IRIS
Program Manager
Guide

Medicare Cost Reporting &
Intern and Resident Information System (IRIS)

Graduate Medical Education is funded by three sources: federal government, state government, and the teaching institutions sponsoring the programs. The federal government has historically been the largest provider, primarily through the Medicare and Medicaid programs that were established in 1965. A critical component of ensuring federal funding is the Medicare Cost Report.

The Medicare Cost Report is based on the *Intern and Resident Information System* (IRIS). The IRIS database contains records of all residents rotating through a training facility. Every record must be supported by documentation (such as rotation schedules) and the final cost report must be attested to by the sponsoring Program Director.

MedHub is the tool used to calculate all resident demographic and rotation information. IRIS is calculated based on the ***fiscal year***, not the academic year. Thus, information is collected across two (2) academic years.

Two audits are conducted per year – mid year (July) and end of year (Dec/Jan for previous year).

Procedures & Timelines

Rotation schedules and information related to IRIS records are maintained and updated year-round.

January – December

Program Manager collects the most updated and accurate rotation schedules from every program that sees residents rotating at their facility throughout the entire year.
Program Manager reviews the database and works with affiliate program manager(s) to ensure accuracy and no overlaps.
Program Manager reviews supporting documentation for accuracy.

Deadlines:

July 7, December 6
- Supporting documentation is sent to Regional GME office by the above dates.

July – Aug and Dec – Feb
- Regional GME reviews data and supporting documentation for accuracy.
- Reports are sent to GME Program Managers for review as needed.
- As IRIS is confirmed clear of errors, Program Managers will complete attestations as necessary.

PART I: REQUIRED FIELDS

The following fields must be completed in the IRIS database as they are required for IRIS reporting and pertain to demographic information that is requested during yearly CMS audits.

The demographic information is related to each resident rotating through your facility during the cost reporting year.

Required Fields include:

Required Fields for IRIS and CMS audits	
Section & Field	**Input/Completed**
Demographics	
Full name	
Preferred/nickname (if applicable)	
Username	
NUID	
Appointment Type	
Role (Resident 1, etc. NOTE THIS REQUIRES AN UPDATE EACH YEAR)*	
SSN or SIN for Canadian	
Birthplace*	
Birth date	
Gender	
Country of citizenship	
Ethnicity	
Person ID*	
NPI	
Mentor	
Kaiser Permanente Cell Phone*	
Resource ID	
Position Code	
Provider ID	
KPNC Pathway Program name	
Job Code*	
KFH (HIRE) Start Date*	
Certification Info	
Complete all fields as applicable	
Contact Info	
Email address (must be KP email for sponsored learners)	
Email address (secondary) = personal email	
Home phone number	

Cell phone (KP cell phone)*	
Current address (must be California address for sponsored learners)	
Emergency Contact (all fields)	
Education	
Medical/Dental school	
Degree	
Attended dates	
Graduated (yes/no)	

Training History: Must be updated each academic year for all learners	
Post graduate event (residency/fellowship program) • must include any lapse in training records including start/end dates and reason	
Residency record: • Start/end date • Program • Appointment type • Level • Hospital/employer • Specialty • IRP/Sim match/displaced resident, moonlighting (if applicable) • Contract information	
Visiting Resident History (KPNC): (rotating residents and fellows only) • Start/End dates • Employer (affiliate) • Appt Type • Program (KP rotator program) • PGY	
Projected end date*	

PART II: Supporting Documentation

EVERY record in the IRIS database must be supported by documentation. Supporting documentation includes:

- Rotation Schedules – must clearly show all rotations and first and last names recorded in IRIS database. Block schedules are acceptable and must include details if resident was not at facility 100% of time. Must include abbreviation key.

- Research & Elective details form(s) must meet the following: onsite, patient care related and required for program curriculum and graduation. Supporting documents must be signed by the Program Director and describe the activity.
- Resident names must be on all schedules and match MedHub entries.
- ECFMG Certificates – for all foreign medical graduates and must be dated prior to the training start date. The ECFMG issue date and number must be entered in MedHub.
- Resident Contracts (kept on file @ facility; ACGME requirement; requested during CMS audit)
- Non-Provider Setting & Affiliation Agreements (kept on file @ Regional office)
- Curriculum Vitas (kept on file @ facility)
- Invoices for rotating residents (kept on file @ facility)
- Medical school diploma (kept on file @ facility; requested during CMS audit)
- ERAS application (kept on file @ facility; requested during CMS audit)

PART III: Attestations

Once the IRIS database and supporting documentation have been received and reviewed by regional GME, the master file and assignment file will be uploaded into iRotations (a web-based GME Finance Management tool) by National Medicare Finance. The IRIS program manager is responsible for obtaining a signed attestation form from the appropriate program director.

It is important that this is the last step of the process to ensure that the report we submit to Medicare is attested to.

