704	345,228	346,870	573,300
11/1/2013	10,023	4,859	14,881	14,927	
11/2/2013	612	677	1,290	1,290	
11/4/2013	11,881	7,987	19,867	19,944	
11/5/2013	11,608	8,300	19,908	19,939	
11/6/2013	9,884	7,123	17,006	17,096	
11/7/2013	9,396	8,875	18,271	18,318	
11/8/2013	9,718	7,893	17,611	17,671	
11/9/2013	0	0	0	0	
11/11/2013	0	0	0	0	
11/12/2013	10,720	9,601	20,321	20,406	
11/13/2013	10,278	9,210	19,488	19,655	
11/14/2013	10,348	10,358	20,706	20,813	
11/15/2013	9,509	8,099	17,608	17,685	
11/16/2013	1,465	1,210	2,675	2,675	
11/18/2013	8,863	10,407	19,270	19,419	
11/19/2013	8,831	11,498	20,329	20,421	
11/20/2013	9,062	10,928	19,990	20,109	
11/21/2013	8,398	6,708	15,106	15,195	
11/22/2013	7,988	9,836	17,824	17,923	
11/23/2013	231	1,517	1,748	1,748	
11/25/2013	6,795	12,510	19,305	19,474	
11/26/2013	7,535	11,342	18,878	18,925	
11/27/2013	5,762	9,091	14,853	14,945	
11/28/2013	0	0	0	0	
11/29/2013	2,215	3,832	6,047	6,047	
11/30/2013	402	1,842	2,245	2,245	



MAXIMUS Monthly Invoice  
Mail Volume Report



Period: 11/1/2013 - 11/30/2013

Date	GMC Notices Total Mailed	VHC Notices Total Mailed	GMC Booklets Total Mailed	VHC Booklets Total Mailed	GMC Applications & Forms Total Mailed	VHC Applications & Forms Total Mailed	Total Mailed
11/1/2013	204		80		77	70	
11/4/2013	393		79		59	105	
11/5/2013	373		401		57	146	
11/6/2013	572		592		62	153	
11/7/2013	213		229		76	135	
11/8/2013	164		136		57	122	
11/11/2013	0		0		0	0	
11/12/2013	172		157		57	101	
11/13/2013	216		318		63	101	
11/14/2013	237		770		49	104	
11/15/2013	141		383		55	119	
11/18/2013	180		100		79	96	
11/19/2013	249		174		51	79	
11/20/2013	197		74		49	87	
11/21/2013	130		68		42	84	
11/22/2013	196		102		65	74	
11/25/2013	415		76		43	61	
11/26/2013	1317		166		40	55	
11/27/2013	355		60		24	63	
11/28/2013	0		0		0	0	
11/29/2013	0		0		0	0	
<b>Total</b>	<b>5,724</b>	<b>0</b>	<b>3,965</b>	<b>0</b>	<b>1,005</b>	<b>1,755</b>	<b>12,449</b>



MAXIMUS Monthly Invoice  
Incentives Penalties Assessment  
Invoice For the Month of: November 2013



Incentive Payment Measurement		
Standard	Rate This Month	Standard Met
70% of calls or more for the month are answered by a live agent in 24 seconds after leaving the IVR	20.1%	No
98% of calls or more are answered by a live agent in 4 minutes	30.4%	No
Calls abandoned for the month after leaving the IVR are less than or equal to 5%	27.9%	No

Penalty Deduction Measurement		
Standard	Rate This Month	Standard Met
60% of calls or more for the month are answered by a live agent in 24 seconds	20.1%	No

Summary **Invoice Information** Payments Voucher Attributes Error Summary

**Business Unit:** 03410  
**Voucher ID:** 00019228  
**Voucher Style:** Regular

**Invoice Number:** VT-103C#20959A  
**Invoice Date:** 01/14/2014

**Vendor:** 0000331353  
**Name:** MAXIMUS HE-001  
**Location:** MULTIPLE  
**\*Address:** 1

**Misc. Amount:**  
**Freight Amount:**

[Non Merchandise Summary](#)

Maximus Health Services, Inc.  
 PO Box 791188  
 Baltimore, MD 21279-1188

**Total:** 567,727.11  
**Balance:** 0.00

*Re MD 2/20/14 2/20/14*

[Comments](#)

