



MISSOURI DEPARTMENT OF  
**HEALTH &  
SENIOR SERVICES**

## **Missouri Electronic Vital Records (MoEVR)**

### **Newborn Hearing Screening and Critical Congenital Heart Disease (CCHD) Screening Results Reporting**

#### **User Manual**

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## **Introduction**

The Missouri Electronic Vital records (MoEVR) system is an online data entry system used to support the registration of Missouri vital events for the Missouri Department of Health and Senior Services and other users such as birthing facilities, attending physicians, funeral directors, and medical examiners. Through MoEVR, birthing facilities are able to enter newborn hearing screening and newborn CCHD screening results and meet the reporting requirements of Missouri Statutes 191.925 and 191.334.

This User Manual will outline the steps to obtain access to hearing screening and CCHD screening reporting within MoEVR and provide step by step instructions on how to use the database to report screening results. If questions or issues arise regarding MoEVR or the reporting process, please utilize the following contact phone numbers:

MoEVR Help Desk  
573-751-7149

Bureau of Genetics and Healthy Childhood, Newborn Screening Program  
573-751-6266 or 800-877-6246

## Requesting Access

To access the MoEVR website, the application form **VITAL RECORDS USER ACCESS REQUEST MO 580-2968** must be completed by the applicant and approved by the Bureau of Vital Records. To obtain this form, please contact the Bureau of Vital Records either by phone at 573-526-0348 or by email at [moevrsupport@health.mo.gov](mailto:moevrsupport@health.mo.gov).

When you receive the form, the following information must be completed. At the top of the form, in the section **IDENTIFYING INFORMATION**, complete the data fields for:

- Name
- Office Address
- Social Security Number
- E-mail Address
- Office Telephone
- Office Fax

At the top of the form on the right side, there is a section with the heading **ACTION REQUESTED**. If you are not currently a MoEVR user, check mark the boxes for **Add User** and **Add Access**. If you already have a current login for MoEVR, check mark the box for **Add Access**. To the right of the section **ACTION REQUESTED**, there is a section with the heading **PREFERRED METHOD OF CONTACT**. Please indicate your preference.

Below the section **IDENTIFYING INFORMATION**, there is the section titled **SELECT ROLE(S) THAT APPLY**. In this section, go to the first column labeled **BIRTH** and check mark **Data Entry Clerk – Hearing** and **Data Entry Clerk - CCHD**. The sections pertaining to **CERTIFIER/DECERTIFIER**, **LICENSED FUNERAL DIRECTOR**, **LICENSED CERTIFIER**, and **LICENSED EMBALMER** do not apply to your request. However, to the right of these sections, there is a section where you are to list the name and complete address of each facility associated for this user. Please complete this section as applicable.

At the bottom of the form, there is the section with the heading **SECURITY STATEMENT/APPROVALS**. Sign your name in the **USER SIGNATURE** field and provide the date the form was completed. You will need to have a supervisor in your hospital/center/facility sign in the **SUPERVISOR SIGNATURE** field and **DATE when the form was signed**. Once the form has been completed, either mail the form to:

Missouri Department of Health and Senior Services  
Bureau of Vital Records  
P.O. Box 570  
Jefferson City, MO 65102-0570

OR

Fax the form to 573-526-3846, as listed at the top of the form.

Once the form has been processed, the Bureau of Vital Records will notify you by email stating that access has been granted. The email will contain an identification number, temporary password to be used to login to MoEVR, and a link that will guide you through the steps of selecting security questions and a security image.

Before MoEVR may be accessed, you must have the web browser Internet Explorer version 6.026 or higher.

## Logging into MoEVR

1. The web address to login to MoEVR is: <https://moevr.dhss.mo.gov/moevr/gui/login/welcomeMO.jsp>.
2. Click the **LOGIN** button at the bottom of the page as indicated below.

