



# Breast Pump Rental (RFNS) Guide



DECEMBER 2015



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# A FEW QUESTIONS AND ANSWERS

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## **What is an RFNS?**

RFNS stands for Request for Nutritional Supplies. This is a term often used to describe the form WIC staff complete to approve a hospital-grade breast pump rental.

## **How do I submit a rental approval form to a medical supply vendor?**

Once a form is created in WISPr, you can save and/or print the PDF form. It is your agency's decision whether approval forms are faxed and/or emailed to medical supply vendors. Please communicate with your medical supply vendors if you plan to change how you currently submit the approval forms.

## **Do I need to notify the State WIC Office when I complete a breast pump rental approval in WISPr?**

No. The State WIC Office will check for a rental approval in WISPr when an invoice is received from a medical supply vendor. If the State WIC Office receives an invoice and does not find an approval in WISPr, they will contact the Breastfeeding Coordinator for your agency.

## **How do we document and store prescriptions for breast pump rentals?**

To complete the rental approval in WISPr, you must enter information from the prescription. This includes the doctor's name, the date the prescription was signed, and how long the prescription is valid for. As an agency, you can choose how you want to store prescriptions. You may want to include a copy of the prescription when sending the RFNS to medical supply vendors.

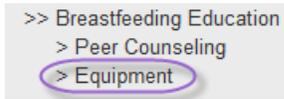
## **How do we document that a participant has been informed of their responsibilities regarding a breast pump rental?**

Because the form is electronic, we do not have a place for the participant to sign. It is still important to inform the participant of the terms and document how and when this was done. There is a checkbox on the approval form that should be checked to acknowledge the participant was informed of the rental terms. There is also a Notes section where you can include how and when these terms were communicated to the participant.

A medical supply vendor is encouraged to have participants sign paperwork typical for any customer. If desired, the medical supply vendor could have the participant sign and date next to the Participant Responsibilities section on the breast pump rental approval form.

# CREATING A RENTAL APPROVAL FORM (RFNS)

1. From a woman participant's Participant Summary page, click on >Equipment under >>Breastfeeding Education.



This takes you to the Breastfeeding: Equipment Issuance page which shows a record of equipment that has been issued to the participant.

**Breastfeeding:** Equipment Issuance

ISSUE EQUIPMENT

The following Breastfeeding Equipment has been issued to this participant.  
(E) indicates an extension of a previous issuance.

RFNS Issuances: [redacted] hasn't been issued any RFNS equipment yet.

WSCA Issuances: [redacted] hasn't been issued any WSCA equipment yet.

Recent Issuance Log Entries:

[Show All Entries](#)

2. Click on the Issue Equipment button.

ISSUE EQUIPMENT

3. Select RFNS from the Contract dropdown list.



The RFNS form will appear.

Breastfeeding: Equipment Issuance

Start Date:  Contract: RFNS

End Date:

Prescription Information

Physician:

Date RX signed:  Length Valid:

Infant Information

Participant ID:  Name:

DOB:  Medicaid #:

Reason for Pump Use\* (check all that apply)

Prematurity  
 Medical condition affecting ability to suck  
 Mother-infant separation/interruption or breastfeeding for >24 hrs due to medical condition  
 Weight loss >7% of birth weight in first 72 hrs of life  
 Mastitis  
 Severe engorgement or soreness  
 Other

Authorized Breastfeeding Equipment

Breast Pump: <input checked="" type="radio"/> None <input type="radio"/> Ameda Egnell Lact-e-Light Breast Pump <input type="radio"/> Medela Lactina Select Breast Pump <input type="radio"/> Medela Symphony Breast Pump <input type="radio"/> Any Approved Breast Pump <input type="radio"/> Other	Pump Kit: <input checked="" type="radio"/> None <input type="radio"/> Ameda Egnell Dual Elektrik <input type="radio"/> Medela Lactina Double Breast Pump Kit <input type="radio"/> Medela Symphony Double Breast Pump Kit <input type="radio"/> Medela Symphony/Lactina Double Breast Pump Kit <input type="radio"/> Any Approved, Appropriate Breast Pump Kit <input type="radio"/> Other
---	---

Vendor:

Please Select:  Show All

Participant Responsibilities

Participant was informed of the WIC Breast Pump Rental Agreement terms

Notes:

SAVE SAVE + CARE PLAN CANCEL

4. Enter the Start Date. (mm/dd/yyyy) This can be a date in the past or future if needed.

Start Date:\*

5. Enter the End Date. (mm/dd/yyyy)

End Date:\*

6. Enter Prescription Information.

- Enter the Physician's name. Include credentials if possible.

Physician:\*

- Enter the date the prescription was signed. (mm/dd/yyyy)

Date RX signed:\*

- Enter the length of time the prescription is valid. Include both the number and the units. For example: 12 months. If no duration is listed on the prescription, type "not given".

