## Health Insurance Invoice System (HIIS)

General Information Special Notes Step-by-Step Instructions (Text Only) Step-by-Step Instructions with Visuals

#### **General Information**

The Health Insurance Invoice System (HIIS) provides employers with a quick and easy way to reconcile the total premiums due based on the eligibility within ETF's database. This will allow for reconciliation of membership to the premium payment due and submission of the premium payment via Automated Clearing House (ACH).

#### **Special Notes**

- The individual accessing the Health Insurance Invoice System (HIIS) must obtain security clearance to "Insurance Premium Reporting" by submitting the **Online Network for Employers Security Agreement**, form ET-8928.
- This process is written for local employers and any state agencies that are non-Wismart agencies. The Wismart agencies will confirm the current coverage month and then follow the existing Payment Voucher(PV Payment) process.
- The application requires your **Web browser** to have cookies enabled and JavaScript on.
- Please use the **logout** feature at the top of the screen when done working with the application, to protect confidential employee data.
- Large employers may experience a **delay** as the application returns data. Please be patient.
- For additional assistance, please call the Employer Communication Center: (608) 264-7900 or 1 (888) 681-3952

#### Step-by-Step Instructions (Text Only)

- 1) Enter the Online Network for Employers (ONE) Portal
- 2) Select the "Health Insurance Invoicing System" link.
- 3) The "ETF Web Application Logon" screen will appear.
- 4) Type your User ID.
- 5) Press the "Tab" key.
- 6) Type your password.
- 7) Click "Log In"
- 8) Type your seven-digit employer number.
- 9) Click the "Submit" button.
- 10) The email address verification screen will appear. Verify the email contact information is correct and click the "Continue" button.
  - a) If the email address is missing or incorrect, click on the text, "employer email update" and make the appropriate change. When you have finished updating your employer contact information, close the window and you will be returned to HIIS.
- 11) The "Invoice and Payment Summary" screen will appear and default to the current coverage month.
- 12) To view a past coverage month:
  - a) Select the desired coverage month from the drop down box under the "Search by Coverage" heading.
    NOTE: This field will default to the current coverage month.
  - b) Select the desired coverage year from the drop down box under the "Search by Coverage" heading.
    NOTE: This field will default to the current coverage year.

The "Invoice Summary" section will populate the totals and summary information for the selected coverage month.

- 13) Type the grand total of the employee share for all providers in the "Employee Share" text box.
- 14) Verify the amount of the "Premium Due" located at the bottom of the summary.
  - a) Two buttons are available to assist you in reviewing the details of the coverage month.
    - i) "Invoice Detail" button Provides detailed information regarding totals by plan type and coverage type.
    - ii) "Contract Activity" button Provides details on changes that occurred during the current coverage month period including the names of the affected employees.
  - b) When you review either the "Invoice Detail" or "Contract Activity" screens, you will need to return to the "Invoice and Payment Summary" screen before continuing to step 15.
- 15) Click the "Accept" button.

NOTE: If you are returning to this screen after the current coverage month has been accepted, but not paid, the "Accept" button is replaced with a "Pay" button.

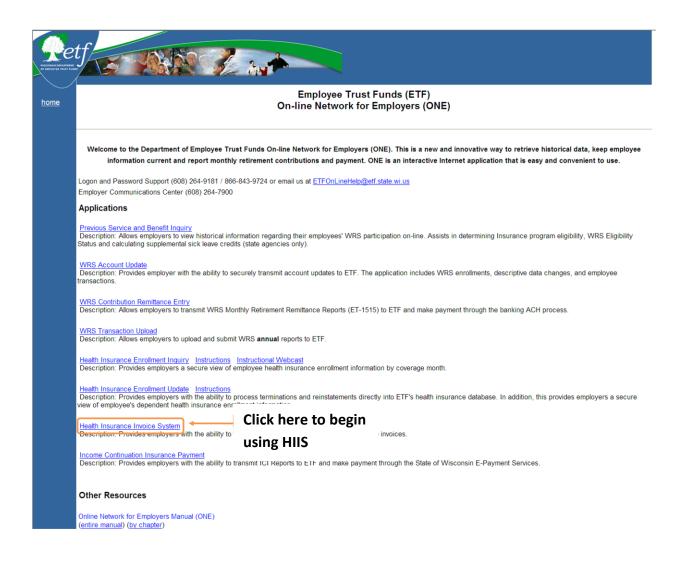
- 16) Once accepted, the "Confirm" button will appear at the bottom of the screen.
- 17) Click the "Confirm" button to submit the current coverage month and go to the electronic payment (Payment Information) screen, or click the "Cancel" button to go to the previous "Invoice Summary" screen.
  - a) Clicking "Confirm" will take you to the USBank web site to complete the payment process.

