

# **LOUISIANA DEPARTMENT OF INSURANCE**

**04-165**

## **STRATEGIC PLAN**

**FISCAL YEARS 2014-2015 – 2018-2019**



**COMMISSIONER OF INSURANCE**

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# **LOUISIANA DEPARTMENT OF INSURANCE**

## **VISION**

Insurance is available at fair, affordable rates through insurers that are financially sound and that operate in compliance with the laws, rules and regulations designed to protect the interests of the citizens of the state.

## **MISSION**

The mission of the Louisiana Department of Insurance is to regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and to serve as advocate for the state's insurance consumers.

## **PHILOSOPHY**

The Louisiana Department of Insurance recognizes its responsibility as regulator of the insurance industry in the state and as advocate for insurance consumers to improve the availability and affordability of insurance, thus affecting the quality of life of the state's citizens. By assuring that insurers in Louisiana are financially sound and its producers are knowledgeable, the LDI's role is essential to maintaining existing business and industry, to growing the Louisiana economy and to protecting lives and property of the state's citizens. The LDI emphasizes teamwork throughout its staff and management, encourages the exchange of ideas between staff and management, focuses on identifying and satisfying customer needs, builds its reputation for fairness, courtesy and reliability, and maintains high ethical standards of honesty and consistency.

## **DEPARTMENT GOALS**

- I. Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state's insurance consumers by enforcing existing laws fairly and consistently and by proposing new laws as necessary.
- II. Provide necessary administrative and operational support to the entire Department, attract insurers to the state in order to promote a more competitive market, work to stabilize the property insurance market and provide outreach and consumer assistance.

## **CLIENTS & STAKEHOLDERS**

### **Insurance Consumers (policyholders, beneficiaries, claimants)**

The LDI serves the insurance policyholders, beneficiaries and claimants by fairly and impartially regulating the insurance industry and striving to improve the competitive market in Louisiana, so consumers have more choices.

Within the Market Program and its compliance divisions, the LDI provides direct services to individuals who seek information and assistance when regulated entities do not satisfy their expectations as policyholders, beneficiaries and claimants. Assistance from the LDI may result in additional payments to insureds/claimants or may provide additional information so the consumer may reach a better understanding of lawful behavior by insurers, producers, adjusters and other regulated entities. Further, the Market Program conducts financial and market conduct examinations which protect consumers by monitoring financial solvency and business practices of regulated entities and investigates fraudulent insurance practices of regulated entities and claimants. The Market Program also conducts outreach to educate and inform member organizations and students about the impact of insurance fraud.

Within the Administration Program, the LDI provides these stakeholders informational materials on its website, through brochures produced through the Office of Public Affairs and distributed on request, and through presentations made by the Office of Consumer Advocacy, including SHIP which educates and informs Medicare and potential-Medicare beneficiaries of their choices in the market place. The LDI further serves this constituency through the Commissioner's ongoing efforts to attract insurers to do business in our state.

### **Regulated Entities (insurers, producers, adjusters and others)**

The LDI serves regulated entities by enforcing regulatory law in a fair and impartial manner.

The Market Program conducts all required licensing, license renewals and registrations for persons and entities engaged in the business of insurance. Where authorized by law, the Market Program preapproves insurers' rates and forms before they can be used in Louisiana. The Market Program also examines licensed entities, with timing dependent on statute or need, and collects insurers' fraud plans, annual updates and fraud statistics. Through the Louisiana Property & Casualty Insurance Commission and the Louisiana Health Care Commission, the LDI maintains open dialog with stakeholders specific to the areas of P&C insurance and health insurance to keep all abreast of changes to the regulatory, statutory and economic environment.

Within the Administration Program, the activities serving regulated entities include maintaining statutory deposits, collecting and processing payments of fees, assessments, taxes and fines. The Information Technology Division works with industry to improve reporting systems and access to information. Further, the Division of Minority Affairs helps prepare minorities and the disadvantaged for careers in insurance.

### **Citizens of Louisiana**

Citizens of Louisiana are best served by a healthy economy; the LDI takes seriously its role in helping to provide for a healthy economy by enabling a healthy, competitive insurance market with companies who are financially sound and properly responsive to its policyholders.

While most regulatory functions reside in the Market Program, the Administration Program also oversees some important interactions with regulated entities. Both programs maintain records in a manner that makes the regulatory process transparent to Louisiana's citizens.

Additionally, the Administration Program serves the Citizens of Louisiana by diligently and properly handling accounts payable and receivable, maintaining records and performing physical inventory, developing and administering responsible budgets, adhering to printing, purchasing, bid and public record laws. This Program also executes record retention policy in concert with the Market Program, in accordance with law.

## **OVERVIEW, INCLUDING EXTERNAL FACTORS AFFECTING PERFORMANCE AND AVOIDANCE OF DUPLICATION OF EFFORT**

In preparing its sixth Strategic Plan, the Department has reviewed its previous Strategic Plans and evaluated its success in achieving the goals and objectives set forth therein. Two Department-wide goals continue to flow down to program level. We believe that the goals, objectives and indicators presented in this sixth Strategic Plan reflect what we expect to achieve and provide good measures of our progress toward those achievements.

The Department of Insurance maintains its commitment to transparent, accountable and effective government by providing information regarding the Department and its services to the public via its website and in response to all public records requests. Our concentrated efforts for enforcing existing laws fairly and consistently and our diligence in proposing new laws as needed help attract insurers to the state and support our ongoing efforts to promote a more competitive market. The LDI embraces technological advances, as they improve the Department's ability to serve the consumers whose interests we protect and the producers and insurers we regulate.

The LDI has made or will soon make significant and noteworthy organizational changes. These changes necessitate the realignment and consolidation of existing LDI program activities, objectives and performance measures.

- The Division of Minority Affairs program activity now includes the development of minor academic concentrations in insurance at historically black colleges and universities (HBCUs) in Louisiana. Four courses have been developed for offering, and the HBCUs are preparing to incorporate insurance minors within their business degree programs. Legislation in 2013 defined the scope of the Division's previously informal career survey, thus enabling the Division to develop a strategy for reliably quantifying the participation of minority and disadvantaged persons in the insurance industry.
- The Office of Consumer Advocacy (OCA) works with the compliance programs within the Office of Health Insurance, the Office of Property & Casualty and the Office of Licensing & Compliance (Life, Annuity and Long-term Care Division). OCA performs regular, random reviews of complaint case files to determine the existence of patterns of behavior by regulated entities that may require further examination and to provide internal quality control on the effectiveness of LDI staff in protecting consumer interests. In addition to its outreach efforts on insurance basics and timely concerns, the OCA oversees the Senior Health Insurance Information Program (SHIIP), whose duties under its federal grant have expanded to support federal

efforts to increase awareness of certain provisions of the Patient Protection and Affordable Care Act of 2010.

- Within the Office of Management & Finance, the Division of Assessments and Data Management is renamed the Division of Revenue Services, and it is taking on new duties formerly housed within the Office of Financial Solvency. In addition to invoicing and collecting all assessments, the Division of Revenue Services becomes responsible for collecting and classifying all revenue. Desk audit verification of premium and surplus lines tax collection has moved from the Office of Financial Solvency to the Office of Management & Finance. Field audits of taxes reported and paid remain a program activity of the Office of Financial Solvency.
- The Office of Receivership was repealed through legislation in the 2013 Regular Session. Its program activity of managing estates of insurers in liquidation is transferred to the Office of Financial Solvency.
- The federal Nonadmitted & Reinsurance Reform Act (NRRRA) enacted in 2010 limited the authority of the states regarding regulation of nonresident surplus lines brokers and insurers. The Office of the Commissioner, the Office of Licensing & Compliance's Company Licensing Division, the Office of Financial Solvency and the Office of Property & Casualty has adjusted program activities and performance measures to comply with the NRRRA.
- The Office of Health Insurance has reorganized its organizational structure to be similar to that of the Office of Property & Casualty. Personnel are no longer assigned exclusively for HIPAA statutory functions; the HIPAA quality control division merged with the previously separate Supplemental Health Insurance/MNRO Division, then the combined Division was separated by function. The Office of Health now consists of three divisions: Health Compliance (new), Health Forms (new), and the Louisiana Health Care Commission (existing). Health care reform led through the federal Affordable Care Act resulted in several state-based reforms, all of which have been absorbed into existing regulatory functions of the Office of Health Insurance.
- In addition to the reorganization changes in the Office of Health Insurance, there is a functionality change effective January 1, 2015, when Medical Necessity Review Organizations (MNRO) cease by repeal of law. Beginning January 1, 2015, Utilization Review will be available for all adverse determinations by health insurers, not limited to medical necessity decisions. Examinations previously required of MNROs are not required to be performed on Utilization Review Organizations (URO) or Independent Review Organizations (IRO) in accordance with a statutory schedule. IROs will begin reviewing a broader scope of insurers' adverse determinations on January 1, 2015 and will be required to file annual reports of statistical data associated with cases reaching independent review with the LDI.

