



NEW MEXICO HEALTH POLICY COMMISSION

HOUSE Bill 968 (2003)

Health Care Provider Licensing Task Force



December 2003

Health Policy Commissioners

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EXECUTIVE SUMMARY

House Bill 968 (2003) mandated that a health care provider licensing and credentialing task force be created to study the feasibility of establishing a health care licensing Internet portal and a centralized credentialing database; the intention being to simplify and reduce redundancy in procedures. The Bill also stated that the New Mexico Administrative Code be changed to be consistent with the National Committee for Quality Assurance (NCQA) by changing the credentialing process from every two to every three years.

Accordingly, the New Mexico Health Policy Commission (HPC) served as the lead agency to coordinate and facilitate the task force meetings, and joined forces with the New Mexico Boards of Nursing (BON) and Medical Examiners (BME) to hire a private contractor to appraise the current licensing and credentialing systems. The BON and BME provided the funding to hire the contractor, and the HPC served as the contract manager. The task force was duly involved in providing guidance and other input for conducting the assessment. The final results of the assessment were presented to the task force, which included the contractor's findings, options and alternatives to implement and/or enhance the current licensing and credentialing systems, and the contractor's own recommendations on how to move the project forward. The task force also offered its own recommendations.

Even before the assessment study had begun, the HB968 Task Force determined that the rules and protocols between licensing and credentialing processes differed substantially, such that adding a credentialing application to the web portal would not be feasible right now. While a state of the art credentials verification application currently resides on the Internet, it is not truly a web-based process since it does not link to potential licensing and credentialing entities, and the applicant must download the form, fill it out, and mail to the appropriate organization. Nor is the application used by all health care practitioners, but primarily by members of the Hospital Services Corporation, and, recently, by the New Mexico Medical Board.

A licensing web portal, on the other hand, appears to be a more feasible endeavor that could be implemented immediately, especially with the State acquisition of an enterprise license for *License 2000* and its utilization by the New Mexico Regulation and Licensing Department (RLD). While not currently activated (at the time this document was written), the software includes an online license application that can process electronic fee reimbursement, electronic checklists with hot links to health care entities, and can generate automated feedback.

With that in mind, the Task Force recommended that the HPC request a Special Multi-Agency Appropriation, known as a C3, to expand *License 2000* to additional state licensing entities via a web based licensing portal. While licensing boards currently use the software for license renewals, *License 2000* is not being fully utilized to its fullest Internet interface capacity. The HPC, with the assistance of BON, BME, and the Office of the Chief Information Officer (OCIO), wrote the multi-agency appropriations request to support the implementation of a web based licensing portal. Late in the process, the Injury Prevention and Emergency Medical Services Bureau (IP&EMS) and the RLD assisted in giving input, and were named as the primary benefactors of the special appropriation funding so that IP&EMS could update its software and hardware to transition into *License 2000*, and to provide resources for the RLD to oversee the full implementation of *License 2000*.

The Credentialing Subcommittee of the Task Force met apart from the larger committee's meeting to discuss the re-credentialing issue. The subcommittee decided to meet again after the special appropriations request had been submitted, and after recommendations by the HB968 Task Force had been made to discuss further what credentialing priorities would be undertaken in the long term. However, they did initiate a letter to the Department of Insurance to support the adoption/amendment of the Administrative Rule to reflect a 3-year credentialing process.

BACKGROUND

House Bill 968 was passed in the 2003 Legislative Session following the previous efforts and subsequent recommendations proposed by the 2002 House Joint Memorial 61 Task Force. HB968 recognized and supported the multi-faceted task force to continue its research and analysis on healthcare licensing and credentialing systems, and provide further findings and recommendations on implementing a health care licensing web site.

In addition to inviting the HJM 61 individuals and organizations to participate on the HB968 Task Force, the HPC made every effort to include other potentially interested parties that had a vested interest in licensing and credentialing. The New Mexico Human Services Department and the Superintendent of Insurance Department were mentioned as critical components in HB968 and were active participants throughout the project. While the list of invited task members is quite long, the meetings often did not have such a full representation. See Appendix B for listing of members.

Unknown to HJM 61 and HB968 Task Force members, an enterprise license for *License 2000* had been purchased and was being utilized by the NM Regulation and Licensing Department (RLD). To reduce duplication of efforts, the Office of the Chief Information Officer (OCIO) strongly encouraged all state boards and licensing agencies to use *License 2000*. Because a contractor had already been hired to assess and evaluate the current licensing system, prior to the knowledge about the preexisting software, it was determined that the work could still proceed to identify commonalities and differences, identify the potential costs to implement a web portal licensing system, to assure that *License 2000* would meet the needs identified by this project, and also to find possible alternatives to using *License 2000*. The directions for completing a C3 proposal require that agencies research alternative solutions in order for agencies to make comparisons in products' costs, utility, and service.

HB968 included authorization for a Budget Adjustment Request from BON and BME unencumbered and unexpended cash balances to pay for the contractor's services. The

HPC, as the project manager, monitored the contract, and provided administrative support. The HPC acted as the principle agency in writing the Special Appropriations Request that would fund implementation of a web based health-licensing portal.

Bency & Associates conducted the licensing and credentialing system assessment. Rocky Lira attended all the task force meetings to gauge the interest and needs of the health care licensing and credentialing entities. Mr. Lira elicited input to develop the interview tool and to understand issues and concerns that would be used in the assessment and evaluation process. In the end, while not all suggested entities were interviewed due to scheduling and other conflicts, interviews included the input of five New Mexico licensing boards, including 10 boards under RLD; five other State agencies; five health care providers; and 10 organizations that included health care professional associations, credentialing agencies, recruitment services, and health plans. Approximately 100 individuals/agencies were interviewed.

Towards the end of the assessment process, in a separate arena, the OCIO encouraged the Department of Health (DOH) to work with this task force on the C3 proposal. The DOH IP&EMS Bureau had been preparing to submit its own special appropriation proposal, known as a C2, to upgrade their internal information technology system. Instead of submitting a C2 proposal, IP&EMS joined the efforts of HB968. As such, the nature of the HB968 special appropriation request, otherwise known as a C3, changed somewhat to accommodate those needs identified by the IP&EMS Bureau.

Summary of Findings by Bency & Associates

The interviews of the multi-faceted health care organizations and individuals resulted in the observation that there was no standard method between boards and other organizations to collect and process licensing and credentialing applications. While similar information was being collected across the health care industry, it was not necessarily easy to gather or share. In spite of the straightforward statewide application being available on the Internet, it was still deemed by some of the interviewees to be problematic in terms of incomplete or incorrect applications being received by the health

care organizations. For those boards using *License 2000*, frustration was expressed that the software was a cumbersome and difficult program to use.

The solution to utilize *License 2000* was strongly encouraged by the State Chief Information Officer. However, various state agencies expressed concern that the product could not accommodate their various requirements and needs. Bency and Associates' research indicated that the software was greatly underutilized in its current configuration, and that additional variables were either available but not activated or that additional variables could be added to serve the needs being expressed. According to Bency and Associates, by using *License 2000*, the state could save over a million dollars by not having to develop a new product and spending months seeking a contractor to create such a system, spending additional months piloting the program, and, finally, months to implement the system.

Bency and Associates also recommended that the statewide credentialing application had the potential to be upgraded to an Internet application using *License 2000* as its vehicle.

Under the direction of the OCIO, RLD was named in the Bency report as the administrator responsible for implementing the web portal process. Systems Automation, proprietor of *License 2000*, would provide training, technical support, and other services "24-7", but RLD staff would oversee the state's transition into the system and identify the various needs of its New Mexico stakeholders.

Special Appropriations Request for Implementing *License 2000*

Based on Bency's report and discussions with BON, BME, IP&EMS, RLD, OCIO, and other state agencies, the HPC authored the C3 Special Appropriation Request, asking for \$494,941 in State Fiscal Year 05.

- Approximately 65% (\$324k) of the funding would support the hiring of a contractor, potentially System Automation or other contractor through an RFP, to convert four entities (Pharmacy Board, Environment Radiation Control

Bureau, Board of Nursing, IP&EMS) to *License 2000* and to upgrade and train all users into the web portal version of MyLicense.

- \$78k would support Regulation & Licensing Department to hire one full time employee to assist in the implementation and monitoring of the portal. RLD will be the contract and project manager for the web portal implementation.
- \$93k would provide a computer for the RLD FTE, and would also support the upgrade of software, hardware, and hard copy forms used to process emergency medical technicians' applications for the Injury Prevention & Emergency Medical Services Bureau.

TASK FORCE FOCAL POINTS

The primary focus of the task force was to bring to fruition the health care Licensing Web Portal. It supported the efforts of Bency and Associates by providing contact names and questions to be included in the interview assessment. The task force was interested in identifying the common data elements that are shared across health care licensing entities, and what potential barriers might exist.

Other points included:

Indian Health Services (IHS) and the Veterans' Administration Hospital were not initially asked to submit credentialing applications for comparison with those applications submitted by the task force members. It was stated that IHS hospitals and clinics do not use uniform license and credentialing applications. (Later, the HPC requested credentialing applications from IHS facilities and received a few.)

Information must be readily available and accessible to those who need it, which includes the general public.

The State should not mandate boards, hospitals and other entities to use a sole credentialing service.

A lack of individuals representing licensing at some of the meetings warranted the concern that future collaborative meetings on licensing and credentialing issues would fail.

Licensing Subcommittee

The Licensing Subcommittee met during the initial kick off task force meeting, and opted to not meet again until after the interview assessment and web portal analysis had been completed to determine if additional subcommittee meetings were necessary.

Credentialing Subcommittee

The Credentialing Subcommittee met twice. Its primary focus was to ensure that the administrative rule be changed to accommodate a 3-year credentialing process from the current two. The group initiated a letter to the Insurance Department, which the HPC finalized and mailed to the Department. Secondly, the subcommittee provided draft recommendations on conditions and variables to be included into the web portal design. The variables would be password protected and accessed by designated users and would enhance utilization by authorized credentialing entities. The conditions and variables are listed below.

Consolidation of Licensing Sites

- 1) Mandated involvement of all state licensing agencies
- 2) Searchable database by provider name, license number and/or full/partial social security number (SSN). For example, the last 4 digits of a SSN could be used.
- 3) Name and/or SSN searches should result in display of all NM licenses held (including CSR).
- 4) License displays shall include (at minimum) name, license number, license instatement date, license expiration date, current standing, license designation, presence of derogatory information

- 5) Searchable database of all derogatory information (sanctions, restrictions, limitations) which can be accessed by name, license number and/or social security number
- 6) Standards for frequency of data update by all licensing agencies

The variables and conditions presented above form the foundation from which additional licensing and credentialing information can be added, which could include **(upon discussion and consensus between the affected agencies)** the data elements listed below:

Potential Portal Information

- 1) License verification information from other states
- 2) Board certification information
- 3) Professional education verification (various levels)
- 4) DEA data (might not be possible to share actual data, but provide verification that data is available)
- 5) Hospital affiliation information
- 6) Provider demographic information
- 7) Professional liability insurance information
- 8) Malpractice claims history

According to the subcommittee, the information “could be added to the portal at some point in the deployment process” upon identification and mitigation of factors relating to “a) expectations of confidentiality, b) regulatory need for primary source verifications, c) variances in regulatory requirements, d) business interests of parties involved in the credentialing process, e) potential design, access and process limitations of the portal.”

This Subcommittee chose to delay scheduling future meetings until after the interview assessment and web portal analysis had been completed.

RECOMMENDATIONS TO THE NEW MEXICO LEGISLATURE

Task Force Recommendations:

While the contractor offered his own recommendations for implementing an improved licensing and credentialing system, such as considering the creation of a State run credentialing body, the Task force chose not to accept that or other of the contractor's recommendations. It did agree to adopt the recommendation regarding License 2000. The contractor's analysis and recommendations are found in Appendix E of this report.

The Task Force realizes that the implementation of a web-based health care licensing portal will be a time and labor intensive endeavor. If implemented well, the end result will offer a less burdensome and more streamlined licensing process that will greatly benefit health care practitioners, licensing bodies, and credentialing entities, and will be useful to researchers and others with a vested interest. To make this project viable, the Task Force recommended the following:

1. That *License 2000* become more widely implemented and utilized to its fullest potential to ensure that health care practitioners can more easily and expeditiously move through the license application process.
2. That the New Mexico Legislature appropriate funding resources to enable the following:
 - a. The expansion of *License 2000* utilization through the hiring of a contractor who will conduct technical oversight, staff training, and other software related functions.
 - b. The creation of a new full time employee position at the Regulation and Licensing Department who will be responsible for overseeing the progress and continuation of the implementation project.
 - c. The provision of future resources to maintain the system over time.

3. That full confidentiality measures be in place, allowing limited access to certain variables by designated users.
4. That any discussion regarding licensing issues should include the full participation of the Regulation and Licensing Department.
5. That the Statewide Credentials Verification Application could become more widely used with the provision of a link through License 2000.
6. That the Task Force continues to discuss and find solutions for sharing of primary source documents, which can be problematic and slows down the credentialing process.

Health Policy Commission Recommendations

The Health Policy Commissioners recommend that the Legislature provide ongoing support towards the full implementation of License 2000 in order to meet the HB968 objectives of streamlining and easing the healthcare licensing and credentialing processes.

IN CONCLUSION

At the conclusion of overseeing the licensing and credentialing systems assessment, reviewing common variables across credentialing entities, and recognizing the need to continue its work on credentialing issues, the Task Force finds itself in a waiting phase. The continuation of this committee, which would continue to act as an advisory body, may be dependent on whether funding is appropriated for the expansion of *License 2000*. The Task Force has decided to meet again in Spring 2004 to determine future steps.

APPENDICES

APPENDIX A: HOUSE BILL 968

AN ACT

RELATING TO HEALTH; CREATING A HEALTH CARE PROVIDER LICENSING AND CREDENTIALING TASK FORCE UNDER THE NEW MEXICO HEALTH POLICY COMMISSION; PROVIDING FOR DUTIES AND MEMBERSHIP; PROVIDING FOR AN INFORMATION TECHNOLOGY PROJECT MANAGER; AUTHORIZING THE USE OF CERTAIN FUNDS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

Section 1. TEMPORARY PROVISION--FINDINGS.--The legislature finds that licensed professionals in New Mexico, particularly those in the health care field, are severely burdened by multiple layers of mandatory credentialing obligations, costing them, their patients and third-party payers needless expense and wasted time. Further, the legislature notes that New Mexico's health care licensure provisions may be contributing to harmful delays in access to health care throughout the state, particularly in areas with acute professional shortages. The legislature believes that efforts begun pursuant to House Joint Memorial 61 of the second session of the forty-fifth legislature and the continued cooperation among respective licensing boards, the regulation and licensing department, various statewide professional associations and societies, insurers and national accrediting and standard setting organizations will produce a system satisfactory to all concerned while maintaining the primary goal of ensuring the health and safety of New Mexico residents.

