

Chapter 1. Introduction to the improvement of procedures in the Mexican Institute of Social Security (IMSS)

This chapter explains the importance and links between regulatory policy, administrative simplification and the improvement of regulatory procedures. It also describes the nature of administrative burdens generated by government procedures and how its measurement contributes to strengthen administrative simplification programmes. It explains the Standard Cost Model as a technique to measure administrative burdens. Finally, it identifies the IMSS procedures analysed in this report and provides a brief explanation of the methodology used to measure burdens. The annex includes a detailed description of the methodology.

Regulatory policy, administrative simplification and the improvement of procedures

The creation of a quality regulatory policy is essential for a society's welfare, market development and environmental wellness (OECD, 2011^[1]). This requires that governments and regulatory bodies design policies to achieve the objectives that have been set out, without hampering development or economic growth. Hence, evaluating the regulatory stock is relevant as an essential part of the regulatory improvement process. The consistent elaboration of regulations and rules, the lack of modernisation of the government systems through information and communication technologies (ICTs) and the absence of systematic strategies to review the regulatory stock have brought about an increasing administrative burden of regulations. Therefore, it is very valuable to evaluate and simplify the procedures that citizens and companies have to carry out.

Consequently, administrative simplification is an instrument that fosters innovation, increases entrepreneurship and improves public governance, since it creates more effective tools to implement regulations (OECD, 2009^[2]). OECD countries have widely adopted administrative simplification strategies (OECD, 2010^[3]), using as one of their guidelines the Dutch experience, which includes the Standard Cost Model (SCM). Developed by the Netherlands, the SCM is a methodology that allows the quantification of administrative burden costs and savings generated by simplification.

The Mexican Institute of Social Security (IMSS) is a public institution in charge of providing social security services for rights-holders, retirees and beneficiaries of the rights-holders and pensioners. This is established by the Social Security Law in its article 2: "Social security aims to warrant the right to health, medical assistance, livelihood protection and social services required for individual and collective welfare, as well as to award a pension that, if applicable and subject to compliance with legal requirements, will be granted by the State".

This report estimates the savings in administrative burdens the IMSS has generated, for the benefit of citizens and companies, due to the efforts made to improve their procedures between 2012 and 2017, and calculates the potential of additional savings that could be achieved if the strategy of information on digital procedures is intensified and the digitalisation process continues.

The following section covers the concept of administrative burdens and explains the international practices followed to measure them.

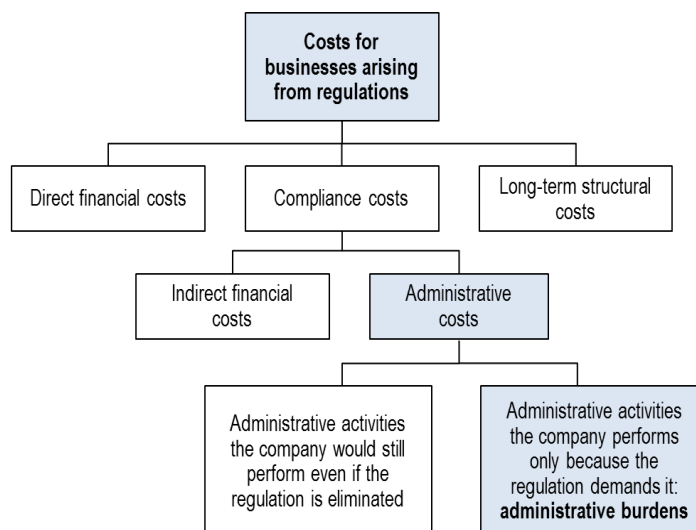
Administrative burdens and the Standard Cost Model

The nature of the administrative burdens

The term administrative burden refers to the monetary value of time that citizens and entrepreneurs devote to comply with government procedures, which include filling out formats, gathering documents and other requirements, visiting government offices to inquire about the procedure, and the time needed to make the corresponding payments. The SCM methodology aims to measure the administrative burdens of the regulation in a standardised and cost-efficient manner, and makes it possible to focus administrative simplification and government efficiency efforts on the procedures that imply the greater burdens.

According to the SCM, companies face three types of costs arising from regulations: direct financial costs, compliance costs and long-term structural costs. Administrative costs are included in the compliance costs category (see Figure 1.1). The SCM only considers the administrative burdens companies face due to regulations, which are part of administrative costs.

Figure 1.1. Costs for companies resulting from regulations



Source: (SCM Network, n.d.^[4]), *International Standard Cost Model Manual, Measuring and reducing the administrative burdens for business*, <http://www.oecd.org/gov/regulatory-policy/34227698.pdf>.

Costs for companies resulting from regulations are the following:

- **Direct financial costs:** Fiscal obligations the government demands to comply with regulations. That is, payment of rights, tariffs or rates users must settle in order to carry out the procedure.
- **Compliance costs:** These are all the costs necessary to comply with regulations. They are divided into two categories:
 - a. **Indirect financial costs:** Costs incurred to comply with the procedure requirements; they represent the amount of money with which it is possible to buy the equipment required to stick to regulations. An example of this type of cost is the adaptation of facilities that a company has to do in order to abide by Civil Protection Standards.
 - b. **Administrative costs:** These are the opportunity costs for undertaking procedures and are estimated as the lost wages due to the activities carried out in relation to the procedure submission. An example of these costs is the time the legal representative of the company dedicates to fill out the formats required to deliver accounting information reports.¹
- **Long-term structural costs:** These are the costs related to structural changes (in activities, human resources and material resources) resulting from regulations. An example of these costs comes up when a threshold defined by a specific number of employees of a company is established, in order to comply with a regulation; thus, companies are stimulated to avoid increasing their size above the threshold, which

reduces the size of the average company in the economy and affects its performance.

- Regarding administrative costs that users afford to comply with regulations, it is necessary to distinguish between the administrative activities users undertake despite the regulation and those arising from regulatory demands.

To illustrate the difference, consider that the IMSS requests companies to have an electronic signature (*e.firma*) to carry out procedures on line. Therefore, in order to conduct the procedure Opinion on Compliance with Fiscal Obligations on Social Security Matters 32D (Opinion 32D), it is necessary to have the electronic signature. However, should a situation arise where this procedure is eliminated, the companies would continue to use the electronic signature to comply with procedures related to another government institution. That is, the electronic signature is an administrative cost the user will go on facing, even if the IMSS Opinion 32D procedure is eliminated. On the other hand, if the procedure requested a digital signature other than the *e.firma*, this would be eliminated upon derogation of the Opinion 32D procedure.

In line with the SCM methodology, the measurement of administrative burdens does not consider the direct financial costs that in this exercise refer to the payment of rights to comply with the regulation.

The calculation of administrative burdens is based on monetising the time devoted by citizens or companies to gather, prepare and deliver the information requested by regulatory authorities. The burdens are estimated building upon the time invested by users in activities required to carry out a procedure – the time to handle the procedure – multiplied by the cost related to the time invested by users based on their profile. The time cost is measured as the salary received by the company's employee or the salary the citizen does not receive due to the procedure's fulfilment.

For example, if a company needs authorisation so one of its employees may use the IMSS medical services in a Family Medicine Unit (FMU) other than his/her corresponding unit, administrative burdens derive from monetising the person-hours that the employees had to dedicate to carrying out the procedure. From information gathering and format filling, to visits to the public office, if the procedure is made in-person.

It is safe to assume that employees of the company with different profiles participated in this procedure. Thus, in this hypothetical procedure, if the general director devoted 2 hours to the procedure, the attorney 10 hours, the technical expert 8 hours, the secretary 9 hours, then the administrative burden for the company would be the result of multiplying the salary of each one of these people by each one of the hours invested: $(MXN 251) \times (2) + (MXN 87) \times (10) + (MXN 60) \times (8) + (MXN 55) \times (9) = MXN 2\,347.00$. If the company has to fulfil the procedure twice a year and there is a population of 5 000 similar companies, the total administrative burden in the economy generated by this procedure would be $MXN 2\,347.00 \times 2 \times 5\,000 = MXN 23\,470\,000.00$.

Therefore, the SCM monetarily quantifies the time invested by users in carrying out the procedures and identifies the most burdensome and the reason for it. This facilitates the prioritisation of administrative simplification efforts and the improvement of specific processes.

The SCM is a methodology developed by the Netherlands that has been broadly used in other OECD countries, such as the United Kingdom, Finland and Denmark, among others, to steer their administrative simplification efforts (OECD, 2010_[3]). This report focuses on

providing useful information to help the IMSS continue implementing actions to simplify its procedures, and thus, in turn, increase the efficiency of its processes and reduce its own costs, as well as the costs for regulated citizens.

Administrative activities to measure burdens

The SCM is a qualitative technique that considers the total time regulated subjects spend in the fulfilment of the procedure, in order to calculate administrative burdens. Consequently, it divides the fulfilment of the procedure into a range of measurable steps, known as standard activities. The model assumes that any person performs such standard activities in relation to all types of procedures and, as a result, it makes it possible to use the method in different countries and government levels, either in procedures that depend on a set of regulations or in a specific sector. Table 1.1 contains a list of standard activities used in this report.

When information on procedures users is gathered, it is necessary to ask them how much time they spend on each of the activities included in Table 1.1, in order to measure administrative burdens.

Therefore, the SCM helps measure the administrative consequences for users derived from the procedures and is currently the method most used for that purpose.

Table 1.1. Standard administrative activities

Activity
1. Identifying and understanding the procedure requirements.
2. Holding meetings with internal staff to prepare the information.*
3. Activities related to hiring and paying for external services to carry out the procedure.
4. Holding meetings with consultants or external services personnel to prepare for the procedure.
5. Collecting existent information.
6. Elaborating and generating new information.
7. Filling formats and/or elaborating requests and reports.
8. Creating and managing backup files (for example, logbooks, regular reports, electronic records, etc.).
9. Activities related to paying for the procedure, such as: paying directly at the institution, paying at the bank, paying in other offices, paying online.
10. Commuting to public offices to carry out the procedure (for example, collecting information, delivering the request).
11. Waiting at public offices to carry out the procedure.

* Only measured in business procedures.

Source: Adapted from SCM Network (n.d.^[4]), *International Standard Cost Model Manual, Measuring and reducing the administrative burdens for business*, <http://www.oecd.org/gov/regulatory-policy/34227698.pdf>.

Benefits and scope of the MCE

The SCM measurements reveal the areas of the procedures in which it is possible to reduce administrative burdens. Given the orientation of the results, the SCM provides a baseline and is a source of simplification opportunities.

Adopting the SCM in the simplification process offers several advantages:

- It emphasises the elements of the regulation whose compliance is most cumbersome for users and identifies the total cost of administrative burdens.
- Measuring one baseline reveals where administrative burdens are generated during the companies' processes and shows where simplification can have more impact.

- Simplification efforts can be efficiently targeted classifying the sources of administrative burden and identifying which department/ministry is responsible of the burdensome regulation.
- The information gathered allows simulating how changes in regulation and procedures can affect the costs for users.
- The SCM can foster the exchange of data between government institutions.

The SCM focuses on offering a simplified and coherent methodology to calculate the administrative burdens government regulations impose on users. Such methodology adopts a pragmatic approach to measurement and offers coherent estimates in several areas of policy. Nevertheless, although the SCM offers advantages for the measurement of administrative burdens, it also has limitations. Box 1.1 contains a brief discussion on the scope and limitations of the SCM.

Box 1.1. Scope and limitations of the SCM

Although the SCM has advantages as a tool for administrative simplification, it also has limitations. The following is an analysis in this regard:

What are the benefits of measuring administrative burdens, especially when the most burdensome formalities are already known?

The SCM allows to: 1) identify why each procedure is burdensome for users, and 2) identify the best, more adequate and high-priority administrative simplification strategy.

Is the measurement of the SCM statistically significant or does it consider representative samples of procedure users?

The SCM is considered a qualitative and pragmatic exercise, with a methodology that is sufficiently solid to perform an approximate measurement of the administrative burdens that procedures generate for users. The SCM's methodology is not based on statistically representative samples of regulated subjects. In terms of costs, such an exercise would be very burdensome for the government.

Instead, the SCM methodology clearly identifies the groups of users of the formalities or services and, gathers information from them through surveys or focus groups. It identifies those who carry out the activities required to comply with the procedure within a reasonable period, that is, not very quickly nor very slowly (see below the section "Stage 2: Gathering and standardisation of data related to time and costs" of the SCM methodology).

Does the SCM measure all costs resulting from the regulation, including the opportunity cost for the users due to the time spent waiting for an official answer?

No, the SCM exclusively focuses on administrative burdens that are generated at the time of fulfilling the procedure; that is, on the time devoted to paperwork, information gathering and similar activities. There are alternative methodologies to measure other costs arising from regulations (OECD, 2014^[5]).

Some OECD countries, such as Portugal (see Box 5.1), include as part of the total cost of the procedure the cost related to waiting for an official answer, also known as “opportunity cost”. However, such cost cannot be considered an administrative burden; it is the difference between the profits the company would obtain if it could receive the official government answer in less time or within the officially established time, and the profits it receives when it has to wait longer. Since profits depend on the capital return of the company, they differ between companies and depend on several assumptions, which complicates the measurement of the opportunity cost (OECD, 2014^[5]).

Is it absolutely necessary to gather information from regulated subjects on the procedures to measure administrative burdens?

The basic principle of the SCM is identifying the factors that make a procedure burdensome for users. Therefore, one of the most reliable sources to gather the required information is the regulated subjects themselves. Nevertheless, the OECD recommends the following:

Governments must quantify administrative burdens and set quantitative goals for its reduction, before launching the project or during the process. However, quantification must be used cautiously considering efficiency. Qualitative methods, especially those that analyse inconvenience costs, must complement quantitative methods in order to focus efforts more adequately (OECD, 2010^[3]).

The international experience of jurisdictions such as the European Commission and the United Kingdom shows that a measurement of the administrative burdens of all procedures – known as baseline – can be very burdensome. Therefore, it would be ideal to target efforts on priority processes or sectors to simplify.

Once public administrations have a background of critical information on administrative burdens based on the data gathered by users, some jurisdictions—such as Australia, the European Commission and the United Kingdom— choose to use such information to estimate the administrative burdens of other current or future procedures, as part of the Regulatory Impact Analysis exercise.

In contrast, in contexts such as the Czech Republic, where administrative burdens were measured only with information provided by public servants, the reliability of the data is a dilemma (OECD, 2010^[3]).

International experience shows that many countries have diverged from the methodology as established in the SCM Manual. Are these measurements valid?

The OECD report *Why Is Administrative Simplification So Complicated* (OECD, 2010^[3]) documents the administrative burdens reduction programmes undertaken by its member countries. Most of them implemented adaptations of the SCM methodology, whose differences in relation to the original methodology responded to national priorities, efficiency criteria or limitations as to available data. Although these differences complicate the international comparison of administrative burdens measurements results, the basic goal in each case was to target administrative simplification efforts on achieving the desired administrative burdens reductions, generally of 20%-25% of the total burdens.

The OECD also recommends its member countries to evaluate regulatory improvement policies to determine their impact and efficiency (OECD, 2012^[6]); the OECD countries have the task of implementing the corresponding evaluations with the purpose of verifying if administrative burdens reduction programmes achieved their goals and if they require modifications to increase their efficiency and effectiveness.

Source: (OECD, 2014^[5]), *OECD Regulatory Compliance Cost Assessment Guidance*, <http://dx.doi.org/10.1787/9789264209657-en>; (OECD, 2010^[3]), *Why Is Administrative Simplification So Complicated?: Looking beyond 2010*, Cutting Red Tape, <http://dx.doi.org/10.1787/9789264089754-en>; (OECD, 2012^[6]), *Recommendation of the Council on Regulatory Policy and Governance*, <http://dx.doi.org/10.1787/9789264209022-en>.

The procedures in the Mexican Institute of Social Security

The IMSS procedures aim mainly at rights-holders that benefit from health services and/or that receive social security benefits or at companies that must comply with the regulations to register their employees as rights-holders. The IMSS is throughout the national territory, offering services in 283 hospitals and 1 129 Family Medicine Units (FMU) distributed in 35 regional delegations, as well as 3 718 IMSS-Prospera medical units. Additionally, it has 4 vacation centres, 1 367 day-care centres, 17 funeral homes and one Convention Unit at the Nacional Medical Center *Siglo XXI*, among other facilities.

This report measures the administrative burden of 87 procedures with its modes, selected by the IMSS through its administrative co-ordinations in March 2017. The 87 selected procedures grouped by co-ordinations are enlisted in Table 1.2. Table 1.4 shows the procedures complete with their name and code.

Table 1.2. Total of selected procedures to measure administrative burdens by co-ordination at the IMSS

Administrative unit	Number of selected procedures
Co-ordination of Companies Classification and Validity of Rights	22
Co-ordination of Economic Benefits	20
Co-ordination of Health Education	15
Co-ordination of Social Welfare	10
Co-ordination of Comprehensive Health Care at the First Level	4
Co-ordination of Day-care Services for Comprehensive Children Development	4
Co-ordination of Affiliation	3
Co-ordination of Vacation Facilities, Funeral Homes, Conventions Unit and Stores	3
Co-ordination of Collection	3
Co-ordination of Occupational Health	3
Total	87

It is important to mention that this exercise does not include all of the IMSS procedures, but only those proposed by the Normative Co-ordinations in several meetings with the OECD. On the other hand, some of them might not be valid and other digital procedures may have been released at the time of publication of this report.

Currently, rights-holders and/or companies can request IMSS services in four modes:

- In-person (visiting one of the offices or medical facilities)
- Through the Online (at the IMSS website: www.imss.gob.mx)
- Through the mobile application downloadable free of charge on any smartphone.
- Through the IMSS Call Centre.

Not all 87 selected procedures may be submitted in all modes. Currently some procedures can be carried out in all existing modes (for example, the *Medical Appointment* at the first level) and other procedures can only be submitted in one mode (for example, *Opinion 32D*, that is only submitted via the Online) or *Request for a retirement, unemployment at an advanced age or at old age pension* (which is only delivered in-person with physical formats at the IMSS service desks).