- The Section of Insurance Fraud has been elevated to Division level. It no longer falls under the Division of Legal Services. As a Division within the Market Program, under the direction of a deputy commissioner, its powers and duties relate to the investigation, prosecution and prevention of violations of Louisiana’s insurance laws. The Division continues the duties performed by the Section of Insurance Fraud, including criminal background checks of certain directors, officers, employees and individuals employed by regulated entities, as authorized by law. The Division now remains an integral part of all insurance fraud investigations, while coordinating its efforts with the Department of Justice, the Department of Public Safety and Corrections, public safety services, office of state police and any other appropriate law enforcement or prosecutorial agency. The Commissioner of Insurance may commission and provide badges to any POST certified Deputy Commissioner of Fraud or compliance investigator to carry firearms while investigating insurance fraud.
- The Office of Licensing & Compliance Division of Compliance and Forms activities include long-term care insurance in addition to the areas of life insurance and annuity. This does not represent a change in the function of the Division, but wording of the program activities’ objective and performance indicators is changed to reflect this function.

**This strategic plan makes several adjustments to performance indicators** to reflect the above changes, introduces new performance measures, and makes edits for clarity. Through the changes, eight Key and six General performance measures are discontinued, and five Key, four Supporting, and 19 General performance measures are added. These changes include:

- In the general data reported by the Office of the Commissioner program activity, PI 914 is discontinued. As a result of the federal NRRRA, the LDI is no longer authorized to approve companies operating in Louisiana on a surplus lines basis.
- The objective of the Division of Minority Affairs program activity is restated to better reflect the statutory purpose of the Division. New performance indicators (general) are added to report results of insurance degree (minor) programs and the participation of minorities and disadvantaged persons in the insurance industry.
- Also in the Division of Minority Affairs, the name of an existing performance indicator (PI 10161) is changed to more accurately define the activity performed.
- New performance indicators are created for the Office of Consumer Advocacy (OCA) to reflect its new administrative duties in auditing closed complaint files. Old performance measures (22837, 22840, 22841) regarding complaint processing, which is no longer a primary activity of OCA, are discontinued. General data

reported as 22843 is limited to the amount of recovery resulting from reopened complaint files, following audit of files or request by consumer.

- In SHIP, performance indicators are rewritten and additional ones included to provide a clearer and more thorough alignment with the goals of the federal grant program. Centers for Medicare and Medicaid Services (CMS) awards baseline grants to every state for reaching the Medicare population with information about the program and enrollment options; CMS increases grant amounts based on performance measures. PI 996 is changed from General Performance Data to a Key Performance Measure, as CMS recommended quarterly targets for SHIP to reach through presentations, booths and exhibits. PI 12125 has not changed in what is counted; however, the name of the performance measure duplicates the wording of the CMS Performance Measure 1. PI 1000 (number of senior health publications distributed) is discontinued, as the relevancy of this count has decreased as the number of seniors obtaining these publications through the LDI website increased. This Strategic Plan includes additional measures based on CMS's performance measures. Wherever the LaPAS performance measure duplicates the wording of the CMS performance measure, the CMS performance measure number is included in the name of the performance indicator. Standards for these performance measures will increase over the next three years, in concert with CMS's recommendations for improvements to SHIP's outreach. These changes and additions to indicators are included on pages 48-62.
- Performance indicators in the former Office of Financial Solvency Tax Division are reallocated to the Office of Financial Solvency program activity and Office of Management & Finance – Revenue Services program activity.
- In the Office of Licensing & Compliance, several changes are made in the Division of Company Licensing. PI 22844 continues to measure average days for processing Certificate of Authority applications; surplus lines are removed from the indicator and health maintenance organizations, which have historically been included in the count, are included by name in the indicator. PI 6420 is discontinued; previously this indicator was used to measure all company applications, but once different types were reported separately based on the complexity of the applications and risk bearing entities, continuing to report this indicator is no longer rational or relevant, as the separate indicators are more reliable measures of staff efficiency.
- Technical wording changes are made to performance indicators within the Office of Licensing & Compliance to reflect that its activities of compliance and forms review include long-term care insurance products in addition to life insurance and annuity

products. Where appropriate, the name of the performance indicator is changed from “contract/policy forms” to “forms, advertising and rates.”

- Within the Office of Licensing & Compliance Forms Division, a new indicator is added to disaggregate information formerly aggregated in PI 13988, to separate the counts of forms requiring pre-approval from those filed for information only.
- The Office of Health Insurance Health Compliance Division incorporates performance objectives and measures previously included in the Office of Health Insurance Supplemental Health/MNRO Division. The wording is revised to make the measures applicable to UROs or IROs, as applicable by statute, effective January 1, 2015. New indicators will report performance related to IROs beginning FY 2014-15. Because MNRO examinations are no longer required by statute as of January 1, 2015, PI 14044 is discontinued.
- New General Performance Data indicators in the Office of Health Insurance and the Office of Licensing & Compliance quantify the forms approval process through the Interstate Insurance Product Regulation Compact (IIPRC). The Office of Licensing & Compliance reports life, annuity and long-term care products approved through the IIPRC; the Office of Health Insurance reports IIPRC-approved disability products.
- Performance indicators on processing time for forms filed are measured by filings in the Offices of Health Insurance and Property & Casualty, but by individual forms in the Office of Licensing & Compliance. While each filing is tied to a single insurance product, multiple forms may be included in a single filing.
- As a result of NRRA, which reduces the LDI’s regulatory authority over nonresident surplus lines companies and brokers, the Office of Financial Solvency discontinues indicators specific to examining and auditing surplus lines brokers. Discontinued indicators are PIs 889, 900 and 6396.
- The Office of Financial Solvency does not perform market conduct examinations on a statutorily mandated schedule; instead, the Office performs market conduct examinations of regulated entities only when requested or deemed necessary. Therefore, PI 6411 and its duplicate PI 20428 are discontinued.
- Within the Office of Financial Solvency, PI 11940 is also discontinued, as the relevance and reliability of this percentage calculation is lost as the LDI can no longer provide a reliable basis count for the percentage: the number of foreign and alien companies doing business in Louisiana can only be estimated since NRRA significantly limits states’ regulatory authority over nonadmitted companies. Further, this number is always low, and NAIC accreditation allows us to rely on other states’ examinations and analysis.

- Within the Office of Financial Solvency, changes to terminology and practices affected PI 13869. “Zone examination” is more appropriately referred to as “coordinated examination with other states” to reflect current NAIC practices. As states work together on these multi-state company group examinations, no longer do states file minority or dissenting reports. Because of these significant changes, PI 13869 is discontinued and a new General performance report is added, as coordination with other states, while reportable, is not an activity appropriate for setting quarterly or semiannual goals.
- The Office of Financial Solvency assumes performance objectives previously included in the Office of Receivership. In this process, Key PI 904 becomes General performance information, as the involvement of contracted receivers and the courts makes these unpredictable on a quarterly or semiannual basis. PI 908 is discontinued, as what was reported lacked relevance to a single fiscal year’s activity. The LDI’s Annual Fiscal Report is a more definitive source for the valuation of estates in receivership.
- In the Office of Property & Casualty, P&C Rating Division, wording of PI 974 is changed to accommodate change in state regulatory authority over surplus lines insurers.
- Minor technical changes are made to the performance indicators within the Offices of Management & Finance/Fiscal Affairs, Financial Solvency, and Property & Casualty P&C Rating, which contained the wording “in \$millions” or “in \$billions” to the more standard financial representation of “\$ in millions” or “\$ in billions.”
- Acronyms and abbreviations in names of performance indicators are replaced with the full text. The text of some objectives has been shortened to fit the character limitations of the field in LaPAS.

**Other performance indicator and program activity changes since the fifth Strategic Plan are the following:**

- PI 911 was renamed “Total of risk bearing companies licensed and approved” from “total number of companies licensed and approved” to provide clarity that incorporated producers’ agencies are not included in this count.
- The Division of Minority Affairs adopted two new general data indicators: one which became 25029 (number of minorities receiving services through LDI) and another for the number of workshops it participates in by invitation of the sponsor in FY 2013-2014, to better quantify its outreach.