Section 2. TASK FORCE CREATED--RESPONSIBILITIES--

PARTICIPANTS--FUNDING.--

A. The "health care providers licensing and credentialing task force" is created under the direction of the New Mexico health policy commission to study and make recommendations for the consolidation and simplification of the health care licensure processes. The task force shall make recommendations for the establishment of a web site portal for licensure to facilitate and complement or replace the present system conducted by individual health care provider boards and for a central database for credentialing information to simplify and eliminate duplication of effort.

B. The task force shall study and make recommendations to the superintendent of insurance on health care provider credentialing issues and obstacles to one-time efforts by providers to meet all necessary requirements to practice independently or as a provider for any appropriately licensed health care organization or facility. The task force shall study and recommend, if practicable, use of credentialing expertise developed by a statewide association of hospitals.

C. The task force shall include participation by the New Mexico health policy commission; the department of health; the New Mexico board of medical examiners; the board of nursing; other health care provider boards; the regulation and licensing department; the insurance division of the public regulation commission; the human services department; the office of the attorney general; other affected state agencies; members of the health care industry, including statewide associations and societies representing providers, hospitals and other affected facilities; insurers; and other third-party payers as well as health care advocates and members of the public.

D. The New Mexico health policy commission, together with the New Mexico board of medical examiners and the board of nursing, shall hire an information technology project manager to work under the commission to design, implement and maintain a web site portal for licensure and a central database for credentialing of health care providers.

Section 3. SUPERINTENDENT OF INSURANCE--DUTIES.--The superintendent of insurance shall adopt rules pursuant to the health care providers licensing and credentialing task force recommendations to ensure that third-party payer credentialing requirements facilitate New Mexico providers' ability to satisfy all credentialing requirements, including those by a national committee on quality assurance, as efficiently as possible. Rules adopted shall require primary credential verification no more frequently than every three years and shall be scheduled to coincide with national accrediting organizations and hospital and managed care organizations' credentialing requirements.

Section 4. HUMAN SERVICES DEPARTMENT--MANAGED CARE CONTRACT CREDENTIALING PROVISIONS.--The human services department shall negotiate with medicaid contractors to ensure that the contractors' credentialing requirements are coordinated with other credentialing processes required of individual providers.

Section 5. A new Section 61-3-27.1 NMSA 1978 is enacted to read:

"61-3-27.1. BOARD OF NURSING FUND--AUTHORIZED USE.--Pursuant to Subsection D of Section 61-3-27 NMSA 1978, the board shall authorize expenditures from unexpended and unencumbered cash balances in the board of nursing fund to support an information technology project manager to develop, implement and maintain a web site portal for licensure and a central database for credentialing of health care providers."

Section 6. A new Section 61-6-31.1 NMSA 1978 is enacted to read:

"61-6-31.1. BOARD OF MEDICAL EXAMINERS FUND--AUTHORIZED USE.--Pursuant to Subsection D of Section 61-6-31 NMSA 1978, the board shall authorize expenditures from unexpended and unencumbered cash balances in the board of medical examiners fund to support an information technology project manager to develop, implement and maintain a web site portal for licensure and a central database for credentialing of health care providers."

HB 968

APPENDIX B: HB 968 TASK FORCE MEMBERS

Armijo-Lakey, Becky -- NM Speech Language Pathology, Audiology, & Hearing
Cathy Baca – Board of Nursing
Linda J. Baca –Medical Assistance Division, Human Services Department
Rose Baca – Cimarron Health Plan
Bopanna Ballachanda – University of New Mexico
Kathy Barchus – Cancer Center, University of New Mexico
Betty Barrett – NM Osteopathic Medical Association
Jim Baum – Physician
Kristi Beck – Medical Site Reviewers, LLC
Chris Begay-Vining – NMSHA
Maureen Boshier – NM Hospital & Health Systems Association
Raul Burciaga, Raul – Legislative Health Counsel
Kevin Caffrey -- NM Speech Language & Hearing Association
Gloria Carrillo –NM Psychologists Examiners Board
Wanda Carrillo – NM Division of Insurance
David Casas
Celesta Chelf – Presbyterian Health Plan
Connie Cody-Malen – NMSHA
Cheryl Cox – Presbyterian Health Plan
Senator Kent Cravens – NM Dental Association
Dan Derksen – UNM Center for Community Partnerships
Jim Derrick – Injury Prevention & Emergency Medical Services, Department of Health
Bill Doggett –NM Chiropractic Association
Mark Evanko – NMOMA
Jenny Felmley – NM Board of Medical Examiners
Debbie Gorenz –Hospital Services Corporation
Vicki Gottlieb – NM Office of the Chief of Information Officer
Jan Grosse – Lovelace Health Delivery System
Charles B. Gurd –
Jerry Harrison –NM Health Resources, Inc.
Cheryl Hayes – Legislative Finance Committee
Diana Heider – UNM Center for Community Partnerships
Bob Hirst – NM Health Services Corporation Verification Program & Background Investigation
Maggie Horan – NM Speech Pathology, Audiology & Hearing
Arturo Jaramillo – Regulation & Licensing Department
Terence Jones – Division of Health Improvement, Department of Health
Charlotte Kinney – NM Board of Medical Examiners
Allison Kozeliski – NM Board of Nursing
Elaine LeVine – Psychological for Psychology
C. Quinn Lopez – NM Public Regulation Commission, Insurance Division
Diana Madrid – Cimarron Health Plan

HB 968 TASK FORCE MEMBERS

Representative Terry Marquardt
Mario Marquez – NM Psychological Association
Randy Marshall – NM Medical Society
Vicki Martinez – Department of Health Administration
Geraldine Mascarenas – NM Massage Therapy Board
Kathy McMath – NM Regulation & Licensing Department
Joseph Menapace – NM Dental Association
Jill Mizuno – VSP Network Management & Credentialing
William Monthan – Respiratory Care Advisory Board
Joseph Montoya – NM Board of Pharmacy
Liz Montoya – NM Osteopathic, Podiatric & Chiropractic Examiners Board
Richard Montoya – NM Optometric Association
Daniel Najjar
Kathleen O’Dea – NM Regulation & Licensing Department
Rosemarie Ortiz – NM Acupuncture & Oriental Medicine Board
John Panek – NM Podiatric Association
Brooke Patterson – NM Respiratory Care Society
Carmen Payne – NM Respiratory Care Practitioners Advisory Board & Optometry
Sean Pettis – Lovelace Health Plan
Theresa Pino – Injury Prevention & Emergency Medical Services, Department of Health
Fred Pintz – Office of Facility Management, Department of Health
Mary Poel – Rehoboth Medical Center
Barbara Posler – NM Dental Hygienists Association
Galina Priloutskaya – NM Medical Review Association
Robert Quintela – NMSRC and RC Board Member
Anita Ralsin – NM Heart Institute
Caryn Relkin – NM Hospital Health Systems Association
Annette Rodriguez – NM Board of Dental Health Care
Angelina Romero – NM Board of Social Work
Renee Romero – NM Nutrition & Practice Board
Thomas R Rushton – Public Regulation Commission
JoAnn Salazar – NM Department of Health
Mark Sanchez – Doral Dental
Mary Schulte – Blue Cross Blue Shield
Bob Sena – Public Regulation and Licensing, Managed Care Division
Zachary Schandler – Attorney General’s Office
Celeste Skardis – Oriental Medicine Association of NM
Dale Tinker – NM Pharmaceutical Association
J.J. Walker – NM Physical Therapists & Occupational Therapy Boards
Patty Wallace – VSP
Charles A. Young –

APPENDIX C: MINUTES OF HB968 TASK FORCE MEETINGS

MINUTES (revised)
HB 968; Licensing & Credentialing
Task Force Meeting
June 23, 2003

NM State Library Archives & Records Center

Present: Becky Armijo-Lakey, Bopanna Ballachanda, Kristi Beck, Gloria Carrillo, Dan Derksen, Jenny Felmley, Jerry Harrison, Diana Heider, Bob Hirst, Charlotte Kinney, Allison Kozeliski, Geraldine Mascarenas, Kathy McMath, Kathleen O’Dea, Rosemarie Ortiz, Annette Rodriguez, Renee Romero, Thomas R. Rushton, JoAnn Salazar, Robert Sena, J.J. Walker, Jim Derrick, Theresa Pino, Mark A. Evanko, Fred Pintz

HPC: Patricio Larragoite, Troy Fernandez, Mike Baca, Camille Clifford, Susan DeGrand, Leticia Rutledge, Kim Price, Amanda Barth, Kevin McMullan

Welcome and Introductions – Patricio Larragoite

HPC Director Dr. Patricio Larragoite welcomed the participants to this kick off meeting of the HB 968 Task Force. He made a special welcome to Charlotte Kinney and Jenny Felmley, NM Board of Medical Examiners (BME), and Allison Kozeliski, NM Board of Nursing (BON), with whom the HPC has been working to initiate the direction of this project, and who have provided funding to make the licensing and credentialing assessment possible.

Roundtable introductions were made.

Why We Are Here - Jerry Harrison

Dr. Harrison reminded the audience that the NM Department of Health’s *Health Care Workforce Conference* occurred June 28-29, 2001, at which several recommendations were made concerning licensing and credentialing issues. Ideas from the conference and input from small community meetings resulted in the creation of HJM 61, which preceded HB 968.

Dr. Harrison emphasized that several people around the state participated on HJM 61, and that this committee should not repeat the work that was already done, but go forward. He thanked BME and BON for their willingness to provide funding to do an assessment of an Internet system to ease the process.

It was emphasized that the intent of the Bill is not to create a “Super Board.” Some boards have already developed their own systems or adopted other existing systems that fit their needs. The intent is not to threaten board autonomy. Through the

system assessment and analysis, the Task Force should make recommendations on the feasibility and cost of creating an Internet portal that all the boards could support that would make it easier for health providers to get licensed.

In order to adequately address the issues, Dr. Harrison said that boards need to let the Regulation and Licensing Department know if there are serious health practitioner shortages in communities, e.g. rural areas.

Dr. Harrison is the Executive Director of Human Resources, Inc., which recruits numerous health care practitioners from outside of state. His agency has heard numerous complaints that it is difficult to get licensed and credentialed in New Mexico.

DOH Bureau Chief, JoAnn Salazar thanked the HPC for undertaking the directives for both HJM61 and HB968.

Review of HJM61

Kristi Beck, Chair Credentialing Subcommittee

Ms. Beck, Medical Site Reviewers Director of Business Development & Regional Operations, gave a brief overview of last year's activities and underscored that there are misconceptions of what credentialing is. The subcommittee had conducted broad discussions stemming from the administrative side of credentialing to how credentialing is being done in other states to questioning what the hold ups were. The subcommittee found;

- There are inconsistencies with federal standards, the National Committee for Quality Assurance (NCQA), and NM Medicaid regulations
- A delayed process for being reimbursed
- Education needs to be done with practitioners
- Administration can be burdensome
- Reduction of duplication may reduce physician frustration.

Positive outcomes that resulted from the subcommittee included:

- The Department of Insurance will be consistent with NCQA re-credentialing requirements of every 3 years rather than every 2 years. A side note - Health plans will be changed from 2 to every 3 years.
- The Hospital Association has been asked to get information out to public.
- The BME made changes to its application to reduce burden and duplication.

Next challenge is implementing an Internet process to further decrease burdens.

Charlotte Kinney, Chair Licensing Subcommittee

Ms. Kinney, BME Executive Director, presented a general overview from the licensing perspective. The subcommittee had been presented with four

questions to consider which included streamlining the licensing process and multi-state reciprocity. (Report is available on www.hpc.state.nm.us.)

The subcommittee found:

- Staffing is major resource problem for many boards that may have to process hundreds of licenses every fiscal year.
- Difficulty getting complete documents.
- Statutory mandates can't be speeded up (e.g., background checks).
- Paperwork is a burden, particularly for physicians.
- Automating exchange of information for those who need it would make licensing easier.

The subcommittee decided that it was not interested in looking at licensing software, but it was interested in automating handling of documentation and the using electronic signatures. However, members on the subcommittee were not IT knowledgeable, and it was recognized that an expert needed to do an assessment of how to accomplish this.

A positive outcome of the subcommittee's work resulted in the Statewide Application, which has been used since April 2003. Although longer than previous BME application form, the application is very comprehensive and has resulted in a reduction of duplicity.

Still an issue – 3rd party payors.

It was noted that the Task Force must be mindful that there is a clear distinction between credentialing and licensing. There must be a clear distinction between Rules and Regulations and policies and procedures. Wherever there is a conflict, Rules and Regulations will win out.

It was also noted that Rules are going to have to change to fit the 3-year re-credentialing legislative decision.

Review of HB 968 Directives –Troy Fernandez

HPC Deputy Director Troy Fernandez briefly reviewed HB968 and the purpose of this meeting. Many meetings and discussions have occurred recently between the HPC, BON and BME to create a Procurement Agreement, Scope of Services, and a Memorandum of Agreement. Bency & Associates was hired as the contractor to conduct the assessment and analysis of the current licensing and credentialing systems and to formulize a conceptual plan to implement an Internet based portal.

Objective and Expected Outcome from Needs Assessment - Rocky Lira

Mr. Lira, Bency & Associates, has been looking through various websites of different applications, and different boards in order to gain a basic understanding of current systems. He has seen many similarities between systems, but there are also different requirements and dissimilarities between systems.

Mr. Lira explained the concept of having inputs and outputs in relation to correlating data into a centralized database system or data warehouse where data are linked.

In order to get there, he will be conducting an assessment from those who run licensing programs/systems and those who use licensing data. Mr. Lira circulated forms to collect names of contacts for scheduling assessment interviews. Upon getting enough information, a concept analysis will be prepared that identifies what is available, what is needed, how much it would cost to implement a web based licensing portal, and potential alternative solutions. The final analysis will be reported to the Task Force.

Simply, Mr. Lira is tasked to identify users of the licensing system, people who create the licensing data, and people who need the data.

Discussion ensued regarding focusing on licensing now and revisiting credentialing later because law regulates licensing, while credentialing is under the control of individual businesses. To make progress, it was suggested that the task force concentrate on licensing and later re-visit credentialing. Policies and procedures by entities may differ and are not regulated, but licensing is a bigger problem.

It was pointed out that the survey will be include users of licensing data, which could include researchers and others.