Table 1.3. Summary of IMSS procedures by submission mode

Number of procedures and their modes by administrative co-ordination

Administrative Unit	Total procedures	In person	Online	Mobile application
Affiliation	3	3	3	1
Comprehensive Health Care at the First Level	4	4	1	1
Social Welfare	10	10		
Collection	3	2	3	
Companies Classification and Validity of Rights	22	22	20	1
Vacation Facilities, Funeral Homes, Conferences Unit and Stores	3	3		
Health Education	15	15		
Economic Benefits	20	20		
Day-care services for Comprehensive Children Development	4	4	4	
Occupational Health	3	3		
Total	87	86	31	3

Note: Information submitted considering as the universe only the 87 procedures proposed by the IMSS.

In the last year, the digitalisation of IMSS procedures gained momentum; however, there are still many formalities that can only be carried out in person. Table 1.3 shows a summary of the progress in this digitalisation. Out of the 87 procedures analysed, 86 can be submitted in the in-person format, and one is submitted exclusively through the Online (*Opinion 32D*). Of all the procedures that were analysed, 31 can be fulfilled through the Online and three through the mobile application. Table 1.4 includes detailed information on each procedure.

Table 1.4. IMSS procedures by submission mode

Available modes

Code	Name	In person	Online	Mobile application
Constancia de Desempleo	Discharge certificate for unemployment retirement	√	√	
IMSS-01-001	Request for a disability pension	√		
IMSS-01-002	Request for an unemployment at and advanced age and old-age pension	√		

Code	Name	In person	Online	Mobile application
IMSS-01-003-A	Request for a widow or widower's pension Mode A) Widow-Wife or Common-law wife	√		
IMSS-01-003-B	Request for a widow or widower's pension Mode B) Widower-husband or Common-law husband	√		
IMSS-01-004-A	Request for an orphan's pension Mode A) Son or daughter under 16 years of age	√		
IMSS-01-004-B	Request for an orphan's pension Mode B) Son or daughter over 16-25 years old, student	√		
IMSS-01-004-C	Request for an orphan's pension Mode C) Son or daughter over 16 years old, disabled	√		
IMSS-01-005	Request for an ascendant's pension	√		
IMSS-01-006-A	Request for registration in an IMSS day-care centre Mode A) Of the worker registered at the IMSS under the mandatory regime	√	√	
IMSS-01-006-B	Request for registration in an IMSS day-care centre Mode B) Of the widower worker registered at the IMSS under the mandatory regime	√	√	
IMSS-01-006-C	Request for registration in an IMSS day-care centre Mode C) Of the divorced worker registered at the IMSS under the mandatory regime	√	√	
IMSS-01-006-D	Request for registration in an IMSS day-care centre Mode D) Of the worker that due to a court decision has parental authority and custody of a child registered at the IMSS under the mandatory regime	√	√	
IMSS-01-009	Request for help for marriage expenses	√		
IMSS-01-010	Request for help for funeral expenses	√		
IMSS-01-015	Request for a loan against a pension under the 1973 Social Security Law regime	√		
IMSS-01-016	Request for a permanent disability pension	√		
IMSS-01-018	Request for a retirement pension	√		
IMSS-01-020	Request for the execution of an indirect payment agreement and subsidies reimbursement	√		
IMSS-01-022	Request for a retirement, unemployment at an advanced age or at old age pension through the transfer of IMSS- ISSSTE rights	√		
IMSS-01-029-A	Request for the payment of non-collected monthly payment or claim for differences related to the pension Mode A) By the pensioner	√		
IMSS-01-029-B	Request for the payment of non-collected monthly payment or claim for differences related to the pension Mode B) By third parties, in case of death of the pensioner	√		
IMSS-01-031	Request for modification of pension due to facts that influence the calculations, the amount paid for the pension or correction of name	√		
IMSS-01-034-A	Request for modification of severance pension Mode A)	√		
IMSS-01-034-B	Request for modification of severance pension Mode B) Settlement of an orphan child for complying with law provisions	√		
IMSS-02-001-A	Employer's registration and enrolment in occupational risks insurance or resumption of activities Mode A) For an individual	√	√	
IMSS-02-001-C	Employer's registration and enrolment in occupational risks insurance or resumption of activities Mode C) For a juridical person	√	√	
IMSS-02-008	Request for assignation or tracking of social security number	√	√	√
IMSS-02-019-A	Authorisation of service in a foreign district Mode A) Upon request of the employer or obligated subject	√	√	

Code	Name	In person	Online	Mobile application
IMSS-02-019-B	Authorisation of service in a foreign district Mode B) Upon request of the rights-holder or pensioner	√	√	
IMSS-02-020-B	Request for validity certificate of rights to receive medical services Mode B) Upon request of the rights-holder or pensioner	√	√	
IMSS-02-025-A	Request for certificate of acknowledged weeks Mode A) Certificate of acknowledged weeks in the IMSS	√	√	√
IMSS-02-025-B	Request for certificate of acknowledged weeks Mode B) Certificate of acknowledged periods IMSS-ISSSTE	√		
IMSS-02-025-C	Request for certificate of acknowledged weeks Mode C) Certificate of listed weeks at the IMSS	√		
IMSS-02-066-A	Request for registration and updating of rights-holders Mode A) For registration of wife or husband	√	√	
IMSS-02-066-B	Request for registration and updating of rights-holders Mode B) For updating wife or husband's data	√	√	
IMSS-02-066-C	Request for registration and updating of rights-holders Mode C) For de-registration of wife or husband	√	√	
IMSS-02-066-D	Request for registration and updating of rights-holders Mode D) For registration of common-law wife or husband	√	√	
IMSS-02-066-E	Request for registration and updating of rights-holders Mode E) For updating common-law wife or husband's data	√	√	
IMSS-02-066-F	Request for registration and updating of rights-holders Mode F) For de-registration of common-law wife or husband	√	√	
IMSS-02-066-G	Request for registration and updating of rights-holders Mode G) For registration of the father or mother	√	√	
IMSS-02-066-H	Request for registration and updating of rights-holders Mode H) For updating father or mother's data	√	√	
IMSS-02-066-I	Request for registration and updating of rights-holders Mode I) For de-registration of father or mother	√	√	
IMSS-02-066-J	Request for registration and updating of rights-holders Mode J) For registration of the son or daughter	√	√	
IMSS-02-066-K	Request for registration and updating of rights-holders Mode K) For de-registration of son or daughter's data	√	√	
IMSS-02-066-L	Request for registration and updating of rights-holders Mode L) For de-registration of son or daughter	√	√	
IMSS-02-066-M	Request for registration and updating of rights-holders Mode M) For registration of the rights-holder or pensioner	√	√	
IMSS-02-066-N	Request for registration and updating of rights-holders Mode N) For updating rights-holder or pensioner's data	√	√	
IMSS-02-066-O	Request for registration and updating of rights-holders Mode O) For de-registration of rights-holder or pensioner	√	√	
IMSS-02-096	Request for information on debit status	√	√	
IMSS-03-001	Request for clinical fields and locations for clinical cycles, medical internship and social service for educational institutions that offer careers in the health area	√		
IMSS-03-002-A	Request for Mexican physicians to join the Mexican Social Security Institute as interns Mode A) Candidates external to the IMSS for direct entry specialties	√		
IMSS-03-002-B	Request for Mexican physicians to join the Mexican Social Security Institute as interns Mode B) Candidates IMSS workers for direct entry specialties	√		
IMSS-03-002-C	Request for Mexican physicians to join the Mexican Social Security Institute as interns Mode C) Candidates children of IMSS workers for direct entry specialties	√		
IMSS-03-003-A	Request for foreign physicians to join the Mexican Social Security Institute as interns Mode A) Candidates for direct entry specialties	√		

Code	Name	In person	Online	Mobile application
IMSS-03-003-B	Request for foreign physicians to join the Mexican Social Security Institute as interns Mode B) Candidates for branch specialties	√		
IMSS-03-004	Request for partial rotations in the Mexican Social Security Institute of resident doctors from other institutions	√		
IMSS-03-005-A	Request for enrolment in the BA in nursing in the Mexican Social Security Institute schools Mode A) External candidates to the Mexican Social Security Institute	√		
IMSS-03-005-B	Request for enrolment in the BA in nursing in the Mexican Social Security Institute schools Mode B) Candidates workers of the Mexican Social Security Institute	√		
IMSS-03-005-C	Request for enrolment in the BA in nursing in the Mexican Social Security Institute schools Mode C) Candidates children of workers of the Mexican Social Security Institute	√		
IMSS-03-006	Request for extra-institutional health area personnel enters or joins on-going education programs at the Mexican Social Security Institute	√		
IMSS-03-007-A	Request for dental surgeons to join the Mexican Social Security Institute as maxillofacial surgery interns Mode A) Mexican candidates, external to the Mexican Social Security Institute	√		
IMSS-03-007-B	Request for dental surgeons to join the Mexican Social Security Institute as maxillofacial surgery interns Mode B) Foreign candidates, external to the Mexican Social Security Institute	√		
IMSS-03-007-C	Request for dental surgeons to join the Mexican Social Security Institute as maxillofacial surgery interns Mode C) Candidates workers of the Mexican Social Security Institute	√		
IMSS-03-007-D	Request for dental surgeons to join the Mexican Social Security Institute as maxillofacial surgery interns Mode D) Candidates children of workers of the Mexican Social Security Institute	√		
IMSS-03-008	Appraisal and ruling on occupational risks	√		
IMSS-03-009	Establishing disability status	√		
IMSS-03-010	Request for a ruling of disability for a beneficiary son or daughter	√		
IMSS-03-011	Medical care in Family Medicine Units (FMU)	√	√	√
IMSS-03-014	Medical prescription of home oxygen	√		
IMSS-03-019	Request for home medical care	√		
IMSS-03-020	Request for issuance of a death certificate	√		
IMSS-04-001-A	Enrolment in Courses and Workshops on Institutional Social Benefits Mode A) IMSS retiree	√		
IMSS-04-001-B	Enrolment in Courses and Workshops on Institutional Social Benefits Mode B) IMSS pensioner	√		
IMSS-04-001-C	Enrolment in Courses and Workshops on Institutional Social Benefits Mode C) Volunteers	√		
IMSS-04-001-D	Enrolment in Courses and Workshops on Institutional Social Benefits Mode D) Person with disability	√		
IMSS-04-002-A	Use of social benefits facilities Mode A) Sports	√		
IMSS-04-002-B	Use of social benefits facilities Mode B) Non-sports-Equipment-Companies	√		
IMSS-04-002-C	Use of social benefits facilities Mode C) Non-sports-No Equipment-Companies	√		
IMSS-04-002-D	Use of social benefits facilities Mode D) Non-sports-Citizen Equipped	√		
IMSS-04-002-E	Use of social benefits facilities Mode E) Non-sports-Citizen Not Equipped	√		

Code	Name	In person	Online	Mobile application
IMSS-04-004	Replacement of credential	√		
IMSS-05-001	Chambers and Auditoriums Service at the CMN Siglo XXI Convention Unit	√		
IMSS-05-002	Funeral services in funeral homes	√		
IMSS-05-003	Lodging, health resort and camping in vacation facilities	√		
Opinión 32D	Opinion on the fulfilment of fiscal obligations in the Social Security area (32D)		√	
SIPARE	Referenced Payments System	√	√	
Total: 87		86	31	3

Methodology used to measure administrative burdens

This report provides the results of the measurement of administrative burdens generated by IMSS procedures, through an adaptation of the SCM. Table 1.5 includes a summary of the methodology used, based on the SCM. Annex 1.A. includes a broader section on methodological aspects.

Table 1.5. Summary of the methodology used to measure administrative burdens

1. Selection of procedures to conduct surveys	<p>The total number of procedures subject to the measurement of administrative burdens is 87, and they can be carried out in up to four formats: in person, online, by telephone and through a mobile application (see Table 1.3 and Table 1.4).</p> <p>The variable code to measure administrative burdens is the time users devote to fulfil the procedure, that is, the time it took to carry it out. Thirty procedures were selected to measure the handling times through direct surveys to citizens and entrepreneurs (hereafter, procedures through surveys), and, based on this information, estimate the handling time for the remaining procedures. The purpose was to select representative IMSS procedures, in order to be able to take this data into account to estimate handling times of the remaining procedures with quantitative and qualitative methods.</p> <p>The selection of the 30 procedures through surveys was based on criteria related to the complexity, the frequency and, most of all, the availability of information and the users that previously carried them out.</p> <p>Nonetheless, out of the 30 procedures through surveys, information was obtained only from 28 (see Annex Table 1.A.5 for a list of these procedures).</p> <p>For further details, see steps 1-9 of the SCM Manual, described in Annex 1.A.</p>
2. Collecting information on the procedures	<p>The first round of collection of information on the 87 IMSS procedures consisted in interviewing the IMSS government officers responsible of their handling. The purpose was to gather basic information about the procedures and their administration and operation.</p> <p>For further details, see steps 1-9 of the SCM Manual, described in Annex 1.A.</p>
3. Identification of similar and independent procedures	<p>Out of the procedures that were not measured through direct surveys, two subgroups were identified. During the initial analysis, in the interviews with public servants, groups of procedures with similar or basically similar requirements were identified. Therefore, it was concluded that they impose practically the same administrative burdens on the users, and the decision was made that for these procedures subgroups a technique that directly extrapolates the value of time taken to handle the closest procedures measured through surveys (hereafter, similar procedures) would be used (see Annex Table 1.A.15 for a list of these procedures).</p> <p>Procedures with requirements completely different, in global terms, to any other procedure (hereinafter, independent procedures). For the independent procedures subgroup quantitative techniques were used to estimate the handling times, using as an input the information on the procedures through surveys (see Annex Table 1.A.24 for a list of these procedures).</p> <p>For further details, see steps 10-14 of the SCM Manual, described in Annex 1.A.</p>
4. Collection of direct surveys to users	<p>To collect procedures through surveys, the interviews were limited to users that carried out the procedure in 2016 and for the different submission modes: Online, mobile application, by telephone and in person.</p> <p>A total of 506 interviews were conducted for the 28 procedures through surveys. The number of surveys per procedure is shown in Annex Table 1.A.12.</p> <p>For further details, see steps 10-13 of the SCM Manual, described in Annex 1.A.</p>

5. Calculation of administrative burdens

In general terms, the unitary administrative burden was a result of multiplying the handling time by the salary or opportunity cost of the procedure users. Annex Table 1.A.12 shows specific formulae for each procedure.

In procedures through surveys, the handling time used was the average of the findings collected that fulfilled the **normally efficient company** criteria. That is, extreme findings were eliminated, since the target is companies and citizens that do not carry out the procedure very quickly or very slowly, but those who do it at an intermediate speed.

For similar procedures, the assigned handling time corresponds to the nearest time to carry out the procedure. For independent procedures, the handling time using a series of statistical techniques that relate to the type of information and documents requested in the procedures, with the handling time was estimated. In both cases the procedures through surveys data was used as a source of information.

Total administrative burdens arise from multiplying the unitary administrative burden by the population of companies or citizens that carried out the procedure in 2017. The total burdens of only 84 out of the total procedures were estimated, since three procedures do not have registration of the total population for the year being analysed (see Annex Table 1.A.25 for a list of procedures lacking data regarding the population).

For further details, see step 14 of the SCM Manual, described in Annex 1.A.

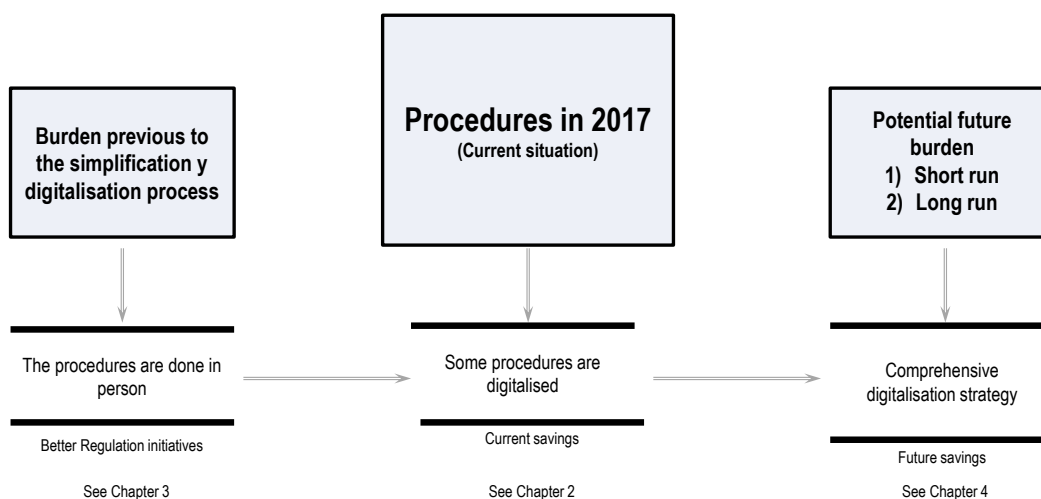
Unitary and total administrative burdens are shown in the following chapter.

Reader's roadmap

Figure 1.2. offers a reader's road map on the results included in this report, which considers 2017 figures that served as the basis to identify the administrative burdens of IMSS procedures, included in Chapter 2. This digitalisation generates savings in administrative burdens that have benefited users. Chapter 3 includes the estimation of these savings. Chapter 4 contains estimations of the potential additional reduction of these burdens the IMSS could achieve should it continue promoting the use of digital formalities, as well as the simplification and digitalisation of additional procedures.

It is worth highlighting that, to date and during the execution of this report, the IMSS continued working on such simplification and digitalisation processes.

Figure 1.2. Roadmap of the results of this report



Summary of the key messages included in this chapter

- The consistent elaboration of regulations and standards, the little use of information and communication technologies (ICTs) in government systems and the absence of systematic strategies to review the regulatory stock have brought about an

increasing administrative burden of regulations. Therefore, the evaluation and simplification of procedures that citizens and companies have to carry out are very valuable.

