

REQUESTING ACCESS TO OPENELIS LABORATORY RESULTS WEB PORTAL (INSTRUCTIONS FOR PRIVATE PROVIDERS)


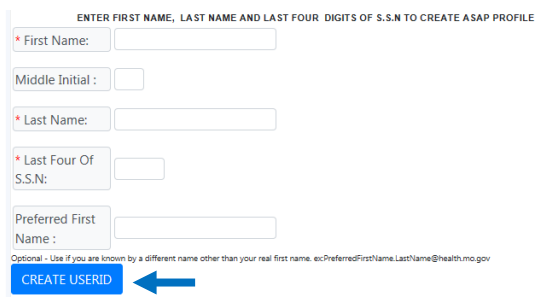
Important information regarding Step A on next page: When creating an ASAP profile, please make sure to select the correct options from the drop downs. Please do **not** select the Local Security Officer at the County Health Department or Local Public Health Agency. If you enter your county and not what 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

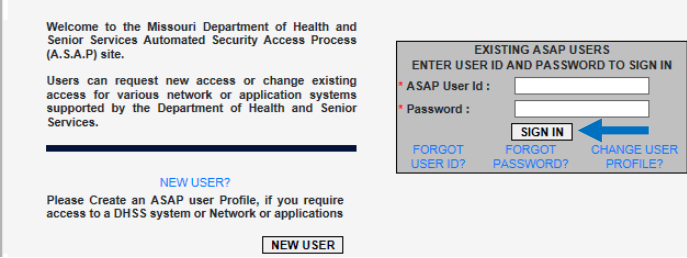
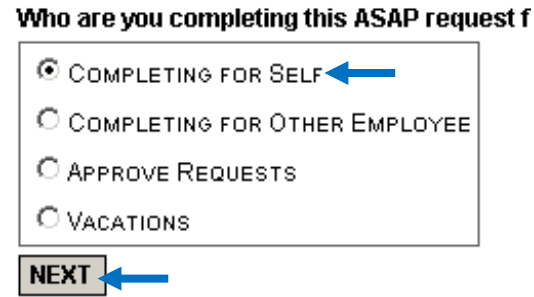
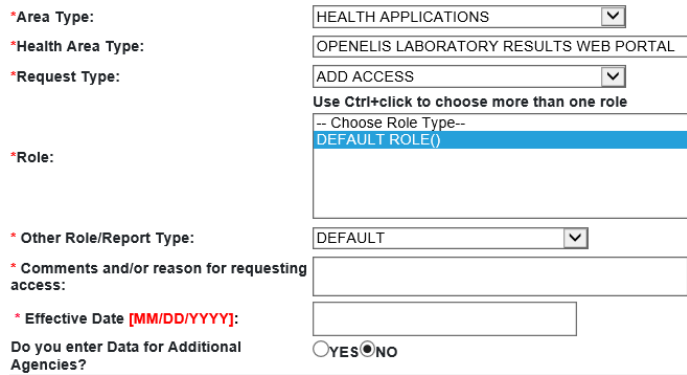
Steps	Screen Print
<p>If you have not used ASAP before or do not have an ASAP profile, click the NEW USER option</p> <p>You will only need to go through the profile creations steps once</p>	
<ol style="list-style-type: none"> 1. Enter your first name, last name, and last four digits of S.S.N. 2. Click the CREATE USERID button 	

