

Health Financial Systems

IRIS Update

Denver

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The Leader in Medicare Cost Report Software



Overview

- HFS Redesign System
- IRIS Recent CMS Changes and Issues
- New fields being added to trace to the Hospital Cost Reports
- Timeline?
- Questions

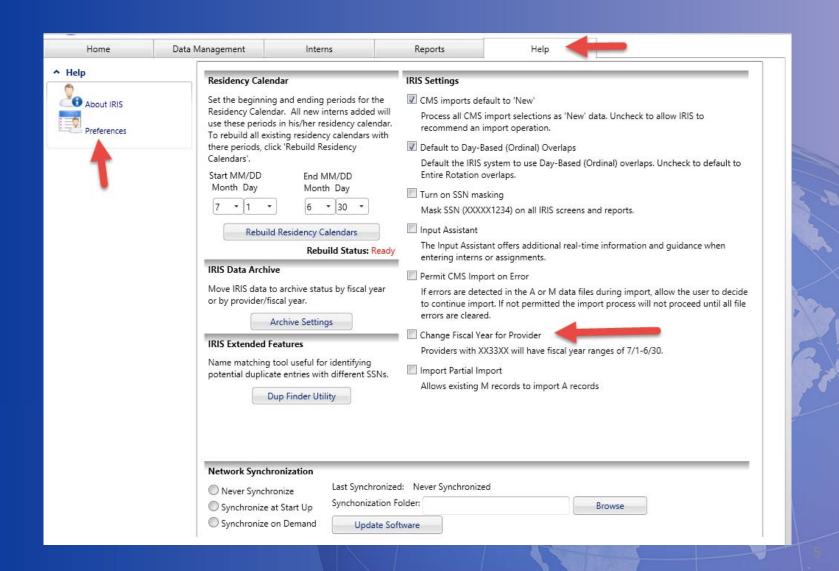


- HFS switched from an Access based IRIS system to SQL back in August of 2015.
- Major changes include speed, ability to import excel files, and we have a Check for Updates and also Net Sync that we have in the Medicare Cost Report software.



- We have made changes to reports to allow for CHGME audits.
 - In the Preference table, we added a selection for Children's Hospitals that are not FYE of 6-30 to process reports as if they are.
 - This gives a warning to the user that this is selected so you will know this when you run a report on a provider with # XX-33XX.







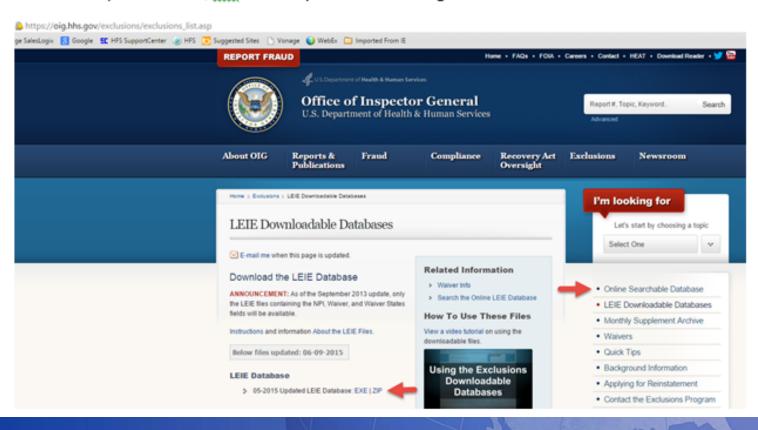
HFS IRIS Redesign OIG Report

Another report we have is the OIG Report which has the following screen: HFS IRIS Verification System (© 2006-2015) Intern Resident Information System Health Financial Data Management Reports Help Reports Import OIG Data File Import Office of Inspector General (OIG) data file Audit Report This process will import the UPDATED.DBF file from the OIG web site into IRIS to run the OIG Comparison Report. Notes Report Before this import can be run, the file must be downloaded from the OIG web site, extracted and saved locally. Then click the 'Import OIG download' button, navigate to and open the UPDATED.DBF file. Foreign Medical Graduates To download the latest OIG exclusion list, click on the link below. Import Data Master Variance Import OIG Download Import File Log 1. Select the report type: Intern Assignments Choose Provider Intern (Individual) History Full Database 2. Select a provider/fiscal year and click preview report: Provider FY Begin FY End Overlap Report Preview Report Out of IRP Report Pre-July 1995 Residency Residency Report Latest Download Date: N/A Sim Match Report



HFS IRIS Redesign OIG Report

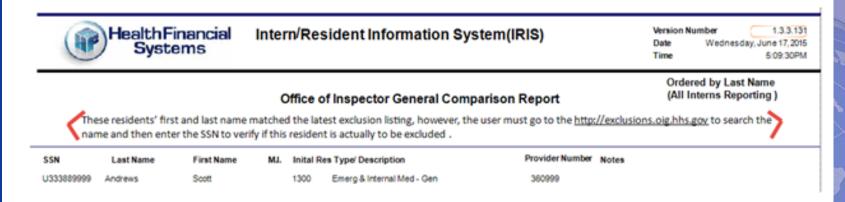
You will need to Import the OIG Data File into your database, you do this by selecting the "Click Here" link circled in previous slide, this will take you to the following Website:





