## Companion Guide: Blended Visits/Multiple Births

## **Purpose**

This document will provide additional guidance regarding blended visits and multiple births. For policies regarding blended visits and multiple births, please refer to the current MIHP Operations Guide.

## Content

The Infant Risk Identifier is billed under each infant's own Medicaid ID number. However, professional visits (after the Risk Identifier visit) must be blended, and all services billed under one infant's Medicaid ID number. The electronic Infant Risk Identifier requires entry of the maternal data for each infant.

Only one infant's Medicaid ID may be billed for the initial nine visits; another infant's Medicaid ID may not be billed for additional visits. The infant Medicaid ID being billed should be chosen based on the needs of the beneficiary. In some instances, the healthiest infant is the first one discharged from the hospital. This infant becomes the first one for whom a Risk Identifier is done and the one whose Medicaid ID is billed for the blended visits after the other infants come home.

One *Infant Care Communication* form needs to be sent to the medical care provider, if the infants all have the same medical care provider. In this case, document information about the infants whose Medicaid ID numbers are not being billed in the "Comments" section.

Do not complete the *Infant Forms Checklist* for each infant. This checklist is completed only for the infant whose Medicaid ID is being used to bill blended visits.

Additional blended visits beyond the initial nine infant visits for the sibling group may only be provided if a physician's order authorizing additional visits is found in the chart. Developmental screening for infants is critical. A developmental concern identified by the ASQ for one infant is an acceptable rationale for the medical care provider to authorize additional blended visits for the sibling group.

## Additional information:

- Discharge Summaries are completed for all the infants.
- Different MIHP agencies may not serve different infants that were born as a multiple pregnancy.