[Advanced Vendor Search](#)

**\*Pay Terms:** Net 30

**Basis Dt Type:** Invoice Date

**Action:**

**Accounting Date:** 02/20/2014

**\*Currency:** USD

Copy from a Source Document

**PO Unit:** 03410 **Purchase Order:** 0000004558 **Copy PO** **Worksheet Copy Option:** None

Invoice Lines

Line	*Distribute by	Item	Description	Quantity	UOM	Unit Price	Extended Amount
2	Amount		enrollment and customer s	6,372,102	EA	0.05371	342,22

**Ship To:** PPAWILC  
**SpeedChart:**  
 Use One Asset ID

[View PO/Receiver](#)

▼ Distribution Lines

Customize | Find | View All | First 1 of 1 Last

GL ChartFields 1	GL ChartFields 2	Exchange Rate	Statistics	Assets	Amount	Quantity	*GL Unit	*Account	Fund	Department	Program	Class	Project
1	342,228.37	1.0000	03410	507600	22005	3410010000	41706						

Line	*Distribute by	Item	Description	Quantity	UOM	Unit Price	Extended Amount
3	Amount		enrollment and customer s	917,828.4	EA	0.23179	212,74

**Ship To:** PPAWILC  
**SpeedChart:**  
 Use One Asset ID

Invoice for the Month of: December 2013

TO: Emily Trantum  
Business Office  
Department of Vermont Health Access  
312 Hurricane Lane, Suite 201  
Williston, VT 05495

DATE: 14-Jan-14  
INVOICE NO: VT-103  
REFERENCE: 20959



Variable Costs	Rate	VHC Volume of Talk Time Minutes/ Mailings	VHC Total	GMC Volume of Talk Time Minutes/ Mailings	GMC Total	Bus Program Total	Total
Monthly Volume of Talk Time Minutes	\$0.858	278,738	\$239,156.95	160,641	\$137,229.68		\$376,386.62
Notifies	\$0.70	-	\$0.00	6,174	\$4,321.80		\$4,321.80
Booklets	\$3.08	-	\$0.00	4,074	\$12,547.92		\$12,547.92
Applications/Forms	\$0.89	1,089	\$969.21	617	\$549.13		\$1,518.34
<b>Total Variable Costs</b>			<b>\$240,126.16</b>		<b>\$155,248.53</b>		<b>\$395,374.68</b>
<b>Fixed Costs</b>							
Startup							\$
Fixed Costs - GMC/VHC	278,738	63%	\$ 131,861.20				\$ 131,861.20
VHC Allocation	160,641	37%			\$ 75,993.55		\$ 75,993.55
GMC Allocation						\$ 13,865.25	\$ 13,865.25
Fixed Costs - Bus Voucher Program							\$
<b>Total Start Up &amp; Fixed Costs</b>							<b>\$ 221,720.00</b>
<b>Total Start Up, Fixed &amp; Variable Costs</b>							<b>\$ 617,094.68</b>
Cost Retainage (6%)							\$ (49,367.57)
<b>Incentives and Penalties</b>							
Standards:		Performance	Volume of Talk Time Minutes	Allocation	VHC Total	GMC Total	Total
% of Calls Answered in 25 sec	11.5%						
% of Calls Answered in 4 min	15.4%						
Abandonment Rate	61.2%						
Incentive			278,738	63%	\$		\$
VHC Allocation			160,641	36%		\$	\$
GMC Allocation			2,109	0%			\$
Bus Allocation							\$
<b>Total Incentive</b>							<b>\$</b>
<b>Estimated Net Billing (Including Possible Incentive)</b>							<b>\$ 567,727.11</b>

Acting Project Manager

YOUR PROMPT PAYMENT OF THIS INVOICE WILL BE APPRECIATED. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT [Redacted] Project Director

PLEASE PRINT TO ADDRESS BELOW  
ATTN: [Redacted]  
PO Box 791188 Baltimore, MD 21279-1188 703.251.8500 703.251.8241 FAX WWW.MAXIMUS.COM

ORIGINAL INVOICE

TOTAL	\$	567,727.11
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Approved for Payment  
  
 Max Frank  
 1/21/14  
 Date

December 31, 2013

Business Office  
Department of Vermont Health Access  
312 Hurricane Lane, Suite 201  
Williston, Vermont 05495

**SUBJECT: INVOICE RECEIPT**  
Complete and Fax to (802) 651-1528

Dear Business Office:

This signed letter will serve as receipt that the below listed invoice was received by the Agency of Human Services on \_\_\_\_\_ (date) at \_\_\_\_\_ (time).