- The term administrative burdens refers to the monetary value of the time devoted by citizens and entrepreneurs to comply with government procedures, which include filling out formats, gathering documents and other requirements, visiting government offices to inquire about the procedure, and the time needed to make the required payments.
- The SCM is a methodology that aims at measuring the administrative burdens of regulations in a standardised and cost-efficient manner, and makes it possible to address administrative simplification and government efficiency improvement efforts to the procedures that imply the greater burdens.
- The calculation of administrative burdens is based on monetising the time devoted by citizens or companies to gather, prepare and deliver the information requested by regulatory authorities. Burdens are estimated building upon the time invested by users in activities required to carry out a procedure —the time to handle the procedure— multiplied by the cost related to the time invested by users based on their profile. The time cost is measured as the salary received by the company’s employee or the salary the citizen does not receive due to the procedure’s fulfilment.
- Therefore, the SCM monetarily quantifies the time invested by users in carrying out the procedures and identifies the most burdensome and the reason for it. This facilitates the prioritisation of administrative simplification efforts and the improvement of specific processes.
- This report measures the administrative burdens of 87 IMSS procedures. IMSS rights-holders or companies can currently submit their procedures or requests for services using four modes: in-person in one of the offices or medical facilities, through an Online portal, through a mobile downloadable free of charge on any smartphone or through the IMSS Call Centre.
- Of all analysed procedures, 86 can be carried out in person, 31 through the Online and three through the mobile application.
- 504 surveys were applied to users of 28 of the 87 procedures, to measure administrative burdens and the handling time invested in carrying out the procedure. Administrative burdens were calculated using the information gathered as well as qualitative and quantitative techniques.

Note

¹ The waiting time for the procedure request, within the official deadlines or within time frames that exceed the official time, also implies costs for the companies, since it represents “opportunity costs”. Nevertheless, the SCM does not take these costs into consideration since they do not represent administrative burdens. Also, in order to estimate them, it is necessary to have information on the cost-effectiveness of the company, since lost profits while waiting from a government answer must be calculated, which hampers a solid estimate. See Box 1.1 for a discussion on the reach and limitations of the SCM.

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Annex 1.A. Stages of the administrative burdens measurement in line with the Standard Cost Model (SCM) Manual

This section explains the stages and the steps required to measure administrative burdens in line with the SCM Manual guidelines, as well as adaptations made for each step for the purposes of this report. Annex Table 1.A.1. contains a summary of such stages and steps.

Annex Table 1.A.1. Stages and steps of the SCM

Stages and steps
Stage 1. Preparatory analysis
<ul style="list-style-type: none"> Step 1. Identification of the information obligations, data requests and administrative activities Step 2. Identification of related regulations Step 3. Classification of information obligations by type Step 4. Identification of pertinent entrepreneurial segments Step 5. Identification of the population, rate and frequency Step 6. Interviews with companies versus expert evaluation Step 7. Identification of pertinent parameters to calculate costs Step 8. Preparation of the questionnaire for the interview Step 9. Expert review of steps 1-8
Stage 2: Obtaining and standardising data related to time and costs
<ul style="list-style-type: none"> Step 10. Selection of representative companies to be interviewed Step 11. Interviews with the companies Step 12. Elaboration and standardisation of time and resources estimates for each segment per activity Step 13. Expert review of steps 10-12
Stage 3: Calculation, outreach and reports
<ul style="list-style-type: none"> Step 14. Extrapolation of validated data Step 15. Information and transfer to database

Source: Adapted from SCM Network (n.d.), *International Standard Cost Model Manual, Measuring and reducing the administrative burdens for business*, <http://www.oecd.org/gov/regulatory-policy/34227698.pdf>.

Stage I. Preparatory analysis

This stage includes the analysis leading to the information gathering and administrative burdens estimate stages. It identifies the procedures to be analysed and shows the strategy used to gather information on how to comply with such regulation. The information collected in this stage was used to define the scope of the recommendations.

First of all, the IMSS already had a procedures inventory, therefore it was not necessary to define regulations or to identify the procedures arising from them. Instead, the procedures considered by the IMSS as relevant in terms of burden measurement were identified. Chapter 3 shows the list of procedures and the unit responsible for each one of them. The procedures are identified through the code granted by the (National Commission of Regulatory Improvement – CONAMER, previously COFEMER).

The OECD identified 182 IMSS procedures subject to cost calculation, aimed at rights-holders, employers (companies) and the general public. During this process, the IMSS proposed that the cost calculation focused on 87 procedures, set out by each of the responsible areas.

This stage consisted in interviewing public servants in charge of the 87 procedures proposed by the IMSS with the purpose of gathering detailed information to select a sample that would be measured using direct surveys with users. The information provided by users would then be used to select a group of procedures that would represent the proposed universe and would help measure the burden of the remaining procedures.

Step 1. Identification of information obligations, data requests and administrative activities

This review estimates the total or unitary burden of 87 procedures distributed in 10 units or co-ordinations, based on Annex Table 1.A.2. Table 1.4 shows a complete list of the procedures by name and code.

Annex Table 1.A.2. Total procedures to measure by IMSS administrative unit

Mexican Institute of Social Security (IMSS)	
Administrative unit	Number of procedures
Co-ordination of Companies Classification and Validity of Rights	22
Co-ordination of Economic Benefits	20
Co-ordination of Day-care Services for Comprehensive Children Development	4
Co-ordination of Affiliation	3
Co-ordination of Collection	3
Co-ordination of Health Education	15
Co-ordination of Occupational Health	3
Co-ordination of Comprehensive Health Care at the First Level	4
Co-ordination of Social Welfare	10
Co-ordination of Vacation Facilities, Funeral Homes, Conventions Unit and Stores	3
Total	87

Box 1.A.1 contains the definitions of information obligations, data requirements and administrative activities in line with the SCM methodology. Using these definitions, the decision was made to use IMSS procedures as an equivalent to information obligations. Thus, the report would focus on administrative burdens imposed by IMSS procedures to their regulated subjects and/or users.

Annex Box 1.A.1. Definition of information obligations, data requirements and administrative activities

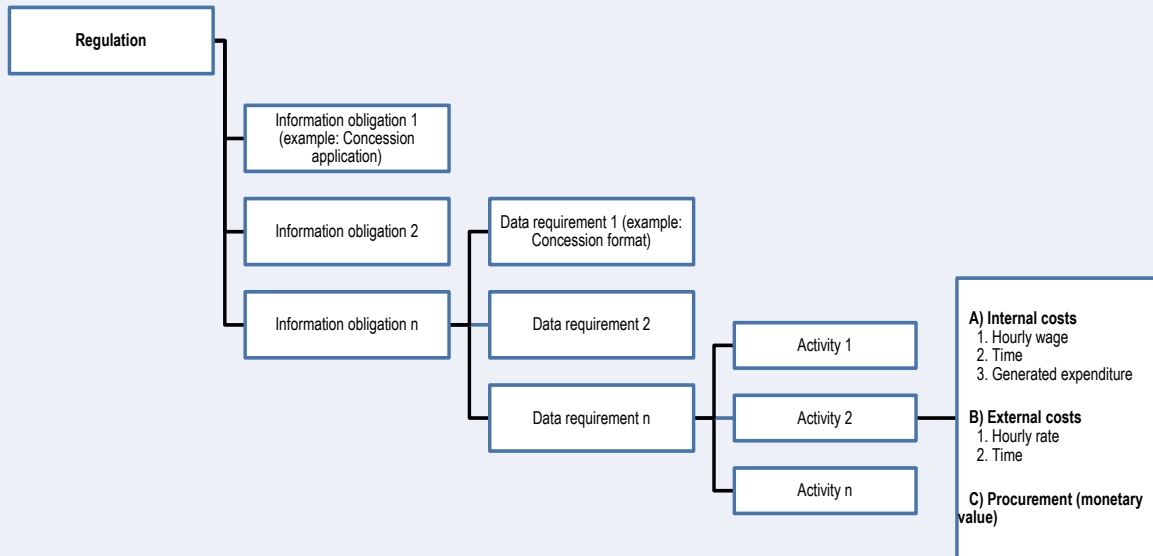
Information obligations: These are the requirements arising from regulations that imply providing information and data to the public sector or to third parties.

Data requirements: Each information obligation consists of one or more data requirements. The term data requirement means each information item that must be provided when complying with an information obligation (IO).

Administrative activities: Several specific activities have to be performed in order to deliver pertinent information for each data requirement. The SCM calculates the costs involved in carrying out each activity.

The following figure shows the SCM’s basic structure:

Annex Figure 1.A.1. Basic structure of the SCM



Source: Adapted SCM Network (n.d.), *International Standard Cost Model Manual, Measuring and reducing the administrative burdens for business*, <http://www.oecd.org/gov/regulatory-policy/34227698.pdf>.

Based on the definitions provided by the SCM methodology, data requirements were identified from the information that the IMSS requires from its users to carry out each one of the procedures, which includes attached documents.

Once the data requirements were identified, the following task was to categorise the administrative activities that users must perform to fulfil such requirements. Finally, the former will be validated during the interviews with employers (companies), rights-holders and citizens described in step 11. The administrative activities used for this report are included in Annex Table 1.A.3.¹

Annex Table 1.A.3. Standard administrative activities for procedures handling

Activity
1. Identifying and understanding the procedure requirements.
2. Holding meetings with internal staff to prepare the information.*
3. Activities related to hiring and paying for external services to carry out the procedure.
4. Holding meetings with consultants or external services personnel to prepare for the procedure.
5. Collecting existent information.
6. Elaborating and generating new information.
7. Filling formats and/or elaborating requests and reports.
8. Creating and managing backup files (for example, logbooks, regular reports, electronic records, etc.).

- | |
|---|
| 9. Activities related to paying for the procedure, such as: paying directly at the institution, paying at the bank, paying in other offices, paying online. |
| 10. Commuting to public offices to carry out the procedure (for example, collecting information, delivery of request). |
| 11. Waiting at public offices to carry out the procedure. |

* Only measured in business procedures.

Source: Adapted from SCM Network (n.d.), “International Standard Cost Model Manual, Measuring and reducing the administrative burdens for business”, <http://www.oecd.org/gov/regulatory-policy/34227698.pdf>.

The identification of administrative activities aims at helping understand the process users must follow for each formality. The burden of each procedure is estimated based on the time users devote to these standard activities.

Step 2. Identification of related regulations

When analysing any standard cost calculation it is important to clarify if the administrative costs of an information obligation or data requirement are attributable to one or more regulations. If administrative costs are attributable to two or more regulations, it is essential to warrant that they are counted only once, as long as they do not have to be delivered twice or more times. This means avoiding double counting if the institution indeed registers information and does not request it for other procedures.

In this particular instance, the request for information or data for each procedure is already handled by the IMSS, which is why a simplification and digitalisation process in a shared platform could have great benefits.

Step 3. Classification of information obligations by type

To have a better perspective on the origin of costs, procedures can be classified according to their condition (for example: mandatory, inherent to specific circumstances or voluntary), or else, according to its function (for example: complaints, notifications, requests, etc.). Identifying the possible classifications of procedures makes it possible to select those that will be directly measured through surveys for users and, consequently, will be more adequately measured drawing on quantitative techniques for the remaining procedures.

At the IMSS, most procedures are associated with requests for the services it provides; therefore, they can be considered inherent to specific or voluntary circumstances, with the exception of business procedures.

Step 4. Identification of relevant business segments

When the regulation that creates a procedure identifies specific characteristics of the companies that must carry it out, it is advisable to determine the relevant business segment for a better measurement of the costs. This would be the case when dealing with regulations that only apply to small and medium companies and/or non-profit organisations. However, these clarifications impose a cost on the project in financial terms and in time, since identifying in greater detail the burden requires more information, time and investment.

This report measures administrative burdens without distinction in terms of the size or the type of the applicant company, since differences in salary already include a specific for such distinctions. The purpose is to establish a baseline to follow up on the simplification and digitalisation efforts. On the other hand, the exercise does distinguish between procedures addressed to the industrial sector and those focused on citizens (see step 7).

Step 5. Identification of the population, rate and frequency

In step 5 it is necessary to define the following concepts:

- Identify the **population** for each procedure
- Establish the **compliance rate** for each procedure
- Determine the **frequency** of submission of requests for each procedure

Each regulation or procedure has a population that shows how many companies and/or citizens are affected by it. In this case, the population means the users that must comply with the procedures or who request IMSS services.

In this report, **population** refers to the number of requests submitted to the IMSS during 2017 for each one of the selected procedures, through different modes (in-person, Online, telephone and/or mobile application).

Frequency indicates how many times a year must the procedure be fulfilled. In some occasions, frequency can be figured out based directly on the regulation. For example, companies pay employer-employee contributions every month through the Referenced Payments System (SIPARE). As to citizen procedures or procedures arising from IMSS services, frequency is a non-relevant concept, since these services are requested at the convenience of rights-holders.

With regards to the IMSS, what was measured was the number of procedures submitted by users and handled by the IMSS during 2017. The advantage of this metric is that it outlines more precisely the reality about IMSS administrative burdens, since it considers the procedures that were actually carried out. Its disadvantage is that it does not identify the **compliance rate**, that is, the IMSS effectiveness or capacity to make companies comply with the regulation to which they are subject, in relation to business procedures.

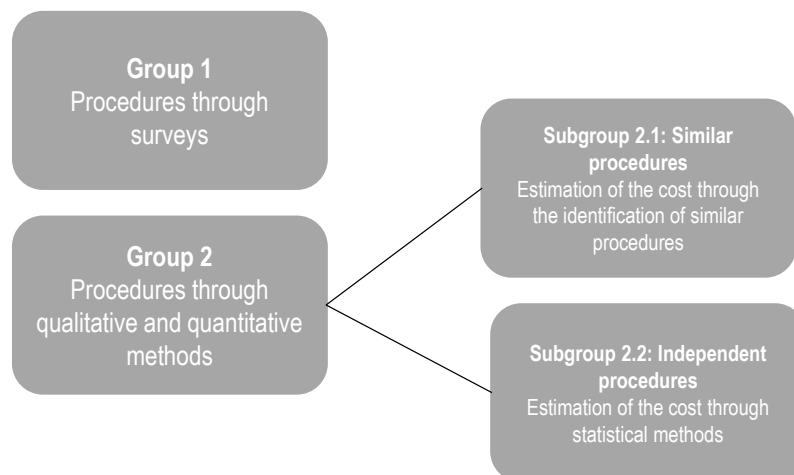
Step 6. Interviews with companies and citizens versus expert evaluation

According to the SCM Manual, in order to decide on the method to identify administrative burdens, it is necessary to specify the criteria: for example, interviewing the users of the procedures, using expert evaluation, among others.

The methodological foundation to identify administrative burdens at the IMSS was to gather information in direct interviews with companies and citizens. The interview intends to obtain information on the users' experience, in terms of the time devoted to comply with procedures to accede to services or comply with regulations (handling time). Afterwards, the handling time would be multiplied by the opportunity cost of each user participating in the procedure.

Surveys were administered considering a sample of pre-defined procedures (Group 1: Procedures through surveys) in order to gather relevant information that allows to: 1) measure the average handling time of each procedure in this set and 2) estimate the time of those procedures that were not selected to carry out interviews (Group 2). The estimation and identification of time of Group 2 used qualitative methods (Subgroup 2.1: Similar procedures) and quantitative means (Subgroup 2.2: Independent procedures). See Annex Figure 1.A.2 for the classification of procedures according to the measurement method of administrative burdens. These methods are explained in the Stage 3 section.

Annex Figure 1.A.2. Procedures classification, according to the method used to assign the administrative burden



The selection of procedures through surveys (Group 1) focused on collecting information on all types of processes, units, formats, etc., present in the IMSS' operational process. The following are the criteria used to select such procedures.

- Administrative unit.
- Type of applicant:
 - Citizen.
 - Company.
- Requirements according to the procedures catalogue.
- Type of procedure:
 - Request.
 - Notice.
 - Opinion.
 - Certificates.
 - Registration.
 - Authorisation.
 - Affiliation.
 - Services.
- Representative procedures of each subgroup by similarity.

The process to select procedures subject to a collection through interviews accounted for 30 procedures for Group 1. As a result, in Group 2, the total procedures subject to an extrapolation process would be 57.

During the interviewing process, it was not possible to gather information on two procedures since no users were identified. Hence, Group 1 procedures amounted to 28. Annex Table 1.A.4 shows the burden measurement plan, according to the methodology type.

Annex Table 1.A.4. Burdens measurement plan according to the methodology type

Procedures through surveys (Group 1)	Procedures to measure with qualitative and quantitative methods (Group 2)
Original plan: 30 procedures	57 procedures
Executed plan: 28 procedures	59 procedures

Annex Table 1.A.5 shows the distribution of procedures selected to be directly measured according to the administrative unit.

Annex Table 1.A.5. Procedures to analyse through direct users surveys (Group 1)

Administrative unit and name of the procedure	Code
Co-ordination of Companies Classification and Validity of Rights	
Request for validity certificate of rights to receive medical services Mode B) Upon request of the rights-holder or pensioner	IMSS-02-020-B
Request for certificate of acknowledged weeks Mode A) Certificate of acknowledged weeks in the IMSS	IMSS-02-025-A
Request for certificate of acknowledged weeks Mode C) Certificate of listed weeks at the IMSS	IMSS-02-025-C
Request for registration and updating of rights-holders Mode A) For registration of wife or husband	IMSS-02-066-A
Request for registration and updating of rights-holders Mode B) For updating wife or husband's data	IMSS-02-066-B
Request for registration and updating of rights-holders Mode M) For registration of the rights-holder or pensioner	IMSS-02-066-M
Co-ordination of Economic Benefits	
Request for an unemployment at and advanced age and old-age pension	IMSS-01-002
Request for a widow or widower's pension Mode A) Widow-Wife or Common-law wife	IMSS-01-003-A
Request for help for marriage expenses	IMSS-01-009
Request for a loan against a pension under the 1973 Social Security Law regime	IMSS-01-015
Request for a permanent disability pension	IMSS-01-016
Request for the payment of non-collected monthly payment or claim for differences related to the pension Mode A) By the pensioner	IMSS-01-029-A
Request for modification of pension due to facts that influence the calculations, the amount paid for the pension or correction of name	IMSS-01-031
Request for modification of severance pension Mode B) Settlement of an orphan child for complying with law provisions	IMSS-01-034-B
Co-ordination of Health Education	
Request for Mexican physicians to join the Mexican Social Security Institute as interns Mode A) Candidates external to the IMSS for direct entry specialties	IMSS-03-002-A
Request for dental surgeons to join the Mexican Social Security Institute as maxillofacial surgery interns Mode A) Mexican candidates, external to the Mexican Social Security Institute	IMSS-03-007-A
Co-ordination of Social Welfare	
Enrolment in Courses and Workshops on Institutional Social Benefits Mode B) IMSS pensioner	IMSS-04-001-B
Co-ordination of Day-care Services for Comprehensive Children Development	
Request for registration in an IMSS day-care centre Mode A) Of the worker registered at the IMSS under the mandatory regime	IMSS-01-006-A
Co-ordination of Comprehensive Health Care at the First Level	
Medical care in Family Medicine Units	IMSS-03-011
Request for issuance of a death certificate	IMSS-03-020
Co-ordination of Occupational Health	
Appraisal and ruling on occupational risks	IMSS-03-008
Establishing disability status	IMSS-03-009
Co-ordination of Collection	
Opinion on the fulfilment of fiscal obligations in the Social Security area (32D)	Opinión 32D
Referenced Payments System	SIPARE

Administrative unit and name of the procedure	Code
Co-ordination of Vacation Facilities, Funeral Homes, Conferences Unit and Stores	
Funeral services in funeral homes	IMSS-05-002
Lodging, health resort and camping in vacation facilities	IMSS-05-003
Co-ordination of Affiliation	
Employer's registration and enrolment in occupational risks insurance or resumption of activities Mode C) For a juridical person	IMSS-02-001-C
Request for assignation or tracking of social security number	IMSS-02-008

Another important factor to consider is that the IMSS has four channels to submit a procedure: in-person, Online, mobile application and telephone. However, not all channels are available for all procedures, since the IMSS digitalisation strategy has progressed gradually. Nevertheless, information was gathered in each one of the existing modes for the 28 procedures whose cost was estimated through interviews. This is important because it allows information on each submission channel for the extrapolation process.

