**TBT Retrigger Request**

**4.23.23**

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| --- | --- |
| Plan Name of submitter |  |
| Contact Name of submitter |   |
| Contact phone of submitter |   |
| Contact email of submitter |   |
|  |
| **Part D Plan Demographics** |
| Contract ID |  |
| BIN |   |
| PCN |   |
| Group |   |
| Plan Year |  |
| Processor/PBM as of plan year requested |  |
| \*Note: leading zeros are important so make sure that all characters used are written above |
|  |  |
| **Reason for request (i.e. audit, member inquiry) including estimated number of HICNs.** |
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| **Description of work** |
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Requests for transactions outside of the 15 month period (15 months from the beginning of a calendar year) will be considered for approval as determined by CMS. If TROOP modifications are necessary, plans must account for any missed TROOP within their own systems and must appropriately readjudicate claims, reprocess PDEs (regardless of whether or not the reconciliation period is closed) and make the beneficiary whole, where appropriate.

A copy of this request (this completed document only) will be provided to CMS at completion of the work, per CMS requirements.

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Requestor signature Printed Name Date

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| **CMS coverage/Commercial service (to be completed by CMS)** |
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