Department of Administrative Services Improving efficiency, compliance, and workplace performance

Online Payment Webinar

New Payment System for Flexible Benefits Sept. 30 - Oct. 3, 2019

Project Purpose

- To setup a payment acceptance portal (A web-based payment acceptance/processing portal).
 - Allows agencies to submit payments to DOAS for multiple programs/products online, free of charge.
 - Allows agencies convenient payment methods (e-checks) for services.
 - Allows the online payment application to process payments and deposit the money into a pre-defined State of GA DOAS bank account.
 - Provides reporting of data from the web-based application.
 - Eliminate the manual process of accepting and processing checks.

Need for Change – Current State

- Agencies send paper checks, one to two times per month, to DOAS via USPS mail for Flexible Benefits premium payments for their employees. This process is time consuming, inefficient and cost prohibitive.
- Checks are manually opened and recorded by DOAS personnel.
- These checks are then run through a designated bank's check processing machine and archived for any audit purposes.
- Delay in posting the payments to customer's account can potentially cause a lapses in employee benefits.

Need for Change – Future State

- On October 15th, DOAS will launch a paperless online payment solution called Express Payment Acceptance System, or ePAS, for DOAS products and services.
- Agencies that currently mail checks to DOAS will use ePAS to post payments for employees' flexible benefits premiums.
- Agencies will have a convenient, flexible, secure and quick way to make payments for DOAS products and services, and realize savings from no longer having to order checks, purchase stamps, and process manual transactions.

Application Demonstration

Express Payment Acceptance System (ePAS)



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Express Payment Acceptance System



Entry point #2: Homepage – Learn About DOAS "Qnline Payments"

Express Payment Acceptance System





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HUMAN RESOURCES ADMINISTRATION

CONTACT

The DOAS Human Resources Administration Division (HRA) supports Executive Branch state employers of various types across Georgia. HRA provides talent management solutions that empower state agency HR and business leaders to manage their workforce in an effective and efficient manner.

classification and pay structure; administration of state employees' Flexible Benefits Plan; and talent management consulting services, including the states performance management program, policy interpretation and practical application tools designed to assist state entities in minimizing HR compliance risks. The Division also manages a statewide Charitable Contributions Program, which seeks to provide opportunities for state employees to remain engaged within their local communities.

The Division's core services include creation and maintenance of the state's job

Deputy Commissioner's Office, Al Howell Phone (404) 656-2705 Email View All Division Contacts f ≱ in

Entry point #3

Online Payments

AREAS OF FOCUS

EMPLOYEE BENEFITS BOARD RULES, SEXUAL HUMAN TRAFFICKING **ONLINE PAYMENTS** POLICY, AND HARASSMENT INFORMATION AWARENESS COMPLIANCE PREVENTION continue to Select PERFORMANCE SUBSTANCE ABUSE THE CAMPAIGN -COMPENSATION HR TOOLS TESTING STATE CHARITABLE MANAGEMENT CONTRIBUTIONS PROGRAM NEWSLETTERS AND ADDITIONAL STATE CAMPUS RECRUITING RECORDS TALENT ACQUISITION ADVISORIES POLICIES MANAGEMENT HR FAOS HR EDUCATION AND TRAINING



Welcome to Express Payment Acceptance System (ePAS), the Department of Administrative Services (DOAS) new online paperless solution that offers a more convenient, flexible, electronic, and secure way to make payments for DOAS products and services.

To launch the application, simply click on the Flexible Benefits link below and begin using the tool. You will also find FAQs and Training links to assist you in navigating through the payment process.



EXPRESS PAYMENT ACCEPTANCE SYSTEM

Warning: Demonstration mode!

No payment will be processed

Flexible Benefits

Select Organization Group Name

- Select Organization Group Name -

Select Organization Name for Payment

- Select Organization Name for Payment -

Payment Date Range *

Payment Date Range cannot be blank.

Amount *

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Next >

Note:

Payment information will not be retained by Xpress-pay without your permission. Sensitive account information is never forwarded to the recipient.

