Montana's Vital Statistics Information Management System (VSIMS)

User Manual

On-Line Amendment Process

September 2011

Montana's Vital Statistics Information Management System

On-Line Amendment Process

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Montana's Vital Statistics Information Management System

On-Line Amendment Process

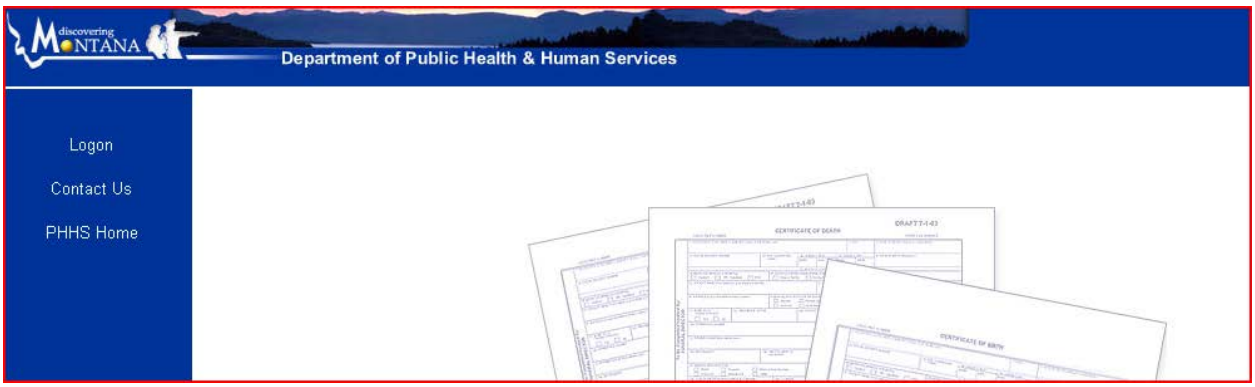
General Information: The on-line Amendment process module is a component of the Vital Statistics Information Management System (VSIMS). It is a web based secure 128 bit encrypted system that requires login access. User ID's are assigned by the department and are reviewed and verified every six months. The system incorporates several features designed to ensure a user only has access to allowed data, the correct data is submitted, and to limit the amount of typing required.

At the bottom of most pages, there are two links:

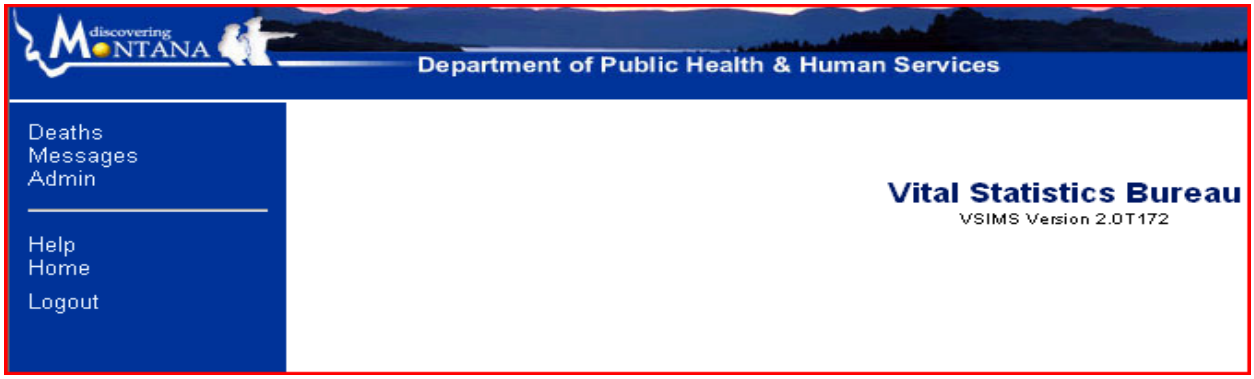
1. "Home" will return the user to the home page from anywhere in the process without logging out
2. "Logout" will log the user out of the system.

ON-LINE AMENDMENT PROCESS

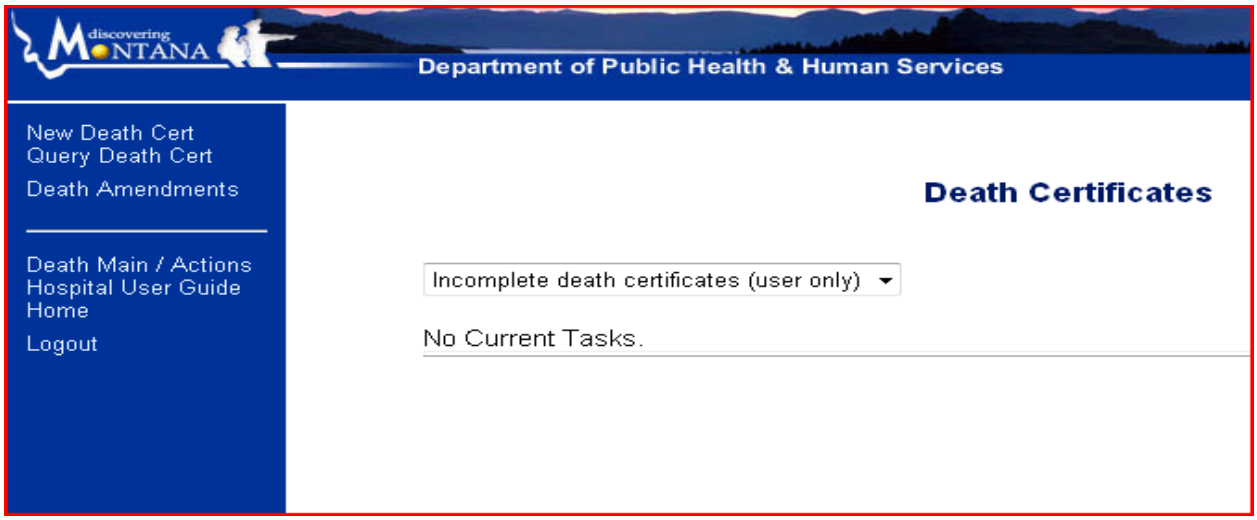
For: Certifying & Pronouncing Physicians, Physician Assistants, Advanced Practice Registered Nurses, Coroners, Deputy Coroners, Funeral Directors, Medical Examiners & Morticians



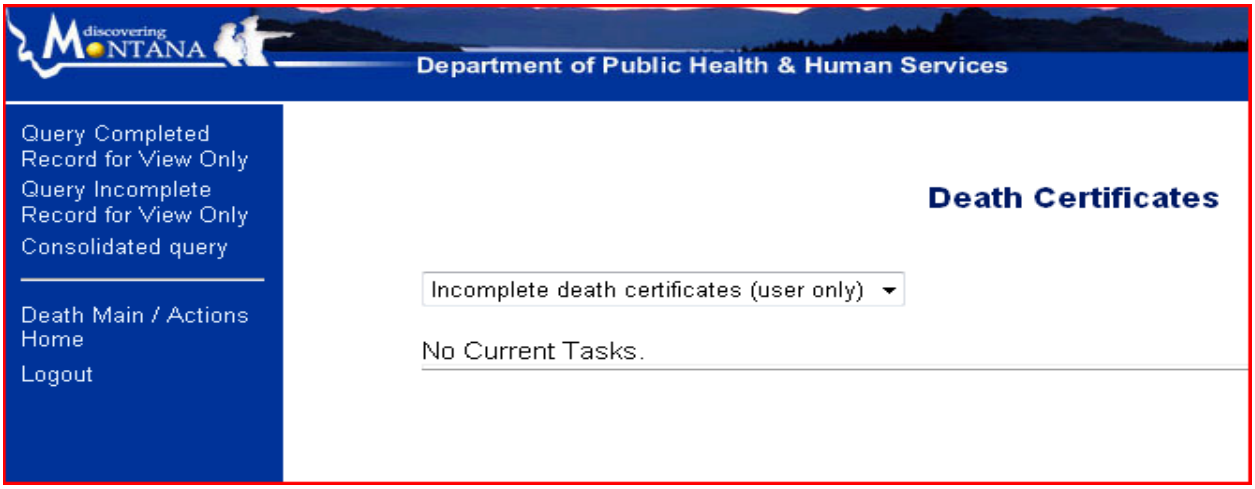
1) Logon with your User Name & Password as you normally do.



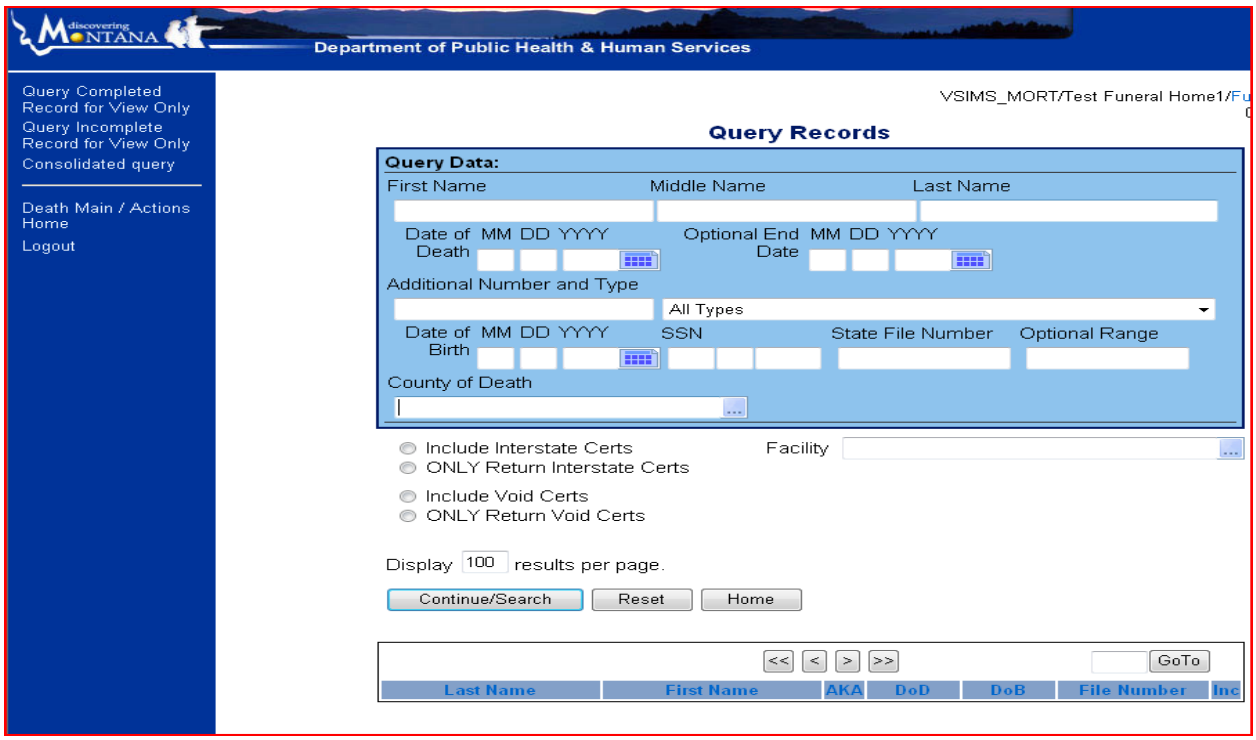
2) Select “Deaths” from the list.



