

Interns and Residents Information System (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, hospitals 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. Hospitals will continue to submit their IRIS submission to their MAC alongside their cost report.
2. A hospital cannot claim time spent by residents training at another freestanding hospital.
3. In a normal twelve-month cost reporting period, no individual may be counted as more than 1.0 FTE.
4. The list of errors that will cause an IRIS file to be rejected is available in a separate file in the accompanying documentation.
5. Foreign Medical Graduates (FMGs) will be referred to in this document as International Medical Graduates (IMGs).
6. Filenames: IRIS XML files should follow the following naming convention: “#####_YYYY-MM-DD.xml”, where ##### contains the hospital id (with no hyphen but including any leading zeros) and YYYY-MM-DD the hospital’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.

7. 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 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 IR 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 be populated with each IR’s FULL middle name. Previously IRISv3 only allowed middle initials to be populated.</p>

Field	Record	XML Field(s)	Instructions
Employer's Name	Resident	employer	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 hospital submitting the IRIS file.
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 hospital 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 hospital submitting the IRIS file or within the hospital's current cost reporting period.</u> Note that the residency code remains the same if a resident continues training in an advanced residency program or switches into a different specialty program, regardless of whether the first residency program entered into was completed.</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 (obsolete) • <p>The full list of residency type codes is available in the accompanying documentation.</p> <p>Once the initial residency period (IRP) 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, enter the applicable code in the "Non-IRP Year One Residency Code" field below. <p>However, for a resident who, prior to beginning the first year of residency training, matched in a specialty program (simultaneous match) for which training would begin at the conclusion of the first year of training, report the code of the subsequent specialty training year. See 42 CFR 413.79(a)(10). If the provider does not know the IRP that a resident in a transitional year/clinical year would be in the subsequent year, the provider should enter the</p>

Field	Record	XML Field(s)	Instructions
			<p>transitional/advanced matched non-IRP code in the IRP field for the first year and replace it with the actual IRP in subsequent years once it is known.</p> <p>If an International Medical Graduate (IMG) completed part of, or all, the training in the first/initial residency program after graduating from a medical school in a foreign country, enter in this field the code for that initial residency program if the American Board of Medical Specialties (ABMS) deemed this training to meet the standards for board eligibility/certification. For example, if the first program in which the IMG resident trained after graduating from a medical school was an Internal Medicine (IM) program but the resident completed the first year of training in that program in a foreign country, the resident's initial residency period will be based on this program if the ABMS deems that this training is acceptable for board eligibility/certification. In this situation, the year of training in the foreign country also counts towards the initial residency period limit for IM. (See FR Vol. 54 dated September 29, 1989, Page 40294.) However, if the ABMS does not deem this foreign country's IM training to be acceptable for board eligibility/certification in the U.S., enter in this field the code for the first residency program this resident trains in which is deemed acceptable by the ABMS regardless whether that initial approved training was completed in the U.S. or a foreign country.</p>
<p><u>Non-IRP Year One Residency Code</u></p>	<p>Resident</p>	<p>nonIRPYearOneResidencyCode (Code and Type pair)</p>	<p>For IRs that trained in a preliminary/transitional year or a simultaneously/advanced matched specialty program for which training would begin at the conclusion of the first year of training, enter 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/transitional year or a simultaneous/advance match.</p> <p>Example 1: If an IR simultaneously matched into a 1400 Internal Medicine program for the generalized clinical year, and a subsequent 1100 Anesthesiology program, enter report code 1100 in the Initial Residency Type code, and report code 1400 in the Non-IRP Year One Residency Code field with type "Simultaneous Match".</p> <p>Example 2: If during the match process, the resident did not match for a first year position in a 1400 Internal Medicine program, but did match into a second year position at that time in a 1100 Anesthesiology program, then report code 1100 in the "Initial Residency Code" field.</p>

