



State OHCC Staff User Enrollment Form

INSTRUCTIONS: * indicates required fields. The authorizing manager must complete this form based on the employee's specific job duties. Access to Service Elements is determined by your Organization and roles.

- Send completed form to Info.eXPRS@odhsoha.oregon.gov or 503-947-5044.

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

State OHCC Staff User Role (assign to State Organization)

ADD	DEL	Role/Description
<input type="checkbox"/>	<input type="checkbox"/>	State Viewer OHCC – able to view limited client information, limited provider information, client Plan of Care, Service Proir Auths, Service SD billings, claims; able to run CHC PEA Expiring report, Provider Status report, Employer Relationships report.

Signature

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

Maintain form in local file for audit purposes