b) Wismart agencies – after clicking the "Confirm" button will follow the existing Payment Voucher(PV Payment) process.
 18) The "Electronic Payment System" screen includes three options:

- a) Registered User Log In Use this if you have gone through the steps to register your payment information.
- b) Register If you would prefer that the system retain the payment method and source to use for future payment, this will create a user name and password for future access.
- c) Pay Without Registering This process does not retain the payment source and contact information. NOTE: The steps below follow the "Payment Without Registering" option as it encompasses all of the information that would be entered to register a new account.
- 19) Click the "Pay Without Registering" button.
- 20) The "Make a Payment" screen will appear showing the payment amount due and due date.
- 21) The "Scheduled Payment Date" field will default to the first available pay date.
  - a) Change the "Scheduled Payment Date" to the date you want the payment to be made.
  - b) IMPORTANT: If you select a payment date after the due date, interest will be assessed due to the late payment.
- 22) Click "Continue".
- 23) The electronic payment (Bank Account Information)screen has five mandatory fields:
  - a) Bank Routing Number: Enter the nine-digit routing number located on the bottom of the check.
  - b) Bank Account Number: Enter the six-digit account number located to the left of the routing number.
  - c) Re-Enter the Bank Account Number: Enter the six-digit account number located to the left of the routing number. This information is re-entered for verification and accuracy.
  - d) Bank Account Type: Select the correct type of account by clicking on the circle to the left of "Checking" or "Savings"..
  - e) Is this a business account?: Click on the circle to the left of "Yes".
- 24) Click "Continue".
- 25) The "Contact Information" screen has nine mandatory contact fields. Type your contact information in each mandatory field.
- 26) If you would like the payment system to retain your payment method and contact information, complete the "Become a registered user" section.
- 27) Click "Continue".

- 28) The "Verify Payment" screen will show the payment and contact information to verify it is correct before processing the payment and has one mandatory field:
  - a) Terms of use click the box to accept the terms.
- 29) Click "Continue".
- 30) The "Electronic Insurance Payment" screen will appear to confirm that the payment has been processed.
- 31) Click on "Back to ETF" to return to the ONE Portal.

#### **Step-by-Step Instructions with Visuals**



etf emergere musiconsin department of emergere musiconsin department of emergere musiconsin department	ETF Web Applications Logon
Туре у	our User ID and Password
User ID:	
Password:	
Login	set



# Health Insurance Invoice System

Instructions Logout

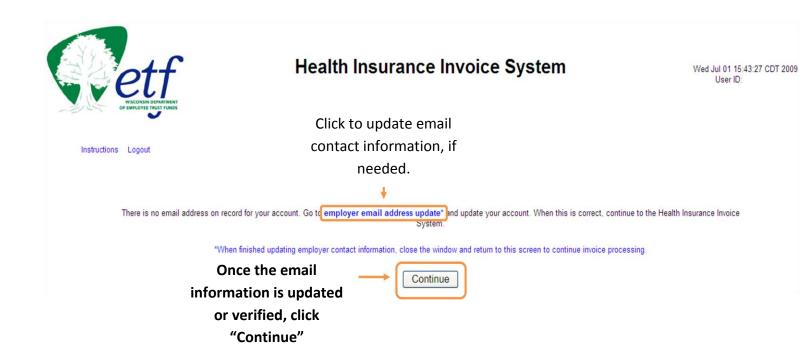
This Internet application is intended for use by employers to view and pay their health insurance invoices.

