REQUESTING ACCESS TO

OPENELIS LABORATORY RESULTS WEB PORTAL

(INSTRUCTIONS FOR PRIVATE PROVIDERS)

Important information regarding Step A on next page: When creating an ASAP profile, please make sure to select the correct options from the drop downs. Please do <u>not</u> select the Local Security Officer at the County Health Department or Local Public Health Agency. If you enter your county and not what is specified on the instructions, it will delay the processing of your request.

STEP A. Creating an A.S.A.P profile (This step is to be completed only once per user)

Please read...

- If you have an ASAP profile already and know your login credentials, please skip to Step B (submitting the request)
- If you are unsure you have an ASAP profile, here are a few steps to determine that.
 - If you already have an LPHA email account, DHSS health applications and/or DSS prod/mainframe access you mostly likely have an ASAP profile.
 - If you try to create an ASAP profile and you receive a red message indicating that first name and last name is already in use. Please contact the ITSD Call Center at 800.347.0887 for assistance. You most likely have an ASAP profile and the call center can assist with profile updates, password resets, logging into ASAP, and/or submitting requests.

ASAP link - https://healthapps.dhss.mo.gov/asap_web/ASAPLogin.aspx

Steps		Screen Print			
If you have not used ASAP before or do not have an ASAP profile, click the NEW USER option You will only need to go through the profile creations steps once					
1. 2.	Enter your first name, last name, and last four digits of S.S.N. Click the CREATE USERID button	ENTER FIRST NAME, LAST NAME AND LAST FOUR DIGITS OF S.1	s.N TO CREATE ASAP PROFILE		
1.	Select Others (Schools, Private Providers, etc.) for Agency	* Agency: * Local Security Officer County: * Local Security Officer:	Others (Schools, Private Provide DIVISION OF STATE PUBLIC HEALTH LABORATORY STATE PUBLIC HEALTH LABORATORY HEALTH APPLICATIONS LSD (SHANNA WEST)		
2.	Choose DIVISION OF STATE PUBLIC HEALTH LABORATORY for Local Security Security Officer County	Friendly reminder: Please do <u>not</u> select the Local Security Officer at the County Health Department or Local Public Health Agency. If you enter your county and not what is specified above, it will delay the processing of your			
3.	Choose STATE PUBLIC HEALTH LABORATORY APPLICATIONS LSO (SHANN WEST) for Local Security Officer	request.			

Missouri Department of Health and Senior Services Automated Access Processing System (A.S.A.P.)

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4. Type the main agencies street number	* Address Search		<u>Clear</u>	•		
and click Address Search	(Type in your address starting with Street	Number)	Type search criteria	a and press enter or click Search	Address Search	
5 Select the address from the drop down list	* Address Search			lear		
	(Type in your address starting with	(Type in your address starting with Street Number)				
			1	2345		
	* Email1			ADDRESS	NAME	
	* Phone1			Select	and the second	
	FileFer			<u>elect</u>	1000170011100011	
				select	Contraction of the second	
	Selected Address:	tente filter-				
	Address:	con-constant of				
	County:	approximate the second s				
	City:					
	State:					
	Zin Code:					
	210 0000	and the				
6. Enter your Email account	*Email1					
	* Phone1		Ext			
7. Enter your Phone Number						
	Fax Number					
8. Enter your Fax Number						
(optional)						
0 Enter a Baseword	Descuerd					
9. Enter a Passworu	Password Returne Dassword	Passwe	ords should be 6-8 characters in len	igth and should include a number		
10 Potypo Password	Challenge Question	er-Wha	t is your favorite color?			
10. Relype Password	Challenge Response	exBlue				
11 Type in a Challenge Ouestion	Retype Response					
The type in a onancinge education						
12 Type in the answer to the	**If ASAP did not	prompt you to crea	ate a passw	ord your password y	was	
challenge question (in the	automatically set t	o first initial of first	t name, first	initial of last name.	ast four	
Retype Response field)	digits of your social security number, and four # signs.**					
		,	,			
13. Click CREATE PROFILE						
	CREATE PROF	TIF				
	-					
14. You should see a message about the	PROFILE SUCCESSE	ULLY CREATED.		\frown		
profile being successfully created. Make	Your ASAP User ID has	s successfully been genera	ated. Your User	D (USERL)		
note of your User ID			Request	t Access		
•			-			

