

Missouri Electronic Vital Records (MoEVR)

Hearing Screening Instruction Manual



Missouri Department of Health and Senior Services
Bureau of Genetics and Healthy Childhood
P.O. Box 570
Jefferson City, MO 65102-0570
800-877-6246

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
Services provided on a nondiscriminatory basis.

Missouri Electronic Vital Records (MoEVR) Hearing Screening Results User Access Instructions

An application for access to the MoEVR website must be completed and approved from the Bureau of Vital Records before entry of the Newborn Hearing Results can be entered. In order to receive access, an access form must be completed. This form can be requested by emailing the Bureau of Vital Records at moeversupport@health.mo.gov. Once you have received the form, the following information must be completed on the **VITAL RECORDS USER ACCESS REQUEST** form (MO 580-2968). See attachment A.

IDENTIFYING INFORMATION

- **Name**
- **Office Address**
- **Social Security Number**
- **County**
- **E-mail address**
- **Office telephone**
- **Office fax**

Under **ACTION REQUESTED**, check mark **Add User** and **Add Access** if you are not able to currently log into MoEVR. If you already have a current login for MoEVR, just check the **Add Access** box data field. Under **PREFERRED METHOD OF CONTACT**, check the option that applies. Under the **DATA ENTRY BIRTH**, check mark **Hearing Screening Entry Clerk**. At the bottom of the page, under **SECURITY STATEMENT/APPROVALS**, sign under **USER SIGNATURE**. A supervisor in your hospital center/facility will need to sign under the **SUPERVISOR SIGNATURE** and **DATE**. Once the form has been completed, either mail the form to the address listed at the top of the form or to the fax number referenced at the top of the form.

An email from the Bureau of Vital Records will be sent to each person who has completed the access form and will provide a link to complete your access. Once you have clicked on the link, it will take you through steps to choose three security questions and a security image. The email will also contain a username and temporary password to log into MoEVR.

You must use the web browser, Internet Explorer, version 6.026 or higher to access MoEVR.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF VITAL RECORDS

P.O. Box 570, Jefferson City, MO 65102-0570
Telephone (573) 526-0348 Fax (573) 526-3846

VITAL RECORDS USER ACCESS REQUEST

Send completed form to Bureau of Vital Records at the address above.
(Attach separate sheet if necessary)

PLEASE PRINT

IDENTIFYING INFORMATION

Name (Last, First MI)		ACTION REQUESTED <input checked="" type="checkbox"/> ADD USER <input checked="" type="checkbox"/> ADD ACCESS <input type="checkbox"/> DELETE USER <input type="checkbox"/> DELETE ACCESS <input type="checkbox"/> TRANSFER <input type="checkbox"/> NAME CHANGE _____ (Former Name)	PREFERRED METHOD OF CONTACT <input type="checkbox"/> E-MAIL <input type="checkbox"/> FAX <input type="checkbox"/> TELEPHONE <input type="checkbox"/> QUEUE
Office Address (Street, City, Zip)			
Social Security Number - (Last 4 digits only)	County (for Medical Examiner/Coroner only)		
E-mail Address			
Office Telephone	Office Fax		

SELECT ROLE(S) THAT APPLY:

DATA ENTRY: This role will allow data entry of birth records, death records and/or fetal death records. The role allows access to pending queues and may allow submission of birth records, death records and/or fetal death records to the Missouri Department of Health and Senior Services, Bureau of Vital Records.

BIRTH <input type="checkbox"/> Facility Data Entry Clerk <input checked="" type="checkbox"/> Hearing Screening Entry Clerk	DEATH <input type="checkbox"/> Physician Data Entry Clerk <input type="checkbox"/> Funeral Director <input type="checkbox"/> Funeral Home Entry Clerk <input type="checkbox"/> Medical Examiner/Coroner Entry Clerk	FETAL DEATH <input type="checkbox"/> Person Entering Report
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CERTIFIER / DECERTIFIER: This role will allow certification or de-certification of birth records, death records and/or fetal death records. The role allows access to pending certification queues and may allow submission of birth records, death records and/or fetal death records to Missouri Department of Health and Senior Services, Bureau of Vital Records.

BIRTH <input type="checkbox"/> Facility Certifier/Midwife <input type="checkbox"/> Physician	DEATH <input type="checkbox"/> Physician <input type="checkbox"/> Medical Examiner/Coroner	EMBALMER <input type="checkbox"/> Embalmer
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LICENSED FUNERAL DIRECTOR: License Number _____	Facility: List name and complete address of each facility associated for this user. Funeral homes: Include funeral establishment license number for each facility. Physician Assistant: List name and license number for each physician associated with this user. Attach additional page(s) if necessary.
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LICENSED PHYSICIAN: License Number _____ NPI _____	1) 2)
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LICENSED EMBALMER: These roles are for the purpose of complying with embalming requirements. <input type="checkbox"/> Licensed Embalmer _____ <small>License Number</small> <input type="checkbox"/> Student Embalmer _____ <small>License Number</small> Failure to comply with embalming requirements constitutes grounds for revocation of license.	3) 4) 5) 6)
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COMMENT:

SECURITY STATEMENT / APPROVALS

I, the undersigned, an employee of the facility listed above and user of the Missouri Department of Health and Senior Services, Vital Records MoEVR Web system, understand that approval and assignment of the requested ID or approval of the requested change enables me to access the resources which, by law, must be utilized only in the performance of my assigned duties. Therefore, I agree to make no inquiries or updates which are not required in the performance of my official duties. I understand that state and federal statutes require confidentiality of information and provide penalties for unauthorized access, use and/or disclosure of information. Violations or disclosures on my part may result in disciplinary action that could be one or all of the following: (1) suspension or dismissal from the system or (2) civil court action. I agree to keep confidential all information made available to me in the performance of my official duties. In addition, I agree not to divulge or share my password with anyone.