Length Valid:\*

7. Enter Infant Information if needed. If this information is available in WISPr, this section will populate automatically. You can add or make changes if you need to the populated information.

- Enter the infant's WIC Participant ID.

Participant ID:

- Enter the infant's Name.

Name:

- Enter the infant's date of birth. **Infant DOB is required for the form to be completed.**

DOB:\*

- Enter the infant's Medicaid number, if available.

Medicaid #:

8. Check the reason(s) for pump use. Check all that apply.

Reason for Pump Use\* (check all that apply)

- 
- Prematurity
  - Medical condition affecting ability to suck
  - Mother-infant separation/interruption or breastfeeding for >24 hrs due to medical condition
  - Weight loss >7% of birth weight in first 72 hrs of life
  - Mastitis
  - Severe engorgement or soreness
  - Other

If you select Other, enter a description of the reason in the text box that appears.

Other

9. Select Authorized Breastfeeding Equipment.

- Select a Breast Pump. Any Approved Breast Pump allows the medical supply vendor to choose a pump. If you choose Other, include the specific pump name in the text box.

**Breast Pump:**

- None
- Ameda Egnell Lact-e-Light Breast Pump
- Medela Lactina Select Breast Pump
- Medela Symphony Breast Pump
- Any Approved Breast Pump
- Other

- If needed, select a Pump Kit. If you choose Other, include the specific pump kit name in the text box.

**Pump Kit:**

- None
- Ameda Egnell Dual Elektrikit
- Medela Lactina Double Breast Pump Kit
- Medela Symphony Double Breast Pump Kit
- Medela Symphony/Lactina Double Breast Pump Kit
- Any Approved, Appropriate Breast Pump Kit
- Other

10. Choose a vendor. The dropdown list shows the vendors in your agency.

**Vendor:\***

Please Select  
Mother's Haven  
Norco: Spokane

If you need to select a vendor outside of your agency, click Show All. This will expand the list to show all possible vendors.

**Vendor:\***

Please Select [Show All](#)

▼ Any Approved Breast Pump

- Please Select
- Maag Prescription Center LLC
- Mother's Haven
- Norco, Inc
- Norco: Bend Oregon
- Norco: Blackfoot
- Norco: Boise
- Norco: Burley
- Norco: Caldwell
- Norco: Elko
- Norco: Grangeville
- Norco: Idaho Falls
- Norco: Lewiston
- Norco: Meridian
- Norco: Moscow
- Norco: Mountain Home
- Norco: Nampa
- Norco: Ontario
- Norco: Pocatello/Chubbuck
- Norco: Rexburg
- Norco: Salt Lake City
- Norco: Spokane
- Norco: Twin Falls
- Pharmacy Shop, Inc.
- R&J Pharmacy Shop
- Vailley Medical
- Wasem's Home Medical

Once you select a Vendor, the Vendor's contact information will appear.

Vendor:\*

---

Mother's Haven	Show All	Name: Mother's Haven
		Phone: (208) 676-1300
		Fax: (208) 676-1738
		Email: margaret@mothershaven.com
		Address: 2112 N Government Way
		Coeur d'Alene, ID 83814

11. Once the participant has been informed of the pump rental terms, check the box "Participant was informed of the WIC Breast Pump Rental Agreement terms." **This is required to complete the form.**

### Participant Responsibilities

---

\*Participant was informed of the WIC Breast Pump Rental Agreement terms

12. Enter any notes. These notes will be on the form that is sent to the medical supply vendor.

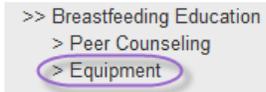
Notes:

13. Click on the Save or Save + Care Plan button.

- The Save button saves the form and returns you to the participant's Breastfeeding: Equipment Issuance page.
- The Save + Care Plan button saves the form and takes you to a new care plan for the participant.
- The Cancel button will return you to the participant's Breastfeeding: Equipment Issuance page without saving the form.

# VIEWING A RENTAL APPROVAL

1. From a woman participant's Participant Summary page, click on >Equipment under >>Breastfeeding Education.



This will take you to the participant's Breastfeeding: Equipment Issuance page.

2. In the RFNS Issuances grid, click on the line of pump rental you would like to view.

**Breastfeeding: Equipment Issuance** ISSUE EQUIPMENT

---

The following Breastfeeding Equipment has been issued to this participant.  
'(E)' indicates an extension of a previous issuance.

