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June 7, 2019

VIA EMAIL

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RE: Policy Recommendations on CMS Notice of Intern and Resident Information System (IRIS) New XML File Format (FR Doc 2019-06884)

Dear Mr. Osaghae:

Greater New York Hospital Association (GNYHA) is writing to provide policy recommendations regarding the new file format for the Intern and Resident Information System (IRIS) software. In July 2018, GNYHA provided recommendations regarding the development of the new file format while it was in development, based on input from a GNYHA workgroup comprised of finance and graduate medical education (GME) staff.

GNYHA Background
As background, GNYHA is comprised of 160 hospitals and health systems in New York, New Jersey, Connecticut, and Rhode Island. The vast majority of our member hospitals are teaching institutions. GNYHA advocates on behalf of teaching hospital issues and our staff works closely with hospital and health system leadership to ensure that they understand and can work with policies and rules regarding GME reimbursement. GNYHA takes particular interest in ensuring that our hospitals are able to navigate the complexities of Medicare GME payment policy.

GNYHA Comments
In general, GNYHA was pleased that many of the recommendations that our members put forth as part of the GNYHA workgroup were included in the new XML file format. We were particularly pleased that CMS included new fields where hospitals could list training occurring in psychiatry and rehabilitation medicine units. We were also pleased to see that the new file format will provide an opportunity for teaching hospitals to identify residents who train in certain "clinical base years" who may have participated in an advanced match to a specialty program.

With regard to the new XML file format, GNYHA offers the following comments. In doing so, we make specific reference to the document entitled, *Interns and Residents Information System (IRIS) XML General Instructions*.

Initial Residency Program Type Code (page 3)
The draft instruction states at the end of the initial paragraph, "Note that this [reporting the program code associated with first day of first rotation after medical school] still applies even for residents going into additional residency programs, whether first residency is completed or not."

We believe the intent of the clause "whether first residency is completed or not" is to indicate that, even in a situation where a resident switches a residency program prior to completion, the initial residency period (IRP) for the resident does not change. If that is what is intended, we would suggest the language be modified slightly to something closer to, "Note that the residency code remains the same where a resident continues training in an advanced residency program or switches into a different residency program, regardless of whether the first residency program entered into was completed."

CMS Response

The proposed language is clearer; we revised the IRIS instruction to reflect the proposed language.

Comment

The draft instruction states in the third paragraph that a hospital can report a residency code different from the first residency program entered into in cases where a simultaneous match or an advanced match occurs. We would suggest that this language can be simplified. CMS modified its policy at 42 *Code of Federal Regulations* (CFR) 413.79(a)(10) to specify that, for cost reporting periods that begin on or after October 1, 2005, a hospital need only document that the advanced match occurred. Thus, the language could be modified to something closer to, "However, a resident who, prior to beginning the first year of residency training, matched in a specialty program …" and the section regarding the simultaneous match could be eliminated. The *simultaneous* match rule was effectively superseded by the advanced match policy as part of Federal fiscal year 2006 rulemaking; we don't believe there is a need to include that language for future IRIS submissions.

CMS Response

We revised the paragraph to make it clearer and reflect advanced matching.

Comment

With regard to the overall policy and file format regarding the advanced match policy, as noted in our July 2018 comments, GNYHA also recommends that CMS establish a simple administrative process whereby a hospital can request a modification to information incorrectly entered by another hospital regarding the match issue. For example, the XML file format could include an Amendment Form for use by a hospital that believes that residency program code information was entered incorrectly by another hospital (and thus, "locked"). The hospital with correct residency code information could complete the Amendment Form and supply documentation to support its contention that the previously entered code residency program code should be corrected.

CMS Response

This comment is outside the proposed instruction for the XML IRIS format; we will take under

advisement for future changes. The XML IRIS format is programmed to note specialties requiring advanced matching as a prerequisite.

Comment

Assignment (Rotation Time) Period (page 7)
The draft instruction provides examples of how to calculate an assignment when a resident is spending time within a block of time at multiple hospitals. Within these examples, the draft instruction indicates that the hospital should use "GME percentage" and IME percentage" to divide up a block of time and avoid duplications. In general, GNYHA agrees with the approach. What is not clear to us, however, is the determination of total number of hours (the denominator) within the example provided.

