

Provider Agency User Enrollment Form

Incomplete or illegible forms will not be processed. An asterisk indicates required fields. Maintain form in local file for audit purposes. Send completed for to Info.eXPRS@odhsoha.oregon.gov or fax to (503) 947-5044.

Select Action

 Add User
 Modify User
 Deactivate User
 Change of Information

User Information

*User's Name: (Last, First MI)

eXPRS Login Name:

*Job Title:

*Provider Number and/or Organization Name:

*Organization Address: (*Mailing Address*)

*City, State, Zip:

*Phone Number:

*Email Address:

Provider Agency Roles

ADD	DEL	User Role	Description
<input type="checkbox"/>	<input type="checkbox"/>	Provider Agency Claims Manager	All Provider Agency Claims Preparer Permissions, and also - <ul style="list-style-type: none"> • Submit/Update/Void: Service Delivered Billing Entries, Claims
<input type="checkbox"/>	<input type="checkbox"/>	Provider Agency Claims Preparer	All Provider Agency Claims Coordinator Permissions, and also - <ul style="list-style-type: none"> • Create/Delete/Edit/View: Service Delivered Billing Entries, Claims

<input type="checkbox"/>	<input type="checkbox"/>	Provider Agency Claims Coordinator	<ul style="list-style-type: none"> • View: Service Delivered Billing Entries, Claims, Individual Information for Authorized Individuals • Run: Service Authorization, Claims, and Payment-related Reports
<input type="checkbox"/>	<input type="checkbox"/>	Provider Agency SD Importer	<p>Role requires user/agency completion of testing and approval.</p> <ul style="list-style-type: none"> • Upload/Submit/View: Service Delivered Billing Entries • View: Individual Information for Authorized Individuals • Run: Service Authorization, Claims, and Payment Reports
<input type="checkbox"/>	<input type="checkbox"/>	Provider Agency Contract Coordinator	<ul style="list-style-type: none"> • View: Provider Contract Information, Individual, Payment Information. • Run: Related Reports
<input type="checkbox"/>	<input type="checkbox"/>	Provider Agency PPA Manager	<p>All Provider Agency PPA Coordinator Permissions, and also –</p> <ul style="list-style-type: none"> • Accept/Reject: Provider Prior Authorizations
<input type="checkbox"/>	<input type="checkbox"/>	Provider Agency PPA Coordinator	<ul style="list-style-type: none"> • View: Provider Prior Authorizations • View: Provider and Provider Liability Information
<input type="checkbox"/>	<input type="checkbox"/>	Provider Agency CPA Coordinator	<ul style="list-style-type: none"> • View: Provider Authorizations, Eligibility and Client Liability Account, Individual Assessment Information

Signatures Required for All Roles

Manager: <i>(Print Name)</i>	Phone Number:	Ext.:
Manager Title:	Email Address:	
Manager Signature:	Date:	