- The Division of Minority Affairs performance measures PI 13793 and PI 10161 were changed from supporting to general data, as the predictions were indeterminable, the former being an attendee count at the Division’s semiannual educational seminars and the latter a total number of appointments the division facilitates. Both depend on outside factors that the Division cannot control.
- In the Office of Consumer Advocacy, SHIP program activity, “volunteer” was dropped from PI 17795 to permit a more inclusive counting of counselor training sessions conducted.
- In the Office of Licensing & Compliance Producer Licensing Division, the counts of new licensees as producers and adjusters are reported as General Data, with the new producer count changing from a Key Indicator to General Data and new adjuster licensees added to the General Data report. Additionally, number of adjuster renewals was added to the Key Indicators for this activity.
- In the Office of Licensing & Compliance Forms Division, reporting of the percentage of life & annuity contract/policy forms approved (PI 13987) changed from Key to General Data, as the approvals are more a measure of the insurance industry performance than a measure of regulatory activity.
- In the Office of Health Supplemental Health/MNRO Division, the Key Indicator 22858 (average number of days to process MNRO applications) was discontinued as a result of a change in law. MNROs were no longer required to reapply annually; instead their application process became like the insurer authority process, with authority granted on the initial application and continued through a renewal process unless and until a regulatory action removes the authority. MNRO annual statement filings and examinations continue on statutory schedule until January 1, 2015.
- A new Key indicator and a Supporting indicator were included in the previous Strategic Plan for the Office of Receivership, but neither was included in an Operations Plan, and therefore have not been reported in LaPAS. The indicators have become less relevant and are not being recommended for inclusion in this Strategic Plan. They are “number of companies held in receivership greater than 60 months” and “average number of months in receivership for estates closed during this reporting period.”
- In the Office of Property & Casualty P&C Compliance program activity, an efficiency Key performance measure was added, as had been done previously in the Office of Health Insurance and the Office of Licensing & Compliance. Key PI 25032 reports the percentage of property and casualty complaint investigations concluded within the performance standard.

- Within the Office of Management & Finance, review and verification of all professional and consulting service contracts was reassigned to the Purchasing Division from Administrative Services. This is a change in the program activity distribution; however, no performance measures are affected.
- Within the Office of Management & Finance, the manager of the Division of Administrative Services assumed responsibilities of Records Officer, a role formerly served by an Assistant Attorney General assigned to the LDI. This is a change in the program activity distribution; however, no performance measures are affected.

## **EXTERNAL FACTORS AFFECTING ACHIEVEMENT OF GOALS**

The LDI strives to be creative and flexible in meeting the challenges that threaten its ability to meet its mandated responsibilities as insurance regulator and consumer advocate. Some external factors that affect our ability to achieve our goals are:

- Costs of keeping pace with advances in Information Technology.
- Legislative mandates.
- Willingness of financially sound, consumer responsive insurers to do business in Louisiana.
- Federal government intrusion into the regulation of an industry that has been left to states since the passage of McCarran Ferguson Act in 1945.
- Conflict arising from federally mandated provisions (law and regulation) which have no counterparts in state law making the LDI's regulatory authority clear.
- Unrealistic expectations on the part of the public with regard to insurance pricing and scope of coverage provided.
- Dependence of year-to-year funding by appropriation of the legislature at levels lower than the costs borne by regulated entities.

## **AVOIDANCE OF DUPLICATION OF EFFORT**

The more directed focus of the Office of Consumer Advocacy avoids duplication of effort. No longer are OCA examiners the first responders to complainants. Instead, all complaints are directed to each office of specialization based on type of insurance involved in the complaint. Starting in FY 2012-2013, the OCA began an administrative review of complaint files closed in the Office of Property & Casualty, the Office of Health Insurance and the Division of Life, Annuity and Long-term Care. Files are initially selected on a random basis, but additional files may be reviewed based on findings of suspected misconduct by an insurer or insufficient investigation by the initial insurance examiner.

The reallocation of the tax program activity from the Office of Financial Solvency to the Office of Management & Finance consolidates taxes and assessments in one division. Both taxes and assessments are calculated on the same basis (written premium).

## **STRATEGIES FOR DEVELOPMENT & IMPLEMENTATION OF HUMAN RESOURCE POLICIES BENEFICIAL TO WOMEN AND FAMILIES**

The LDI maintains flexible work hours, permitting full time employees to select a supervisor-approved schedule that may begin as early as 7:00 a.m. or end as late as 5:30 p.m. The LDI also permits a 4-day workweek of 10½-hour days, or a 4½-day workweek, with supervisor and Appointing Authority approval. LDI Policy Memorandum 10 adopts the availability of part-time employment, in accordance with Civil Service Rule 11.2.

Additionally, the LDI complies with and supports the Family and Medical Leave Act.

## **AGENCY RECORDS**

Generally, the LDI maintains records having administrative value for the active year plus three. Some records of the LDI are retained longer and others are permanent. All records retention schedules are approved by the State Archives and Records Services of the Secretary of State and maintained on the LDI Intranet for ease of reference by staff responsible for record storage and, when approved, destruction.

## **PROCESS DOCUMENTATION**

Development of the LDI's Strategic Plan for 2014-2019 included all of the following:

- Inventory by type of performance measures.
- Documentation of organizational changes.
- Consultation with each deputy commissioner to provide accurate program activity descriptions and to reaffirm existing performance measures, provide additional descriptions and documentation and to develop new performance measures to reflect changes in activities of the office or division.
- Input from each Responsible Person who reviewed Performance Indicator Documentation sheets for clarity and accuracy.
- Detailed review by LDI management.
- Actions identified on the Strategic Planning Checklist.

## **PROGRAM A – ADMINISTRATION/FISCAL**

### **STATUTORY AUTHORITY**

La. Const. art. IV, § 11; La. R.S. 36:681-696; Act 14, § 8(C) of the 2013 Regular Session of the Louisiana Legislature; La. R.S. 22:2-3; La. R.S. 22:31-33; La. R.S. 22:41; La. R.S. 22:1071; La. R.S. 22:1476; La. R.S. 9:2800.7; La. R.S. 22:2291-2347; La. R.S. 40:1428; and 42 USC 1395b-4.

### **MISSION AND GOALS**

The mission and goal for Program A are the same as the Department-wide Mission with emphasis on Goal II:

**MISSION** The mission of the Louisiana Department of Insurance is to regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and to serve as advocate for the state’s insurance consumers.

**GOAL II** Provide necessary administrative and operational support to the entire Department, attract insurers to the state in order to promote a more competitive market, work to stabilize the property insurance market and provide outreach and consumer assistance.

### **OBJECTIVES**

- II.1 Through the Office of the Commissioner, to retain accreditation by the National Association of Insurance Commissioners (NAIC).
- II.2 Through the Internal Audit Division, to identify the adequacy or weaknesses of the Department’s internal control processes by performing scheduled internal audits and to assure that there are no repeat findings in the legislative auditor’s report.
- II.3 Through the Division of Minority Affairs, to foster awareness of opportunities in the insurance industry and of the skills, training and education necessary to prepare for employment, appointment as producers, and as services provider for insurers.
- II.4 Through the Office of Consumer Advocacy, to receive consumer inquiries and complaints, to provide insurance information, both basic and developing topics, and to ensure the LDI provides consumers the highest quality service.
- II.5 Through the Senior Health Insurance Information Program, to assist senior citizens and others eligible for Medicare with awareness of health insurance programs available to them.
- II.6 Through the Fiscal Affairs Division, to deposit revenue to the State Treasury and handle accounts payable and receivable, travel and statutory deposits.
- II.7 Through the Revenue Services Division, to collect all assessments and premium taxes due and to perform desk examinations of premium tax returns.
- II.8 Through the Information Technology Division, to provide maintenance and support of the Department’s IT systems, databases, and internet access, and to improve consumer and industry service and information access via technology.

## **PROGRAM A – ADMINISTRATION/FISCAL**

### **OFFICES AND ACTIVITIES**

LA. R.S. 36:681-696

**OFFICE OF THE COMMISSIONER** – Provides management oversight to the entire Department and coordinates the administration of all provisions of the Louisiana Insurance Code – Title 22 of the Louisiana Revised Statutes. There are four divisions under the Office of the Commissioner: Internal Audit, Public Affairs, Division of Minority Affairs, and Office of Consumer Advocacy.

**Internal Audit** assists management by identifying weaknesses and deficiencies in Departmental operations and making recommendations for necessary corrective actions. Internal Audit also provides management assistance to divisions upon request. This division also performs special projects, as assigned by the Commissioner through his designee.

**Public Affairs** communicates the Department’s message through printed materials including press releases, brochures, weekly newspaper columns, radio scripts, and newsletter articles; accepts media calls and public information requests; coordinates media interview requests and speaking engagements for the Commissioner and LDI staff; manages the Department’s web site content and public email system; edits public information disseminated by the Department; writes the Department’s Public Service Announcements; and coordinates consumer information booths at conferences, fairs and festivals.

**Minority Affairs** works to increase the active involvement of minorities and the disadvantaged in Louisiana's insurance industry by providing educational and informational services to minorities and the disadvantaged to foster a greater awareness of the opportunities available in the insurance industry and of the skills, training, and education necessary to prepare for opportunities in employment, appointment as producers and contracting for services with insurance companies.

