



Foster Care (FC) Provider eXPRS User Access Enrollment Form

Provider Types: 70-701, 71-703, 71-704

* Indicate Action: <input type="checkbox"/> New User <input type="checkbox"/> Modify User <input type="checkbox"/> Deactivate User <input type="checkbox"/> Change of Info	
User Name: (Last, First MI) (<i>Print Name</i>)	Already have an eXPRS login name?
Job Title: DD Foster Care Provider	SPD Provider # for each FC home you own:
Organization Address: (<i>Mailing Address</i>)	City, State Zip:
Phone Number:	E-mail Address:

INSTRUCTIONS: * indicates required fields.

Send completed form to info.exprs@state.or.us or fax to 503-947-5044.

DD Foster Care Provider User Roles (assign to provider org):

* Check the box for the role below for the level of access you need as a FC provider.

Add	Del	User Role/Description
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<input type="checkbox"/>	<input type="checkbox"/>	DD FC Provider Claims Manager (highest level/all actions role): <i>(able to view relevant client information for authorized clients; able to view information related to DD FC authorizations & claims for provider; create/submit/void/edit all DD Foster Care claims for provider; able to run/access related DD FC authorization, claims & payment reports for provider.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	DD FC Provider Claims Preparer (mid-level/limited actions role): <i>(able to view relevant client information for authorized clients; able to view information related to DD FC authorizations & claims for provider; able to ONLY create/delete/save draft DD Foster Care claims for provider; able to run/access related DD FC authorization, claims & payment reports for provider.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	DD FC Provider Claims Coordinator (lowest level/view only role): <i>(able to view relevant client information for authorized clients; able to view information related to DD FC authorizations & claims for provider.)</i>

Signature

Foster Care Provider: (<i>Print Name</i>)	Phone Number:	Ext.:
E-mail Address:		
Foster Care Provider Signature:	Date:	

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

How to complete the eXPRS User Enrollment Form for DD Foster Care (FC) Providers

DD Foster Care providers will need a user account to do work in the eXPRS system.

To request a user account & access to eXPRS, FC Providers will need to complete and return the form on the reverse side of this document.

Instructions for completing the eXPRS FC Provider User Enrollment Form:

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

In the TOP box section of the form:

- Check the box for the enrollment action requested
- Complete the remaining boxes with information requested for the user.

In the MIDDLE box section of the form:

- Check the **ADD** box for the role desired. Roles are listed in order of highest to lowest level of access.
- **What role to choose?**
 - It is likely the FC Provider themselves will want/need the **MANAGER** role to do all the work needed in eXPRS.
 - If the FC Provider has other employees assisting with their provider related administrative work, the FC Provider may wish to request a lower access role, such as the **PREPARER** or **COORDINATOR**, for those other employees.

In the BOTTOM box section of the form:

- Complete the information, and then sign/date the form.
- If requesting access additional persons employed by the FC provider, a separate form for each person, signed by the FC provider, will be needed.

How to return the form:

1. Scan signed form & return by e-mail to: info.exprs@state.or.us
*** Scan & return by email is the preferred method of return.**
2. If scanning is not available, return by fax to: 503-947-5044

What happens once you send in your completed form?

- The user will receive a DHS secure email from info.exprs@state.or.us confirming the user enrollment is completed and user access to eXPRS has been granted.
- Please make sure that email spam or junk mail filters are set to allow emails from info.exprs@state.or.us.
- Remember to keep a copy of the form for your own records.