**Invoice Number**  
VT-103

**Invoice Period**      **Amount Invoiced**  
December                      \$567,727.11

Received by: \_\_\_\_\_

Signature

\_\_\_\_\_  
Print Name

Director  
#104005



MAXIMUS Monthly Invoice  
Call Volume Report



Period: 12/1/2013-12/31/2013

Date	GMC Total Talk Time Minutes	VHC Total Talk Time Minutes	Total Billable Talk Time Minutes	GMC and VHC Including Bus Total Talk Time Minutes	Maximum Agent Talk Minutes Per Month
Total	160,641	278,738	439,378	441,481	573,300
12/2/2013	5,699	7,247	12,946	13,082	
12/3/2013	7,718	7,740	15,458	15,568	
12/4/2013	7,416	10,687	18,103	18,208	
12/5/2013	9,866	9,139	19,005	19,191	
12/6/2013	8,233	13,969	22,202	22,326	
12/7/2013	731	3,216	3,946	3,946	
12/9/2013	9,831	13,894	23,726	23,816	
12/10/2013	10,563	10,946	21,508	21,587	
12/11/2013	9,570	12,459	22,029	22,167	
12/12/2013	7,869	10,425	18,294	18,403	
12/13/2013	6,513	12,733	19,246	19,346	
12/14/2013	828	4,298	5,126	5,126	
12/16/2013	6,920	15,461	22,382	22,519	
12/17/2013	6,034	12,238	18,271	18,364	
12/18/2013	7,075	11,664	18,739	18,878	
12/19/2013	6,416	12,239	18,655	18,767	
12/20/1931	5,274	13,364	18,638	18,666	
12/21/2013	538	3,745	4,283	4,283	
12/23/2013	4,574	19,903	24,477	24,562	
12/24/2013	5,619	14,227	19,846	19,899	
12/26/2013	6,390	12,472	18,863	18,941	
12/27/2013	7,505	12,985	20,490	20,559	
12/28/2013	907	4,707	5,615	5,615	
12/29/2013	168	1,529	1,697	1,770	
12/30/2013	9,440	14,713	24,153	24,211	
12/31/2013	8,944	12,738	21,682	21,682	

Period: 12/1/2013 - 12/31/2013

Date	GMC Notices Total Mailed	VHC Notices Total Mailed	GMC Booklets Total Mailed	VHC Booklets Total Mailed	GMC Applications & Forms Total Mailed	VHC Applications & Forms Total Mailed	Total Mailed
<b>Total</b>	<b>6,174</b>	<b>0</b>	<b>4,074</b>	<b>0</b>	<b>617</b>	<b>1,089</b>	<b>11,954</b>
12/2/2013	334		338		72	108	
12/3/2013	1010		191		40	45	
12/4/2013	783		96		40	63	
12/5/2013	419		146		32	55	
12/6/2013	156		84		39	82	
12/9/2013	143		89		26	72	
12/10/2013	210		222		28	46	
12/11/2013	202		202		30	63	
12/12/2013	185		414		28	51	
12/13/2013	183		453		25	48	
12/16/2013	124		617		16	49	
12/17/2013	201		130		16	48	
12/18/2013	261		532		19	47	
12/19/2013	139		68		30	33	
12/20/2013	80		60		19	35	
12/23/2013	109		73		24	60	
12/24/2013	208		94		12	27	
12/25/2013	0		0		0	0	
12/26/2013	47		61		15	3	
12/27/2013	71		111		37	51	
12/30/2013	1163		93		34	42	
12/31/2013	146		0		35	61	



Invoice For the Month of: December 2013

MAXIMUS Monthly Invoice  
Incentives Penalties Assessment



Incentive Payment Measurement		
Standard	Rate This Month	Standard Met
70% of calls or more for the month are answered by a live agent in 24 seconds after leaving the IVR	11.5%	No
98% of calls or more are answered by a live agent in 4 minutes	15.4%	No
Calls abandoned for the month after leaving the IVR are less than or equal to 5%	61.2%	No