Mr. Lira asked the group what types of documents may need to be considered for electronic transmission. The group offered the following dialogue:

- Various types of documents are processed for both licensing and credentialing, and may include educational and training transcripts, proof of attending programs, completion of work experience, and letters of recommendation.
- While the licensing process is “loaded up front for required documentation,” the information required for re-certification or re-licensing become less intensive as time goes on. Credentialing, on the other hand, is concerned with what happened in the recent past, e.g., suits, judgments, or anything that would affect practice. Credentialing needs current information.
- Creating a central repository for credentialing may be difficult for particular data fields. Alaska and other states have attempted pilot programs that are problematic. Government agencies cannot mandate streamlining when different agencies have different privileging criteria, competencies, liabilities, and so on.
- Corporate level systems might be more simplistic, but different rules apply in different states. Need to abide by the highest rule.
- Credentialing is an elaborate, “due diligence” activity pursued by entities on their own terms, who care about the various things that impact them, such as legal and other issues.

Other Discussion

A question was asked regarding what the deliverables were for the contractor. Mr. Lira answered that the deliverables were: assessment and identification of system requirements, analysis of assessment, conceptual model for Internet based sharing of data and estimated costs, and identification of alternatives.

The MAGPORTAL, a State Internet model that would be an entry port to access all State agencies, could potentially tie into this project.

A C3 Plan, for the Office of the Chief Information Officer, needs to be addressed early so that future funding can be considered as interagency project. Plans are due August 30.

From a customer perspective, it is hoped that the electronic version will make things easier and simple, keeping in mind confidential considerations and the ability to measure processing cycle times.

Some things may have to be changed to improve licensing and credentialed.

A suggestion was made regarding online applications: physicians, interested in sending their information to other credentialing agencies, could check a box or boxes that would link them with those credentialing agencies' websites for providing additional information if needed.

There was some limited discussion on benchmarking.

NM is not so far behind compared to what other states are doing.

Changing how we do things may be a way to speed process and reduce redundancies.

Some health care providers have commented to a particular board that New Mexico has one of the better licensing systems.

Approximately 8,250 nursing renewals annually, which can place a stress on small staff.

Question about using a clearinghouse was asked. In response, it was stated that it took an average of 78 days when a clearinghouse was being used by BME. In house, can be shorter time. There is no desire to mandate time. There is a 30-day average time with the Dental Board, which does use a clearinghouse service. Because of small staff, it was taking the Dental Board 3-4 weeks to process. Each board has different requirements. Different boards calculate processing time differently: some start with the receipt of the application, and some start with the day the application is complete.

Simple processes can make a big difference. The online processes should be able to streamline process, but not necessarily change greatly internal systems.

Mr. Lira collected the contact information forms so that he can begin scheduling interview times.

NM Chief Information Officer - Moira Gerety

Chief Information Officer Gerety provided an overview and vision of the Office of the Chief Information Officer.

The Information Technical Transition Team and the Governor's Transition Team documented their assessment of the State's information technology. The Number 1 issue from the Executive Office was that the State spends \$250 –\$300 million annually on technology. Their mission is to reduce that cost. The Number 1 issue for the IT team was duplication of services. There appears to be duplication at every level, data, applications, systems, etc.

The CIO challenges State employees to look at projects from a systems perspective not just an agency's perspective. What's the best solution for state not just one unit?

The Guiding Principles in the IT strategic Plan 2002 include:

- Minimize customization – Use “off-the-shelf” solutions.
- Use existing software rather than building something new
- No new infrastructure for data system

Ms. Gerety advised the Task Force regarding licensing that many types of licensing exist beyond healthcare. Look at different solutions. New Mexico has an enterprise license for *License 2000*, which can be used by anyone in the State. Her office will push us to consider using that licensing product. The Regulations & Licensing Department uses *License 2000*.

Decision making for CIO funding will be based on cost. What will be the total cost of ownership – to get there and to support it - including available internal people and resources?

Other considerations included:

How many agencies have created own licensing systems?

The MAGPORTAL –

- Received no funding.
- Is in its infancy
- The State's vision is to have single point of entry.
- The NM portal may look like the Texas or Washington website portals.
- Will be easy to drill down to other sites, with rich search capability.
- CIO wants *License 2000* to integrate with the portal.
- September is tentative “opening” day for the portal.

Other Issues

Question was asked the legal consideration for electronic signatures. Ms. Gerety answered that the State has the capability to process electronic signatures, which are legal and binding. However, she will do more research. Lynn Harris is the contact for that level of information. Security must be in place for electronic signatures.

August 31 is the deadline for individual agencies to submit their proposals for potential funding.

The process for determining funding includes the CIO reviewing all requests, assigning scores, and prioritization of proposals. The CIO also plans to work with individual agencies to get a better understanding of the proposed projects. Out of hundreds of proposals, 10-15% are funded every year.

Other things considered by the CIO:

- As an investment, what does the State get out of it?
- Good pay off to state is important.
- Things being done as a team are also rated high.
- Is program flexible to allow for changes?
- Customizing can be expensive. Pay back has to be there if the “off-the-shelf” software does not fit a need.

November 1, 2003 is the date set for reviewing applications. The CIO makes a list of recommendations for the Legislative Finance Committee (LFC), and then the LFC makes its own recommendations to the Legislature.

Emergency funding could occur immediately if a case was made, or funding could come in July 1, 2004.

Break out sessions

Credentialing

The group reviewed the proposed Needs Assessment Questionnaire and made minor language changes the questions, e.g., changing the word “license” to “credentialing.”

Due to lack of time, the subcommittee was unable to discuss the need for implementing HB968’s directive to change re-credentialing to every 3 years rather than every 2 years. The discussion may continue at the next full meeting.

Licensing

The group approved the Needs Assessment Questionnaire without much discussion, about the questions, having individually reviewed them previously when sent via e-mail.

General discussion occurred regarding:

- Who uses data? Boards might not know who uses data unless they get a call.

- Try to think of potential users of data. - and how they use it.
- Although EMS has its own licensing system, they want to participate on the work of the Task Force and combine efforts in terms of what makes sense.
- How can we get a demonstration of *License 2000*? Kathy McMath, Public Regulation & Licensing, may be able to provide demonstration.
- The Department of Health licenses midwives and Emergency Medical Technicians (EMTs). The EMS Bureau air ambulances, and ground rescue, as well as designates trauma hospital accreditation.
- Mr. Lira will conduct assessment questions verbally and he will do all the writing.

The subcommittee agreed to wait until the assessment has been done to determine whether there is a need to continue the subcommittee and, subsequently, nominate a subcommittee chair/coordinator.

Scheduling of Next Meeting

Tentative date for next full Task Force will be August 19th, 1:30-4:30, Regulation & Licensing's large conference room on 725 St. Michael's Drive (just northwest of St. Michael's and Pacheco intersection).

Tentative agenda items:

Summary of Assessment Findings and Recommendations

Discussion and recommendations by Task Force regarding the finding.

Discussion and recommendations on C-3 Proposal

Subcommittee breakouts

Meeting adjourned 4:25.

Minutes respectfully submitted by Leticia Rutledge on June 30th, 2003.

See attached list of subcommittee members.

**Participants on HB 968 Subcommittees
June 23, 2003**

CREDENTIALING

Kristi Beck
Diana Heider
Bob Hirst
Robert Sena
Fred Pintz

LICENSING

Allison Kozeliski
Charlotte Kinney
Mark Evanko
Kathy McMath
J.J. Walker
Jim Derrick
Theresa Pino
Annette M. Rodriguez
Rosemarie Ortiz
Susan DeGrand
Thomas Rushton
Jenny Felmley
Letty Rutledge
Troy Fernandez

Minutes of the
HB968 Task Force Meeting
August 19, 2003

Department of Regulation & Licensing, Santa Fe
Large Conference Room

Present: Quinn Lopez, DOI; Kristi Beck, MVS; Diana Madrid, CHP; Sean Pettis, LHP; Celesta Chelf, PHP; Cheryl Cox, PHP; Linda Baca HSD/MAD/CAB; Kathy Barchus, UNMHSC; Diana Heider, UNM Locum Tenens; Charlotte Kinney, BME; Jenny Felmley, BME; Rosemarie Ortiz, NMBAOM/RLD; Tom Rushton, PRC/Ins.Div; Mary Poel, MD, RMCHCS; Galina Prilouts kaya, NMMRA; Bob Hirst, HSC; Felix Alderete, DOH; Vicki Gottlieb, OCIO; Allison Kozeliski, BON

HPC: Patricio Larragoite, Troy Fernandez, Kevin McMullan, Cindra Stahl, Letty Rutledge; Susan DeGrand

I. Welcome and Introductions

Dr. Larragoite convened the meeting on time. Round table introductions were made. Dr. Larragoite underscored the reason for today's meeting, i.e., to hear and give feedback on the contractor's assessment report, and to provide recommendations for the legislature in October. He emphasized that the committee's input is critical.

II. Update on Action Items

a. Department of Insurance Update

Kristi Beck reported that she and Quinn Lopez, Department of Insurance (DOI), have discussed HB968's directive to extend re-credentialing to every three years instead of every two. Ms. Beck suggested that, at this point, a letter may be premature, and asked Mr. Lopez to speak on his department's behalf.

Mr. Lopez stated that he understands the need for changing the Rule and will begin to take action by meeting with DOI staff and members of this committee, culminating in a rule hearing process. The rule hearing process takes several months to prepare properly. A hearing schedule would be scheduled after notification of request to change the Rule.

Reliance on NCQA is a concern for Mr. Lopez, who agreed that while they provided a good minimum start for standards, an evaluation should be made to determine if NCQA is good for New Mexico.

Action Items: - A) DOI will pursue the rule to change re-credentialing from every 2 to every 3 years, will ask interested parties to participate in process, and possibly ask members of this committee to provide testimony at the hearing.

B) A letter from this task force will be provided to help initiate the process.

b. Credentialing Application Variables

Kevin McMullan handed out copies of a matrix that was created based on common and uncommon variables that were sent by the Credentialing Subcommittee members to the HPC. If at least two applications had the same elements, they were classified as common. One institution had many uncommon elements, several pages long, unique from other applications.

Comment: Licensing boards did not send their applications to HPC. Because licensing applications will differ from board to board, perhaps boards could be asked if they will submit their application to check the list for verification of elements.

Indian Health Services and the Veterans Administration Hospital were not asked to submit applications. There is no uniform licensing or credentialing forms for Indian Health Hospitals and clinics.

Action item: HPC will attempt to get copies of applications from Indian Health Services clinics and hospitals and the VA.

c. Findings on what other states are doing

Letty Rutledge contacted four states, which included the three states mentioned in the HJM 61 final report, to get an update on how they are doing with their Internet licensing systems. Nebraska and Indiana use *License 2000*, the latter using the licensing system to accommodate other occupational professionals besides health professionals. Both states reported a high customer satisfaction rating, and the software's ability to meet their various needs. Florida uses an online system called PRAISE.

Virginia, more recently, and Florida and Indiana are currently accepting renewals on-line. In Nebraska and Florida, new license applications are submitted via hard copy and entered into the system. Florida has the on-line application on stand-by, ready for implementation once a pilot has been completed with the College of Nursing.

Q: Don't Nebraska and Florida have super boards?

The states denied having super boards, but it is true that, in Nebraska, all boards report to the Regulation and Licensing Department.

III. Assessment of the Current Licensing & Credentialing System

Rocky Lira, Bency & Associates contractor, handed out copies of his report, "System Design: Streamlined Processes for Health Care License Information", and data flow diagrams.

A synopsis of the interview assessment included:

- Surveyed all boards except for four – Chiropractic, Counseling, Midwives, and Speech/Language/Audiology and Hearing Aid Dispensing Board
- Surveyed State agencies such as the Health Policy Commission, Human Services Department Fee For Service, Department of Health, and others

- Surveyed health plans, hospitals, and others
- Licensing application process is a cumbersome process, especially those that do not have an online option.
 - If applications are not 100% complete, documents might be mailed back and forth, which takes a lot of time.
 - Little or no status feedback, especially to physicians.
 - Due to staff limitations it may be difficult to get back to applicants in timely manner.
- Information might be available but not readily available/accessible.
- Multi-duplications in regards to references, malpractice information and other elements sometimes within the same board (e.g., multiple licenses)
 - The HSD application process seems to be the most streamlined.
- The credentialing process “is all over the map.” Some are very stringent while others are more lax.

A comment was made that the word “physicians” was being used interchangeably, when the word should probably be “health care applicants”.

Assessment of the License 2000 included:

- The *License 2000* software, being used by the Regulation and Licensing Department (RLD), is a very powerful tool.
- Could probably satisfy the needs of NM but it is not being utilized to its full potential due to lack of sufficient training and understanding of the product
- There are boards not part of RLD that are not using *License 2000* – while others are at different levels.
- Information currently difficult to track down, such as disciplinary actions and malpractice, could be made easier to find using *License 2000*.

Comments:

Malpractice information should not be readily available or easily accessible to the general public. Some boards are open about disciplinary action, but not about malpractice. Disciplinary action is public.

Distinction must be made between what is confidential and what is not, and what is private versus public information?

Security measures can be utilized to ensure controlled access.

Information must be made readily available/accessible to those who need it

Some things may have to be duplicative. Situations change in a person’s professional career, sometimes within a year.

There are major differences in credentialing and licensing processes. Licensing information may not be shared with credentialing. Credentialing may be more confidential.

Credentialing can't begin until the applicant is licensed.

Sometimes hospitals will credential in anticipation of license – hospitals may do this, but health plans do not.

The general public can be anyone who may need access to that information. They have access to some information now. Different information is available by different sources- sometimes aggregate, sometimes individual.

Confidentiality is important due to HIPAA and the health practitioner's right to privacy.

Proposal by Bency & Associates

One design, one system – Use *License 2000*

- Web portal in place. Hosted by GSD. Security in place. GSD could house the portal.
- 1 single application diagram

2 applications - one for licensing and one for credentialing

Regulation and Licensing Department (RLD) should be administrative agency

Provide different levels of training

Integrate 4 additional State agencies – Board of Nursing, Pharmacy Board, DOH

Emergency Medical Services, Department of Environment/Radiology Division

Estimated cost for integration and training - \$240,000

Mr. Lira suggested that the licensing and credentialing boards will need to continue to meet regularly as changes happen to make sure that *License 2000* will remain updated over time.

Discussion

The design should allow online ability to send information to various entities at once.

The primary information / verification may be in jeopardy.

Choosing one vendor over others is a tricky complication for this committee to agree on.

Information must be there to meet the licensing and credentialing needs, or it will not work.

License 2000 is intended to serve a business process; not intended to serve the credentialing process.