RFNS Issuances: 

Date	Equipment	Vendor	Reason ^
3/10/2015	Medela Symphony Double Br...	Mother's Haven	Severe engorgement or soreness

Page Size: 5 Page: 1 Rows 1 - 1 of 1

3. View the information listed on the Issued Equipment popup box.

### Issued Equipment

---

Start Date: 3/10/2015      Contract: RFNS  
End Date: 5/10/2015      Status: This equipment has not been returned. It is due on 5/10/2015

---

#### Physician Information

Physician: Dr. Felix Young  
RX signed: 2/28/2015      Est Length: pm

---

#### Infant Information

Name:                 Participant ID: 2054690      Medicaid #: 0002097790

---

#### Reason for Pump Use

Severe engorgement or soreness

---

#### Authorized Breastfeeding Equipment

Equipment: Medela Symphony Breast Pump  
Kit: Medela Symphony Double Breast Pump Kit

---

#### Vendor

Mother's Haven

---

#### Notes

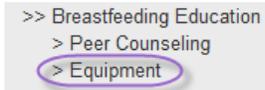
Spoke with participant re: return date and agreement terms in clinic 10 March 2015

PRINT EDIT DELETE EXTEND RETURN



# SAVING/PRINTING A RENTAL APPROVAL FORM

1. From a woman participant's Participant Summary page, click on >Equipment under >>Breastfeeding Education.



This will take you to the participant's Breastfeeding: Equipment Issuance page.

2. In the RFNS Issuances grid, click on the line of pump rental you would like to view.

**Breastfeeding: Equipment Issuance** ISSUE EQUIPMENT

---

The following Breastfeeding Equipment has been issued to this participant.  
'(E)' indicates an extension of a previous issuance.

RFNS Issuances:

Date	Equipment	Vendor	Reason ^
3/10/2015	Medela Symphony Double Br...	Mother's Haven	Severe engorgement or soreness

Page Size: 5 Page: 1 Rows 1 - 1 of 1

3. Click on the Print button on the Issued Equipment popup box. This will allow you to print or save a PDF of the rental approval form.

### Issued Equipment

---

Start Date: 3/10/2015      Contract: RFNS  
End Date: 5/10/2015      Status: This equipment has not been returned. It is due on 5/10/2015

---

#### Physician Information

Physician: Dr. Felix Young  
RX signed: 2/28/2015      Est Length: prn

---

#### Infant Information

Name:                           Participant ID: 2054690      Medicaid #: 0002097790

---

#### Reason for Pump Use

Severe engorgement or soreness

---

#### Authorized Breastfeeding Equipment

Equipment: Medela Symphony Breast Pump  
Kit: Medela Symphony Double Breast Pump Kit

---

#### Vendor

Mother's Haven

---

#### Notes

Spoke with participant re: return date and agreement terms in clinic 10 March 2015

**PRINT****EDIT****DELETE****EXTEND****RETURN**



The following box will popup.

**900 -- Webpage Dialog**

**WIC**  
GROWING HEALTHY FAMILIES  
WISCONSIN DEPARTMENT OF HEALTH SERVICES  
1200 WISCONSIN STREET, MADISON, WISCONSIN 53706

**REQUEST FOR NUTRITIONAL SUPPLIES:  
Electric Breast Pump Rental and Attachment Kit**

Child ID: 1/10/2013  
Child Number: 101  
Authorized By: Karla Brown

APPROVED:	DATE: 1/10/2013	BY: 1/10/2013
RENTAL START:		

DEPT'S NAME: [REDACTED] WIC PARTICIPANT ID: [REDACTED] MEDICAL ID: [REDACTED] DATE OF BIRTH: [REDACTED]

MOTHER'S NAME: [REDACTED] WIC PARTICIPANT ID: [REDACTED] MEDICAL ID: [REDACTED] DATE OF BIRTH: [REDACTED]

STREET ADDRESS: PO Box 913 CITY: Janesville ST: WI ZIP: 53104

HOME PHONE: (262) 210-4434 OTHER PHONE: [REDACTED]

**AUTHORIZED EQUIPMENT**

BREAST PUMP: [REDACTED] PUMP ID: [REDACTED]  
 IF Electric Single-use Breast Pump

**MEDICAL DOCUMENTATION**

REASON FOR PUMP USE: [REDACTED] MEDICATION INFORMATION: [REDACTED]  
 IF: Breast engorgement or abscess Provider Name: Dr. Pats Young Date Signed: 1/10/2013 [REDACTED] [REDACTED]

**PARTICIPANT RESPONSIBILITIES**

IF Participant was informed of the WIC Breast Pump Rental Agreement terms.  
 Note: Provider and participant to return date and agreement terms to (800) 333-3833

<b>Provider's Health District</b>	<b>Provider's Name</b>	<b>Local WIC State Office</b>
Phone: (262) 413-1131 Fax: (262) 413-1131	Phone: (262) 676-1300 Fax: (262) 676-1300	Phone: (262) 224-4998 Fax: (262) 224-4998

To increase the size of the box, click the  box in the upper right-hand corner of the popup.

4. Hover your mouse over the top of the box so the following appears.



5. Click on the button you need.



To save a copy.



To print the file.



To zoom out.



To zoom in.



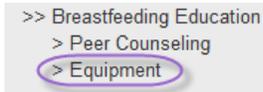
To show the toolbar.

6. Email or fax the completed RFNS form to the vendor, or print and give to the participant to hand deliver to the vendor.

