

Paul R. LePage, Governor

Maine Center for Disease Control and Prevention

An Office of the Department of Health and Human Services

Ricker Hamilton, Commissioner

Department of Health and Human Services Maine Center for Disease Control and Prevention 220 Capitol Street 11 State House Station Augusta, Maine 04333-0011 Tel.: (207) 287-3771; Fax: (207) 287-1093 Toll Free: 1-888-664-9491 TTY Users: Dial 711 (Maine Relay)

Data, Research, and Vital Statistics (DRVS)

Theresa Roberts Deputy State Registrar

Melissa Boynton Supervisor, Electronic Data Solutions

Department of Health and Human Services Maine Center for Disease Control and Prevention Division of Public Health Operations Division of Informatics

LD 183

AN ACT REQUIRING THE USE OF THE ELECTRONIC DEATH REGISTRATION SYSTEM (EDRS)



• LD 183 will become effective July 1, 2018.

 The new law will require a person authorized to complete or file a certificate of death, as specified in Title 22 §2842, to use the Electronic Death Registration System (EDRS) maintained by the State Registrar of Vital Statistics.

Persons Authorized ~ Title 22 §2842

• Funeral Directors and/or Practitioners

Medical Examiners



• Health Care Providers

(Nurse Practitioners, Physicians, & Physicians Assistants)

Responsibility of a Health Care Provider

Health care providers who are licensed or authorized to practice in the State of Maine, are responsible for completing the medical certification items on a certificate of death within 24 to 48 hours after the death occurred as specified in Chapter 5 of 10-146 Department Rules.

• Final act of care done by a health care provider for an individual is to ensure that their death certificate is accurate, complete, and filed in a timely manner so the family can bring closure to the business matters of the deceased.

EDRS Access Obtaining User Name & Password

- Some facilities may have an EDRS Administrator on-site that may provide health care providers with a username and password.
- Health care providers also have the option to register for an EDRS account, retrieve access to online training tutorials, and obtain printable materials by visiting the DRVS website at: http://www.maine.gov/dhhs/mecdc/public-health-

systems/data-research/vital-records/edrs/medicalcertifiers.html

 Contact the EDRS Help Desk & Support line (8:00a.m.-5:00p.m.) at 1-888-664-9491 (option 7) or (207) 287-5447.

Types of Trainings for Health Care Providers

ONLINE TRAINING

http://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/vital-records/edrs/medicalcertifiers.html

WEB-EX TRAINING (coming soon)

http://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/vital-records/edrs/general-training/index.shtml

TRY ON YOUR OWN TRAINING

https://gatewaytest.state.maine.us/EVRS_MIRROR_WEB/Logon.aspx

HANDS ON TRAINING/SITE VISITS

Contact Melissa Boynton, Supervisor, Electronic Data Solutions to schedule a site-visit at (207) 287-5451 or Melissa.Boynton@maine.gov.

training





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	Main Life Events Queues Forms Help Death Locate Case Start/Edit New Case		
F	ast Links		
	Messages Current Activities Death Locate Case Death Start/Edit New Case		

Select Life Events and Death to create or find a death case.

Two types of searches:

- Locate Case finds existing cases you have already started or created.
- Start/Edit New Case creates a new death case or finds a death case that may have been started by the funeral director.

Required Fields

Case Search ×		The Multiple and Parallelia		100	<u>- 0 x</u>
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Death Start/Edit New Case					
Decedent's Information					
First:	Last:	•	Date of Death:	•	
Sex:	SSN:		Date of Birth:		
Case Id:	ME Case Number:		Medical Record Number:		
Place of Death Location Type: County	/ ▼ Place of Death:				
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Enter the decedent's First and Last Name, Date of Death and Sex and select Search.

Death Search Results

Case Searc	ch :	×	of Street, or	-		the state of the s		<u>L</u>	- 0 <mark>x</mark>	
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	386901	Coffee, Ineed		Feb-26-2018	Female	Cumberland		Preview		
							т	otal records : 1		
							Start New Ca	se New Search		

If there is a death case that matches the information entered, the results will be displayed. Select the decedent's name link (Coffee, Ineed) in blue to bring you to the death case to complete the medical certification information.

If there are no matches, select the Start New Case button at the bottom of the search results to start a new death case.

Medical Certification

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Validate Registration Switch User Lever in US Armed Forces? The Sex, SSN, Date of Birth and Birth Place are completed by the funeral director. It may or may not be populated depending on the case status.	τt.