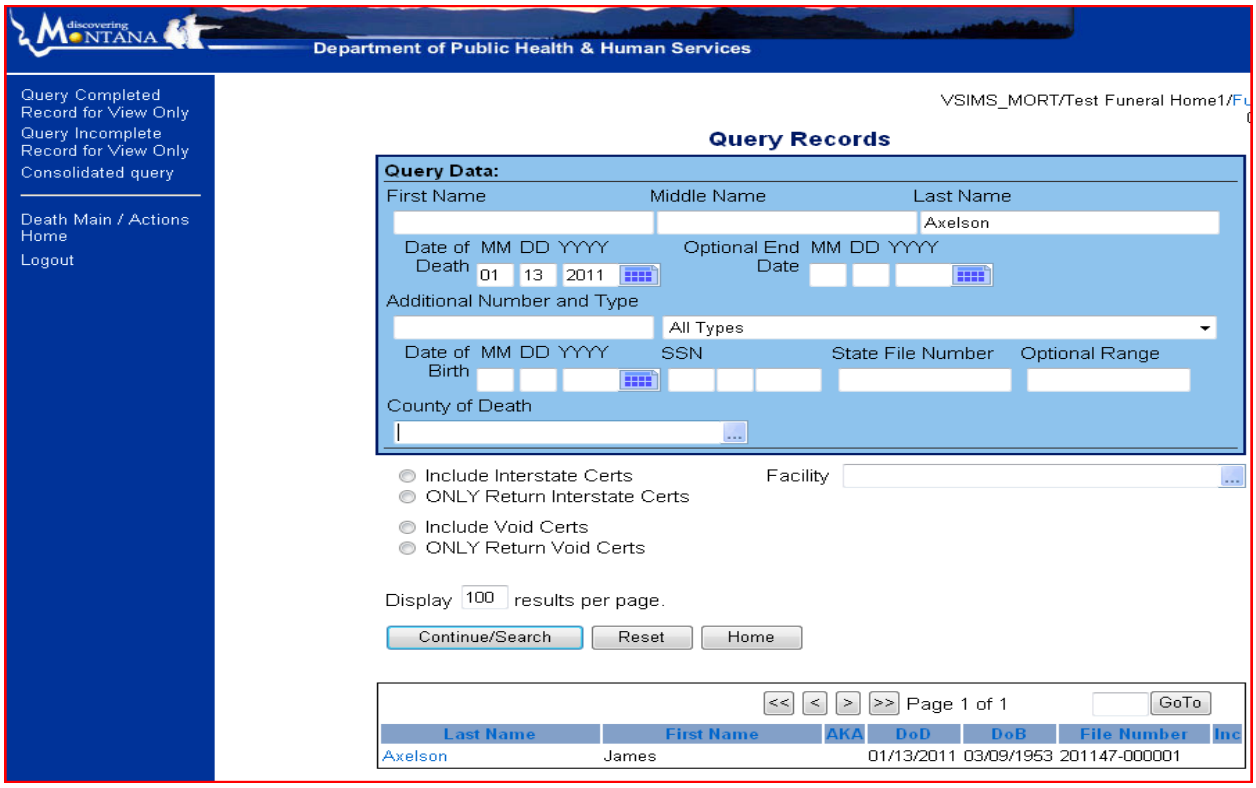
3) Select “Query Death Cert” from the list.



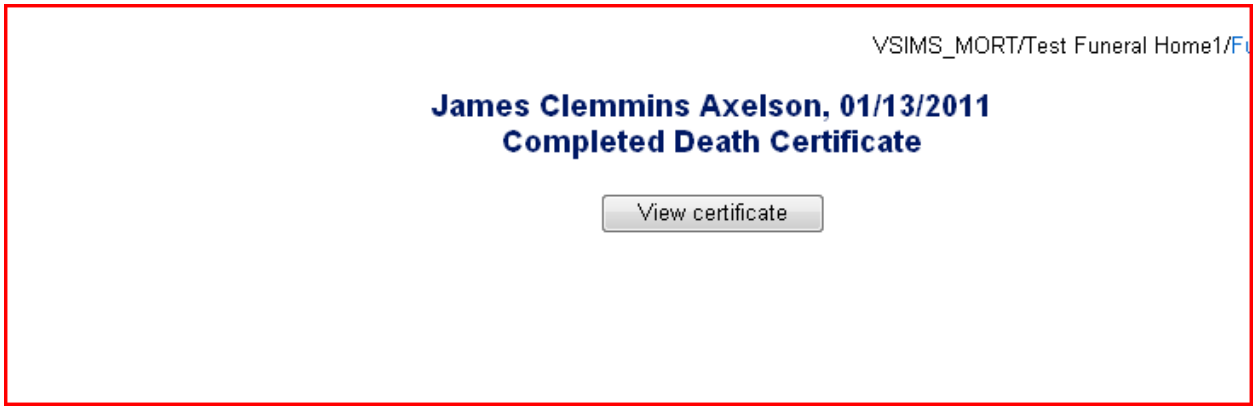
4) Select “Consolidated Query” from the list.



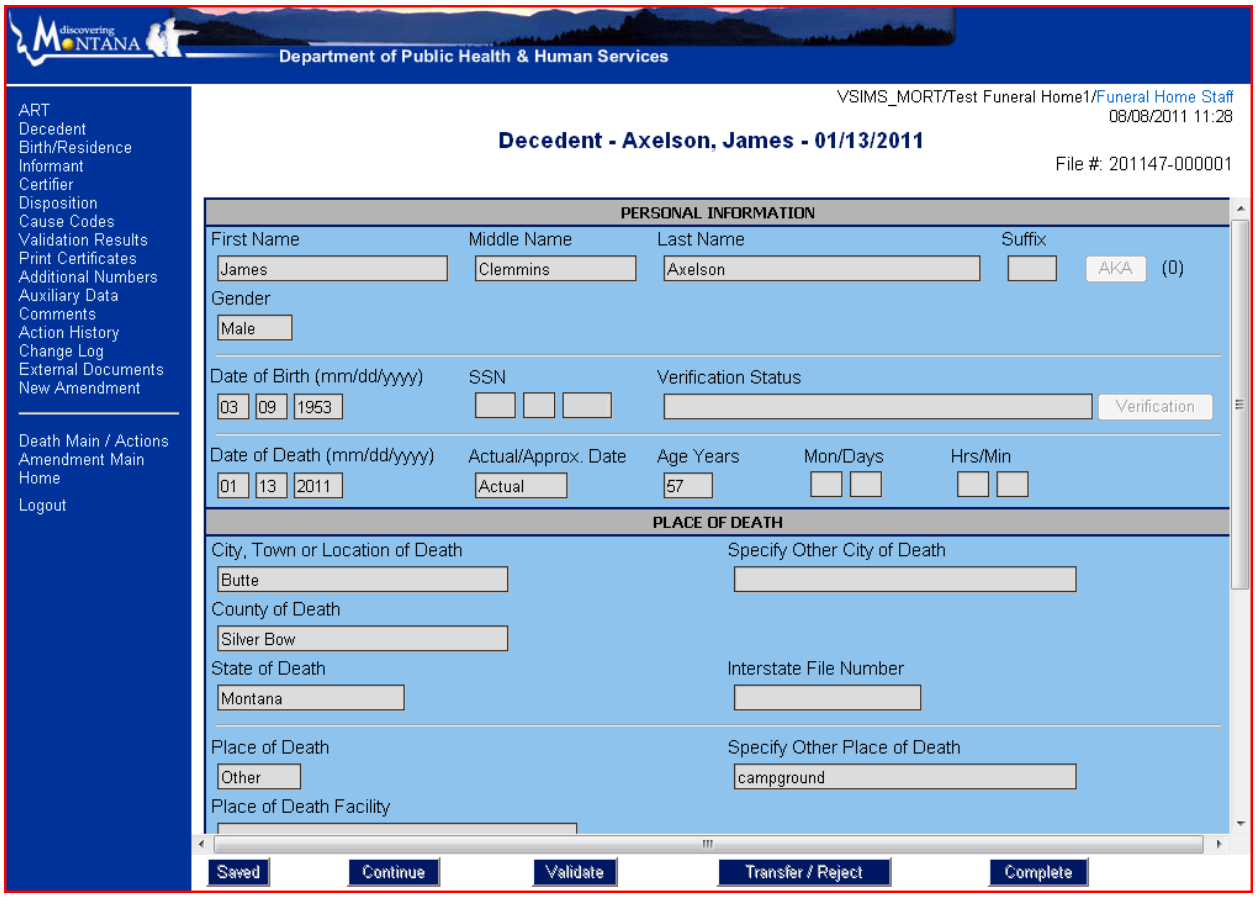
5) Query for the Death Record needing an Amendment.
Enter the Name (usually only the last name) & Date of Death.