**PHONE . FAX**  
P (573) 751-7149  
F (573) 526-3846

**PHYSICAL . ADDRESS**  
930 Wildwood Drive  
Jefferson City, Missouri 65109

**MAILING . ADDRESS**  
Missouri Department of  
Health and Senior Services  
Bureau of Vital Records  
P.O. Box 570  
Jefferson City, MO 65102



### MISSOURI ELECTRONIC VITAL RECORDS

The purpose of the Missouri Electronic Vital Records (MoEVR) system is to support the registration of Missouri vital events for the Missouri Department of Health and Senior Services and other users such as funeral directors, attending physicians, medical examiners and birthing facilities. This system may be used only for the purpose for which it is provided. Any attempt to file fraudulent certificates of live birth, death or reports of fetal death is punishable in accordance with Missouri statutes.

By accessing this system, I agree to use this system only for the purpose of registering a Certificate of Live Birth, Certificate of Death or Report of Fetal Death for events occurring in the State of Missouri.

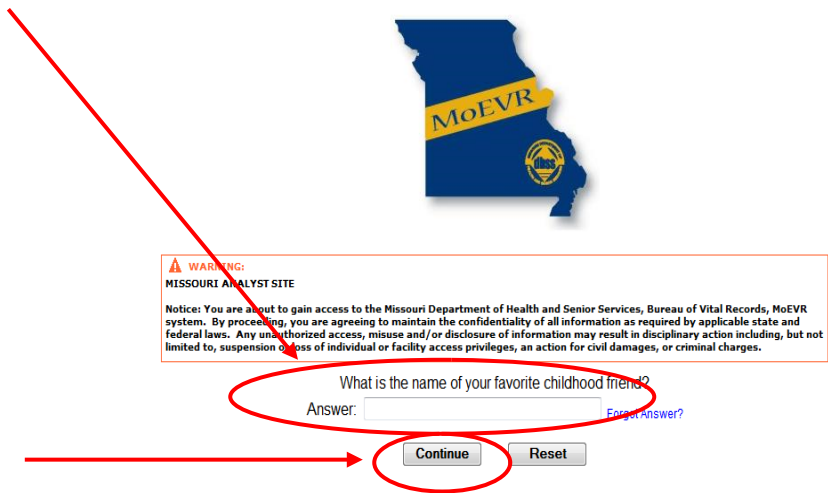
I understand that failure to adhere to the above agreement will result in loss of access to the MoEVR system. Any unauthorized access, misuse and/or disclosure of information may result in disciplinary action including, but not limited to, suspension or loss of individual or facility access privileges, an action for civil damages, or criminal charges.

**LOGIN**

3. Enter the **Username** provided by the Bureau of Vital Records. Your **Username** will be a combination of your last name and first name. Click the **Continue** button as indicated below. Please note: the username is case sensitive so make sure the caps lock is off before beginning.



4. Enter the appropriate answer to the security question you selected, and click the **Continue** button as indicated below.



5. Verify the security image shown is the one you selected and click the **Continue** button. Below is an example of a security image from which you can select.



**WARNING:**  
MISSOURI ANALYST SITE

Notice: You are about to gain access to the Missouri Department of Health and Senior Services, Bureau of Vital Records, MoEVR system. By proceeding, you are agreeing to maintain the confidentiality of all information as required by applicable state and federal laws. Any unauthorized access, misuse and/or disclosure of information may result in disciplinary action including, but not limited to, suspension or loss of individual or facility access privileges, an action for civil damages, or criminal charges.