**Office of Consumer Advocacy** analyzes the LDI’s consumer complaint records to improve both the regulation of the business of insurance and service to complainants. OCA conducts regular random reviews of complaint case files to determine the existence of patterns of behavior by regulated entities which require further examination by other LDI offices or divisions’ staff. Additionally, OCA provides audit services of compliance staff in OPC, OHI, OLC-L,A, LTC to review their effectiveness in protecting consumers’ interests. In addition to its continued outreach efforts pertaining to current insurance trends and topics, the OCA oversees the Senior Health Insurance Program, which provides health-insurance related information to senior citizens and others eligible for Medicare. In 2012, SHIIP’s duties, under its federal grant expansion, support federal efforts to increase awareness of certain provisions of the Patient Protection and Affordable Care Act of 2011.

**OFFICE OF MANAGEMENT & FINANCE** (La. R.S. 36:684) – Oversees the management of the Department’s fiscal affairs, revenue services, IT, human resources, administrative services, budget, purchasing, and is responsible for strategic and operational planning for the entire Department.

**Fiscal Affairs** deposits revenue to the State Treasury and handles accounts payable and receivable, travel and statutory deposits.

**Revenue Services** invoices and collects Assessments (LA Insurance Rating, Fraud & Administrative Fund), receipts all revenue, classifies all revenue, performs desk examinations of premium tax returns.

**Information Technology** maintains the Department’s databases and systems, assists various divisions in developing on-line access to certain information and services for the public, insurance industry and Department staff.

**Human Resource** manages the Department’s human resources and building security.

**Administrative Services** maintains records, handles mail and messenger services, building maintenance, fleet management, property control and physical inventory.

**Budget** manages the Department’s appropriation by compiling the necessary information for budget development, budget projections, monitoring budget changes through expenditures, revenue collections, legislation and mid-year adjustments.

**Purchasing** maintains office supply inventory and distribution of supplies; procures stock and special supplies, equipment, furniture and printing services by using ISIS and/or obtaining bids according to state law and purchasing rules and regulations; maintains portable devices for LDI personnel; maintains photocopiers and fax machines; reviews and verifies all professional and consulting services contracts in accordance with agency policy and procedures and within the laws, rules and regulations of the state.

**Strategic and Operational Planning** prepares strategic and operational plans for the Department; collects, analyzes and reports quarterly performance results; collects information for legislative fiscal notes and writes fiscal economic and family impact statements; serves as liaison with the Legislative Fiscal Office and House and Senate Fiscal Affairs.

# PROGRAM A – ADMINISTRATION/FISCAL PERFORMANCE INDICATORS

Discontinued Performance Measures in Program A		
PI Number	PI Name (Office or Division)	Reason for discontinuing
<b>914</b>	Number of surplus lines companies approved and monitored (Commissioner)	Federal law (NRRA) preempts LDI's approval authority.
<b>22837</b>	Average number of days to conclude a complaint investigation (OCA)	Change in focus of program activity.
<b>22840</b>	Number of complaints received (OCA)	Change in focus of activity. All complaints received will be counted in OCA as inquiries; complaints are then referred to appropriate Office/Division for handling.
<b>22841</b>	Number of complaint investigations concluded (OCA)	Change in focus of program activity.
<b>1000</b> <i>Formerly in Market Program</i>	Number of senior health publications distributed (SHIIP)	This is not a required CMS performance measure. It has become a less reliable measure of outreach since publications and documents are available for download on the LDI website.

<b>KEY</b>	<b>INPUT</b>
	<b>OUTPUT</b>
	<b>OUTCOME</b>
	<b>EFFICIENCY</b>
	<b>QUALITY</b>

**04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE**  
**PROGRAM A – ADMINISTRATION/FISCAL**  
**PROGRAM ACTIVITY: OFFICE OF THE COMMISSIONER**

**GOAL II** Provide necessary administrative and operational support to the entire Department, attract insurers to the state in order to promote a more competitive market, work to stabilize the property insurance market and provide outreach and consumer assistance.

**OBJECTIVE II.1** Through the Office of the Commissioner, to retain accreditation by the National Association of Insurance Commissioners (NAIC).

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children’s Budget Link: N/A

Human Resource Policies Beneficial to Women and Families Link: N/A

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

**STRATEGIES**

- II.1.1 Work with the NAIC and other states to develop nationwide standards for insurance regulation and sharing of information among the states.
- II.1.2 Work with all areas of the LDI, the legislature, other state agencies and private interests to increase the number of financially sound, consumer responsive insurers doing business in the state.

**PERFORMANCE INDICATORS**

6389	Key	Percentage of NAIC accreditation retained
912	General	Number of licensed domestic insurers
913	General	Number of licensed foreign/alien insurance companies
911	General	Total number of risk bearing companies licensed and approved

**EXPLANATORY NOTES**

The National Association of Insurance Commissioners is the national organization that exists to promote effective insurance regulation and consumer protection. The Department of Insurance’s accreditation remains in effect until suspended or revoked. The NAIC conducts periodic audits to determine if continued accreditation is appropriate. The indicator is expressed as a percentage because LaPAS can accept only numeric expression. Most recently, the NAIC accredited the Louisiana Department of Insurance in June 2009.

PI 914 is discontinued. As a result of the federal Nonadmitted and Reinsurance Reform Act, the LDI is no longer authorized to approve companies operating in Louisiana on a surplus lines basis.

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF THE COMMISSIONER

OBJECTIVE II.1 Through the Office of the Commissioner, to retain accreditation by the National Association of Insurance Commissioners (NAIC).

LaPAS Code	Level	Performance Indicator Name
<b>6389</b>	<b>Key</b>	<b>Percentage of NAIC accreditation retained</b>

Type and Level	Quality; Key
Rationale, Relevance, Reliability	This indicator measures the overall success of the Department based on standards set by the National Association of Insurance Commissioners. The NAIC conducts regular examinations and audits of the LDI for the Department to maintain accreditation.
Use	The indicator will be used both internally and externally. Accreditation is an evaluation of Louisiana’s regulatory process. Maintaining NAIC accreditation is important to the ability of Louisiana domiciled insurers doing business in other regulatory jurisdictions.
Clarity	The indicator is clear. See Caveats below.
Data Source, Collection, Reporting	The Office of Financial Solvency coordinates NAIC audits of the Department and would be notified in the event of any suspension or withdrawal of accreditation.
Calculation Methodology	NAIC Accreditation Committee votes on a yearly basis for the LDI to maintain its accreditation.
Scope	The indicator is aggregated.
Caveats	LaPAS only accepts numeric data; therefore, the indicator is reported as a percentage rather than yes or no.
Accuracy, Maintenance, Support	The most recent NAIC accreditation certificate is posted in the lobby of the Poydras Building.
Responsible Person	Caroline Brock, Deputy Commissioner of Financial Solvency – Phone (225) 342-1631; Fax: (225) 342-9203; <a href="mailto:cbrock@ldi.la.gov">cbrock@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF THE COMMISSIONER

OBJECTIVE II.1 Through the Office of the Commissioner, to retain accreditation by the National Association of Insurance Commissioners (NAIC).

LaPAS Code	Level	Performance Indicator Name
<b>912</b>	<b>General</b>	<b>Number of licensed domestic insurers</b>

Type and Level	Outcome; General
Rationale, Relevance, Reliability	This indicates the size of the domestic market and the success of adopting public policies that make Louisiana an attractive domicile for insurers. Typically, the more insurers, the more competitive the rates are for the insured.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The data is collected through the Entity Management System (EMS) and reported annually from the Company Licensing Division.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Entity Management System (EMS) at close of reporting period. Report is maintained with work papers of annual reporting of performance indicator.
Responsible Person	Terry Stubbs, Asst. Director of Licensing/Company Licensing; Phone (225) 219-4318; <a href="mailto:tstubbs@ldi.la.gov">tstubbs@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF THE COMMISSIONER

OBJECTIVE II.1 Through the Office of the Commissioner, to retain accreditation by the National Association of Insurance Commissioners (NAIC).

LaPAS Code	Level	Performance Indicator Name
<b>913</b>	<b>General</b>	<b>Number of licensed foreign/alien insurance companies</b>

Type and Level	Outcome; General
Rationale, Relevance, Reliability	This indicates the size of the competitive market and the success of adopting public policies that make Louisiana an attractive market for insurers. Typically, the more insurers, the more competitive the rates are for the insured.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear. A foreign insurer is domiciled in another state or other U.S. regulatory jurisdiction; an alien insurer is domiciled in another country.
Data Source, Collection, Reporting	The data is collected through the Entity Management System (EMS) and reported annually from the Company Licensing Division.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Entity Management System (EMS) at close of reporting period. Report is maintained with work papers of annual reporting of performance indicator.
Responsible Person	Terry Stubbs, Asst. Director of Licensing/Company Licensing; Phone (225) 219-4318; <a href="mailto:tstubbs@ldi.la.gov">tstubbs@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF THE COMMISSIONER

OBJECTIVE II.1 Through the Office of the Commissioner, to retain accreditation by the National Association of Insurance Commissioners (NAIC).

