

The Leader in Medicare Cost Report Software

#### **IRIS**

Luke DiSabato Provider User Meeting, 2017 New Orleans, LA

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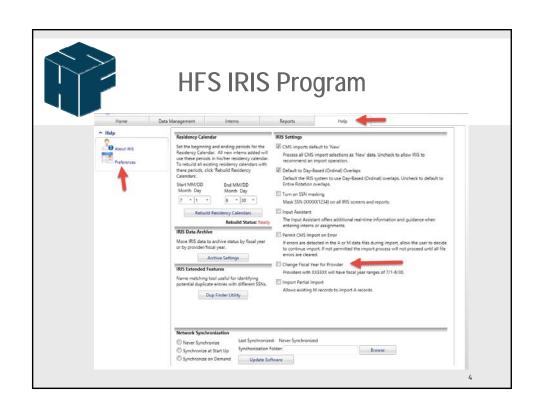
#### IRIS Overview

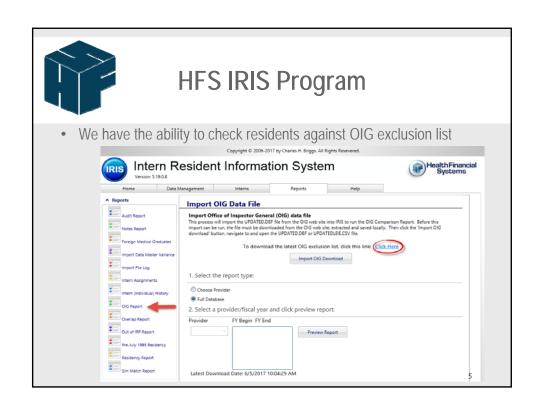
- HFS IRIS System Highlights
- HFS IRIS Data Entry Changes made
- HFS IRIS Reports
- IRIS Recent CMS Changes and Issues
- New fields being added to IRIS to trace to the Hospital Cost Reports
- Timeline?
- Questions



## **HFS IRIS Program**

- The HFS IRIS program is SQL based that allows for Check for Updates and Net Sync that we have in the Medicare Cost Report software.
- The program has features for Children's Hospitals to account for CHGME audits.
  - In the Help tab Preferences, we have a selection for Children's Hospitals that are not a FYE 6-30 to process reports as if they are.
  - This gives a warning to the user that this is selected if you are a running a report with provider # XX-33XX.









## **HFS IRIS Program**

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.

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## **IRIS Data Entry**

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



#### **IRIS Data Entry**

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 the
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.

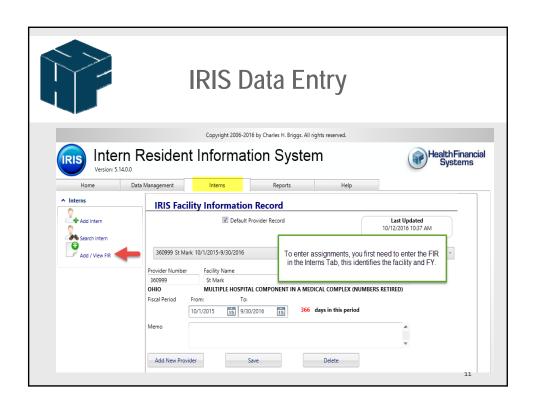
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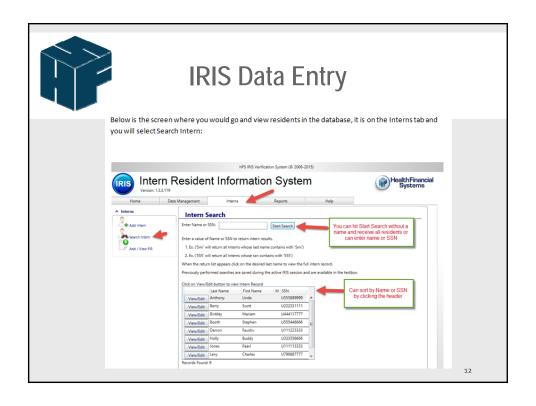