# EDITING A RENTAL APPROVAL

The ability to edit or delete a completed approval form is available up to 7 days after the pump approval form is created.

1. From a woman participant's Participant Summary page, click on >Equipment under >>Breastfeeding Education.



This will take you to the participant's Breastfeeding: Equipment Issuance page.

2. In the RFNS Issuances grid, click on the line of pump rental you would like to edit.

## Breastfeeding: Equipment Issuance

ISSUE EQUIPMENT

The following Breastfeeding Equipment has been issued to this participant.  
'(E)' indicates an extension of a previous issuance.

### RFNS Issuances:

Date	Equipment	Vendor	Reason ^
3/10/2015	Medela Symphony Double Br...	Mother's Haven	Severe engorgement or soreness

Page Size: 5

Page: 1

Rows 1 - 1 of 1

3. Click on the Edit button on the Issued Equipment popup box.

### Issued Equipment

Start Date: 3/10/2015      Contract: RFNS  
End Date: 5/10/2015      Status: This equipment has not been returned. It is due on 5/10/2015

---

#### Physician Information

Physician: Dr. Felix Young  
RX signed: 2/28/2015      Est Length: prn

---

#### Infant Information

Name: [REDACTED]      Participant ID: 2054690      Medicaid #: 0002097790

---

#### Reason for Pump Use

Severe engorgement or soreness

---

#### Authorized Breastfeeding Equipment

Equipment: Medela Symphony Breast Pump  
Kit: Medela Symphony Double Breast Pump Kit

---

#### Vendor

Mother's Haven

---

#### Notes

Spoke with participant re: return date and agreement terms in clinic 10 March 2015

[PRINT](#)   [EDIT](#)   [DELETE](#)   [EXTEND](#)   [RETURN](#)

4. Make any needed changes to the approval form. All fields are available to edit.

**Breastfeeding: Equipment Issuance**

---

Start Date:\* 3/10/2015 Contract: RFNS

End Date:\* 5/10/2015

**Prescription Information**

---

Physician:\* Dr. Felix Young

Date RX signed:\* 2/28/2015 Length Valid:\* 6m

**Infant Information**

---

Participant ID: Name:

DOB: Medicaid #:

**Reason for Pump Use\*** (check all that apply)

Prematurity

Medical condition affecting ability to suck

Mother-infant separation/interruption or breastfeeding for >24 hrs due to medical condition

Weight loss >7% of birth weight in first 72 hrs of life

Mastitis

Severe engorgement or soreness

Other

**Authorized Breastfeeding Equipment**

---

<b>Breast Pump:</b>	<b>Pump Kit:</b>
<input type="radio"/> None	<input type="radio"/> None
<input type="radio"/> Ameda Egnell Lact-e-Light Breast Pump	<input type="radio"/> Ameda Egnell Dual Elektrikit
<input type="radio"/> Medela Lactina Select Breast Pump	<input type="radio"/> Medela Lactina Double Breast Pump Kit
<input checked="" type="radio"/> Medela Symphony Breast Pump	<input checked="" type="radio"/> Medela Symphony Double Breast Pump Kit
<input type="radio"/> Any Approved Breast Pump	<input type="radio"/> Medela Symphony/Lactina Double Breast Pump Kit
<input type="radio"/> Other	<input type="radio"/> Any Approved, Appropriate Breast Pump Kit
	<input type="radio"/> Other

**Vendor:\***

Mother's Haven Show All

**Participant Responsibilities**

---

Participant was informed of the WIC Breast Pump Rental Agreement terms

Notes: Spoke with participant re: return date and agreement term

SAVE SAVE + CARE PLAN CANCEL

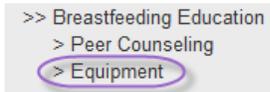
5. Click on the Save or Save + Care Plan button.

- The Save button saves the form and returns you to the participant's Breastfeeding: Equipment Issuance page.
- The Save + Care Plan button saves the form and takes you to a new care plan for the participant.
- The Cancel button will return you to the participant's Breastfeeding: Equipment Issuance page without saving the form.



# EXTENDING A RENTAL APPROVAL

1. From a woman participant's Participant Summary page, click on >Equipment under >>Breastfeeding Education.



2. On the Breastfeeding: Equipment Issuance page, select pump rental you would like to extend from the RFNS Issuances grid.

## Breastfeeding: Equipment Issuance

ISSUE EQUIPMENT

The following Breastfeeding Equipment has been issued to this participant.  
'(E)' indicates an extension of a previous issuance.