LaPAS Code	Level	Performance Indicator Name
<b>911</b>	<b>General</b>	<b>Total number of risk bearing companies licensed and approved</b>

Type and Level	Outcome; General
Rationale, Relevance, Reliability	This indicates the size of the competitive market and the success of adopting public policies that make Louisiana an attractive market for insurers. Typically, the more insurers, the more competitive the rates are for the insured.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The data is collected through the Entity Management System (EMS) and reported annually from the Company Licensing Division.
Calculation Methodology	Standard count of domestic insurers, admitted insurers, health maintenance organizations, risk retention groups, vehicle mechanical breakdown insurers, property residual value insurers, and surplus lines companies on the voluntary white list.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Entity Management System (EMS) at close of reporting period. Report is maintained with work papers of annual reporting of performance indicator.
Responsible Person	Terry Stubbs, Asst. Director of Licensing/Company Licensing; Phone (225) 219-4318; <a href="mailto:tstubbs@ldi.la.gov">tstubbs@ldi.la.gov</a>

**04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE**  
**PROGRAM A – ADMINISTRATION/FISCAL**  
**PROGRAM ACTIVITY: OFFICE OF THE COMMISSIONER – INTERNAL AUDIT DIVISION**

**GOAL II** Provide necessary administrative and operational support to the entire Department, attract insurers to the state in order to promote a more competitive market, work to stabilize the property insurance market and provide outreach and consumer assistance.

**OBJECTIVE II.2** Through the Internal Audit Division, to identify the adequacy or weaknesses of the Department’s internal control processes by performing scheduled internal audits and to assure that there are no repeat findings in the legislative auditor’s report.

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children’s Budget Link: N/A

Human Resource Policies Beneficial to Women and Families Link: N/A

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

**STRATEGIES**

II.2.1 To assess risk and schedule internal audits, as approved by the agency head or his/her designee prior to the start of the fiscal year.

**PERFORMANCE INDICATORS**

- 6393 Supporting Number of internal audits performed
- 887 Supporting Number of repeat internal audit findings
- 6394 General Percentage of internal audit recommendations accepted
- 6395 General Number of repeat findings in the legislative auditor’s report

**EXPLANATORY NOTE**

The LDI’s budget generally exceeds the \$30 million threshold contained in the preamble of Appropriations Bill (HB1), which requires such agencies to allot within their table of organization positions that perform the function of internal auditing. The LDI has numerous staff, supervisors and managers, who regularly track, reconcile and inventory assets entrusted to the LDI. These functions include, but are not limited to, tracking appropriated budget revenue and expenditures, performing annual inventory of movable property, and processing over \$400 million in revenue the LDI collects on behalf of the State of Louisiana. The LDI maintains one position dedicated exclusively to planning and performing internal audits.

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF THE COMMISSIONER – INTERNAL AUDIT DIVISION

**OBJECTIVE II.2** Through the Internal Audit Division, to identify the adequacy or weaknesses of the Department’s internal control processes by performing scheduled internal audits and to assure that there are no repeat findings in the legislative auditor’s report.

LaPAS Code	Level	Performance Indicator Name
<b>6393</b>	<b>Supporting</b>	<b>Number of internal audits performed</b>

Type and Level	Output; Supporting
Rationale, Relevance, Reliability	The number of internal audits performed is indicative of the workload in that division. Audits may be relatively simple or may be more complex and time consuming.
Use	The LDI will use this indicator internally to guide management decisions on processes and staffing.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Internal Audit Division.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Internal Auditor’s final reports are held in the internal audit office.
Responsible Person	Helen Petho, Auditor 3; Phone (225) 342-4115; Fax (225) 219-7872; <a href="mailto:hpetho@ldi.la.gov">hpetho@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF THE COMMISSIONER – INTERNAL AUDIT DIVISION

**OBJECTIVE II.2** Through the Internal Audit Division, to identify the adequacy or weaknesses of the Department’s internal control processes by performing scheduled internal audits and to assure that there are no repeat findings in the legislative auditor’s report.

LaPAS Code	Level	Performance Indicator Name
<b>887</b>	<b>Supporting</b>	<b>Number of repeat internal audit findings</b>

Type and Level	Quality; Supporting
Rationale, Relevance, Reliability	This indicator measures the effectiveness of our internal audit activity by tracking the number of repeat findings and the effectiveness of the remedial measures taken after findings occur.
Use	The LDI will use this indicator internally to guide management decisions on processes and staffing.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Internal Audit Division.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Internal audit reports compare previous findings to current findings. Reports are retained in internal auditor’s office.
Responsible Person	Helen Petho, Auditor 3; Phone (225) 342-4115; Fax (225) 219-7872; <a href="mailto:hpetho@ldi.la.gov">hpetho@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF THE COMMISSIONER – INTERNAL AUDIT DIVISION

**OBJECTIVE II.2** Through the Internal Audit Division, to identify the adequacy or weaknesses of the Department’s internal control processes by performing scheduled internal audits and to assure that there are no repeat findings in the legislative auditor’s report.

LaPAS Code	Level	Performance Indicator Name
<b>6394</b>	<b>General</b>	<b>Percentage of internal audit recommendations accepted</b>

Type and Level	Efficiency; General
Rationale, Relevance, Reliability	The number of internal audit recommendations accepted reflects the effectiveness of the recommendations and the cooperation level of the division to which the recommendation applies.
Use	The LDI will use this indicator internally to guide management decisions on processes and staffing.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Internal Audit Division.
Calculation Methodology	Divide the number of internal audit recommendations accepted by the number of internal audit recommendations made, expressed as a percentage.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Follow-up audits are done to see if recommendations have been adopted and if recommended changes are effective. Reports are retained in internal auditor’s office.
Responsible Person	Helen Petho, Auditor 3; Phone (225) 342-4115; Fax (225) 219-7872; <a href="mailto:hpetho@ldi.la.gov">hpetho@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF THE COMMISSIONER – INTERNAL AUDIT DIVISION

**OBJECTIVE II.2** Through the Internal Audit Division, to identify the adequacy or weaknesses of the Department’s internal control processes by performing scheduled internal audits and to assure that there are no repeat findings in the legislative auditor’s report.

LaPAS Code	Level	Performance Indicator Name
<b>6395</b>	<b>General</b>	<b>Number of repeat findings in the legislative auditor’s report</b>

Type and Level	Outcome; General
Rationale, Relevance, Reliability	This indicator measures the effectiveness of our internal audit activity by tracking the number of repeat findings in the legislative auditor’s annual report.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Internal Audit Division, compared to the legislative auditor’s annual report.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Compare legislative auditor’s previous reports to current reports for repeat findings. Records are retained in internal auditor’s office.
Responsible Person	Helen Petho, Auditor 3; Phone (225) 342-4115; Fax (225) 219-7872; <a href="mailto:hpetho@ldi.la.gov">hpetho@ldi.la.gov</a>

**04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE**  
**PROGRAM A – ADMINISTRATION/FISCAL**  
**PROGRAM ACTIVITY: DIVISION OF MINORITY AFFAIRS**

**GOAL II** Provide necessary administrative and operational support to the entire Department, attract insurers to the state in order to promote a more competitive market, work to stabilize the property insurance market and provide outreach and consumer assistance.

**OBJECTIVE II.3** Through the Division of Minority Affairs, to foster awareness of opportunities in the insurance industry and of the skills, training and education necessary to prepare for employment, appointment as producers, and as service providers for insurers.

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children’s Budget Link: N/A

Human Resource Policies Beneficial to Women and Families Link: N/A

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

**STRATEGIES**

- II.3.1 Make available via the internet, by mail, etc., and through training/educational seminars, information to assist minority and disadvantaged persons who wish to obtain employment in the insurance industry or related service companies.
- II.3.2 Periodically survey licensees to estimate minority and disadvantaged persons employed as professionals or paraprofessionals with insurers doing business in the state.
- II.3.3 Help create academic concentrations in insurance at historically black colleges and universities in Louisiana.

**PERFORMANCE INDICATORS**

- 24326 Supporting Number of educational seminars provided by the Division of Minority Affairs
- 10161 General Number of contacts made to companies on behalf of minority or disadvantaged producers, facilitated by the Division of Minority Affairs
- 13793 General Number of persons attending educational or training seminars
- 25029 General Number of minorities receiving services through LDI for training, individual telephone or email assistance to help obtain employment in the insurance industry or related service companies
- NEW** General Number of workshops the Division of Minority Affairs participated in via invitations

<b>NEW</b>	General	Number of minorities employed at management level in companies responding to career survey
<b>NEW</b>	General	Number of companies responding to career survey
<b>NEW</b>	General	Number of students at Historically Black Colleges and Universities (HBCUs) completing academic (minor) concentration in insurance (begin reporting FY 2015-2016)

#### **EXPLANATORY NOTES**

It has been difficult for minority and disadvantaged producers to obtain the contract or company appointment that would allow them to sell insurers' products to their clients. LDI conducts informal counseling and educational and training across the state and facilitates appointments of minority producers with admitted carriers.