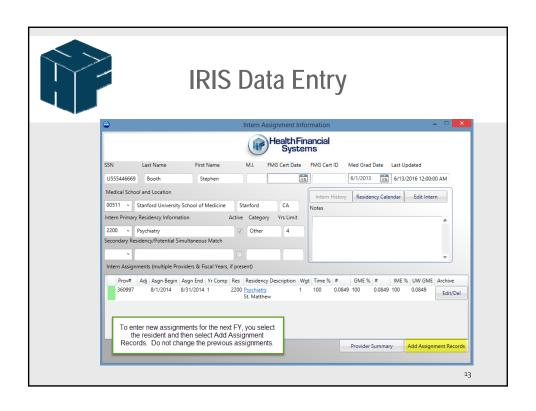
## **IRIS** Data Entry

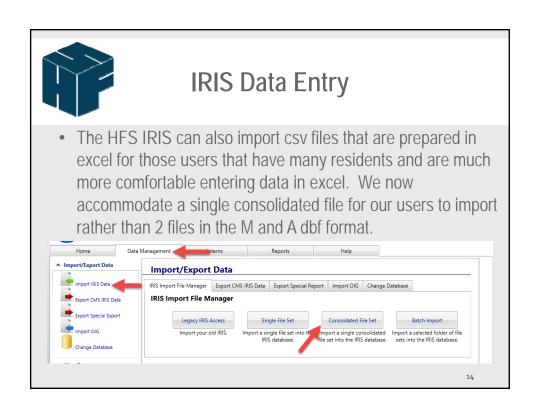
- The Residency field should generally be populated with the residency type code for the program the IR was participating in on the first day of the resident's first rotation after graduating from medical school, even if that rotation did not occur within the provider submitting the IRIS file or within the provider's current cost reporting period.
- When entering the Assignment the Residency Type Code is the IR's current Residency Training program for which they are seeking board certification, not where they are rotating to. For example, if the IR is rotating through a Psych area as part of their Internal Medicine program, report as Int Med not Psych.

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## **IRIS Data Entry**

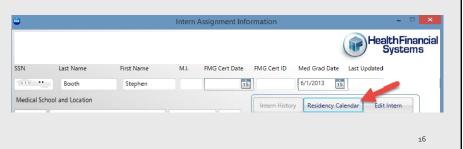
 The file has to use a specific format with the headers that are from the CMS' M & A structure shown as follows and we have a link on our IRIS page for the csv file https://www.hfssoft.com/doc/Consolidated.csv

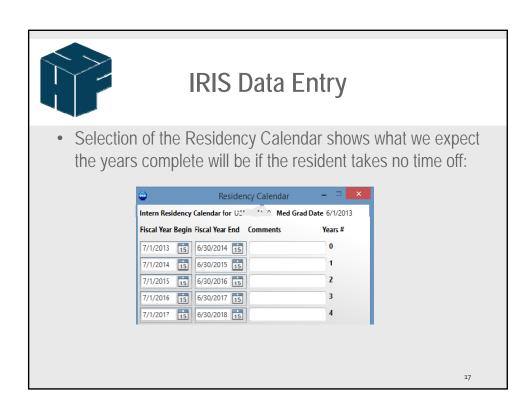


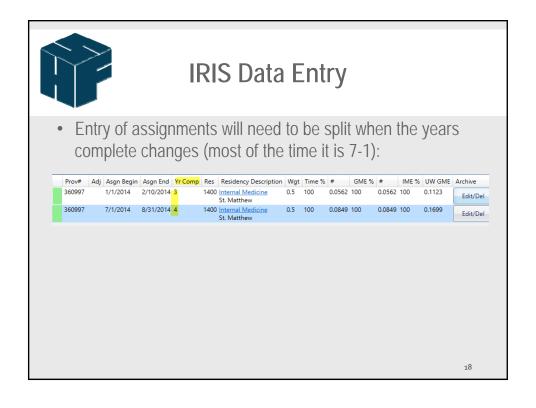


## **IRIS Data Entry**

 The ARESYEAR field is consistent with the CMS' format and is a cause of confusion for many users. This is actually Years Completed and not the PGY year. So a resident in their first year, they will be listed in the assignment as 0. We have a calendar to assist this with each resident:









### **IRIS** Reports

- The most frequent report used is the Audit Report. This shows you the residents and the assignments with the FTE's for each.
   We would like to highlight a few items that can assist you in review of your interns and counts.
  - With the Audit report we have warnings that are not fatal edits but may want to be reviewed to ensure proper handling, these include "Invalid IRP", "Yrs Comp Wght", and "Yrs Complete".