License 2000 cannot accommodate credentialing because certain documents need to be verified as primary documents. State and accreditation organizations, such as the Medicaid Assistance Division and JCHCO, would not allow acceptance of non-primary documents.

Joint commission recognizes state laws to modify the requirements regarding verification, so that credentialing rules fit the state.

Boards do not want to be mandated on what systems to use, although the State has already dictated that boards will use *License 2000*.

Verification and credentialing are two different processes.

Modules in *License 2000* would accommodate sanction alerts in a timely manner, and other types of notifications. Not all boards are using the built-in modules, which also provide some query potential.

The Regulation and Licensing Department IT committee requests intensive training by someone outside of the department to use the system more optimally.

License information that can be shared through *License 2000* includes a number of demographic, education, specialty and other variables.

- A few variables that were listed are considered “sensitive”, such as malpractice history and DEA information.
- Providing mail address vs. practice address is an issue for some boards.
- Concerns about liability issues.

Mr. Lira reassured the group that only those fields approved by this committee, boards, etc. will be available on the Internet. Different levels of security will be built in to give different entities different types of access. Based on Privacy Act and the Attorney General’s Office, boards create their elements and share what they feel they can share.

Mr. Lira said that this project could potentially cost millions, but *License 2000* is already in place and could save money because most of elements are there or can be added. If this proposal were to be accepted, numerous meetings will need to happen.

Practitioners give up a certain amount of privacy to be credentialed. While there are legal protections there are also legal protocols that require the sharing of that information.

There should be legal signature that exempts boards from liability for sharing certain information.

Several questions were asked regarding licensing processes, and it was pointed out that only BME and BON were currently in the room (a representative from RLD had to leave early). There was concern that that the lack of licensing board participation today may be symbolic of the history of getting licensing boards together, and the potential difficulty of getting full participation in any future meetings.

Interface capability is important so that credentialing organizations can use licensing information.

Clarification was made regarding credentialing, such as –

- Credentialing organizations cannot use a transcript provided by a licensing board – must be from primary source
- If all belonged to a single entity, such as HSC, then it would be ok, but there are many verification entities in the state.
- Regarding credentialing certification agencies – recommendations from this committee should be generic and should not name one agency over another.
- Credentialing organizations choose whose application they will review. Not the other way around. Providers cannot choose to send their applications to the credentialing agency, i.e., a Health Plan. Applicants are chosen based on need for that specialty in service area.

Mr. Lira's proposal suggested that the committee consider using CAQH for its credentialing purposes. While the CAQH may be a good concept of Internet sharing, it is a private vendor and this committee does not want to choose vendors. HJM61 did not want to mandate process, and probably would not have recommended that agencies be mandated to report to a specific entity.

While the proposal also recommended streamlining license process, the State cannot mandate that licensing boards must meet a certain number of times a year. Different boards operate under different statutes.

The proposal also recommends that a steering committee, i.e., this task force, oversee the activities of contractor.

Where do we go from here?

1. Report needs refining.
2. Someone from RLD should be involved at the next meeting.
3. Smaller meeting will happen sooner to discuss C3 Special Appropriation proposal and financial implications, etc.
4. All the boards should have representation in meetings.
5. Regarding primary source of verification --- if there was an over rider in state law that approved that credentialing organizations could receive verification from licensing boards, and it would be accepted for accreditation purposes, credentialing organizations would be willing to accept non-primary source documents. However, by doing this, private credentialing services could be affected.

6. The Credentialing Subcommittee will not meet again until the licensing initiative is completed.

Note from the OCIO: Vickie Gottlieb addressed the task force regarding the Governor's and the OCIO's goal to reduce duplication and redundancy in State government. This task force is working to accomplish that goal. She advised the task force that implementing at least 80% is perfect, and to measure success in those terms for now.

Subcommittee Recommendations

Since identification of "primary source" documents/elements were not asked in interview questionnaire, Mr. Bob Hirst offered to create a list of those elements for the task force and email them to everyone for review. There is a need to identify what we do or should share.

This may go into C-3 proposal.

HPC will call a meeting within next 2 weeks with the RLD, OCIO, BON, BME and Bency & Associates to discuss the C-3 proposal.

Schedule Next Meeting

None was scheduled at this time.

Meeting was adjourned at 4:15.

Minutes respectfully submitted by Letty Rutledge on August 29, 2003.

Revised Minutes
HB968 Task Force Meeting
November 6, 2003
State Library, Archives & Records Center
Santa Fe, New Mexico

Present: Bill Harvey, Board of Pharmacy; Diana Heider, University of New Mexico; Rocky Lira, Bency & Associates; Sean Pettis, Lovelace Health Plan; Mary Schulte, Blue Cross Blue Shield; Mary Poel, Rehoboth McKinley Christian Hospital CS; Allison Kozeliski, Board of Nursing; Kathy Barchus, UNM Health Sciences Center; Robert Hirst, NM Hospital Services Corporation; Jenny Felmley, Medical Board; Charlotte Kinney, Medical Board; Renee Martinez, Department of Health

HPC Staff: Cindra Stahl, Letty Rutledge, Troy Fernandez, Patricio Larragoite

- A. HPC Deputy Director Troy Fernandez welcomed participants, and round table introductions were made.
- B. Action Updates:
- 1) A letter was co-written in September by Kristi Beck, Kevin McMullan, and Patricio Larragoite to the Department of Insurance, which requested that the Department adopt/amend the Insurance Duties as soon as possible. No response has been received from the Insurance Department. Dr. Larragoite said he would follow up with the Department of Insurance.
 - 2) The HPC did not follow up on getting copies of credentialing applications from Indian Health Services. **CORRECTION: The HPC did in fact receive applications from IHS from which to compare the types of credentialing variables being used compared to non-IHS organizations.**
 - 3) The HPC submitted a C3-Special Appropriation Request on September 30, 2003. \$495k was requested, of which --
 - a. \$324k would pay a contractor to assist in implementing License 2000, converting databases, training users, and providing ongoing technical support.
 - b. \$79k would go to the Regulation and Licensing Department to hire an FTE to manage the program and oversee the contract.
 - c. \$91k would go to the Injury Prevention and Emergency Medical Services Bureau to update its hardware and software system in order to comply with *License 2000* requirements.

The proposal will go through several committees before it is deemed as a feasible budget request that then goes into the Legislative 2004 funding agenda.

C. Rocky Lira summarized his final report to the committee. An addendum to his report regarding credentialing standards by JCAHO and NCQA was handed out. In general, Mr. Lira reported the following:

- 1) An immediate opportunity to streamline the licensing and credentialing process is available via *License 2000*.
 - a. Training and utilization of the software's full potential have not been optimal.
 - b. Software allows flexibility to modify fields to meet the state's needs.
 - c. License 2000 will improve communication by providing immediate feedback, or "auto notify", to applicants regarding the status of their applications.
 - d. It will provide the means to pay application fees online.
 - e. Although the software will not fulfill 100% of all needs, it should fulfill at least 80%.
 - f. Providing a linkage between licensing and credentialing via the Statewide Credentials Verification Application is feasible.
- 2) A major problem today causing a bottleneck in attaining information is that agencies simply do not share information.
- 3) The need of entities receiving primary source documents can increase the waiting process.
- 4) According to Mr. Lira's research, JCAHO does not oppose state driven credentialing agencies; providing that the state includes every variable that every credentialing organization may need.
 - a. There are 11 elements that are required for a private organization to be certified as a CVO.
 - b. A State CVO could decrease the amount of time to process and distribute primary source information.
- 5) Recommendations
 - a. The task force should continue to meet after *License 2000* has been implemented to monitor its progress and to operate as an advisory group that can offer suggestions regarding its future direction.
 - b. An Independent Verification and Validation consultant should be hired as an objective perspective to ensure that the project moves forward.

Mr. Lira thanked the task force for its assistance on his assessment.

Comments from the committee included the following:

Regarding the Internet System -

The Board of Pharmacy believes that the contractor oversimplified the application process, and that it may actually slow down the pharmacy process. The Pharmacy Board licensing system differs from other boards. Other states, like Texas and Washington, use the Internet for license renewals only.

The web-based system will not accommodate all needs. Boards may still need to conduct business as usual in some cases – such as verifying work experiences.

“Auto notify” will place more responsibility on the applicant to assure that the information being provided is correct.

The Regulation and Licensing Department (RLD) will need to make an ongoing commitment to provide training and other resources to ensure that the system is successful. It might be helpful to have an Independent Verification & Validation consultant to assist RLD. Systems Automation should be part of the training process.

(NEW) The Internet system should be able to indicate when BME or other licensing bodies have received source documents verifying education and PGT so that credentialing and other agencies would be made aware that such documents are available. This would be a good means to share information and expedite the licensing process.

Regarding Credentialing Issues

Arkansas is the only state to date that has created a Board that is certified as a Credentialing Verification Organization (CVO).

It may take Health Plans time to come up to speed with the new changes in credentialing.

Health Plans differ from each other and must contend with different timelines for different standards, e.g., Medicaid and NCQA.

Educating the applicant on process is critical. The website should have clarification of credentialing and verification procedures.

General Questions and Comments

If one could point to a specific area, where does the bottleneck in getting licensed occur?

Can't really point to one.

Not sharing information could be one reason

Needing to have a primary source document is probably the primary problem.

There is resistance to mandating a primary source for processing credentialing.

Why is there need to have mandatory interviews for licensees?

The Medical Board no longer requires mandatory interviews for all applicants.

The statute was changed in the 2003 Legislature. However, interviews are conducted if the applicant has a background of disciplinary or other issues that could be addressed in a personal interview.

Is there reciprocity for some practices?

The Medical Board accepts “Endorsements” from other states that have verified information for incoming physicians.

D. A few committee members made comments on the HPC HB968 Report.

1) It was decided that task force members could send in their comments to Letty by Monday, November 17.

2) Upon integration of comments/changes, and acceptance of those changes, the committee members will receive a final report.

E. The subcommittee decided not to hold future meetings until the 2004 Legislative session has ended.

F. Meeting adjourned at approximately 11:40.

Minutes revised November 18, 2003.

APPENDIX D: MINUTES OF CREDENTIALING SUBCOMMITTEE

Corrected Minutes of the Credentialing Subcommittee Meeting August 4, 2003 – NM State Library, Santa Fe

Present: Cathy Baca (BON); Linda Baca (HSD/MAD); Kristi Beck (MSR); Celesta Chelf (PHP); Cheryl Cox (PHP); Jennifer Felmley (BME); Joanna Giglio (BON); Jan Grosse (Lovelace); Robert Hirst (HSC); Diana Madrid (Cimarron); Jill Mizuno (VSP); Sean Pettis (LHP); Mary Poel (RMCHCS); Mary Schulte (BCBS); Robert Sena (DOI); Patty Wallace (VSP); Charles Young; Jenny Felmley (BME), *Mark Sanchez (Doral)*

HPC: Patricio Larragoite, Kevin McMullan, Cindra Stahl, Letty Rutledge

Welcome and Introductions

HPC Director Patricio Larragoite welcomed the subcommittee members, emphasizing the desire to have their input to give the HPC direction on the HB968 initiatives.

Roundtable introductions were made.

Review of HB968 Directives

Deputy Director Troy Fernandez was unable to attend today's meeting. In his place, Letty Rutledge gave an overview of HB968, which was passed in the 2003 Legislature based on the recommendation made by the 2002 HJM61 Task Force. Progress to date in accordance to HB968 includes collaboration between HPC, BON and BME to hire a contractor to conduct assessment and analysis of current credentialing and licensing systems; the kick off meeting of the full task force in June; and the HPC meeting with the State Chief Information Officer to provide and receive information on proceeding with the C3 special funding request to implement a web based licensing and credentialing portal.

Review of HJM61 2002

Kristi Beck provided an overview of the initial work and desires of the HJM61 Task Force, which resulted in the creation of a Licensing Subcommittee and a Credentialing Subcommittee to address issues specific to those fields. The credentialing task force was comprised of service providers and other health care entities working together to ease the burden of credentialing. New Mexico Health Resources was actually responsible for bringing this group together with the problem of health practitioners not wanting to practice in New Mexico due to various barriers making it difficult to be licensed or credentialed in the state.

An Internet based statewide credentialing application was created through the Hospital Association and the HSC, and was being utilized by some, however many providers were

not yet aware of those efforts. The credentialing subcommittee members have previously worked to get the word out through various means.

The subcommittee reviewed the Insurance Code to make recommendations for changing the rule. It was important to the group that the language not be controversial and that the application of the rule be consistent. While the Licensing Subcommittee wanted something electronically, the Credentialing Subcommittee now needs to determine what is its role and what issues should be addressed.

Comments/Questions:

Patricio referred to the HPC's recently published *Physician Report 2002* in which physicians' reasons for practice dissatisfaction included a 'hassle factor' regarding getting licensed.

Initial licensing and credentialing may not be the only factor. Physicians practicing in the state under a previously approved status such as J-1 Visas or H-1 may have to start all over again once they become approved to be in the country for an extended period.

The website must be more than a portal. It must be information and be informational. One should not have to enter the portal every time one needs to be re-credentialed or to get more information.

Credentialing Perspectives from 2 State Agencies Named in HB968

- *Human Services Department Medical Assistance Division*- Linda Baca said that HSD does not credential its providers; credentialing is done by the SALUD MCOs. The MCOs are required to re-credential [*correction*] *their managed care providers* every 3 years as specified by statute. (See copy of HSD Standards.)

A committee member said that NCQA issues be addressed for MCOs.

- *Department of Insurance* - Robert Sena spoke from a managed health care perspective and said that he would explain what the role of the DOI department is in this process. The DOI essentially has no direct involvement with licensing and credentialing in New Mexico. Their department has no expertise in the credentialing process in terms of having medical personnel. DOI is interested in all kinds of insurance from a regulations perspective. They regulate managed care services to clients but are not involved with indemnity insurance. Managed health care is an insurance product that works differently. Actuaries and risk factors apply, but it differs because it generates a premium pool to provide health care for its clients.

The HMO Act stipulates DOI regulation for MCOs. Its intent is to ensure that MCOs are providing their clients with available and accessible services. This is not a big problem in Albuquerque, as there appear to be enough health providers. Rural communities find it more difficult.

The Patient Protection Act protects MCO enrollees and allows a grievance process.

The Act promotes available, accessible, and quality of health care. DOI has the oversight authority.

Quality of care in terms of knowing the actual nature and experience of medical treatment to an enrollee is not available within DOI. No medical staff/expertise to conduct such analysis. DOI defers to other agencies. DOI does not deal in malpractice issues. When entities call regarding credentialing issues DOI cannot provide assistance.