USER SIGNATURE	DATE	SUPERVISOR SIGNATURE	DATE
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DEPARTMENT USE ONLY

DIVISION/PROGRAM SIGNATURE	DATE	DIVISION/PROGRAM SIGNATURE	DATE
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Missouri Electronic Vital Record (MoEVR) Hearing Screening Results Instruction Manual

1. Log into the MoEVR at:

<https://moevr.dhss.mo.gov/moevr/gui/login/welcomeMO.jsp>

2. Click on the LOGIN button at the bottom of the page. See screen shot.

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

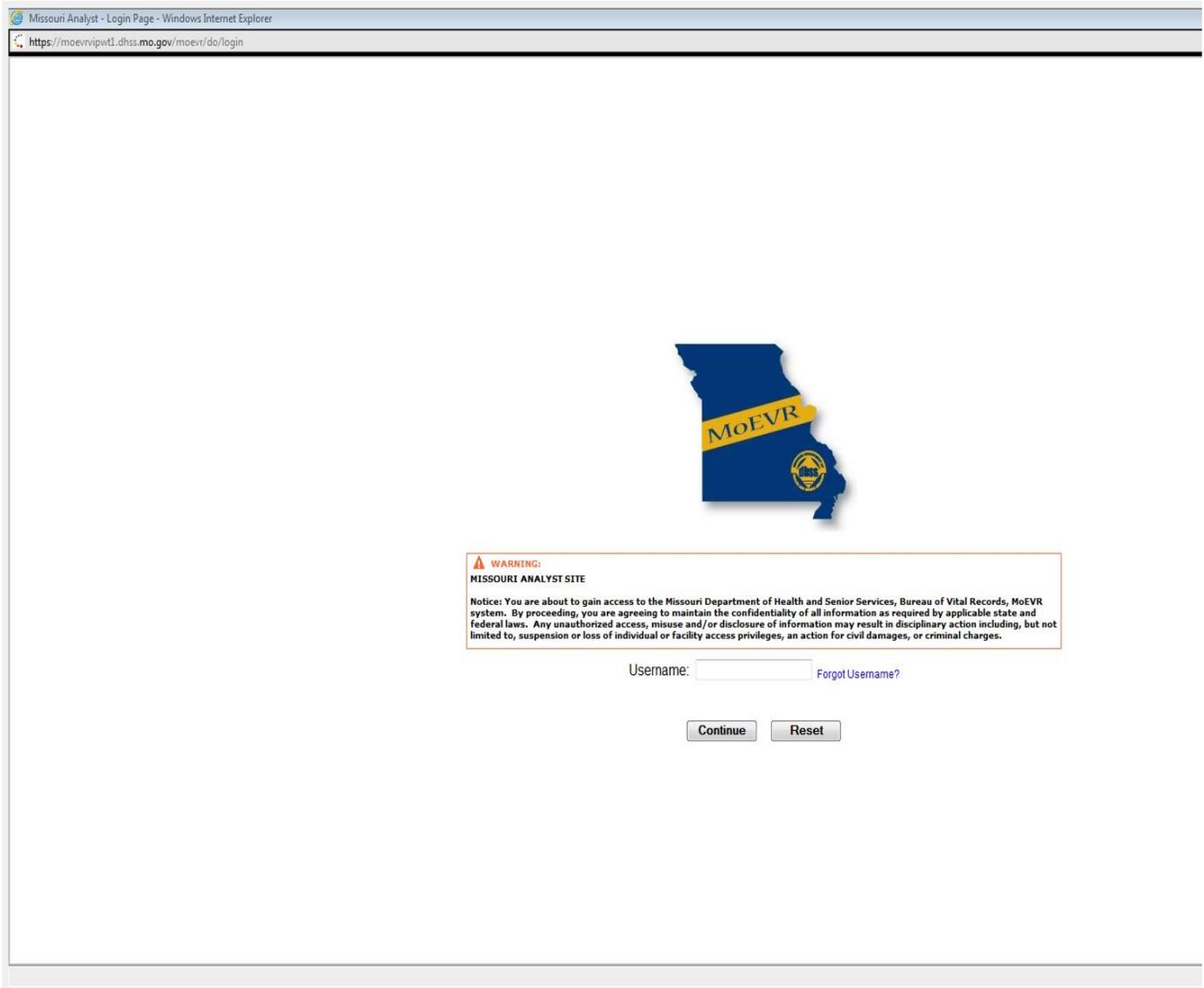
The purpose of the Missouri Electronic Vital Records (MoEVR) system is to support the registration of Missouri vital events for the Missouri Department of Health and Senior Services and other users such as funeral directors, attending physicians, medical examiners and birthing facilities. This system 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. As shown in the screen shot below, enter your **USERNAME** that you were assigned when you applied for access and click on **CONTINUE** button. Make sure the caps lock and number lock are off before you begin.