Step 7. Identification of pertinent parameters to calculate costs

To estimate the administrative burden of each procedure it is necessary to be aware of the time companies, citizens or rights-holders dedicate to comply with standard activities – the handling time – and identify the internal and external costs of such time, plus the material inputs exclusively used to carry out procedures.

Internal handling time costs refer to the average salary paid to the company's staff and the opportunity cost for the citizens who undertake the standard administrative activities included in step 1. In both cases – citizens and companies users – it is essential to include the handling time of all people participating in the execution of the procedure, which will be multiplied by the salary or opportunity cost of each profile.

The IMSS users or obligated subjects can be employers (companies), rights-holders or citizens, so it is important to mention that the universe of procedures was divided in this first category to locate the cost.

Regarding business formalities, the staff who would potentially work on managing them was classified in four categories, based on information provided by the National System of Occupations Classification (SINCO)² and the general average salary per hour of all economic sectors for the first quarter of 2018 (see Annex Table 1.A.6).

- Assistant workers in administrative activities
- Technicians
- Professionals
- Managers

In contrast, for citizen procedures several salaries or opportunity costs were identified, based on the profile of the people who could use each one of the IMSS services.

- Workers
- Pensioners
- General population
- Students of all educational levels
- Professionals

- People with unremunerated employment
- General physicians and specialists, internal and external to the IMSS
- Resident doctors
- Nurses and assistants
- Dentists
- People who do not study nor work
- Economically active population

Annex Table 1.A.6 shows the profiles of IMSS procedures users, as well as the income or opportunity costs per minute. It is worth mentioning that each procedure has a different salary composition that depends on the target population. In several procedures, aimed at the users of IMSS services, salaries must take into consideration their condition: whether they are active workers, pensioners or beneficiaries. Also, users' age is considered according to the target population of each procedure. For example, the medical appointment procedure takes into account not only age and educational level, but also the role of the worker, pensioner or beneficiary to determine the specific opportunity cost.

Importantly, all opportunity costs are weighted considering federative state and educational level of IMSS rights-holders, except where users are part of a specific group, such as physicians external to the IMSS or dental surgeons.

Salaries were obtained mainly from the ENOE for the second quarter of 2018, according to the SINCO catalogue, whether it is by specialty (physicians) or by level of responsibility (position in the company). As far as students are concerned, the proposed opportunity cost is the average expense in education, which would not be of benefit for them since they are not in school. Finally, unremunerated salary was obtained from the INEGI estimations of unremunerated work in households. All salaries are current or updated to the first quarter of 2018. Regarding pensions, data was extracted from the ENIGH for IMSS pensioners.

Income or opportunity cost per hour (or fractions) of each type of employee as to business formalities, or user as to IMSS services, will be used to multiply it by the hours this user devoted to procedure handling. For example, in case surveys' findings indicate that in a **normally efficient company** (see step 12 for the definition of a normally efficient company) the general director devotes two hours to a specific procedure, the attorney dedicates 10 hours, the technician 8 hours and the secretary 9 hours, the administrative burden for such company would be $(MXN 251) \times (2) + (MXN 87) \times (10) + (MXN 60) \times (8) + (MXN 55) \times (9) = MXN 2\,347.00$.

Annex Table 1.A.6. Salary or opportunity cost per minute per occupational profile

Pesos per minute to the first quarter of 2018

Category	Salary of opportunity cost
Primary education	0.19
Secondary education	0.29
Technical professional education	0.25
High school education	0.36
Higher education	0.80
Unpaid work	0.44
Pensioner	0.58

Category	Salary of opportunity cost
IMSS worker	0.64
General practitioner	0.63
Dental surgeon physician (undergraduate)	0.71
Specialised physician external to the IMSS	1.15
IMSS general practitioner	0.82
IMSS specialised physician	1.08
IMSS medical intern	0.18
IMSS nurse assistant	0.47
Persons who only concluded secondary education	0.48
Personas who do not study nor work	0.00
Economically active population	0.42
Directive	0.86
Professional	0.60
Technician	0.58
Secretary	0.42

Source: Elaborated by the OECD based on the ENOE, 1st. trimester 2018, available in INEGI (n.d.), “Encuesta Nacional de Ocupación y Empleo (ENOE), Population de 15 años y más de edad”, <http://www.beta.inegi.org.mx/programas/enoe/15ymas/> (consulted 20 July 2018); INEGI (2011), “Sistema Nacional de Clasificación de Ocupaciones 2011, SINCO”, http://internet.contenidos.inegi.org.mx/contenidos/Productos/prod_serv/contenidos/espanol/bvinegi/productos/metodologias/est/sinco_2011.pdf (consulted 20 July 2018).

As far as external costs are concerned, the survey gathered information on the cost of consulting, agency or any other type of professional services the user has deployed to carry out the procedure.

Finally, acquisitions refer to the purchase of materials —*software*, USB sticks, standard formats with a cost— the user must buy and which are exclusively utilised to undertake the procedure. In the analysed procedures no purchase of materials of this kind was detected.

Step 8. Elaboration of the questionnaire for the interview

The purpose of using a questionnaire for the interview is to warrant that data will be gathered in a uniform, coherent and exact manner that ensures all information to be used for calculation purposes is collected as accurately as possible.

It is also important to structure the interview questionnaire in such a way that the interviewees can answer questions as precisely as possible, allowing for an efficient interview.

This report used an updated version of the questionnaire the OECD has deployed in similar projects in Mexico, which was in turn elaborated with the support of British consultants (OCDE and Secretaría de Economía, 2009^[9]). The questionnaire was reviewed and adapted based on the advice of professional interviewers, seeking to improve data gathering, considering their adaptation using mobile electronic devices for such task.

The information requested in the survey pretends to measure the time applicants invested in carrying out the standard activities required to fulfil the procedure, as well as their perception regarding the hardship to carry it out.³ The data requested in the questionnaire is the following:

- Number of employees involved in each procedure activity.
- Position of the employee(s).
- Time devoted to each activity (in hours).

- Use of external staff to carry out the procedure.
- Number of times the procedure was fulfilled the previous year.
- Procurement of assets or other goods arising from the procedure's request.
- Level of difficulty perceived by the interviewer.

According to the suggestions included in the SCM Manual, pilot tests were integrated to the questionnaire in order to make adaptations and incremental modifications and ensure gathering adequate results.

The questionnaire administered to entrepreneurs and users of procedures is included in Annex 1.B.

Step 9. Expert review of steps 1-8

At this stage, the SCM Manual suggests reviewing the steps indicated in Stage 1. The Manual assumes that Stage 1 is implemented by consultants – OECD experts in this case.

Stage 2: Gathering and standardisation of data related to time and costs

Step 10. Selection of representative companies and citizens to be interviewed

This step consists in selecting the companies and citizens that would be interviewed with surveys, based on the profile of each formality. Initially the procedures were classified according to the type of user (companies and rights-holders) involved in fulfilling this goal.

On the basis of this classification it was possible to locate companies that had performed the IMSS business procedures, that is, any micro or small company with employees registered in the social security regime.

As to rights-holders procedures, administering surveys at the MFU and other IMSS facilities was planned, seeking to identify *in situ* the users of each procedure and mode.

The exercise proposed that the selection of the MFUs and facilities where surveys would be conducted should generate information including a broad spectrum of the IMSS population. For cost and effectiveness reasons, it was decided to administer surveys in Mexico City and surrounding states (see Annex Table 1.A.7 and Annex Table 1.A.8 for a list of locations). This means that for the same procedure interviews were performed at MFUs in Mexico City and other federative entities preselected with less population. In subsequent exercises, the IMSS could extend the use of surveys to other states, in order to obtain regional estimates of administrative burdens and thus define if the prioritisation of administrative simplification actions varies according to the region.

At the international level, the implementation of the SCM suggests gathering six surveys per procedure or per regulation to identify the normally efficient subject. In the IMSS case, the proposal was to conduct eight interviews in Mexico City for each selected procedure. Additionally, for a subgroup of procedures eight additional interviews would be carried out for each one of them in cities with 200-250 thousand inhabitants. The purpose of this differentiation was to determine if there were any differences between the MFUs in big and medium-sized cities.

To define Mexico City's MFUs, a geographical and demographical approach was the first to be reviewed. First, to broaden the rights-holders spectrum and to maximise the possibility of identifying the users of each selected procedure. The municipalities selected to visit the MFUs are shown in Annex Table 1.A.7.

Annex Table 1.A.7. IMSS facilities in Mexico City

Delegation in Mexico City	Served population	Day-care centres	Fumeral homes	MFU	Sub-delegation	Delegation	Operative unit
Magdalena Contreras	239 086	4	0	3	0	1	4
Benito Juárez	385 439	13	0	2	0	0	1
Cuauhtémoc	531 831	26	1	2	0	0	2
Gustavo A. Madero	1 185 772	20	0	2	1	0	4
Iztapalapa	1 815 786	9	0	2	2	0	0

The states selected to conduct the survey were the State of México, Hidalgo, Puebla and Querétaro, due to their closeness to CDMX. However, the selected cities would have a population of 200-250 thousand inhabitants to contrast with the level of attention provided in CDMX. The criteria used to select the MFU in such states were the same applied in Mexico City. Annex Table 1.A.8 lists the IMSS facilities located in cities within the specified population range.

Annex Table 1.A.8. IMSS facilities in selected states

State	Population parameter	Day-care centres	Funeral homes	MFU	Sub-delegation	Operative unit
Mexico City	-	131	1	44	9	1
State of Mexico	200- 250	n/a	0	2	1	n/a
Hidalgo	200- 250	n/a	1	2	1	n/a
Puebla	200- 250	n/a	0	2	1	n/a
Querétaro	200- 250	n/a	0	2	1	n/a

Finally, the list of FMU and facilities that were visited to perform the surveys are included in Annex Table 1.A.9 and Annex Table 1.A.10.

Step 11. Interviews with companies and citizens

Professional interviewers conducted the interviews during the first half of 2018, in person at the IMSS facilities. In line with the SCM Manual, personal interviews are the most adequate method to identify the administrative costs imposed by procedures. For the 28 selected procedures to measure through direct surveys, a total of 506 interviews were performed, 314 in Mexico City and 192 in cities with a population of 200-250 thousand inhabitants in the previously mentioned states; when estimating the burden not all interviews were taken into consideration, only those that complied with the normally efficient company criterion. The surveys gathered by procedure are included in Annex Table 1.A.11.

Annex Table 1.A.9. Medical facilities visited during the collection of information stage

Mexico City

Name of the Unit	Type of Unit	Address	Municipality
FMU 1 Col. Roma	MFU	Orizaba 15, Col. Cuauhtémoc	Cuauhtémoc
FMU Hospital No. 10 La Postal	Hospital MFU	Tlalpan 931	Benito Juárez
FMU 31 Iztapalapa	MFU	Eje 8 Sur 1771, Col. El Manto	Iztapalapa
FMU 20 Vallejo	MFU	Calzada Vallejo 675, Col. Magdalena de las Salinas	Gustavo A Madero
Day-care centre G - 0052	Day-care centre	Francisco Lorenzana 10, Col. San Rafael	Cuauhtémoc
Day-care centre G - 0022	Day-care centre	Calzada Ermita Iztapalapa 40, Col. Santa Bárbara	Iztapalapa
Nursery School National Medical Centre Siglo XXI	Nursery school	Av. Periférico Sur 3400, Col. San Jerónimo Lidice	Magdalena Contreras

Name of the Unit	Type of Unit	Address	Municipality
North Delegation	Coordination of Health Education	Avenida Instituto Politécnico Nacional No. 5421, Col. Magdalena de las Salinas	Gustavo A Madero
National Medical Centre Siglo XXI	Coordination of Health Education and Document Reception Centre	Av. Cuauhtémoc No. 330, Col. Doctores	Cuauhtémoc
Sub-delegation 5 Centro	Sub-delegation	Avenida Hidalgo, Col. Centro	Cuauhtémoc
Sub-delegation 7 Del Valle	Sub-delegation	Avenida Coyoacán 1540 Col. del Valle Centro	Benito Juárez
No 01 Doctores	Funeral house	Dr. Rafael Lucio No. 237, Col. Doctores	Cuauhtémoc
Centre of Social Security Tepeyac	UOPSI	Calzada De Guadalupe 497 Col. Estrella	Gustavo A Madero

Annex Table 1.A.10. IMSS facilities visited during the collection of information stage

Cities in states between 200 thousand and 250 thousand inhabitants

Name of the unity	Type of unit	Address	State
FMU 69 Texcoco	MFU	Avenida 2 de Marzo 406, Texcoco de Mora, Texcoco	México
FMU-UMAA 231 Metepec	MFU	Avenida Hacienda Quebrada 304, Metepec	México
FMU 32 Pachuca	MFU	Boulevard Luis Donald Colosio 201, Pachuca de Soto	Hidalgo
HGZMF 1 Pachuca	Hospital and MFU	Avenida Francisco I Madero 407, Pachuca de Soto	Hidalgo
FMU 9 SANTA María	MFU	31 Poniente 1418, Tehuacán	Puebla
FMU 6 S. Juan Del Río	MFU	Hidalgo 106, San Juan Del Río	Querétaro
Tehuacán	SD	4 Norte 120, Tehuacán	Puebla
Pachuca	SD	Boulevard Luis Donald Colosio 2901, Pachuca de Soto	Pachuca De Soto
Los Reyes-La Paz	SD	Carretera Federal México Puebla 49, La Paz	La Paz
No 15 Pachuca	Funeral house	Av. Boulevard Luis Donald Colosio 1303 S/N, Pachuca	Pachuca de Soto
Vacation Centre Oaxtepec	Vacation Centre	Centro Oaxtepec, Morelos	Morelos
Vacation Centre Malintzi	Vacation Centre	Parque Nacional Malintzi, Huamantla	Tlaxcala
Vacation Centre La Trinidad	Vacation Centre	Av. Del Trabajo S/N, Santa Cruz Tlaxcala	Tlaxcala

Annex Table 1.A.11. Surveys conducted to measure unitary burdens

	Surveys conducted	Observations ENE	Observations that do not fulfil the ENE criterion
IMSS-01-002	16	11	5
IMSS-01-003-A	16	11	5
IMSS-01-006-A	16	14	2
IMSS-01-009	16	10	6
IMSS-01-015	16	10	6
IMSS-01-016	16	12	4
IMSS-01-029-A	16	12	4
IMSS-01-031	16	9	7
IMSS-01-034-B	16	13	3
IMSS-02-001-C	18	12	6
IMSS-02-008	24	16	8
IMSS-02-020-B	32	19	13
IMSS-02-025-A	16	9	7

	Surveys conducted	Observations ENE	Observations that do not fulfil the ENE criterion
IMSS-02-025-C	16	9	7
IMSS-02-066-A	32	21	11
IMSS-02-066-B	32	23	9
IMSS-02-066-M	32	17	15
IMSS-03-002-A	8	4	4
IMSS-03-007-A	8	4	4
IMSS-03-008	16	10	6
IMSS-03-009	16	11	5
IMSS-03-011	40	26	14
IMSS-03-020	16	12	4
IMSS-04-001-B	8	6	2
IMSS-05-002	16	14	2
IMSS-05-003	16	9	7
Opinión 32D	8	5	3
SIPARE	8	5	3
Total	506	334	172

Step 12. Implementation and standardisation of time and resources estimates for each segment

This stage included estimating the average handling time a rights-holder or a normally efficient company would dedicate to each directly measured procedure. The inputs were the time registries devoted by the company's employees that contributed to the implementation of the procedure.

According to the SCM Manual, the estimation of the standard time is an exercise based on the **normally efficient company** notion, that seeks that time devoted to a procedure activities has a relative convergence throughout the surveys. This convergence is qualitatively evaluated, since the methodology does not pretend that the information has statistical significance.⁴

Evaluating the users or normally efficient companies helps establish a common parameter and eliminate special instances. Considering again the license to commercialise telephone services, the document refers to companies that dedicate a similar amount of time to gather the requirements and deliver the procedure. The extreme examples of companies that dedicate more time, or very little time, are excluded from the analysis.

Annex Table 1.A.11 includes a list of the findings used to calculate the average handling time and the findings eliminated because they do not coincide with the normally efficient company criterion. That is, it shows, for each analysed procedure, the total number of surveys gathered, as well as those that comply with the normally efficient company criterion and those that do not comply with it.

Step 13. Expert review of steps 10-12

Professional interviewers carried out Steps 10 and 11. The OECD continuously followed up on their work and reviewed the results obtained in meetings and through consistent communication monitoring progress. The OECD, in partnership with the professional interviewers, carried out step 12.