Whatever occurs from HB968, when DOI needs credentialing information, they will be able to access that information. The Department defers to other agencies for their expertise, but as a user of information, they need to have access to that information. Currently, communication is poor between DOI and DOH in terms of working together on financial and facility quality issues. DOI hopes that this committee can communicate better with one another, perhaps set up protocols for exchanging information.

DOI will enact regulations according to recommendations of this committee.

A committee member asked if the DOI had changed their rules to reflect the 3-year re-credentialing policy as mandated by HB968. This has not yet occurred. To help expedite this change, the committee will write a letter to the Superintendent of Insurance.

The recommendation was made that a chair be nominated for this task force, who would write the letter on behalf of the task force. Kristi Beck accepted the nomination and offered to write the letter within the next two weeks. She will also contact Michael Batte, DOI Actuary.

Until the rule has been changed, MCOs should remain status quo, i.e., re-credentialing every 2 years.

Several committee members reiterated that everyone should be on same page and that “universal re credentialing is what we are trying to get to.”

Action Item: Kristi will write a letter in a couple of weeks on behalf of the committee to the DOI, and also follow up with a phone call.

Action Item: As the newly designated chair, Kristi began to facilitate the meeting from this point forward.

Update on Licensing & Credential Systems Assessment

Rocky Lira, Bency & Associates, was unable to attend today’s meeting. In lieu of his report, Letty gave a brief and broad overview of the approximate number of interviews

Rocky has done to date. It was suggested that the members who had been interviewed by Rocky to give their feedback on their own perceptions of the interviews.

While a few members responded that the interviews went well, it was felt that it was more important to know what the rest of the interviewees said to determine where the cross over between licensing and users is and to determine where we should be going. Rocky knows what the potentials are for *License 2000* and key components to consider. The group agreed that they would like to meet again prior to the August 19th full task force meeting to hear Rocky's assessment.

<p>Action Item: Rocky will be asked to present at the next Credentialing Subcommittee meeting.</p>

Other comments from the committee included the following:

MCOs and other organizations tap into licensing boards and may have to access data at various points in time.

MCOs have to compare entire network of sanctions not just one faction. They need information on many health care providers at a time, not just one at a time.

There are so many boards, so many dates, and so many ways to access information – and then some boards can't be accessed at all. The public should have access to such information but they don't.

What is published on the Internet does not necessarily provide the type of information that is needed. For instance, one can't query information on the number of dentists actively practicing in the state.

Multi-duplicity in the licensing process results in providers having to jump through many hoops by the time they get to the MCOs.

Rocky should have a separate work group on what boards are trying to accomplish and bring back to this committee what he is finding out during the assessment.

The Licensing Subcommittee decided not to meet until after Rocky's presentation on the August 19th to the full task force to determine what next steps may be necessary. Kristi said that decisions that come out of the Licensing Subcommittee might determine what the Credentialing Subcommittee will do.

Immediate Future Steps

While the committee first intended to break out into 3 working groups to discuss pertinent credentialing issues, the group eventually decided to focus as a group on what elements should be included for portal implementation consideration.

Kevin McMullan reminded the group that not all health care organizations were present, particularly the PPOs and behavioral health organizations.

Prior to identifying which elements would be desirable, discussion ensued regarding the web portal's potential to meet credentialing needs. Thoughts included:

- Some plans need to contact physicians that may not be on portal.
- Entities may need information that won't be on portal. It would seem unlikely that the portal would be "one step shopping."
- Several boards are currently using the HSC standardized application form, which includes a lot of information that some entities may not need, but is available for those entities that do need the information.
- Many entities do need many of the same variables.
- The portal will never eliminate certain problems or specific criteria that may arise.
- The committee was reminded that the web site portal is not intended to replace existing licensing and credentialing systems, but to reduce duplicity of efforts and ease the burden on healthcare practitioners. Licensing boards can determine what they have and how they can share data, and credentialing organizations can look at what they need and pull information from what licensing has.
- The majority of applications ask the same questions over and over again. A standardized form might be very helpful.
- Licensing and credentialing systems will have to accommodate physicians not having computers through the provision of an alternative method.
- CAQH, a credentialing data service similar in concept to what New Mexico is currently trying to do, is being used by 20 states. CORESTAT is another similar system being used in Florida.
- For a provider, simultaneous input of information to quicken process, may be allow reimbursement to occur more quickly, particularly by Medicaid.
- HJM61 conducted research on what other states were using. Today's task force members requested the HPC revisit the status of those states to determine progress to date.

Action Item: HPC will conduct research on what other states are doing and report at the next credentialing task force meeting.

Elements to be included for website portal:

- Education – degrees, dates, schools, training, residency, where, what
- Board certifications – specialties, renewal
- Drug Enforcement Agency Certification
- Specialty -self designated or board designated
- References – to match with licensing portal to ensure we have right address to eliminate return mail
- Language,

- Work history
- Privileges
- Verification and potential links

It was suggested that the universal application process idea be kept in mind in considering the elements.

It was suggested that everyone send applications to Letty for identification of common elements and to consider other elements to include.

Action item: Letty will email a reminder to the task force members to submit their credentialing application via email or fax no later than Friday, August 8th. Results will be shared with task force members prior to the August 14th meeting and will be a discussion item at that meeting. If using the Statewide Application, organizations are asked to submit their supplemental pages.

Applications should include the variables included by JCAHO (15) and NCQA (10). If this project is to work, it needs to be accepted by those 2 entities.

Next scheduled meeting scheduled for Thursday, August 14th.

Meeting adjourned at 11:00 pm.

Minutes *corrected* and respectfully submitted by Letty Rutledge, Health Policy Commission, on August 14, 2003.

See attachment of HSD MAD Standards.

r e v i s i o n 3.0

**Design Summary &
Conclusion: Streamlined
Processes for Health
Care License Information**

Prepared For:

Task Force

Prepared By

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Date

October 9, 2003

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Executive Summary

The State of New Mexico Health Policy Commission in conjunction with the New Mexico Medical Board and Board of Nursing are tasked with researching alternatives in streamlining the health care licensing procedures. They are also tasked with researching alternatives to streamline the credentialing procedures for users of license information thorough assessment of current health care licensing procedures.

An important observation made during the assessment and part of this recommendation is use of the Standard Application for both credentialing and obtaining a health care license in the State. In a previous collaborative effort between various Hospitals, and Insurance Companies, a standard application was developed for all agencies that do credentialing to utilize. One standard application for credentialing has reduced the amount of redundant information submitted by the practitioner when applying to practice in New Mexico. As part of this assessment It has been determined that the standard application can be utilized in applying for a health care license as well. The standard application is not available for practitioners to submit through ONLINE services today. But as part of this recommendation and utilizing existing functionality of *License 2000* software, the standard application can become an online submission by practitioners for both credentialing and obtaining a health care license in the State.

The following conclusions were made:

- Applications for all health care licenses can be streamlined into one Internet based application and shared with other health care licensure boards.
- Application process for health care professionals being credentialed by multiple health care providers can be streamlined into one Internet based application procedure when applying for practice with various Hospitals and Insurance Companies.
- Licensee information can be shared in a near real-time environment with users of license information conducting licensee verification through a State Web Portal.
- Because of the stringent laws around primary source verification, it has been concluded that sharing of licensee transcripts, exam scores, as well as other information cannot be centrally collected and shared amongst other credentialing agencies. Independent inquiry for this information must remain at each credentialing agency as such is being done today.
- *License 2000* can be configured as an enterprise back office solution for all health care licensure boards in New Mexico. *License 2000* contains software modules and tools to allow for complete automation of one streamlined application, electronic fee and reimbursement processing, and automated status feedback to health care professionals applying for license.

- Continued collaboration among the Task Force is strongly recommended in determining what information can be shared between licensing and credentialing agencies. Regular meetings of the Task Force will greatly assist in determining shared data elements and defining data confidentiality restrictions as it relates to those data elements.
- The credentialing process is a fee-based, competitive business among hospitals and insurance companies alike. Challenges exist in sharing credentialing information between them.

On August 19, 2003 a meeting of the Task Force was held. Mostly credentialing agencies and only a few health care boards were in attendance. Bency & Associates presented the group with the assessment results, analysis, and proposed design recommendations. The design focused on automating the application process for health care licensing with very little streamlining recommendations for credentialing. The Regulation and Licensing Department (RLD) has purchased an enterprise license for *License 2000*. As part of the design, *License 2000* was recommended as the software of choice because it meets all the design recommendations resulting from the assessment. It is determined and recommended that additional *License 2000* user and technical training be administered to enable *License 2000* to be a complete enterprise Back Office solution for all health care licensure boards in the State of New Mexico.

This proposal will utilize the existing data model and dictionary currently established for the current implementation of *License 2000* within RLD. The four other health care licensure boards being recommended for integration into the RLD implementation will adopt the existing data model in order to share information with the other boards and allow one source for information sharing on a State Web Portal.

In taking advantage of the Standard Application already being utilized by more than 90% of the credentialing organizations in New Mexico today, it is being recommended that the standard application also be utilized for applying for health care license in the State. As a standard function of *License 2000*, the standard application can be integrated into an ONLINE application where practitioners can electronically submit their application for licensure and apply to practice with various hospitals and insurance companies from any Web Browser (example: Internet Explorer).

Those credentialing organizations choosing not to utilize the standard application will be responsible for maintaining their own application process for their applicants. It should also be noted that those credentialing organizations whom require additional information from what is being provided on the standard application will be responsible for obtaining that additional information from their applicants independently of this effort.

Design Proposal Summary

Web Portal

The General Services Department, Information Systems Division (GSD/ISD) will host a centralized Web Portal Engine where Health Care License data could be accessed by license applicants and associated users of license information. The Web Portal will eventually serve as a single point of entry to access all State government information. The OCIO has initiated a request for funding the State Web Portal project (MagPortal) to include costs mentioned here that are required to allow access to the *License 2000* product from this Web Portal.

I. REQUIREMENTS

- Purchase of Vignette Portal Application Builder to allow *License 2000* to be accessible through the State Web Portal engine as it is configured today (Websphere).
- GSD/ISD will receive training sufficient enough to integrate the *License 2000* (.NET) product into the State Portal Engine.
- GSD/ISD and RLD as a team effort will integrate *License 2000* (.NET) into the State Portal Engine
- GSD/ISD and RLD as a team effort will build Web front-end interface, security, and user authentication

II. ESTIMATED COSTS (COVERED AS PART OF MAGPORTAL)

- Vignette Portal Application Builder
- Training on Vignette

Note: As part of a Multi-agency Portal (MagPortal) funding request, the Vignette Portal Application Builder and associated training will be included as part of a separate funding request.

***License 2000* Back Office**

System Automation will integrate 15 license types into an enterprise back office solution. The New Mexico Medical Board will have already been integrated into *License 2000* as RLD is today. The 15 license types are an accumulation from the Pharmacy Board, Board of Nursing, Department of Health, and Department of Environment.

Integration includes the following:

1. Installation and setup of *License 2000* & MyLicense
2. Data conversion from common data format into *License 2000* table structure (Note: Each agency will be responsible for converting their own legacy database into a common data format. System Automation takes each Agencies formatted data and integrates into the *License 2000* table structure).
3. Acceptance testing
4. *License 2000* User training

5. MyLicense Administration and User Training
6. System rollout and operational support.

Data Conversion and *License 2000* User Training will be conducted one on one with each of the following Agencies to ensure proper attention to detail is made to the requirements:

- Pharmacy Board
- Board of Nursing
- Department of Health/EMS
- Department of Environment/Radiation Control Bureau

III. REQUIREMENTS

- Integration and data conversion of the four (4) Agencies into the already existing RLD database will require coordination into one single Back Office database solution.
- RLD will require dedicated staff resources to provide onsite technical support for implementation, user helpdesk, and ongoing administration of *License 2000* Back Office.
- RLD technical staff will require Business Consulting & Technical Training. This training will provide hands-on experience to utilize *License 2000* and all its features and provisions in order to fully automate an online application process for all health care boards. Training is to be administered by System Automation.
- User Training will be required for current RLD *License 2000* users and the four new health care boards to be brought into the system. User training is recommended for current RLD *License 2000* users because of the projected online application, electronic fee processing, electronic notification of status back to the applicant, as well as other features not utilized in the current implementation of *License 2000*.
- 6-7 months for full implementation – see project plan.

IV. ESTIMATED COSTS

- Integration, Data Conversion, User Training
\$323,948
- Business Consulting & Technical Training
\$15,000
- Onsite Technical Support and Administration
One FTE – Cost depends on FTE job classification

Single Online License Application

- In utilizing *License 2000* to develop a single sophisticated ONLINE license application process, applicants will submit one single application, process fees electronically, and receive electronic feedback from license boards regarding license status.
- Health Care Boards will have access to a pre-populated database containing information from the applicant in a shared environment. Electronic fee reimbursement processing and electronic checklists with hot links for automated feedback generation will be part of this design.

V. REQUIREMENTS

- RLD will require dedicated technical staff to implement a full set of *License 2000* tools to implement the ONLINE application, electronic checklists, and electronic fee processing for all Health Care Boards.
- RLD will require technical staff to attend a Business Consulting & Technical training (2 weeks) provided by System Automation. This technical training will enable RLD to fully utilize the capabilities of *License 2000* and MyLicense in addressing the recommendations set forth in this report.
- User Training provided by System Automation

VI. ESTIMATED COSTS

- *License 2000* and MyLicense User Training are included in Integration cost.

Independent Validation & Verification (IV&V)

Bency & Associates recommends an IV&V contractor for this project. The IV&V contractor is proposed to assist the Health Policy Commission with Quality Assurance measures. Quality Assurance is described as providing contract development assistance, definition of requirements, writing test plans, verifying sufficient training is administered, verifying complete installation, and developing acceptance criteria for validating compliance against contract deliverables in the delivery of a complete and final product. Bency & Associates believes that having an IV&V contractor on board for this project will ensure that all deliverables are met, on time, and within the budgeted amount projected here.

VII. ESTIMATED COSTS

- One full-time contractor (7 months) \$120,000

Local Area Network (LAN) Recommendation

RLD will conduct a LAN evaluation in determining sufficient bandwidth is available to support a centralized back office solution and it's associated users.

This design recommends the following:

- 10MB/second dedicated (not shared) bandwidth from every user computer to localized switch.
- 100MB/second dedicated (not shared) bandwidth from back office server to main switch in RLD.

VIII. ESTIMATED COSTS

- 10MB/100MBsecond network interfaces \$100/each

Design Issues Found

Primary Source Verification

From a credentialing perspective, primary source verification is a very important guideline that hospitals and insurance companies alike must abide by. Primary source verification is defined and governed by two independent accrediting bodies (JCAHO for hospitals and NCQA for insurance companies). For example: the guideline states that if a healthcare organization obtains transcript documents from the appropriate medical school or university, that transcript record is considered from the primary source. But the guideline also states that if another healthcare organization obtains that same transcript record from another healthcare organization, that document is no longer considered primary source. It then becomes secondary and therefore loses its validity and the healthcare organization would have to re-verify it.

