REQUESTING ACCESS TO

NEWBORN SCREENING LABORATORY REPORT ACCESS PORTAL
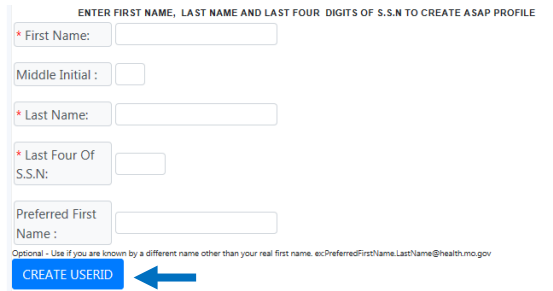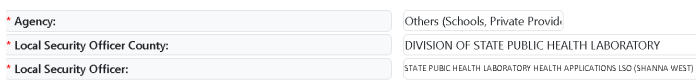
(INSTRUCTIONS FOR PRIVATE PROVIDERS)

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.

    o If you already have an LPHA email account, DHSS health applications and/or DSS prod/mainframe access you mostly likely have an ASAP profile.

    o 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.

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

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. Enter your first name, last name, and last four digits of S.S.N. 2. Click the **CREATE USERID** button	
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 **STATE PUBLIC HEALTH LABORATORY APPLICATIONS LSO (SHANN WEST)** for Local Security Officer	 **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.

4. Type the main agencies street number and click **Address Search** 5. **Select** the address from the drop down list	**ADDRESS INFORMATION** * Address Search (Type in your address starting with Street Number) — Clear — Type search criteria and press enter or click Search — Address Search * Address Search (Type in your address starting with Street Number) — Clear 1 2 3 4 5 ADDRESS	NAME Select Select Select Select Select * Email1 * Phone1 Fax Number **Selected Address:** Address: County: City: State: Zip Code:
6. Enter your **Email** account 7. Enter your **Phone** Number 8. Enter your **Fax Number** (optional)	*Email1 * Phone1 — Ext Fax Number
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)	Password — Passwords should be 6-8 characters in length and should include a number Retype Password Challenge Question — ex:What is your favorite color? Challenge Response — ex:Blue Retype Response ****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, last four digits of your social security number, and four # signs.****
13. Click CREATE PROFILE	**CREATE PROFILE**
14. You should see a message about the profile being successfully created. Make note of your User ID	PROFILE SUCCESSFULLY CREATED. Your ASAP User ID has successfully been generated. Your User ID is: USERL **Request 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. Type the **ASAP User ID** and **Password** you created in Step A

2. Click the **SIGN IN** button.

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, last four digits of your social security number, and four # signs.

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3. Choose the **'Completing for Self'** option.

4. Click the **NEXT** button.

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5. Choose **HEALTH APPLICATIONS** for Area Type

6. Choose **NEWBORN SCREENING LABORATORY REPORT ACCESS PORTAL** for Health Area Type

7. Choose **ADD ACCESS** for Request Type

8. Choose **READ ONLY** from the Role drop down list

9. Choose **NONE** 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?

13. Click the **'I Agree'** button 14. 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 REQUSTED 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 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. [I Agree] ⬅ [Quit] [Submit Form]
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