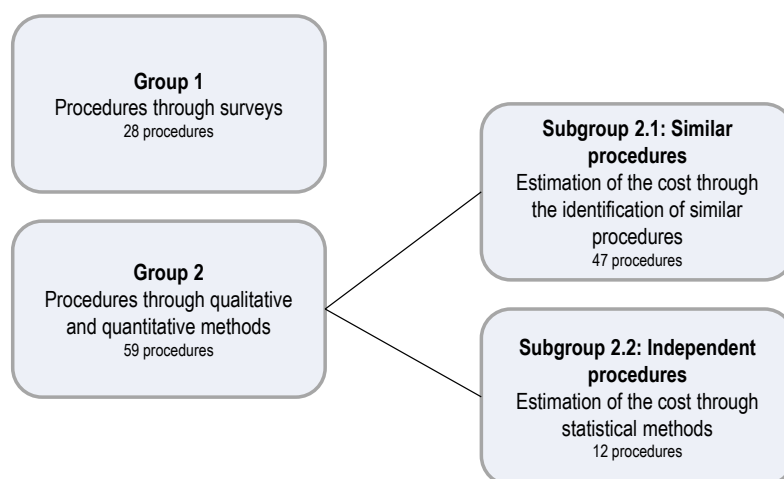
Stage 3: Calculation, outreach and reports

Annex Figure 1.A.3 shows the groups in which the 87 procedures were classified in line with the administrative burden estimation method. These methods are explained in the following steps.

Step 14. Estimation and extrapolation of validated data

In general terms, administrative burdens by procedure are measured multiplying the handling time by the salary or opportunity cost. However, the population of IMSS procedures users includes several profiles: active and pensioner rights-holders, active and pensioner beneficiaries, the general population, etc., which forces to include different salaries or opportunity costs when calculating burdens. Additionally, the classification by procedures groups shown in Annex Figure 1.A.3, required establishing specific formulae for each procedure. Annex Table 1.A.12 includes the specific formulae used to calculate the unitary administrative burden **of each procedure**, still based on multiplying the handling time by the salary.

Annex Figure 1.A.3. Procedures classification, according to the method used to assign administrative burdens



Notes: Besides the 13 procedures included in Subgroup 2.2, the SIPARE (in the in-person mode) and the IMSS-02-025-A (in the mobile application mode) were estimated following the statistic method. However, their counterparts in Online for the SIPARE and the in-person mode for IMSS-02-025-A were estimated through interviews (Group 1).

To determine a quantitative method (econometric estimation) or a qualitative method (procedures by similarity), each procedure was studied considering information requirements. The purpose was to assign costs as accurately as possible, comparing the general results of the econometric estimation against the similarity of two procedures. In brief, if the number and type of information of two procedures coincided at least 85%, the qualitative method was selected, since the econometric estimation has an 85% predictive power (see sub-step 14.2.2 below).

Annex Table 1.A.12. Formulae to calculate the unitary cost of each procedure

Procedure	Calculation formula	Estimation method
Unemployment certificate	$CU = \frac{\text{Working population}}{PEA} * T_E$	Subgroup 2.2
IMSS-01-001	$CU = T_{CD} * (W_{gral} + W_{NR})$	Subgroup 2.1
IMSS-01-002	$CU = T_{CD} * ((W_{gral} * P_{TC}) + (W_{gral} * P_{TNC}))$	Group 1
IMSS-01-003-A	$CU = ((W_{gral} * P_{IDE}) * P_{60V}) + ((W_{PC}/2) * P_{V60}) * T_{CD}$	Group 1
IMSS-01-003-B	$CU = ((W_{gral} * P_{IDE}) * P_{60V}) + ((W_{PC}/2) * P_{V60}) * T_{CD}$	Subgroup 2.1
IMSS-01-004-A	$CU = ((W_{gral} * P_{IDE}) * P_{60V}) + ((W_{PC}/2) * P_{V60}) * T_{CD}$	Subgroup 2.1
IMSS-01-004-B	$CU = ((W_{gral} * P_{IDE}) * P_{60V}) + ((W_{PC}/2) * P_{V60}) * T_{CD}$	Subgroup 2.1
IMSS-01-004-C	$CU = ((W_{gral} * P_{IDE}) * P_{60V}) + ((W_{PC}/2) * P_{V60}) * T_{CD}$	Subgroup 2.1
IMSS-01-005	$CU = (W_{PNC} * 0.20) * T_{CD}$	Subgroup 2.1
IMSS-01-006-A	$CU = W_{gral} * T_{CD}$	Group 1
IMSS-01-006-B	$CU = W_{gral} * T_{CD}$	Subgroup 2.1
IMSS-01-006-C	$CU = W_{gral} * T_{CD}$	Subgroup 2.1
IMSS-01-006-D	$CU = W_{gral} * T_{CD}$	Subgroup 2.1
IMSS-01-009	$CU = W_{gral} * T_{CD}$	Group 1
IMSS-01-010	$CU = W_{NR} * T_{CD}$	Subgroup 2.1
IMSS-01-015	$CU = T_{CD} * ((P_{TC} * W_{PC}) + (P_{TNC} * W_{PNC}))$	Group 1
IMSS-01-016	$CU = T_{CD} * (W_{gral} + W_{NR})$	Group 1
IMSS-01-018	$CU = T_{CD} * ((W_{gral} * P_{TC}) + (W_{gral} * P_{TNC}))$	Subgroup 2.1
IMSS-01-020	$CU = W_D * T_D + W_P * T_P + W_T * T_T + W_S * T_S$	Subgroup 2.1
IMSS-01-022	$CU = T_{CD} * ((W_{gral} * P_{TC}) + (W_{gral} * P_{TNC}))$	Subgroup 2.1
IMSS-01-029-A	$CU = T_{CD} * ((P_{TC} * W_{PC}) + (P_{TNC} * W_{PNC}))$	Group 1
IMSS-01-029-B	$CU = T_{CD} * 0.28 * W_{PNC}$	Subgroup 2.1
IMSS-01-031	$CU = T_{CD} * ((P_{TC} * W_{PC}) + (P_{TNC} * W_{PNC}))$	Group 1
IMSS-01-034-A	$CU = T_{CD} * 0.28 * W_{PNC}$	Subgroup 2.1
IMSS-01-034-B	$CU = T_{CD} * ((0.5 * 0.28 * W_{PNC}) + (0.5 * W_{NN}))$	Group 1
IMSS-02-001-A	$CU = W_D * T_D + W_P * T_P + W_T * T_T + W_S * T_S$	Subgroup 2.1
IMSS-02-001-C	$CU = W_D * T_D + W_P * T_P + W_T * T_T + W_S * T_S$	Group 1
IMSS-02-008	$CU = W_{gral} * T_{CD}$	Group 1
IMSS-02-019-A	$CU = T_E * ((0.5 * W_D) + (0.5 * W_P))$	Subgroup 2.2
IMSS-02-019-B	$CU = T_E * (0.5 * W_{gral} + 0.5 * W_{PNC})$	Subgroup 2.2
IMSS-02-020-B	$CU = T_{CD} * ((P_{5T60} * W_{gral} + (P_{T60} * ((P_{TC} * W_{PC}) + (P_{TNC} * W_{PNC}))))$	Group 1
IMSS-02-025-A	$CU = W_{gral} * T_{CD}$	Group 1
IMSS-02-025-B	$CU = W_{gral} * T_{CD}$	Subgroup 2.1
IMSS-02-025-C	$CU = W_{gral} * T_{CD}$	Subgroup 2.1
IMSS-02-066-A	$CU = T_{CD} * (0.5 * W_{gral} + 0.5 * W_{NR})$	Group 1
IMSS-02-066-B	$CU = T_{CD} * (0.5 * W_{gral} + 0.5 * W_{NR})$	Group 1
IMSS-02-066-C	$CU = W_{gral} * T_{CD}$	Group 1
IMSS-02-066-D	$CU = T_{CD} * (0.5 * W_{gral} + 0.5 * W_{NR})$	Subgroup 2.1
IMSS-02-066-E	$CU = T_{CD} * (0.5 * W_{gral} + 0.5 * W_{NR})$	Subgroup 2.1
IMSS-02-066-F	$CU = W_{gral} * T_{CD}$	Subgroup 2.1

Procedure	Calculation formula	Estimation method
IMSS-02-066-G	$CU = W_{gral} * T_{CD}$	Subgroup 2.1
IMSS-02-066-H	$CU = W_{gral} * T_{CD}$	Subgroup 2.1
IMSS-02-066-I	$CU = W_{gral} * T_{CD}$	Subgroup 2.1
IMSS-02-066-J	$CU = W_{gral} * T_{CD}$	Subgroup 2.1
IMSS-02-066-K	$CU = W_{gral} * T_{CD}$	Subgroup 2.1
IMSS-02-066-L	$CU = W_{gral} * T_{CD}$	Subgroup 2.1
IMSS-02-066-M	$CU = W_{gral} * T_{CD}$	Subgroup 2.1
IMSS-02-066-N	$CU = W_{gral} * T_{CD}$	Group 1
IMSS-02-066-O	$CU = W_{gral} * T_{CD}$	Subgroup 2.1
IMSS-02-096	$CU = T_E * (0.5 * W_D + 0.5 * W_P)$	Subgroup 2.1 Subgroup 2.2
IMSS-03-001	$CU = T_E * W_P$	"Subgroup 2.1
IMSS-03-002-A	$CU = T_{CD} * W_{MG}$	Subgroup 2.2
IMSS-03-002-B	$CU = T_{CD} * W_{MGIMSS}$	Subgroup 2.2
IMSS-03-002-C	$CU = T_{CD} * W_{MG}$	Group 1
IMSS-03-003-A	$CU = T_{CD} * W_{MG}$	Subgroup 2.1
IMSS-03-003-B	$CU = T_{CD} * W_{MEIMSS}$	Subgroup 2.1
IMSS-03-004	$CU = T_E * W_{MRIMSS}$	Subgroup 2.1
IMSS-03-005-A	$CU = T_E * G_B$	Subgroup 2.1
IMSS-03-005-B	$CU = T_E * W_{AEIMSS}$	Subgroup 2.2
IMSS-03-005-C	$CU = T_E * G_B$	Subgroup 2.2
IMSS-03-006	$CU = T_E * W_{ME}$	Subgroup 2.2
IMSS-03-007-A	$CU = T_{CD} * W_{DC}$	Subgroup 2.2
IMSS-03-007-B	$CU = T_{CD} * W_{DC}$	Subgroup 2.2
IMSS-03-007-C	$CU = T_{CD} * W_{MGIMSS}$	Group 1
IMSS-03-007-D	$CU = T_{CD} * W_{DC}$	Subgroup 2.1
IMSS-03-008	$CU = T_{CD} * W_{gral}$	Subgroup 2.1
IMSS-03-009	$CU = T_{CD} * (W_{gral} + W_{NR})$	Subgroup 2.1
IMSS-03-010	$CU = T_{CD} * [(0.5 * (W_{gral} + (P_{6B} + P_{6B10} * G_P + P_{10B15} * G_{Sec} + P_{15B18} * G_B + P_{18B25} * G_S))) + (0.5 * (W_{NR} + (P_{6B} + P_{6B10} * G_P + P_{10B15} * G_{Sec} + P_{15B18} * G_B + P_{18B25} * G_S)))]$	Group 1
IMSS-03-011	$CU = T_{CD} * [(P_{6T} * W_{gral}) + (P_{6T10} * (G_P + W_{gral})) + (P_{10T15} * (G_{Sec} + W_{gral})) + (P_{15T18} * G_B) + (P_{18T25} * G_S) + (P_{25T60} * W_{gral}) + (P_{T60} * W_{PNC})) + ((P_{6B} * W_{gral}) + (P_{6B10} * (G_P + W_{gral})) + (P_{10B15} * (G_{Sec} + W_{gral})) + (P_{15B18} * G_B) + (P_{18B25} * G_S) + (P_{25B60} * W_{gral}) + (P_{B60} * W_{PNC}))]$	Group 1
IMSS-03-014	$CU = T_E * [(P_{6T} * W_{gral}) + (P_{6T10} * (G_P + W_{gral})) + (P_{10T15} * (G_{Sec} + W_{gral})) + (P_{15T18} * G_B) + (P_{18T25} * G_S) + (P_{25T60} * W_{gral}) + (P_{T60} * W_{PNC})) + ((P_{6B} * W_{gral}) + (P_{6B10} * (G_P + W_{gral})) + (P_{10B15} * (G_{Sec} + W_{gral})) + (P_{15B18} * G_B) + (P_{18B25} * G_S) + (P_{25B60} * W_{gral}) + (P_{B60} * W_{PNC}))]$	Subgroup 2.1
IMSS-03-019	$CU = T_{CD} * ((P_B * W_{NR}) + (P_T * W_{gral}))$	Group 1

Procedure	Calculation formula	Estimation method
IMSS-03-020	$CU = T_{CD} * ((P_{PEA} * W_{PEA}) + (P_{PNEA} * W_{PNEA}))$	Subgroup 2.2
IMSS-04-001-A	$CU = T_{CD} * ((P_{TC} * W_{PC}) + (P_{TNC} * W_{PNC}))$	Subgroup 2.1
IMSS-04-001-B	$CU = T_{CD} * ((P_{TC} * W_{PC}) + (P_{TNC} * W_{PNC}))$	Group 1
IMSS-04-001-C	$CU = T_{CD} * ((P_{PEA} * W_{PEA}) + (P_{PNEA} * W_{PNEA}))$	Subgroup 2.1
IMSS-04-001-D	$CU = T_{CD} * W_{PD}$	Group 1
IMSS-04-002-A	$CU = T_{CD} * ((P_{PEA} * W_{PEA}) + (P_{PNEA} * W_{PNEA}))$	Subgroup 2.1
IMSS-04-002-B	$CU = T_{CD} * ((0.5 * W_P) + (0.5 * W_S))$	Subgroup 2.1
IMSS-04-002-C	$CU = T_{CD} * ((0.5 * W_P) + (0.5 * W_S))$	Subgroup 2.1
IMSS-04-002-D	$CU = T_{CD} * ((P_{PEA} * W_{PEA}) + (P_{PNEA} * W_{PNEA}))$	Subgroup 2.1
IMSS-04-002-E	$CU = T_{CD} * ((P_{PEA} * W_{PEA}) + (P_{PNEA} * W_{PNEA}))$	Subgroup 2.1
IMSS-04-004	$CU = T_E * ((P_{PEA} * W_{PEA}) + (P_{PNEA} * W_{PNEA}))$	Subgroup 2.1
IMSS-05-001	$CU = T_{CD} * ((0.5 * W_P) + (0.5 * W_S))$	Subgroup 2.1
IMSS-05-002	$CU = T_{CD} * ((P_{PEA} * W_{PEA}) + (P_{PNEA} * W_{PNEA}))$	Subgroup 2.2
IMSS-05-003	$CU = T_{CD} * ((P_{PEA} * W_{PEA}) + (P_{PNEA} * W_{PNEA}))$	Subgroup 2.1
Opinión 32D	$CU = W_D * T_D + W_P * T_P + W_T * T_T + W_S * T_S$	Group 1
SIPARE	$CU = W_D * T_D + W_P * T_P + W_T * T_T + W_S * T_S$	Group 1 Subgroup 2.2

Notes: The IMSS-01-029-B procedure considers the widow/widower pension, which is defined as 40% of the disability pension. The disability pension represents 70% of the not married rights-holder; therefore, the widow/widower pension represents 28% of the normal pension.
The procedures' names are included in Table 1.4.

Where:

CU=Unitary cost

G_B=Public Expenditure per Student in High School Education

G_P= Public Expenditure per Student in Primary Education

G_{Prees}= Public Expenditure per Student in High School Education

G_S= Public Expenditure per Student in Higher Education

G_{Sec}= Public Expenditure per Student in Secondary Education

P_{10B15}= Share of Beneficiaries 10-15 years old

P_{10T15}= Share of Rights-holders 10-15 years old

P_{15B18}= Share of Beneficiaries 15-18 years old

P_{15T18}= Share of Rights-holders 15-18 years old

P_{18B25}= Share of Beneficiaries 18-25 years old

P_{18T25}= Share of Rights-holders 18-25 years old

P_{25T60}= Share of Rights-holders 25-60 years old

P_{5T60}=Share of Rights-holders 5-60 years old

P_{60V}=Share of Widows under 60 years of age

P_{6B}=Share of Beneficiaries under 6 years of age

P_{6B10}= Share of Beneficiaries 6-10 years old

P_{6T}=Share of Rights-holders under 6 years of age

P_{6T10}= Share of Rights-holders 6-10 years old

P_B=Share of IMSS Beneficiaries

PEA= Economically Active Population

P_{IDE}=Share of Available Income for the Wife= (Share of Income of the Worker-Fixed Household Costs)/2

P_{PEA}= Share of Economically Active Population

P_{PNEA} = Share of Non-Economically Active Population
 P_T = Share of IMSS Rights-holders
 P_{T60} = Share of Rights-holders over 60 years of age
 P_{TC} = Share of Married Rights-holders
 P_{TNC} = Share of Not Married Rights-holders
 P_{V60} = Share of Widows over 60 years of age
 T_{CD} = Directly Cost-calculated Time
 T_D = Directive Time
 T_e = Estimated Time
 T_p = Professional Time
 T_S = Technical Time
 T_T = Technical Time
 W_{AEIMSS} = IMSS Nursing Assistant Salary
 W_D = Directive Salary
 W_{DC} = Dental Surgeon Salary
 W_{Gral} = General Weighted Salary
 W_{ME} = Specialised Physician Salary
 W_{MEIMSS} = IMSS Specialised Physician Salary
 W_{MG} = General Medical Salary
 W_{MGIMSS} = IMSS General Doctor Salary
 W_{MRIMSS} = IMSS Resident Doctor Salary
 W_{NN} = Person who neither Study nor Work Salary
 W_{NR} = Unremunerated Work Cost
 W_p = Professional Salary
 W_{PC} = Married Rights-holder Pension = Weighted General Pension + 15% supplement for spouse
 W_{PD} = Disability Pension = 70% of the Unmarried Rights-Holder Pension
 W_{PEA} = Economically Active Population Salary
 W_{PNC} = Unmarried Rights-Holder Pension
 W_{PNEA} = Non Economically Active Population Salary
 W_S = Secretarial Salary
 W_T = Technical Salary

The unitary cost does not take into consideration the transportation cost to and from rights-holders assistance offices. Also, even though all procedures are free of charge, the IMSS has a portfolio of services it offers with financial charges to the general public. These costs are not considered in the measurement.

Annex Table 1.A.13 contains the calculation formulae used to estimate the unitary cost of each procedure, when these do not follow the same criteria of the in-person format or when there was no information available because the procedure was eliminated. As may be seen, the formats for three procedures already eliminated and are not available in a digital formats. In another procedure (IMSS-02-096), the digital version was extrapolated from a similar procedure (SIPARE) and the in-person format was calculated according to an estimation described in the previous table.