**Please Note**  
Identify your Image and Key. Press Cancel if they don't match.



flowers  
[Forgot Image or Key?](#)

**Continue** **Cancel**

6. Enter your chosen password and click the **Log In** button as indicated below.



**WARNING:**  
MISSOURI ANALYST SITE

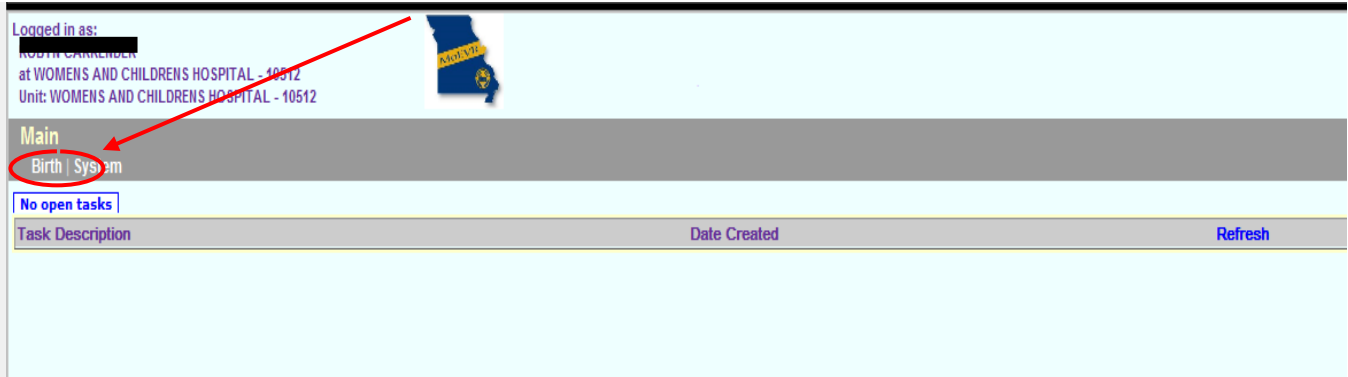
Notice: You are about to gain access to the Missouri Department of Health and Senior Services, Bureau of Vital Records, MoEVR system. By proceeding, you are agreeing to maintain the confidentiality of all information as required by applicable state and federal laws. Any unauthorized access, misuse and/or disclosure of information may result in disciplinary action including, but not limited to, suspension or loss of individual or facility access privileges, an action for civil damages, or criminal charges.

Password:  [Forgot Password?](#)

