



Department of
HUMAN SERVICES

ClickPay User Guide

*For Iowa Medicaid Contributions and
Hawki Premium Payments*

Version 3: October 2019

ClickPay User Guide

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Introduction (All Users)

ClickPay is an Iowa Department of Human Services (DHS) web application that verifies online transactions for Iowa Medicaid (Iowa Health and Wellness Plan and/or Dental Wellness Plan) and Hawki accounts. Just click below to begin.

<https://secureapp.dhs.state.ia.us/clickpay/>

To make it easier for future transactions you can save the Web address above to your bookmarks or favorites.

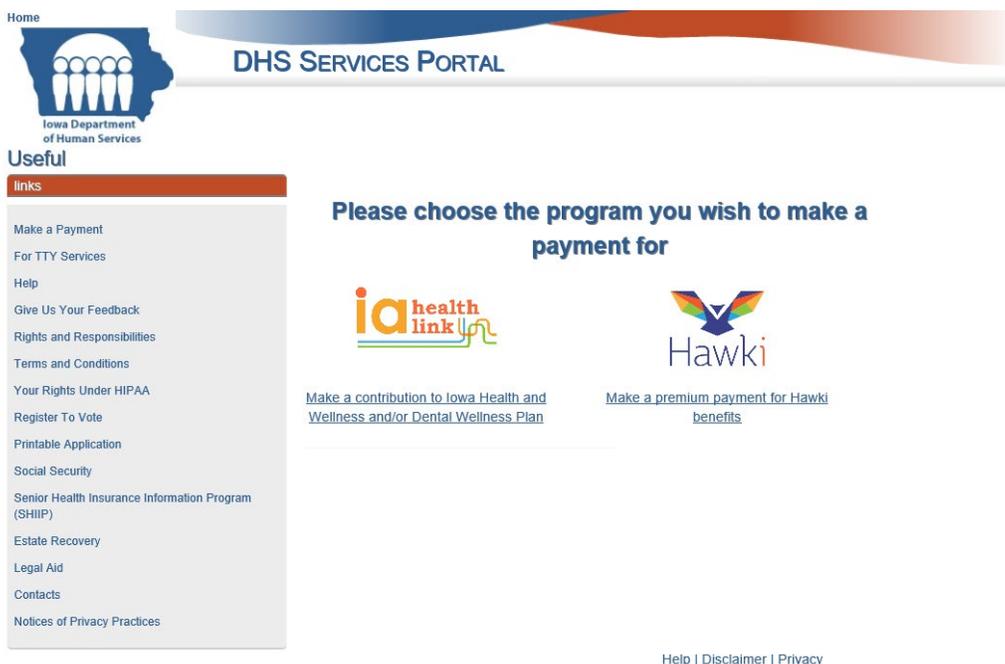
The DHS ClickPay application does not require you to create an account. Once you enter the required information you will be transferred to a secure bank site: U.S. Bank, to complete your transaction. U.S. Bank processes the contributions for DHS. Iowa Medicaid payers do not need to have a U.S. Bank account to pay their contribution online; Hawki payers will need to register for an account on the U.S. Bank site to make an online payment.

The DHS ClickPay application works on both a computer and a smartphone or tablet that is connected to the Internet.

DHS ClickPay Web Application Overview (All Users)

First you'll see a page with the IA Health Link and Hawki program logos.

- Click on the "IA Health Link" logo (or text) if you're making a contribution to your Iowa Health and Wellness and/or Dental Wellness plan.
- Click on the "Hawki" logo (or text) if you're making a monthly premium payment to a child's account.



After choosing either program logo, the next page you'll see will have three sections:

- "Useful Links" (on the left)
- "Make Payment" (in the middle)
- "Sample Statement" (on the right)
 - Iowa Medicaid Statement (A on page 4): Click on this to see where the statement number and member ID are located on your statement. **Both of these numbers are required to make a payment online.** (To close the sample statement, click on the red "X" in the upper right-hand corner.)
 - Hawki Statement (B on page 4): Click on this to see where the statement number and case number are located on the statement. (To close the sample statement, click on the red "X" in the upper right-hand corner.) Hawki payers also will see a "Sample Hawki MCO ID" card on the right below the sample statement. This shows where the child's member ID number is located, which is needed for the third field. **The statement number, case number and ID number of a child are all required to make a payment online.**