4. This screen will ask you to enter the appropriate answer to the security question that you previously selected when setting up your access. Click on the **CONTINUE** button. See screen shot below as an example of one of the security questions.

Missouri Analyst - Login Page - Windows Internet Explorer
https://moevripw1.dhss.mo.gov/moevr/do/login



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.

What is the name of your favorite childhood friend?

Answer: [Forgot Answer?](#)

5. Identify the security image that you selected when applying for access and click on the **CONTINUE** button. The screen shot below is an example of one of the security images.

Missouri Analyst - Login Page - Windows Internet Explorer
https://moevripvt1.dhss.mo.gov/moevr/do/login



WARNING:
MISSOURI ANALYST SITE

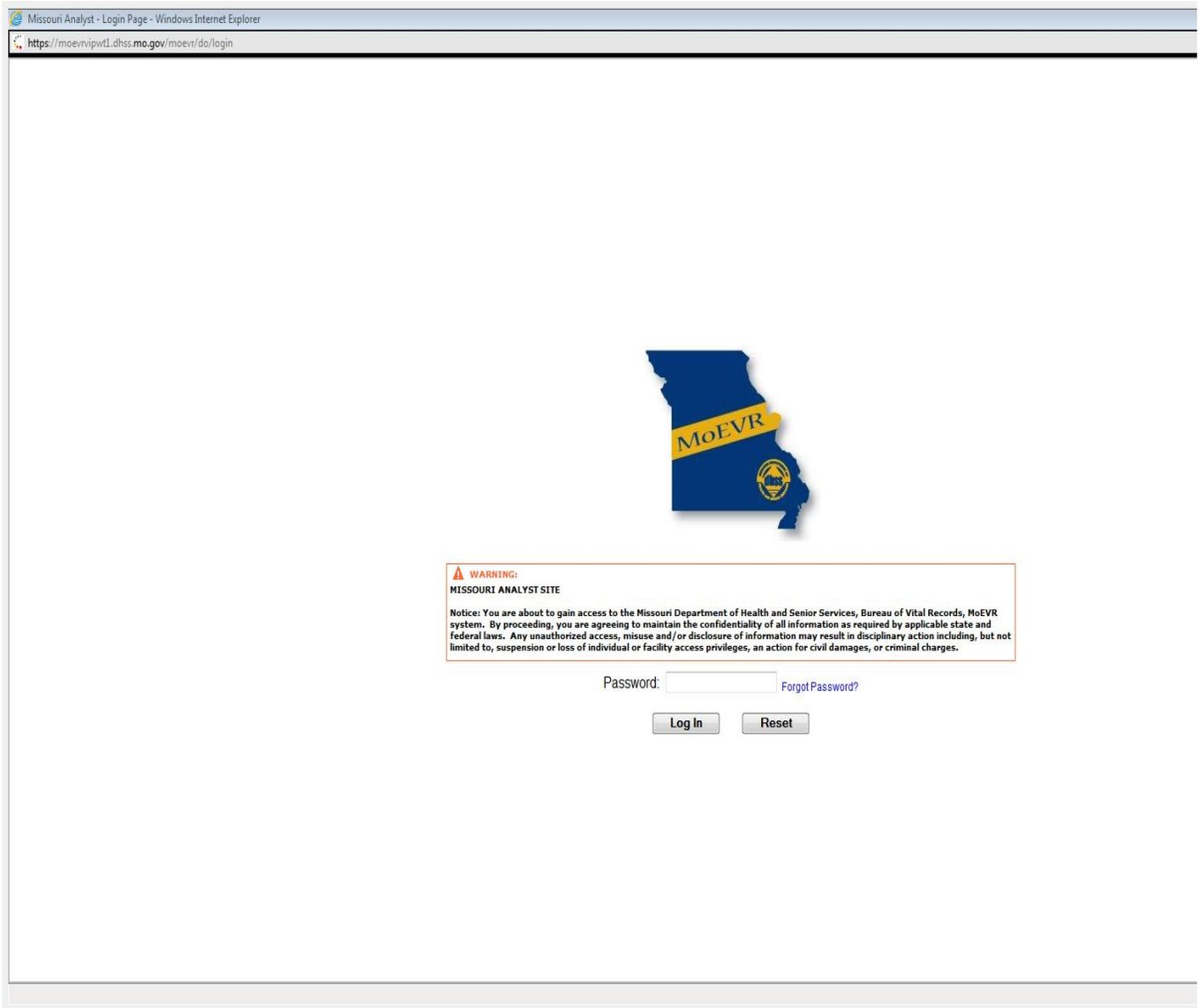
Notice: You are about to gain access to the Missouri Department of Health and Senior Services, Bureau of Vital Records, MoEVR system. By proceeding, you are agreeing to maintain the confidentiality of all information as required by applicable state and federal laws. Any unauthorized access, misuse and/or 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.