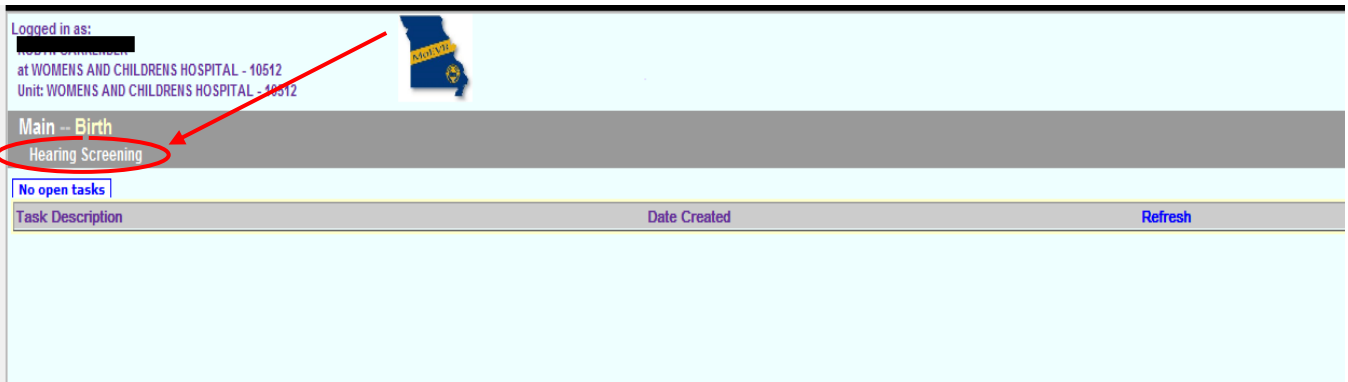
**Log In** **Reset**

# Locating the Reporting Screens

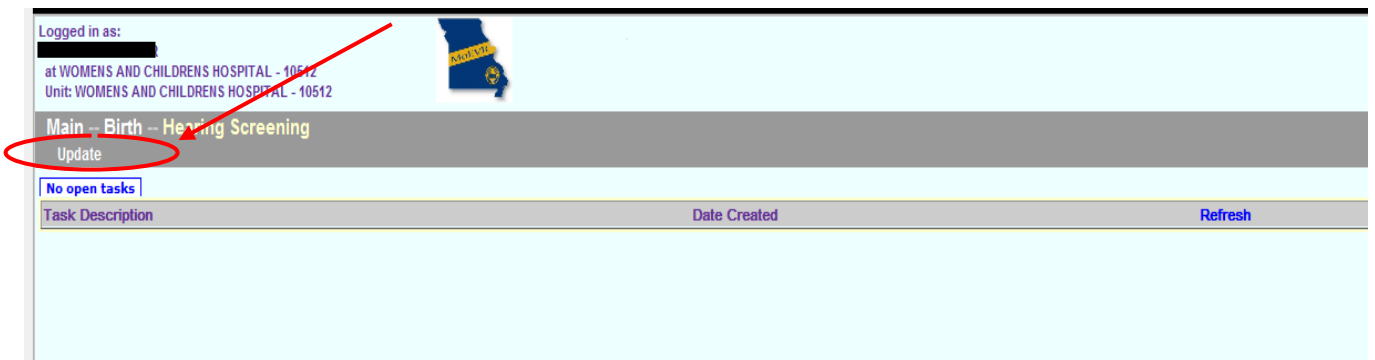
1. Click on **Birth** located below **Main** as indicated below.



2. Click on **Hearing Screening** below **Main – Birth** as indicated below.



3. Click **Update** below **Main – Birth – Hearing Screening** as indicated below.





## Searching for Records

The information provided in the **Registrant** form will be used to search birth records from your facility only. Birth certificate data must be entered into the MoEVR system prior to this time in order for the baby's information to be located.

1. Type any combination of the following data fields into the form labeled **Registrant**, using the tab key between text fields:
  - Child's First Name
  - Child's Middle Name
  - Child's Last Name
  - Child's Sex (From drop down select male, female or undetermined)
  - Child's Date of Birth **OR** date of birth ranges From and To (Enter as mm/dd/yyyy)
  - Mother's First Name
  - Mother's Last Name
  - Mother's Maiden Name
  - Father's First Name
  - Father's Last Name

Once the **Registrant** information has been entered, click the **Search** button.

Main -- Birth -- Hearing Screening -- Update

**Registrant**

Child's Name  
First: BABY  
Middle: LITTLE  
Last: GIRL  
Soundex on last name:

Child's Gender  
Sex: FEMALE

Date of Birth  
Date of birth (mm/dd/yyyy): 01/01/2014  
From:   
To:

Mother's name  
First: MAMMA  
Last: FOR  
Maiden name: BABY

Father's name  
First: DADDY  
Last: BABY

2. The child's first and last name, date of birth, sex, and mother's maiden name will appear on the screen as indicated below. If your search criteria were broad, you may have a list of names from which to choose.

Logged in as: [redacted] at WOMEN'S AND CHILDREN'S HOSPITAL - 10512 Unit: WOMEN'S AND CHILDREN'S HOSPITAL - 10512

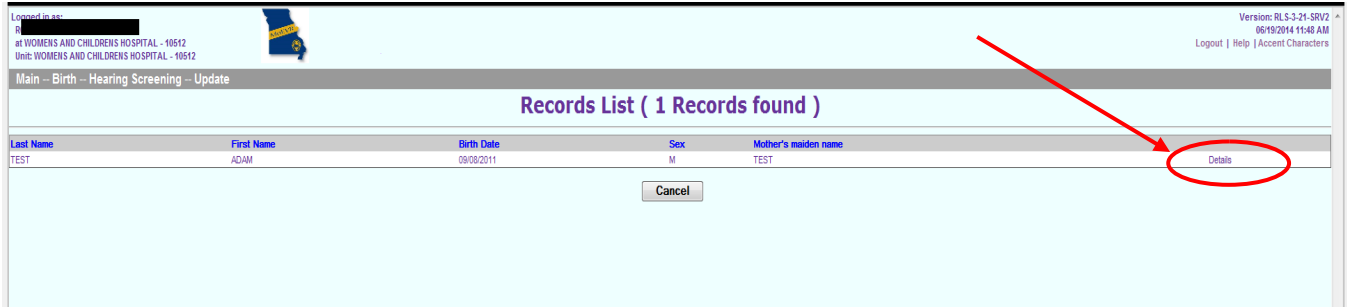
Version: RL-S-21-SRV2 06/19/2014 11:48 AM Logout | Help | Accent Characters