Iowa Medicaid Payment Screen

USEFUL

- Make a Payment
- For TTY Services
- Help
- Give Us Your Feedback
- Rights and Responsibilities
- Terms and Conditions
- Your Rights Under HIPAA
- Register To Vote
- Printable Application
- Social Security
- Senior Health Insurance Information Program (SHIP)
- Estate Recovery
- Legal Aid
- Contacts
- Notices of Privacy Practices

MAKE PAYMENT
Please fill in the form below

Statement *
Please enter your Statement Number

Member ID *
Please enter your Member ID

Last 4 digits of your Social Security Number *
Please enter the last 4 digits of your Social Security Number

Check Below

I'm not a robot

Click below to start a payment
Continue

SAMPLE STATEMENT
Please use as a reference

Iowa Medicaid Billing Statement

Statement Date: 9/9/2018
Due Date: 9/9/2018
Amount Due: \$3.00
Member ID: 99999999X

Help | Disclaimer | Privacy

Hawki Payment Screen

USEFUL

- Make a Payment
- For TTY Services
- Help
- Give Us Your Feedback
- Rights and Responsibilities
- Terms and Conditions
- Your Rights Under HIPAA
- Register To Vote
- Printable Application
- Social Security
- Senior Health Insurance Information Program (SHIP)
- Estate Recovery
- Legal Aid
- Contacts
- Notices of Privacy Practices

MAKE HAWKI PAYMENT
Please fill in the form below

Statement *
Please enter your Statement Number

Case Number *
Please enter your Case Number

A Member ID of a child *
Please enter a single Member ID

Check Below

I'm not a robot

Click below to start a payment
Continue

SAMPLE STATEMENT
Please use as a reference

Hawki Billing Statement

Statement Date: 9/9/2018
Due Date: 9/9/2018
Amount Due: \$3.00
Member ID: 99999999X

Help | Disclaimer | Privacy

A: Sample Iowa Medicaid Statement

Iowa Medicaid Billing Statement

Statement Date: 9/9/2018
Due Date: 9/9/2018
Amount Due: \$3.00
Member ID: 99999999X

Dear Xxxxx Xxxxx:

As a member of the Iowa Central Wellness Plan it is your responsibility to pay a member contribution. This statement tells you how much your contribution is and when it is due.

The total amount you owe is \$3.00. This amount is due 9/9/2018.

Please return the amount owed with the payment coupon below. Make your check out to Iowa Medicaid Enterprise. Please do not send cash or any other documents with your payment.

If you are unable to pay your contribution, please check the hardship box below and return the payment coupon OR call the Iowa Medicaid Enterprise (IME) Member Services at 1-800-338-8366. Failure to pay your member contribution may result in cancellation and/or reduction of your benefits. Important note: Checking the box below to claim financial hardship will apply to this month's amount due only. You will still be responsible for amounts due from past months. Any payment that is more than 90 days past due will be subject to recovery.

If you have any questions please call Member Services at 1-800-338-8366 Monday through Friday, from 8:00 a.m. to 5:00 p.m.

470-0285 (Rev. 02/18) TEAR HERE, KEEP ABOVE FOR YOUR RECORDS

RETURN BELOW WITH PAYMENT

Hardship: By checking this box I am claiming financial hardship (see more information about hardship on back side).

Hardship

DO NOT SEND CASH
Amount Due: \$3.00

Make check or money order out to: Iowa Medicaid Enterprise

B: Sample Hawki Statement

Hawki Billing Statement

Statement Date: 9/9/2018
Due Date: 9/9/2018
Amount Due: \$3.00
Case Number: 99999999

Dear Xxxxx Xxxxx:

This statement tells you how much is due for your premium. Premiums are due by the 5th of each month. The children that are enrolled in your household are:

Xxxxx

The total amount you owe is \$3.00. This amount is due 9/9/2018.

Failure to pay your premium may result in disenrollment. You may pay your premium ahead if you choose.

You can pay online at <https://ihs.iowa.gov/hawki> or send in a check or money order to Hawki Program PO Box 851, Des Moines, IA 50304-8502. All payments are applied to the oldest unpaid coverage month first and then to any additional owed amount. Premiums will not be applied if the premium amount for the month is not the full amount. If you have any payment related questions, please call Hawki Member Services at 502-267-8553.

