

How to complete the eXPRS User Enrollment Form for Individual Providers

PSWs or Behavior Consultants

(updated 2/23/2018)

Individual providers will need a user account for the eXPRS system in order to directly submit their **Service Delivered** billing data to be used for claims for payment, and to view the applicable service authorizations for the clients that you serve as a provider.

The term “**individual provider**” is used to mean one of the below types of providers:

- Personal Support Worker (PSW)
- Domestic Employee worker (DE)
- Individual Behavioral Consultant or Professional (BC)

To request a user account and access to eXPRS, providers will need to complete and return the eXPRS User Enrollment Form for Individual Providers.

Please note that this enrollment form does not give you access to the Oregon Home Care Commission’s provider Registry or other DHS systems. The Registry and other systems are a different from eXPRS and may have their own user access processes.

Instructions for completing the eXPRS User Enrollment Form:

→ **Important:** Any item/section on the form that is marked with a red asterisk (*) indicates **required information**.

In the TOP section of the form:

* Indicate Action:	<input type="checkbox"/> Add	<input type="checkbox"/> Modify	<input type="checkbox"/> Deactivate	<input type="checkbox"/> Name/Login Change
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- Indicate by checking the appropriate box which type of enrollment action you are wishing to take:
 - **ADD** = means be added as a user and given permissions to login to eXPRS

- **MODIFY** = means you wish to make a change to your current permissions that you have to access eXPRS.
- **DEACTIVATE** = means you wish to terminate your user permissions and close your access to eXPRS. For example, if you are no longer working as a PSW/individual provider.
- **NAME/LOGIN CHANGE** = means you wish to change your login or user profile name.

Then move on to:

* User Name: (Last, First MI) (<i>Print Name</i>)	* Phone:
* Job Title:	* Provider Name or Number (SPD or eXPRS):
* Address: (<i>Mailing Address</i>)	* City, State, Zip:
Already have an eXPRS login name?	* E-mail Address:

- Complete the remaining boxes including information on:
 - **User's Name** = your name
 - **Phone** = your phone number
 - **Job Title** = your job title or the type of provider you are (such as "PSW", "Behavior Consultant", etc.).
 - **Provider Name or Number** = the name listed on your provider record or your SPD provider ID number (the 6-digit number you received from DHS once your provider enrollment and "approved to work" status was completed). List all the SPD provider numbers you have assigned for ODDS services. This is needed so we can link your user account to your provider records so you can see the information for you in the system.
 - **Address** = your street or PO Box mailing address
 - **City/State/Zip** = the remainder of your mailing address
 - **Already have an eXPRS login name?** = if you already have access to eXPRS with a login ID, list that login ID here. If you don't, just leave this blank.
 - **Email Address** = your email address. This is required to enable the system to do password resets when needed. ***Your email address just be unique to you, and cannot be shared with another user in eXPRS.*** This is for security reasons.

In the MIDDLE section of the form:

Add	Del	Role Name	Information within eXPRS
<input type="checkbox"/>	<input type="checkbox"/>	Provider PSW/DE/IC/BC Claims Manager	<u>View:</u> Claim, Client, Plan of Care, Provider, PSW Menu, Service Authorizations, Service Element <u>Create, Delete, Submit, Update, View:</u> Service Delivery <u>Run:</u> Report – Client Service Authorization

- Check the box in the column **ADD** to add the permission to allow you access to the eXPRS system.
- Check the box for **DEL** (to delete) to delete/remove your access/permission to access the eXPRS system.

In the BOTTOM section of the form:

Print Name:	
Signature:	Date: / /

- Print your name
- Sign and date the form.

Once the form is completed, send it to DHS. Please use only one method for submitting your form. **Fax or e-mail is preferred.**

By e-mail: info.exprs@state.or.us
By fax: 503-947-5044
By US postal mail: DHS - ITBSU
ATTN: eXPRS Security & User Enrollment
500 Summer St NE; E-12
Salem, OR 97301

Please remember to keep a copy of the form for your own records.

What happens once you send in your completed form?

- If the form is complete and your provider record is active, your form should be processed within a week. In some instances, it may take longer; please be patient.

- Once your account has been created, you will receive two emails from info.exprs@state.or.us. Please make sure that your email spam or junk mail filters are set to allow emails from info.exprs@state.or.us.
 1. The 1st email contains generic information and includes several attachments.
 2. The 2nd email will be secured, and includes your login name and temporary password.
 - NOTE: Unless you already have one, you will have to set up an account with DHS' secure email system. If you need assistance with a secure email, please contact the DHS Service Desk at 503-945-5623 and choose option 3.
- If you have not received an email within one week, please check your junk or spam folder. If it is not received within 10 days, please send an email to info.exprs@state.or.us to check on the status.