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## **IRIS** Reports

- The Invalid IRP is stating the M record residency code is not an Initial Residency Program, for example Cardiology, the resident more than likely began in Internal Medicine and has switched to Cardiology, the Internal Medicine code should not change when they begin in the Cardiology specialty.
- The Yrs Complete and Weight kicks out when the assignment years complete is different than what we estimate based on the graduation date or Foreign Cert Date. If a resident takes time off, you will receive this but can ignore, may want to track this in case the MAC questions this.



## **IRIS** Reports

- When the Weight is shown, this means the years complete change could trigger a change in the GME weight factor from either 1.0 to 0.50 or vice versa.
- You can identify these warnings by selecting "Print only edit records by Provider" when selecting the Audit report as shown on next slide.





## **IRIS** Reports

- A beneficial report is the "Out of IRP Report", this will show all of your residents that are being weighted 0.50 for GME.
- We do have ability to have the Audit report export to csv, this is from Data Management tab, select Export Special Report. This is useful if you need to sort and compute amounts further.

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## CMS' IRIS Changes

- 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.
- CMS issued CR9984 on March 17, 2017 instructing MACs to load a minimum of 4 years of historical IRIS dbf files to the new STAR IRIS.



## CMS' IRIS Changes

- This will enable the IRIS database to accumulate historical info for each resident to determine the initial residency and number of years the residents have completed.
- The other major issue is running overlaps, therefore, it is vital to have discussions between the hospitals if residents rotate to other hospitals.

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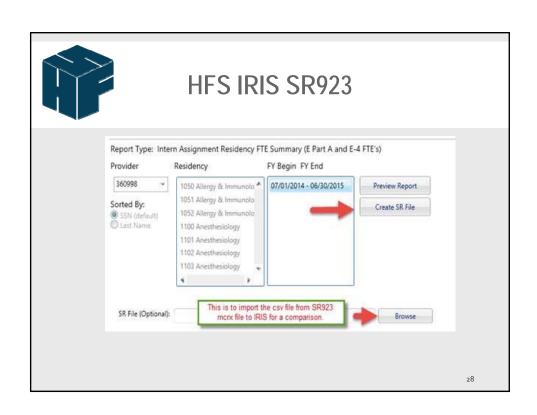
## CMS' IRIS Changes

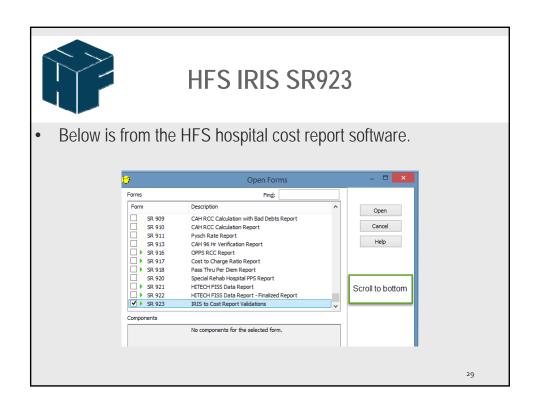
- CMS is pushing to compare the cost report FTEs to what they
  calculate the FTEs from the submitted IRIS files. They are
  planning to begin holding up accepting cost reports in the near
  future (at the earliest it will be the 9-30-16 FYEs).
- To prepare for this change, HFS has created a Special 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.

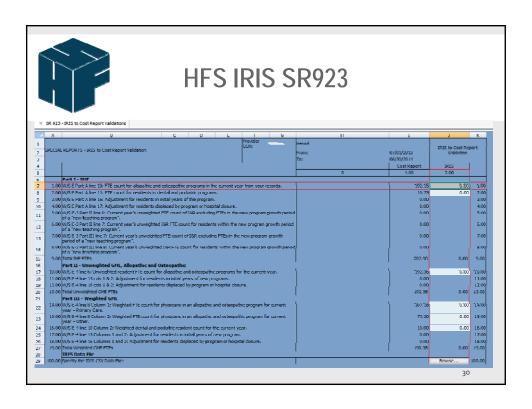


#### HFS IRIS SR923

- 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 3<sup>rd</sup> bullet as shown on the next slide:









#### 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.

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## CMS' IRIS Changes

- 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' IRIS Changes

- 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

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## CMS' IRIS Changes

- 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)



# CMS' IRIS Changes

#### 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.

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### Questions