Please enter your Employer Number and press enter.

Type your employer number and click the Submit button

Submit

Employer No:





## Health Insurance Invoice System

Fri Jul 03 10:34:08 CDT 2009 User ID:

Instructions Logout

#### Invoice and Payment Summary For 0000-000 / MT. PLAINS, TOWN OF (DANE)

Insurance Contact is HANNA BAUM 608-799-1011. If not correct, please call (608)

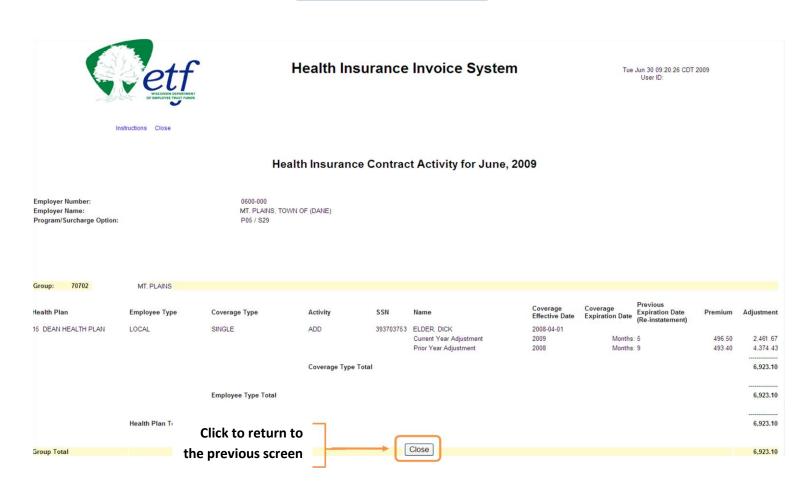
			266-2737.			
Choose the coverage month	Search by Cover	ade.				
to view. This field defaults to	Month:	June 🗸	Y	ear: 2009	*	
the current coverage month.		Su	mmary for June 200	99		
Enter the total employee share for the coverage month	Invoice Amount: Invoice Number: Invoice Date: Accept Date: Accepted By: Employee Share: Initial Payment Late? Interest Amount: Paid Date	Amount	7,419.60 5252000200906 2009-05-02 0.00 Source	ID		
	Tatal					
Premium amount for month selected	J.				<b>.</b>	
This does not include interest or an	У	June 2009	Premium Du	ue:7,419.60	J	Click to accept the
other balances carried forward from previous invoice	Invoice De	etail Con	tract Activity	Accept		monthly coverage and move to the
						confirmation screen.