Another guideline governed by JCAHO and NCQA is the re-credentialing period. For hospitals it is 2 years, and for insurance companies it is 3 years. Another challenge presents itself here in that the re-verification period for these records differs for hospitals and insurance companies. Currently there is motion to synchronize the two accrediting bodies to a 3 year re-credentialing period.

Therefore, any efforts towards making transcript records and other information requiring primary source verification shared and available to all healthcare organizations would be a fruitless effort.

Unified Credentialing Source (CVO) for Information

The Task Force in collaboration with various hospitals and insurance companies has previously considered the use of a unified credentialing source (CVO). Utilizing a CVO would eliminate duplicate requests from hospitals and insurance companies in obtaining transcript documents, employment records, references, and other documents. However, because of the strict regulations requiring obtaining transcript records and other documents from a primary source verifier, utilizing a CVO in this manner would not be practical.

Information Sharing

The State of New Mexico health care licensure boards are willing to collect and share as much information as possible with those requiring access to license information.

Determining what information should/can be made accessible requires continued collaboration between the health care boards and users of license information.

Combined Licensing & Credentialing Application

In consideration of utilizing current functionality within the *License 2000* software product, it has been determined that *License 2000* could be used to incorporate an electronic version of the already existing standard application and allow it to be electronically accessible through the State Web Portal.

However, as part of the assessment it is also determined that the individual health care licensing boards have specific information requirements in addition to the standard application. For obtaining that specific information for each licensure board, *License 2000* can be configured with logic to direct the applicant to the appropriate specific information forms required.

The State Web Portal will be utilized as a single point of entry for all applicants to access License 2000 when applying for health care license and for applying for practice with hospitals and insurance companies in New Mexico.

Licensing Systems Used

1. The State Regulation and Licensing Department (RLD) utilizes the *License 2000* software from System Automation. The following Boards are part of the *License 2000* system:

- ◆ Board of Occupational Therapy
- ◆ Board of Physical Therapy
- ◆ Board of Massage Therapy
- ◆ Board of Acupuncture & Oriental Medicine
- ◆ Board of Psychologist Examiners
- ◆ Board of Nutrition & Dietetic Practice
- ◆ Board of Nursing Home Administrators
- ◆ Board of Optometry
- ◆ Board of Respiratory Care Practitioners
- ◆ Board of Social Work Examiners
- ◆ Board of Dental Health Care
- ◆ Board of Chiropractic Examiners
- ◆ Board of Osteopathic Examiners
- ◆ Board of Podiatry

- ◆ Board of Counseling & Therapy Practice
- ◆ Board of Speech Language Pathology & Audiology & Hearing Aid Dispensing
Note: The Board of Pharmacy is part of RLD but is not part of the *License 2000* licensing system.
- 2. Board of Pharmacy uses a licensing system developed by the State General Services Department of Information Systems Division. The system is based on a mainframe environment with no windows graphical user interface. Information is data transcribed from hand-written applications onto the GSD/ISD system.
- 3. Board of Nursing uses a licensing system developed by the State General Services Department of Information Systems Division. The system is based on a mainframe environment with no windows graphical user interface. Information is data transcribed from hand-written applications onto the GSD/ISD system.
- 4. Department of Health (Emergency Medical Services) uses a “CERT SCAN” data system developed from EMS Data Systems out of Phoenix, Arizona. The system is based on Microsoft DOS and C++. This system has four (4) databases reflecting Personal information, training, EMS Services, and Internet shared information. The EMS system utilizes a scanned in form and read through an optical scanner. Data is transcribed directly into the database by the scanning procedure.
- 5. Department of Environment (Radiology Department) uses a web-based system with a Microsoft Excel front-end with windows based pull-down sheets. The system is based on Microsoft 2000 and Access.

Common Data Elements

Following are the common data elements collected from the various applications and identified as data elements that could be useful if shared for an enterprise health care licensing system for the State. These data elements can be shared within a data system in such a way that the applicant would only be required to enter the information once. The information can then be shared by other health care licensing users or credentialing agencies with appropriate authority to access the information.

1. Name
2. Home Address
3. Billing Address
4. Date of Birth
5. Place of Birth
6. Gender
7. Social Security Number (common but may not be shared)
8. Tax ID Numbers

9. Practice Name
10. Practice Address
11. Practice Phone
12. Practice Contact Person
13. Practice County
14. License Number
15. License Status
16. License Type
17. License Dates of Expiration
18. Medical Schools/Universities Name
19. Medical Schools/Universities Address
20. Medical Schools/Universities County
21. Graduation Dates
22. School Dates of Attendance
23. Degrees
24. Exam Information (type of exam, score)
25. Exam Date
26. Specialty Certifications (Not common to all applications)
27. Controlled Substance / Prescriptive Authority
(Not a current data element)
28. Disciplinary Actions (Not a current data element)
29. X-ray Machine Use/Ownership
(Not a current data element)
30. Previous Work Address(s)
31. Previous Work Contact Person(s) & Phone Number(s)
32. Previous Work Dates of Employment
33. Professional References (Name, Address, Phone Number)
34. Liability Insurance Carrier
35. Liability Insurance Status
36. Liability Insurance Dates Insured
37. Liability Insurance Policy Number

- 38. Liability Insurance Coverage Limits
- 39. DEA/CSR Registration Number
- 40. DEA/CSR History
- 41. DEA/CSR Status
- 42. DEA/CSR Expiration dates
- 43. Professional Practice Questions (PPQ's)

Alternatives Considered

Alternative Commercial Off The Shelf (COTS) Solution

Clearly there are alternative COTS solutions available in the market today that might compete with the *License 2000* software product purchased from System Automation. They all have their pros and cons when compared to the requirements revealed from this assessment. In consideration of this alternative, it was concluded that there might be other solutions that would do the job of *License 2000* but perhaps not very many that could be configured as an enterprise product for all licensing in the State.

MyLicense is a separate product from *License 2000* but has been purchased by the State under the same enterprise license agreement. MyLicense has been designed as a true enterprise solution allowing centralization of eGovernment services. MyLicense is especially functional when interfaced with *License 2000* as a licensing system. MyLicense is updated quarterly along with *License 2000* while retaining the States best interest in their unique setup.

The assessment conducted with System Automation indicates that *License 2000* and MyLicense products contain the functionality required to fulfill the requirements for a streamlined license application process, electronic checklists, electronic fee and reimbursement processing, and Internet based information sharing ability through a Web Portal.

It is of the opinion of Bency & Associates that the purchase of another COTS solution to address the requirements specified in this assessment will result in redundant spending, and no reduction of efforts as identified and required in the expanded implementation of *License 2000* and MyLicense. If a different COTS solution were purchased as an alternative solution to these requirements:

1. Original dollars spent for the purchase of an enterprise license for *License 2000* and MyLicense products will be lost.
2. Dollars spent for the time and effort RLD has taken to implement the current *License 2000* application will need to be re-spent.
3. The RLD data model will have to go through some level of data conversion before being integrated into the new COTS

software data scheme. With *License 2000*, the existing RLD data model can remain in tact. No data conversion for RLD will have to be done.

4. The four (4) Health Care Boards expected to be integrated into *License 2000* would still have to go through a data conversion in the same way with a new COTS solution. No cost savings here.
5. Ground level training will have to be administered to all Health Care Licensure Boards after the new COTS solution is ready for implementation. With *License 2000*, there is already a knowledge base within RLD that can assist with training the other four (4) Health Care Boards as they are integrated into the same system. For RLD, only new feature implementations of *License 2000* will have to be trained on.
6. Testing of a new COTS solution will probably have to undergo a much more thorough exercise than compared with *License 2000*. *License 2000* is already a supported product and will only require testing of the newly implemented features of the software.
7. RLD technical support would have to be completely re-trained in supporting the new COTS solution. With *License 2000*, the RLD technical team are already experienced in supporting the product and able to assist their users with competence.

IX. ESTIMATED COSTS FOR AN ALTERNATE COTS SOLUTION

License 2000 was purchased back in 1998. If the State purchased *License 2000* today the cost would be:

⇒ \$250,000 *License 2000*

⇒ \$250,000 MyLicense

After purchase was made for an alternative COTS solution today, the same costs outlined in this report would remain in the implementation, training, and data conversion into an enterprise product.

Basically, the costs for an alternative COTS solution could be increased by an additional \$500,000 as well as the costs outlined in this report, totaling approximately \$850,000 dollars.

Custom Software Development

The decision of whether to develop a custom software package or use a commercial off the shelf (COTS) software solution, can be very complex. Money and resources should not be wasted on developing a custom software package for a common task or process that already has perfectly adequate

software solutions available for it with a well-established user base such as is evident within RLD.

The first consideration is that all software needs maintenance, including regular bug fixes, upgrades, etc. The source and reliability of these will vary depending upon the type of software. Obviously custom software would be entirely maintained by the RLD software development team. Proprietary COTS software would be entirely maintained by the vendor.

End-user support (i.e. training, technical issues, etc.) is an issue for any software solution. User training usually does not vary significantly between COTS or a custom development effort, except in this case where the current COTS solution has a large user-base and is already familiar to most users (i.e. *License 2000*). Technical issues will vary in the source of knowledge. Technical issues arising from COTS software are generally handled by the vendor (i.e. System Automation). Custom software technical issues would be referred to the RLD development team.

The implementation of a new software strategy can be a major undertaking. Both COTS and custom software development each present unique potential for meeting these needs, which must be put into context of their ability to meet not only software requirements, but budgetary restriction, integration issues, timeframe limitations, customization concerns, support needs, and licensing considerations.

Given the resources, and taking into consideration State budget conservation, RLD will probably have greater success using technologies that have been pre-integrated by a single vendor than integrating products themselves. This is not to be taken as lack of skill on the part of RLD. Integration vendors have options available to them that are normally not available to application developers.

Bency & Associates have made the following conclusions opposed to a custom software development effort to replace the COTS solution (*License 2000* and *MyLicense*).

Conclusions:

Original dollars spent for the purchase of an enterprise license for *License 2000* and *MyLicense* products will be lost.

Dollars spent for the time and effort RLD has taken to implement the current *License 2000* application will need to be re-spent.

The RLD data model will have to go through some level of data conversion before being integrated into the new software data scheme. With *License 2000*, the existing RLD data model can remain in tact. No data conversion for RLD will have to be done.

The four (4) Health Care Boards expected to be integrated into *License 2000* would still have to go through a data conversion in the same way

as with a custom developed software development effort. No cost savings here.

Ground level training would have to be administered to all Health Care Licensure Boards after the new software was developed and ready for implementation. With *License 2000*, there is already a knowledge base within RLD that can assist with training the other four (4) Health Care Boards as they are integrated into the same system. For RLD, only new feature implementations of *License 2000* will have to be trained on.

Testing of a new software solution would probably have to undergo a much more thorough exercise than compared with *License 2000*. *License 2000* is already a supported product and will only require testing of the newly implemented features of the software.

RLD technical support would have to be completely re-trained in supporting a new ground-level software development solution. With *License 2000*, the RLD technical team are already experienced in supporting the product and able to assist their users with competence.

Time to deliver a new ground-level product development effort would far exceed the 7 months expected to fully implement *License 2000* and MyLicense as specified in this report.

X. ESTIMATED COSTS FOR A CUSTOM SOFTWARE EFFORT

Accurately estimating the resources and time needed for a custom software development project is essential. In most cases, resources and time actually expended are much more than the initial planning estimates. An approach for estimating the resources and schedule needed for software development is the use of a software cost and schedule model that calculates the resources and time needed as a function of some other software parameters (such as the size of the program to be developed).

Bency & Associates for the purpose of making this cost estimate will attempt to utilize the Constructive Cost Model (COCOMO).

The COCOMO cost estimation model is used by thousands of software project managers, and is based on a study of hundreds of software projects.

The COCOMO model makes its estimates of required effort (measured in Person-Months – PM) based primarily on your estimate of the software project's size (as measured in thousands of source lines of code SLOC, KSLOC):

Equation: $\text{Effort} = 2.94 * \text{EAF} * (\text{KSLOC}) \text{ to the exponent } (E)$

Where:

EAF = Effort Adjustment Factor derived from a pre-determined Cost Driver.

E = An exponent derived from the five Scale Drivers:

1. Precedentedness

2. Development Flexibility
3. Architecture
4. Team Cohesion
5. Process Maturity

The licensing system we are talking about here with eGovernment is rated <medium> complexity and <medium> for language and tools. Therefore, the EAF is estimated at (1.0), and has an exponent of (1.0997). Assuming the project is projected to consist of 8,000 source lines of code, COCOMO estimates that this effort would take 28.9 Person-Months of effort to complete it.

$$\text{Effort} = 2.94 * (1.0) * (8) E^{1.0997} = \mathbf{28.9 \text{ Person-Months}}$$

An estimated cost for programming resources can be directly applied to 28.9 person-months. Therefore, a database developer/designer, experienced with Health Care Licensing, can be obtained for approximately \$28.00/hour.

$$\text{Duration} = 3.67 * (\text{Effort})^{\text{to the Exponent SE}}$$

Where:

Effort Is the effort from the COCOMO effort equation

SE Is the schedule equation exponent derived from the five Scale Drivers.