470-5553 (Rev. 07/18) TEAR HERE, KEEP ABOVE FOR YOUR RECORDS

RETURN BELOW WITH PAYMENT

DO NOT SEND CASH
Amount Due: \$3.00

Make check or money order out to:

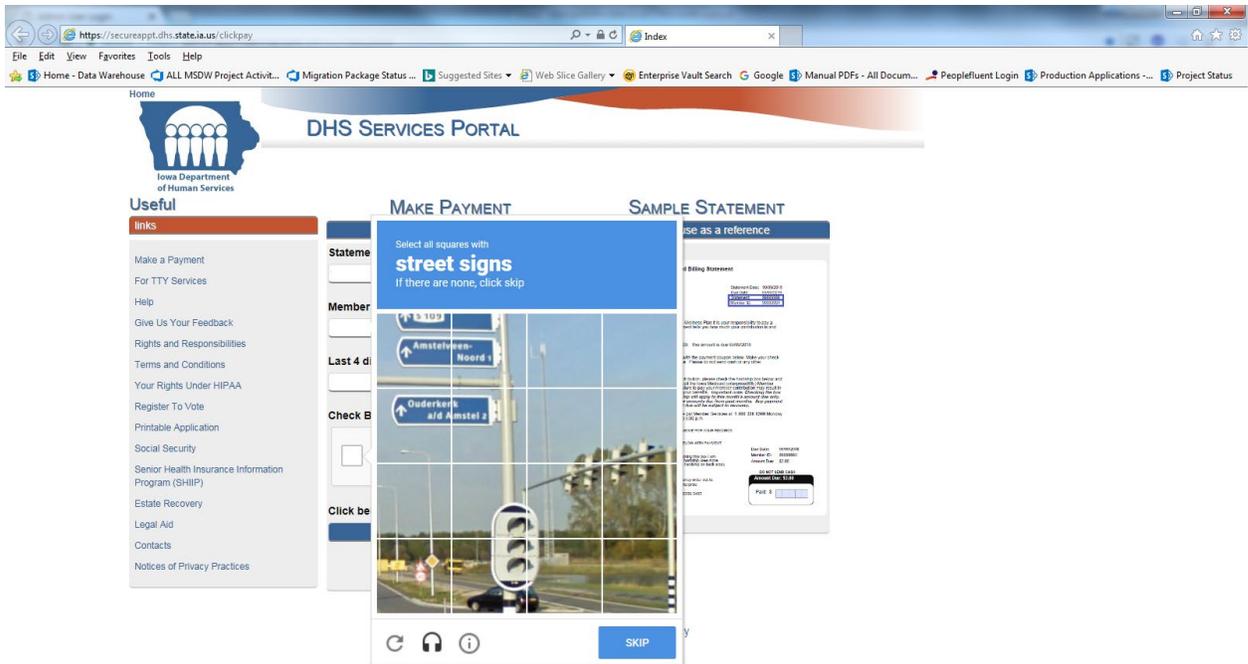
Hawki Payers (all fields are required)

1. Enter the statement number. (Does not have to be a current statement.)
2. Enter the case number.
3. Enter a member ID of a child.
4. Click in the box to the left of, "I'm not a robot".

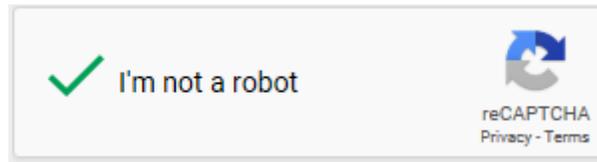
The screenshot displays the DHS Services Portal interface. On the left is a 'Useful links' sidebar with various service links. The main content area is divided into three sections: 'MAKE HAWKI PAYMENT', 'SAMPLE STATEMENT', and 'Sample Hawki MCO ID Card'. The 'MAKE HAWKI PAYMENT' section contains a form with fields for 'Statement', 'Case Number', and 'A Member ID of a child', each with a 'Please enter your...' prompt. Below these fields is a reCAPTCHA 'I'm not a robot' checkbox and a 'Continue' button. The 'SAMPLE STATEMENT' section shows a sample 'Hawki Billing Statement' with a header, patient information, and a payment amount. Below this is a 'Sample Hawki MCO ID Card' with fields for Name, Hawki Number, Nicky Number, and Date of Birth, along with Primary Care Provider information. At the bottom right, there are links for 'Help | Disclaimer | Privacy'.

reCAPTCHA (All users)

Next, follow the directions given by "reCAPTCHA" until there are none left.



