

Graduate Medical Education Funding by CMS for Administrative Personnel

Topic: GME Financing and IRIS Report

Facilitator 1 Name: Sharon Smith

Facilitator 1 Email: [Sharon.smith@ccmhhealth.com](mailto:Sharon.smith@ccmhhealth.com)

Objective 1: At the end of this session the attendee will better understand the CMS CAP.

Objective 2: At the end of this session the attendee will better understand GME reimbursement as structured for CMS funding

Objective 3: At the end of this session the attendee will understand the basic components of the IRIS report.

Important Takeaways:

* There are other ways to get funded but this table top is to discuss CMS Funding.
* Check with your finance off to see if your institution is in the “CAP building years” or if you have reached your CAP. This is the number of residents approved by CMS for GME funding.
  + If you are in the years when your organization is in the CAP building years be aware that taking a resident who will train beyond their designated training period could permanently reduce our DGME cap.
  + If your organization has already met their CAP then no matter how many residents you have, or if they are unfunded (meaning past their CME CAP) it does not change your CAP.
* FTEs are the main driver for Indirect Medical Education (IME) and (DGME) reimbursement – this is done by calculation
  + If using a resident software below are some of the things keep in mind: how long they have been in residency and their specialty impacts funding, where a resident rotates and type of rotation all impacts funding.
  + For the reimbursement of their specialty it is dependent on the number of years required to complete residency. This is set when the resident is accepted to a specialty residency.
    - If resident is within their initial resident period (IRP) 1.0 FTE for DGME.
    - If a resident is beyond their IRP or in a fellowship then 0.5 FTE for DGME.
    - IRP does not affect IME
  + Impact for where a resident rotates.
  + Impact for type of rotation (example).

*www.afmaonline.org*

11400 Tomahawk Creek Parkway

Leawood, KS 66211-2672

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307-777-7911

pmac@uwyo.edu

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hponder@yumaregional.org

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sdjamison@uams.edu

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molivie@glfhc.org

**Gina Silvey, C-TAGME**

silveyg@health.missouri.edu

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melissa.keller@ketteringhealth.org

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emmalyn.dyer@nghs.com

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*sheetsam@upmc.edu*

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*rebecca.webb@adventhealth.com*

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molivie@glfhc.org

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diane.borgwardt@providence.org

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egger.deborah@mayo.edu

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shontay.patterson@okstate.edu

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silveyg@health.missouri.edu

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lisaann.roura@providence.org

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faye.debard@providence.org

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800-274-2237, ext. 6356

cestes@aafp.org

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Research:

For IME: research time can only be counted if it involves clinical research

For DGME: research time is allowable if it happens in the hospital with an approved residency

Away Rotations:

Only 1 entity can claim a resident for any given month. If you send your residents to another facility that has CMS funding as part of their facility you will want to make sure that both are not claiming the resident.

* If using a resident software you may be asked to run the reports so you facility’s intermediary can claim the resident FTEs. The report that is sent to CMS is called the IRIS (Intern/Resident Information system) report.
  + Items needed for the IRIS report are:
    - SSN
    - Name Medical School
    - Graduation Date
    - ECFMG Certificate Date & Number is a foreign graduate
    - Initial Residency Specialty
    - Rotation Schedule
    - Paying Institution

Helpful links: (can be websites, videos links, etc…)

<https://www.cms.gov/Medicare/Compliance-and-Audits/Part-A-Cost-Report-Audit-and-Reimbursement/IRIS>

<http://gmesolutions.com/iris-reporting-breakdown/>

<https://www.ompw.org/OMPW/files/Counting%20FTEs.pdf>