

IRIS XML General Instructions

Contents

1	General Instructions.....	1
2	IRIS XML Fields: Definitions and Instructions.....	2

1 General Instructions

1. The IRIS XML file format is replacing the legacy IRIS DBF file format defined by the IRISv3 and IRISEDv3 applications. The new format will capture a few additional fields but otherwise generally captures the same fields as the legacy DBF format and maintains the same core structure built around resident records and assignment records.
 - a. As part of this change, the IRISv3 and IRISEDv3 applications will also be retired. For the new XML format CMS will publicly release all the technical specifications and documentation needed to create an IRIS file, but will not release a replacement for the IRISv3/IRISEDv3 applications for creating IRIS files. Instead, providers are encouraged to use IRIS vendor software in order to prepare their IRIS submissions.
 - b. The process by which IRIS files are submitted will stay the same. Providers will continue to submit their IRIS submission to their MAC alongside their cost report.
2. Providers must coordinate their IRIS submissions with other hospitals where the residents work, so that no resident is being claimed at more than 100% GME or IME utilization across multiple providers for the same period of time. Two providers claiming a resident at more than 100% reimbursement during the same period of time may result in removal of the impacted FTE counts claimed on both Cost Reports.
3. A provider cannot claim time spent by residents training at another provider (except for their own subunits).
4. In a normal twelve-month cost reporting period, no individual may be counted as more than one FTE.
5. The list of errors that will cause an IRIS file to be rejected is available in a separate file in the accompanying documentation.
6. Foreign Medical Graduates (FMGs) will be referred to in this document as International Medical Graduates (IMGs).
7. Filenames: IRIS XML files should follow the following naming convention: “#####_YYYY-MM-DD.xml”, where ##### contains the provider id (with no hyphen but including any leading zeros) and YYYY-MM-DD the provider’s FYE in that format (again, with all parts including leading zeros).
 - a. Freeform text is allowed after the FYE, in order to indicate revisions or any other such annotations.
8. The XML format does not include an equivalent of the DBF format’s master file (resident-level) Residency Years Completed (RESYEAR) field. This field was removed due to being redundant because the same value is tracked in a more granular and useful way at the assignment level. This is the only field from the DBF format that was removed, however new fields have been added and existing field usage and/or definitions have been changed and clarified, which may impact how you were using the DBF format fields in the past.

2 IRIS XML Fields: Definitions and Instructions

The following table includes the field definitions and instructions for all fields in an IRIS submission. Regardless of the software used to prepare the IRIS submission, IRIS submissions should be filled out according to these instructions. Note that these fields may be labeled differently in IRIS vendor software, but all IRIS vendor software should ultimately export a XML file that includes all the fields below.

Field	Record	XML Field(s)	Instructions
Social Security Number	Resident	socialSecurityNumber	<p>Enter the Intern/Resident's (IR) Social Security Number (SSN) or Canadian Social Insurance Number (SIN).</p> <p>The first character must contain either "U" (US) or "C" (Canada). This character is used for dual tracking of nine digit United States SSNs and nine digit Canadian Social Insurance Numbers as identification numbers.</p> <p>If an IR has both a US SSN and a Canadian SIN, enter the IR's US SSN.</p>
Intern/Resident Name	Resident	firstName middleName lastName	<p>Enter the intern/resident's first name, full middle name, and last name. Do not use nicknames or abbreviations such as Bob in lieu of Robert or Chuck or Charlie in lieu of Charles. Do not use suffixes such as "Jr." or "II".</p> <p>The Middle Name field shall be left blank if the IR has no middle name.</p> <p>All three name fields are each limited to 35 characters. If any individual first, middle, or last name value exceeds 35 characters, use only the first 35 characters.</p> <p>Note: The Middle Name field shall now be populated with each IR's FULL middle name. Previously IRISv3 only allowed middle initials to be populated.</p>
Employer's Name	Resident	employer	<p>The "Doing Business As" name of the entity that is currently paying the intern/resident's (IR) salary, even if that entity is different from the provider submitting the IRIS file.</p>