Penalty Deduction Measurement		
Standard	Rate This Month	Standard Met
60% of calls or more for the month are answered by a live agent in 24 seconds	11.5%	No

Summary **Invoice Information** Payments Voucher Attributes Error Summary

**Business Unit:** 03410  
**Voucher ID:** 00019471  
**Voucher Style:** Regular

**Invoice Number:** VT-104C#20959A  
**Invoice Date:** 02/12/2014

**Vendor:** 0000331353   
**Name:** MAXIMUS HE-001   
**Location:** MULTIPLE   
**\*Address:** 1

**Misc. Amount:**   
**Freight Amount:**

[Non Merchandise Summary](#)

Maximus Health Services, Inc.  
 PO Box 791188  
 Baltimore, MD 21279-1188

**Total:** 601,230.89  
**Balance:** 0.00

*RC 3/21/14  
 MD 3/21/14*

[Comments](#)

[Advanced Vendor Search](#)

**\*Pay Terms:** Net 30

**Basis Dt Type:** Invoice Date

**Action:**

**Accounting Date:** 03/21/2014

**Control Group:**

**\*Currency:** USD

Copy from a Source Document

**PO Unit:**  **Purchase Order:**  [Copy PO](#) **Worksheet Copy Option:** None

Invoice Lines

Line	*Distribute by	Item	Description	Quantity	UOM	Unit Price	Extended Amount
2	Amount	<input type="text"/>	enrollment and customer s	6,372,102	EA	0.04987	317,76

**Ship To:**  **SpeedChart:**   Use One Asset ID

**Override PO Distribution %**  
 **Redistribute by percentage**

[View PO/Receiver](#)

▼ Distribution Lines

Customize | Find | View All | First 1 of 1 Last

GL ChartFields 1	GL ChartFields 2	Exchange Rate	Statistics	Assets						
Percent	Amount	Quantity	*GL Unit	*Account	Fund	Department	Program	Class	Pro	
1 100.0000	317,765.69	1.0000	03410	507600	22005	3410010000	41706			

Line	*Distribute by	Item	Description	Quantity	UOM	Unit Price	Extended Amount
3	Amount	<input type="text"/>	enrollment and customer s	917,828.4	EA	0.29495	270,70

**Ship To:**  **SpeedChart:**   Use One Asset ID



TO: Emily Trantum  
Business Office  
Department of Vermont Health Access  
312 Hurricane Lane, Suite 201  
Williston, VT 05495

DATE: 12-Feb-14  
INVOICE NO: VT-104  
REFERENCE: 20959

Invoice for the Month of: January 2014

Variable Costs	Rate	VHC Volume of Talk Time Minutes/Minutes	VHC Total	GMC Volume of Talk Time Minutes/Minutes	GMC Total	Total
Monthly Volume of Talk Time Minutes	\$0.858	265,735	\$228,000.93	209,278	\$179,560.42	\$407,561.35
Notifies	\$0.70	-	\$0.00	5,617	\$3,931.90	\$3,931.90
Booklets	\$3.08	-	\$0.00	5,953	\$18,335.24	\$18,335.24
Applications/Forms	\$0.89	1,255	\$1,116.95	951	\$846.39	\$1,963.34
<b>Total Variable Costs</b>			<b>\$229,117.88</b>		<b>\$202,673.95</b>	<b>\$431,791.83</b>

Fixed Costs	Volume of Talk Time Minutes	Allocation	VHC Total	GMC Total	Bus Program Total	Total
Startup						
Fixed Costs - GMC/VHC	265,735	56%	\$ 116,279.61	\$ 91,575.14	\$ 13,865.25	\$ 207,854.75
VHC Allocation	209,278	44%	\$ 46,841.27	\$ 10,000.00	\$ 13,865.25	\$ 70,706.52
GMC Allocation						
Fixed Costs - Bus Voucher Program						
<b>Total Start Up &amp; Fixed Costs</b>			<b>\$ 163,120.88</b>	<b>\$ 101,575.14</b>	<b>\$ 27,730.50</b>	<b>\$ 292,426.52</b>

