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@state.or.us or fax to 503-947-5044.

* Indicate Action: ☐ New User ☐ Modify User ☐ Deactivate User ☐ 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
☐	☐	**Provider Agency Claims Manager** – (highest level/all actions role) *able Create/Delete/Submit/Update/View/Void 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.*
☐	☐	**Provider Agency Claims Preparer** – (mid-level/limited actions role) *able Create/Delete/Edit/View, but not Submit/Update/Void 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.*
☐	☐	**Provider Agency Claims Coordinator** – (lowest level/view only role) *able to only view 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.*
☐	☐	**Provider Agency SD Importer**[1] - *able Upload SD billing data into eXPRS and save as draft SD billing entries; able to Submit/View 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.* [1] *This role cannot be assigned until the user or agency has completed testing and has been approved for this functionality.*

DD Agency Provider Contract Roles

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

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

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