Field	Record	XML Field(s)	Instructions
Initial Residency Program Type Code	Resident	initialResidencyPeriodCode	<p>This field is used to track the residency type code that determines the number of years a provider can receive un-weighted GME FTEs for the current resident. <u>The 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.</u> Note that this still applies even for residents going into additional residency programs, whether first residency is completed or not.</p> <p>The 4 digit Residency Type Code for the medical specialty program are grouped as follows:</p> <ul style="list-style-type: none"> • 1050-2960 Allopathic specialties (MD) • 3050-6650 Osteopathic specialties (DO) • 7050-7350 Podiatric specialties • 8050-8850 Dental specialties (DDS) • 9050-9100 Other specialties <p>The full list of residency type codes is available in the accompanying documentation.</p> <p>However, residents who simultaneously match into both an initial year of broad based general training and a subsequent advanced residency shall always report the code of the subsequent training, even during their first year. In these cases, the residency code for the initial year of broad based general training should instead be recorded under the separate “Non-IRP Year One Residency Code” field. See “Non-IRP Year One Residency Code” entry for an example of how simultaneous matches are recorded in IRIS submissions.</p> <p>For International Medical Graduates (IMGs), the provider shall enter the first training for which their training is approved by ACGME, or other non-dental and non-podiatric organizations listed under the definition of <i>approved medical residency program</i> at 42CFR 413.75, regardless of whether that initial training was completed in the US or a foreign country.</p> <p>Once the initial residency program has been established this value shall remain constant across all IRIS submissions in a resident’s career, aside from a few exceptions. Exceptions include:</p> <ul style="list-style-type: none"> • When the initial residency period’s residency type was 2525 Transitional Year, 6400 Traditional Rotating, 2550 Preliminary Medicine, or 2600 Preliminary Surgery, which is coded as explained in the “Non-IRP Year One Residency Code” field described below.

Field	Record	XML Field(s)	Instructions
<u>Non-IRP Year One Residency Code</u>	Resident	nonIRPYearOneResidencyCode (Code and Type pair)	<p>For IRs that either participated in a preliminary/transitional year or a simultaneous match, this records the code for the residency type they were enrolled in during their first year as well as a 'type' attribute indicating whether it was a preliminary year or a simultaneous match.</p> <p>If an IR participated in a simultaneous match, that is indicated in an IRIS submission by having this field populated with a type value of "Simultaneous Match". For example, if an IR simultaneously matched into a 1400 Internal Medicine initial year and an 1100 Anesthesiology program, then their Initial Residency Type code would be 1100 and this Non-IRP Year One Residency Code would be recorded as 1400 with type "Simultaneous Match".</p> <p>Refer to Federal Register Vol. 69, No. 154 (Aug 11, 2004) pg 49169-49172, 42 CFR 413.79(a)(10), and Federal Register Vol 70, No. 155, (Aug 12, 2005) pg 47449-47452.</p> <p>For IRs that did not participate in a preliminary/transitional year or a simultaneous match, this field should be left blank.</p>
Medical School Code	Resident	medicalSchoolCode	<p>Enter the five digit code for the medical school from which the intern/resident (IR) graduated. Enter "99998" for foreign dental school or "99999" for foreign medical school if the IR did not graduate from an allopathic, osteopathic, dental, or podiatry school accredited or approved as having met the standards necessary for accreditation by one of the following organizations: the Liaison Committee on Medical Education of the American Medical Assoc., American Osteopathic Assoc., Commission on Dental Accreditation, and Council on Podiatric Medical Education. Medical schools are grouped as follows:</p> <p style="padding-left: 40px;">00102-06801 Allopathic or Osteopathic Schools 30000-30800 Podiatric Schools 81250-84052 Dental Schools 99998 Foreign Dental Schools 99999 Foreign Medical Schools</p> <p>The full list of medical school codes is available in the accompanying documentation.</p>
Medical School Graduation Date	Resident	medicalSchoolGraduationDate	<p>The date the intern/resident graduated from medical school. If the graduation month is known and the specific day of the month is unknown, enter the first day of the month.</p>