Total Start Up, Fixed & Variable Costs	Less Retainage (8%)	Total
\$ 521,223.35	\$ (41,697.87)	\$ 479,525.48

Incentives and Penalties	Performance	Volume of Talk Time Minutes	Allocation	VHC Total	GMC Total	Total
Standards	36.3%					
% of Calls Answered in 25 sec	45.4%					
% of Calls Answered in 4 min.	36.8%					
Abandonment Rate						
Incentive		265,735	56%	\$ 148,810.26	\$ 91,575.14	\$ 240,385.40
VHC Allocation		209,278	44%	\$ 92,718.54	\$ 10,000.00	\$ 102,718.54
GMC Allocation		3,330	1%	\$ 2,916.68	\$ 368.76	\$ 3,285.44
Bus Allocation						
<b>Total Incentive</b>				<b>\$ 244,445.48</b>	<b>\$ 102,718.54</b>	<b>\$ 347,164.02</b>

Estimated Net Billing (Including Possible Incentive)	Total
\$ 479,525.48	\$ 601,230.89

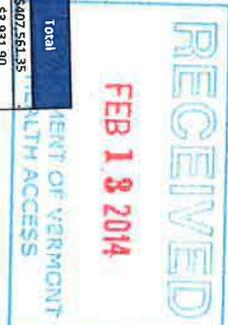
Acting Project Manager

Director	Project	TOTAL
[Redacted]	[Redacted]	\$ 601,230.89

PLEASE REMIT TO ADDRESS BELOW  
ATtn: ACCOUNTS RECEIVABLE  
MAXIMUS Health Services, Inc. PO Box 791188 Baltimore, MD 21279-1188 703-251-8500 703-251-8241 FAX WWW.MAXIMUS.COM

ORIGINAL INVOICE

#104005



Approved for Payment

Emily Trantum 3/5/14  
First Last Name Date

\*electronic approval from Tenafach

January 31, 2014

Business Office  
Department of Vermont Health Access  
312 Hurricane Lane, Suite 201  
Williston, Vermont 05495

**SUBJECT: INVOICE RECEIPT**  
Complete and Fax to (802) 651-1528

Dear Business Office:

This signed letter will serve as receipt that the below listed invoice was received by the Agency of Human Services on \_\_\_\_\_ (date) at \_\_\_\_\_ (time).

Invoice Number	Invoice Period	Amount Invoiced
VT-104	January	\$601,230.89

Received by: \_\_\_\_\_

Signature

\_\_\_\_\_ Print Name

If you have any questions or comments, please contact \_\_\_\_\_ Project Director

#104005

Period: 1/1/2014-1/31/2014

Date	GMC Total Talk Time Minutes	VHC Total Talk Time Minutes	Total Billable Talk Time Minutes	GMC and VHC Including Bus Total Talk Time Minutes	Maximum Agent Talk Minutes Per Month
<b>Total</b>	209,278	265,735	475,013	478,343	573,300
1/1/2014	197	752	949	949	
1/2/2014	7,840	14,146	21,986	22,086	
1/3/2014	9,034	13,226	22,260	22,387	
1/4/2014	783	1,883	2,665	2,665	
1/6/2014	9,088	13,406	22,494	22,605	
1/7/2014	9,825	13,470	23,295	23,413	
1/8/2014	11,354	12,501	23,856	24,022	
1/9/2014	10,742	12,307	23,049	23,201	
1/10/2014	9,932	10,656	20,588	20,721	
1/11/2014	568	1,979	2,546	2,546	
1/13/2014	10,840	14,044	24,884	25,123	
1/14/2014	11,190	10,619	21,809	21,928	
1/15/2014	9,083	11,958	21,041	21,180	
1/16/2014	9,201	12,377	21,578	21,726	
1/17/2014	9,250	9,898	19,148	19,298	
1/18/2014	762	767	1,529	1,529	
1/20/2014	0	0	0	0	
1/21/2014	11,475	13,038	24,513	24,604	
1/22/2014	11,029	12,130	23,159	23,365	
1/23/2014	11,694	9,711	21,404	21,603	
1/24/2014	9,590	8,356	17,946	18,155	
1/25/2014	661	1,046	1,708	1,708	
1/27/2014	11,379	10,260	21,639	21,852	
1/28/2014	9,721	14,410	24,131	24,451	
1/29/2014	8,386	15,116	23,503	23,639	
1/30/2014	8,030	15,056	23,086	23,205	
1/31/2014	7,623	12,625	20,248	20,383	