Main -- Birth -- Hearing Screening -- Update

**Records List ( 1 Records found )**

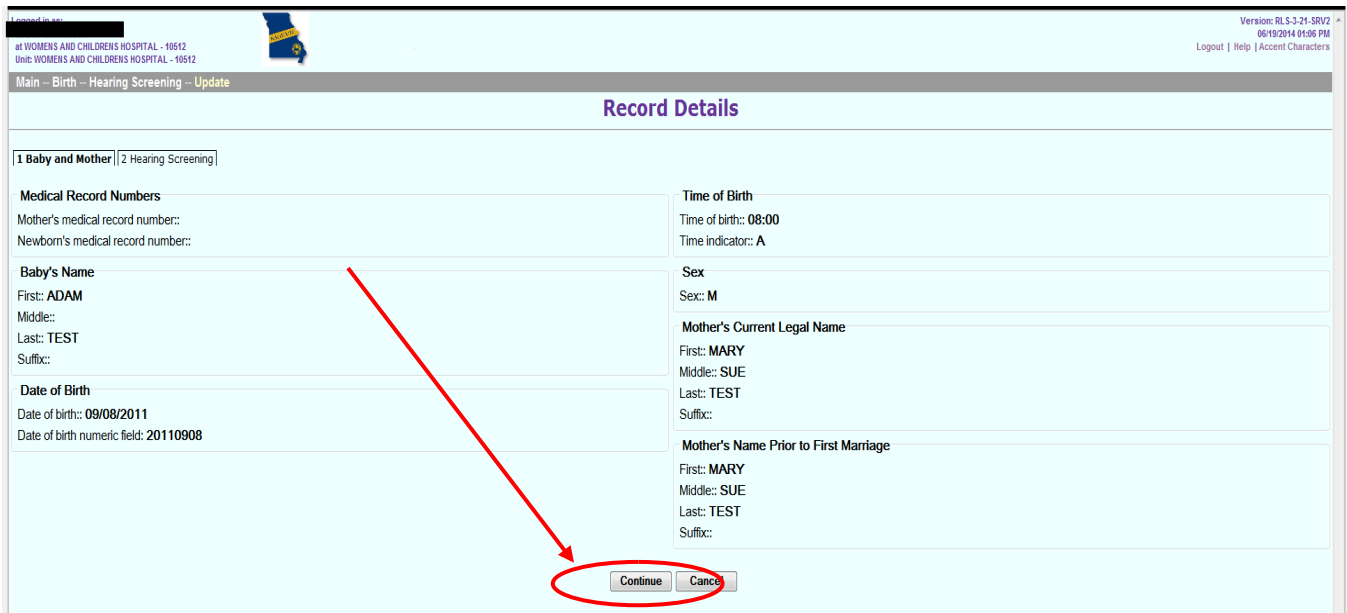
Last Name	First Name	Birth Date	Sex	Mother's maiden name	Details
TEST	ADAM	09/08/2011	M	TEST	

3. Locate the appropriate record and click on **Details** at the far right of the row in which the baby's name, birth date, sex, and mother's maiden name appears.