** Please continue to Step B – submitting a request for access **

STEP B. Requesting Access

ASAP link - https://healthapps.dhss.mo.gov/asap_web/ASAPLogin.aspx

1. 2. passwo first initi last fou four # s	Type the ASAP User ID and Password you created in Step A Click the SIGN IN button. AP did not prompt you to create a rd, your password was automatically set to al of first name, first initial of last name, r digits of your social security number, and igns.**	DHSS Home >> asap_web >> ASAPLogin Welcome to the Missouri Department of Her Senior Services Automated Security Access (A.S.A.P) site. Users can request new access or change access for various network or application supported by the Department of Health and Services. NEW USER? Please Create an ASAP user Profile, if you r access to a DHSS system or Network or applic	existing systems I Senior equire equire etions SER
3.	Choose the 'Completing for Self' option.	Who are you completing t	his ASAP request f
4.	Click the NEXT button.	COMPLETING FOR SEL C COMPLETING FOR OTH C APPROVE REQUESTS C VACATIONS	F THE EMPLOYEE
5. 6.	Choose HEALTH APPLICATIONS for Area Type Choose OPENELIS LABORATORY	*Area Type: *Health Area Type: *Request Type:	HEALTH APPLICATIONS OPENELIS LABORATORY RESULTS WEB PORTAL ADD ACCESS Use Ctri+click to choose more than one role Choose Data Tura
0.	RESULTS WEB PORTAL for Health Area Type	"Role:	DEFAULT ROLE()
7.	Choose ADD ACCESS for Request Type	* Other Role/Report Type:	DEFAULT
8.	Choose DEFAULT ROLE from the Role drop down list	access: * Effective Date [MM/DD/YYYY]: Do you enter Data for Additional OYES®NO Agencies?	 Yes®no
9.	Role/Report Type dropdown list.		
10.	Type in comments and/or reason for requesting access		
11.	Type in the effective date (month/day/year)		
12.	Select NO for Do you enter Data for Additional Agencies?		

13. Click the 'I Agree' button14. Click the 'Submit Form' button	I, THE UNDERSIGNED, AN EMPLOYEE OF THE STATE OF MISSOURI OR AUTHORIZED U UNDERSTAND THAT APPROVAL AND ASSIGNMENT OF THE REQUISTED ID OR APPROV ENABLES ME TO ACCESS THE RESOURCES WHICH, BY LAW, MUST BE UTILIZES ONLY ASSIGNED DUTIES. THEREFORE, I AGREE TO MAKE NO INQUIRIES OR UPDATES WHICH PERFORMANCE OF MY OFFICIAL DUTIES. I UNDERSTAND THAT STATE AND FEDERAL S CONFIDENTIALITY OF INFORMATION AND PROVIDE PENALTIES FOR UNAUTHORIZED A OF INFOMATION. VIOLATIONS OR DISCLOSURES ON MY PART MAY RESULT IN DISCIPI ONE OR ALL OF THE FOLLOWING: (1) SUSPENTION, (2) CIVIL COURT AND (3) DISMISS. CONFIDENTIAL ALL INFORMATION MADE AVAILABLE TO WE IN THE PERFORMANCE OF ADDITION, I AGREE NOT TO DIVULGE OR SHARE MY PASSWORD WITH ANYONE.
15. Click Submit Form	Submit Form
A message should appear stating the request was sucessfully completed. Print a copy of the form for your records You do <u>not</u> have to email, fax, or snail mail printed copy of form. It is for your records only.	You have successfully completed your request form. Press the button below to view a printer friendly copy of your request for your records. Please do not send the print copy for Request process. Printer Friendly Copy FILL OUT ANOTHER ACCESS FORM

If you experience any problems or have questions while using the ASAP system, please notify the ITSD Call Center using one of the following methods:

Phone: 573.751.6388 or 1.800.347.0887 E-mail: Support@health.mo.gov