Field	Record	XML Field(s)	Instructions
International Medical Graduate Certification Date	Resident	internationalGradCertDate	<p>Populate the ECFMG Certification Date. Ensure that this date is the date of the last and final exam that the International Medical Graduate (IMG) passed.</p> <p>This field should only be populated for Non-Dental IMGs (medical school code "99999").</p>
Assignment (Rotation) Time Period	Assignment	beginDate endDate	<p>The start and end dates of each rotational assignment during which the IR was assigned to and trained at the hospital provider or any of its hospital based providers. Also Include any time the IR was assigned to and trained at non-provider settings which the hospital provider is allowed to count in its total number of FTE residents for GME purposes. Refer to the regulations at 42 CFR 413.78.</p> <p>The start and end dates of each rotational assignment entered should be in agreement with the start and end dates of each rotational assignment as specified per the "master" rotation schedules applicable to each of the approved residency programs and academic program years the residents are training in. The "master" rotation schedules are considered to be the primary source documentation required to support the total number of FTE residents the hospital provider is allowed to count for GME purposes. Refer to the regulations at 42 CFR 413.75(d).</p> <p>HOSPITAL PROVIDERS MUST COORDINATE ROTATIONAL ASSIGNMENT TIME PERIODS (ESPECIALLY FOR THOSE IRs TRAINING AT MORE THAN ONE HOSPITAL PROVIDER) REPORTED IN IRIS TO ENSURE THAT ONE IR IS NEVER COUNTED ACROSS HOSPITAL PROVIDERS AS MORE THAN ONE FTE FOR ANY TIME PERIOD.</p> <p>Where feasible in order to avoid rotational assignment time periods reported in IRIS which overlap across hospital providers, entire days spent by IRs assigned to and training at other hospitals or any of their hospital based providers, including any entire days spent by IRs assigned to and training at non-provider settings which the hospital provider is not allowed to count in its total number of FTE residents, should be excluded from the rotational assignment time period entered, and only the actual days spent by IRs assigned to and training at the hospital provider or any of its hospital based providers, including any actual days spent by IRs assigned to and training at non-provider setting which the hospital</p>

Field	Record	XML Field(s)	Instructions
			<p>provider is allowed to count in its total number of FTE residents for GME purposes, should be included in the rotational assignment time period entered.</p> <p>Example #1: If a resident in a fully reimbursable rotation is only assigned to and training at a hospital provider for the time period of 1/1/15 – 1/15/15, the hospital provider should not report the rotational assignment time period for the resident as 1/1/15 – 1/31/15 at 50% IME & GME Percentages, but instead report the rotational assignment time period for the resident as 1/1/15 – 1/15/15 at 100% IME & GME Percentages, in order to eliminate overlapping rotational assignment time periods with other hospital providers reporting IRIS data.</p> <p>Example #2: If a resident in a fully reimbursable rotation is primarily assigned to and training at Provider A for the block rotation 1/1/15 - 1/31/15, but spending 4 hours per week on Wednesday mornings assigned to and training at Provider B during the same block rotation 1/1/15 – 1/31/15, then Provider A and B need to agree which option both will report in IRIS.</p> <p>Option A: Complete Percentage Base where Provider A is reporting the rotational assignment time period for the resident as 1/1/15 - 1/31/15 at 94% (232 out of 248 hours) IME & GME Percentages and Provider B is reporting the rotational assignment time period for the resident as 1/1/15-1/31/15 at 6% (16 out of 248 hours) IME & GME Percentages, not exceeding 100% and utilizing the same start and end dates for the rotational assignment time period; or</p> <p>Option B: Daily Percentage Base where Provider A is reporting the rotational assignment time periods and IME & GME Percentages for the resident as 1/1/15 - 1/6/15 at 100%, 1/7/15 at 50%, 1/8/15 - 1/13/15 at 100%, 1/14/15 at 50%, 1/15/15-1/20/15 at 100%, 1/21/15 at 50%, 1/22/15-1/27/15 at 100%, 1/28/15 at 50%, and 1/29/15-1/31/15 at 100%; and Provider B is reporting the rotational assignment time periods and IME & GME Percentages for the resident as 1/7/15 at 50%, 1/14/15 at 50%, 1/21/15 at 50%, and 1/28/15 at 50%, with agreement on the days and no day or period of time exceeding 100%.</p> <p>All start and end dates MUST LIE WITHIN THE COST REPORTING PERIOD for which you are reporting, and assignment periods MAY NOT OVERLAP! For example, if the fiscal year runs from October 1, 2012 to September 30, 2013, and an assignment period runs from July 1, 2013 to November 30, 2013, the assignment period to be reported during this reporting year is July 1, 2013 to September 30, 2013. The end date MAY NOT BE LATER than the end of the hospital's cost reporting period.</p>