FAQs

Do we need to have an invoice from the sponsoring institution to support resident assignments recorded in IRIS?

Not necessarily. All resident rotations physically done at your facility should be recorded in IRIS, regardless of whether we were billed for that time.

Is it okay to count holidays and vacation time in a resident assignment?

At Kaiser, we claim vacation time if it is a part of an allowable rotation block for our KP-sponsored residents at 100%. If the resident is an affiliate, we elect to claim vacation or holiday time if the resident is on a rotation block at KP. However, if the affiliate schedules reflect any time off then we must exclude it from the schedule/record. (Contact the regional office if you have questions about this.) Whether KP-sponsored or affiliate, if the vacation time is part of a non-allowable rotation block (i.e., research or elective) then we do not claim it.

Is Residency Year (Yrs Comp) equal to PGY (Program Year)?

Residency Year (Yrs Comp) in IRIS is the total number of training years the resident completed in an approved training program. Typically, a PGY3 will have completed two years of training, so their Residency Year would be 2. ***Pay careful attention to residents who have previous training experience before starting their current program.***

Should we record Chief Resident assignments in IRIS?

If the chief resident is still training in the program (Ob/Gyn, HNS or Podiatry) then his/her assignments should be recorded. Do not record assignments for chief residents that are no longer part of the program (Internal Medicine, Pediatrics, resident faculty).

If I know that a resident rotated through our facility, but I do not have the documentation to prove it, it is okay to include that rotation in IRIS?

You MUST provide supporting documentation that clearly indicates the rotation to claim it in IRIS. If you do not have suitable documentation to support a rotation, contact the program coordinator and/or program director and have them provide the documentation necessary to include the rotation.

What if a Resident completed the same program at separate locations? (i.e., Pediatrics at Stanford and Kaiser Permanente).

If a resident or fellow completed the same program at different locations, two-line items should be added with training date and location for each program. Program code and IRIS code will remain the same for both.

Questions about IRIS?

Contact Michelle Loaiza (Michelle.B.Loaiza@kp.org) and Melissa Wong (Melissa.M.Wong@kp.org)

CLARIFICATION: PROG CODE

1. Prog Code(s)

There should be one Prog Code(s) UNLESS the resident began their residency career in a different program and formally transferred to a different program/specialty.

Example: if a resident does 1+ yrs of Pediatrics, then changes to Internal Medicine: type code will always be Pediatrics (initial residency), but prog code will correspond to the current program while on the rotation.

2. Prelim Medicine (or Prelim Surgery)

As was previously noted, please use the Prelim Medicine (2550) and Prelim Surgery (2600) codes for residents during their preliminary years. Check with affiliate institutions to ensure you are using the same code.

However, if we have affiliate residents who rotate with us after their prelim year (once they are enrolled in a specialty), their prog code should correspond to the program where they are currently enrolled.

3. Fellows

Initial residency program must be entered prior to the fellowship program. Prog Code(s) for assignments during fellowship will correspond to the fellowship/specialty.

Frequently Used Type (Program) Codes

RESTYPCODE	DESCRIPTION	SECDESCRIP
1403	CARDIOVASCULAR DISEASE	GENERAL
1250	EMERGENCY MEDICINE	GENERAL
1350	FAMILY PRACTICE	GENERAL
1407	GASTROENTEROLOGY	GENERAL
1419	HEMATOLOGY & ONCOLOGY	GENERAL
1400	INTERNAL MEDICINE	GENERAL
1412	INTERNAL MEDICINE NEPHROLOGY FELLOWSHIP	GENERAL
1515	INTERNAL MEDICINE/PREVENTIVE MEDICINE	GENERAL
1750	OBSTETRICS & GYNECOLOGY	GENERAL
1755	OBSTETRICS & GYNECOLOGY FEMALE PELVIC MED & RECONS SURG	GENERAL
1800	OPHTHALMOLOGY	GENERAL
1850	ORTHOPAEDIC SURGERY	GENERAL
1900	OTOLARYNGOLOGY	GENERAL
2000	PEDIATRICS	GENERAL
2025	PEDIATRICS HOSPITAL MEDICINE FELLOW	GENERAL
2050	PHYSICAL MEDICINE/REHABILITATION	GENERAL
2100	PLASTIC SURGERY	GENERAL
7300	PODIATRIC SURGICAL RESIDENCY no RRA	GENERAL
7350	PODIATRIC SURGICAL RESIDENCY w/RRA	GENERAL
2550	PRELIMINARY MEDICINE	GENERAL
2600	PRELIMINARY SURGERY	GENERAL
2150	PREVENTIVE MEDICINE	GENERAL
2200	PSYCHIATRY	GENERAL
2201	PSYCHIATRY	CHILD & ADOLESCENT PSYCHIATRY
1420	PULMON'Y DISEASE & CRITICAL CARE	GENERAL
2450	SURGERY	GENERAL
2650	UROLOGY	GENERAL