To calculate Duration:

$$\text{Duration} = 3.67 * (28.9)^{\text{to the exponent } 0.3179} = 10.6 \text{ months}$$

$$\text{Average staffing} = (28.9 \text{ Person-Months}) / (10.6 \text{ Months}) = 2.7 \text{ People}$$

$$\text{Staff Cost} = 2.7 (\text{Staff members}) * \$82.00 (\text{Estimated individual contractor hourly rate}) = \$221.40\text{Hour}$$

$$\text{Total RLD Resource Cost} = \$221.40 (\text{estimated combined contractor(s) hourly rate}) * 1696 (\text{hours in 10.6 months}) = \$375,494.00.$$

Summary:

- ◆ Custom development will require 2.7 contractors to implement in a 10.6-month period, and cost approximately \$375,494.00.
- ◆ Cost for State Enterprise database software license and tools are separate and depend on choice of software. (Estimated at \$500,000)
- ◆ Cost for monthly maintenance and support is separate.
- ◆ Data conversion and integration (Estimated at \$25,000 for each database * 4 additional Health Care Boards = \$100,000.00)

- ◆ Data conversion and integration of RLD (Estimated at \$25,000.00)
- ◆ User Training (Estimated at \$25,000.00)
- ◆ Technical Training (Estimated at \$25,000.00)
- ◆ **Total estimated cost = \$1,050,494.00.**

◆
Data Flow Diagrams

Diagram1

Recommended Data Flow.igx: Diagram1

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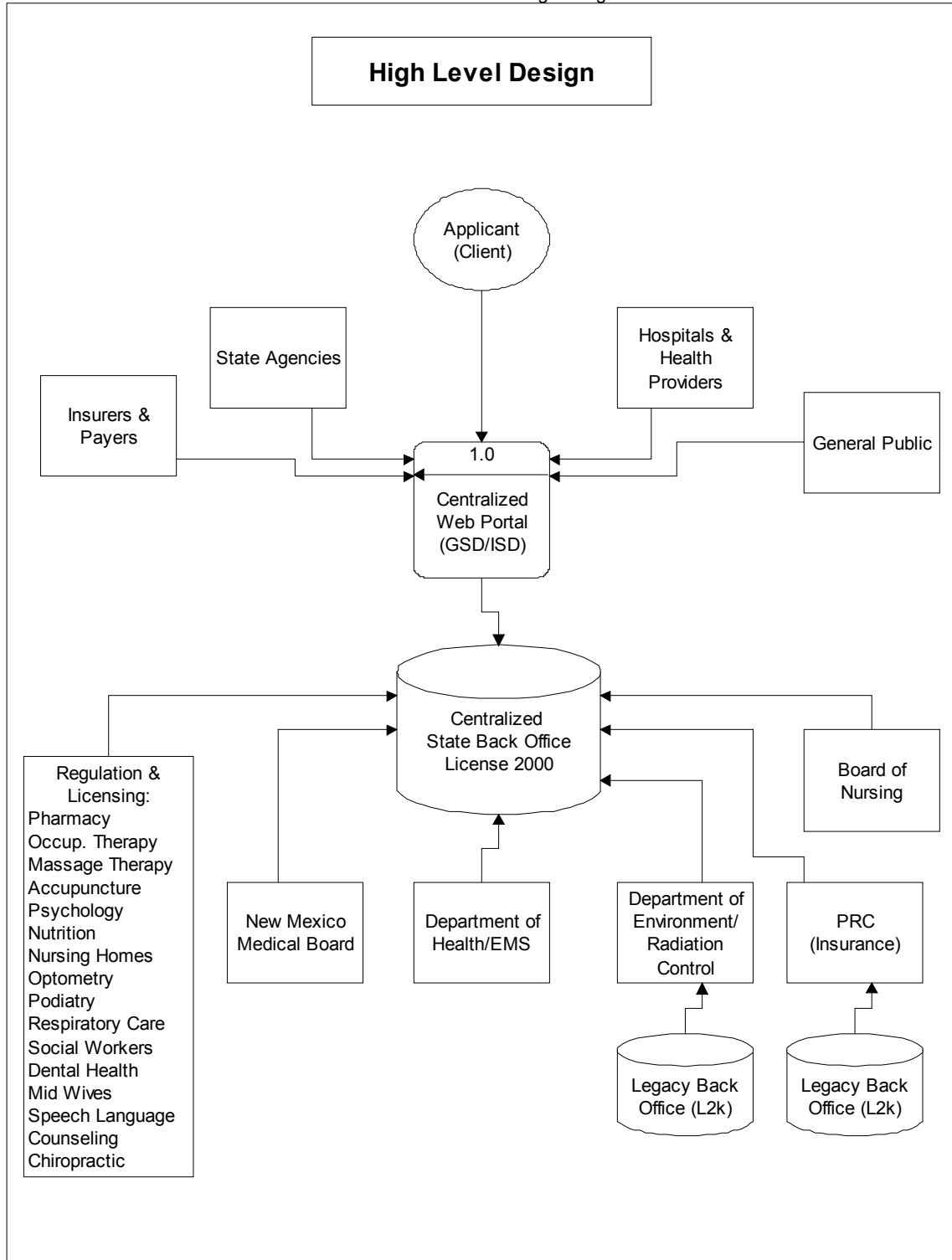


Diagram2

Recommended Data Flow.igx: Diagram1

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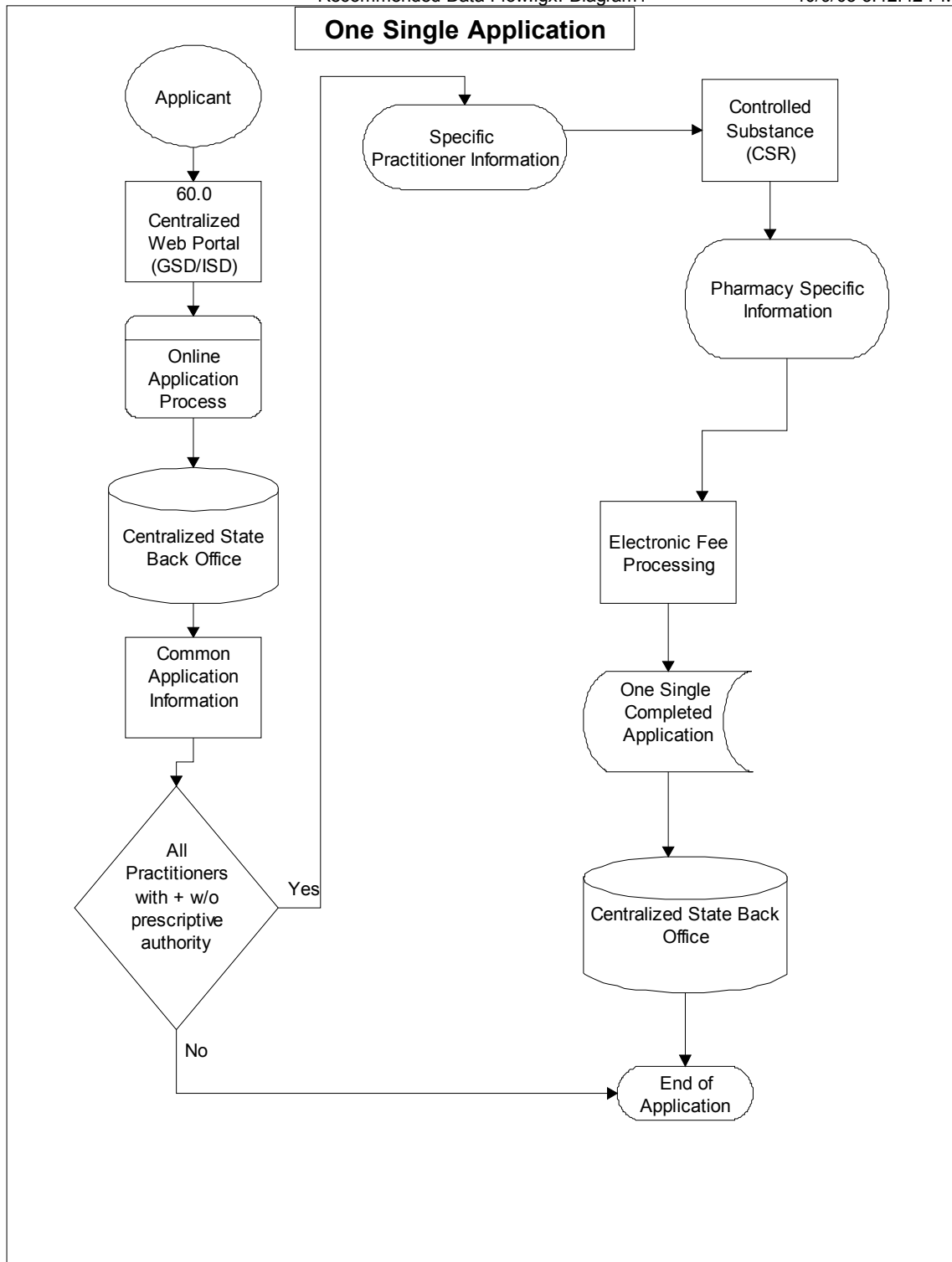


Diagram3

Recommended Data Flow.igx: Diagram1

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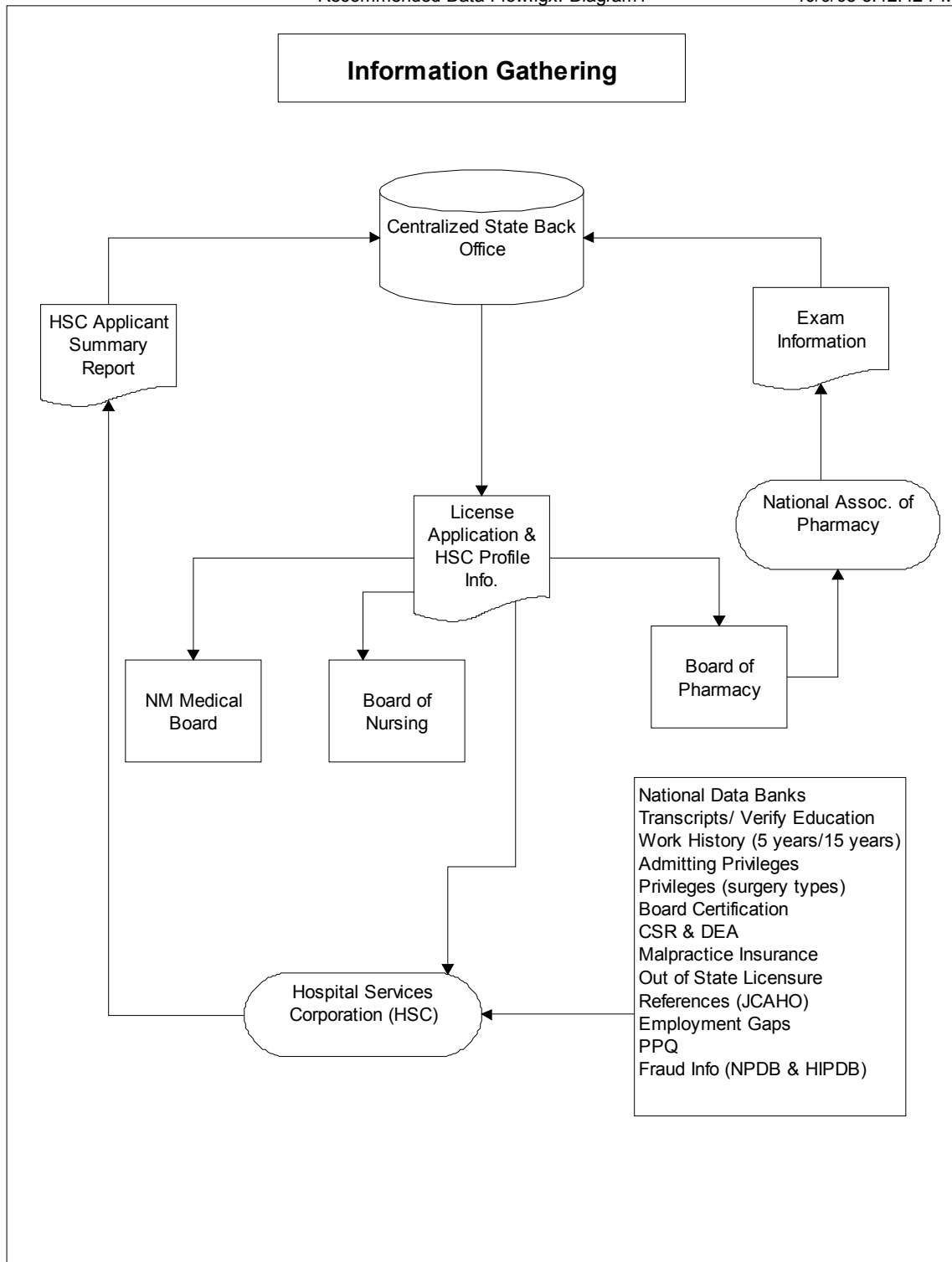