The objective of the program activity is restated to better reflect the statutory purpose of the Division. New performance indicators (general) are added to the Division of Minority Affairs to report results of insurance degree (minor) programs at HBCUs and the participation of minorities and disadvantaged persons in the insurance industry.

Also in the Division of Minority Affairs, the name of an existing performance indicator (PI 10161) is changed to more accurately define the activity performed. This change is in addition to changing PI 10161 from a supporting performance indicator to general performance information, a change occurring in FY 2012-2013.

In FY 2013-2014, the Division of Minority Affairs adopted a new general data indicator for the number of workshops it participates in by invitation of the sponsor, to better quantify its outreach.

Since the previous Strategic Plan, the Division of Minority Affairs PI 13793 was changed from supporting to general data, as the prediction of the number of attendees is indeterminable and dependent on outside factors, which the Division cannot control.

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: DIVISION OF MINORITY AFFAIRS

**OBJECTIVE II.3** Through the Division of Minority Affairs, to foster awareness of opportunities in the insurance industry and of the skills, training and education necessary to prepare for employment, appointment as producers, and as service providers for insurers.

LaPAS Code	Level	Performance Indicator Name
<b>24326</b>	<b>Supporting</b>	<b>Number of educational seminars provided by the Division of Minority Affairs</b>

Type and Level	Output; Supporting
Rationale, Relevance, Reliability	The indicator measures the educational seminars the Division of Minority Affairs conducts throughout the fiscal year. This activity is part of the statutory mission of the Division of Minority Affairs to offer assistance to minorities and disadvantaged persons interested in working or currently employed in the insurance industry by providing educational seminars for employment opportunities, obtaining CE credits and company contact information.
Use	The indicator will be used internally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Division of Minority Affairs.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	These are seminars planned and provided by the division.
Accuracy, Maintenance, Support	The Division of Minority Affairs maintains flyers, announcements and sign-in-sheets. All information, including reports on seminars, is maintained in the Division of Minority Affairs files.
Responsible Person	Patrick Bell, Deputy Commissioner of Minority Affairs; Phone (225) 342-8393; Fax (225) 342-4652; <a href="mailto:pbell@ldi.la.gov">pbell@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: DIVISION OF MINORITY AFFAIRS

**OBJECTIVE II.3** Through the Division of Minority Affairs, to foster awareness of opportunities in the insurance industry and of the skills, training and education necessary to prepare for employment, appointment as producers, and as service providers for insurers.

LaPAS Code	Level	Performance Indicator Name
<b>10161</b>	<b>General</b>	<b>Number of contacts made to companies on behalf of minority or disadvantaged producers, facilitated by the Division of Minority Affairs</b>

Type and Level	Output; General
Rationale, Relevance, Reliability	The activity is part of the statutory mission of the Division of Minority Affairs, and this indicator measures the results of the Division of Minority Affairs' activities in assisting minority and disadvantaged producers in obtaining appointments with companies.
Use	The indicator will be used internally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Division of Minority Affairs.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	This is set to count number of appointments by standard companies of minority and disadvantaged producers, facilitated by the Division of Minority Affairs rather than the previous indicator of calculating the number of companies to which producers have access.
Accuracy, Maintenance, Support	The Division of Minority Affairs maintains records of contacts using the producer assistance form or other documents.
Responsible Person	Patrick Bell, Deputy Commissioner of Minority Affairs; Phone (225) 342-8393; Fax (225) 342-4652; <a href="mailto:pbell@ldi.la.gov">pbell@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: DIVISION OF MINORITY AFFAIRS

**OBJECTIVE II.3** Through the Division of Minority Affairs, to foster awareness of opportunities in the insurance industry and of the skills, training and education necessary to prepare for employment, appointment as producers, and as service providers for insurers.

LaPAS Code	Level	Performance Indicator Name
<b>13793</b>	<b>General</b>	<b>Number of persons attending educational or training seminars</b>

Type and Level	Outcome; General
Rationale, Relevance, Reliability	This indicator measures the reach of the Division of Minority Affairs’ activities in assisting minority and disadvantaged persons through its planned educational programs. This activity is part of the Division’s statutory mission to foster greater awareness of the opportunities available in the insurance industry and to help prepare individuals for these opportunities.
Use	The indicator will be used internally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Division of Minority Affairs.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	The Division of Minority Affairs maintains sign-in sheets and other documents from outreach and training activities.
Responsible Person	Patrick Bell, Deputy Commissioner of Minority Affairs; Phone (225) 342-8393; Fax (225) 342-4652; <a href="mailto:pbell@ldi.la.gov">pbell@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: DIVISION OF MINORITY AFFAIRS

**OBJECTIVE II.3** Through the Division of Minority Affairs, to foster awareness of opportunities in the insurance industry and of the skills, training and education necessary to prepare for employment, appointment as producers, and as service providers for insurers.

LaPAS Code	Level	Performance Indicator Name
<b>25029</b>	<b>General</b>	<b>Number of minorities receiving services through LDI for training, individual telephone, or email assistance to help obtain employment in the insurance industry or related service companies</b>

Type and Level	Output; General
Rationale, Relevance, Reliability	This indicator measures the reach of the Division of Minority Affairs' activities in assisting minority and disadvantaged producers, persons, and agencies, which is a statutory mission of the Division.
Use	The indicator will be used internally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Division of Minority Affairs.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	The Division of Minority Affairs documents requests on the Minority Affairs Assistance Form and maintains the forms in the files of the Division.
Responsible Person	Patrick Bell, Deputy Commissioner of Minority Affairs; Phone (225) 342-8393; Fax (225) 342-4652; <a href="mailto:pbell@ldi.la.gov">pbell@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: DIVISION OF MINORITY AFFAIRS

**OBJECTIVE II.3** Through the Division of Minority Affairs, to foster awareness of opportunities in the insurance industry and of the skills, training and education necessary to prepare for employment, appointment as producers, and as service providers for insurers.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>General</b>	<b>Number of workshops the Division of Minority Affairs participated in via invitations</b>

Type and Level	Output; General
Rationale, Relevance, Reliability	This indicator measures the reach of the Division of Minority Affairs as a participant in programs organized by other groups or organizations, which target disadvantaged businesses, churches and nonprofits. While audience size is not counted, frequent presence in the community creates greater awareness of the assistance the Division provides, including information on insurance career preparation, as well as insurance products and services. This activity is part of the statutory mission of the Division to foster greater awareness of the opportunities available in the insurance industry.
Use	The indicator will be used internally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Division of Minority Affairs.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	The Division of Minority Affairs maintains written requests, emails, agendas, handouts, flyers and other documents of all workshops attended. This information is maintained in the Division's files of outreach and training.
Responsible Person	Patrick Bell, Deputy Commissioner of Minority Affairs; Phone (225) 342-8393; Fax (225) 342-4652; <a href="mailto:pbell@ldi.la.gov">pbell@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: DIVISION OF MINORITY AFFAIRS

**OBJECTIVE II.3** Through the Division of Minority Affairs, to foster awareness of opportunities in the insurance industry and of the skills, training and education necessary to prepare for employment, appointment as producers, and as service providers for insurers.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>General</b>	<b>Number of minorities employed at management level in companies responding to career survey</b>

Type and Level	Outcome; General
Rationale, Relevance, Reliability	This indicator measures the level of participation of minorities within management of LDI regulated entities. The level of participation of minorities in insurance management positions is only partially attributable to the efforts of the Division.
Use	The indicator will be used internally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The data is collected through the LDI web application for Industry Access.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	Survey data is requested of insurers with more than \$1 million in Louisiana premium, third party administrators and claims adjusting firms.
Accuracy, Maintenance, Support	The Division of Minority Affairs generates reports from statistical data received from companies completing the survey in the Industry Access Portal.
Responsible Person	Patrick Bell, Deputy Commissioner of Minority Affairs; Phone (225) 342-8393; Fax (225) 342-4652; <a href="mailto:pbell@ldi.la.gov">pbell@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: DIVISION OF MINORITY AFFAIRS

**OBJECTIVE II.3** Through the Division of Minority Affairs, to foster awareness of opportunities in the insurance industry and of the skills, training and education necessary to prepare for employment, appointment as producers, and as service providers for insurers.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>General</b>	<b>Number of companies responding to career survey</b>