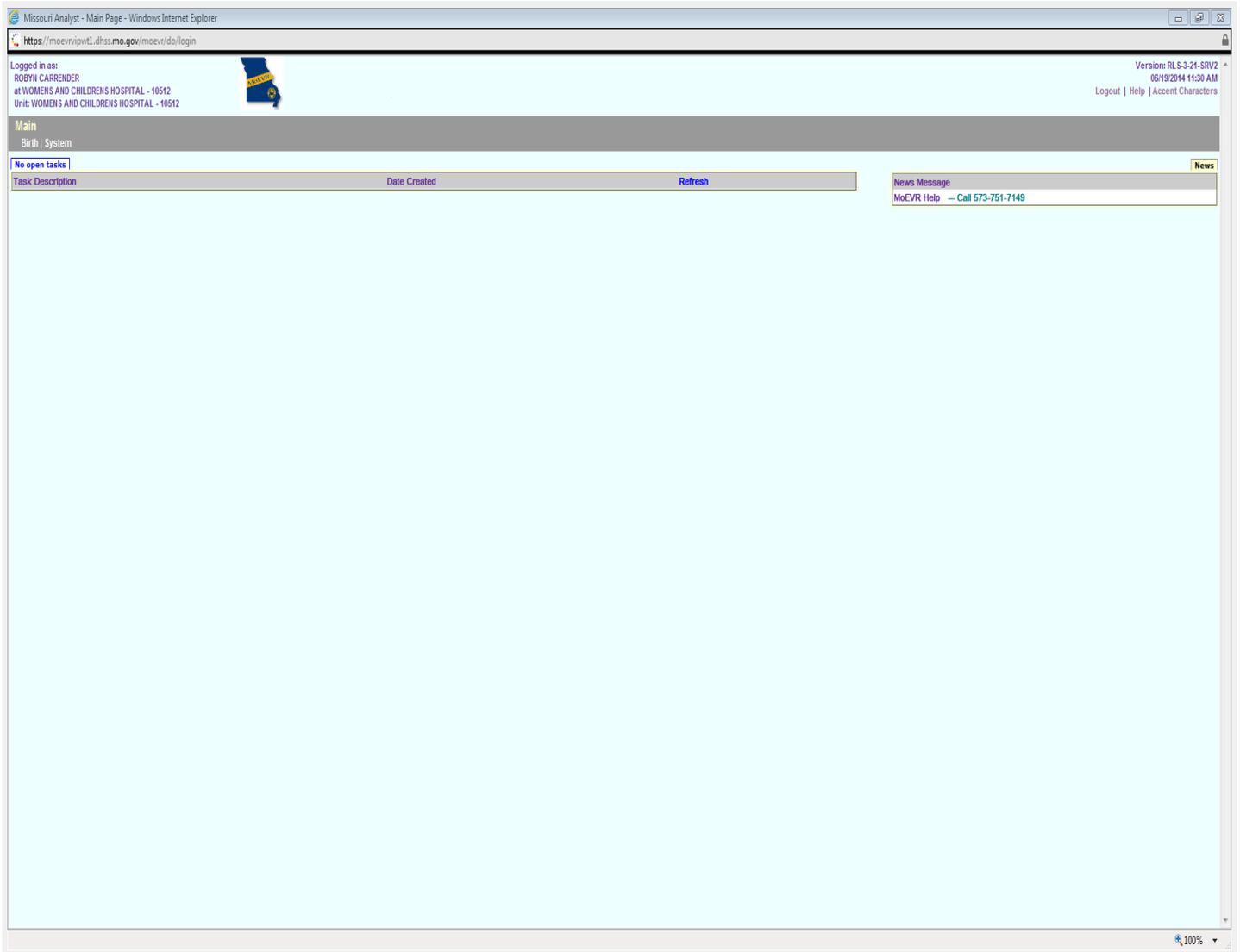


flowers
[Forgot Image or Key?](#)

