



## How to complete the eXPRS User Enrollment Form for Individual Providers PSW, IC-PSW, Domestic Employee or Behavior Consultants

Individual providers will need a user account for the eXPRS system in order to directly submit their **Service Delivered** billing data to be used for claims for payment, and to view the applicable service authorizations for the clients that you serve as a provider.

The term “**individual provider**” is used to mean one of the below types of providers:

- Personal Support Worker (PSW)
- Independent Contractor Personal Support Worker (IC-PSW)
- Domestic Employee worker (DE)
- Individual Behavioral Consultant (BC)

To request a user account and access to eXPRS, providers will need to complete and return the eXPRS User Enrollment Form for Individual Providers.

Please note that this enrollment form does not give you access to the Oregon Home Care Commission’s provider Registry or other DHS systems. The Registry and other systems are a different from eXPRS and may have their own user access processes.

### **Instructions for completing the eXPRS User Enrollment Form:**

→ **Important:** Any item/section on the form that is marked with a red asterisk (\*) indicates **required information**.

**In the TOP section of the form:**

<b>* Indicate Action:</b> <input type="checkbox"/> <b>Add</b> <input type="checkbox"/> <b>Modify</b> <input type="checkbox"/> <b>Deactivate</b> <input type="checkbox"/> <b>Name/Login Change</b>
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- Indicate by checking the appropriate box which type of enrollment action you are wishing to take:
  - **ADD** = means be added as a user and given permissions to login to eXPRS

- **MODIFY** = means you wish to make a change to your current permissions that you have to access eXPRS.
- **DEACTIVATE** = means you wish to terminate your user permissions and close your access to eXPRS. For example, if you are no longer working as a PSW/individual provider.
- **NAME/LOGIN CHANGE** = means you wish to change your login or user profile name.

Then move on to:

* User Name: (Last, First MI) ( <i>Print Name</i> )	* Phone:
* Job Title:	* Provider Name or Number (SPD or eXPRS):
* Address: ( <i>Mailing Address</i> )	* City, State, Zip:
Already have an eXPRS login name?	* E-mail Address:

- Complete the remaining boxes including information on:
  - **User Name** = your name
  - **Phone** = your phone number
  - **Job Title** = your job title or the type of provider you are (such as “PSW”, “IC-PSW”, “Behavior Consultant”, etc.).
  - **Provider Name or Number** = the name listed on your provider record or your SPD provider ID number (the 6 digit number you received from DHS once your provider enrollment and “approved to work” status was completed) or your eXPRS provider ID number. You may have more than one number, if you do different types of work. List at least one or all (if you wish) of the SPD provider numbers you have assigned. This is needed so we can link your user account to your provider record so you can see the information for you in the system.
  - **Address** = your street or PO Box mailing address
  - **City/State/Zip** = the remainder of your mailing address
  - **Already have an eXPRS login name?** = if you already have access to eXPRS with a login ID, list this here. If you don’t, just leave this blank.

- **Email Address** = your email address. This is required to enable the system to do password resets when needed. Your email address just be unique to you, and cannot be shared with another user in eXPRS. This is for security reasons.

**In the MIDDLE section of the form:**

Add	Del	Role Name	Information within eXPRS
<input type="checkbox"/>	<input type="checkbox"/>	<b>Provider PSW/DE/IC/BC Claims Manager</b>	<u>View:</u> Claim, Client, Plan of Care, Provider, PSW Menu, Service Authorizations, Service Element <u>Create, Delete, Submit, Update, View:</u> Service Delivery <u>Run:</u> Report – Client Service Authorization

- Check the box in the column **ADD** to add the permission to allow you access to the eXPRS system.
- Check the box for **DEL** (to delete) to delete/remove your access/permission to access the eXPRS system.

**In the BOTTOM section of the form:**

<b>Print Name:</b>	
<b>Signature:</b>	<b>Date:</b> / /

- Print your name
- Sign and date the form.

Once the form is completed, send it to DHS. Please use only one method for submitting your form. **Fax or e-mail is preferred.**

By e-mail: [info.exprs@state.or.us](mailto:info.exprs@state.or.us)  
 By fax: 503-947-5044  
 By US postal mail: DHS - ITBSU  
 ATTN: eXPRS Security & User Enrollment  
 500 Summer St NE; E-12  
 Salem, OR 97301

Please remember to keep a copy of the form for your own records.

### **What happens once you send in your completed form?**

You will receive a confirmation email from **info.exprs@state.or.us** when your user enrollment is completed and your user access to eXPRS has been granted. Please make sure that your email spam or junk mail filters are set to allow emails from **info.exprs@state.or.us**.



## User Enrollment Form (Individual Provider (PSW, DE, IC or BC))

\* Indicate Action:     Add     Modify     Deactivate     Name/Login Change

\* User Name: (Last, First MI) (*Print Name*)    \* Phone:

\* Job Title:    \* Provider Name or Number (SPD or eXPRS):

\* Address: (*Mailing Address*)    \* City, State, Zip:

Already have an eXPRS login name?    \* E-mail Address:

**INSTRUCTIONS:** \* Indicates required fields. Send completed form to [info.exprs@state.or.us](mailto:info.exprs@state.or.us) or fax to 503-947-5044.

Add	Del	Role Name	Information within eXPRS
<input type="checkbox"/>	<input type="checkbox"/>	<b>Provider</b> <b>PSW/DE/IC/BC</b> <b>Claims Manager</b>	<b><u>View:</u></b> Claim, Client, Plan of Care, Provider, PSW Menu, Service Authorizations, Service Element <b><u>Create, Delete, Submit, Update, View:</u></b> Service Delivery <b><u>Run:</u></b> Report – Client Service Authorization

<b>Print Name</b>	
<b>Signature:</b>	<b>Date:</b> /    /

Maintain form in local file for audit purposes.