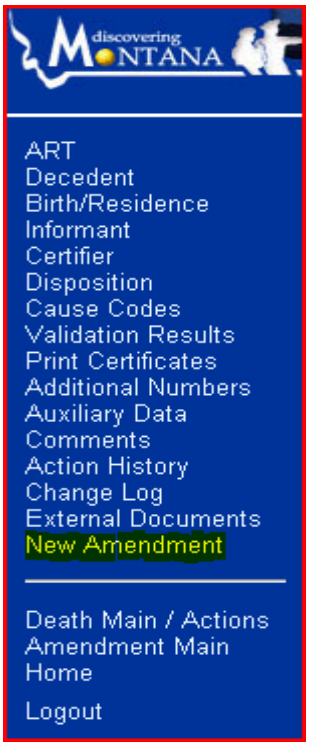
6) Select the correct record, if needed.



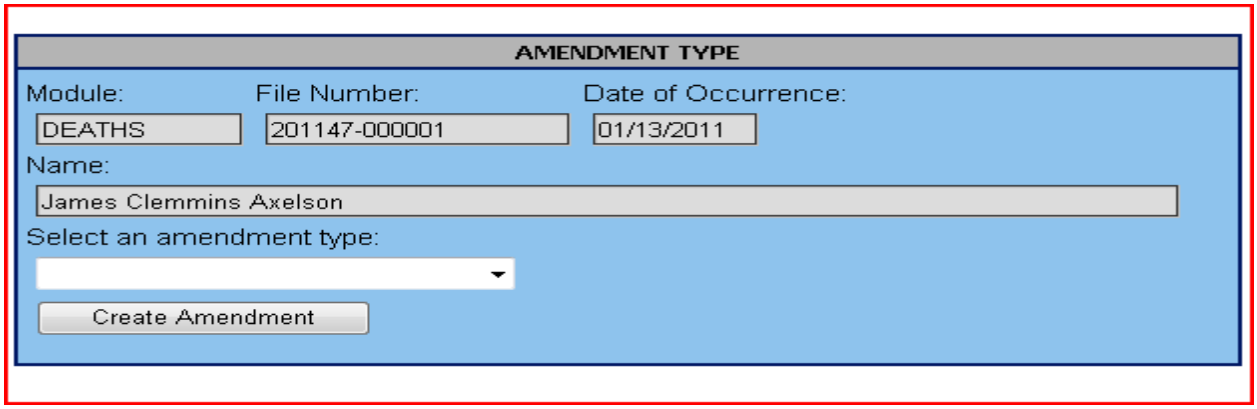
7) Select "View Certificate"



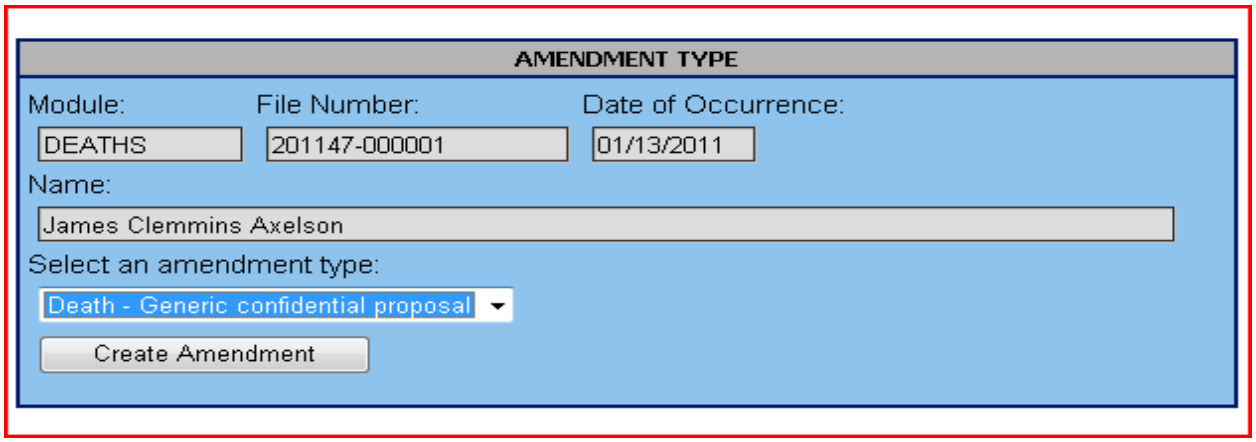
8) Verify the data needing to be Amended.
(Warning: if a field has been amended once then the *only* way to amend that field a second time is with a Court Order <u>except</u> when the first amendment to the field is to add missing information. i.e. "Date of Injury")

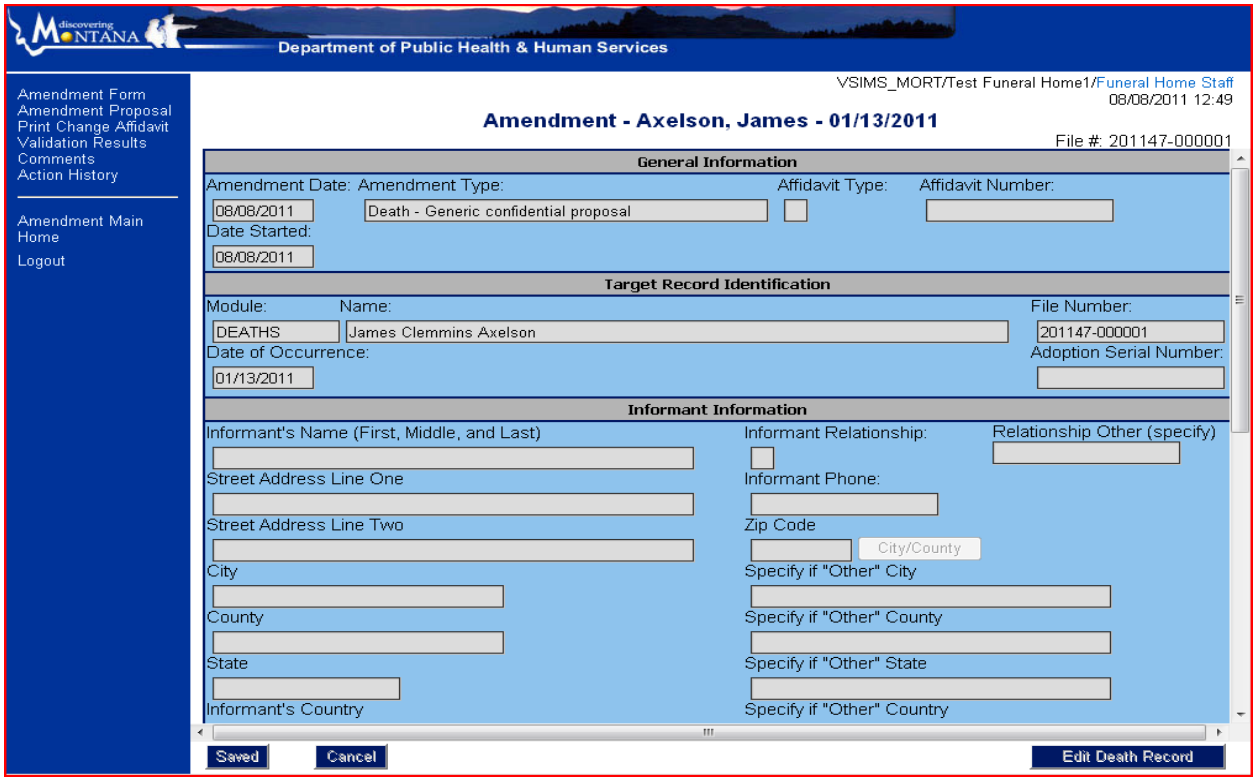


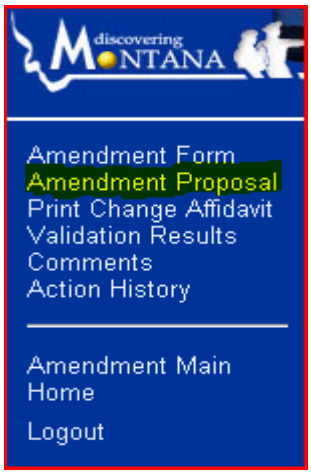
9) When you are ready to make a New Amendment, select "New Amendment" from the sidebar list.



10) When you click on "New Amendment" the "Amendment Type" screen will pop up. You *must* select an amendment type. At this time the only available option is "Death–Generic Confidential Proposal"

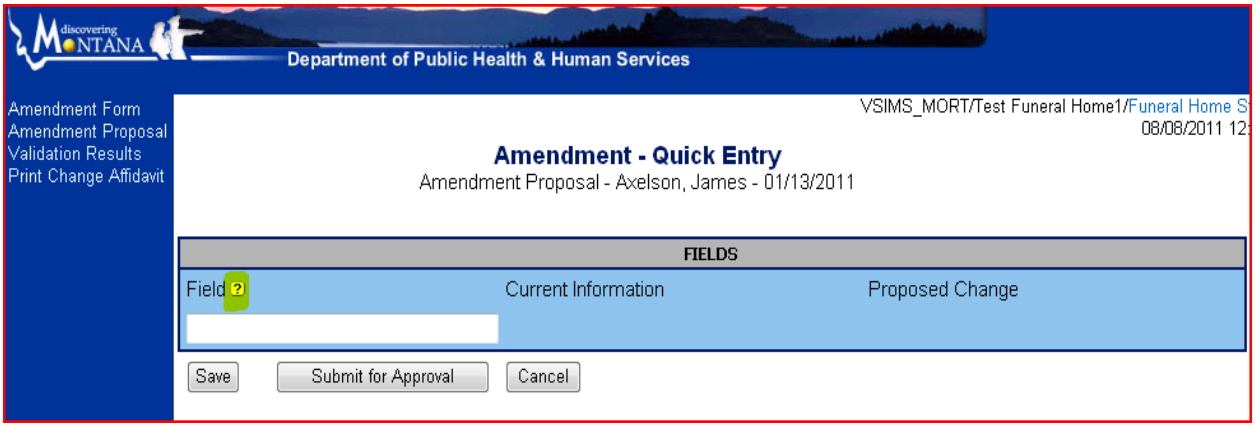






This is the beginning screen for the Amendment Process. For your access, every field is grayed out. These fields are for State use only.