Field	Record	XML Field(s)	Instructions
			<p>Assignment periods must not cross academic program years. If the assignment period spans the academic program year advancement date within the fiscal year for which you are reporting, enter this assignment period as two periods. This includes assignments covering orientation periods. For example, for an academic program year whose start date is July 1st, if the fiscal year runs from October 1, 2012 to September 30, 2013, and an assignment period runs from May 1, 2013 to November 30, 2013, the assignment periods to be reported during this reporting year are as follows: May 1, 2013 to June 30, 2013; and July 1, 2013 to September 30, 2013. Again the end date MAY NOT BE LATER than the end of the hospital's cost reporting period.</p> <p>Children's Hospitals that are not a 6-30 FYE should also split their resident's assignments at 6-30 to assist in the CHGME audits."</p> <p>Single day rotational assignment time periods are allowed and there is no restriction on the number of individual rotational assignment time periods that may be reported for a single IR.</p>
Full Time/Part Time Percentage	Assignment	timePercentage	<p>Very Limited Usage - This field is generally for "Slot Sharing" or other ACGME approved part-time residents. Enter "100" percent if the intern/resident (IR) worked full time during the assignment period, even in cases where the resident's time was split between multiple providers. Normally this value stays constant throughout an academic year.</p> <p>However, If the IR worked part-time during this period, enter the IR's percentage of an FTE (full-time equivalent). Information indicating the IR's percentage of less than full time must be available in either an employment contract or a letter from the accrediting organization such as the Accreditation Council on Graduate Medical Education. A hospital must receive permission from the accrediting organization to allow an IR to work part time in an approved specialty program. Refer to 42 CFR 412.105(f) and 413.78(b).</p> <p>In cases where the provider can only claim part of an IR's time due to the IR splitting their time between multiple providers or because of grant funding, this field shall be kept as 100 and the percentage of the IR's time that is being claimed shall instead be encoded as part of the IME Percentage and GME Percentage fields.</p> <p>Percentages may be entered with fractional amounts. For example, "33.33%".</p>

Field	Record	XML Field(s)	Instructions
IME Percentage	Assignment	imePercentage	<p>Enter the percentage of the IR’s rotational assignment time period the hospital provider is allowed to count in its total number of FTE residents for IME purposes. Refer to the regulations at 42 CFR 412.105(f).</p> <p>If the IR was assigned to and training at other hospitals or any non-provider settings which the hospital provider is not allowed to count in its total number of FTE residents for IME purposes during the rotational assignment time period, enter the percentage of the time the IR was assigned to and training at the hospital provider in comparison to the total time the IR was assigned to and training at all facilities during the rotational assignment time period.</p> <p>Example: If an IR was assigned to and training at Provider A for 4 fully reimbursable hours per day and assigned to and training at Provider B for 8 fully reimbursable hours per day, then Provider A would report the IME percentage at 33.33% (4 out of 12 hours) for the corresponding rotational assignment time period.</p> <p>The IME percentage may be computed based on various increments, such as hours, days, weeks, or months (if appropriate), in order for a hospital provider to obtain the full-time equivalent which it is allowed to count for IME purposes. 8 hours a day, 40 or 56 hours a week (8 hours a day at 5 or 7 days a week), or 240 hours a month (8 hours a day at 30 days a month) are some examples of these various increments which the IME percentage may be based upon.</p> <p>If an IR is being counted in the total number of FTE residents of more than one hospital provider during a rotational assignment time period (reference the instructions for “Assignment Rotation Time Period” for details and examples), then the hospital providers must be in agreement on the same standard basis for computing the IME percentages reported in IRIS, as well as the corresponding rotational assignment time periods.</p> <p>Example: If Provider A bases its IME percentage at 8 hours a day but Provider B bases its IME percentage at 40 hours per week, Provider A would calculate its IME percentage for each 4 hour training assignment at 7.14% (4 out of 56 hours a week) but Provider B would calculate its IME percentage for each 4 hour training assignment at 10.00% (4 out of 40 hours per week) for the same rotational assignment time period of one week. As Provider A and Provider B are not in agreement on the same standard basis for computing the IME percentages, the IR would be counted erroneously between Provider A and Provider B as more than one FTE for the time period.</p>

