

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singh/FOIA</i>	DATE <i>9-2-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100107</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Stenland</i> <i>cleared 9/9/11, letter</i> <i>attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>9-19-11</i> <input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

Marie Brown - Fwd: FW: FOIA Request QIO Contract

From: Vicki Johnson
To: Marie Brown
Date: 9/2/2011 10:39 AM
Subject: Fwd: FW: FOIA Request QIO Contract

RECEIVED

SEP 02 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

I guess we need a log letter for this FOIA request and I guess I'll get it to answer.

Thank you,
Vicki

>>> Patty H Larimore 9/2/2011 10:38 AM >>>
See below.
Thanks.

>>> "Devine, Bridgette" <BDevine@magellanhealth.com> 9/2/2011 10:35 AM >>>
Magellan Medicaid Administrations requests the following information pursuant to the
Freedom of Information Act:

Current copy of the Alliant QIO contract with pricing
A recent monthly invoice outlining Alliant's services and corresponding charges.
Any amendments to the contract, which have taken place over the past calendar year.

If an electronic or CD-ROM version of the documentation is not available, we would appreciate
receiving a hard copy. We will be glad to pay any charges associated with our request. If you
have any questions or need further information, you may contact Bridgette Devine at 800/884-
2822, extension 3645, by fax at 804/527-6849, or via e-mail at bdevine@Magellanhealth.com.
Thank you for your help.

Sincerely,
Bridgette Devine, Proposal Coordinator
Magellan Medicaid Administration
4300 Cox Road
Glen Allen, VA 23060

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(888) 411-6343 or ext. 34357. Thank you.

TO:

FROM:

SUBJECT: Cost of Processing FOIA Request #

The South Carolina Department of Health and Human Services has received and processed your FOIA request. The cost for processing this information is as follows:

Staff processing time at \$10.00 per hour	_____ Hours	\$ _____
Pages copied at \$.10 per page	_____ Pages	\$ _____
Pages faxed at \$.20 per page	_____ Pages	\$ _____
Shipping and Handling Costs		\$ _____
Other costs associated with the FOIA request:	_____	\$ _____
Total Amount Due SCDHHS:		\$ _____

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8297
Columbia, South Carolina 29202-8297

Please contact _____ should you have any questions.

Signature _____ Date: _____



Log # 000107

September 9, 2011

Ms. Bridgette Devine
Proposal Coordinator
Magellan Medicaid Administration
4300 Cox Road
Glen Allen, VA 23060

Dear Ms. Devine:

Your Freedom of Information Act request dated September 2, 2011 to Patty H. Larimore was referred to me for handling. Enclosed please find:

A copy of the current contract between Alliant ASO, Inc. and the South Carolina Department of Health and Human Services, including Amendment Number One and Amendment Number Two. As you will notice, the contract is a fixed fee contract in which Alliant ASO, Inc. is paid the same amount each month, rather than having a per service fee as contemplated by your request.

Our expense for reproducing this information is a total cost of Eight and 50/100 Dollars (\$8.50). Please make the check payable to the Department of Health and Human Services and send it to:

Department of Health and Human Services
Department of Receivables
Post Office Box 8297
Columbia, SC 29202-8297

I hope this information is helpful to you. Please contact me if there are any questions.

Sincerely,

Vicki Johnson
Assistant General Counsel

VJ/b

Enclosure

cc: Patty Larimore, SCDHHS
Lynette Wilson, Receivables