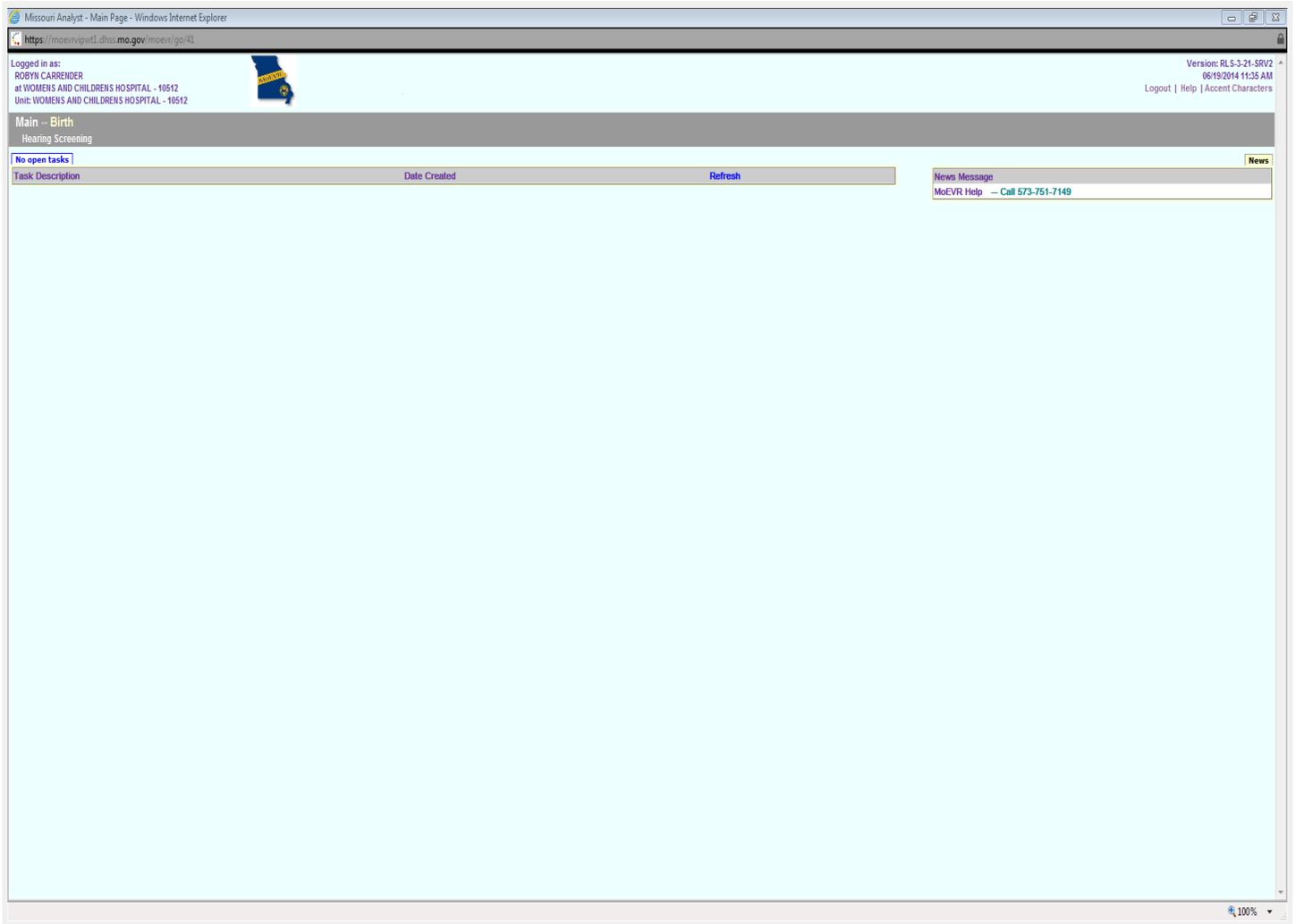
6. Enter your password you chose when applying for access and click on the **LOGIN** button. Below is an example screen shot.



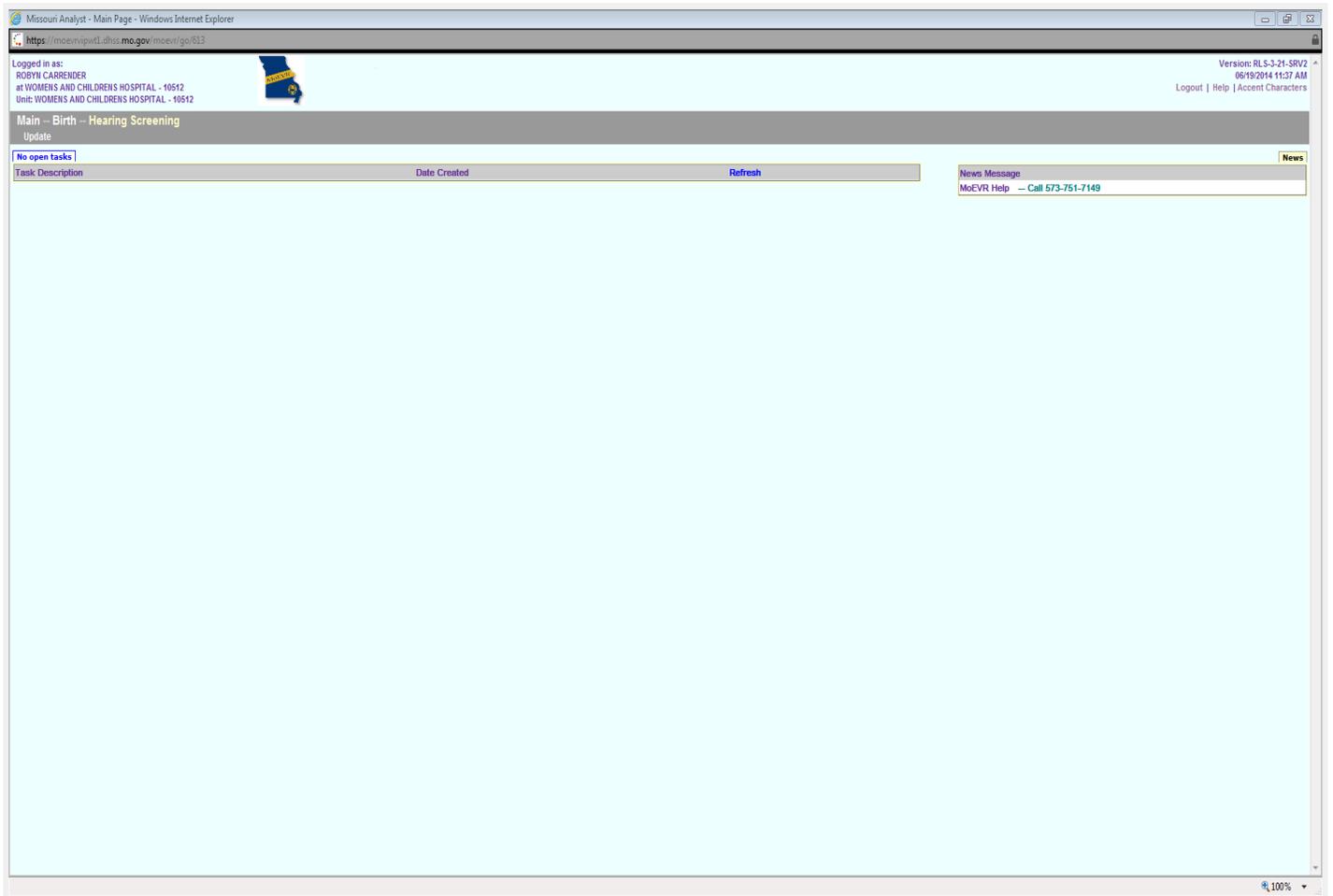
7. Click on **“MAIN”** at the far left of the screen, click on the **“BIRTH”** located below MAIN. See example screen shot below.



