STATE OF WISCONSIN Department of Health Services

Division of Medicaid Services Wis. Stat. §§ 19.36(5), 134.90(1)(C) F-00889 (08/2022)



RETURN FORM TO:

Division of Medicaid Services Bureau of Programs and Policy 1 W. Wilson St., Room 518 P.O. Box 309 Madison, WI 53701-0309

DESIGNATION OF CONFIDENTIAL AND PROPRIETARY INFORMATION

The attached material submitted in response to calendar year Managed Long Term Care Business Plan requirements includes proprietary and confidential information which qualifies as a trade secret, as provided in § 19.36(5), Wis. Stats., or is otherwise material that can be kept confidential under the Wisconsin Public Records Law. As such, we ask that certain pages, as indicated below, of this business plan response be treated as confidential material and not be released without our written approval.			
Other information cannot be kept confidential unless it is a trade secret. Trade secret is defined in § 134.90(1)(c), Wis. Stats. as follows: "Trade secret" means information, including a formula, pattern, compilation, program, device, method, technique or process to which all of the following apply:			
 The information derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use. The information is the subject of efforts to maintain its secrecy that are reasonable under the circumstances. 			
We request that the following pages not be released.			
Section I	Page No.	Topic	
In the event the designation of confidentiality of this information is challenged, the undersigned hereby agrees to provide legal counsel or other necessary assistance to defend the designation of confidentiality and agrees to hold the state harmless for any costs or damages arising out of the state's agreeing to withhold the materials.			
Failure to include this form in the business plan response may mean that all information provided as part of the business plan response will be open to examination and copying. The state considers other markings of confidential in the business plan document to be insufficient. The undersigned agrees to hold the state harmless for any damages arising out of the release of any materials unless they are specifically identified above.			
Name — Company			Name — Authorized Representative (Print)
SIGNATURE — Authorized Representative			Date Signed

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