The method used to calculate the unitary administrative burden for each group of procedures is explained below.

Annex Table 1.A.13. Formulae to calculate the population by procedure

Digital procedures (When are different to the in-person format)

Procedure	Estimation formula
Unemployment certificate	No information available on the digital version digital because the procedure has been eliminated
IMSS-02-019-A	No information available on the digital version because the procedure has been eliminated
IMSS-02-019-B	No information available on the digital version because the procedure has been eliminated
IMSS-02-096	$CU = T_D * W_D + T_P * W_P + T_T * W_T + T_S * W_S$

Sub-step 14.1. Calculation of unitary administrative burdens of procedures through surveys (Group 1)

The 28 procedures carried out through surveys (Group 1) were selected aiming at identifying representative procedures that could be used to measure the remaining procedures (Group 2).

Unitary administrative burdens of procedures through surveys (Group 1) were calculated according to the following formula:

$$CU_{i,h}(\cdot) = \sum_j (S_j)(T_{i,j,h}) + CI_{i,h}$$

- $CU_{i,h}(\cdot)$ is a function-indicator of the unitary cost that included procedure i in the h mode, for Mexico City or for selected cities with a population of 200-250 thousand inhabitants.
- S_j is the average salary (or opportunity cost) weighted per hour of person j involved in procedure i. It is worth mentioning that in business procedures usually several individuals participate in fulfilling one, in contrast with procedures related to health services and economic benefits. Thus, each procedure will have a different salary specification weighted by the type of user.
- $T_{i,j,h,k}$ is the average total handling time for each procedure i, in mode h, measured in hours devoted by person involved j to perform activity k. The average is obtained including only the findings gathered from surveys that comply with the normally efficient company or citizen criterion.
- $CI_{i,h}$ is the cost of inputs necessary to conclude procedure i in mode h.

Sub-step 14.2. Calculation of burdens for procedures without surveys (Group 2)

The following step consisted in extrapolating information on the handling time obtained in Group 1 procedures to measure the burden in those whose handling time was not directly measured (Group 2).

As previously mentioned, the extrapolation exercise included two types of analysis: a qualitative analysis, which identified procedures based on their similarity and to which the total handling time identified in the procedures through interviews was assigned (Subgroup 2.1: Similar procedures); and a quantitative analysis, which used data from the information gathering process to estimate the handling time of each procedure (Subgroup 2.1: Independent procedures). It is worth mentioning that in both cases extrapolation was done considering the handling time and not the burden, since this last item depends on the salary of each applicant's profile. That is, a procedure can be identical in form, but targeted to different profiles, which would affect its unitary administrative burden.

*Sub-step 14.2.1. Estimation of time for similar procedures***Annex Table 1.A.14. Example of procedures extrapolation by similarity in information and requirements**

Enrolment in an IMSS day-care centre Mode A) Of the worker registered at the IMSS under the mandatory regime (IMSS-01-006-A)	Enrolment in an IMSS day-care centre Mode B) Of the widower worker registered at the IMSS under the mandatory regime (IMSS-01-006-B)	Enrolment in an IMSS day-care centre Mode C) Of the divorced worker registered at the IMSS under the mandatory regime (IMSS-01-006-C)	Enrolment in an IMSS day-care centre Mode D) Of the worker that due to a court decision has parental authority and custody of a child registered at the IMSS under the mandatory regime (IMSS-01-006-D)
Certificate of validity of rights	Certificate of validity of rights	Certificate of validity of rights	Certificate of validity of rights
CURP's printed copy	CURP's printed copy	CURP's printed copy	CURP's printed copy
Certificate of the company you work for, that must contain the following:	Certificate of the company you work for, that must contain the following:	Certificate of the company you work for, that must contain the following:	Certificate of the company you work for, that must contain the following:
Name or trade name of the company	Name or trade name of the company	Name or trade name of the company	Name or trade name of the company
Working hours	Working hours	Working hours	Working hours
Days off	Days off	Days off	Days off
Holiday period	Holiday period	Holiday period	Holiday period
Signature of the employer or agent	Signature of the employer or agent	Signature of the employer or agent	Signature of the employer or agent
Birth certificate of the child	Death certificate of the child's mother	Legal document that certifies the child's custody	Legal document that certifies the child's custody
Proof of registration as beneficiary of the child	Birth certificate of the child	Birth certificate of the child	Birth certificate of the child
Printed copy of the child's CURP	Proof of registration as beneficiary of the child	Proof of registration as beneficiary of the child	Proof of registration as beneficiary of the child
Proof of the medical admission test of the child	Printed copy of the child's CURP	Printed copy of the child's CURP	Printed copy of the child's CURP
Vaccination card of the child	Proof of the medical admission test of the child	Proof of the medical admission test of the child	Proof of the medical admission test of the child
	Vaccination card of the child	Vaccination card of the child	Vaccination card of the child

The extrapolation to similar procedures consisted in identifying comparable procedures, so that at least one of them would be selected to be part of the procedures through surveys. Thus, the average handling time detected in the surveys would be directly assigned to similar procedures. As mentioned earlier in this section, when two formalities shared at least 85% of the number and types of requirements, the estimation would be based on the similarity detected in the formats. An example of the similarity between different procedures can be appreciated in the examples contained in Annex Table 1.A.14 Annex Table 1.A.14.

Annex Table 1.A.15 shows all pairs identified as similar procedures, as well as the time allocated for each one of them. That is, it shows the pair of procedures where one of which was estimated through surveys and its similar was allocated the same time due to their similarities as to the type and amount of data. The table highlights the time in minutes per procedure and mode.

Annex Table 1.A.15. Procedures for which the time of a similar procedure was allocated

Extrapolating through qualitative methods. Subgroup 2.1

Code	Name of the procedure (allocated time)	Version	Time (minutes)	Procedure time estimated through surveys	Time (minutes)
IMSS-01-001	Request for a disability pension	P	386.8	IMSS-01-016	386.8
IMSS-01-003-B	Request for a widow or widower's pension Mode B) Widower-husband or common-law husband	P	291.8	IMSS-01-003-A	291.8
IMSS-01-004-A	Request for an orphan's pension Mode A) Son or daughter under 16 years of age	P	291.8	IMSS-01-003-A	291.8
IMSS-01-004-B	Request for an orphan's pension Mode B) Son or daughter over 16-25 years old, student	P	291.8	IMSS-01-003-A	291.8
IMSS-01-004-C	Request for an orphan's pension Mode C) Son or daughter over 16 years old, disabled	P	291.8	IMSS-01-003-A	291.8
IMSS-01-005	Request for an ascendant's pension	P	291.8	IMSS-01-003-A	291.8
IMSS-01-006-B	Request for registration in an IMSS day-care centre Mode B) Of the widower worker registered at the IMSS under the mandatory regime	I	204.4	IMSS-01-006-A	204.4
IMSS-01-006-B	Request for registration in an IMSS day-care centre Mode B) Of the widower worker registered at the IMSS under the mandatory regime	P	328.4	IMSS-01-006-A	328.4
IMSS-01-006-C	Request for registration in an IMSS day-care centre Mode C) Of the divorced worker registered at the IMSS under the mandatory regime	I	204.4	IMSS-01-006-A	204.4
IMSS-01-006-C	Request for registration in an IMSS day-care centre Mode C) Of the divorced worker registered at the IMSS under the mandatory regime	P	328.4	IMSS-01-006-A	328.4
IMSS-01-006-D	Request for registration in an IMSS day-care centre Mode D) Of the worker that due to a court decision has parental authority and custody of a child registered at the IMSS under the mandatory regime	I	204.4	IMSS-01-006-A	204.4
IMSS-01-006-D	Request for registration in an IMSS day-care centre Mode D) Of the worker that due to a court decision has parental authority and custody of a child registered at the IMSS under the mandatory regime	P	328.4	IMSS-01-006-A	328.4
IMSS-01-010	Request for help for funeral expenses	P	343.0	IMSS-01-009	343.0
IMSS-01-018	Request for a retirement pension	P	278.4	IMSS-01-002	278.4
IMSS-01-022	Request for a retirement, unemployment at an advanced age or at old age pension through the transfer of IMSS-ISSSTE rights	P	278.4	IMSS-01-002	278.4
IMSS-01-029-B	Request for the payment of non-collected monthly payment or claim for differences related to the pension Mode B) By third parties, in case of death of the pensioner	P	219.8	IMSS-01-029-A	219.8
IMSS-01-034-A	Request for modification of a severance pension Mode A) Settlement because of remarrying	P	303.3	IMSS-01-034-B	303.3
IMSS-02-001-A	Employer's registration and enrolment in occupational risks insurance or resumption of activities Mode A) For an individual	I	403.4	IMSS-02-001-C	403.4
IMSS-02-001-A	Employer's registration and enrolment in occupational risks insurance or resumption of activities Mode A) For an individual		580.8	IMSS-02-001-C	580.8
IMSS-02-025-B	Request for certificate of acknowledged weeks Mode B) Certificate of acknowledged periods IMSS-ISSSTE	P	245.0	IMSS-02-025-C	245.0
IMSS-02-066-C	Request for registration and updating of rights-holders Mode C) For de-registration of wife or husband	P	215.3	IMSS-02-066-A	215.3
IMSS-02-066-C	Request for registration and updating of rights-holders Mode C) For de-registration of wife or husband	I	25.5	IMSS-02-066-A	25.5

Code	Name of the procedure (allocated time)	Version	Time (minutes)	Procedure time estimated through surveys	Time (minutes)
IMSS-02-066-D	Request for registration and updating of rights-holders Mode D) For registration of common-law wife or husband	P	215.3	IMSS-02-066-A	215.3
IMSS-02-066-D	Request for registration and updating of rights-holders Mode D) For registration of common-law wife or husband	I	25.5	IMSS-02-066-A	25.5
IMSS-02-066-E	Request for registration and updating of rights-holders Mode E) For updating common-law wife or husband's data	I	13.0	IMSS-02-066-B	13.0
IMSS-02-066-E	Request for registration and updating of rights-holders Mode E) For updating common-law wife or husband's data	P	229.8	IMSS-02-066-B	229.8
IMSS-02-066-F	Request for registration and updating of rights-holders Mode F) For de-registration of common-law wife or husband	P	215.3	IMSS-02-066-A	215.3
IMSS-02-066-F	Request for registration and updating of rights-holders Mode F) For de-registration of common-law wife or husband	I	25.5	IMSS-02-066-A	25.5
IMSS-02-066-G	Request for registration and updating of rights-holders Mode G) For registration of the father or mother	P	215.3	IMSS-02-066-A	215.3
IMSS-02-066-G	Request for registration and updating of rights-holders Mode G) For registration of the father or mother	I	25.5	IMSS-02-066-A	25.5
IMSS-02-066-H	Request for registration and updating of rights-holders Mode H) For updating father or mother's data	I	13.0	IMSS-02-066-B	13.0
IMSS-02-066-H	Request for registration and updating of rights-holders Mode H) For updating father or mother's data	P	229.8	IMSS-02-066-B	229.8
IMSS-02-066-I	Request for registration and updating of rights-holders Mode I) For de-registration of father or mother	P	215.3	IMSS-02-066-A	215.3
IMSS-02-066-I	Request for registration and updating of rights-holders Mode I) For de-registration of father or mother	I	25.5	IMSS-02-066-A	25.5
IMSS-02-066-J	Request for registration and updating of rights-holders Mode J) For registration of the son or daughter	P	215.3	IMSS-02-066-A	215.3
IMSS-02-066-J	Request for registration and updating of rights-holders Mode J) For registration of the son or daughter	I	25.5	IMSS-02-066-A	25.5
IMSS-02-066-K	Request for registration and updating of rights-holders Mode K) For de-registration of son or daughter's data	I	13.0	IMSS-02-066-B	13.0
IMSS-02-066-K	Request for registration and updating of rights-holders Mode K) For de-registration of son or daughter's data	P	229.8	IMSS-02-066-B	229.8
IMSS-02-066-L	Request for registration and updating of rights-holders Mode L) For de-registration of son or daughter	P	215.3	IMSS-02-066-A	215.3
IMSS-02-066-L	Request for registration and updating of rights-holders Mode L) For de-registration of son or daughter	I	25.5	IMSS-02-066-A	25.5
IMSS-02-066-N	Request for registration and updating of rights-holders Mode N) For updating rights-holder or pensioner's data	P	241.8	IMSS-02-066-M	241.8
IMSS-02-066-N	Request for registration and updating of rights-holders Mode N) For updating rights-holder or pensioner's data	I	14.4	IMSS-02-066-M	14.4
IMSS-02-066-O	Request for registration and updating of rights-holders Mode O) For de-registration of rights-holder or pensioner	P	241.8	IMSS-02-066-M	241.8
IMSS-02-066-O	Request for registration and updating of rights-holders Mode O) For de-registration of rights-holder or pensioner	I	14.4	IMSS-02-066-M	14.4
IMSS-03-002-B	Request for Mexican physicians to join the Mexican Social Security Institute as interns Mode B) Candidates IMSS workers for direct entry specialties	P	1 204.0	IMSS-03-002-A	1 204.0

Code	Name of the procedure (allocated time)	Version	Time (minutes)	Procedure time estimated through surveys	Time (minutes)
IMSS-03-002-C	Request for Mexican physicians to join the Mexican Social Security Institute as interns Mode C) Candidates children of IMSS workers for direct entry specialties	P	1 204.0	IMSS-03-002-A	1 204.0
IMSS-03-003-A	Request for foreign physicians to join the Mexican Social Security Institute as interns Mode A) Candidates for direct entry specialties	P	1 204.0	IMSS-03-002-A	1 204.0
IMSS-03-003-B	Request for foreign physicians to join the Mexican Social Security Institute as interns Mode B) Candidates for branch specialties	P	1 204.0	IMSS-03-002-A	1 204.0
IMSS-03-007-B	Request for dental surgeons to join the Mexican Social Security Institute as maxillofacial surgery interns Mode B) Foreign candidates, external to the Mexican Social Security Institute	P	253.8	IMSS-03-007-A	253.8
IMSS-03-007-C	Request for dental surgeons to join the Mexican Social Security Institute as maxillofacial surgery interns Mode C) Candidates workers of the Mexican Social Security Institute	P	253.8	IMSS-03-007-A	253.8
IMSS-03-007-D	Request for dental surgeons to join the Mexican Social Security Institute as maxillofacial surgery interns Mode D) Candidates children of workers of the Mexican Social Security Institute	P	253.8	IMSS-03-007-A	253.8
IMSS-03-010	Request for a ruling of disability for a beneficiary son or daughter	P	509.2	IMSS-03-009	509.2
IMSS-03-019	Request for home medical care	P	67.3	IMSS-03-011	67.3
IMSS-04-001-A	Enrolment in Courses and Workshops on Institutional Social Benefits Mode A) IMSS retiree	P	211.3	IMSS-04-001-B	211.3
IMSS-04-001-C	Enrolment in Courses and Workshops on Institutional Social Benefits Mode C) Volunteers	P	211.3	IMSS-04-001-B	211.3
IMSS-04-001-D	Enrolment in Courses and Workshops on Institutional Social Benefits Mode D) Person with disability	P	211.3	IMSS-04-001-B	211.3
IMSS-04-002-A	Use of social benefits facilities Mode A) Sports	P	211.3	IMSS-04-001-B	211.3
IMSS-04-002-B	Use of social benefits facilities Mode B) Non-sports-Equipment-Companies	P	211.3	IMSS-04-001-B	211.3
IMSS-04-002-C	Use of social benefits facilities Mode C) Non-sports-No Equipment-Companies	P	211.3	IMSS-04-001-B	211.3
IMSS-04-002-D	Use of social benefits facilities Mode D) Non-sports-Citizen Equipped	P	211.3	IMSS-04-001-B	211.3
IMSS-04-002-E	Use of social benefits facilities Mode E) Non-sports-Citizen No Equipment	P	211.3	IMSS-04-001-B	211.3
IMSS-05-001	Chambers and Auditoriums Service at the CMN Siglo XXI Convention Unit	P	241.3	IMSS-05-003	241.3

Notes: Where: P: in-person procedures, I: Procedures through Online and A: Procedures by Mobile Application. The code and the name in the two first columns refer to the procedures for which the time of a similar procedure was allocated, estimated through surveys.

With the handling times defined for subgroup 2.1 procedures, the unitary administrative burdens were calculated using the formulae contained in Annex Table 1.A.11 and Annex Table 1.A.12.

Sub-step 14.2.2. Estimation of times for independent procedures

For Subgroup 2.2: Independent procedures, the purpose is to identify a series of parameters that allow the estimation of the handling time, based on several known variables. Thus, the “unknown” variable is the handling time and the “known” variables are the procedure’s

characteristics, such as its user's profile —whether it is professional or secretarial, for example— or the number of requirements.

Parameters can be estimated through an econometric regression using the ordinary least squares technique (Gujarati and Porter, 2009_[10]). The final equation to estimate such parameters was the following:

$$\ln(\widehat{T}_{i,h}) = \hat{\alpha} + \hat{\beta} \sum_t (IN(\theta)_{i,h}^n + IP(\theta)_{i,h}^n + DN(\theta)_{i,h}^n + DP(\theta)_{i,h}^n) + \widehat{u}_{i,h}$$

Where:

- $\ln(\widehat{T}_{i,h})$ is the natural logarithm of $\widehat{T}_{i,h}$.
- $\widehat{T}_{i,h}$ is the handling time estimated for each procedure i and by mode h .
- $\hat{\alpha}$ is the intercept parameter
- $\hat{\beta}$ is the parameter of the exogenous variable to estimate.
- Exogenous variables depend on a parameter θ that is a geometric transformation over original variables IN , IP , DN and DP . The transformation was made building upon an analysis of the main components to reduce the dimensionality of the regression and avoid multicollinearity problems.
- Exogenous variables are: $IN(\theta)$ that is the number of data or new information requested by procedure i , in mode h on a specific person. $IP(\theta)$ is the existing information, $DN(\theta)$ means new documents and $DP(\theta)$ existing documents. Superscript n refers to the person who owns the data or document requested, and can have three values in variables IN and IP : beneficiaries, applicants or legal representatives, and two in DN and DP : legal and personal. See Glossary.
- $\widehat{u}_{i,h}$ is the regression error.
- The way this equation was derived is explained below, showing the results of the estimation parameters, the prediction power of the model and the estimation of the handling times for independent procedures.

i) Original equation

The original model used to estimate the handling time is based on the following formula, where the type of information explains the handling time devoted to each procedure, according to its mode:

$$\widehat{T}_{i,h} = \hat{\alpha} + \hat{\beta}_l^m IN_{i,h}^n + \hat{\beta}_l^m IP_{i,h}^n + \hat{\beta}_l^m DN_{i,h}^n + \hat{\beta}_l^m DP_{i,h}^n + \widehat{u}_{i,h}$$

Where:

- $\widehat{T}_{i,h}$ is the time estimated for procedure i and for mode h .
- Exogenous variables are: IN that refers to the number of data or new information requested by procedure i , in mode h over a user's profile. IP is the existing information, DN are the new documents and DP the existing documents.
- $\hat{\alpha}$ is the parameter intercept to estimate.
- $\hat{\beta}_l^m$ are the parameters to estimate of each exogenous variable, where l is the indicator for the ordinal number of the parameter in the regression and has values within the $\{1,10\}$ range. Indicator m may have three values for variables IN and IP :

beneficiaries, applicants and legal representatives; and two for DN and DP: legal and personal.