Field	Record	XML Field(s)	Instructions
			<p>Refer to 42 CFR 413.79(a)(10); Federal Register Vol. 69, No. 154 (Aug 11, 2004) pg. 49169-49173, and Federal Register Vol 70, No. 155, (Aug 12, 2005) pg. 47449-47452.</p> <p>For IRs that did not train in a preliminary/transitional year or a simultaneous/Advance match, leave this field 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 Medical Schools Code Table.</p>
Medical School Graduation Date	Resident	MedicalSchoolGraduationDate	<p>Report in this field 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>
International Medical Graduate Certification Date	Resident	InternationalGradCertDate	<p>Enter in this field the ECFMG Certification date for graduates of foreign (international) Medical schools. See 42 CFR 413.80. Ensure that this date is the date of the last and final exam that the International Medical Graduate (IMG) passed.</p> <p>The information in this field should only be populated for Non-Dental IMGs (where medical school code is "99999").</p>

Field	Record	XML Field(s)	Instructions
Assignment (Rotation) Time Period	Assignment	beginDate endDate	<p>Enter in this field “the start and end dates” of each rotational assignment during which the IR was assigned to and trained at the hospital and any of its hospital based providers. Also, Include any time the IR was assigned to and trained at non-provider settings which the hospital is allowed to count in its total number of FTE residents.</p> <p>(For GME refer to 42 CFR 413.75(d)(3) and 413.78(b); for IME refer to 42 CFR 412.105(f)(2)(ii) and 412.105(1)(ii); for IPF-PPS Teaching Adjustment refer to 42 CFR 412.424(d)(1)(iii); and for IRF-PPS Teaching Hospital Adjustment refer to 42 CFR 412.624(e)(4) and 70 FR dated August 15, 2005, Pages 47929-47930.)</p> <p>Use the rotation schedules (or similar documentation) for each GME program to identify the start and end dates of each rotational assignment period. (There is only one rotation schedule which is generally prepared by the Program Director, for each program year (PGY) of each GME program regardless of how many hospitals, and non-provider settings the residents in the program year rotate to during the GME academic year. (See 54 FR dated September 29, 1989, Page 40291 (right column) and 71 FR dated August 18, 2006, Page 48077.) If the hospital’s cost reporting period overlaps the GME academic year (i.e., July 1 through June 30), use the two rotation schedules which cover the assignments during the cost reporting period.</p> <p>In order to avoid rotational assignment time periods reported in IRIS which overlap across hospitals, 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 is not allowed to count in its total number of FTE residents, should be excluded from the rotational assignment time period entered. Only the actual days spent by IRs assigned to and training at the hospital 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 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 an allowable rotation is only assigned to and training at a hospital for the time period of 1/1/15 – 1/15/15, the hospital should not report the rotational assignment time period for the resident as 1/1/15 – 1/31/15 at 50% IME & DGME Percentages, but instead report the rotational assignment time period for the resident as 1/1/15 – 1/15/15 at 100% IME & DGME Percentages, in order to eliminate overlapping rotational assignment time periods with other hospitals reporting IRIS data for the resident.</p>

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			<p>Example #2: If a resident in a fully reimbursable rotation is primarily assigned to and training at hospital 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 hospital B during the same block rotation 1/1/15 – 1/31/15. The normal total hour for a work week is dependent on the number of hours expected for a specific residency program.</p> <p>Option A: 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 assuming 8 hours a day for 31 days) IME & DGME Percentages and hospital 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 & DGME 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 hospital A is reporting the rotational assignment time periods and IME & DGME 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 hospital B is reporting the rotational assignment time periods and IME & DGME 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>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> <p>All the start and end dates of the rotational assignment <u>must be</u> within the cost reporting period for which the IRIS is filed. That is, if an assignment/rotation period per the rotation schedule overlaps the cost reporting period, report on the current IRIS only those days that fall within the current cost reporting period. Report the days which fall outside the current cost reporting period in the IRIS for the previous or subsequent cost reporting period.</p> <p>Example #1: If the rotation schedule shows a 9/1/16 through 10/31/16 assignment period for a resident, on the IRIS for cost reporting period 10/1/16 – 9/30/17, report the assignment as “10/1/16 –10/31/16”. The beginning of portion of this rotation (i.e., 9/1/16 – 9/30/16) should have been reported on the IRIS for the previous cost reporting period.</p>