11) From this screen select “Amendment Proposal” from the sidebar list.



12) From this screen it is recommended you click on the [?] to bring up the available fields to amend.

Funeral Directors & Morticians available fields to amend =

Decedent

Personal Information
- Actual / Approx Date of Death
- Age Days
- Age Hours
- Age Minutes
- Age Months
- Age Years
- AKA
- Birth Day
- Birth Month
- Birth Year
- Death Day
- Death Month
- Death Year
- First Name
- Gender
- Last Name
- Middle Name
- SSN
- Suffix

Place of Death
- Death Address - City
- Death Address - County
- Death Address - State
- Place of Death
- Place of Death Facility
- Specify Other Institution or Street and Number
- Specify Other Place of Death

Additional Information
- Education
- Maiden Name of Spouse
- Marital Status
- Spouse First Name
- Spouse Last Name
- Spouse Middle Name

Birth / Residence

Birth Information
- Birth City
- Birth Country
- Birth County
- Birth State

Decedent's Residence Address
- Inside City Limits
- Residence Address Line One
- Residence Address Line Two
- Residence City
- Residence Country
- Residence County
- Residence State
- Residence Zip Code

Occupational History
- Kind of Business/Industry
- Type of Occupation
- Was Decedent Ever in U.S. Armed Forces?

Parents
- Father's First Name
- Father's Last Name
- Father's Middle Name
- Mother's First Name
- Mother's Maiden Name
- Mother's Middle Name

Informant

Informant
- Informant's City
- Informant's Country
- Informant's County
- Informant's Name
- Informant's State
- Informant's Street Address 1
- Informant's Street Address 2
- Informant's Zip Code
- Relationship to Decedent
- Specify Other Relationship

Certifier

Pronouncing Person
- Time of Death

Disposition

Disposition Information
- Disposition Facility Name
- Method of Disposition
- Other Facility City, State
- Other Facility Name
- Other Method of Disposition

Funeral Facility Information
- Funeral Facility
- Funeral Facility Other Address
- Mortician
- Other Funeral Facility
- Other Mortician Name

Race
- Race - American Indian or Alaska Native
- Race - Asian Indian
- Race - Black African American
- Race - Chinese
- Race - Filipino
- Race - Guamanian or Chamorro
- Race - Japanese
- Race - Korean
- Race - Native Hawaiian
- Race - Not Obtainable
- Race - Other Asian
- Race - Other Pacific Islander
- Race - Other Specify
- Race - Refused
- Race - Samoan
- Race - Unknown
- Race - Vietnamese
- Race - White

Hispanic Origin
- Hisp Origin - Cuban
- Hisp Origin - Mexican, Mexican American, Chicano
- Hisp Origin - Not Obtainable
- Hisp Origin - Not Spanish/Hispanic/Latino
- Hisp Origin - Other Spanish/Hispanic/Latino
- Hisp Origin - Puerto Rican
- Hisp Origin - Refused
- Hisp Origin - Unknown

Certifying & Pronouncing Physicians, Physician Assistants, Advanced Practice Registered Nurses, Coroners, Deputy Coroners available fields to amend =

Decedent

Personal Information
- Actual / Approx Date of Death
- Age Days
- Age Hours
- Age Minutes
- Age Months
- Age Years
- AKA
- Death Day
- Death Month
- Death Year

Certifier

Cause of Death - Part I
- Cause A
- Cause B
- Cause C
- Cause D
- Interval A
- Interval B
- Interval C
- Interval D

Cause of Death - Part II
- Other Significant Conditions

Manner of Death
- Did tobacco use contribute to death?
- If Female
- Manner of Death
- Results of autopsy available?
- Was an autopsy performed?

Injury
- Actual / Approx Date of Injury
- Actual / Approx Time of Injury
- Describe How Injury Occurred
- Did death involve an injury of any kind?
- If Traffic Accident
- Injury Day
- Injury Location Address Line 1
- Injury Location Address Line 2
- Injury Location City
- Injury Location Country
- Injury Location County
- Injury Location State
- Injury Location Zip Code
- Injury Month
- Injury Year
- Injury at work?
- Place of Injury
- Place of Injury Other Specify
- Time of Injury
- Traffic Accident Other Specify

Pronouncing Person
- Actual / Approx Time of Death
- Date Pronounced
- Date Signed (if transcribed)
- Pronouncer Other Name
- Pronouncing Person
- Time Pronounced
- Time of Death
- Was ME contacted?

Certifier
- Certifier Address
- Date Certified

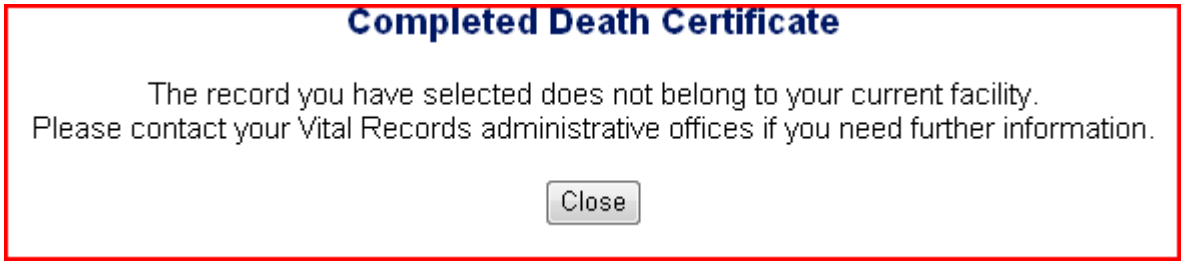
When to File a Hard Copy Affidavit for Correction

The above screens are specific to the upper and lower portion of a death certificate. If you do not see the field(s) you wish to change it may not be a field you are allowed to change through this process.

If, as a Funeral Home/Mortuary, you transcribed the Certifier's portion of the death record you will only be able to amend the upper portion of the certificate through this process. If you made a typographical error in your transcription of the Certifier's portion you will have to submit a hard copy Affidavit for Correction to amend your error. (Faxed Affidavits for Correction will not be accepted, originally signed and notarized Affidavits for Correction are required)

If, as a Certifying Physician, Coroner or Medical Examiner, you were not transferred the Death Record from the Funeral Home or Mortuary to fill in your portion of the death record and transferred the Death Record back to the Funeral Home or Mortuary to submit to the State, you will only be able to make amendments to the record through the original method of sending a hard copy Affidavit for Correction.

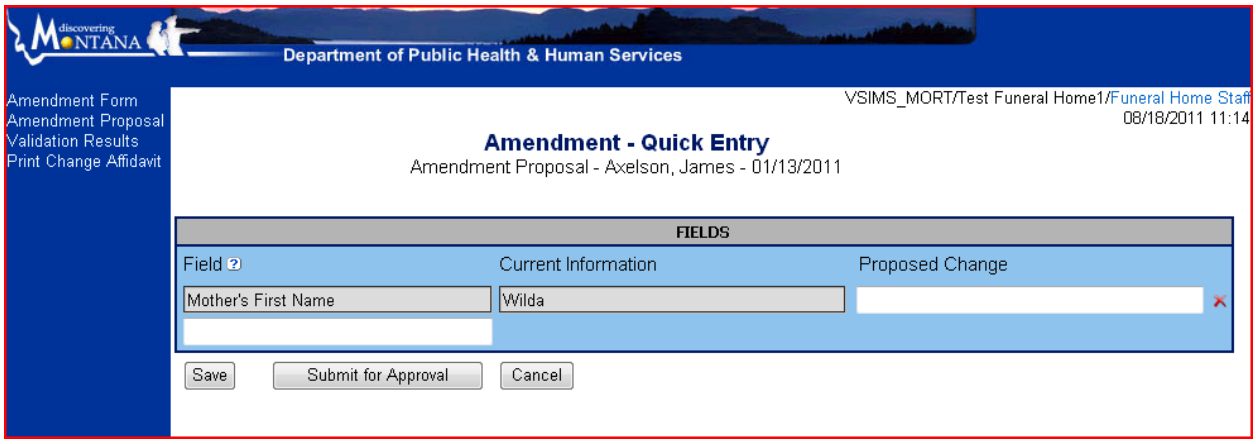
IF YOU RECEIVE AN ATTENTION SCREEN LIKE THE FOLLOWING YOU WILL NEED TO FILE A PHYSICAL AFFIDAVIT FOR CORRECTION:



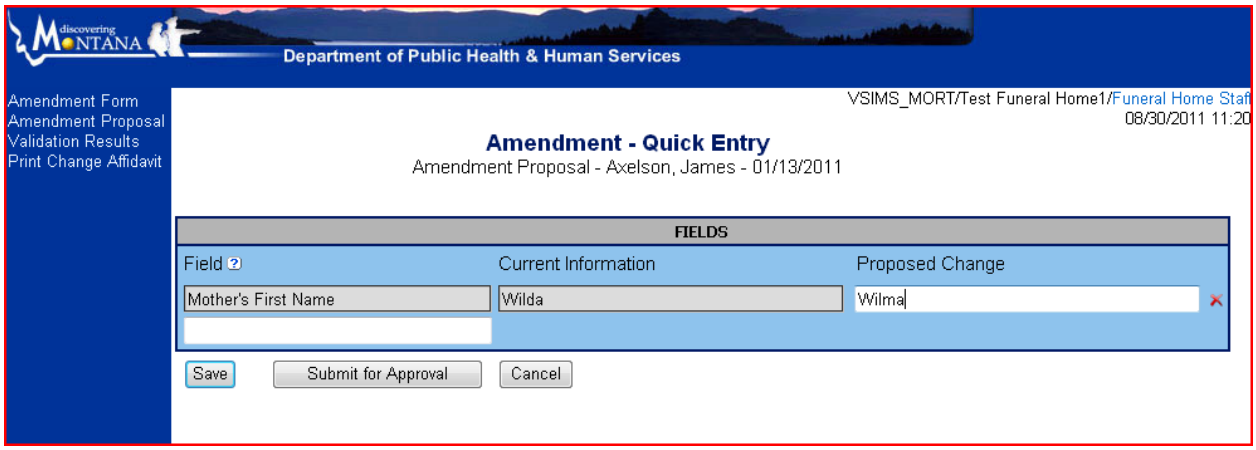
OR IF THE "NEW AMENDMENT" OPTION IS NOT LISTED ON THE SIDE BAR WHEN YOU VIEW THE RECORD YOU WILL NEED TO FILE A HARD COPY AFFIDAVIT FOR CORRECTION.