Diagram4

Recommended Data Flow.igx: Diagram1

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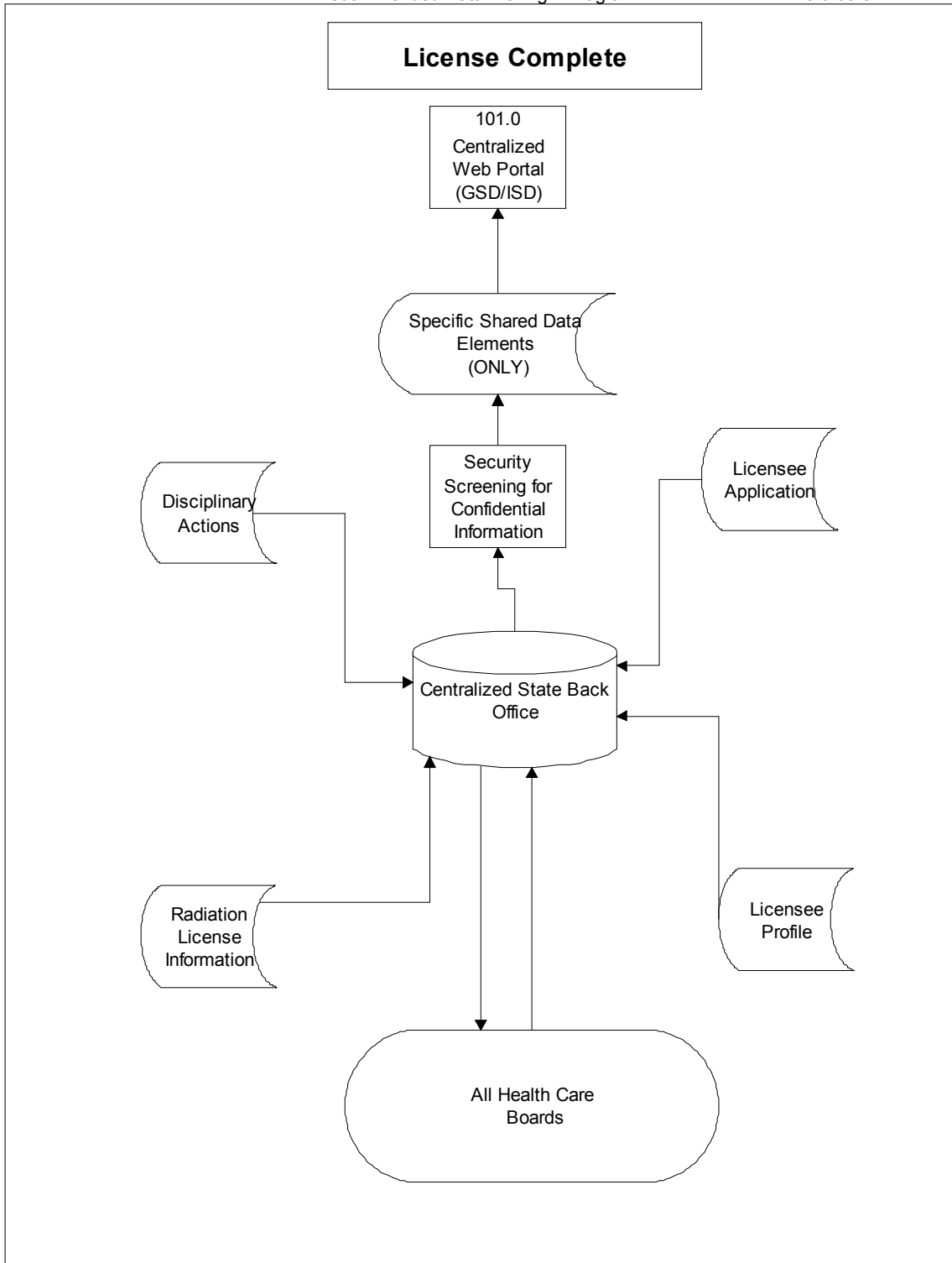
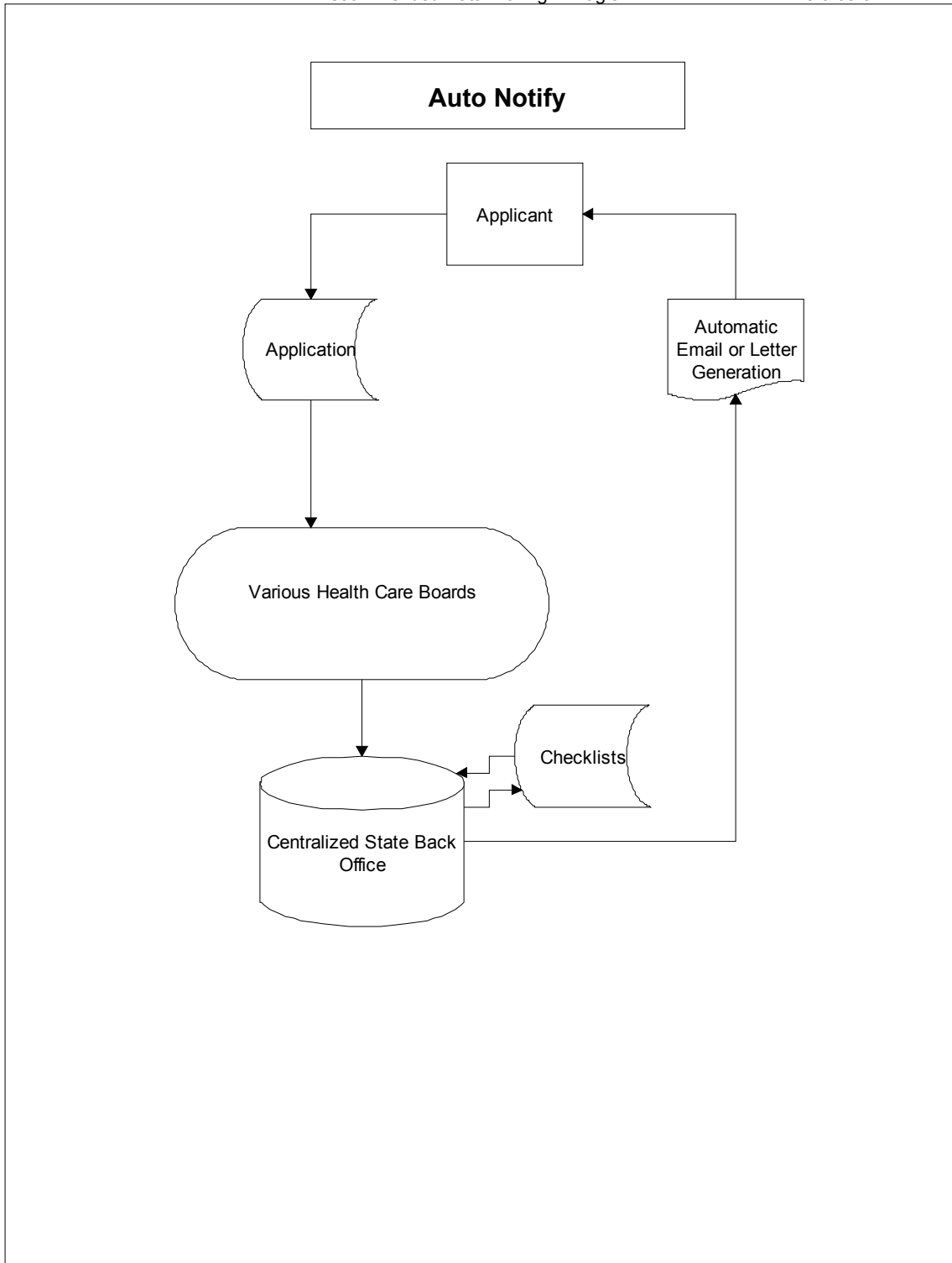


Diagram5

Recommended Data Flow.igx: Diagram1

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Addendum to Bency & Associates Report

Primary Source Verification

From a credentialing and licensing perspective, primary source verification is a very important guideline that hospitals, licensing entities, and insurance companies alike must abide by. Primary source verification is defined and governed by two independent accrediting bodies (JCAHO for hospitals and NCQA for insurance companies, as well as regulations for each health care agency and sections of the New Mexico Administrative Code governing credentialing (8.305.8.14 NMAC, 13.10.13.13 NMAC and others). For example: the JCAHO/NCQA guidelines state that if a healthcare organization obtains transcript documents directly from the appropriate medical school or university, that transcript record is considered from the primary source. But the guidelines also state that if one healthcare organization obtains that same transcript record from another healthcare organization, that document is no longer considered primary source. It then becomes secondary and therefore loses its validity and the healthcare organization or licensing board would have to re-verify it.

Another challenge is posed by differences between NCQA standards and several sections of the NM Administrative Code. Most notably, 13.10.13.13 NMAC requires re-credentialing of managed health care professionals every two years, while NCQA requires re-credentialing every three years. The Taskforce is working with the Insurance Division to address this issue and create consistency between State regulations and national NCQA standards.

A logical idea for streamlining the primary source verification of education transcript records would be to designate a State Agency to serve as a managing entity maintaining the repository for these records and allow verification to be achieved from the repository. The records could then become electronic and be retrievable by electronic means. This would definitely reduce time and effort currently being spent by the health care provider's standpoint in requesting these records for various hospitals and insurance companies as part of their application process.

However, the current JCAHO and NCQA guidelines dictate that a State Agency must comply with all eleven (11) credentials elements in order to serve as a CVO. If a state agency became certified as a CVO, they could in fact serve as a repository for primary source records.

These are the same elements that a private organization is required to be certified in for becoming a CVO:

- License to Practice
- Hospital Privileges
- DEA/CDS Certificates
- Education/Residency/Board Certification

- Malpractice Insurance
- Malpractice Claims History
- Application Processing
- Sanctions Against Licensure
- Medicare / Medicaid Sanctions
- Ongoing Monitoring
- NPDB Query

Note: The procedures for making change recommendations to the guidelines under JCAHO are:

1. A written request must be submitted to the Standards Development & Research Group within the JCAHO organization.
2. The written request is submitted to three (3) other committees within JCAHO for consideration.
3. The Board of Directors & Commissioners review the recommendation from the three (3) committees and either approves or disapproves the request.

Proposed Project Plan (System Automation) See Next Page.

Systems Automation Work Plan Estimation	Option 1		Option 2		Option 1 vs 2		Option 3			
	One Agency At A Time		All Four Together		Differences		Phase I - Combined Activities		Phase II - Repeated Tasks (3 times)	
	Days	Price	Days	Price	Days	Price	Days	Price	Days	Price
Work Plan Development & Project Team Coordination	5	\$10,960	5	\$10,960	0	\$0	5	\$10,960		
Phase 1 - <i>License 2000</i> (Back-Office) Implementation	80	\$87,970	95	\$117,500	15	\$29,530	80	\$87,970		
<i>License 2000</i> Installation and Setup	15	\$33,800	25	\$57,160	10	\$23,360	15	\$33,800		
Install <i>License 2000</i> for Admin Training, Setup and Testing	1		1		0	\$0	1			
Project Kick-off Meeting	0		0		0	\$0	0			
Perform Administrator Training	4		4		0	\$0	4			
Code Table Setup of <i>License 2000</i>	10		20		10	\$0	10			
Deliver System Administration Guide	0		0		0	\$0	0			
Deliver Information on Creating MS Word Templates	0		0		0	\$0	0			
Code Table Setup Completion Sign-off	0		0		0	\$0	0			
Create Production Database on Agency Server	6	\$960	6	\$960	0	\$0	6	\$960		
Identify & Prepare Production Database Environment	5		5		0	\$0	5			
Install <i>License 2000</i> Database on Agency DBMS Server	1		1		0	\$0	1			
Production DB Creation Sign-off	0		0		0	\$0	0			
									Repeated Tasks All Highlighted in Purple	
Data Conversion and Load to Production Database	35	\$27,400	35	\$27,400	0	\$0	35	\$27,400	35	\$27,400
Create and Deliver Data Conversion File Format Templates to Agency	5		5		0	\$0	5		5	
Create Data Conversion File Using Supplied Template	15		15		0	\$0	15		15	
Receive Data Conversion File(s) From Agency	0		0		0	\$0	0		0	

Systems Automation Work Plan Estimation	Option 1		Option 2		Option 1 vs 2		Option 3			
	One Agency At A Time		All Four Together		Differences		Phase I - Combined Activities		Phase II - Repeated Tasks (3 times)	
Perform Data Conversion Process	10		10		0	\$0	10		10	
Test Loaded Data and Correct Problems	5		5		0	\$0	5		5	
Data Conversion and Load Sign-off	0		0		0	\$0	0		0	
Acceptance Testing	10	\$6,880	10	\$6,880	0	\$0	10	\$6,880	10	\$6,880
Deliver Acceptance Test Plan	0		0		0	\$0	0		0	
Setup Acceptance Test Environment	5		5		0	\$0	5		5	
Perform Acceptance Test	5		5		0	\$0	5		5	
Acceptance Testing Sign-off	0		0		0	\$0	0		0	
Training	10	\$7,266	15	\$13,436	5	\$6,170	10	\$7,266	10	\$7,266
Deliver Training Plan	0		0		0	\$0	0		0	
Define Training Schedule	0		1		1	\$0	0		0	
Deliver Training Materials	0		0		0	\$0	0		0	
Setup Training Environment	5		5		0	\$0	5		5	
Perform <i>License 2000</i> Training	5		10		5	\$0	5		5	
User Training Sign-off	0		0		0	\$0	0		0	
Final Data Conversion to Production	3	\$4,944	3	\$4,944	0	\$0	3	\$4,944	3	\$4,944
Receive Data Conversion File(s) From Agency	1		1		0	\$0	1		1	
Perform Final Data Conversion Process	2		2		0	\$0	2		2	
Sign-off and Notice to "Go Live"	0		0		0	\$0	0		0	
System Rollout and Operational Support	7	\$6,720	7	\$6,720	0	\$0	7	\$6,720	7	\$6,720
Rollout Software to Agency Users	2		2		0	\$0	2		2	
<i>License 2000</i> System Operational	5		5		0	\$0	5		5	
								Repeated Tasks All Highlighted in Purple		
Phase 2 - MyLicense (eGovernment) Implementation	84	\$65,388	89	\$88,748	5	\$23,360	84	\$65,388		
MyLicense Installation and Setup	18	\$28,292	28	\$51,652	10	\$23,360	18	\$28,292		

Systems Automation Work Plan Estimation	Option 1		Option 2		Option 1 vs 2		Option 3		
	One Agency At A Time		All Four Together		Differences		Phase I - Combined Activities		Phase II - Repeated Tasks (3 times)
						0			
Complete MyLicense Setup Questionnaire	5		5		0	\$0	5		
Identify State Payment Processor	0		0		0	\$0	0		
Install MyLicense Site (Application and Database)	0		0		0	\$0	0		
Import <i>License 2000</i> Setup Data into MyLicense	3		3		0	\$0	3		
Interface MyLicense With State Payment Processor	0		0		0	\$0	0		
Setup MyLicense Default Processes	10		20		10	\$0	10		
Installation in State Test Environment	4	\$5,504	4	\$5,504	0	\$0	4	\$5,504	
Prepare Database, Application, and Web Servers	0		0		0	\$0	0		
Install and Configure Database	0		0		0	\$0	0		
Install MyLicense Components in State Environment	2		2		0	\$0	2		
Perform Test of MyLicense/ <i>License 2000</i> Interface	2		2		0	\$0	2		
MyLicense Installation Completion Sign-off	0		0		0	\$0	0		
MyLicense Acceptance Testing	12	\$12,360	12	\$12,360	0	\$0	12	\$12,360	
Import <i>License 2000</i> Data Into MyLicense	2		2		0	\$0	2		
Perform Acceptance Test of MyLicense Setup	5		5		0	\$0	5		
Adjust MyLicense Setup Based on Discoveries of Acceptance Test	2		2		0	\$0	2		
Acceptance Testing Sign-off	0		0		0	\$0	0		
MyLicense Administration and User Training	5	\$4,128	5	\$4,128	0	\$0	5	\$4,128	
Deliver MyLicense Administration Guide and Setup Utility	0		0		0	\$0	0		
Setup Training Environment	2		2		0	\$0	2		
Perform MyLicense Training	3		3		0	\$0	3		
MyLicense Training Sign-off	0		0		0	\$0	0		
Production and Support	14	\$15,104	14	\$15,104	0	\$0	14	\$15,104	
Install MyLicense in State Production Environment	2		2		0	\$0	2		
Prepare for MyLicense Production	2		2		0	\$0	2		
MyLicense Operational	0		0		0	\$0	0		
Onsite Operations Consulting Support	10		10		0	\$0	10		
Grand Total:		\$164,31		\$217,20		\$52,89		\$164,318	\$159,630

Systems Automation Work Plan Estimation	Option 1		Option 2		Option 1 vs 2		Option 3			
	One Agency At A Time		All Four Together		Differences		Phase I - Combined Activities		Phase II - Repeated Tasks (3 times)	
		8		8		0				
Summary										
Option 1 – One Agency at a time	\$164,318	Each Agency								
Option 2 – All Four Agencies Simultaneously	\$217,208									
Option 3 – Blended Approach	\$323,948									
(All tasks done together, except Data Conversion, Acceptance Testing, Training, Final Data Conversion, and System Rollout & Support. These 5 tasks would be repeated 3 additional times for each of the next 3 agencies.)										
Tasked highlighted in Blue were contracted by Medical Examiners to be performed by System Automation.										

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