Field	Record	XML Field(s)	Instructions
			<p>Example #2: If the rotation schedule shows a 7/1/17 through 10/31/17 assignment period for a resident, on the IRIS for cost reporting period 10/1/16 – 9/30/17, report the assignment as “7/1/17 – 9/30/17”. Report the remainder of this rotation period (i.e., 10/1/17 – 10/31/17) when completing the IRIS for the subsequent cost reporting period.</p>
Full Time/Part Time Percentage	Assignment	TimePercentage	<p>Very Limited Usage - This field is generally for “Slot Sharing” or other Accreditation Council for Graduate Medical Education (ACGME) approved part-time residents. Enter "100" percent in this field if the intern/resident (IR) worked full time during the assignment period, even in cases where the resident’s time was split between multiple hospitals. Normally this value stays constant throughout an academic year.</p> <p>If the IR worked part-time during this period, enter the IR's part time percentage. This percentage is based on the proportion of total time worked by the IR compared to the total time necessary to fill a full-time a residency slot, (See 42 CFR 413.78(b) for direct DGME and 412.105(f)(1)(iii) for IME.) Information documenting the IR's percentage of less than full time must be available in either the resident’s employment contract or a letter from the accrediting organization such as the ACGME.</p> <p>In cases where the hospital can only claim part of an IR’s time due to the IR splitting their time between multiple hospitals this field shall be kept as 100 percent. The percentage of the IR’s time that is being claimed shall instead be reported as part of the IME Percentage and GME Percentage fields.</p> <p>Percentages may be entered with fractional amounts. For example, “33.33%”.</p>
IME Percentage	Assignment	IMEPercentage	<p>Enter the percentage of the IR’s rotational assignment time period the hospital is allowed to count in its total number of FTE residents for IME purposes. Refer to the regulations at 42 CFR 412.105(f)(1)(ii).</p> <p>If the hospital follows the instructions for completing the “Assignment (Rotation) Time Period” field, the percentage for the assignment period should generally be “100”. However, we note that for IME purposes the hospital must not include the time that the resident spends in: (1) the IPF and IRF sub-provider units located within the hospital (see 42 CFR 412.105(f)(1)(ii)(A)</p>

Field	Record	XML Field(s)	Instructions
			<p>and (iii)(A)); and (2) research activities at the hospital (see 42 CFR 412.105(f)(1)(iii)(B). Therefore, if any time associated with training in those sub-provider units and in research was included in a single-day or multiple-day rotation/assignment period reported in the “Assignment (Rotation) Time Period” field, exclude this time (e.g., day or portion of a day) when computing the percentage for the “IME Percentage” field for this rotation/assignment period.</p> <p>Furthermore, if the hospital cannot report a specific assignment/rotation period which includes only the actual time the IR is training in the hospital and non-provider settings the hospital is allowed to count for IME in the “Assignment(Rotation) Time Period” field, and, therefore, an assignment/rotation period contains both, the time the hospital is allowed to count as well as time the hospital is not allowed to count, enter in this field the percentage of the allowable time to the total time that resident trains during this rotation period. For example, if Hospital A reported an assignment/rotation period “1-1-17 - 1-14-17” in the “Assignment (Rotation) Time Period” field but during this period the resident trained for half of each workday in Hospital A and half of each workday in Hospital B, each hospital shall report the IME percentage for this assignment/rotation as 50%.</p> <p>For assignments where Full Time/Part Time Percentage (TIMEPERC) is not reported at 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>IME percentages may be entered with fractional amounts. For example, “33.33%”.</p>
<u>IRF PPS (Rehab) Teaching Hospital Payment Percentage</u>	Assignment	irfDpuPercentage	Enter the percentage of the IR’s assignment/rotation time period that the freestanding IRF-PPS hospital or IRF-PPS unit of an Acute hospital or Critical Access Hospital (CAH) allowed to count in its total number of FTE residents for the “Teaching Hospital Adjustment”. (See 42 CFR 412.624(e)(4) and 70 FR dated August 15, 2005, Pages 47929-47930.) The IR FTEs for the IRF-