HFS IRIS Redesign OIG Report

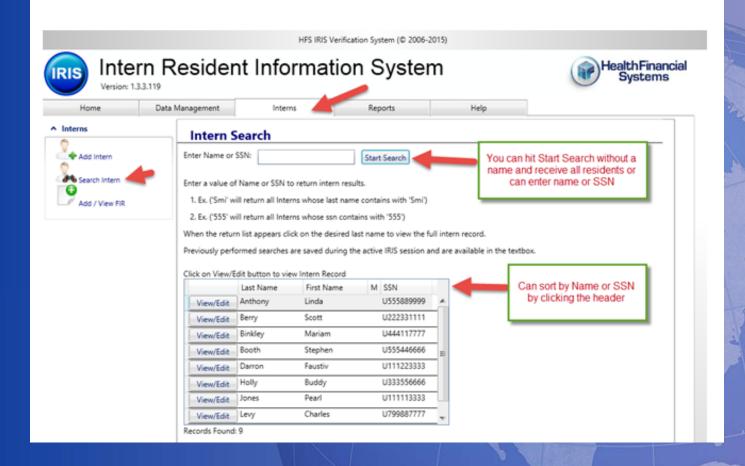
You then download the zipped LEIE <u>Database</u>, you extract that file to your computer and then select the Import OIG Download button to bring this in. Then you will do a Preview Report and get the following:



The key is that this only identifies a resident with a First and last name on the exclusion list, you will need to go back to the website (pictured above) and select the Online Searchable Database and then enter the resident name and then will have the availability to enter the SSN to see if that is the specific resident on the exclusion listing.



Below is the screen where you would go and view residents in the database, it is on the Interns tab and you will select Search Intern:





HFS IRIS Intern Entry Hints

- The IME & GME Percentage should be entered up to 2 decimal places (66.67%). For IME, CMS has defined this to be the IR's time that the provider is allowed to claim for IME purposes as defined in the regulations. Refer to 42 CFR 412.105(f). The IME percentage is also used for computing the FTEs applicable to the IPF and IRF Teaching Adjustments.
- The GME percentage is defined as the IR's time that the provider is allowed to claim for GME purposes as defined in the regulations. Refer to 42 CFR 413.78. This percentage of time is <u>not weighted</u> (for years outside of the Initial Residency Period) for IRIS reporting purposes, and is to be weighted outside of IRIS for Medicare cost reporting purposes.



HFS IRIS Intern Entry Hints

- One major point when entering the percentage where a resident rotates to another hospital, if you enter your resident that rotates to your facility in April but is at another hospital from 4-11 to 4-16 (6 days), do not enter 4-1 to 4-30 with IME and GME % at 80 but rather split the assignment and enter 4-1 to 4-10 and 4-17 to 4-30 at 100. If the other provider lists their assignment 4-11 to 4-16 at 100, then you would have an overlap when listing your assignment from 4-1 to 4-30 at 80.
- The Residency field should generally be populated with the residency type code for the program the IR was participating in on the first day of the resident's first rotation after graduating from medical school, even if that rotation did not occur within the provider submitting the IRIS file or within the provider's current cost reporting period.

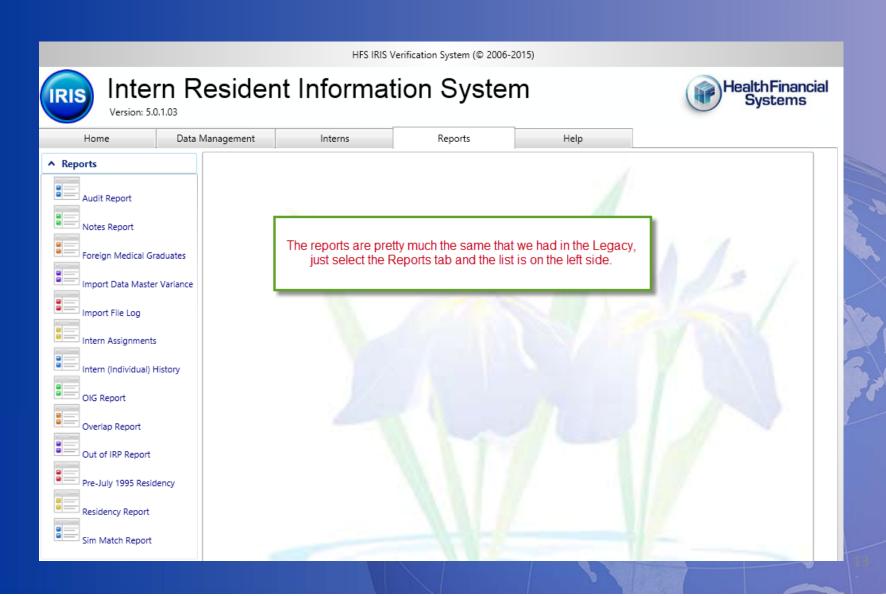


HFS IRIS Intern Entry Hints

• When entering the Assignment – the Residency Type Code is the IR's current Residency Training program, not where they are rotating to. Enter the 4 digit Residency Type Code for the medical specialty program in which the intern/resident (IR) is seeking board certification. For example, if the Intern is rotating through a Psych area as part of their approved Internal Medicine program, report the rotation as Internal Medicine, not Psychology.



