

# Discrepancy Scenario #2: Correcting ACH Failure

<b>Discrepancy #2</b>	<b>Bank rejects ACH Debit transaction</b>
<b>Resolution</b>	<ul style="list-style-type: none"><li>• Payment cancelation of previous Form is not necessary.</li><li>• Duplicate the original Form, and select Re-File under the Type of Filing section.</li><li>• Include previous Pay.gov Tracking ID of the Form in which payment was rejected or not processed.</li><li>• Enter corrected ACH debit information and schedule payment.<ul style="list-style-type: none"><li>• If ACH failure is due to ACH debit block, you must first contact the bank and provide the following:<ul style="list-style-type: none"><li>• ALC+2 value <b>7505008015</b></li><li>• Company ID <b>USDEPTHHSCMS</b></li></ul></li><li>• Re-file and schedule payment of the Form after accommodating the necessary time for the bank to clear the ACH debit block.</li></ul></li></ul>

# Discrepancy Scenario #2: Correcting ACH Failure (continued)

## My Forms

Submitted (1) Saved (2)

Sort by

**2015 ACA Transitional Reinsurance Program Annual Enrollment Contributions**

Form Number: ACA 2015 | OMB Number: 0938-1155, 0938-1187  
Form Status: Accepted

**Pay.gov Tracking ID: 3FP0PD12**

Date Submitted: 09/21/2015 11:37:24 AM  
Application Name: Transitional Reinsurance Contributions

[View PDF](#)  
[Duplicate](#)  
[Attachment](#)

- Note the **Pay.gov Tracking ID**.
- Select **Duplicate** from the My Forms section.

Select **Re-Filing** from the Type of Filing page.

## ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form

[Need Help?](#)

\* Type of Filing ?

New  Re-Filing  Resubmission  Invoice

# Discrepancy Scenario #2: Correcting ACH Failure (continued)

\* Previous Pay.gov Tracking ID

3FP0PDI2

- Enter the Pay.gov Tracking ID of the failed transaction; CMS links the filings.

Please provide the payment information below. Required fields are marked with an \*.

\* Payment Amount:

\$66,000.00

\* Payment Date (mm/dd/yyyy)

01/11/2016

\* Account Holder Name

Raven Health

\* Please select a payment account:

Business Checking \*\*\*\*\*0012

I want to enter a new account

Previous

Return to Form

Cancel

Review and Submit Payment

If the saved banking information was correct, select the **Review and Submit Payment** button  
If the original banking information was incorrect, select the radio button next to **I want to enter a new account** to re-enter the correct banking information.



It could take a bank two to three weeks to accept and clear an ACH debit block.