8. Click on **“HEARING SCREENING”** below MAIN-BIRTH. See example of screen shot below.



9. Click **“UPDATE”** below MAIN-BIRTH-HEARING SCREENING. See screen shot below.



10. Type the following information in the form labeled “REGISTRANT”
See below. Use tab key between text fields.

- First name (of child if given)
- Middle name (if given for child)
- Last name (for child) (**REQUIRED FIELD**)
- Child’s sex (From drop down select male, female or undetermined.) (**REQUIRED FIELD**)
- Child’s date of birth (Enter as mm/dd/yyyy.) (**REQUIRED FIELD**)
- Mother’s Name (Enter mother’s first name, last name and maiden name if you have that information.)
- Father’s name (Enter father’s first name and last name if given.)

The screenshot shows a web browser window displaying a form titled "Registrant". The form is used for entering information for a child's birth hearing screening. The form is divided into several sections:

- Child's Name:** Fields for First (MARY), Middle (ANN), and Last (SMITH).
- Date of Birth:** A date picker showing 01/20/2015.
- Child's Gender:** A dropdown menu set to FEMALE.
- Mother's name:** Fields for First (ANN), Last (SMITH), and Maiden name.
- Father's name:** Fields for First and Last.

At the bottom of the form, there are "Search" and "Cancel" buttons. The browser window shows the URL "https://www.vdh.state.ma.gov/health/gov/100" and the user is logged in as "RODYN CARRENDER" at "WOMEN'S AND CHILDREN'S HOSPITAL - 10512". The system version is "MS.S.2.1.1.TST" and the date/time is "12/31/2015 11:05 AM".

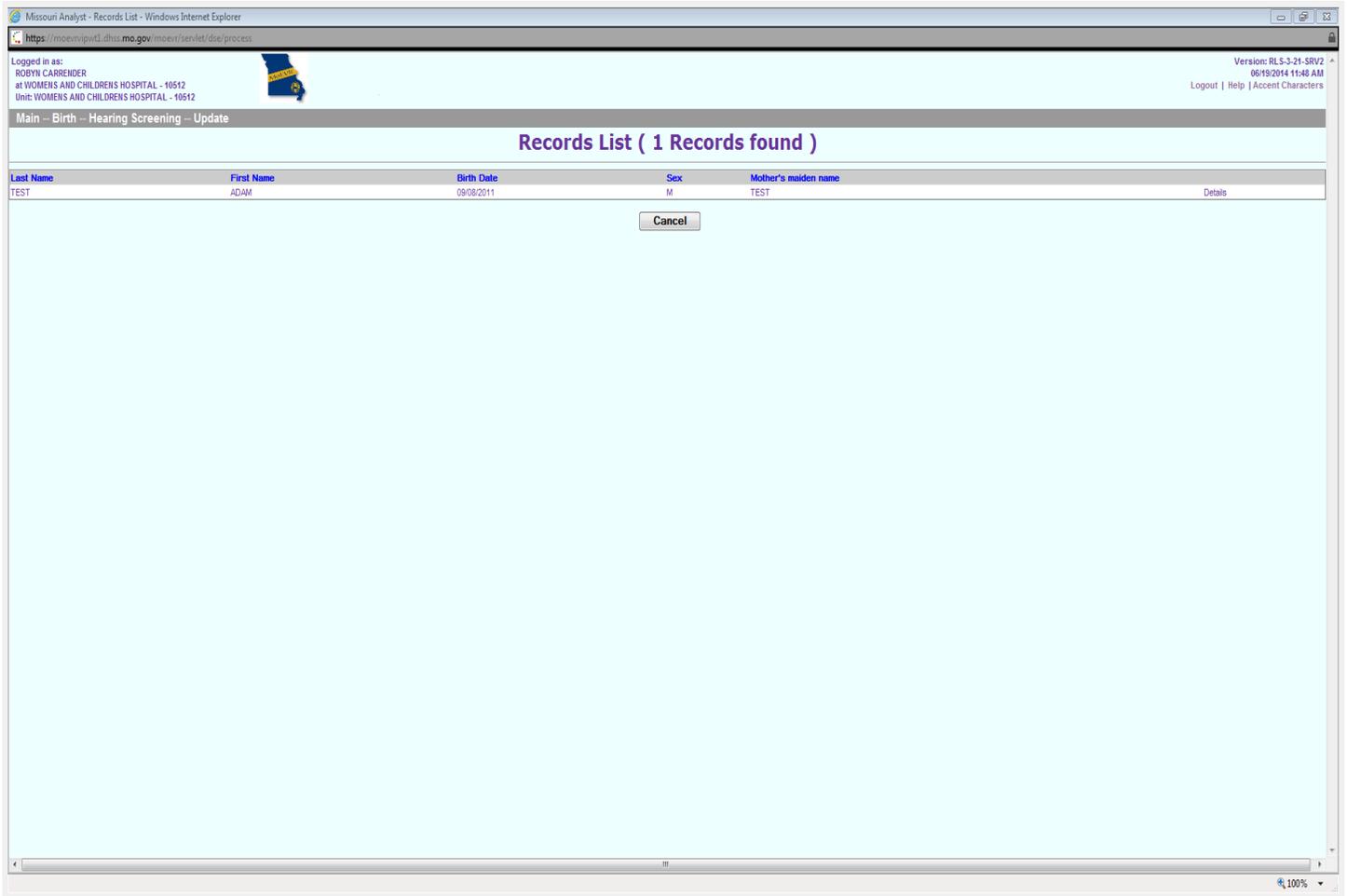
11. Once the information on Step 10 has been entered, click the **SEARCH** button. The child's first and last name, date of birth, sex, and mother's maiden name, will appear at the top of the screen. See screen shot below.