Field	Record	XML Field(s)	Instructions
			<p>For assignments where Full Time/Part Time Percentage (TIMEPERC) is not set to 100%, the TIMEPERC value will be multiplied by the IME Percentage in order to establish the resident's IME Utilization when calculating FTEs. If a resident is sharing a slot and working half-time (TIMEPERC=50%) but the resident's work time was fully allowable for IME, then IME Percentage shall be set to 100%.</p> <p>No more than 100%, in the aggregate IME percentage of all hospital providers reporting IRIS, may be reported for any IR's rotational assignment time period.</p> <p>HOSPITAL PROVIDERS MUST COORDINATE IME PERCENTAGES (ESPECIALLY FOR THOSE IRs TRAINING AT MORE THAN ONE HOSPITAL PROVIDER) REPORTED IN IRIS TO ENSURE THAT ONE IR IS NEVER COUNTED ACROSS HOSPITAL PROVIDERS AS MORE THAN ONE FTE FOR ANY TIME PERIOD.</p> <p>IME percentages may be entered with fractional amounts. For example, "33.33%".</p> <p>Note that IME, IRF, and IPF FTEs are all distinct pools and time being claimed under IPPS IME should not overlap with time being claimed under IRF or IPF. For any one assignment, the sum total of its IME, IRF, and IPF percentages must not exceed 100%.</p>
<u>IRF (Rehab) Percentage</u>	Assignment	irfDpuPercentage	<p>The percentage of the IR's rotational assignment time period the hospital provider is allowed to count in its total number of FTE residents for Inpatient Rehabilitation Facility (IRF) PPS. This corresponds to the FTEs claimed in 2552-10 Cost Report's Worksheet E-3 Part III.</p> <p>This should only include time spent at inpatient rehabilitation hospitals or an inpatient rehabilitation distinct part unit (DPU) of a hospital. Refer to 42 CFR 412.25 (for units) and 412.29.</p> <p>See 2552-10 instructions CMS Pub. 15-2, Section 4005.1 S-3 Part I, Col. 9 for a definition of IRF FTEs.</p> <p>Note that IME, IRF, and IPF FTEs are all distinct pools and time being claimed under IPPS IME should not overlap with time being claimed under IRF. For any one assignment, the sum total of its IME, IRF, and IPF percentages must not exceed 100%.</p>

Field	Record	XML Field(s)	Instructions
<u>IPF (Psych) Percentage</u>	Assignment	ipfDpuPercentage	<p>Enter the percentage of the IR’s rotational assignment time period the hospital provider is allowed to count in its total number of FTE residents for Inpatient Psychiatric Facility (IPF) PPS. This corresponds to the FTEs claimed in 2552-10 Cost Report’s Worksheet E-3 Part II.</p> <p>This should only include time spent at psychiatric hospitals or psychiatric distinct part units (DPUs) of acute care hospitals and critical access hospitals (CAHs). Refer to 42 CFR 412.402.</p> <p>See 2552-10 instructions CMS Pub. 15-2, Section 4005.1 S-3 Part I, Col. 9. for a definition of IPF FTEs.</p> <p>Note that IME, IRF, and IPF FTEs are all distinct pools and time being claimed under IPPS IME should not overlap with time being claimed under IPF. For any one assignment, the sum total of its IME, IRF, and IPF percentages must not exceed 100%.</p>
GME Percentage	Assignment	gmePercentage	<p>Enter the percentage of the IR’s rotational assignment time period the hospital provider is allowed to count in its total number of FTE residents for GME purposes. Refer to the regulations at 42 CFR 413.78.</p> <p>Note: This percentage of time is <u>not weighted</u> (for years outside of the Initial Residency Period) for IRIS reporting purposes, as the FTE residents are weighted outside of IRIS for GME and Medicare cost reporting purposes.</p> <p>If the IR was assigned to and training at other hospitals or any non-provider settings which the hospital provider is not allowed to count in its total number of FTE residents for GME purposes during the rotational assignment time period, enter the percentage of time the IR was assigned to and training at the hospital provider in comparison to the total time the IR was assigned to and training at all facilities during the rotational assignment time period.</p> <p>Example: an IR was assigned to and training at Provider A for 4 fully reimbursable hours per day and assigned to and training at Provider B for 8 fully reimbursable hours per day, Provider A would report the GME percentage at 33.33% (4 out of 12 hours) for the corresponding rotational assignment time period.</p>

Field	Record	XML Field(s)	Instructions
			<p>The GME percentage may be computed based on various increments, such as hours, days, weeks, or months (if appropriate), in order for a hospital provider to obtain the full-time equivalent which it is allowed to count for GME purposes. 8 hours a day, 40 or 56 hours a week (8 hours a day at 5 or 7 days a week), or 240 hours a month (8 hours a day at 30 days a month) are some examples of these various increments which the GME percentage may be based upon.</p> <p>If an IR is being counted in the total number of FTE residents of more than one hospital provider during a rotational assignment time period (reference the instructions for “Assignment Rotation Time Periods” for details and examples), then the hospital providers must be in agreement on the same standard basis for computing the GME percentages reported in IRIS, as well as the corresponding rotational assignment time periods.</p> <p>Example: If Provider A bases its GME percentage at 8 hours a day but Provider B bases its GME percentage at 40 hours per week, Provider A would calculate its GME percentage for each 4 hour training assignment at 7.14% (4 out of 56 hours a week) but Provider B would calculate its GME percentage for each 4 hour training assignment at 10.00% (4 out of 40 hours a week) for the same rotational assignment time period of one week. As Provider A and Provider B are not in agreement on the same standard basis for computing the GME Percentages, the IR would be counted erroneously between Provider A and Provider B as more than one FTE for the time period.</p> <p>No more than 100%, in the aggregate GME percentage of all hospital providers reporting IRIS, may be reported for any IR’s rotational assignment time period.</p> <p>HOSPITALS PROVIDERS MUST COORDINATE GME PERCENTAGES (ESPECIALLY FOR THOSE IRs TRAINING AT MORE THAN ONE HOSPITAL PROVIDER) REPORTED IN IRIS TO ENSURE THAT ONE IR IS NEVER COUNTED ACROSS HOSPITAL PROVIDERS AS MORE THAN ONE FTE FOR ANY TIME PERIOD.</p> <p>GME percentages may be entered with fractional amounts. For example, “33.33%”.</p>

Field	Record	XML Field(s)	Instructions
Residency Years Completed	Assignment	residencyYearsCompleted	<p>This is NOT the program year the IR is TRAINED in; it is the total number of program years the intern/resident (IR) has COMPLETED in ALL types of approved residency programs as of the first day of the rotation.</p> <p>For International Medical Graduates (IMGs), this shall include years completed where ACGME or other approving body has approved that experience.</p> <p>NOTE: Include time spent in preliminary/transitional year programs.</p>
Assignment Residency Type Code	Assignment	residencyCode	<p>This 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.</p> <p>If an IR has changed programs, enter the code for the residency program they were in as of the first day of the assignment.</p> <p>The 4 digit Residency Type Code for the medical specialty program are grouped as follows:</p> <ul style="list-style-type: none"> • 1050-2960 Allopathic specialties (MD) • 3050-6650 Osteopathic specialties (DO) • 7050-7350 Podiatric specialties • 8050-8850 Dental specialties (DDS) • 9050-9100 Other specialties <p>The full list of residency type codes is available in the accompanying documentation.</p>
<u>Non-Provider Site Percentage</u>	Assignment	nonProviderSitePercentage	<p>The percentage of the IR's rotational assignment time that is being claimed for DGME that was spent in allowable non-provider site settings. Refer to 42 CFR 413.78(g).</p> <p>Example #1: if a hospital is claiming 50% of a resident's time for GME and all of that time was spent in allowable non-provider site settings, the assignment's GME Percentage would be 50% while the Non-Provider Site Percentage would be 100%.</p>