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Example: Select Organization Group Name

Select Organization Group Name	
- Select Organization Group Name -	-
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Community Service Board (CSB)	\sim
Education	
Inspection Service	
Libraries	
Mental Health	
Retirement Systems	~

Lists of Organization Group Names that will be in the drop down

Commodities Retirement Systems Authorities Libraries Education Community Service Board Mental Health Inspection Service

Public Health Public Health District 1 128-011 Northwest/Rome	
Public Health Public Health District 1-2 128-012 North GA/ Dalton	
Public Health District 2 128-02 North/ Gainesville	
Public Health District 3-1 128-031 Cobb/ Douglas	
Public Health District 3-3 128-033 Clayton/ Jonesboro	
Public Health District 3-4 128-034 East Metro	
Public Health District 3-5 128-035 Dekalb County	
Public Health District 4 128-04 LaGrange	
Public Health District 5-1 128-051 South Central/ Dublin	
Public Health District 5-2 128-052 North Central/ Macon	
Public Health District 6 128-06 East Central/ Augusta	
Public Health District 7 128-07 West Central/ Columbus	
Public Health District 8-1 128-081 South/ Validosta	
Public Health District 8-2 128-082 Southwest	
Public Health District 9-1 128-091 Coastal/ Savannah	
Public Health District 9-2 128-092 Southeast/ Waycross	
Public Health District 10 128-010 Northeast/ Athens	

Example: Select Organization Name for Payment

Select Organization Group Name

Public Health District 1, 128-011 Northwest/Rome

Select Organization Name for Payment

Bartow County Public Health (1280011008)

Bartow County Public Health (1280011008)

Catoosa County Public Health (1280011023)

Chattooga County Public Health (1280011027)

Dade County Public Health (1280011041)

Floyd County Public Health (1280011057)

Gordon County Public Health (1280011064)

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Proceed to checkout and Pay as Guest or Log in if you are preregistered.

Pay as Guest example: Select Pay as Guest Button

EXPRESS PAYMENT ACCEPTANCE SYSTEM				
Cart Summany				
	r view cant			
Items to be paid (2): Subtotal:	\$400.00 \$400.00			
How would you like to pay?				
Pay as Guest Optionally, create Log in Pay faster with an account below Xpress-pay account	you			
Payment method:				
Ganta				
Total:	\$400.00			
Routing number Cheoking account number K K K K K K K K K K K K K	*			
Full name on bank account used to pay *				
	*			
Street address Zip or Postal Co	vde \star			
Email Phone	*			
I acknowledge and accept the Terms & Conditions below Remember me with an Xercer pay account				
Pay \$400.00 >				
<u>Terms & Conditions</u> By submitting this payment, you authorize a debit transaction for the amount shown to be against your account on behalf of the above-named merchant and Xpress-pay. This autivailed only in connection with the transaction identified. All Xpress-pay transactions are final. Your payment will result in a transaction credited of entity you have designated to receive the funds. Since they receive the funds directly, X gennot provide refunds. Questions or disputes must be directed to the organization variation with the transaction credited to the commute the transaction to provide refunds.	be placed thorization is tirectly to the press-pay are payling.			

Proceed to checkout and Pay as Guest or Log in if you are preregistered.

Pay as Guest example: Select *Pay as Guest* Button.

Enter your *check routing* and *checking account numbers*. The system validates the 9-digit routing number.

Enter the name and address of the entity check owner.

Enter the email address and phone number of the person that you want to receive the payment receipt

EXPRESS PAYMENT ACCEPTANCE S	SYSTEM
Cart Summary	Ter View cart
Items to be paid (2): Subtotal:	\$400.00 \$400.00
How would you like to pay?	
Pay as Guest Optionally, create Cog in an account below Xpress-pay	Pay faster with you account
Payment method:	
(Linetan)	
Total:	\$400.00
Routing number Checking acco	punt number
33333333 × * 33333333 Bouting number should be 9 digits	✓ *
Routing Account Check (no	t used)
Full name on bank account used to pay * Public Health District Name on Bank Account	Test 🗸 \star
Street address	Zip or Postal Code
200 Piedmont Ave 🗸 \star	*
Email Phone ram@doas.ga.(× ↓ ✓ ★ (404) 333-	-6655 🗸 \star Select
✓ I acknowledge and accept the Terms & Co	onditions below
Remember me with an Xpress-pay ac	Select Pay
Pay \$200.00 >	19

You will then receive your payment confirmation screen.



Your payment of \$199.00 using checking account ----3568 has been accepted as Transaction ID(s) 0 on 09/13/2019 at 12:50:05 PM. A receipt has been sent to Transaction sherry.trammell@doas.ga.gov. id is your confirmation Payment Details Amount number Flexible Benefits Bill Date: 00/13/10 Amount: \$100.00 Select Organization Group Name: Public Health District 1, 128-011 Northwest/Rome Select Organization Name for Payment: Dade County Public Health (1280011041) Payment Date Range: 00/10/2010 -00/30/2010 Subtotal: \$199.00 Payment total: \$199.00 You can *Print* or Thank you for payment. Make Another Payment. Note: If you would like to make another payment, click here. 🖶 Print **Privacy Policy**

You will also receive an email from "Mail@xpress-pay.com"



The following charges will appear on your credit card or checking account statement:

\$200.00: Georgia Department of Administrative Services

How to Register

HOW TO REGISTER (NOTE: This is optional. You do not have to be a registered user in order to make payments using the application.)