HFS IRIS Redesign Intern Info





- This system allows us to make updates to allow for additional fields that will assist in actual computation of the FTE's so that it traces from IRIS to the Medicare Cost Report.
- This is vital as CMS is moving to include additional fields – more information coming soon.



- CMS has been having meetings since April 2015 with all of the IRIS vendors to assist them in creating their own IRIS system.
- CMS has tied the IRIS into the PS&R and STAR system to incorporate a National Database.
- MACs are now uploading the IRIS files submitted with the Medicare Cost Reports.
- They are going to upload prior IRIS files into the system in the near future.



- CMS is pushing to compare the cost report FTEs to what they calculate the FTEs from the submitted IRIS files. They are planning to begin holding up accepting cost reports in the near future (at the earliest it will be the 6-30-16 FYEs).
- To prepare for this change, HFS has created a Special Report 923 (SR923) in the cost report software and also in the IRIS software to run a comparison. In the MCRIF32 system (the cost report software), we issue a Level II edit relating to SR923 when the FTE count on the cost report does not agree to the IRIS FTE calculation.

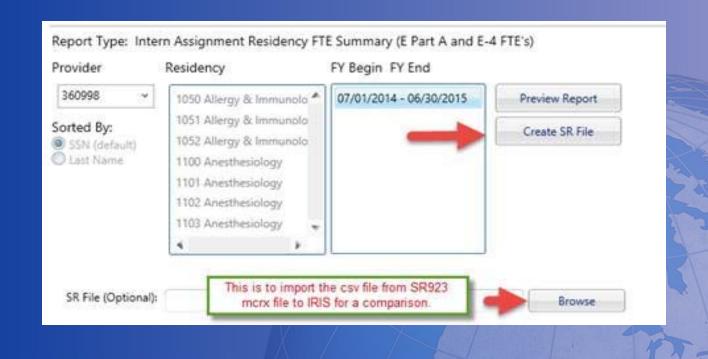


HFS IRIS SR923

- In the cost report software, the new SR923 report (can locate this thru Open Forms and scroll to the bottom) that we created in response to the CMS STAR IRIS FTE calculation. In the HFS IRIS you can export a csv file from IRIS and upload the csv file to the SR923 report.
- To get the csv from IRIS, go to reports Residency Report and select the 3rd bullet as shown on the next slide:



HFS IRIS SR923





HFS IRIS SR923

 Then take the csv file from IRIS (will be named xxxxxx.YYYYMMDD.YYYYMMDD.SR923.csv where xxxxxx is provider # and we will have FYB and FYE identified) and open up the SR923 in the cost report and select the Browse on line 100 to import this file. We also create a csv file from the mcrx file which will be named Cost Report Name.SR923.csv that can be imported into the HFS IRIS Audit and Residency Reports. To import the cost report csv file, you select the Browse button shown on previous slide at the end of the SR File (Optional) section.



- CMS is moving to get rid of the M & A dbf files and going to 1 xml file for submission of IRIS with the cost reports.
- This will get rid of the free dos based IRIS system and require providers to submit with the new system – more than likely with an IRIS vendor.



- CMS is planning on adding the following new fields to IRIS:
 - Non-IRPS Year One Simultaneous Match
 - Non-IRPS Year One Prelim. Transitional
 - IRF % and IPF % for time spent at subprovider
 - Non-Provider Site %
 - New Program True or False
 - Displaced Resident True or False



- The plan is to then be able to trace FTE amounts from IRIS files to the cost report for the following fields:
 - E Part A lines 10, 11, 16 (displaced), and 17 (new)
 - S-2 Part I line 66 cols 1 & 2, line 67 cols 3 & 4
 - E-3 Part II (Psych) lines 6 & 7 (new)
 - E-3 Part III (Rehab) lines 7 & 8 (new)
 - E-4 line 6, line 8 & 16 cols 1 & 2, line 10 col 2, and line 15 cols 1 & 2
 - E-4 lines 10.01, 15.01, and 16.01 (added in T10)



• TIMELINE?????

- This is the real unknown.
- We have stressed the need for CMS to publish somewhere a summary of all of these changes as this can be difficult for providers to get information and also anytime it ties into a rejection of a cost report, this is vital to announce and ask for feedback.



Questions