MAXIMUS Monthly Invoice  
Mail Volume Report



Period: 1/1/2014 - 1/31/2014

Date	GMC Notices Total Mailed	VHC Notices Total Mailed	GMC Booklets Total Mailed	VHC Booklets Total Mailed	GMC Applications & Forms Total Mailed	VHC Applications & Forms Total Mailed	Total Mailed
1/2/2014	77		161		36	63	
1/3/2014	115		156		18	41	
1/6/2014	281		575		44	53	
1/7/2014	61		463		40	42	
1/8/2014	76		673		38	45	
1/9/2014	199		476		57	64	
1/10/2014	51		384		61	75	
1/13/2014	131		449		34	41	
1/14/2014	33		436		47	72	
1/15/2014	54		569		47	53	
1/16/2014	27		36		34	54	
1/17/2014	62		144		41	56	
1/20/2014	0		0		0	0	
1/21/2014	2602		142		34	59	
1/22/2014	612		191		61	73	
1/23/2014	23		90		60	61	
1/24/2014	137		144		56	68	
1/27/2014	248		302		47	61	
1/28/2014	184		110		52	71	
1/29/2014	91		310		62	63	
1/30/2014	456		43		49	76	
1/31/2014	97		99		33	64	
<b>Total</b>	<b>5,617</b>	<b>0</b>	<b>5,953</b>	<b>0</b>	<b>951</b>	<b>1,255</b>	<b>13,776</b>



MAXIMUS Monthly Invoice  
Incentives Penalties Assessment



Invoice For the Month of: January 2014

Incentive Payment Measurement		
Standard	Rate This Month	Standard Met
70% of calls or more for the month are answered by a live agent in 24 seconds after leaving the IVR	36.3%	No
98% of calls or more are answered by a live agent in 4 minutes	45.4%	No
Calls abandoned for the month after leaving the IVR are less than or equal to 5%	36.8%	No

Penalty Deduction Measurement		
Standard	Rate This Month	Standard Met
60% of calls or more for the month are answered by a live agent in 24 seconds	36.3%	No

Summary **Invoice Information** Payments Voucher Attributes Error Summary

**Business Unit:** 03410  
**Voucher ID:** 00020118  
**Voucher Style:** Regular

**Invoice Number:** VT-106C#20959A  
**Invoice Date:** 04/10/2014

**Vendor:** 0000331353   
**Name:** MAXIMUS HE-001   
**Location:** MULTIPLE   
**\*Address:** 1

**Misc. Amount:**   
**Freight Amount:**

[Non Merchandise Summary](#)

Maximus Health Services, Inc.  
 PO Box 791188  
 Baltimore, MD 21279-1188

**Total:** 829,995.81  
**Balance:** 0.00

*Re 6/4/14  
 x \$ 65.14*

[Comments](#)

[Advanced Vendor Search](#)

**\*Pay Terms:** Net 30

**Basis Dt Type:** Invoice Date

**Action:**

**Accounting Date:** 06/05/2014

**Control Group:**

**\*Currency:** USD

Copy from a Source Document

**PO Unit:**  **Purchase Order:**   **Worksheet Copy Option:** None

Invoice Lines

Line	*Distribute by	Item	Description	Quantity	UOM	Unit Price	Extended Amo
2	Amount	<input type="text"/>	VHC Operating	4,172,748	EA	0.15121	630,96
<b>Ship To</b>		<input type="text"/>	<b>SpeedChart</b>	<input type="checkbox"/> Use One Asset ID		<a href="#">View PO/Receiver</a>	
		PPATWILC		<input type="checkbox"/> Override PO Distribution %			
				<input type="checkbox"/> Redistribute by percentage			

▼ Distribution Lines

Customize | Find | View All | | | First 1 of 1 Last

GL ChartFields 1	GL ChartFields 2	Exchange Rate	Statistics	Assets						
Percent	Amount	Quantity	*GL Unit	*Account	Fund	Department	Program	Class	Pro	
1 100.0000	630,965.33	1.0000	03410	507600	22005	3410010000	41706			