1. Select pay as quest for _____ the first time.

2. Enter checking account information.

3. Enter your full name and address of the entity paying.

4. Enter the email address and phone number of the person to receive the email receipt confirmation.

- 5. Select Remember
- 6. Enter a password
- 7. Select Pay

to		EXPRESS PAYMENT ACCEPTANCE SYSTEM								
ne		Cart Summary	r						📕 View ca	rt
		Items to be pa Subtotal:	id (1):						\$1. \$1.	00
			Н	ow wo	ould yo	u like	to pay?			
		-	Pay as Guest	ptionally, n account	create below	• Log	gin P	ay faster with you press-pay accourt	r at	
				Pa	yment	metho	od:			
		Total:			eches	Ð			\$1.00	
	•	Routing number			*	Check	ing account	number		*
		Full name on bank ad	Routir	789): [19#	998765 Ac	L 3 2 Mr	Check# (not used)		
		Street address					-	Zip or Postal Co	ode	*
		Email			*	Phone				*
	-	□ I acknowled ☑ Remember Passwo ▲	Ige and accept me with an rd Passwords mus lower case lette	t include	erms & (Condition account Confin and pht charac	m password oters, an upp aaracter.	er and		
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AFTER YOU REGISTER

Your email address and password will be retained and secured for the next log in.



AFTER YOU REGISTER

The bank account and routing number will be retained and secured.

In this example, two bank accounts were created.

You can add additional bank accounts





Paying for More than One Entity

PAYING FOR MORE THAN ONE ENTITY

Select *Find More Bills* allows you to pay for more than one entity



Items to be paid

Flexible Benefits

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PAYING FOR MORE THAN ONE ENTITY

You will enter the organization group and organization name for payment

Enter your date range and Payment amount EXPRESS PAYMENT ACCEPTANCE SYSTEM

Warning: Demonstration mode!

No payment will be processed

Flexible Benefits

Select Organization Group Name

- Select Organization Group Name -

Select Organization Name for Payment

- Select Organization Name for Payment -

Payment Date Range *

Payment Date Range cannot be blank.

Amount *

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Select

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PAYING FOR MORE THAN ONE ENTITY



Items to be paid Multiple payments shown below. Payment Details Amount Flexible Benefits Bill Date: 00/13/10 Amount: \$200.00 Select Organization Group Name: Public Health District 1, 128-011 Northwest/Rome Select Organization Name for Payment: Bartow County Public Health (1280011008) Payment Date Range: 00/01/2010 -00/13/2010 🥒 Edit × Remove Flexible Benefits Bill Date: 00/13/10 Amount: \$200.00 Select Organization Group Name: Public Health District 1, 128-011 Northwest/Rome Select Organization Name for Payment: Chattooga County Public Health (1280011027) Payment Date Range: 00/10/2010 -00/27/2010 🥒 Edit × Remove You can proceed to Subtotal: \$400.00 checkout and Q Find more bills Proceed to checkout pay

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EXPRESS PAYMENT ACCEPTANCE SYSTEM

Your payment of \$400.00 using Checking •••••••3568 has been accepted as Transaction ID(s) 0 on 09/13/2019 at 12:10:46 PM. A receipt has been sent to sherrytram@doas.ga.gov.

Multiple payments receipt will display for you to print.

You will also receive an email confirmation for multiple payments

Payment	Details	Amount		
Flexible Benefits	Bill Date: 00/13/10 Select Organization Group Name: Public Health District 1, 128-011 Northwest/Rome Select Organization Name for Payment: Bartow County Public Health (1280011008) Payment Date Range: 00/01/2010 - 00/13/2010	Amount: \$300.00		
Flexible Benefits	Bill Date: 00/13/10 Select Organization Group Name: Public Health District 1, 128-011 Northwest/Rome Select Organization Name for Payment: Chattooga County Public Health (1280011027) Payment Date Range: 00/10/2010 - 00/27/2010	Amount: \$100.00		
	Subtotal: Payment total:	\$400.00 \$400.00		
Thank you for payment.				

Note: If you would like to make another, click here.

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Next Steps

- Ensure online payment interface is accessible to users from DOAS.GA.GOV
- Agencies complete and submit readiness assessment by October 10, 2019
- Communications and Training for State Flexible Benefits agencies who currently send checks to DOAS to use the new online payment application
- Timeline Go Live October 15, 2019





Department of Administrative Services

Eligia Familia

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