RFNS Issuances:

Date	Equipment	Vendor	Reason
3/10/2015	Medela Symphony Double Br...	Mother's Haven	Severe engorgement or soreness

Page Size: 5

Page: 1

Rows 1 - 1 of 1

3. Click on the Extend button on the Issued Equipment popup box.

### Issued Equipment

Start Date: 3/10/2015      Contract: RFNS  
End Date: 5/10/2015      Status: This equipment has not been returned. It is due on 5/10/2015

#### Physician Information

Physician: Dr. Felix Young  
RX signed: 2/28/2015      Est Length: pm

#### Infant Information

Name: [REDACTED]      Participant ID: 2054690      Medicaid #: 0002097790

#### Reason for Pump Use

Severe engorgement or soreness

#### Authorized Breastfeeding Equipment

Equipment: Medela Symphony Breast Pump  
Kit: Medela Symphony Double Breast Pump Kit

#### Vendor

Mother's Haven

#### Notes

Spoke with participant re: return date and agreement terms in clinic 10 March 2015

PRINT    EDIT    DELETE    **EXTEND**    RETURN

A form will appear with most of the information greyed out. To help you identify the information available to edit, it is circled in red on the form below.

**Breastfeeding: Equipment Issuance**

---

Start Date:\* 8/10/2015      Contract: RFNS

End Date:\*

---

**Prescription Information**

Physician:\* Dr. Felix Young

Date RX signed:\* 2/28/2015      Length Valid:\* 6m

---

**Infant Information**

Participant ID:      Name:      DOB:\*      Medicaid #:

---

**Reason for Pump Use\* (check all that apply)**

Prematurity  
 Medical condition affecting ability to suck  
 Mother-infant separation/interruption or breastfeeding for >24 hrs due to medical condition  
 Weight loss >7% of birth weight in first 72 hrs of life  
 Mastitis  
 Severe engorgement or soreness  
 Other

---

**Authorized Breastfeeding Equipment**

<b>Breast Pump:</b> <input type="radio"/> None <input type="radio"/> Ameda Egnell Lact-e-Light Breast Pump <input type="radio"/> Medela Lactina Select Breast Pump <input checked="" type="radio"/> Medela Symphony Breast Pump <input type="radio"/> Any Approved Breast Pump <input type="radio"/> Other	<b>Pump Kit:</b> <input type="radio"/> None <input type="radio"/> Ameda Egnell Dual Elektrikit <input type="radio"/> Medela Lactina Double Breast Pump Kit <input checked="" type="radio"/> Medela Symphony Double Breast Pump Kit <input type="radio"/> Medela Symphony/Lactina Double Breast Pump Kit <input type="radio"/> Any Approved, Appropriate Breast Pump Kit <input type="radio"/> Other
--	--

---

**Vendor:**

Mother's Haven [Show All](#)

---

**Participant Responsibilities**

Participant was informed of the WIC Breast Pump Rental Agreement terms

Notes: \_\_\_\_\_

**SAVE    SAVE + CAREPLAN    CANCEL**

4. Enter the new End Date.

End Date:\*

5. If needed, update any of the following information:

- Prescription Information:

Date RX signed:\* 8/24/2014

Length Valid:\* 3 months

- Reason for Pump Use

Reason for Pump Use\* (check all that apply)

- Prematurity  
 Medical condition affecting ability to suck  
 Mother-infant separation/interruption or breastfeeding for >24 hrs due to medical condition  
 Weight loss >7% of birth weight in first 72 hrs of life  
 Mastitis  
 Severe engorgement or soreness  
 Other

- Notes:

Notes: \_\_\_\_\_



6. Click on the Save or Save + Care Plan button.

- The Save button saves the form and returns you to the participant's Breastfeeding: Equipment Issuance page.
- The Save + Care Plan button saves the form and takes you to a new care plan for the participant.
- The Cancel button will return you to the participant's Breastfeeding: Equipment Issuance page without saving the form.



7. There will now be two entries in the RFNS Issuance Grid. The one with the (E) is the extension.

**Breastfeeding: Equipment Issuance**

ISSUE EQUIPMENT

*The following Breastfeeding Equipment has been issued to this participant.  
'(E)' indicates an extension of a previous issuance.*

**RFNS Issuances:**

Date	Equipment	Vendor	Reason
12/16/2015	Any	Norco: Idaho F...	(E)Mother-infant separation/interruption or breastfeeding for >24 hrs due to medical condition
12/15/2015	Any and Any	Norco: Idaho F...	Mother-infant separation/interruption or breastfeeding for >24 hrs due to medical condition

Page 1 of 1 (2 items) < [1] >

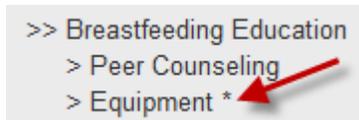
Page size: 25

# NOTIFICATIONS ON PARTICIPANT PAGES

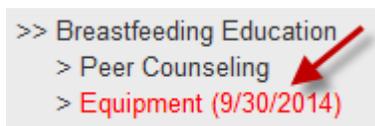
---

If a participant has a rental pump approval, the following notify staff of this:

- When a pump is approved and the return date is >15 days away, an asterik (\*) will appear next to >Equipment on the Participant's left-hand navigation panel.



