KANSAS Electronic Visit Verification (EVV) Security Access Request

For OIM Association to Provider Admin

Instructions:

- Submission of this form will associate the Provider Delegate to the Provider Admin in OIM.
- Only the Provider Admin can fill out and submit this form.
- **Save this document as: UserLastName, UserFirstName MMDDYY.docx** (ie: Doe, John 082416.docx)
- Submit via E-mail to: **kmms.evvoimassoc@gainwelltechnologies.com**
- A response will be sent to your initial email once the association is complete.

General Information:

Type of Request	**User Access** ☐ Associate Provider Delegate User ☐ Associate Representative User
Provider Admin Information	First Name: Last Name: Portal Username/ID:
Provider Delegate Information	First Name: Last Name: Portal Username/ID: KMMS ID (14 digits):
Representative User Information	First Name: Last Name: Portal Username/ID: KMMS ID (14 digits): Representative ID (Fiserv):