



Independent Provider

(PSW, Behavior Consultant, Employment/Discovery)

User Enrollment Form

* Indicates required fields. Send completed form to: info.exprs@dhsoba.state.or.us or fax to 503-947-5044

Additional form instructions are on the back.

*Indicate Action: <input type="checkbox"/> Add User <input type="checkbox"/> Change of Information <input type="checkbox"/> Deactivate User

*User's Name: (Last, First, MI) (<i>Print Name</i>)	Already have an eXPRS Login? <input type="checkbox"/> NO <input type="checkbox"/> Yes, Login Name:
*Job Title (<i>*check one</i>): <input type="checkbox"/> Personal Support Worker (PSW) <input type="checkbox"/> Independent Behavior Consultant <input type="checkbox"/> Independent Employment/Discovery Provider	*Provider Number(s) (<i>SPD or eXPRS</i>):
*User's Address: (<i>Mailing Address</i>)	*City, State, Zip:
*User's Phone Number:	*User's Email:

ADD	DEL	User Role/Description
<input type="checkbox"/>	<input type="checkbox"/>	Provider PSW/IC/BC Claims Manager – able to <u>Create/Submit/View</u> Service Delivered (SD) billing entries via the eXPRS Desktop and/or eXPRS Mobile-EVV; able to <u>Create/Submit/View</u> PSW Travel Time claims; able to view Service Prior Authorizations (SPAs), provider credential information, claims and payment information; able to print timesheets.

***I solemnly swear** (**check one*):

I acknowledge that **I also work** as an Agency Direct Support Professional (DSP).

I acknowledge that **I do NOT work** as an Agency Direct Support Professional (DSP).

By signing, I acknowledge that failure to accurately represent my role as a Personal Support Worker or as an Agency Direct Support Professional (DSP) may be considered Medicaid fraud.

*Print User's Name:	
*User's Signature:	*Date: / /

Maintain a copy of this form in your local file for audit purposes.
 Send completed form to: info.exprs@dhsoba.state.or.us

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INSTRUCTIONS

1. A red asterisk (*) indicates this information is required. Incomplete forms cannot be processed.
2. Send completed form by email to info.exprs@state.or.us or Fax to **503-947-5044**.
3. If the form is complete and your provider record is active, your form should be processed within a week, but may take longer; please be patient.
4. Once your eXPRS User Account has been created, you will receive two emails from info.exprs@state.or.us:
 - The 1st email contains generic information and includes several attachments.
 - The 2nd email will be secure email from DHS and includes your eXPRS Login Name and a temporary password.

NOTE: Unless you already have one, you will have to set up an account with ODHS' secure email system. If you need assistance with a secure email, please contact the ODHS Service Desk at 503-945-5623 and choose option 3.
5. 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.

Maintain a copy of this form in your local file for audit purposes.
Send completed form to: info.exprs@dhsosha.state.or.us