- When a pump is approved and the return date is ≤15 days away, the return date will appear next to >Equipment on the Participant's left-hand navigation panel. Both >Equipment and the return date will be in red font.



These notifications will remain until the pump is returned in WISPr. (see [Marking a Pump Rental as Returned](#))

# ACTIVE RFNS RENTALS GRID

This function will be available to most Registered Dietitians and Supervisors in your agency. This may vary based on how your agency WIC Director has requested WISPr permissions be assigned. This grid only shows rentals that have not been marked as “returned” in WISPr.

1. Click on Agency/Clinic Administration at the top of any WISPr page.

**AGENCY / CLINIC  
ADMINISTRATION**

2. Click on >>Breastfeeding Equipment.

>> **Classes**  
>> **Breastfeeding Equipment**  
>> RFNS Peer Counseling

3. Click on >>Active RFNS Rentals.

>> **Breastfeeding Equipment**  
>> Inventory  
>> Inventory Transfer  
>> Agency Ordering  
>> **Active RFNS Rentals**

A grid will appear.

Agency:  Clinic:

Participant	PID	Equipment	Due Date
Participant (100)	1000000	Medela Symphony Breast Pump	01/03/2015
Participant (100)	1000000	Medela Symphony Breast Pump	02/11/2015
Participant (100)	1000000	Medela Symphony Breast Pump	02/28/2015
Participant (100)	1000000	Medela Symphony Breast Pump	12/12/2014

4. Select the clinic you would like to view rentals for from the Clinic dropdown list.

Clinic:   
  
  
  
  
  
 ct-e-Light  
 east Pump 10/15/201

5. As needed, adjust the grid by using the Page Size or Page number dropdown lists.

Page Size:   
  
  
  
 Page Size: **All**

Page:  Rows 1 - 3 of 3  
 Page Participant

- To sort the information in the grid, click on the title of the column that you would like the information sorted by. For example: if you click on Due Date it will sort the information in the grid according to the equipment due date.

Agency:  Clinic:

Participant	PID	Equipment	Due Date
	2058187	Medela Symphony Breast Pump	6/1/2015
	2064061	Medela Symphony Breast Pump	7/2/2015
	2064573	Medela Symphony Breast Pump	7/4/2015
	2012026	Medela Symphony Breast Pump	7/15/2015
	1478215	Medela Symphony Breast Pump	7/22/2015
	1084989	Medela Symphony Breast Pump	7/22/2015
	1522717	Medela Symphony Breast Pump	8/6/2015
	2059297	Medela Symphony Breast Pump	8/8/2015
	2063048	Medela Symphony Breast Pump	8/27/2015
	1479974	Medela Symphony Breast Pump	9/16/2015

- To view more information about the pump rental shown on a grid, click on the name of the participant. The Issued Equipment popup box will appear with details about the rental. If desired, you can perform print, edit, delete, extend, and return functions using the buttons on the popup box (the ability to edit or delete is only available up to 7 days after the pump approval form is created).

**Issued Equipment**

---

Start Date: 8/26/2014      Contract: RFNS  
 End Date: 9/30/2014      Status: This equipment has not been returned. It was due on 9/30/2014

**Physician Information**

---

Physician: Dr. Test  
 RX signed: 8/24/2014      Est Length: 3 months

**Infant Information**

---

Name:                      Participant ID:                      Medicaid #:

**Reason for Pump Use**

---

Prematurity

**Authorized Breastfeeding Equipment**

---

Equipment: Ameda Egnell Lact-e-Light  
 Kit: Ameda Egnell Kit

**Vendor**

---

Mother's Haven

**Notes**

---

NOTES TEST



# MARKING A PUMP RENTAL AS RETURNED

1. Access the participant's Issued Equipment popup box, either by:

- Selecting the rental from the grid on the Active RFNS Rentals page under Agency/Clinic Administration.

**Panhandle Health District**

Agency: (1) Panhandle Health District      Clinic: (101) Hayden

- >> Scheduler
- >> Configure Master Calendar
- >> Configure Clinic Settings
- >> Classes
- >> **Breastfeeding Equipment**
  - >> Inventory
  - >> Inventory Transfer
  - >> Agency Ordering
  - >> **Active RFNS Rentals**

Participant	PID	Equipment	Due Date
Participant	2042022	Ameda Egnell Lact-e-Light	09/30/2014
Participant	1539768	Any Approved Breast Pump	10/15/2014
Participant	2004045	Any Approved Breast Pump	11/30/2014

Page Size: All      Page: 1      Rows 1 - 3 of 3

- Or by going to the participant's Breastfeeding: Equipment Issuance page and selecting the line of the rental that was returned.

>> Assign Food Package

>> Nutrition Education

>> Participant Care Plan

>> **Breastfeeding Education**

- > Peer Counseling
- > **Equipment (9/30/2014)**

**Breastfeeding: Equipment Issuance**      ISSUE EQUIPMENT

The following Breastfeeding Equipment has been issued to this participant. 'E' indicates an extension of a previous issuance.