4. After clicking on **Details**, the screen below should appear. This is information from the birth certificate entry screen. Verify this is the correct baby, and click the **Continue** button at the bottom of the screen as indicated below. If this is not the correct baby, go back to the Registrant screen by clicking **Cancel** on the screen below and then click **Cancel** on the Record List screen. Re-enter the information to locate the correct baby.

If you are still unable to locate a match, the most likely reasons would be that the birth certificate has not been entered or the baby has a different last name than was entered on the birth certificate. If the birth certificate has not been entered, you will need to wait to enter the screening results until after the birth certificate has been entered into MoEVR. If the baby was not born at your facility, you must complete a paper form. If the birth certificate has been entered, please refer to the baby's birth record and the name entered on the birth certificate in order to ensure you are using the correct name.



# Documenting Screening Results

1. Another view of the birth certificate portion of MoEVR will appear. Click the **Next** button to proceed to the data entry screen.

Main -- Birth -- Hearing Screening -- Update

1 Baby and Mother | 2 Hearing Screening | 3 CCHD Reporting

**Medical Record Numbers**  
Mother's medical record number:  
Newborn's medical record number:

**Baby's Name**  
First: RUDOLPH  
Middle:  
Last: REINDEER  
Suffix:

**Date of Birth**  
Date of birth: 12/20/2012

**Time of Birth**  
Time of birth: 08:00  
Time indicator: A  
(A=AM; P=PM; M=military; N=noon; D=midnight; U=unknown)

**Sex**  
Sex: M

**Mother's Current Legal Name**  
First: LUCY  
Middle:  
Last: REINDEER  
Suffix:

**Mother's Name Prior to First Marriage**  
First: LUCY  
Middle: LOU  
Last: DOE  
Suffix:

**Birth/Transfer Facility**  
Birth Facility name: TRUMAN MEDICAL CENTER - HOSPITAL HILL  
Newborn transferred within 24 hours of delivery?: N  
Transferred to name:  
Facility ID (infant transferred to):

Previous | **Next** | Finish | Cancel

2. The hearing screening results reporting screen should now appear. Data fields that appear white should be filled. Begin data entry by indicating if a hearing screening test was performed or not. Continue to enter hearing screening results as indicated. Applicable boxes will turn white for data entry. Boxes that are shaded yellow cannot be filled.

Main -- Birth -- Hearing Screening -- Update

1 Baby and Mother | **2 Hearing Screening** | 3 CCHD Reporting

**Hearing Screening**  
Was a hearing screening test performed? **Select**

**Hearing Results and Methods**  
Left ear results: **Select** | Left ear method: **Select**  
Right ear results: **Select** | Right ear method: **Select**

**Screening Date**  
Date of screening (MMDDYYYY):

**Not Screened**  
Reason not screened: **Select**  
Specify other reason:

**Screening Before Discharge**  
Did screening occur prior to discharge? **Select**

**Bloodspot/Hearing Lab Form Number**  
Bloodspot/Hearing form number:  
Re-enter bloodspot/hearing form number:

**Discharge Disposition**  
Discharge disposition: **Select**

**Screeener**  
Screeener: **Select**

**Hearing Risk Factors (check all that apply)**  
 No risk factors  
 Caregiver concern regarding hearing status  
 Family history of permanent childhood hearing loss  
 ECMO  
 In-utero infection (e.g. CMV, herpes, rubella, syphilis and toxoplasmosis)  
 Syndrome/physical finding associated with hearing loss  
 Neurodegenerative disorder  
 Culture positive postnatal infection associated with hearing loss (e.g. meningitis)  
 Chemotherapy  
 NICU stay more than 5 days  
 Head trauma (e.g. basal skull/temporal bone fracture)  
 Ventilation support  
 Hyperbilirubinemia with transfusion  
 Ototoxic medications (e.g. gentimycin, tobramycin)  
 Loop diuretics (e.g. furosemide)  
 Craniofacial anomalies  
Other, specify:

**Newborn's Primary Care Physician/Clinic**  
Name:

**Hearing Screening Comments**

Previous | Next | Finish | Cancel

- Please provide the name of the physician who will be taking care of the baby after discharge to ensure timely follow-up if necessary. If the parents do not yet know the name of their baby's physician, a clinic name with suffice. Any comments that may clarify baby's disposition or provide additional information regarding screening results are welcome and appreciated. Click on the **Next** button as indicated below.