- As mentioned before, the equation has 10 parameters (indicated in m and n), since each variable can derive in 2 or 3 sub-variables, due to the profile of the information's owner or the nature of the documents in question.
- For example: $\hat{\beta}_l^m DP_{i,h}^n$ is composed of the following sub-variables:

$$\hat{\beta}_l^m DP_{i,h}^n = \hat{\beta}_l^{legal} DP_{i,h}^{legal} + \hat{\beta}_l^{personal} DP_{i,h}^{personal}$$

- $\widehat{u}_{i,h}$ is the regression error.

This regression would pose two challenges: multicollinearity and heterocedasticity. The way both problems were corrected is explained below.

ii) Principal components analysis to eliminate multicollinearity

Aiming to reduce the regression's multicollinearity problem an algebraic transformation of exogenous variables was implemented, based on the existing correlation between them. This transformation intended to reduce the dimensionality of data and consequently a principal components analysis was conducted. This type of analysis reduces the number of variables, with no significant loss on information quality and thus eliminates multicollinearity (Jolliffe, 2002_[11]), (Perez, 2017_[12]).

The principal components analysis is useful when there is a high correlation between study variables. The information obtained from IMSS procedures, according to the user's classification and the new or existing condition, shows that there was indeed a high correlation between the 10 exogenous variables.

Statistical analysis shows that the three first components, based on the information breakdown, accounted for 92% of data variability —see Table 1.A.16. On the other hand, the first two components account for 80% of the variability. Therefore, regarding regression transformation, tests were made using up to four components, respectively, to determine the best option. However, the best alternative was the use of two components, since this specification eliminated the multicollinearity problem and the regressions' parameter turned out to be significant.

Annex Table 1.A.16 shows the components results for each variable. It only includes the first six components since, based on previous analysis, components 7 to 9 do not provide relevant information. That is, the variability in the information is explained with six components.

Annex Table 1.A.16. Analysis of main components

In-person procedures

Component	Eigenvalue	Difference	Share	Accumulated
Comp1	4.85675	2.48991	0.5396	0.5396
Comp2	2.36684	1.25378	0.263	0.8026
Comp3	1.11306	0.724436	0.1237	0.9263
Comp4	0.388623	0.161284	0.0432	0.9695
Comp5	0.227338	0.179944	0.0253	0.9947
Comp6	0.047394	0.047394	0.0053	1
Comp7	0	0	0	1
Comp8	0	0	0	1
Comp9	0	.	0	1

Annex Table 1.A.17. Main components of the information categories

In-person procedures						
Variable	Comp1	Comp2	Comp3	Comp4	Comp5	Comp6
Datos del Solicitante Nuevos	-0.0002	0.0742	0.9117	0.3919	-0.096	-0.0223
Datos del Solicitante Pre existentes	0.2237	0.4916	0.1567	-0.2603	0.7534	0.2201
Datos del Beneficiario Nuevos	0.4182	-0.2507	0.0016	0.0571	0.0328	0.0891
Datos del Beneficiario Pre existente	0.3916	0.2841	0.047	-0.2483	-0.1568	-0.8231
Datos del Representante Pre existentes	0.4182	-0.2507	0.0016	0.0571	0.0328	0.0891
Documentos Personales Nuevos	0.164	0.4435	-0.3762	0.7956	0.0253	-0.0351
Documentos Personales Pre existentes	0.2648	0.4733	0.022	-0.2665	-0.6275	0.4905
Documentos Legales Nuevos	0.4182	-0.2507	0.0016	0.0571	0.0328	0.0891
Documentos Legales Pre existentes	0.4182	-0.2507	0.0016	0.0571	0.0328	0.0891

Regarding digital procedures, components are shown below. According to Annex Table 1.A.18, for digital procedures, the first three components account for 99% of the information variability.

Annex Table 1.A.18. Analysis of main components

Digital procedures				
Component	Eigenvalue	Difference	Share	Accumulated
Comp1	4.48829	3.4505	0.7480	0.7480
Comp2	1.03779	0.570709	0.1730	0.9210
Comp3	0.46708	0.460241	0.0778	0.9989
Comp4	0.006839	0.0068394	0.0011	1.0000
Comp5	0	0	0.0000	1.0000
Comp6	0	-	0.0000	1.0000

As is the case with in-person procedures, the estimation used the first two components for variables' transformation.

Annex Table 1.A.19. Main components of the information categories

Digital procedures				
Variable	Comp1	Comp2	Comp3	Comp4
Existing Applicant Data	0.3793	-0.2520	0.7842	-0.4215
New Beneficiary Data	0.4611	0.0713	-0.2929	-0.1726
Existing Beneficiary Data	0.4584	-0.1911	0.1740	0.8504
Existing Representative Data	0.4611	0.0713	-0.2929	-0.1726
Existing personal documents	0.0899	0.9406	0.3120	0.0991
New legal documents	0.4611	0.0713	-0.2929	-0.1726

Consequently the transformation to eliminate the multicollinearity of the regression based on the original variables, was done as follows:

$$(IN_{i,h}^n)(\theta_1^n + \theta_2^n), (IP_{i,h}^n)(\theta_1^n + \theta_2^n), (DN_{i,h}^n)(\theta_1^n + \theta_2^n), (DP_{i,h}^n)(\theta_1^n + \theta_2^n)$$

Where θ_1 is the value of component 1 and θ_2 of component 2, respectively. Finally, the regression would be modified as follows:

$$\widehat{T}_{i,h} = \widehat{\alpha} + \widehat{\beta} \sum (IN(\theta)_{i,h}^n + IP(\theta)_{i,h}^n + DN(\theta)_{i,h}^n + DP(\theta)_{i,h}^n) + \widehat{u}_{i,h}$$

Information of original variables was subject to a linear transformation in order to eliminate multicollinearity. Therefore, these variables depend now on components θ .

iii) Logarithmic transformation to eliminate heterocedasticity

Aiming to eliminate heterocedasticity, the functional form was changed, applying a natural logarithm to the endogenous variable (Heij Christiaan, de Boer Paul, Franses Philip Hans, 2004_[13]). The following is the final functional form of the regression used to estimate the burdens of the subgroup 2.2 procedures:

$$\ln(\widehat{T}_{i,h}) = \widehat{\alpha} + \widehat{\beta} \sum (IN(\theta)_{i,h}^n + IP(\theta)_{i,h}^n + DN(\theta)_{i,h}^n + DP(\theta)_{i,h}^n) + \widehat{u}_{i,h}$$

Annex Table 1.A.21 includes pertinent statistical tests showing that this equation indeed allowed to eliminate heterocedasticity.

iv) *Estimation of parameters*

The final equation was used to estimate the parameter, based on the data obtained in procedures through surveys. The ordinary least square technique was used. The regression results are included in Annex Table 1.A.20.

Annex Table 1.A.20. Results of the regressions used to estimate the time needed for IMSS procedures

Total time per procedure in natural logarithm		
Category	In-person procedures	Digital procedures
Parameter	0.024793	0.1081836
Statistic p	0.001	0.000
Constant	5.289143	2.459722
R ²	0.2522	0.6777
Statistic F	0.0007	0.0000
N	42	17

The final equation was estimated separate from Group 1 in-person procedures and digital procedures, since the nature of each of them is essentially different. The number of available observations was 42 for in-person procedures and 17 for digital procedures.

As mentioned before, 28 procedures were estimated through interviews. However, for 26 of these in the in-person mode, interviews were carried out in Mexico City and for a sub-sample of 16 procedures, information was also gathered in facilities in other states. Therefore, 42 observations are available in the Annex Table 1.A.20 regression. On the other hand, the cost of 12 digital procedures was calculated in Mexico City and five digital procedures in other states.

The selection of in-person and digital procedures whose cost was directly estimated outside Mexico City was randomised, once those procedures that could only be fulfilled in the IMSS central offices were excluded. For example, procedures related to health education. For detailed information of the facilities visited in Mexico City and other states see Annex Table 1.A.7 and Annex Table 1.A.8.

Estimated parameters have a very high statistical significance, as shown by statistic p in Annex Table 1.A.20. Additionally, statistic tests were performed to review the consistency and strength of regression.

Annex Table 1.A.21 shows *Breuch-Pagan* and *White* tests for heterocedasticity, as well as the *Ramsey* test on the model's specification. With regards to heterocedasticity, the White test indicates that the model is homoscedastic for in-person and digital procedures. The Ramsey test shows that the model has no omitted variables (Hayashi Fumio, 2000_[14]).

Annex Table 1.A.21. Results of the regressions used to estimate the time needed for IMSS procedures

Total time per procedure in natural logarithm		
Category	In-person procedures	Digital procedures
Ramsey test		
	Coefficient (statistic)	
Hat	7.109488 (0.625)	-2.090011 (0.620)
Hatsq	-0.5404677 (0.675)	0.3753671 (0.466)
Constant	-17.23147 (0.675)	5.490672 (0.467)
Breusch-Pagan test		
	Statistical	
Ho: constant variance		
Chi2(1)	4.84	0.32
Prob > chi2	0.0279	0.5705
White test		
Ho: constant variance		
Chi2(2)	4.83	2.26
Prob > chi2	0.0892	0.3228

v) *Evaluation of the prediction power of the model*

Estimated parameters were used to measure the model's capacity to predict the real handling times of procedures through surveys. Annex Table 1.A.22 includes a set of 19 examples of in-person procedures and Annex Table 1.A.23 a set of 12 digital procedures, comparing the total real time it takes to perform each of them (identified through interviews) and the estimate for regression parameters. Results suggest that parameters have an important predictive power since it has an average adjustment of 85%.

Annex Table 1.A.22. Comparison of the real and estimated time for relevant procedures

Digital procedures				
Procedure	Version	Real handling time	Estimated handling time	Adjustment
IMSS-02-001-C	I	307	292.1966	1.05
IMSS-02-008	I	10.6	12.02835	0.88
IMSS-02-008	A	20.6	12.02835	1.71
IMSS-02-020-B	I	8.6	12.19513	0.70
IMSS-02-025-A	I	8.2	12.19513	0.67
IMSS-02-066-A	I	25.5	14.26805	1.78
IMSS-02-066-B	I	13	14.26805	0.91
IMSS-02-066-M	I	14.4	14.26805	1.00
IMSS-03-011	A	11.5	12.02835	0.95
IMSS-03-011	I	11.5	15.45258	0.74
Opinión 32D	I	21.8	13.63336	1.59
SIPARE	I	37.8	13.44691	2.81

Annex Table 1.A.23. Comparison of the real and estimated time for relevant procedures

In-person procedures				
Procedure	Version	Real handling time	Estimated handling time	Adjustment
IMSS-01-002	P	278	360	1.29
IMSS-01-003-A	P	292	378	1.30
IMSS-01-006-A	P	328	328	1.00
IMSS-01-009	P	343	286	0.83
IMSS-01-015	P	259	249	0.96
IMSS-01-016	P	387	360	0.93
IMSS-01-029-A	P	220	278	1.26
IMSS-01-031	P	250	277	1.11
IMSS-01-034-B	P	303	282	0.93
IMSS-02-001-C	P	565	476	0.84
IMSS-02-008	P	198	209	1.06
IMSS-02-020-B	P	302	209	0.69
IMSS-02-025-C	P	245	237	0.97
IMSS-02-066-A	P	215	220	1.02
IMSS-02-066-B	P	230	216	0.94
IMSS-02-066-M	P	242	205	0.85
IMSS-04-001-B	P	211	213	1.01
IMSS-05-002	P	254	216	0.85
IMSS-05-003	P	241	216	0.90

vi) Estimation of handling times for independent procedures

In average, the prediction power model results suggest that estimated parameters are considered adequate to use them to calculate the handling time of independent procedures. Annex Table 1.A.24 contains a list of subgroup 2.2 procedures and their estimated handling times.

Annex Table 1.A.24. Independent procedures at the IMSS

Time extrapolated based on quantitative methods

Code	Name of the procedure	Version	Time
Constancia de Desempleo	Discharge certificate for unemployment retirement	I	S/I
Constancia de Desempleo	Discharge certificate for unemployment retirement	P	216.5
IMSS-01-020	Request for the execution of an indirect payment agreement and subsidies reimbursement	P	580.8
IMSS-02-019-A	Authorisation of service in a foreign district Mode A) Upon request of the employer or obligated subject	I	S/I
IMSS-02-019-A	Authorisation of service in a foreign district Mode A) Upon request of the employer or obligated subject	P	249.8
IMSS-02-019-B	Authorisation of service in a foreign district Mode B) Upon request of the rights-holder or pensioner	I	S/I
IMSS-02-019-B	Authorisation of service in a foreign district Mode B) Upon request of the rights-holder or pensioner	P	235.6
IMSS-02-025-A	Request for certificate of acknowledged weeks Mode A) Certificate of acknowledged weeks in the IMSS	A	9.5
IMSS-02-096	Request for information on debit status	P	230.6
IMSS-02-096	Request for information on debit status	I	47.3
IMSS-03-001	Request for clinical fields and locations for clinical cycles, medical internship and social service for educational institutions that offer careers in the health area	P	247.1
IMSS-03-004	Request for partial rotations in the Mexican Social Security Institute of resident doctors from other institutions	P	216.5
IMSS-03-005-A	Request for enrolment in the BA in nursing in the Mexican Social Security Institute schools Mode A) External candidates to the Mexican Social Security Institute	P	296.4
IMSS-03-005-B	Request for enrolment in the BA in nursing in the Mexican Social Security Institute schools Mode B) Candidates workers of the Mexican Social Security Institute	P	314.3
IMSS-03-005-C	Request for enrolment in the BA in nursing in the Mexican Social Security Institute schools Mode C) Candidates children of workers of the Mexican Social Security Institute	P	314.3
IMSS-03-006	Request for specialised physicians to enter or join on-going education programs at the Mexican Social Security Institute as maxillofacial surgery interns	P	323.3
IMSS-03-014	Medical prescription of home oxygen	P	225.3
IMSS-04-004	Replacement of credential	P	201.2
SIPARE	Referenced Payments System	P	209.1

Notes: The time for the Unemployment Certificate, IMSS-02-019-A and IMSS-02-019-B in the online version could not be extrapolated because the information obtained was not enough to estimate it.

N/I = No information

P = In person

I = Online

Having defined the handling times for independent procedures, the unitary administrative burdens were calculated using the formulae shown in Annex Table 1.A.11 and Annex Table 1.A.12.

The following chapter includes the measurement of the unitary administrative burdens for analysed procedures, divided by administrative unit.

Sub-step 14.3. Measurement of Total Administrative Burdens

After defining the unitary administrative burdens, total administrative burdens were calculated using the following formula:

$$CAT = \sum_i \sum_h (CU_{i,h})(P_{i,h})$$

Where:

- CAT is the total administrative burden, that refers to the sum of the costs of each one of the IMSS procedures, multiplied by their population that, as already mentioned, refers to the number of applications submitted in 2017.
- $CU_{i,h}$ is the unitary cost of procedure i for mode h . As mentioned before, there are four modes: in-person, Online, mobile application and telephone.
- $P_{i,h}$ is the population of mode h , for procedure i ,

$$P_{i,h} = \alpha_{i,h,j} \sum_j^m p_{i,h,j}$$

- $P_{i,h}$ is composed of the sum of each one of the salaries (or opportunity costs), that corresponds to each profile that submits a request for procedure i in mode h , which is multiplied by the share of each type of user. These users can be rights-holders by age group (beneficiaries, pensioners, active rights-holders), the population in general, the economically active population, etc.
- Sub-index j refers to the profile of the person involved in procedure i .

The following chapter contains the measurement of total administrative burdens, organised by administrative unit.

During the procedures review process, some of them reported zero population or did not have any request in 2017. Annex Table 1.A.25 shows the procedures identified with these characteristics. The total administrative burden calculated for them was zero.

Annex Table 1.A.25. Procedures with population zero

Code	Name of the procedure
NA	Unemployment certificate
IMSS-02-019-A	Authorisation of services in a foreign district. Mode A) Upon request of the employer or obligated subject
IMSS-02-019-B	Authorisation of services in a foreign district. Mode B) Upon request of the rights-holder or pensioner
IMSS-02-025-A	Request for certificate of acknowledged weeks. Mode A) Certificate of acknowledged weeks in the IMSS
IMSS-02-096	Request for information on debit status
IMSS-03-001	Request for clinical fields and locations for clinical cycles, medical internship and social service for educational institutions that offer careers in the health area
IMSS-03-004	Request for partial rotations in the Mexican Social Security Institute of resident doctors from other institutions

Additionally, for three procedures, the IMSS has no population registries. These procedures are included in Annex Table 1.A.26. Since they were indeed carried out in 2017, but not registered, they were not considered when measuring total administrative burdens.

Annex Table 1.A.26. Procedures without information on population

Code	Name of the procedure
IMSS-01-029-B	Request for payment of non-collected monthly payment or claim for differences related to the pension Mode B) By third parties, in case of death of the pensioner
IMSS-03-014	Medical prescription of home oxygen
IMSS-03-019	Request for home medical care

Step 15. Information and transfer to database

The SCM Manual indicated that this is the stage when the report with the main results of the measurement process, as well as detailed information on the methodology, must be prepared. This report represents the fulfilment of this step.