RFNS Issuances:

Date	Equipment	Vendor	Reason
9/26/2014	Ameda Egnell Kit and Ameda...	Mother's Haven	Prematurity

Page Size: 5      Page: 1      Rows 1 - 1 of 1

2. Click on the Return button on the Issued Equipment popup box.

**Issued Equipment**

Start Date: 8/26/2014      Contract: RFNS

End Date: 9/30/2014      Status: This equipment has not been returned. It was due on 9/30/2014

**Physician Information**

Physician: Dr. Test

RX signed: 8/24/2014      Est Length: 3 months

**Infant Information**

Name:      Participant ID:      Medicaid #:

**Reason for Pump Use**

Prematurity

**Authorized Breastfeeding Equipment**

Equipment: Ameda Egnell Lact-e-Light  
Kit: Ameda Egnell Kit

**Vendor**

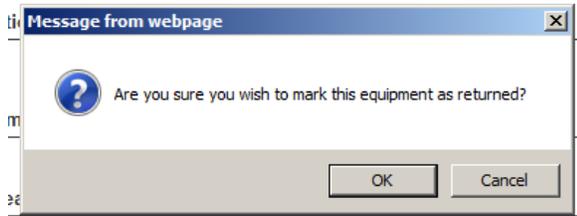
Mother's Haven

**Notes**

NOTES TEST

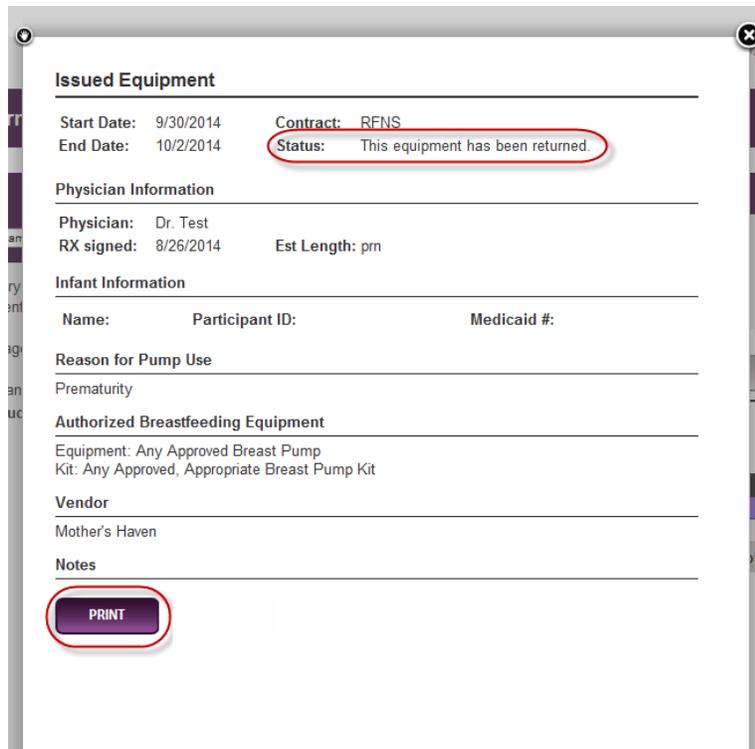
PRINT      EDIT      DELETE      EXTEND      **RETURN**

3. Click OK on the popup box asking “Are you sure you wish to mark this equipment as returned?”



Note: You can click Cancel if you do not want to mark the equipment as returned.

This will return you to the participant’s Breastfeeding: Equipment Issuance page. The issuance will still appear in the RFNS Issuances grid, but if you select the issuance, the Issued Equipment popup will show the Status as returned and the button options at the bottom will change (button options to edit or delete will be available up to 7 days after the pump approval form is created).



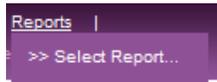
4. To document the date and any other information about the pump rental return, you will need to enter a staff note.

# RFNS RENTAL EQUIPMENT REPORTS

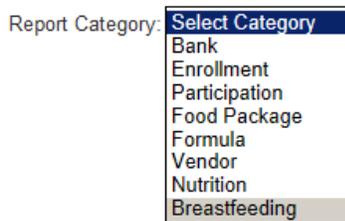
1. Hover your mouse over the Reports link located in right-hand corner of the top purple bar. Only certain users will have access to reports.



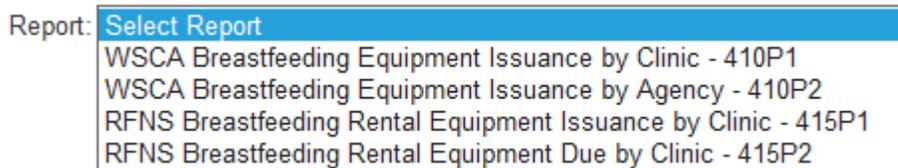
A >>Select Report... link will appear.