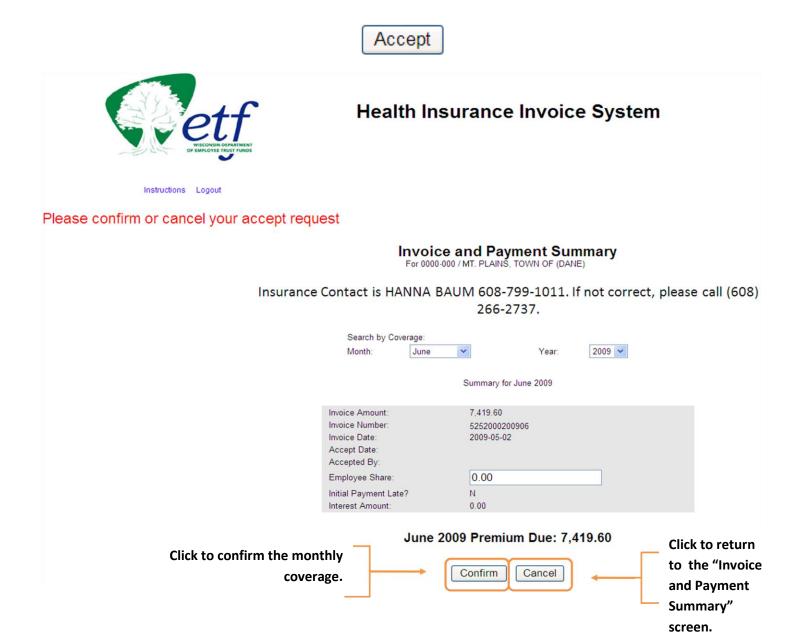
enter land	Health Insurance Invoice System	Fri Jul 03 10:34:08 CDT 2009 User ID:
Instructions Logout	Invoice and Payment Summary For 0000-000 / MT. PLAINS, TOWN OF (DANE) Insurance Contact is HANNA BAUM 608-799-1011. If not correct, please call (608) 266-2737.	
	Search by Coverage: Month: June V Year: 2009 V Summary for June 2009	
	Invoice Amount: 7,419.60 Invoice Number: 5252000200906 Invoice Date: 2009-05-02 Accept Date: Accepted By: Employee Share: 0.00 Initial Payment Late? Interest Amount:	
	Paid Date Amount Source ID Total	
Provides detailed information regarding plan totals and contribution	June 2009 Premium Due: 7,419.60	
amounts.	Provides details on	
	changes that occurred during the coverage month.	

## Invoice Detail

etterset etterset etterset etterset	Health	Insurance I	nvoice System	on ch occui	des details anges that rred during	00:42 CDT 2009	
Instructions Logout					coverage nonth.		
					nonth.		
	Health	Insurance Invoi	ice for June, 2009		ļ	_	
Employer Number:	5252-000		Invoice Summary	Contract	Activity		
Employer Name: Program/Surcharge Option:	MT. PLAINS, TOWN OF (DANE) P05 / S29			_			
Group: 70702 MT. PLAINS			Returns the				
Health Plan	Employee Type	Coverage Type	user to the	tract Amount	Current Premium	Prior Month Adjustments	Total Premium
15 DEAN HEALTH PLAN	LOCAL	SINGLE	"Invoice and	496.50	496.50	6,923.10	7,419.60
	Health Plan Total		Payment	496.50	496.50	6,923.10	7,419.60
Group Total			Summary"		496.50	6,923,10	7,419.60
			-				
Group: All			screen.	-	496.50	6,923.10	7,419.60
Total Invoice					496.50	6,923.10	7,419.60