The screenshot shows a web browser window titled "Missouri Analyst - Records List - Windows Internet Explorer". The address bar shows the URL "https://moenvipw11.dhss.mo.gov/moevr/ser/let/dse/process". The page header includes the user name "ROBYN CARRENDER" at "WOMENS AND CHILDRENS HOSPITAL - 10512" and the date "06/19/2014 11:48 AM". The main content area displays "Records List (1 Records found)" and a table with the following data:

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

A "Cancel" button is located below the table.

12. 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. See screen shot below.



13. After clicking on “DETAILS”, the screen below should appear. This is information from the birth certificate entry screen. Compare the paper copy of the hearing screening to make sure this is the correct child, and click the “CONTINUE” button at the bottom of the screen. See screen shot below. If this is not the correct child, you need to return to the screen titled “REGISTRANT” and re-enter the information to locate the correct baby. If the information is still not a match, it is probably because either the birth certificate has not been entered or the child has a different last name than what was entered on the birth certificate.

Missouri Analyst - Record Details Page - Windows Internet Explorer
https://moenrhpw11.dhs.mo.gov/moanr/detail/search.html

Logged in as:
ROBYN CARRENDER
at WOMEN'S AND CHILDREN'S HOSPITAL - 10512
Unit: WOMEN'S AND CHILDREN'S HOSPITAL - 10512

Version: RL 3-3-21-SRV2
06/19/2014 01:06 PM
Logout | Help | Accent Characters

Main -- Birth -- Hearing Screening -- Update

Record Details

1 Baby and Mother | 2 Hearing Screening

Medical Record Numbers Mother's medical record number: Newborn's medical record number:	Time of Birth Time of birth: 08:00 Time indicator: A
Baby's Name First: ADAM Middle: Last: TEST Suffix:	Sex Sex: M
Date of Birth Date of birth: 09/08/2011 Date of birth numeric field: 20110908	Mother's Current Legal Name First: MARY Middle: SUE Last: TEST Suffix:
	Mother's Name Prior to First Marriage First: MARY Middle: SUE Last: TEST Suffix:

Continue Cancel

- Another view of the birth certificate portion of MoEVR will appear. Click the **“NEXT”** button at the bottom of the screen. See screen shot below.

Missouri Analyst - Dynamic Screen Engine - Windows Internet Explorer
https://moevrprod.dhs.mo.gov/moevr/serid/search_details

Infant Hearing Screening -- First::ADAM Last::TEST

1 Baby and Mother | **2 Hearing Screening**

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

Baby's Name
First: ADAM
Middle:
Last: TEST
Suffix:

Date of Birth
Date of birth: 09/08/2011

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: MARY
Middle: SUE
Last: TEST
Suffix:

Mother's Name Prior to First Marriage
First: MARY
Middle: SUE
Last: TEST
Suffix:

Navigation: Previous Next Finish Cancel

100%

15. The Hearing Screening Form screen should now appear. See screen shot.

Enter the information from the hearing screening form in the fields indicated in the screen shot below.

The text fields will change to white after the first entry is completed. If the child's hearing results are Pass/Pass in both ears, or if the child's hearing result is Refer in either ear, the **Reason not Screened** box will remain shaded.

If **Was a Hearing Screening test performed** is indicated with a **NO**, the **NOT SCREENED** section will turn white to be completed.

16. Click the "**Finish**" button at the bottom of the screen. See screen shot. The hearing screening record has now been entered into the MoEVR system.

