

There are two primary workflows for Primary Care Providers:



Workflow 1: Where a PCP is starting a death case for a home death.

• For this Workflow, after logging in to the proper Office/Facility the PCP should continue with **Step 1** on the next page.

Workflow 2: Where a PCP has received an alert that a medical certification request has been sent to them. The PCP will receive both an **email** and an **internal message** indicating the request:



Internal Message Example

From	Subject	Message
Back Doctor	Case id 12817 - Medical Certification Requested	Please complete the medical certification for: Case Id: 12817 - Test Case, Date of Death: JUN-01-2023 Medical Facility: Northeast Medical Group (PCP). Case, Test

• After logging in to the proper Office/Facility the PCP should open the case by either **selecting** the decedent's name in the Internal message or by selecting **Death Locate Case** and entering the Case ID from the message.







- 5. Pronouncement page:
- Enter the pronouncement information
- Pronouncer Name may populate based on the user's log in. If the Pronouncer's information does not populate automatically, enter the appropriate information.
- Click Validate Page to check for errors
- Click Next

Date of Death			
MMM-d	06-2023 🧰 Time о Id-уууу	f Death 02 : 30 AM ~	
Date Pronounced Dea	d JUN-06-2023	Time Pronounced Dead 02:35	AM ~
Pronouncer Name			
License Number			
1234567			
First	Middle	Last	Suffix
Lm		Doctor	
Title	Other Specify		
	\sim		

6. Place of Death page:

- Enter the detailed information for place of death
- Click Validate Page to check for errors
- Click Next

ype or prace o	i death _ Ho	opriai - mp	durent - Outer	opecny			
Facility Name	Hartford Ho	spital	۹ ۵	3			
Address							
Marca at Million Inc.	Pre			Street		Post	Apt #,
street Number	Directional	Street Na	me or PO Box, Rural Ro	ute, etc. Designator	-	Directional	Suite #,etc
80	•	Seymour		St	*	•	
Zip Code	City or Town	n	County	State	Country		
06106	Hartford		Hartford	Connecticut	United	States	

7. Cause of Death page:

- Enter specific Cause of Death
- Use Check Spelling for possible spelling errors
- Select Validate Page to check for errors
- Click Next

Due to specific federal regulations, accurate and detailed information is required and monitored.

Cause of Death

NCHS Recommendations for Entry of Cause of Death Enter the chain of events-diseases, injuries, or complications- that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE, DO NOT ENTER OLD AGE. Enter only one cause on a line. Add additional lines if necessary.

Cause of	Death		Approximate Interval Onset to Death
	Immediate Cause (Final disease or condition resulting in death)		
PART I Line a	Lung Cancer	ABC	Years
	Due to or as a consequence of	ABC	

8. Other Factors page:

- Enter the required data
- If you select a Manner of Death other than Natural, you will receive an error message that this case must be reviewed by the Medical Examiner
- Click Validate Page to check for errors
- Select Next

ther Factors	
Autopsy Performed	No v
Autopsy findings available to complete cause of death	\sim
If decedent was female, was decedent pregnant within the last year?	Not Applicable
Did tobacco use contribute to death	Yes 🗸
Manner of Death	Natural
Was ME Contacted? Yes \checkmark ME Case Number 1234567	
Did Decedent have a communicable disease at time of death? No	~
	Save Save Save Save Save Save Save Save