Field	Record	XML Field(s)	Instructions
			<p>PPS Teaching Hospital Adjustment are reported on Form CMS 2552-10, W/S E-3 Part III, sum of Lines 7 and 8.</p> <p>For a freestanding IRF-PPS hospital, the percentage in this field would generally be 100% because the “Assignment (Rotation) Time Period” is supposed to show the actual dates the residents are training at the IRF-PPS hospital.</p> <p>Note that the IPPS IME FTEs should not overlap with the time that is claimed for the IRF subunit. For any one assignment, the sum total of the IME percentage for the IRF subunit, and the IPPS provider must not exceed 100%.</p>
<p><u>IPF (Psych) Teaching Adjustment Percentage</u></p>	<p>Assignment</p>	<p>ipfDpuPercentage</p>	<p>Enter the percentage of the IR’s rotational assignment time period the freestanding IPF-PPS hospital or IPF-PPS unit of an Acute hospital or CAH is allowed to count in its total number of FTE residents for the “Teaching Adjustment”. (See hospital 42 CFR 412.424(d)(1)(iii)(A) and 412.402.) The IR FTEs for the IPF-PPS Teaching Hospital Adjustment are reported on Form CMS 2552-10, W/S E-3 Part II, sum of Lines 6 and 7.</p> <p>For a freestanding IPF-PPS hospital, the percentage in this field would generally be 100% because the “Assignment (Rotation) Time Period” is supposed to show the actual dates the residents are training at the IPF-PPS hospital.</p> <p>Note that the IPPS IME FTEs should not overlap with the time that is claimed for the IPF subunit. For any one assignment, the sum total of its IME percentage for the IPF subunit, and the acute hospital must not exceed 100%.</p>
<p>DGME Percentage</p>	<p>Assignment</p>	<p>gmePercentage</p>	<p>Enter the percentage of the IR’s time reported in the “Assignment (Rotation) Time Period” field that the IPPS hospital, freestanding IRF-PPS hospital, and freestanding IPF-PPS hospital, respectively, is allowed to count in its total number of FTE residents for DGME purposes. (For IPPS hospitals refer to 42 CFR 413.78; for IRF-PPS hospitals refer to 42 CFR 412.622(b)(1), and for IPF-PPS hospitals refer to 42 CFR 412.422(b)(1).</p>

Field	Record	XML Field(s)	Instructions
			<p>If the hospital follows the instructions for completing the “Assignment (Rotation) Time Period” field, the percentage for the assignment period should generally be 100%. If the hospital cannot report a specific assignment/rotation period which includes only the actual dates/time the IR is training in the hospital and non-provider settings the hospital is allowed to count for DGME in the “Assignment(Rotation) Time Period” field, and the assignment/rotation period contains both, the time the hospital is allowed to count as well as time the hospital is not allowed to count, enter in this field the percentage of the allowable time to the total time that the resident trains during this rotation period. For example, if Hospital A reported an assignment/rotation period “1-1-17 - 1-15-17” in the “Assignment (Rotation) Time Period” field but during this period the resident trained for half of each workday in Hospital A and half of each workday in Hospital B, each hospital shall report the DGME percentage for this assignment/rotation as 50%.</p> <p>A hospital may not report more than 100%, in the aggregate for any IR’s rotational assignment time period. DGME percentages may be entered with fractional amounts. For example, “33.33%”</p>
Residency Years Completed	Assignment	residencyYearsCompleted	<p>Enter in this field the total number of program years the resident has COMPLETED in ALL types of approved residency programs as of the first day of the assignment/rotation time period. For example, if the resident completed two years of the Internal Medicine program and two years of the Psychiatry program before the beginning of the assignment/rotation time period which is being reported, enter “4” years even though the resident is in PGY 1 of a Cardiology program at the start of the assignment/rotation time period.</p> <p>For International Medical Graduates (IMGs), this shall include years completed outside of the U.S. if the ABMS deemed this training to meet the standards for board eligibility/certification.</p> <p>NOTE: Include in this field the year that a resident trained in preliminary/transitional year program or a clinical base year program under simultaneous/advanced match.</p>
Assignment Residency Type Code	Assignment	residencyCode	<p>For each assignment/rotation period, enter the four (4) digit Residency Type Code for the specialty program in which the intern/resident (IR) seeking board certification is training. If the resident changed specialty programs during the cost reporting period, this change must be reflected starting with the assignment/rotation period during which the change occurred. We also note that the residency program is not synonymous with the cost center to which the</p>