PLEASE NOTE: if changing the Coroner/Certifying Physician (field #'s 26/27 &/or 45/46), you are required to send a hard copy affidavit with either a letter with both signatures or two separate letters signed by both persons. The letter(s) must state that "so-and so" is relinquishing responsibility and "so-and-so" is accepting responsibility for this death record.

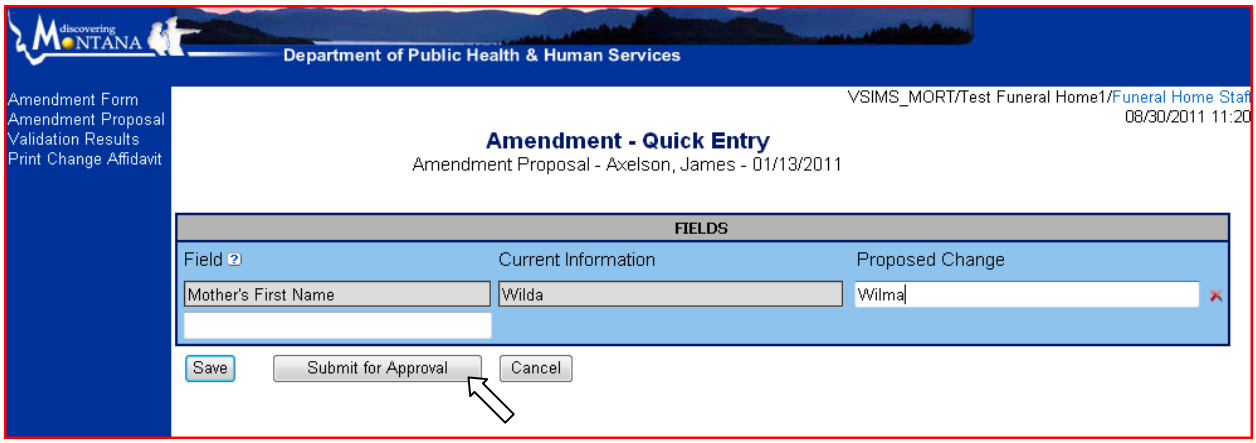
If you receive a Query from Data Acquisitions Department you may use the Amendment Process to submit the necessary data unless *only* your signature is required to authorize a minor change they have already attended to, then you must return the Query letter. For example, a Query is sent to fill in the Injury Information portion of the Death Record or a Query is sent to fill in the decedent's resident county; use the Amendment Process.



13) Select the Field you wish to amend. Above you will see the Mother's First Name has been selected. The system will show you the old value, in this case "Wilda", and will give you a blank field to fill in the corrected data.

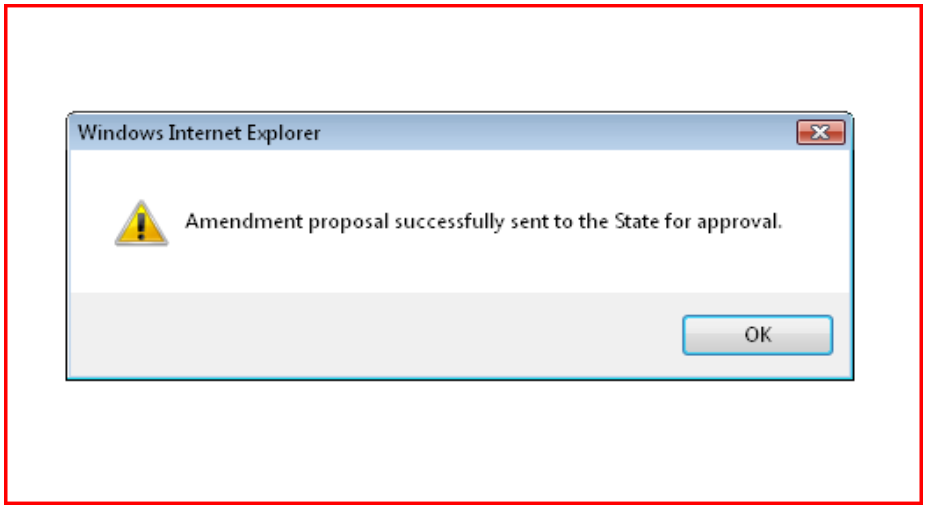


14) Let's say the decedent's mother's name was misspelled and should be "Wilma". Enter that data in the blank field. If you have more amendments to make you may continue clicking on the [?] and selecting fields to be amended. When you are finished making your proposal …



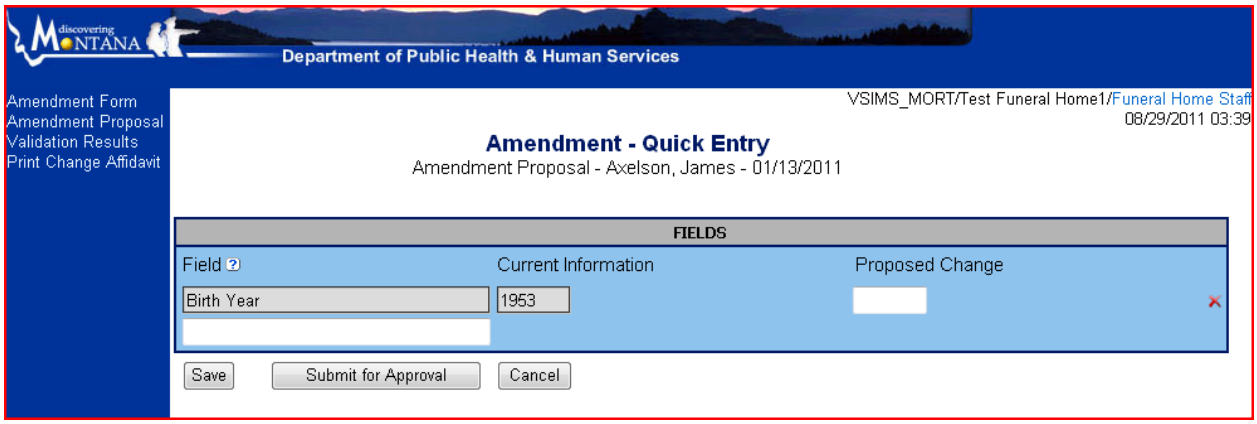
15) Click on "Submit for Approval" where you will receive the following pop-up screens …

Click "Ok" if you are ready to submit or "Cancel" if you need to add, change or cancel data …

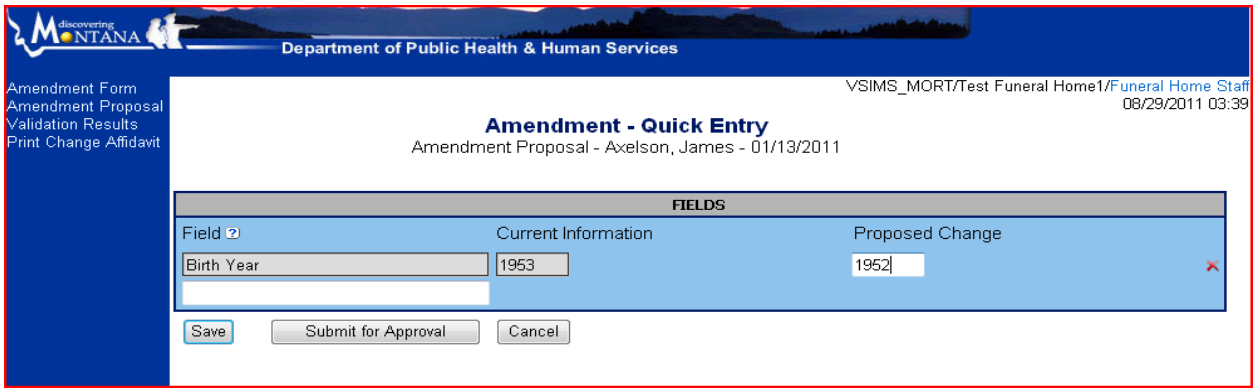


Your Proposal has been sent!

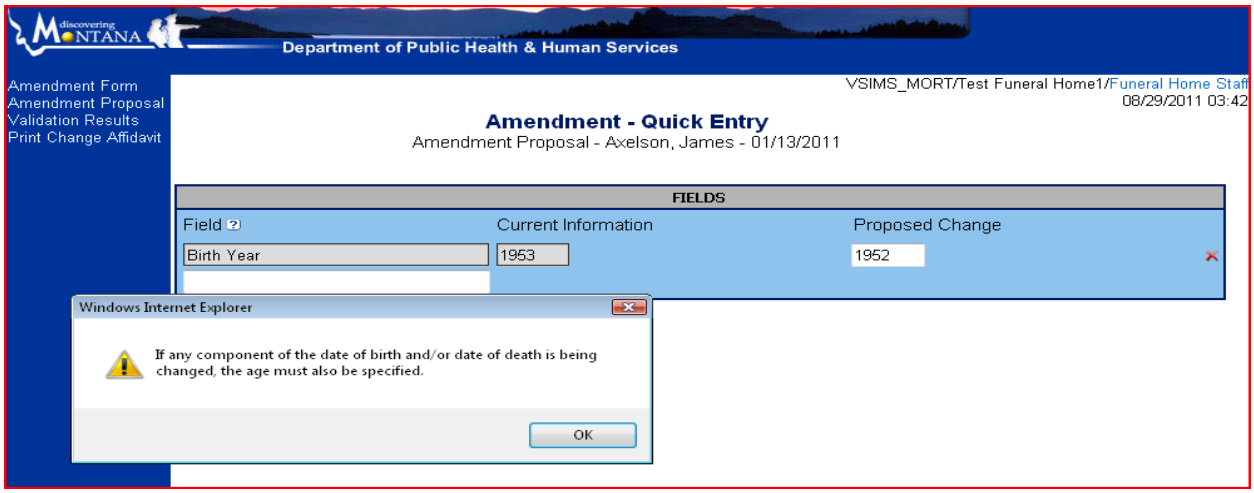
Funeral Home/Mortuary Please Note: When changing any portion of the decedent's age …



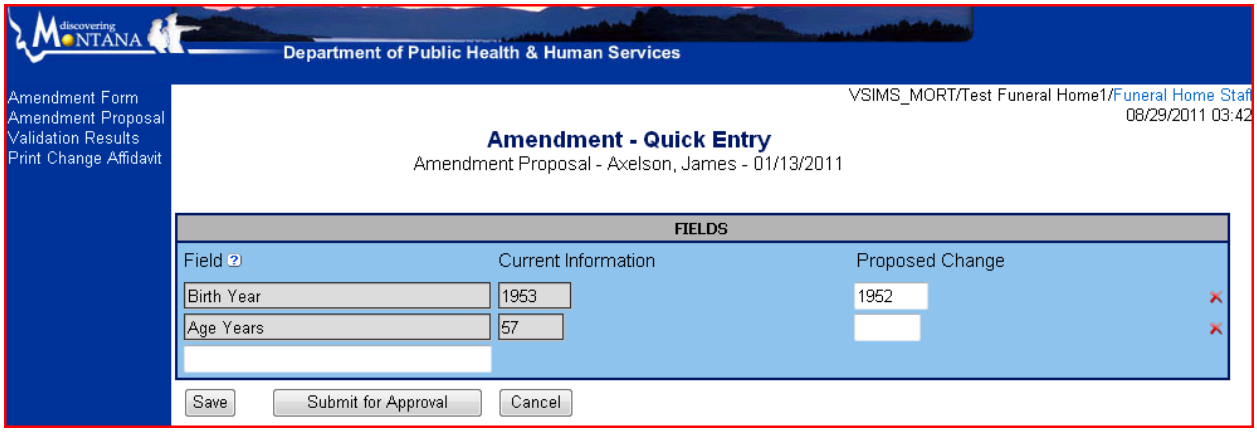
Select the Field you wish to Amend from the [?] list, for example "Birth Year"



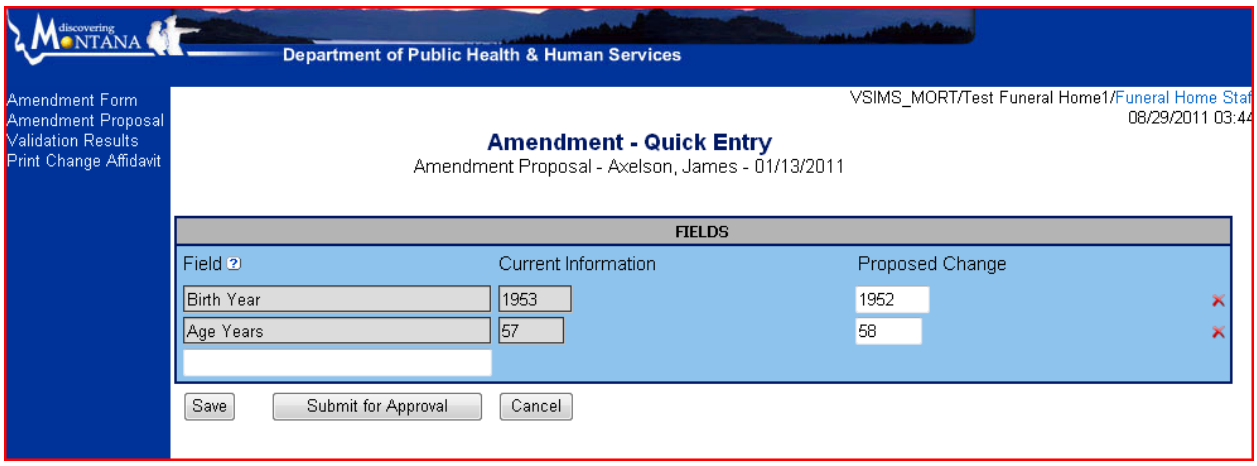
Fill in the blank field with the proposed data. If you try to submit from this point …



Warning: "If any component of the date of birth and/or date of death is being changed, the age must also be specified." Click "Ok"



You must select the “Age Years”, “Age Months”, “Age Minutes”, “Age Hours” or “Age Days” (which ever is applicable, majority of the time it will be “Age Years”).



You then enter the age difference. If the Month or Day field are being changed and it *will not* affect the Age just enter the same data as what appears in the “Current Information” field.

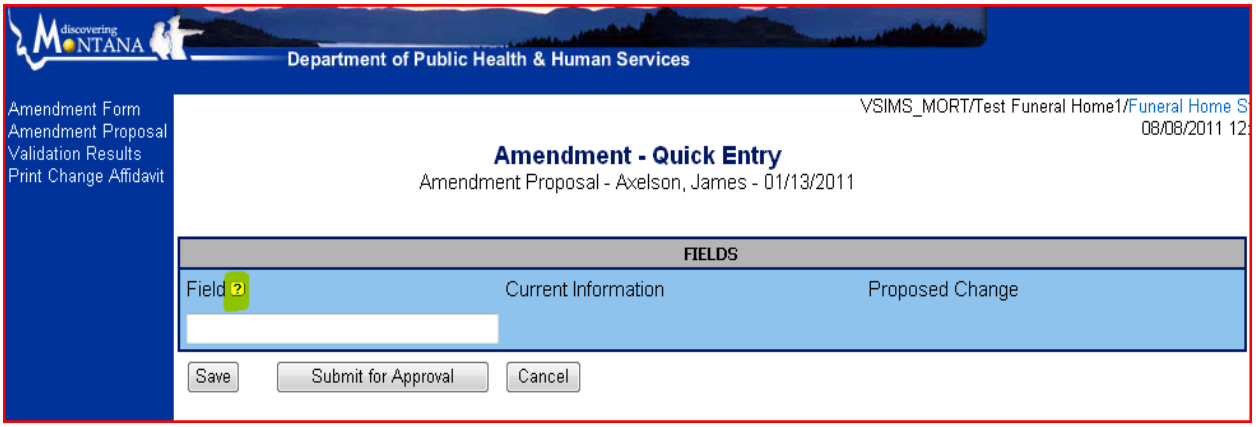
Click the “Submit for Approval”

When your proposal has been successfully submitted you will be returned to the following screen.

CERTIFYING PHYSICIAN, CORONER OR MEDICAL EXAMINER

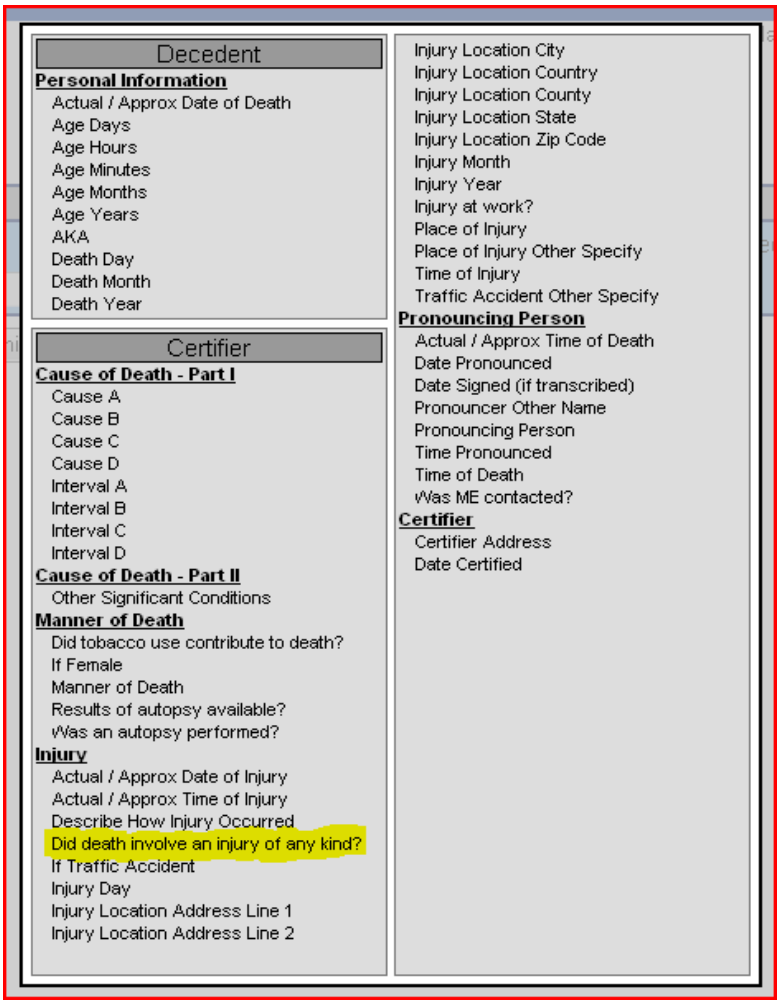
When amending a death record for an “Accident”, “Suicide” or “Homicide” to either complete missing information or correct information …

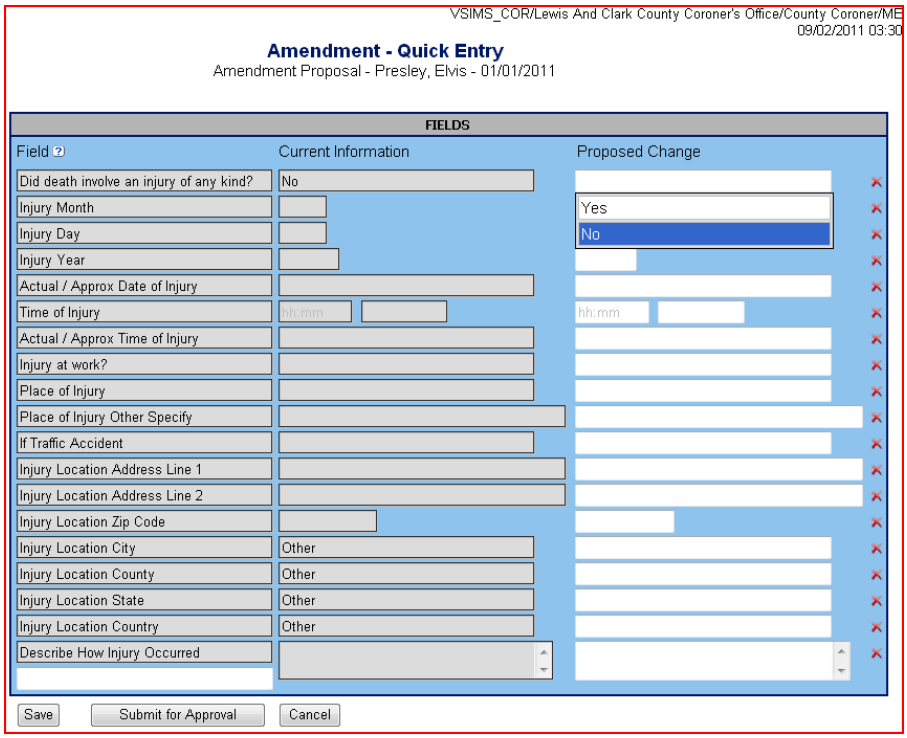
Begin the Amendment Process as lined out in pages 4-6.