The example concerns a resident spending time in training at two hospitals (A and B) with 4 hours per week spent at hospital B. For Option A, the draft instruction states, "Complete Percentage Base where hospital 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)…" It is not clear to us where 248 hours comes from in this scenario. Previous CMS policy guidance regarding the resident work week and associated number of hours comprising a 1.0 full-time equivalent (FTE) has been based on the number of hours normally expected for that particular program. For example, CMS noted in the context of rulemaking, "we [CMS] would consider a 'work week' to be dependent on the specific residency program in which the resident is training and the resident's full-time or part-time status" (72 *Fed. Reg.* 162, page 47379 (August 22, 2007). If that is the methodology that is being used, GNYHA recommends that the example and description of the scenario state that and the option in particular needs to include a more detailed explanation of how the total number of hours was calculated.

CMS Response

We agree with the comment. We have noted that the normal total work week is dependent on the number of hours expected for a specific residency program. We also noted that the 248 hours was calculated assuming 8 hours a day for 31 days.

Comment

Assignment Residency Type Code (page 11)
The draft instruction makes an important distinction between residency specialty and setting for training that we believe can be better stated. The instruction states at the end of the first paragraph, "For example, if a resident in the Internal Medicine program rotates to the Acute Hospital's psychiatric sub-hospital unit, report the residency code for Internal Medicine rather than for Psychiatry." We believe the distinction that needs to be emphasized in this example would be illustrated better by something closer to, "For example, if a resident in the Internal Medicine program rotates to the Acute Hospital's psychiatric sub-hospital unit, the residency code for that assignment is reported as Internal Medicine but the time in training would be reported as part of the IPF (Psych) Teaching Adjustment Percentage."

CMS Response

We added clarification to state that the applicable residency code for the example is internal medicine and not psychiatry. The question of how the time would be allocated is addressed in the "Assignment (Rotation) Time Period" field.

Comment

Displaced Resident (page 13)
The draft instruction states that there will be a separate field for a hospital to indicate whether a particular resident is a "displaced resident" covered under the policies specified under 42 CFR 413.79(h). As with the field for New Programs within the Assignment record, GNYHA recommends that the accompanying instructions here also note that the assignment would meet the exception to the rolling average rules.

CMS Response

The commenter suggestion is outside the scope of the IRIS instruction. The Medicare cost report instruction addresses how the rolling average is calculated.

PUBLIC SUBMISSION

As of: 6/11/19 11:23 AM
Received: June 07, 2019
Status: Draft
Tracking No. 1k3-9aci-tz77
Comments Due: June 07, 2019
Submission Type: Web

Docket: CMS-2019-0062
Indirect Medical Education and Supporting Regs.(R-64)

Comment On: CMS-2019-0062-0001
Agency Information Collection Activities; Proposals, Submissions, and Approvals

Document: CMS-2019-0062-DRAFT-0002

Submitter Information

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General Comment

Comment

The following are comments regarding CMS-R-64, Indirect Medical Education and Direct Graduate Medical Education (OMB 0938-0456). The documents state there are various tables available in an accompanying table (the Residency Type Code Table, The Medical School Codes Table) which is not included in the new released document for the XML files. The tables now included on the CMS website shows just residency type codes but the years to complete the residency program is not published and this is needed to ensure the vendors have the appropriate amounts in their tables to agree to what CMS is calculating for the FTEs. The current Medical School Codes Table is outdated as there are at least 5 schools not in the table. This also needs to be updated and released to ensure appropriate data is accumulated.

CMS Response

CMS is in the process of updating the residency codes for new specialty programs, and new medical schools. The updated tables will be available on the IRIS webpage on the CMS.Gov website. The updated residency code table will include years to complete each residency program. Please note that CMS does not set the years needed to complete any of the residency programs; the residency programs accrediting organizations set the minimum number of years required for board certification.

Comment

There should be a public list of edits that CMS will be applying to the IRIS XML submission to ensure the files are applying the same edits prior to submission.

CMS Response

CMS plan to publish the IRIS validation file on the IRIS webpage after OMB approval of the IRIS XML format. We have attached a copy of validation file to this posting.

Comment

Once the Final Notice is completed, there needs to be instruction on the date of transition to the XML files and whether the amended IRIS files from previous cost reports can be submitted with the old DBF format or the XML file is required. The IRIS data from previous years do not have all the new fields introduced in the XML.

CMS Response

CMS will give the IRIS vendors 6 months to program the new IRIS using the XML format after OMB approval of the IRIS format. Also, there will be a transition period from the old IRIS format to the new XML format, after which the old format would be retired. Providers would be able to file their IRIS data using both the XML and DBF format during the transition period.