Field	Record	XML Field(s)	Instructions
			<p>resident rotates. For example, if a resident in the Internal Medicine program rotates to the Acute hospital's psychiatric sub-provider unit, the residency code for that assignment is reported as Internal Medicine (1400) and not psychiatry (2200).</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 (obsolete) <p>The full list of residency type codes is available in the accompanying residency type code table.</p>
<p><u>Non-Provider Site Percentage</u></p>	<p>Assignment</p>	<p>nonProviderSitePercentage</p>	<p>Enter the percentage of the IR's assignment/rotation period time claimed for DGME that was spent in allowable non-provider settings. The related FTEs are reported on W/S S-2, Part I, Lines 66 and 67. Refer to 42 CFR 413.78(g)(5).</p> <p>Enter the percentage of the "percentage reported in the DGME percentage field" that the resident trained in non-provider settings that the hospital is allowed to count for DGME purposes.</p> <p>Example #1: If the hospital reported 50% in the "DGME Percentage" field for assignment/rotation period of 1/1/17 – 1/14/17, enter in this field 100% if the resident spent all of the time that is being counted for DGME in allowable non-hospital settings. (50% x 100% = 50%.) Thus the hospital will count 7 days to compute both the DGME and Non-Hospital Site FTEs</p> <p>Example #2: If the hospital reported 100% in the "DGME Percentage" field for assignment/rotation period of 2/1/17 – 2/14/17, enter in this field 50% percent if the resident spent half (i.e., 50%) of the time that is being counted for DGME in allowable non-provider settings. (100% x 50% = 50%.) Thus, the hospital will count 14 days to compute the DGME FTEs and 7 days to compute the Non-provider setting FTEs.</p> <p>If none of the resident's rotations during the cost reporting period were spent in non-provider settings which the hospital is allowed to count for DGME purposes, this field may be populated as zero or left blank.</p>

Field	Record	XML Field(s)	Instructions
<u>New Program</u>	Assignment	isNewProgramFte (True/False)	Respond either "True" or "False" to indicate whether the resident is in the "initial years of a new residency program which meet the exception to the rolling average rules". (Refer to 42 CFR 413.79(d)(5)(i) and (ii), and 42 CFR 413.79(e).
<u>Displaced Resident</u>	Assignment	isDisplacedResidentFte (True/False)	Respond either "True" or "False" to indicate whether the IR is a displaced resident for whom the hospital may receive a temporary cap adjustment. (See 42 CFR 413.79(h)(2)(ii) and (3)(i)(B). The receiving hospital has to submit a request to the contractor within 60 days of the start of the displaced residents' training in order to be able to claim the resident as displaced. Mark this field "True" only if the resident is identified in this request.
<u>Creation Software Name</u>	Submission	creationSoftwareName	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 hospital's in-house software, simply specify the hospital ID in this field along with the software's name if it has one. This is meant to help CMS debug issues with specific files by identifying their source.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0456 (Expires XX/XX/XXXX). This is a mandatory information collection. The time required to complete this information collection is estimated to average 2 hours per provider per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Office, Room 1310, 400 C4-26-05, Baltimore, Maryland 21244-1850. ****CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Owen Osaghae at 410-786-7550 or email: