

IRIS XML Format and Duplicate Interns and Residents FTEs Review



May 3, 2023

Presenters:

Owen Osaghae, CMS Mike Sell, CGI Federal Mark Korpela, Myers and Stauffer

Acronyms in this Presentation

- CMS Centers for Medicare and Medicaid Services
- DBF dBase Database File
- FTE Full Time Equivalent
- GME Graduate Medical Education
- IME Indirect Medical Education
- IPF Inpatient Psychiatric Facility
- IPPS Inpatient Prospective Payment System
- IRF Inpatient Rehabilitation Facility
- IRIS Intern and Resident Information System
- IRP Initial Residency Program
- MAC Medicare Administrative Contractor
- MCReF Medicare Cost Report e-Filing system
- XML Extensible Markup Language



IRIS XML Format

IRIS File – Format Changes

- Until recently, all IRIS submissions consisted of a pair of dBase database files (.DBFs):
 - the Master file (named beginning with an 'M') containing a record for each Intern and Resident
 - the Assignment file (named beginning with an 'A') containing a record for each Assignment
- In May 2020, through collaboration with the IRIS Vendor community, CMS established a new alternative IRIS format utilizing Extensible Markup Language (XML)
 - The modernized IRIS XML format captures everything the DBF had and consolidates the Master/Assignment data into a single file, while allowing for more flexible future updates to respond to evolving IME/GME policy landscape
 - Official authorization: CMS-R-64/OMB 0938-0456
- Per the 2021 IPPS rule, for cost reporting periods beginning on or after October 1, 2021, the new IRIS XML format is *required* for facilities claiming IME/GME FTEs.

- As part of the changeover to XML, several new fields have been added to the IRIS file format
- The goal of these additional fields is to better support matching the IRIS data to the cost report

- IME IPPS, IPF, and IRF Percentages
 - The DBF's single IME Percentage is split into 3 parts, allowing facilities to track the respective percentages of a resident's time at Inpatient Psychiatric Facility (IPF) and Inpatient Rehabilitation Facility (IRF) distinct parts separately from the time spent at the main IPPS facility
 - This allows appropriate assignment of an IME FTE to Worksheet E Part A (IPPS), E-3 Part II (IPF), or E-3 Part III (IRF), respectively
- Non-Provider Site Percentage
 - This is the percentage of claimed GME time spent in allowable non-provider site settings
 - This supports the breakdown between sites on Worksheet S-2, Part I, lines 66 and 67

Displaced Resident

- Indicates whether the resident is an allowable displaced resident for which the hospital may receive a temporary cap adjustment
- Identifies which FTEs should be included in the calculation of Displaced Resident lines on Worksheets:
 - E Part A, Line 17
 - E-3 Part II, Line 4.01
 - E-3 Part III, Line 5.01
 - E-4, Line 16

New Program

- Indicates whether the resident is in the initial years of a program that meets the exception to the rolling average rules
- Determines whether a resident is counted on Worksheets:
 - E Part A, Line 16
 - E-3 Part II, Line 7
 - E-3 Part III, Line 8
 - E-4, Line 15
- New Program IME Exceptions
 - Indicates if a resident's status in a New Program does not qualify for GME, but does qualify for IME IPPS, IRF, and/or IPF

- Resident Non-IRP Year One Residency
 - When a resident participates in a preliminary year or a simultaneous match, this reports the residency they were enrolled in for their first year, along with whether that first year was a preliminary year or part of a simultaneous match
- Creation Software Name
 - Reports the name of the software or vendor used to create the IRIS submission
 - This is only used for troubleshooting, and has no impact on the validity of an IRIS submission

Cost Report Reconciliation

- Per the 2021 IPPS Rule:
 - For reporting periods beginning on or after October 1, 2021, the FTEs reported in IRIS must correspond to the FTEs reported on the cost report
 - For reporting periods beginning on or after October 1, 2022, MACs are instructed to reject cost reports when these FTE totals do not correspond with each other
- The Medicare Cost Report e-Filing System (MCReF) will alert a cost report filer if the FTE counts derived from the IRIS submission do not correspond to the FTE counts included on the cost report
 - A mismatch will not prevent successful cost report submission in MCReF

Creating IRIS XML Submissions

- IRIS XML Specifications will be published to the CMS IRIS page
 - https://www.cms.gov/Medicare/Compliance-and-Audits/Part-A-Cost-Report-Audit-and-Reimbursement/IRIS
- Teaching facilities are required to submit IRIS data using compliant XML-formatted files for cost reporting periods beginning on or after October 1, 2021.
- Providers may use any method to produce compliant XML files, including IRIS vendor software that has been validated by CMS as being compliant

IRIS XML Vendors

If providers choose to utilize vendor software, the following software products have been confirmed to generate compliant XML IRIS files:

Software	Vendor	URL
MedHub	Ascend Learning	www.medhub.com
iRotations	Besler	<u>www.besler.com</u>
HFSSoft IRIS	Health Financial Systems	<u>www.hfssoft.com</u>
MyGME Fiscal	MyEvaluations.com	www.myevaluations.com/Services.aspx
Management		
New Innovations	New Innovations	<u>www.new-innov.com</u>



Duplicate Interns and Residents FTEs Review

IRIS Duplicates/Overlaps

- Medicare reimbursement for a provider's DGME and IME, in part, is based on the number of FTE residents that the provider trains and the portion of the training time spent working at the provider.
- Pursuant to 42 CFR 412.105(f)(1)(iii)(A) and 413.78 (b), no resident may be counted as more than one FTE.

IRIS Duplicates/Overlaps

- An IRIS overlap occurs when two or more providers claim the same resident for some period of time at a combined total of more than 100% utilization in either the IME or Unweighted DGME.
- The sum of the utilizations being claimed across all providers for the same time period for the resident must be over 100% to trigger an overlap.
- Providers must coordinate their IRIS submissions so that no resident is being claimed at more than 100% for the same time period.

- A significant number of teaching providers have FTE duplicates and are subject to further review.
- Myers and Stauffer LC is the CMS contractor that will complete reviews of all IRIS duplicates (IRIS Review Contractor).
- The primary goal is to identify and resolve duplicate FTEs, and it will require the providers to supply documentation to support their claimed FTEs.

- Review timelines based on cost reports that had an overlap within a specific Federal Fiscal Year (FFY)
 - FFY 2017 completed during calendar year 2023
 - FFY 2018 & 2019 completed during calendar year 2024
 - FFY 2020 & 2021 completed during calendar year 2025
 - FFY 2022 & 2023 completed during calendar year 2026
 - FFY 2024 & 2025 completed during calendar year 2027

- Multiple cost reporting periods could be impacted since not all provider year-ends are the same.
- Example of cost report timelines -
 - A 12/31 year end provider may have overlaps that are resulting from more than one cost report.
 - In this case, a FFY 2017 review would include the cost report ending during FFY 2017, which will be the 12/31/2016 cost report.
 - If another provider has a 10/31/2016 fiscal year end (which also ends in FFY 2017), it's possible that the overlap occurred in 11/2015 so the impacted provider's 12/31/2015 cost report data will also be needed.

- Cost Reports impacted
 - "Open Cost Report" (not final settled at time of review) -
 - IRIS review will be completed and results will be shared with the provider and the MAC. The MAC will finalize the cost report and incorporate any necessary adjustments as part of their Notice of Program Reimbursement (NPR) process.
 - Final Settled Cost Report (NPR already issued)
 - Notice of Reopening will be issued by Myers and Stauffer, for eligible cost reports.
 - IRIS review will be completed and results will be shared with the with the provider and the MAC.
 - Proposed adjustments The MAC will issue a Revised NPR.
 - No proposed adjustments Myers and Stauffer will issue Notice of Reopening Closure letter.
 - Note even if a cost report cannot be reopened, review must still be completed since more than one provider are impacted.

- FFY 2017 duplicates and the impacted cost reports
 - Reviews starting May 2023

- Providers will receive, from <u>IrisDuplicates@mslc.com</u>
 - An email explaining that they have duplicate FTEs that are subject to review.

- Included with the email from <u>IrisDuplicates@mslc.com</u>
 - Notice of Reopening if the cost report was previously final settled by their MAC and is eligible to be reopened.
 - Review/Audit Notification Letter.
 - Instructions to access the secure file transfer site. This "portal" will be utilized for securely sharing information during the review process.
 - Overlap Report (Sample) with no PHI/PII.

- Secure Portal -
 - Necessary to securely transmit PHI/PII.
 - Will contain the Initial Documentation Request with supporting detail. 30-day request for initial documentation.
 - Will be utilized for subsequent requests and further communication (along with email notifications).
 - Provider can easily upload/download files.
 - The review contractor will be available to assist with the process.

- Data elements in the Overlap Report will include:
 - Resident Name and masked SSN
 - Rotation dates
 - IME and GME FTE
 - Rotation overlap start
 - Rotation overlap end
 - Providers included in overlap
 - Cost report FYE

- Examples of Supporting Documentation include:
 - Detailed rotation/resident assignment schedules (includes legend identifying all abbreviations) that clearly support the time period claimed as working at the facility, in conjunction with other items, such as but not limited to:
 - Invoices to support the resident was working at the facility for the time period.
 - Personnel documentation, such as evaluations, that support the time spent at the facility.
 - Official documents signed by the resident during their time at the facility, such as medical records, timekeeping records, etc.

- Examples of Documentation continued
 - Attestation, signed by all involved providers, that identifies which provider is allowed to claim the resident in accordance with 42 CFR 413.78(b) and 412.105(f)(1)(iii)(A).
 - If the provider determines that the resident was not at their facility during the specific time period, they can simply note that on the Overlap Report.

- During the overlap review process, Myers and Stauffer will work with the MACs to determine if any of their previous audit activities included review of FTEs.
- Any prior audit activities will be taken into consideration during this process to avoid the potential of excluding a specific rotation or FTE more than once.

- Communication will occur during the review process to ensure that the review contractor has all information needed to complete the review, as well ensuring that the provider understands the outcome.
- Failure to reply, failure to provide documentation, or failure to coordinate with the other providers may result in removal of the rotation/FTE.
- The review contractor will notify the provider of the results, including any proposed adjustments, and will provide supporting workpapers.
- An Exit Conference will be conducted, or may be waived by the provider.

- Upon completion of the review
 - Changes will be uploaded to the IRIS database.
 - MAC will incorporate any adjustments into their cost report settlement process
 - NPR for an open cost report.
 - RNPR if the cost report was final settled.

Questions



Thank You – Please Evaluate Your Experience

Share your thoughts to help us improve – complete in-webinar poll

Visit:

Medicare Learning Network homepage for other free educational materials for health care professionals

Disclaimer

This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.