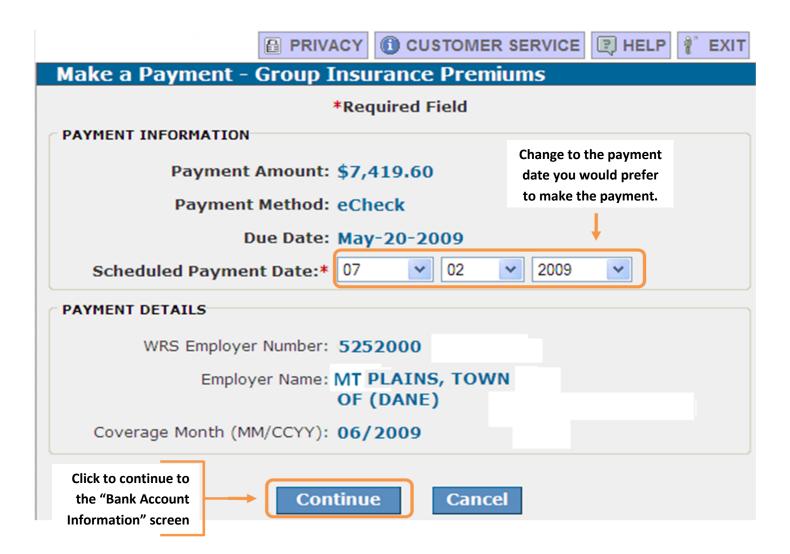
Contract Activity



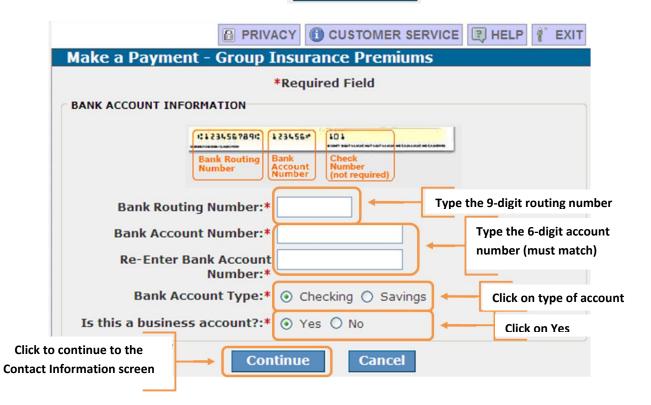


Confirm
PRIVACY CUSTOMER SERVICE HELP * EXIT
Welcome to the Electronic Payment System
REGISTERED USER LOG IN
If registered, type your User the User ID:
ID and Password Password:
forgot password Log In
Register    If you have not yet registered with the payment system, you may do so now. Registering lets you make payments, view payment history, and securely store your account information. Registration is easy and secure and you only need to do it once. To get started, click Register.      Pay Without Registering    If you wish to pay without registering, you may click Pay without Registering to continue.
If not
registered,
click here to
make a
payment

Pay Without Registering



Continue



## Continue

	CY CUSTOMER SERVICE R HELP
Contact Information	
	*Required Field
CONTACT INFORMATION	
First Name:	
Last Name *	
Company Name:	
Phone Number *	
E-mail Address *	
Street Address 1 *	Complete all required fields (*)
Street Address 1	with contact information
City/Town *	
State/Province/Region *	
Zip/Postal Code *	
Country:*	
BECOME A REGISTERED USER	
User Id:	6-12 characters OPTIONAL: To register.
Password:	
	6-12 characters, at least one complete this section.
Re-Enter Password:	
Shared Secret Question:	Select Question
Shared Secret Answer:	
Save Registration?	
	tinue Cancel



	CUSTOMER SERVICE HELP
Verify Payment - Group Insuran	ce Premiums
*Requir	ed Field
This payment is scheduled to be made a lat	after the due date. This payment will be te.
payment. If you need to make any chan	and select Confirm to process your nges to your payment, select Cancel to revious screen.
Your Payn	nent Detail
Payment Amount:	\$7,419.60
Scheduled Payment Date:	Jul-02-2009
. Amount Due:	\$7,419.60
Payment Due Date:	May-20-2009
WRS Employer Number:	5252000
Employer Name:	MT PLAINS, TOWN OF (DANE)
Coverage Month (MM/CCYY):	06/2009
Your Acco	ount Detail
Bank Routing Number:	071000000
Bank Account Number:	XXXXXXXXXXXX2000
Bank Account Type:	Checking
Bank Account Category:	Business
Send an email confirmation:	your.name @etf.state.wi.us
Terms And	Conditions
PLEASE READ AND APPROVE TH	E FOLLOWING AUTHORIZATION
By clicking "I Accept", I authorize the payee to the amount(s) and at the frequency and date	
If this is a single payment, this authorization i recurring payment, this authorization is to rer my bank or notify the payee of its termination and recurring payment instructions within this before my account is scheduled to be debite	main in full force and effect until I notify by canceling any pending payments s system at least three banking days
If a convenience for is added to the transact	ion. Lundorstand that the convenience

Verify that all the information is correct and click the "I Accept" box in the Terms and Conditions



## **Electronic Insurance Payment**

Your premium payment authorization is complete. Payment will be deducted from your bank account on the date you selected. Thank you for using the Employee Trust Funds E-Payment service.

Back to ETF

- Click to return to the ONE Portal