2. Click on the >>Select Report... link.
3. Select Breastfeeding from the Report Category dropdown list.



4. Select the report you would like to view from the Report dropdown list.



- **RFNS Breastfeeding Rental Equipment Issuance by Clinic – 415P1**  
This report will show you a list of RFNS rental equipment issuances over the time period selected by clinic. It also shows when it was issued, when it is due, and whether or not it has been returned.
- **RFNS Breastfeeding Rental Equipment Due by Clinic – 415P2**  
This report will show you a list of RFNS rental equipment due dates over a time period of time. It lists all participants that have a rental pump due from one year prior to the date entered through one month after.

# RFNS BREASTFEEDING RENTAL EQUIPMENT ISSUANCE BY CLINIC – 415P1

1. Select the clinic from the Clinic dropdown list for which you would like to see the report. It defaults to All Clinics.

Report Category:  Report:

Agency:  Clinic:  Beginning Date:  Ending Date:

2. Select a month/year from the Beginning Date dropdown list. The report will show issuances starting on the first day of the month selected.

Report Category:  Report:

Agency:  Clinic:  Beginning Date:  Ending Date:

3. Select a month/year from the Ending Date dropdown list. The report will show issuances through the last day of the month selected. If you select the current month, the report will show issuances through the day you are pulling the report.

Report Category:  Report:

Agency:  Clinic:  Beginning Date:  Ending Date:

4. Click the Go button.



The report will appear.

1 of 2 100% Find | Next

**415P1 - RFNS Breastfeeding Rental Equipment Issuance by Clinic** Idaho Department of Health & Welfare - WIC F  
Valid for: September, 2015 through December, 2015 Agency: 1 Clinic: 107 Run Date: 12/16/2015 3:15 PM Page 1 of 1  
Test Database: DHWSQLDEV2DR/HWCW\_DB\_WISPR\_4

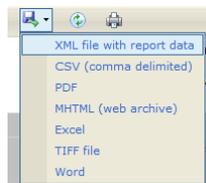
Clinic 107 Kellogg						Agency 1 Panhandle Health District		
Participant ID#	Participant Name	Medicaid #	Issued Date	Rental End Date	Returned	Equipment Description	Vendor	Notes
2071215		0000845982	10/26/2015	11/26/2015	No	Medela Symphony Breast Pump, Medela Symphony Double Breast Pump Kit	Mother's Haven	
2071876		0001226100	11/2/2015	1/4/2016	No	Medela Symphony Breast Pump, Medela Symphony Double Breast Pump Kit	Mother's Haven	
2074301		0002203449	11/10/2015	12/10/2015	No	Medela Symphony Breast Pump	Mother's Haven	

\* '(E)' indicates an extension of a previous issuance

Remember: This report requires scrolling to the right to see the entire report.

5. To save the report:

- Click the  button.
- Select a file format from the dropdown list.



## RFNS BREASTFEEDING RENTAL EQUIPMENT DUE BY CLINIC – 415P2

- Select the clinic from the Clinic dropdown list for which you would like to see the report. It defaults to All Clinics.

Report Category:  Report:

Agency:  Clinic:  Date:

- Select a month from the Date dropdown list. Click the Go button. The report will show equipment due dates from one year prior to the date entered through one month after. The month entered for the example below was December 2015.

**415P2 - RFNS Breastfeeding Rental Equipment Due by Clinic** Idaho Department of Health & Welfare - WIC F  
 Valid for: December 2014 - January 2016 \*\* Agency: 1 Clinic: 107 Run Date: 12/16/2015 3:47 PM Page 1 of 1  
 Test Database: DHWSQLDEV2DR/HWCW\_DB\_WISPR\_A

Clinic 107 Kellogg					Agency 1 Panhandle Hea	
Equipment Due Date	Participant ID #	Participant Name	Phone #	Medicaid #	Equipment Description	Vendor
1/19/2015	2050718		208-682-5027	0001033388	Medela Symphony Breast Pump	Mother's Haven
7/18/2015	2060665		208-682-5337	0001077489	Medela Symphony Breast Pump, Medela Symphony Double Breast Pump Kit	Mother's Haven
9/30/2015	2063289		208-512-2707	0000719836	Medela Symphony Breast Pump	Mother's Haven
11/26/2015	2071215		208-660-2107	0000845982	Medela Symphony Breast Pump, Medela Symphony Double Breast Pump Kit	Mother's Haven
12/10/2015	2074301		509-388-8012	0002203449	Medela Symphony Breast Pump	Mother's Haven
1/4/2016	2071876		208-818-4191	0001226100	Medela Symphony Breast Pump, Medela Symphony Double Breast Pump Kit	Mother's Haven

\*'E' indicates an extension of a previous issuance      \*\* This report lists all participants that have a rental pump due from one year prior to the date entered thru one month after.

Remember: This report requires scrolling to the right to see the entire report.

- To save the report:

- Click the  button.
- Select a file format from the dropdown list.