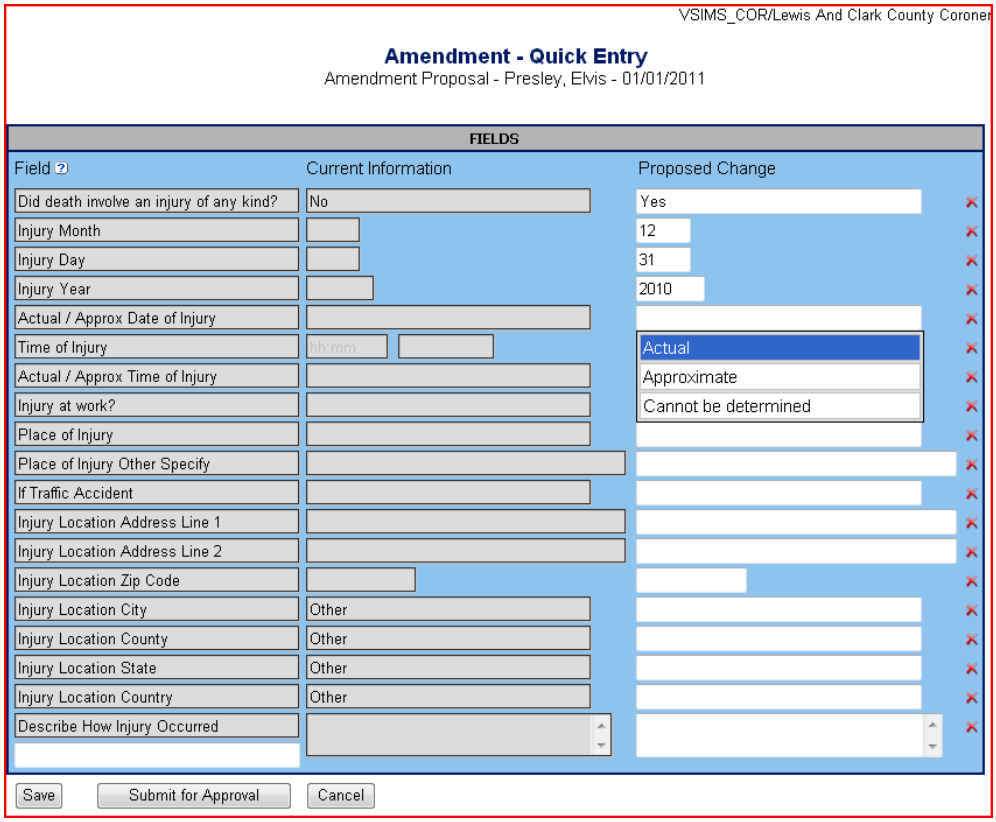
Click on the [?] to bring up the available fields

You MUST select “Did death involve an injury of any kind?” and answer “YES”. This will bring up the necessary fields you need to fill in to complete the death record.

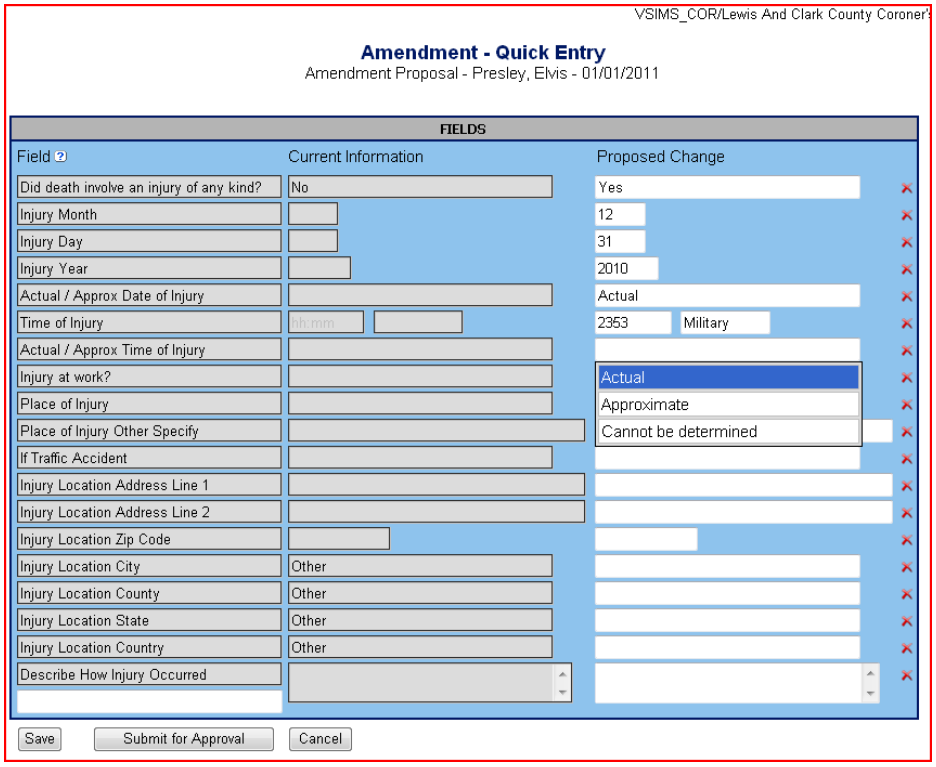




These are all fields related to injury information. Let's fill in the blanks for an example.



Please select the correct option of "Actual" or "Approximate" for Date or Time of Injury. If unknown select "Cannot be determined.



The same options are available for both the Date of Injury and Time of Injury. Again, if unknown select "Cannot be determined". There are dropdown lists for other fields to help you make uniform choices. Other dropdown lists include:

"Injury at work?"

- Yes
- No

"Place of injury"

- Farm
- Home
- Industrial
- Institution
- Mine
- Other Specified –*fill in the next field "Place of Injury Other Specify"*

"If Traffic Accident"

- Driver/Operator
- Not Applicable – *Select if NOT a Traffic Accident!*
- Other
- Passenger
- Pedestrian
- Unknown

and each portion of injury location; Country, State, County, and City. When filling in the address information you *must* start with Country, then State, then County, then City.

VSIMS_COR/Lewis And Clark County Coroner's

Amendment - Quick Entry

Amendment Proposal - Presley, Elvis - 01/01/2011

FIELDS

Field	Current Information	Proposed Change
Did death involve an injury of any kind?	No	Yes
Injury Month		12
Injury Day		31
Injury Year		2010
Actual / Approx Date of Injury		Actual
Time of Injury	hh:mm	2353 Military
Actual / Approx Time of Injury		Approximate
Injury at work?		No
Place of Injury		Other Specified
Place of Injury Other Specify		Friends Home
If Traffic Accident		Not applicable
Injury Location Address Line 1		1101 Singer Lane
Injury Location Address Line 2		
Injury Location Zip Code		59263
Injury Location City	Other	Scobey
Injury Location County	Other	Daniels
Injury Location State	Other	Montana
Injury Location Country	Other	UNITED STATES
Describe How Injury Occurred		Apparently he had a very good time

Save | Submit for Approval | Cancel

When filling in the Date of Injury you *must* fill in “Injury Month”, “Injury Day”, & “Injury Year”. If injury “date” or “time” are unknown and you selected “Could not be determined” the appropriate fields will remain blank.

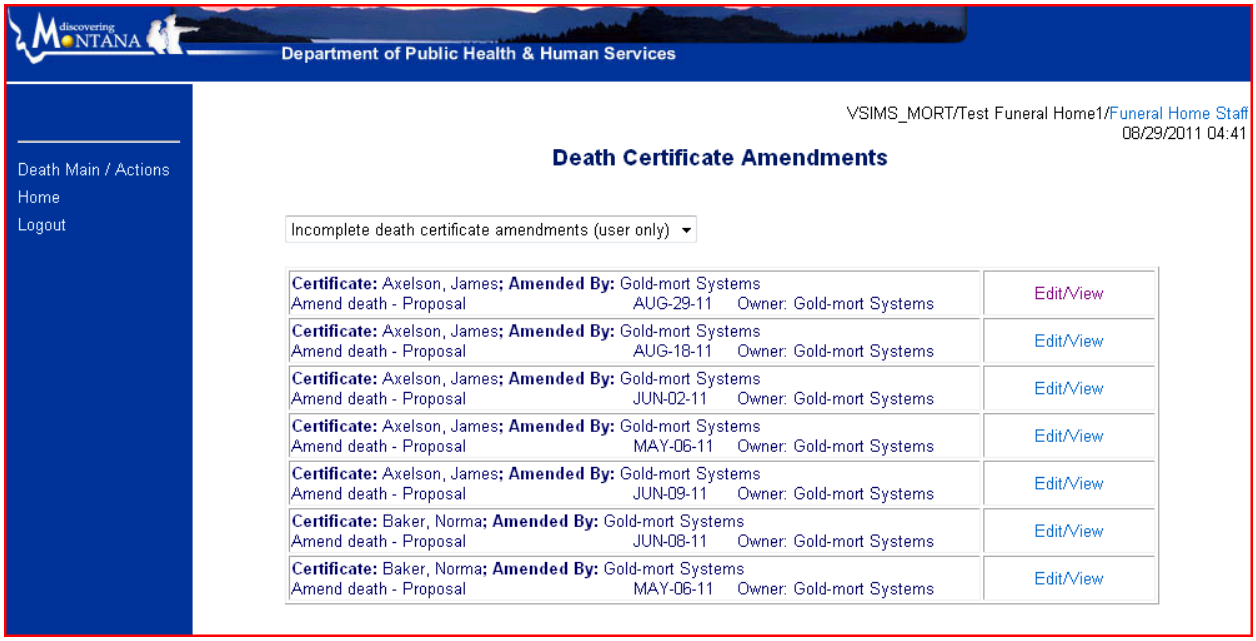
This is what your screen should look like when filled out completely.