Type and Level	Input; General
Rationale, Relevance, Reliability	This indicator helps provide the relevance and reliability of the preceding new outcome indicator. It measures the reach of the Division of Minority Affairs when it sends the periodic survey to companies licensed in the State of Louisiana to gather statistical information on the ethnic and gender makeup of the management level positions of its workforce. This activity will also help keep up to date company contact information and help identify areas most in need of Division services.
Use	The indicator will be used internally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records are collected through the LDI web application for Industry Access.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	Survey data is requested of insurers with more than \$1 million in Louisiana premium, third party administrators and claims adjusting firms.
Accuracy, Maintenance, Support	Company responses and reports are maintained in the Division's files.
Responsible Person	Patrick Bell, Deputy Commissioner of Minority Affairs; Phone (225) 342-8393; Fax (225) 342-4652; <a href="mailto:pbell@ldi.la.gov">pbell@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: DIVISION OF MINORITY AFFAIRS

**OBJECTIVE II.3** Through the Division of Minority Affairs, to foster awareness of opportunities in the insurance industry and of the skills, training and education necessary to prepare for employment, appointment as producers, and as service providers for insurers.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>General</b>	<b>Number of students at Historically Black Colleges and Universities (HBCUs) completing academic (minor) concentration in insurance (begin reporting FY 2015-2016)</b>

Type and Level	Outcome; General
Rationale, Relevance, Reliability	This activity is a part of the mission of the Division of Minority Affairs, as this indicator counts outcomes of academic programs closely aligned with the Division’s mission. The LDI Division of Minority Affairs collaborates with the HBCUs in developing and updating coursework applicable to the academic programs in insurance.
Use	The indicator will be used internally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	Reports from universities offering academic concentration in insurance.
Calculation Methodology	The calculation method is sum of the counts provided by each HBCU.
Scope	The indicator is aggregated from three reporting universities.
Caveats	The 12-hour minor curriculum anticipates its first graduates to occur no sooner than the 2015-2016 academic year.
Accuracy, Maintenance, Support	The Division of Minority Affairs will receive reports from HBCUs after each semester on the number of enrolled students and the number completing the program. These reports are maintained in the Division of Minority Affairs files.
Responsible Person	Patrick Bell, Deputy Commissioner of Minority Affairs; Phone (225) 342-8393; Fax (225) 342-4652; <a href="mailto:pbell@ldi.la.gov">pbell@ldi.la.gov</a>

**04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE**  
**PROGRAM A – ADMINISTRATION/FISCAL**  
**PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY**

**GOAL II** Provide necessary administrative and operational support to the entire Department, attract insurers to the state in order to promote a more competitive market, work to stabilize the property insurance market and provide outreach and consumer assistance.

**OBJECTIVE II.4** Through the Office of Consumer Advocacy, to receive consumer inquiries and complaints, to provide insurance information, both basic and developing topics, and to ensure the LDI provides consumers the highest quality service.

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children’s Budget Link: N/A

Human Resource Policies Beneficial to Women and Families Link: N/A

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

**STRATEGIES**

- II.4.1 Advocate for consumers, upon request, by receiving inquiries and responding to their insurance needs.
- II.4.2 Disseminate information to consumers, civic associations, governmental organizations and other individuals by providing presentations and printed materials.
- II.4.3 Execute randomly selected quarterly audits of five percent of all complaint files throughout all divisions of LDI to ensure LDI staff thoroughly investigates cases on behalf of consumers.
- II.4.4 Improve quality by recording inconsistencies, oversights and additional refunds collected.
- II.4.5 Identify and report apparent or potential violations of law to the appropriate division or office within the LDI.

**PERFORMANCE INDICATORS**

22838	Key	Number of community-based presentations
NEW	Key	Number of files from other divisions audited
NEW	Key	Percentage of complaint files referred for additional regulatory review, as a result of audit
NEW	Key	Percentage of complaint files leading to additional staff training, as a result of audit
22839	General	Number of inquiries received
22842	General	Number of public information packets distributed to consumers
22843	General	Amount of claim payments and premium refunds recovered for complainants as a result of reopening previously closed files

**NEW** General Percentage of LDI complaint files audited

**EXPLANATORY NOTE**

All complaints are initially investigated in the compliance division of the Offices of Property and Casualty, Health Insurance, Licensing and Life, Annuity and LTC. OCA provides audit services of complaint files for improvements in the regulatory process.

New performance indicators are created for the Office of Consumer Advocacy to reflect its new administrative duties in auditing closed complaint files. Old performance measures (22837, 22840, 22841) regarding complaint processing, which is no longer a primary activity of OCA, were discontinued. General data reported as 22843 is limited to amount of recovery resulting from reopened complaint files, following audit of files or request by consumer.

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE  
 PROGRAM A – ADMINISTRATION/FISCAL  
 PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY

OBJECTIVE II.4 Through the Office of Consumer Advocacy, to receive consumer inquiries and complaints, to provide insurance information, both basic and developing topics, and to ensure the LDI provides consumers the highest quality service.

LaPAS Code	Level	Performance Indicator Name
<b>22838</b>	<b>Key</b>	<b>Number of community-based presentations</b>

Type and Level	Output; Key
Rationale, Relevance, Reliability	The indicator measures the outreach of the Office of Consumer Advocacy into the community.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Consumer Advocacy.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	This indicator includes speaking engagements, as well as radio and television appearances.
Accuracy, Maintenance, Support	Spreadsheet tracking all events is maintained securely in OCA.
Responsible Person	Ron Henderson, Deputy Commissioner of Consumer Advocacy; Phone (225) 219-4771; Fax (225) 342-2544; <a href="mailto:rchenderson@ldi.la.gov">rchenderson@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE  
 PROGRAM A – ADMINISTRATION/FISCAL  
 PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY

OBJECTIVE II.4 Through the Office of Consumer Advocacy, to receive consumer inquiries and complaints, to provide insurance information, both basic and developing topics, and to ensure the LDI provides consumers the highest quality service.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>Key</b>	<b>Number of files from other divisions audited</b>

Type and Level	Output; Key
Rationale, Relevance, Reliability	The OCA randomly selects five percent of the closed complaint files, equally among the divisions. Files are reviewed to verify appropriate conduct of the regulated entity as well as to ensure reasonable and quality performance by LDI staff. When indicated, additional files may be selected for review.
Use	This indicator will be used internally.
Clarity	This indicator is clear.
Data Source, Collection, Reporting	Case files available Complaint, Rate and Form Tracking (CRAFT).
Calculation Methodology	Standard count.
Scope	This indicator is aggregated, and may be disaggregated by division.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) system at close of reporting period, maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Ron Henderson, Deputy Commissioner of Consumer Advocacy; Phone (225) 219-4771; Fax (225) 342-2544; <a href="mailto:rchenderson@ldi.la.gov">rchenderson@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE  
 PROGRAM A – ADMINISTRATION/FISCAL  
 PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY

OBJECTIVE II.4 Through the Office of Consumer Advocacy, to receive consumer inquiries and complaints, to provide insurance information, both basic and developing topics, and to ensure the LDI provides consumers the highest quality service.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>Key</b>	<b>Percentage of complaint files referred for additional regulatory review, as a result of audit</b>

Type and Level	Outcome; Key
Rationale, Relevance, Reliability	The OCA randomly selects five percent of the closed complaint files, equally among the divisions. Files are reviewed to verify appropriate conduct of the regulated entity as well as to ensure reasonable and quality performance by LDI staff. When indicated, additional files may be selected for review. This activity supports LDI's oversight of regulated entities.
Use	This indicator will be used both internally and externally.
Clarity	This indicator is clear.
Data Source, Collection, Reporting	Case files available in Complaint, Rate and Form Tracking (CRAFT).
Calculation Methodology	Divide the number of files referred by OCA to another office or division for further regulatory review by number of files reviewed by OCA, expressed as a percentage.
Scope	This indicator is aggregated, and may be disaggregated by division receiving the file referral.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) system at close of reporting period, maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Ron Henderson, Deputy Commissioner of Consumer Advocacy; Phone (225) 219-4771; Fax (225) 342-2544; <a href="mailto:rchenderson@ldi.la.gov">rchenderson@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE  
 PROGRAM A – ADMINISTRATION/FISCAL  
 PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY

OBJECTIVE II.4 Through the Office of Consumer Advocacy, to receive consumer inquiries and complaints, to provide insurance information, both basic and developing topics, and to ensure the LDI provides consumers the highest quality service.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>Key</b>	<b>Percentage of complaint files leading to additional staff training, as a result of audit</b>

Type and Level	Quality; Key
Rationale, Relevance, Reliability	The OCA randomly selects five percent of the closed complaint files, equally among the divisions. Files are reviewed to verify appropriate conduct of the regulated entity as well as to ensure reasonable and quality performance by LDI staff. When indicated, additional files may be selected for review. This activity supports LDI's efforts to deliver high quality service to Louisiana consumers.
Use	This indicator will be used internally to improve staff consistency, efficiency and courtesy.
Clarity	This indicator is clear.
Data Source, Collection, Reporting	Case files available in Complaint, Rate and Form Tracking (CRAFT).
Calculation Methodology	Divide number of files referred by OCA to another office or division for further staff training by the number of files reviewed by OCA, expressed as a percentage.
Scope	This indicator is aggregated, and may be disaggregated by division.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) system at close of reporting period, maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Ron Henderson, Deputy Commissioner of Consumer Advocacy; Phone (225) 219-4771; Fax (225) 342-2544; <a href="mailto:rchenderson@ldi.la.gov">rchenderson@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE  
 PROGRAM A – ADMINISTRATION/FISCAL  
 PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY

OBJECTIVE II.4 Through the Office of Consumer Advocacy, to receive consumer inquiries and complaints, to provide insurance information, both basic and developing topics, and to ensure the LDI provides consumers the highest quality service.