Field	Record	XML Field(s)	Instructions
			<p>Example #2: If a hospital is claiming 100% of a resident’s time for GME and half of that time was spent in allowable non-provider site settings, the assignment’s GME Percentage would be 100% while the Non-Provider Site Percentage would be 50%.</p> <p>If all of a resident’s time was spent at provider settings, then this field may be populated as zero or left blank.</p> <p>See 2552-10 Cost Report Worksheet S-2, Part I, lines 66 and 67.</p> <p>Percentages may be entered with fractional amounts with up to two decimal places. For example, “33.33%”.</p>
<u>New Program</u>	Assignment	isNewProgramFte (True/False)	<p>Indicates whether the resident is in the “initial years of a program that meets the exception to the rolling average rules” as per the CR instructions. Refer to 42 CFR 413.79(e).</p> <p>See 2552-10 WS E-4 Line 15 (DGME), WS E Part A Line 16 (IME), WS E-3 Part II Line 7 (Psych), and WS E-3 Part III Line 8 (Rehab).</p>
<u>New Program</u> <u>IME Exception</u>	Assignment	imeException	<p>For residents included in New Programs per the field above where the program is not eligible to be counted as a GME New Program, indicates which IME subcategory (IPPS, IPF, or IRF) the program is eligible to count as a New Program for. (Multiple values can be included.)</p> <p>This is generally for providers reclassifying from Urban to Rural or providers with new IPF or IRF teaching programs without a previously established cap.</p> <p>Possible values: “IPPS” “IPF” “IRF”</p>
<u>Displaced Resident</u>	Assignment	isDisplacedResidentFte (True/False)	<p>Indicates whether the IR is an allowable displaced resident for which the hospital may receive a temporary cap adjustment.</p> <p>The provider has to file correspondence with their MAC within 60 days of beginning to train the resident in order to be able to claim resident as displaced. Refer to 42 CFR 413.79(h)(2)(ii).</p>

Field	Record	XML Field(s)	Instructions
			<p>Note that IRIS will track the raw number of displaced resident FTEs, while what gets recorded in the CR is an adjustment whose calculation takes into account free cap slots. The displaced resident assignments recorded in IRIS do NOT directly sum to the displaced resident FTEs recorded in the CR. Allowable displaced residents should be flagged as displaced in IRIS regardless of whether their FTE contribution ends up being claimed under a temporary cap adjustment or not. Refer to displaced resident FTE calculations in CMS Change Request 7746.</p> <p>Displaced residents at Psych (IPF) and Rehab (IRF) facilities should be accounted for similarly to those at IPPS hospitals. For IPF refer to the May 6 2011 Federal Register pages 26453-56 and August 7 2012 Federal Register pages 47233-35. For IRF, refer to August 5 2011 Federal Register pages 47846-48.</p> <p>See 2552-10 WS E-4 line 16 (DGME), WS E Part A line 17 (IME), WS E-3 Part II Line 4.01 (Rehab), and WS E-3 Part III line 5.01 (Psych).</p>
<p><u>Creation Software Name</u></p>	<p>Submission</p>	<p>creationSoftwareName</p>	<p>Simple text field for recording the name of the software or vendor used to create the IRIS submission. Vendor software will generally populate this automatically. If the IRIS submission was created using a provider's in-house software, simply specify the provider ID in this field along with the software's name if it has one.</p> <p>This is meant to help CMS debug issues with specific files by identifying their source.</p>