Once the “reCAPTCHA” has been completed successfully you will see a check mark. Now you can click on Continue.



NOTE: If you click on “Continue” without completing reCAPTCHA you will be directed back to complete reCAPTCHA.

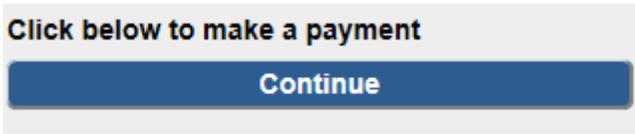
Enter Amount to Pay (All Users)

Iowa Medicaid Payers:

- Member ID – This is your Iowa Medicaid ID number. (This number can be found on your Iowa Medicaid or Managed Care Organization (MCO) ID card. It also can be found on your monthly statement.)
- Amount Due – This is the most current amount you owe. If you have an older statement that you are using - the amount due may not match
- Date Due – This is the most current date due. If you are using an older statement the due dates may not match.
- Amount to Pay – This is the amount that you decide to pay toward your amount due. You can:

- Pay less than the amount due, but greater than zero.
- Pay the exact amount due; or
- Pay more than the amount due in case you like to pay in advance.

Once you have entered the amount to pay then click on “Continue”. You will now be transferred to a U.S. Bank webpage to complete your transaction.

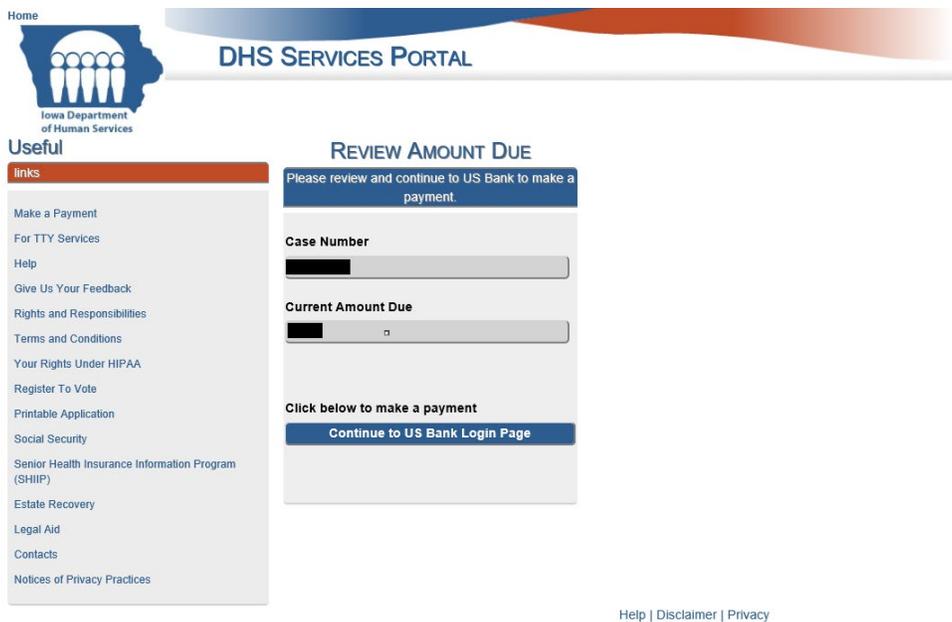


Hawki Payers:

- Case Number – This is the child’s case number. The case number is the child’s household or family number assigned by DHS. The case number can be found on the billing statement.
- Current Amount Due – This is the most current amount owed on the account. This amount may include a past due balance.
- Date Due – This is the most current date due. If you are using an older statement then the due dates may not match.

Once you have entered the amount to pay then click on “Continue to U.S. Bank Login Page”. You will now be transferred to a U.S. Bank website to complete your transaction.

NOTE: This is the same U.S. Bank website (E-Pay) existing online payers have used to pay monthly premiums. Existing users will keep the same U.S. Bank user name and password. New online customers can register for an account at any time.



Make a Payment from Your Checking or Savings Account (Iowa Medicaid Payers)

To make a payment, enter the required information on this page:

- First Name
- Last Name
- Address 1
- City/Town
- State/Province/Region
- Zip/Postal Code
- Country
- Phone Number
- Email Address – this is the email address where you will receive a confirmation of the transaction from U.S. Bank.
- Bank Routing Number (use guide pictured on webpage for help in locating this)
- Bank Account Number (use guide pictured on webpage for help in locating this)
- Bank Account Type (are you using a checking or savings account?)