When you are satisfied you have completed this portion to the best of your ability you may either click on [?] to add other corrections or click on “Submit for Approval”.

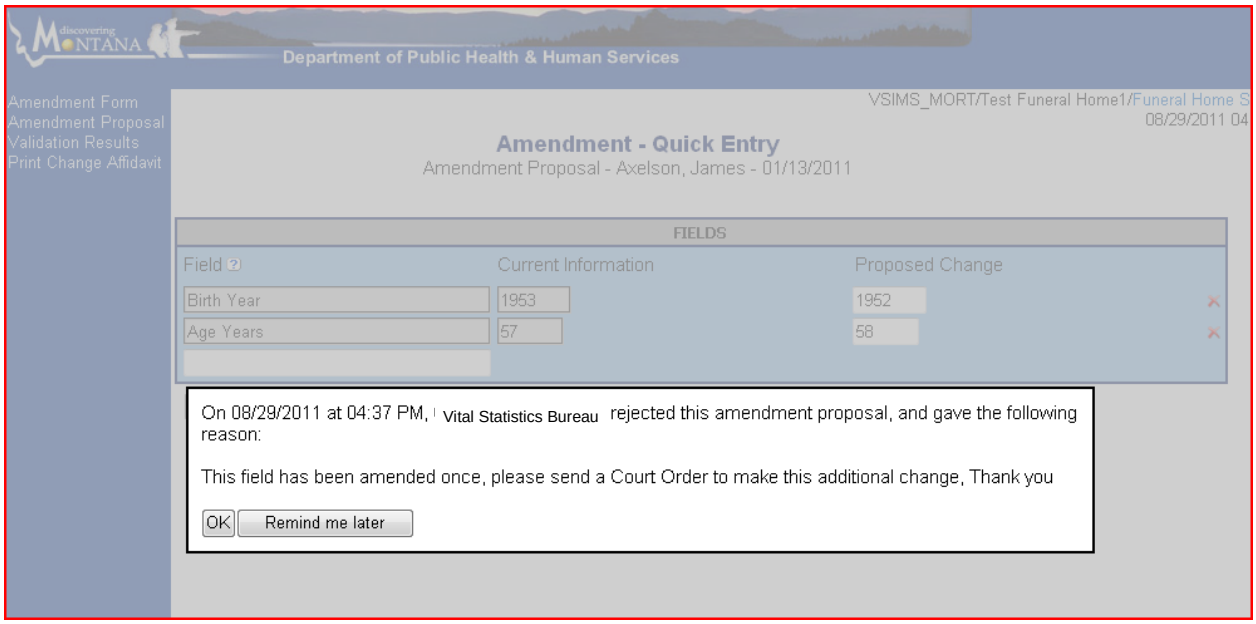
REJECTED AMENDMENT PROPOSALS

There may be times your Amendment Proposal is rejected and returned to your system. You will need to check for rejected proposals periodically. To check, first sign in normally.

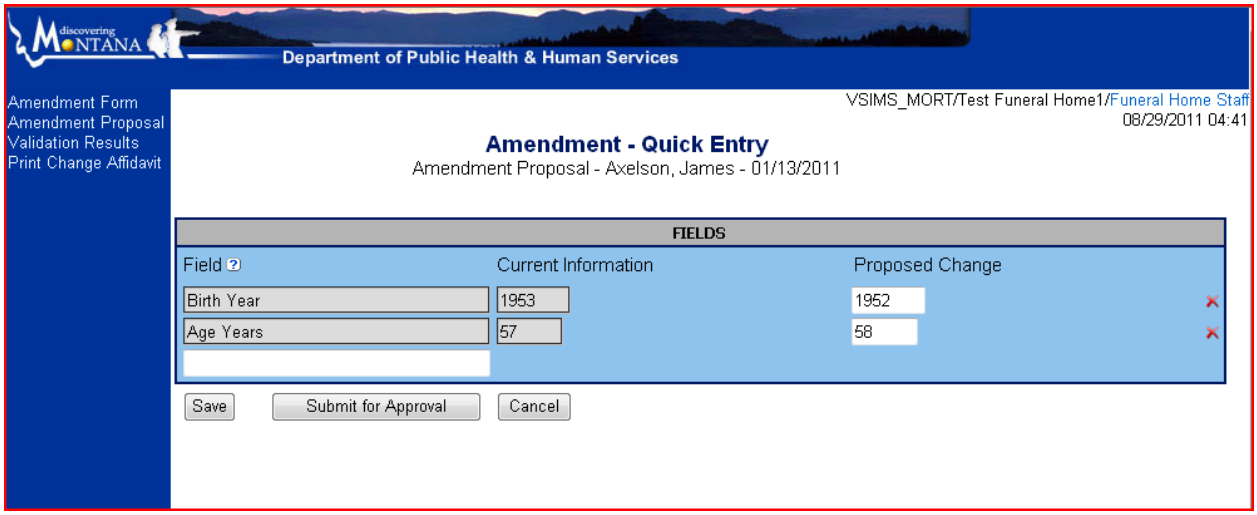
Select "Death Amendments". On this screen you will see a list of any incomplete Amendments you have started and Rejected Amendments. You will have to look at each record listed to discover any Rejected Amendments.



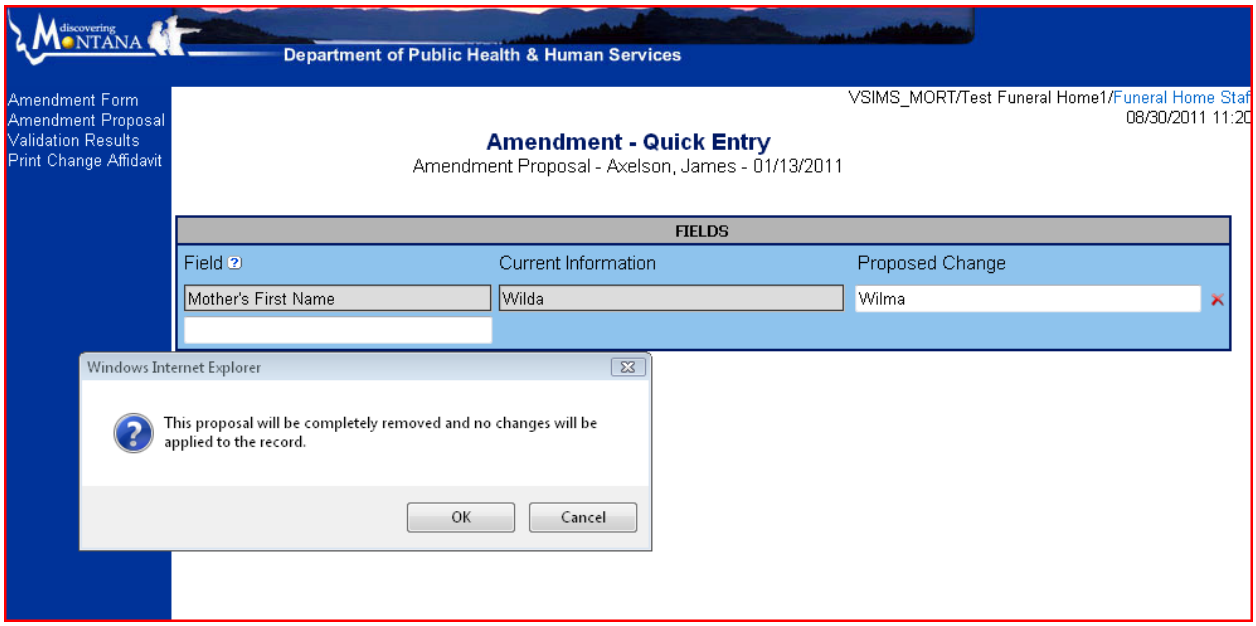
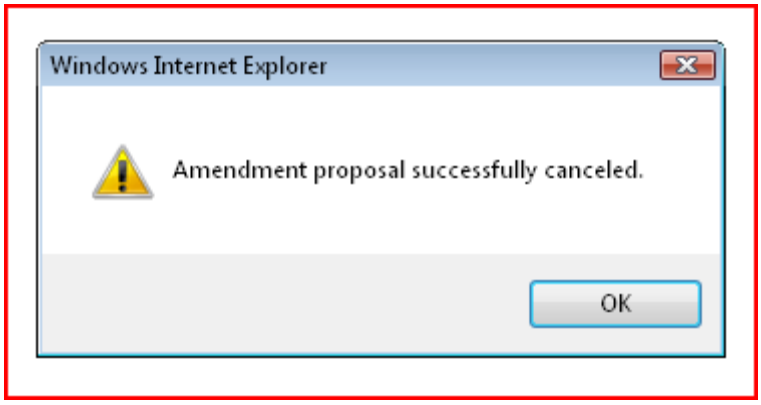
Select the record that has been rejected by selecting "Edit/View" then select "Amendment Proposal"



This screen will pop up and advise you why your proposal has been rejected. In the example above the "Birth Year" has been previously changed and now requires a Court Order to make any additional changes to this field. From here you can click "Remind me later" to come back to this issue or you can click on "Ok" to continue.



If you are able to make a change to your amendment you may do so now and resubmit the amendment proposal. If you are not able to make a change to your amendment, as in the above example, you will need to select "Cancel".



When you select “Cancel” you will be warned that this proposal will be completely removed and no changes will be applied to the record. Click “Ok” if you are sure.