

Enteral Nutrition Prescription Request (ENPR) Electronic Form Instructions

The electronic ENPR is now online on the WIC web page, replacing the ENPR Excel spreadsheet for requesting approval of non-contract infant formulas, exempt infant formulas and medical foods for a WIC participant with a documented medical diagnosis.

The ENPR Electronic Form will be submitted on-line to the state for review. After the ENPR is reviewed, an email is automatically generated, notifying the LA Coordinator and their designated staff if it is approved or denied. The original signed ENPR form must continue to be filed, either in the client's chart or in a place where it can be retrieved easily, just as you always have.

The ENPR Excel spreadsheets will be accepted by the State WIC until May 31, 2006 and after that time, spreadsheets will no longer be accepted except for when the Website is unavailable.

Location of the electronic ENPR form:

<http://hss.state.ak.us/ocs/nutri/Admin/default.htm>

It is listed under "ENPR".

Choose "ENPR Form for Local Agencies"

Or you can navigate to it by going to the Home page for the AK WIC Program @:

<http://hss.state.ak.us/ocs/nutri/WIC/Default.htm>

On the Home page, select the "Administration" link.

On the "Administrative" page select the "ENPR" link.

Instructions to use the electronic ENPR form:

Below are some screen shots of the on-line form.

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|------------------------------|---|----------------------------------|
| Clinic: | <input type="text" value="SEARHC - Juneau WIC Clinic"/> | <input type="text" value="502"/> |
| Client First Name: | <input type="text"/> | |
| Client Last Name: | <input type="text"/> | |
| DOB: (mm/dd/yy) | <input type="text"/> | |
| Parent/Caregiver First Name: | <input type="text"/> | |
| Parent/Caregiver Last Name: | <input type="text"/> | |
| Formula: | <input type="text" value="Boost"/> | |
| Duration: | <input type="text" value="6 months"/> | |

1. Select a clinic from the “Clinic” drop down box. The agency number will automatically fill in.
2. Fill in the “Client First Name” box.
3. Fill in the “Client Last Name” box.
4. Fill in the DOB using two digit numbers for month, day and year. Slashes are automatic once you are in the mm/dd/yy field. *Please note: in any of the date fields, if you want to delete what is typed in the field, you can’t highlight and type over it, you have to backspace over and delete everything in the field. (We are working on this and hope to resolve it shortly.)*
5. Fill in the Parent/Caregiver first name.
6. Fill in the Parent/Caregiver last name.
7. Select a formula from the “Formula” drop down list. If for some reason a formula you are requesting is not available in this list, type in the name of the formula in the “Other Explanation” box at the end of the form.
8. Select the “Duration” from the drop down list.

| | |
|-----------------------------------|----------------------|
| Trial 1 Formula Name: | <input type="text"/> |
| Trial 1 Start Date: (mm/dd/yy) | <input type="text"/> |
| Trial 1 End Date: (mm/dd/yy) | <input type="text"/> |
| Trial 1 Reactions: | <input type="text"/> |
| Trial 2 Formula Name: | <input type="text"/> |
| Trial 2 Start Date: (mm/dd/yy) | <input type="text"/> |
| Trial 2 End Date: (mm/dd/yy) | <input type="text"/> |
| Trial 2 Reactions: | <input type="text"/> |

9. Fill in the name of the formula that the client tried and did not tolerate in the “Trial 1 Formula Name” box. **This field must be filled in.** If there was no trial formula; use “n/a” to designate this.

10. Fill in the “Start date of the Trial” box, using two digit numbers for month, day and year. **This field must be filled in. Select a date; even if there was no trial.** Slashes are automatic once you are in the mm/dd/yy field.

11. Fill in the “End date of the Trial” box, using two digit numbers for month, day and year. Slashes are automatic once you are in the mm/dd/yy field.

12. Fill in the “Trial 1 Reactions”.

13. Repeat steps 10-12 for the “Trial 2” data.

LA Memo 06-16

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|---|----------------------|-------------|------------|
| Medical Diagnosis 1 | Low Birth Weight | USDA 360 | ICD-9 0 |
| Explanation of Other Medical Conditions 1 | | | |
| Medical Diagnosis 2 | No Medical Diagnosis | USDA 0 | ICD-9 0 |
| Explanation of Other Medical Conditions 2 | | | |
| Medical Diagnosis 3 | No Medical Diagnosis | USDA 0 | ICD-9 0 |
| Explanation of Other Medical Conditions 3 | | | |

14. Select a “Medical Diagnosis 1” from the drop down box. USDA and ICD9 codes will automatically fill in.
15. Fill out the “Explanation of Other Medical Conditions 1” box when “Other Medical Conditions” is selected in the Medical Diagnosis box.
16. Repeat steps 14 and 15 for Medical Diagnosis 2 and 3, if needed.

LA Memo 06-16

| | |
|---|------------------------------------|
| Medical Provider Name | <input type="text"/> |
| Medical Provider Phone | <input type="text"/> |
| Medical Provider Signature Verified By | <input type="text"/> |
| Local Agency RD, Nutritionist, or CPA Evaluation | <input type="text" value="Other"/> |
| Other Explanation | <input type="text"/> |
| % wt/length or % wt/ht | <input type="text" value="25%"/> |
| Email To Include In Reply | <input type="text"/> |

17. Fill in the “Medical Provider Name” field.
18. Fill in the “Medical Provider Phone” field.
19. Type in the full name of your staff person who verified the Medical Provider Signature in the “Medical Provider Signature Verified By” field.
20. Select an evaluation from the drop down box “Local Agency RD, Nutritionist or CPA Evaluation”.
21. Fill in “Other Explanation” box, to add any other explanation regarding this request here.
22. Select a % wt/length or % wt/ht from the Drop down box. Round the number to the nearest % [and make a notation in the comments section for clarification.](#)
23. Fill in what ever email you would like the response regarding the status of your request to go to in the “Email To Include In Reply” box. You may type in more than one email address in this box as long as you separate the addresses with either a comma or a semicolon
24. Click the “Submit Request” button. An automatic email will be sent to the requesting agencies LA Coordinator.