Medical Certification ~ Pronouncement

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Death Registration Menu Personal Information ✓ Decedent Medical Certification × Pronouncement × Place of Death × Cause of Death × Other Factors × Certifier	386904 :Ineed Some Coffee Feb-26-2018 /Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/FIPS Coding Required Pronouncement Date of Death Feb-26-2018 Date of Death Modifier Actual date of death Time of Death Time of Death Modifier Actual date of death Actual date of death Approximate date of death Court determined date of death Presumed date of death Date Found Date of Death	Return
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Transfer Case Validate Registration Switch User	DR_6221: Time of death cannot be left blank. Enter the exact time of death (hours and minutes) according to local time. One minute after 12 midnight is entered as 12:01 a.m. of the new day. If the exact time of death is unknown, the time should be approximated by the person who pronounces death.	íx DAG

Pronouncement consists of selecting the correct information from the Date of Death Modifier dropdown, entering the Time of Death and selecting the correct information from the Time of Death Modifier dropdown. (If time of death is unknown, enter 9999.)

Select Validate Page. Any errors on the page will show in the Validation Results. Correct any errors and select Next.

Medical Certification ~ Place of Death

Place of Death ×		
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Transfer Case Validate Registration Switch User	Validate Page Next	Clear Save Return

Select the correct Type of Place of Death from the dropdown. Most selections from the dropdown will automatically populate the Facility Name and Address. Decedent Home will only populate if the funeral director has completed the demographic information, otherwise the decedent's address will need to be completed by the health care provider. Select Validate Page and Next.

Medical Certification ~ Cause of Death

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 Pronouncement 		Immediate Cause (Final disease or condi	tion resulting in death)		
 Place of Death Cause of Death 	PART I	Rupture of myocardium			minutes
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		Due to or as a consequence of			
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	Line u	ABC			
	PART II	Diabetes, Chronic of	bstructive pulmonary disease, smoking	l	
Complete the Cause of I	Death	and Approximate Inf	erval, select Validat	te Page.	
Fix any errors or save th	ne yell	low overrides. Select	t Next.	Validate Page Next Cle	ar Save Return

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Validate Page Next Clear Save Return Validation Results List All Errors Save Overrides Hide Error Message Override Goto Field Popup DR_3053: The condition you reported in line c indicates trauma. Causes of death that are not natural or involve injury or trauma must be referred to the ME Fix Mo Fix Mo

Medical Certification ~ Other Factors

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	Error wessage DR_5011: Referred to ME cannot be left blank Indicate whether this case was referred to an ME/coror Examiner.	er. All non-natural cases mu	ist be referred to a Medical	fix M fix M		

Select the correct items from the dropdown on the Other Factors page. The Manner of Death must indicate Natural if a Health Care Provider is certifying the death, otherwise the case will need to be referred/completed by a Medical Examiner. Select the Validate Page and Next.

Medical Certification ~ Certifier

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Certifying the Death

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Certify/Affirm ~ Electronic Signature

Affirmations ×	
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Attachments Comments Print Forms Refer to Medical Examiner Relinquish Case Transfer Case Validate Registration Switch User	Check the box under Affirmations and select the Affirm button. (The status bar will indicate "certified" once the case has been affirmed.) The medical certification is complete. The case will be ready for registration once the funeral director has

The case will be ready for registration once the funeral director has signed the demographic information.

The health care provider may un-certify a death case to make changes or correct any errors up until the point of registration.

Registered Case

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Maine	Department of Health and Hun expervices	
Death Registration Menu Personal Information	386904 2018500003 :Ineed Some Coffee Feb-26-2018 /Personal Valid/Medical Valid/Registered/Signed/Certified/NA/ICD Coding Required Decedent	
Medical Certification Pronouncement Place of Death Course of Death	Decedent's Legal Name Prefix First Middle Other Middle Last Suffix Ineed Some Coffee Income Coffee	
Other Factors Certifier Other Links	Aliases Add/Edit Alias Names Sex Social Security Number	
Comments Print Forms Validate Registration Switch User	Female 999-99-9999 Under 1 Year Under 1 Day Date of Birth Years Months Days Hours Minutes SSN Verification Status Feb-21-1943 Age 75 Verify SSN UNVERIFIED (0)	
	Decedent's Birth Place City or Town State Augusta Maine United States	

generated in the EDRS to notify health care providers the record has been registered.

Questions?



The EDRS Help Desk & Support line is here to help.

Please contact us at: 1-888-664-9491 (Option 7) or (207) 287-5447 <u>edrs.dhhs@maine.gov</u>

8:00a.m. ~ 5:00p.m.