The screenshot shows the 'Make a Payment' form on the DHS Services Portal. The form is titled 'Make a Payment' and is part of the 'My Payment' section. It displays 'DHS Premium Payments' with an 'Amount Due' of \$8.00. The 'Payment Information' section shows 'Frequency One Time', 'Payment Amount \$8.00', and 'Payment Date Pay Now'. The 'Contact Information' section includes fields for First Name, Last Name, Company (Optional), Address 1, Address 2 (Optional), City/Town, State/Province/Region (IA), Zip/Postal Code, Country (US), Phone Number, and Email Address. The 'Payment Method' section features a 'Bank Transfer' guide image with a table of fields: Bank Routing Number, Bank Account Number, and Check Number. Below the guide are input fields for 'Bank Routing Number', 'Bank Account Number', and 'Bank Account Type' (with radio buttons for 'Checking' and 'Savings', and a checkbox for 'This is a business account'). At the bottom, there are 'Continue' and 'Cancel' buttons.

Next, click on “Continue” to review your payment or if you don’t want to complete this transaction, click on “Cancel”. If you click on “Continue” then you will be directed to the Review Payment page.

NOTE: U.S. Bank processes your contribution on behalf of DHS. You do not need a U.S. Bank account to make your contribution online.

Review Payment (Iowa Medicaid Payers)

This page allows you to review your payment one more time before submitting the transaction for processing.

- If you choose not complete the transaction then click on “Exit” in the upper right hand corner.
- If you find that something is incorrect then click on “Back”.
- If everything is correct and you want to complete the transaction then click on “I accept the Terms and Conditions” and then click on “Confirm”.

DHS SERVICES PORTAL [Exit](#)

Review Payment

Please review the information below and select Confirm to process your payment. Select Back to return to the previous page to make changes to your payment.

Payment Details

Description	DHS Premium Pymts DHS Premium Payments https://secureappt.dhs.state.ia.us/clickpay/usbankreturn
Payment Amount	\$8.00
Payment Date	06/22/2018

Payment Method

Bank Routing Number	073000545
Bank Name	US BANK NA
Bank Account Number	*9999
Bank Account Type	Savings
Bank Account Category	Consumer
Confirmation Email	80l@aol.com

Contact Information

First Name	DONALD
Last Name	DUCK
Address 1	123 MAIN
City/Town	DES MOINES
State/Province/Region	IA
Zip/Postal Code	50309
Country	United States
Phone Number	5159999999
Email Address	80l@aol.com

By clicking "I Accept", I authorize the payee to electronically debit my bank account for the amount(s) and at the frequency and date set forth above.

If this is a single payment, this authorization is valid for this transaction only. If this is a recurring payment, this authorization is to remain in full force and in effect until I notify my bank or notify the payee of its termination. I understand that I do this by canceling any pending payments and recurring payment instructions within this system at least three banking days before my account is scheduled to be debited.