Main -- Birth -- Hearing Screening -- Update

1 Baby and Mother | 2 **Hearing Screening** | 3 CCHD Reporting

**Hearing Screening**

Was a hearing screening test performed? Yes

**Hearing Results and Methods**

Left ear results PASS Left ear method OAE

Right ear results PASS Right ear method OAE

**Screening Date**

Date of screening (MMDDYYYY) 01/01/2016

**Not Screened**

Reason not screened Select

Specify other reason

**Screening Before Discharge**

Did screening occur prior to discharge? Yes

**Bloodspot/Hearing Lab Form Number**

Bloodspot/Hearing form number H123456789

Re-enter bloodspot/hearing form number H123456789

**Discharge Disposition**

Discharge disposition ADOPTION

**Screeener**

Screeener VOLUNTEER

**Hearing Risk Factors (check all that apply)**

No risk factors

Caregiver concern regarding hearing status

Family history of permanent childhood hearing loss

ECMO

In-utero infection (e.g. CMV, herpes, rubella, syphilis and toxoplasmosis)

Syndrome/physical finding associated with hearing loss

Neurodegenerative disorder

Culture positive postnatal infection associated with hearing loss (e.g. meningitis)

Chemotherapy

NICU stay more than 5 days

Head trauma (e.g. basal skull/temporal bone fracture)

Ventilation support

Hyperbilirubinemia with transfusion

Ototoxic medications (e.g. gentimycin, tobramycin)

Loop diuretics (e.g. furosemide)

Craniofacial anomalies

Other, specify

**Newborn's Primary Care Physician/Clinic**

Name DR. JOHN SMITH / BABY CARE CLINIC

**Hearing Screening Comments**

BABY WAS PUT UP FOR ADOPTION AT BIRTH. CASE WORKER IS SUSIE WITH ADOPTION CENTER. PHONE NUMBER 123-456-7890.

Previous **Next** Finish Cancel

- The CCHD Reporting screen should now appear. Begin data entry by indicating if CCHD screening was or was not completed. If "Yes" is selected, you will be prompted to enter data for the **First CCHD Screening Result**. If "No" is selected you will be prompted to enter data for why baby was not screened.

Main -- Birth -- Hearing Screening -- Update

Baby and Mother | 2 Hearing Screening | 3 **CCHD Reporting**

**Critical Congenital Heart Disease (CCHD)**

CCHD Screen completed? Select

**First CCHD Screening Result**

Date of Screen (MMDDYYYY)

Time of Screen

Time Indicator Select

SpO2 Right Hand %

SpO2 Foot %

Screening Outcome Select

Not Screened due to: Select

Other, specify

**Second CCHD Screening Result**

Was second CCHD screen completed? Select

Date of Screen (MMDDYYYY)

Time of Screen

Time Indicator Select

SpO2 Right Hand %

SpO2 Foot %

Screening Outcome Select

Not Screened due to: Select

Other, specify

**Third CCHD Screening Result**

Was third CCHD screening completed? Select

Date of Screen (MMDDYYYY)

