

Understanding the Initial Residency Period (IRP) for Medical Residents

Introduction

The Initial Residency Period (IRP) is a crucial component for hospitals as it determines the duration of time during which a resident is considered fully reimbursable by CMS. Not understanding this concept can cause inaccurate reimbursement for hospitals submitting to CMS. This document aims to provide a comprehensive overview of the IRP, how it is determined, and its implications for Medicare funding and residency training.

What is the Initial Residency Period (IRP)?

The IRP is the minimum number of years required for a resident to become board-eligible in the specialty in which they first begin their training. This period is determined by the residency program's accrediting body, such as the Accreditation Council for Graduate Medical Education (ACGME). The IRP "clock" begins when a resident first enters a residency training program. Importantly, each resident has only one IRP, which remains unchanged even if they switch specialties later.

Medicare Funding and the IRP

Medicare's Direct Graduate Medical Education (DGME) payments are based on a "weighted" Full-Time Equivalent (FTE) count. Each resident's FTE is weighted either as 1.0 or 0.5, depending on their IRP status:

- **Within IRP:** Residents are weighted as 1.0 FTEs, meaning the hospital receives the full Medicare share of the Per Resident Amount (PRA) for training.
- **Beyond IRP:** Residents are weighted as 0.5 FTEs, and the hospital receives half of Medicare's applicable share of the PRA.

Exceptions to these weightings are rare and typically involve specific residency programs or circumstances.

Determining the IRP

General Rules

1. **Initial Specialty:** The IRP is determined by the Medicare eligible specialty in which the resident first begins training in the U.S.

2. **Switching Specialties:** If a resident changes specialties, their IRP remains based on the initial specialty.

Special Cases

- **Broad-Based Clinical Year:** If a specialty requires a broad-based clinical year and the resident matches into both the clinical year and specialty program simultaneously, the IRP is determined by the specialty program starting in the second year. If only the clinical base-year program is matched initially, the IRP is based on that program.

Example: A resident matches into both an internal medicine preliminary year and a Dermatology program. The IRP is based on Dermatology (four years), with the first year in internal medicine counting towards this period.

MedHub IRP View:

The screenshot displays the 'MedHub IRP View' form. It features a section titled 'IRIS Information:' with a dropdown menu for 'Specialty (Residency Code):*' currently set to '2550 - MED: Preliminary Medicine: General'. Below this, there are three checked checkboxes: 'Simultaneous Match / Alternate IRP', 'Initial Residency Period (IRP)', and 'Displaced Resident'. The 'IRP Type:' dropdown is set to 'Simultaneous Match', and the 'IRP Code:' dropdown is set to '1200 - MED: Dermatology: General'. There is also an unchecked checkbox for 'Non-Reimbursable (Do not report in IRIS)'.

- **Transitional Year:** If the first residency is a transitional year, the IRP is determined by the first residency leading to board eligibility. Time spent in the transitional year counts towards the IRP.

Example: A resident completes a transitional year and then enters an internal medicine residency. The IRP is based on internal medicine, with the transitional year counting as the first year.

MedHub IRP View:

IRIS Information:

Specialty (Residency Code):*

2525 - MED: Transitional Year (Allopathic Med.): General

☒ Simultaneous Match / Alternate IRP

IRP Type:

Alternate IRP Code (no simultaneous match)

IRP Code:

1400 - MED: Internal Medicine: General

☐ Non-Reimbursable (Do not report in IRIS)

☒ Initial Residency Period (IRP)

☐ Displaced Resident

- **Foreign Medical Graduates (FMGs) who completed residency abroad and enter U.S. GME as a Resident:** CMS does not recognize foreign residency training for the purposes of establishing the IRP. The IRP is still based on the U.S. specialty in which they first train.

Example: A physician completed a Pediatrics residency in Lebanon, then enters a U.S. Internal Medicine program. The IRP is based only on the U.S. specialty, Internal Medicine, and the prior foreign training does not affect nor reduce the IRP.

MedHub Training History View:

Training History				
Post Graduate History				
Type:	Location/Specialty:	Contract:	Start Date:	End Date:
Other	Foreign Pediatrics Residency Lebanon General Hospital	--	07/01/2016	06/30/2019
Lapse in Training	Lebanon Application for US Residency, ECFMG Certification	--	07/01/2019	06/24/2022
Resident (1) [IRP]	Demo Health Care Internal Medicine Res. Code: 1400	Approved (04/08/2022) Rate: PGY-I Signed Contract	06/25/2022	06/24/2023
Resident (2)	Demo Health Care Internal Medicine Res. Code: 1400	Unapproved (03/23/2023) Rate: PGY-II Contract	06/25/2023	06/24/2024

- **Foreign Medical Graduates (FMGs) who completed residency abroad and enter U.S. GME as a Fellow:** The IRP is based upon the required specialty needed/completed in order

to enter into the U.S. fellowship. Although the time in foreign residency does not count towards the IRP limit, fellowship training time is typically already reimbursed at 50% for DGME.

Example: A physician completed a Pediatrics residency in Lebanon, then enters a U.S. Pediatric Rheumatology fellowship program. The IRP is based on the required specialty needed to enter the fellowship and completed abroad, Pediatrics.

MedHub Training History View:

Training History				
Post Graduate History				
Type:	Location/Specialty:	Contract:	Start Date:	End Date:
Other	Foreign Pediatrics Residency Lebanon General Hospital	--	07/01/2016	06/30/2019
Lapse in Training	Lebanon Application for US Fellowship, ECFMG Certification March 1, 2021	--	07/01/2019	03/01/2021
Resident (1-3) [IRP]	Lebanon General Hospital Pediatrics Res. Code: 2000 (NOTE: Row added for IRP purposes only. Actual Foreign Residency 7/1/16-6/30/19.)	--	03/02/2021	06/30/2021
Fellow (4)	Demo Health Care PEDS - Pediatric Rheumatology Res. Code: 2013	Approved (02/12/2021) Rate: PGY-IV Signed Contract	07/07/2021	07/06/2022
Fellow (5)	Demo Health Care PEDS - Pediatric Rheumatology Res. Code: 2013	Approved (04/11/2022) Rate: PGY-V Signed Contract	07/07/2022	07/06/2023
	LOA - Family Medical Leave (paid) (43 days - 0 day training ext.)		02/14/2023	03/28/2023

Note: The IRP row/record was added only for the purposes of having a Valid IRP date after the ECFMG certification date. Actual foreign residency added as a row type of "Other".

Training Beyond the IRP

For any training beyond the IRP, including fellowships, residents are weighted as 0.5 FTEs for Medicare DGME reimbursement. There are few exceptions to this, but those with exceptions are already coded into the system for bonus years. There are also ways to manually adjust fellowship records to not automatically weigh for trainees who may be in fast-track programs.

Example: Resident completes 2 years in Pediatrics and goes directly into a Pediatric Rheumatology Fellowship. The first year in the fellowship can be flagged as Fast-Track.

IRIS Information:

Specialty (Residency Code):*

2013 - MED: Pediatrics: Rheumatology

☐

Simultaneous Match / Alternate IRP

☐

Non-Reimbursable (Do not report in IRIS)

☒

Allow Unweighted DGME (Fast Track, etc)

☐

Displaced Resident