



# DD Agency Provider User Enrollment Form

Provider Types: 78-725, 78-850, 78-930, 93-710, 93-711, 93-943

**INSTRUCTIONS:** \* indicates required fields.

- The user's manager must sign this form and submit it.
- Send completed form to [Info.eXPRS@odhsoha.oregon.gov](mailto:Info.eXPRS@odhsoha.oregon.gov) or fax to 503-947-5044.

* Indicate Action: <input type="checkbox"/> New User <input type="checkbox"/> Modify User <input type="checkbox"/> Deactivate User <input type="checkbox"/> Change of Info	
*User's Name: (Last, First MI) (Print Name)	Already have an eXPRS login name?
*Job Title:	*Provider # and Organization Name:
*Organization Address: (Mailing Address)	*City, State, Zip:
*Phone Number:	*Email Address:

## DD Agency Provider User Roles (assign to provider organization)

### DD Agency Provider Claiming Roles

ADD	DEL	User Role Description
<input type="checkbox"/>	<input type="checkbox"/>	<b>Provider Agency Claims Manager</b> - (highest level/all actions role) able <u>Create/Delete/Submit/Update/View/Void</u> all Provider Agency SD billing entries & claims for provider; able to view relevant client information for authorized clients; able to run/access reports related to service authorizations, claims and payments for provider agency.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Provider Agency Claims Preparer</b> - (mid-level/limited actions role) able <u>Create/Delete/Edit/View</u> , <b>but not Submit/Update/Void</b> all Provider Agency SD billing entries & claims for provider; able to view relevant client information for authorized clients; able to run/access reports related to service authorizations, claims and payments for provider agency.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Provider Agency Claims Coordinator</b> - (lowest level/view only role) able to <b>only view</b> all Provider Agency SD billing entries & claims for provider; able to view relevant client information for authorized clients; able to run/access reports related to service authorizations, claims and payments for provider agency.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Provider Agency SD Importer<sup>1</sup></b> - able <u>Upload</u> SD billing data into eXPRS and save as draft SD billing entries; able to <u>Submit/View</u> SD billing entries; able to view relevant client information for authorized clients; able to run/access reports related to service authorizations, claims and payments for provider agency. <b><sup>1</sup> This role cannot be assigned until the user or agency has completed testing and has been approved for this functionality.</b>

## DD Agency Provider Contract Roles

ADD	DEL	User Role Description
<input type="checkbox"/>	<input type="checkbox"/>	<b>Provider Agency Contract Coordinator</b> – able to view provider contract related information; associated client and payment information & reports.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Provider Agency PPA Manager</b> – able <u>Accept/Reject/View</u> Provider Prior Authorization; able to view provider & provider liability information.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Provider Agency PPA Coordinator</b> – able <u>only view</u> Provider Prior Authorization; able to view provider & provider liability information.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Provider Agency CPA Coordinator</b> – able to view client authorizations related to the provider; view eligibility & Client Liability information; able to view client assessment information.

### SIGNATURE:

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

**Maintain a copy of this form in your local file for audit purposes.**