Time of Screen

Time Indicator Select

SpO2 Right Hand %

SpO2 Foot %

Screening Outcome Select

Not Screened due to: Select

Other, specify

**Final Disposition**

Echocardiogram completed? Select

Status? Select

Other, specify

**CCHD Comments**

Previous Next **Finish** Cancel

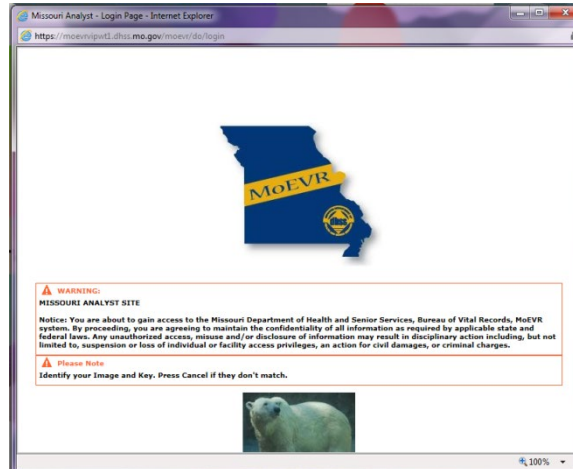
- Continue to enter CCHD screening results as indicated. There is a comment box located at the bottom right of the screen. Please utilize this free text box to document any comments that may clarify baby's disposition or provide additional information regarding CCHD screening results. Please review your documentation to verify all data has been entered accurately. Then click on the **Finish** button as indicated below.

- The final screen is labeled **Successful Transaction**. The hearing screening and CCHD screening records have now been entered into the MoEVR system. Click the **Repeat Task** button located on the right side of the screen to enter additional screening results. This will take you back to the **Registrant** entry screen. If the **Main Menu** button is clicked, you will be taken back to step 1 of *Locating the Reporting Screens* as outlined on page 8 of this manual.

## Troubleshooting

**Problem:** You cannot see the buttons below the picture and you cannot scroll down the page.

**Suggested Solution:** Attempt to enlarge or maximize your screen.



**Problem:** The security image shown is not the one you have previously selected.

**Suggested Solution:** You may have entered an incorrect username. Click the cancel button and start over by re-entering your username. If you have forgotten your user name, please contact the MoEVR help desk at 573-751-7149.

**Problem:** You accidentally clicked the Finish button before you were finished documenting.

**Suggested Solution:** You can pull the baby's record back up and continue documenting where you left off then click Finish to save the newly added information.

**Problem:** You want to document the first CCHD screen while you are waiting for the required time to pass to complete the second CCHD screen.

**Suggested Solution:** You must have completed the CCHD screening in its entirety before documenting the screening results in MoEVR.

**Problem:** A baby has been transferred or expired before screening could be completed.

**Suggested Solution:** Please make sure to document in MoEVR when a baby was not screened due to being transferred or expiring. This can be done by indicating that screening was not done and selecting the appropriate response to why the baby was not screened.

**Problem:** You have hearing screening results ready to enter into the system but not CCHD results (or vice versa).

**Suggested Solution:** You can log into MoEVR and enter the information you have available. Then when the remaining screening results are ready to enter, you can log back in and add the additional screening information. Please be sure to only add additional information and do not alter previously entered screening data. Please remember, hearing screening results must be reported no later than 7 days from the date of screening. CCHD screening results must be reported within 30 calendar days of completion of screening.

**Problem:** You do not have or do not know the Bloodspot Form ID Number.

**Suggested Solution:** Please contact the Bureau of Genetics and Healthy Childhood at 573-751-6266.

**Problem:** A baby was not born at your facility; therefore you cannot document the baby's screening results in MoEVR.

**Suggested Solution:** In this situation, please complete the paper reporting forms available at:

- Hearing screening form - [http://health.mo.gov/living/families/genetics/newbornhearing/pdf/HearScreen\\_Only\\_Form.pdf](http://health.mo.gov/living/families/genetics/newbornhearing/pdf/HearScreen_Only_Form.pdf)
- CCHD screening form – [www.health.mo.gov/cchd](http://www.health.mo.gov/cchd)

and submit via mail or fax to the Bureau of Genetics and Healthy Childhood as indicated on the form.

If you have questions regarding technical difficulty logging into MoEVR, please call the MoEVR help desk at 573-751-7149.

For questions regarding hearing screening or CCHD screening results reporting, please call the Bureau of Genetics and Healthy Childhood at 573-751-6266 or 800-877-6246.