<ol style="list-style-type: none"> 1. Select Others (Schools, Private Providers, etc.) for Agency 2. Choose DIVISION OF STATE PUBLIC HEALTH LABORATORY for Local Security Security Officer County 3. Choose OPENELIS LABORATORY RESULTS WEB PORTAL LSO (SANDRA JONES) for Local Security Officer 	<div style="border: 1px solid #ccc; padding: 5px;"> <p>*Agency: <input type="text" value="Others (Schools, Private Providers, etc.)"/> Others (Schools, Private Providers, etc.)</p> <p>*Local Security Officer County: <input type="text" value="DIVISION OF STATE PUBLIC HEALTH LABORATORY"/> DIVISION OF STATE PUBLIC HEALTH LABORATORY</p> <p>*Local Security Officer: <input type="text" value="OPENELIS LABORATORY RESULTS WEB PORTAL LSO (SANDRA JONES)"/> OPENELIS LABORATORY RESULTS WEB PORTAL LSO (SANDRA JONES)</p> <p>Friendly reminder: Please do not 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 request.</p> </div>
<ol style="list-style-type: none"> 4. Type the main facilities street number. A drop down list should populate 5. Click the address from the drop down list 	<div style="border: 1px solid #ccc; padding: 5px;"> <p>*Address Search (Type in your address starting with Street Number) <input type="text"/></p> </div>
<ol style="list-style-type: none"> 6. Enter your Email account 7. Enter your Phone Number 8. Enter your Fax Number (optional) 	<div style="border: 1px solid #ccc; padding: 5px;"> <p>*Email1 <input type="text"/></p> <p>* Phone1 <input type="text"/> <input type="text"/> <input type="text"/> Ext <input type="text"/></p> <p>Fax Number <input type="text"/></p> </div>
<ol style="list-style-type: none"> 9. Enter a Password 10. Retype Password 11. Type in a Challenge Question 12. Type in the answer to the challenge question (in the Retype Response field) 	<div style="border: 1px solid #ccc; padding: 5px;"> <p>Password <input type="text"/> <input type="text"/> Passwords should be 6-8 characters in length and should include a number</p> <p>Retype Password <input type="text"/> <input type="text"/></p> <p>Challenge Question <input type="text"/> <input type="text"/> ex:What is your favorite color?</p> <p>Challenge Response <input type="text"/> <input type="text"/> ex:Blue</p> <p>Retype Response <input type="text"/> <input type="text"/></p> <p>**If ASAP did not prompt you to create a password, your password was automatically set to first initial of first name, first initial of last name, and last four digits of your social security number.**</p> </div>
<ol style="list-style-type: none"> 13. Click CREATE PROFILE 	<div style="border: 1px solid #ccc; padding: 5px; text-align: center;"> <p>CREATE PROFILE</p> </div>
<ol style="list-style-type: none"> 14. You should see a message about the profile being successfully created. Make note of your User ID 	<p>PROFILE SUCCESSFULLY CREATED. Your ASAP User ID has successfully been generated. Your User ID is: USERL</p> <p style="text-align: right;">Request Access</p>

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

STEP B. Requesting OPENELIS LABORATORY RESULTS WEB PORTAL access

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

<ol style="list-style-type: none"> 1. Type the ASAP User ID and Password you created in Step A 2. Click the SIGN IN button. <p>**If ASAP did not prompt you to create a password, your password was automatically set to first initial of first name, first initial of last name, and last four digits of your social security number.**</p>	
<ol style="list-style-type: none"> 3. Choose the 'Completing for Self' option. 4. Click the NEXT button. 	
<ol style="list-style-type: none"> 5. Choose HEALTH APPLICATIONS for Area Type 6. Choose OPENELIS LABORATORY RESULTS WEB PORTAL for Health Area Type 7. Choose ADD ACCESS for Request Type 8. Choose DEFAULT ROLE from the Role drop down list 9. Choose DEFAULT from the Other 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? 	

<p>13. Click the 'I Agree' button</p> <p>14. Click the 'Submit Form' button</p>	<p>I, THE UNDERSIGNED, AN EMPLOYEE OF THE STATE OF MISSOURI OR AUTHORIZED U UNDERSTAND THAT APPROVAL AND ASSIGNMENT OF THE REQUESTED 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 WHICI PERFORMANCE OF MY OFFICIAL DUTIES. I UNDERSTAND THAT STATE AND FEDERAL CONFIDENTIALITY OF INFORMATION AND PROVIDE PENALTIES FOR UNAUTHORIZED A OF INFOMATION. VIOLATIONS OR DISCLOSURES ON MY PART MAY RESULT IN DISCIPL ONE OR ALL OF THE FOLLOWING: (1) SUSPENTION, (2) CIVIL COURT AND (3) DISMISS. CONFIDENTIAL ALL INFORMATION MADE AVAILABLE TO ME IN THE PERFORMANCE OF ADDITION, I AGREE NOT TO DIVULGE OR SHARE MY PASSWORD WITH ANYONE.</p> <p style="text-align: center;"> <input type="button" value="Submit Form"/> <input type="button" value="I Agree"/> ← <input type="button" value="Quit"/> </p>
<p>15. Click Submit Form</p>	<p style="text-align: center;"><input type="button" value="Submit Form"/></p>
<p>A message should appear stating the request was sucessfully completed.</p> <p>Print a copy of the form for your records</p> <p>You do <u>not</u> have to email, fax, or snail mail printed copy of form. It is for your records only.</p>	<p>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.</p> <p style="text-align: center;"> <input type="button" value="Printer Friendly Copy"/> <input type="button" value="FILL OUT ANOTHER ACCESS FORM"/> </p>

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