Missouri Analyst - Dynamic Screen Engine - Windows Internet Explorer
 https://moeapp01.dhs.mo.gov/moeapp/analyst/dse/process

Infant Hearing Screening - First::ADAM Last::TEST

1 Baby and Mother | **2 Hearing Screening**

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): 02/13/2014

Not Screened
 Reason not screened: Select
 Specify other reason: [Redacted]
 Transferred to name: [Redacted]
 Facility ID (infant transferred to): [Redacted]

Screening Before Discharge
 Did screening occur prior to discharge? Yes

Bloodspot/Hearing Lab Form Number
 Bloodspot/Hearing form number: H201100004
 Re-enter bloodspot/hearing form number: H201100004

Discharge Disposition
 Discharge disposition: HOME

Screeener
 Screeener: NURSE RN/LPN

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: [Redacted]

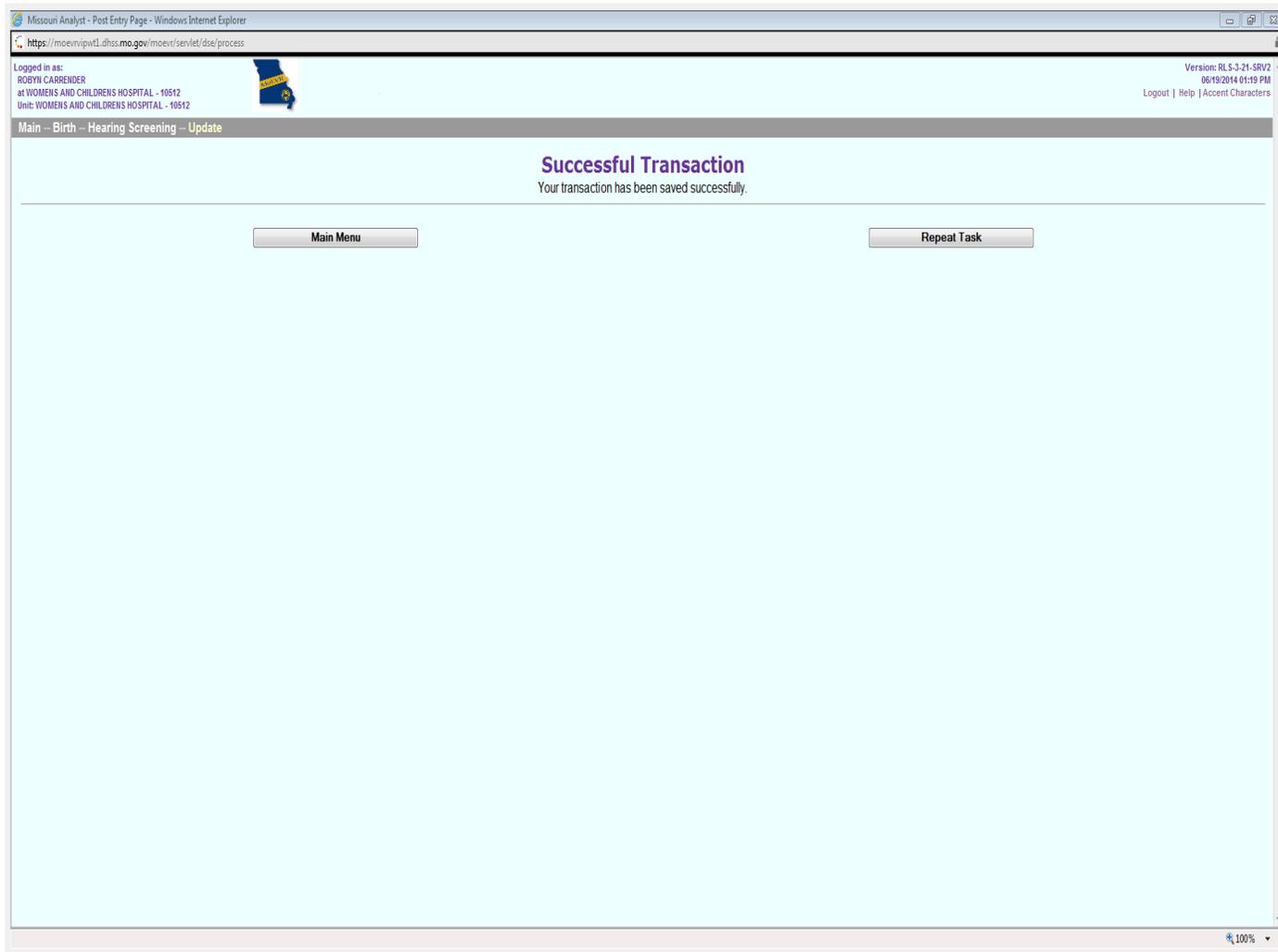
Newborn's Primary Care Physician/Clinic
 Name: DR. MARY MARY

Comments
 [Redacted]

Previous Next Finish Cancel

100%

17. The final screen is labeled **Successful Transaction**. See screen shot below.



18. Click the **REPEAT TASK** button located on the right hand side of the screen to enter another hearing screening result. See above screen shot. This will populate the **Registrant** entry screen as shown on page 10.

If the **Main Menu** tab is clicked, this will go back to the example on page 7.

If you have any questions or issues regarding technical difficulty getting logging into MoEVR, please call the MoEVR help desk at 1-573-751-7149. For questions regarding hearing screening entry, please call 800-877-6246.