Line	*Distribute by	Item	Description	Quantity	UOM	Unit Price	Extended Amo
3	Amount	<input type="text"/>	Medicaid Operating	2,129,990	EA	0.08745	186,27
<b>Ship To</b>		<input type="text"/>	<b>SpeedChart</b>	<input type="checkbox"/> Use One Asset ID			
		PPATWILC					



Invoice For the Month of: March 2014

TO: Emily Trantum  
Business Office  
Department of Vermont Health Access  
312 Hurricane Lane, Suite 201  
Williston, VT 05495

DATE: 10-Apr-14  
INVOICE NO: VT-106  
REFERENCE: 20959

Variable Costs	Rate	VHC Volume of Talk Time Minutes/Minutes	VHC Total	GMC Volume of Talk Time Minutes/Minutes	GMC Total	Bus Program Total	Total
Monthly Volume of Talk Time Minutes	\$0.858	605,243	\$519,298.38	157,135	\$134,822.12	\$	\$654,120.50
Notes	\$0.70	-	\$0.00	4,739	\$3,317.30	\$	\$3,317.30
Booklets	\$3.08	-	\$0.00	6,683	\$20,583.64	\$	\$20,583.64
Applications/Ferris	\$0.89	1,708	\$1,520.12	1,020	\$907.80	\$	\$2,427.92
<b>Total Variable Costs</b>			<b>\$520,818.50</b>		<b>\$159,650.86</b>		<b>\$680,469.36</b>
<b>Fixed Costs</b>		<b>Volume of Talk Time Minutes</b>	<b>VHC Total</b>	<b>GMC Total</b>	<b>Bus Program Total</b>	<b>Total</b>	
Startup						\$	\$
Fixed Costs - GMC/VHC	\$0.70	605,243	\$423,870.10	157,135	\$109,554.50	\$	\$533,424.60
VHC Allocation			79%			\$	\$
GMC Allocation			21%			\$	\$
Fixed Costs - Bus Voucher Program		157,135	\$	\$42,841.37	\$13,865.25	\$	\$56,706.62
<b>Total Start Up &amp; Fixed Costs</b>							<b>\$221,720.00</b>
<b>Total Start Up, Fixed &amp; Variable Costs</b>							<b>\$902,189.36</b>
Less Retainer (8%)							<b>(\$72,173.55)</b>
<b>Incentives and Penalties</b>		<b>Performance</b>	<b>Volume of Talk Time Minutes</b>	<b>Allocation</b>	<b>VHC Total</b>	<b>GMC Total</b>	<b>Total</b>
Standards		% of Calls Answered in 25 sec.	41.0%				
		% of Calls Answered in 4 min.	55.4%				
Abandonment Rate			28.3%				
Incentive							
VHC Allocation			605,243	79%	\$	\$	\$
GMC Allocation			157,135	21%	\$	\$	\$
Bus Allocation			3,774	0%	\$	\$	\$
<b>Total Incentive</b>							<b>\$</b>
<b>Estimated Net Billing (Including Possible Incentive)</b>							<b>\$829,995.81</b>

Acting Project Manager

YOUR PROMPT PAYMENT OF THIS INVOICE WILL BE APPRECIATED. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT [Redacted] Project Director [Redacted]

PLEASE REMIT TO ADDRESS BELOW  
ATTN: ACCOUNTS RECEIVABLE

MAXIMUS Health Services, Inc. PO Box 791188 Baltimore, MD 21279-1188 703.251.8500 703.251.8241 FAX WWW.MAXIMUS.COM

ORIGINAL INVOICE #104005

TOTAL	\$	829,995.81
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Approved for Payment  
 Emily Trantum  
 First Last Middle  
 Date  
 \*Electronic approval attached



March 31, 2014

Business Office  
Department of Vermont Health Access  
312 Hurricane Lane, Suite 201  
Williston, Vermont 05495

**SUBJECT: INVOICE RECEIPT**  
Complete and Fax to (802) 651-1528

Dear Business Office:

This signed letter will serve as receipt that the below listed invoice was received by the Agency of Human Services on \_\_\_\_\_ (date) at \_\_\_\_\_ (time).