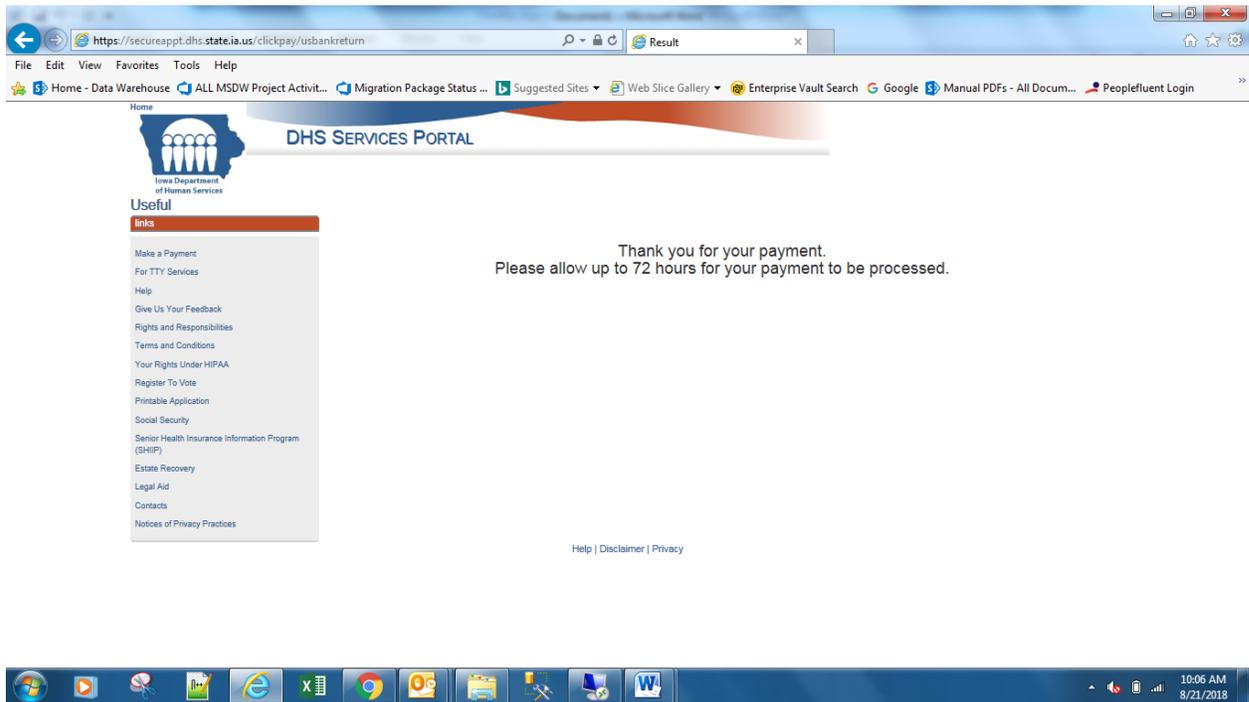
I accept the Terms and Conditions

Confirm [Back](#)

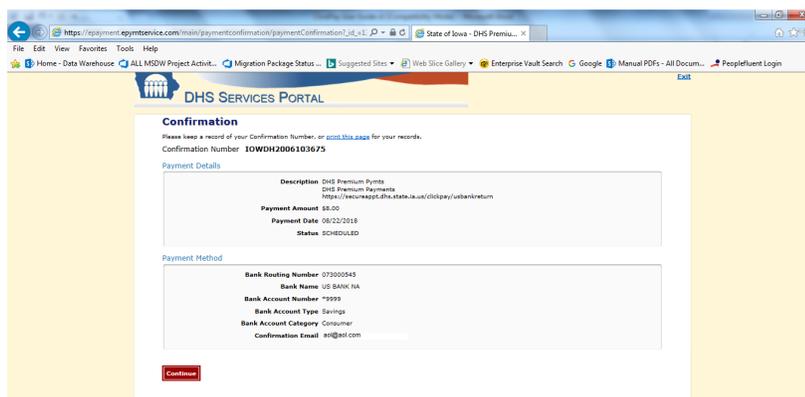
powered by **usbank** [Customer Service](#) [Help](#) [Privacy Policy](#) [Security](#)

Confirmation (Iowa Medicaid Payers)

Once you click on “Confirm” you will receive a confirmation page. You can print this confirmation for your records, or if you entered your email address you will also receive a confirmation in your inbox. When you are finished you will then be redirected to the ClickPay main page.



NOTE: The “Payment Date” is the next business day. Payments will not be made on the weekend or on bank holidays.



Here is a sample of the email you will receive from U.S. Bank confirming your payment. (This is a sample. The highlighted fields are an example. Your information will show here once you complete a payment.)

*** PLEASE DO NOT RESPOND TO THIS EMAIL ***

Thank you for your payment.

This email is to confirm your payment submitted on Aug-21-2018 for DHS Premium Payments.

Confirmation Number: IOWDH2006103675

Payment Amount: \$X.00

Scheduled Payment Date: Aug-22-2018

Routing Transit Number: 073000545

Account Number: *9999

Account Type: Savings

If you have questions about this payment or need assistance, please call Member Services at 1-800-338-8366.

The above payment was processed with authorization to make a single entry ACH debit of the above listed account. If you did not authorize this payment please contact Member Services at 1-800-338-8366.

Thank you for using the State of Iowa DHS Premium Payment electronic payment system.

U.S. BANCORP made the following annotations

Electronic Privacy Notice. This e-mail, and any attachments, contains information that is, or may be, covered by electronic communications privacy laws, and is also confidential and proprietary in nature. If you are not the intended recipient, please be advised that you are legally prohibited from retaining, using, copying, distributing, or otherwise disclosing this information in any manner. Instead, please reply to the sender that you have received this communication in error, and then immediately delete it. Thank you in advance for your cooperation.
