

REQUEST FOR CONFIDENTIAL OR PRIVILEGED STATUS

Please fill out this form and submit it with your filing of information or documents with the Colorado Division of Insurance in the event you are requesting confidential or privileged status for all or a portion of such information or documents. It is your responsibility to both claim and validate your request for confidential or privileged status for each separate portion of the information.

1. Identification of Party Requesting Confidential or Privileged Status:

Name: Elevate Health Plans by Denver Health Medical Plan

Company: Denver Health Medical Plan, Inc.

Address: 777 Bannock Street
MC 6000

Email Address: _____

Telephone: _____

Facsimile: _____

2. Identification of information or documents for which confidential or privileged status is requested. All of the columns must be completed.

ID No.	Description of each different section or page	Date	Author	Recipient	Identify Confidentiality or Privilege Claimed (cite legal authority)	Reason why it applies
01	Negotiated Rate Template	3/3/2025	DHMP	Colorado Division of Insurance	§ 24-72-204, C.R.S.	Document contains proprietary and confidential information
02	Material Provider Premium Impact Template	3/3/2025	DHMP	Colorado Division of Insurance	§ 24-72-204, C.R.S.	Document contains proprietary and confidential information
03	Rate Sheets	3/3/2025	DHMP	Colorado Division of Insurance	§ 24-72-204, C.R.S.	Document contains proprietary and confidential information
04	Actuarial Analysis	3/3/2025	DHMP	Colorado Division of Insurance	§ 24-72-204, C.R.S.	Document contains proprietary and confidential information
05	Maximum Allowable Reduction Template	3/3/2025	Milliman	Colorado Division of Insurance	§ 24-72-204, C.R.S.	Document contains proprietary and confidential information

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