Invoice Number	Invoice Period	Amount Invoiced
VT-106	March	\$829,995.81

Received by: \_\_\_\_\_

Signature

\_\_\_\_\_ Print Name

If you have any questions or comments, please contact [redacted] Project Director [redacted]

#104005

Period: 3/1/2014-3/31/2014

Date	GMC	VHC	Total Billable	GMC and VHC Including Bus	Maximum Agent Talk Minutes Per Month
Total	157,135	605,243	762,378	766,152	573,300
3/1/2014	411	557	968	968	
3/2/2014	0	0	0	0	
3/3/2014	8,950	27,957	36,908	37,006	
3/4/2014	0	0	0	0	
3/5/2014	8,974	30,772	39,747	39,890	
3/6/2014	8,639	29,862	38,501	38,574	
3/7/2014	7,685	29,192	36,877	36,962	
3/8/2014	1,130	8,973	10,103	10,103	
3/9/2014	0	2,375	2,375	2,375	
3/10/2014	7,531	30,911	38,442	38,567	
3/11/2014	7,967	31,461	39,428	39,506	
3/12/2014	6,427	35,071	41,498	41,756	
3/13/2014	6,135	31,585	37,720	38,290	
3/14/2014	5,965	36,132	42,097	42,426	
3/15/2014	909	17,591	18,500	19,040	
3/16/2014	0	0	0	0	
3/17/2014	7,312	23,454	30,766	31,010	
3/18/2014	7,838	18,455	26,293	26,456	
3/19/2014	7,820	16,740	24,560	24,699	
3/20/2014	8,215	18,823	27,037	27,099	
3/21/2014	6,841	17,984	24,824	24,882	
3/22/2014	539	3,537	4,076	4,076	
3/23/2014	0	0	0	0	
3/24/2014	9,147	26,316	35,463	35,528	
3/25/2014	8,850	24,768	33,618	33,700	
3/26/2014	7,582	24,304	31,887	31,965	
3/27/2014	6,756	26,549	33,305	33,359	



MAXIMUS Monthly Invoice  
Mail Volume Report



Period: 3/1/2014 - 3/31/2014

Date	GMC Notices Total Mailed	VHC Notices Total Mailed	GMC Booklets Total Mailed	VHC Booklets Total Mailed	GMC Applications & Forms Total Mailed	VHC Applications & Forms Total Mailed	Total Mailed
<b>Total</b>	<b>4,739</b>	<b>0</b>	<b>6,683</b>	<b>0</b>	<b>1,020</b>	<b>1,708</b>	<b>14,150</b>
3/3/2014	566		239		37	78	
3/4/2014	0		0		0	0	
3/5/2014	98		272		47	98	
3/6/2014	132		243		53	78	
3/7/2014	109		280		42	70	
3/10/2014	60		253		57	78	
3/11/2014	166		544		42	56	
3/12/2014	2294		203		59	49	
3/13/2014	83		578		32	40	
3/14/2014	20		392		38	37	
3/17/2014	85		346		36	56	
3/18/2014	262		633		49	47	
3/19/2014	92		279		38	29	
3/20/2014	92		826		52	94	
3/21/2014	92		536		66	171	
3/24/2014	79		104		52	137	
3/25/2014	85		125		85	134	
3/26/2014	56		185		62	139	
3/27/2014	77		232		69	108	
3/28/2014	226		191		56	89	
3/31/2014	65		222		48	120	

Invoice For the Month of: March 2014

Incentive Payment Measurement	Rate This Month	Standard Met
Standard 70% of calls or more for the month are answered by a live agent in 24 seconds after leaving the IVR	41.0%	No
98% of calls or more are answered by a live agent in 4 minutes	55.4%	No
Calls abandoned for the month after leaving the IVR are less than or equal to 5%	28.3%	No
Penalty Deduction Measurement		
Standard	Rate This Month	Standard Met
60% of calls or more for the month are answered by a live agent in 24 seconds	41.0%	No

The project exceeded the contractual peak hour capacity of 3,024 agent talk minutes for more than 20 hourly intervals (132 intervals exceeded this peak capacity as shown in the Peak Hour Capacity tab in this document). In addition, the project exceeded the contractual peak monthly call minute capacity of 573,000 calls and thereby is held harmless from any telephone performance related payment penalties and liquidated damages for the month.