Notes

¹ The SCM manual identifies 16 standard activities. Previous experiences of the SCM use in Mexico suggest that it is advisable to implement only the 11 activities included in Table 3. See (OCDE and Secretaría de Economía, 2009^[9])

² The following definitions are based on the SINCO classification:

Assistant workers in administrative activities: workers who perform administrative support roles at the general offices. This category also included delivery persons and private drivers, since in the interviews it was detected that this is one of the activities performed to comply with the procedures. For example: Secretaries and drivers.

Technician: Person in charge of gathering requirements and handling simple procedures, with limited specialisation. For example: Operators.

Professional: Person in charge of gathering requirements and handling procedures of all types, with a high level of specialisation. For example: Attorneys.

Director: Person in charge of gathering requirements and handling procedures of a complex nature, that cannot be delegated to third parties. These are in general the owners or directors of the company. For example: legal representatives.

³ The time dedicated to measuring administrative burdens (see steps 12 and 14), and the reported difficulty are used to elaborate the complexity index (see step 14).

⁴ See Box 1.1 for an analysis of the representativeness of the MCE data.

Starting time: ____:____

Schooling. What is your educational level (maximum degree)?

None	(1)	Incomplete high school education	(7)	
Incomplete primary education	(2)	Complete primary education	(8)	
Complete primary education	(3)	Incomplete undergraduate education	(9)	
Incomplete secondary education	(4)	Complete undergraduate education	(10)	
Complete secondary education	(5)	Master's degree or doctoral degree	(11)	
Commerce/Technical Career	(6)	NC	(99)	

1. Did you carry out the procedure or did you hire somebody to carry it out (for example, an operator, a consultant, an attorney, an accountant or a company)?

You personally carried it out (1) Please go to 2
 You hired external services (2)

1.1 How many operators/consultants and/or companies did you hire to carry out the procedure? _____

1.1.1 Which is the trade or characteristics of the operator / consultant you hired? (DELIVER CARD 1, FOR EACH CASE, ASK: →						
	Opera- tor	Attor- ney	Accoun- tant	Consul- tant	Other	Ns/Nc
1	(1)	(2)	(3)	(4)	(5)	(9)
2	(1)	(2)	(3)	(4)	(5)	(9)
3	(1)	(2)	(3)	(4)	(5)	(9)
4	(1)	(2)	(3)	(4)	(5)	(9)
5	(1)	(2)	(3)	(4)	(5)	(9)

1.1.2 Approximately how much did you pay each operator or consultant for his/her services?						
Amount (in pesos)	Nc					
	(99999)					
	(99999)					
	(99999)					
	(99999)					
	(99999)					

1.1.3 If you hired a company, please answer which is its trade? (DELIVER CARD 3 and continue)

1.1.3.1 Approximately, how much did you pay each company for its services?

1.1.3			→					1.1.3.1						
	Trade	Ns/Nc	Amount		Nc									
1		(99)					(99999)							
2		(99)					(99999)							

2. How did you obtain the information required to carry out your procedure...? (READ OPTIONS 1-4. REGISTER 5 AND 6 IF THEY ARE EXPRESSED SIMULTANEOUSLY)

- Directly here at the FMU/Day-care centre/SD (IMSS offices) (1)
- At the IMSS website (2)
- Through the cell application (App) (3)
- By telephone (4)
- COFEMER website (esp.) (5)
- Online.gob.mx site (esp.) (6)
- Other: _____

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IN PERSON

3. How many times did you have to visit the IMSS office to carry out and fulfil the procedure? **This includes asking for information, picking up formats or applications, delivering the format or applications, delivering missing documents, asking about the progress achieved in the procedure, picking up the answer.** (SELECT ONLY ONE ANSWER.)

3.1 Approximately how much time did each visit take? (INTERVIEWER: READ THE OPTIONS, THE PERSON MUST CHOOSE ONLY ONE AND INDICATE THE TIME IN EACH CASE)

Time/times	0-5 min	6-15 min	16-30 min	31-45 min	46-60 min	More than one hour		
One (1)	(1)	(2)	(3)	(4)	(5)	(6)		
Two (2)	(1)	(2)	(3)	(4)	(5)	(6)		
	(1)	(2)	(3)	(4)	(5)	(6)		
Three (3)	(1)	(2)	(3)	(4)	(5)	(6)		
	(1)	(2)	(3)	(4)	(5)	(6)		
	(1)	(2)	(3)	(4)	(5)	(6)		
4 or more (4)	(1)	(2)	(3)	(4)	(5)	(6)		
	(1)	(2)	(3)	(4)	(5)	(6)		
	(1)	(2)	(3)	(4)	(5)	(6)		
	(1)	(2)	(3)	(4)	(5)	(6)		

4. Now, please pay attention and help me by providing the following information. I am going to read the following list of activities (DELIVER CARD 2). Tell me which ones did you perform to carry out the procedure and how much time did it take in each case?; did you have to...? (READ THE ACTIVITY AND, SHOULD THAT BE THE CASE, CONTINUE)

4.1 And how much time did this activity take? IF THE INTERVIEWEE ANSWERS "ONE DAY", ASK HOW MANY HOURS OF THE DAY DID HE/SHE INVEST IN THE PROCEDURE AND EXPLAIN WHAT IS HE/SHE REFERRING TO.

	4. Activity	No	Ns	Not Applicable	Yes	→	Hours	Minutes					
1	Identifying and understanding the procedure requirements	(2)	(3)	(4)	(1)								
2	Performing activities related to hiring and paying operators or companies to carry out the procedure	(2)	(3)	(4)	(1)								
3	Holding meetings with operators or companies to prepare for the procedure	(2)	(3)	(4)	(1)								
4	Holding meetings with internal staff to prepare the information	(2)	(3)	(4)	(1)								
5	Gathering existing information. For example: date of birth, voter's credential, proof of residency, etc.	(2)	(3)	(4)	(1)								
6	Elaborating and generating new information and documents: Illness certificate, validity certificate, etc.	(2)	(3)	(4)	(1)								
7	Filling out forms and/or elaborating requests	(2)	(3)	(4)	(1)								
8	Creating and administering backup files (for example: logbooks, regular reports, electronic records, etc.)	(2)	(3)	(4)	(1)								
9	Paying for the procedure, such as: paying directly at the institution, at the bank, in other offices , paying electronically (this applies only for procedures ID 26, 27 y 28)	(2)	(3)	(4)	(1)								
10	Commute to the IMSS offices to carry out the procedure	(2)	(3)	(4)	(1)								
11	Waiting at the IMSS offices to carry out the procedure	(2)	(3)	(4)	(1)								
	Other _____	(2)	(3)	(4)	(1)								

5. Now, we will talk about the purchase of materials needed to carry out the procedure, for example: special stationery (copies for crosschecking purposes, CD's, payment of courier services, etc.). Would you be so kind to tell me if you purchased this type of materials to carry out this procedure?

Yes (1) Go to 5.1 No (2) Go to 6 Does not know (3) Go to 6

5.1 What were the specific purchases you made to carry out this procedure? (INTERVIEWER: FOR EACH PURCHASE, ASK AND CONTINUE)

5.2 Approximately, how much did you pay for this purchase?

	5.1		→	5.2						
	Purchase of input	Nc		Cost	Nc					
1		(99)			(99999)					
2		(99)			(99999)					
3		(99)			(99999)					
4		(99)			(99999)					
5		(99)			(99999)					
6		(99)			(99999)					
7		(99)			(99999)					

6. For the procedure you carried out today, were you asked to submit any certified copy or any copy validated before a Notary Public or other instances?

Yes (1) Go to 6.1 No (2) Go to 7 Ns (3) Go to 7 Nc (4) Go to 7

6.1 How many certified copies did your procedure require? _____

INTERVIEWER, FOR EACH COPY ASK 6.2

6.2 How much did you pay for the issuance of the certified copy?

	6.1 Name of the document	→	6.2 Cost (in pesos)						
				Ns/Nc					
1				(99999)					
2				(99999)					
3				(99999)					
4				(99999)					

7. In your opinion, was it very easy, easy, difficult or very difficult to carry out the procedure you just finished?

Very easy (1) Difficult (4)
 Easy (2) Very difficult (5)
 Nor easy, nor difficult (esp.) (3) Ns/Nc (9)

8. In your opinion, did you have to comply with unnecessary requirement(s) to carry out the procedure?

Yes (1) Go to 8.1 No (2) Go to 9 Does not know (3) Go to 9

8.1 Which is (are) the requirement(s) you consider unnecessary?

	Name of the requirement	
1		
2		
3		
4		
5		

9. Think about other procedures you have carried out at the IMSS during the last year (April /March 2017 to date)

Compared to those procedures, how easy or difficult do you consider it was to carry out this procedure: very easy, easy, difficult or very difficult?

Very easy (1) Very difficult (5)
 Easy (2) I have not carried out other procedures at the IMSS (esp.) (6)
 Nor easy, nor difficult (esp.) (3) This is the first time I carry out a procedure (esp.) (7)
 Difficult (4) NS /NC (8)

10. Do you have any suggestions and/or complaints regarding this procedure?

Suggestions
Complaints

11. Besides the procedure you carried out today, is there any other procedure that has been or is particularly problematic or cumbersome at the IMSS?

Yes (1) 11.1 Which is (are) the procedure or procedures wwhich were problen atic or cumbersome?

	Name of procedures	
1		
2		
3		
4		
5		

No (2) Finish and thank the interviewee
 Does not know (3) Finish and thank the interviewee

Completion time: _____:_____

Name of the interviewer (full name and last name):

Name of the supervisor (full name and last name):

--	--	--	--	--	--	--	--

Supervisor code

Questionnaire for digital procedures

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I/A

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2. INTERVIEWER

LOCATION
CDMX(1) /ZSU(2)

ID SAMPLE
Type of establishment

ID PROCEDURE FOLIO

VERSION ID UNIT
P in person /I Online/ A App

OECD SURVEY/IMSS ABOUT TIME AND COST OF CARRYING OUT PROCEDURES

Check refusal

1	2	3	4	5	6	7	
---	---	---	---	---	---	---	--

 Starting time: _____:_____ Day

--	--

 Month

--	--

Good morning / evening / night, my name is _____, I work for EREFORM / BGC. We are conducting a survey for an international review by the OECD and the IMSS, with the purpose of finding the time users like you dedicate to carry out several procedures. Today we are interviewing people that carried out a formality online or through the cell application APP, and we would take some minutes of your time to learn about your opinion regarding the time it took you to fulfil this formality. All the information you provide will be used exclusively for statistical purposes, as part of a group, and not individually. If you wish to participate, you may choose not to answer any of the questions that might be uncomfortable for you and you can stop answering whenever you decide to do so. Can you give me a few minutes to answer several questions?

INTERVIEWER: THE INTERVIEW APPLIES TO RIGHTS-HOLDERS, RELATIVES OR PENSIONERS, OVER 18 YEARS OF AGE THAT CARRIED OUT THE FORMALITY OR PERSONS WHO ARE RESPONSIBLE FOR THEM IF THEY CANNOT ANSWER THE QUESTIONS IN THE INTERVIEW BECAUSE THEY ARE UNDER LEGAL AGE OR HAVE ANY OTHER IMPEDIMENT.

THIS CARD CAN APPLY TO THOSE PERSONS THAT HAVE CARRIED OUT ANOTHER FORMALITY AND WHO DECLARE THEY HAVE CARRIED OUT ONE OF THE PROJECT ONLINE OR ELSE BETWEEN EMPLOYEES OF ANY OF THE COMPANIES THAT COLLABORATE IN THE PROJECT.

SELECT WHO IS ANSWERING (INTERVIEWER, PLEASE NOTE DOWN IF THE INTERVIEWEE IS A...)

- Worker (1)
- Relative or representative of a worker (2)
- Pensioner or retiree (3)
- Relative or representative of a pensioner or retiree (4)
- NS (8)
- NC (9)

Starting time: ____:____

Schooling. What is your educational level (maximum degree)?

- None (1)
- Incomplete primary education (2)
- Complete primary education (3)
- Incomplete secondary education (4)
- Complete secondary education (5)
- Commerce/Technical Career (6)
- Incomplete high school education (7)
- Complete primary education (8)
- Incomplete undergraduate education (9)
- Complete undergraduate education (10)
- Master's degree or doctoral degree (11)
- NC (99)

1. Did you carry out the procedure or did you hire somebody to carry it out (for example, an operator, a consultant, an attorney, an accountant or a company)? NOT APPLICABLE IN THE CASE OF A PROCEDURE THROUGH AN APP

- You personally carried it out (1) Please go to 2
- You hired external services (2)

1.1 How many operators/consultants and/or companies did you hire to carry out the procedure? _____

1.1.1 Which is the trade or characteristics of the operator / consultant you hired? (DELIVER CARD 1, FOR EACH CASE, ASK: →

	Oper-ator	Attor-ney	Accoun-tant	Con-sultant	Other	Ns/ Nc
1	(1)	(2)	(4)	(5)	(6)	(9)
2	(1)	(2)	(4)	(5)	(6)	(9)
3	(1)	(2)	(4)	(5)	(6)	(9)
4	(1)	(2)	(4)	(5)	(6)	(9)
5	(1)	(2)	(4)	(5)	(6)	(9)

1.1.2 Approximately how much did you pay each operator or consultant for his/her services?

Amount (in pesos)	Nc				
	(99999)				
	(99999)				
	(99999)				
	(99999)				
	(99999)				

1.1.3 If you hired a company, please answer which is its trade? (DELIVER CARD 3 and continue)

1.1.3.1 Approximately, how much did you pay each company for its services?

1.1.3			→	1.1.3.1						
Trade	Ns/Nc			Amount	Nc					
1	(99)			(99999)						
2	(99)			(99999)						

2. How did you obtain the information required to carry out your procedure...? (READ OPTIONS 1-4. REGISTER 5 AND 6 IF THEY ARE EXPRESSED SIMULTANEOUSLY)

- Directly here at the FMU/Day-care centre/SD (IMSS offices) (1)
- At the IMSS website (2)
- Through the cell application (App) (3)
- By telephone (4)
- COFEMER website (esp.) (5)
- Online.gob.mx site (esp.) (6)
- Other: _____

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ONLINE AND THROUGH THE APP

3. Now, please pay attention and help me by providing the following information. I am going to read the following list of activities (DELIVER CARD 2). Tell me which ones did you perform to carry out the procedure and how much time did it take in each case?; did you have to...? (READ THE ACTIVITY AND, SHOULD THAT BE THE CASE, CONTINUE)

3.1 And how much time did this activity take? IF THE INTERVIEWEE ANSWERS "ONE DAY", ASK HOW MANY HOURS OF THE DAY DID HE/SHE INVEST IN THE PROCEDURE AND EXPLAIN WHAT IS HE/SHE REFERRING TO.

	3. Activity	No	Ns	Not Applicable	Yes	→	Hours	Minutes				
1	Identifying and understanding the procedure requirements	(2)	(3)	(4)	(1)							
2	Performing activities related to hiring and paying operators or companies to carry out the procedure. Not applicable for the App.	(2)	(3)	(4)	(1)							
3	Holding meetings with operators or companies to prepare for the procedure. Not applicable for the App.	(2)	(3)	(4)	(1)							
4	Holding meetings with internal staff to prepare the information	(2)	(3)	(4)	(1)							

5	Gathering existing information. For example: date of birth, voter's credential, proof of residency, etc.	(2)	(3)	(4)	(1)									
6	Elaborating and generating new information and documents: Illness certificate, validity certificate, etc.	(2)	(3)	(4)	(1)									
7	Filling out forms and/or elaborating requests	(2)	(3)	(4)	(1)									
8	Creating and administering backup files (for example: logbooks, regular reports, electronic records, etc.)	(2)	(3)	(4)	(1)									
9	Paying for the procedure, such as: paying directly at the institution, at the bank, in other offices, paying electronically	(2)	(3)	(4)	(1)									
10	Commute to the IMSS offices to carry out the procedure	(2)	(3)	(4)	(1)									
11	Waiting at the IMSS offices to carry out the procedure	(2)	(3)	(4)	(1)									
	Other _____	(2)	(3)	(4)	(1)									

4. Now, we will talk about the purchase of materials needed to carry out the procedure, for example: special stationery (copies for crosschecking purposes, CD's, payment of courier services, etc.). Would you be so kind to tell me if you purchased this type of materials to carry out this procedure?

- Yes (1) Go to 4.1
- No (2) Go to 5
- Does not know (3) Go to 5

4.1 What were the specific purchases you made to carry out this procedure? (INTERVIEWER: FOR EACH PURCHASE, ASK AND CONTINUE)

4.2 Approximately, how much did you pay for this purchase?

	4.1		→	4.2						
	Purchase of input	Nc		Cost	Nc					
1		(99)			(99999)					
2		(99)			(99999)					
3		(99)			(99999)					
4		(99)			(99999)					
5		(99)			(99999)					

5. In your opinion, was it very easy, easy, difficult or very difficult to carry out the procedure you just finished?

- Very easy (1)
- Easy (2)
- Nor easy, nor difficult (esp.) (3)
- Difficult (4)
- Very difficult (5)
- Ns/Nc (9)

6. In your opinion, did you have to comply with unnecessary requirement(s) to carry out the procedure?

- Yes (1) Go to 6.1
- No (2) Go to 7
- Do not know (3) Go to 7

6.1 Which is (are) the requirement(s) you consider unnecessary?

	Name of the requirement	
1		
2		
3		
4		
5		

7. Think about other procedures you have carried out at the IMSS during the last year (April /March 2017 to date)**Compared to those procedures, how easy or difficult do you consider it was to carry out this procedure: very easy, easy, difficult or very difficult?**

- Very easy (1) Very difficult (5)
- Easy (2) I have not carried out other procedures at the IMSS (esp.) (6)
- Nor easy, nor difficult (esp.) (3) This is the first time I carry out a procedure (esp.) (7)
- Difficult (4) NS /NC (8)

8. Do you have any suggestions and/or complaints regarding this procedure?

Suggestions
Complaints

9. Besides the procedure you carried out today, is there any other procedure that has been or is particularly problematic or cumbersome at the IMSS?

Yes (1) 9. Which is (are) the procedure or procedures that were problematic or cumbersome?

Name of procedures	
1	
2	
3	
4	
5	

No (2) Finish and thank the interviewee

Does not know (3) Finish and thank the interviewee

Completion time: _____:_____

Name of the interviewer (full name and last name):

Name of the supervisor (full name and last name):

Supervisor code

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