LaPAS Code	Level	Performance Indicator Name
<b>22839</b>	<b>General</b>	<b>Number of inquiries received</b>

Type and Level	Input; General
Rationale, Relevance, Reliability	This indicator measures the number of inquiries received by the Office of Consumer Advocacy from Louisiana citizens.
Use	This indicator will be used both internally and externally.
Clarity	This indicator is clear.
Data Source, Collection, Reporting	Case files available in Complaint, Rate and Form Tracking (CRAFT).
Calculation Methodology	Standard count.
Scope	This indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) system at close of reporting period, maintained with work papers of fourth quarter reporting of performance indicator.
Responsible Person	Ron Henderson, Deputy Commissioner of Consumer Advocacy; Phone (225) 219-4771; Fax (225) 342-2544; <a href="mailto:rchenderson@ldi.la.gov">rchenderson@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE  
 PROGRAM A – ADMINISTRATION/FISCAL  
 PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY

OBJECTIVE II.4 Through the Office of Consumer Advocacy, to receive consumer inquiries and complaints, to provide insurance information, both basic and developing topics, and to ensure the LDI provides consumers the highest quality service.

LaPAS Code	Level	Performance Indicator Name
<b>22842</b>	<b>General</b>	<b>Number of public information packets distributed to consumers</b>

Type and Level	Output; General
Rationale, Relevance, Reliability	This indicator quantifies an outreach effort of the Office of Consumer Advocacy.
Use	This indicator will be used both internally and externally.
Clarity	This indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Consumer Advocacy.
Calculation Methodology	Standard count.
Scope	This indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Spreadsheet of all events and information packet distribution is maintained securely in OCA.
Responsible Person	Ron Henderson, Deputy Commissioner of Consumer Advocacy; Phone (225) 219-4771; Fax (225) 342-2544; <a href="mailto:rchenderson@ldi.la.gov">rchenderson@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE  
 PROGRAM A – ADMINISTRATION/FISCAL  
 PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY

OBJECTIVE II.4 Through the Office of Consumer Advocacy, to receive consumer inquiries and complaints, to provide insurance information, both basic and developing topics, and to ensure the LDI provides consumers the highest quality service.

LaPAS Code	Level	Performance Indicator Name
<b>22843</b>	<b>General</b>	<b>Amount of claim payments and premium refunds recovered for complainants as a result of reopening previously closed files</b>

Type and Level	Outcome; General
Rationale, Relevance, Reliability	This indicator quantifies the amount of claim payments and premium refunds recovered as a result of reopening files closed by other LDI divisions. A low recovery amount reported indicates that other divisions are performing at a high level.
Use	This indicator will be used both internally and externally.
Clarity	This indicator is clear.
Data Source, Collection, Reporting	Case files available in Complaint, Rate and Form Tracking (CRAFT).
Calculation Methodology	The calculation method is a sum of all additional recoveries attributable to OCA.
Scope	This indicator is aggregated, and may be disaggregated by type of insurance policy (ex: P&C; Life; Health).
Caveats	This recovery is not included in the results of other divisions.
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) system at close of reporting period, maintained with work papers of fourth quarter reporting of performance indicator.
Responsible Person	Ron Henderson, Deputy Commissioner of Consumer Advocacy; Phone (225) 219-4771; Fax (225) 342-2544; <a href="mailto:rchenderson@ldi.la.gov">rchenderson@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE  
 PROGRAM A – ADMINISTRATION/FISCAL  
 PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY

OBJECTIVE II.4 Through the Office of Consumer Advocacy, to receive consumer inquiries and complaints, to provide insurance information, both basic and developing topics, and to ensure the LDI provides consumers the highest quality service.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>General</b>	<b>Percentage of LDI complaint files audited</b>
Type and Level	Output; General	
Rationale, Relevance, Reliability	This indicator documents actual percentage of complaint files audited during fiscal year.	
Use	This indicator will be used both internally and externally.	
Clarity	This indicator is clear.	
Data Source, Collection, Reporting	Case files available in Complaint, Rate and Form Tracking (CRAFT).	
Calculation Methodology	Divide the number of files reviewed by OCA by number of complaint files closed by LDI during the fiscal year, expressed as a percentage.	
Scope	This indicator is aggregated.	
Caveats	There are no caveats.	
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) system at close of reporting period, maintained with work papers of fourth quarter reporting of performance indicator.	
Responsible Person	Ron Henderson, Deputy Commissioner of Consumer Advocacy; Phone (225) 219-4771; Fax (225) 342-2544; <a href="mailto:rchenderson@ldi.la.gov">rchenderson@ldi.la.gov</a>	

**04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE**  
**PROGRAM A – ADMINISTRATION/FISCAL**  
**PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY SHIP**

**GOAL II** Provide necessary administrative and operational support to the entire Department, attract insurers to the state in order to promote a more competitive market, work to stabilize the property insurance market and provide outreach and consumer assistance.

**OBJECTIVE II.5** Through the Senior Health Insurance Information Program, to assist senior citizens and others eligible for Medicare with awareness of health insurance programs available to them.

State Outcome Goals Link: Transparent, Accountable and Effective Government  
 Children’s Budget Link: N/A  
 Human Resource Policies Beneficial to Women and Families Link: N/A  
 Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

**STRATEGIES**

- II.5.1 Increase the reach of the program through presentations at fairs, meetings, etc. across the state.
- II.5.2 Increase number of community partners and volunteer counselors.

**PERFORMANCE INDICATORS**

999	Key	Number of senior health group presentations provided
996	Key	Total persons reached through presentations, booths and exhibits, and assistance (CMS PM2)
12125	Key	Number of client contacts in-person office, telephone all durations, and contacts by email, postal or fax (CMS PM1)
NEW	Key	Number of substantial personal direct client contacts (telephone calls of duration 10 minutes or more, in-person office, in-depth email communications) (CMS PM3)
NEW	Supporting	Number of contacts with Medicare beneficiaries coded as in the CMS-defined Disabled Program (under age 65) (CMS PM4)
NEW	Supporting	Number of contacts with people with incomes less than 150 percent of federal poverty level and contacts that discussed low income subsidy (CMS PM5)
NEW	Supporting	Total counseling hours provided (CMS PM8)
NEW	Supporting	Total number of active SHIP counselors
17795	General	Number of health counselor training sessions conducted
995	General	Estimated savings to counseled health clients
NEW	General	Number of agencies reporting data

NEW	General	Number of volunteer counselors
NEW	General	Number of Medicare beneficiaries in the state, as of September 30

**EXPLANATORY NOTES**

Counts reported to Centers for Medicare and Medicaid Services (CMS) are per 1,000 Medicare beneficiaries in the state.

In SHIIP, performance indicators are rewritten and additional ones included to provide a clearer and more thorough alignment with the goals of the federal grant program. CMS awards baseline grants to every state for reaching the Medicare population with information about the program and enrollment options; CMS sets grant amounts based on achievement of performance measures. Performance Indicator 996 is changed from General Performance Data to a Key Performance Measure, as CMS recommended quarterly targets for SHIIP to reach through presentations, booths and exhibits. PI 12125 has not changed in what is counted; however, the name of the performance measure duplicates the wording of the CMS Performance Measure 1. “Volunteer” is dropped from PI 17795 to permit a more inclusive counting of counselor training sessions conducted. PI 1000 (number of senior health publications distributed) is discontinued, as the relevancy of this count has decreased as the number of seniors who obtain these publications through the LDI website increased. This strategic plan includes additional measures based on CMS’s performance measures. Wherever the LaPAS performance measure duplicates the wording of the CMS performance measure, the CMS performance measure number is included in the name of the performance indicator. Standards for these measures will increase over the next three years, in concert with CMS’s recommendations for improvements to SHIIP’s outreach.

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY SHIIP

**OBJECTIVE II.5** Through the Senior Health Insurance Information Program, to assist senior citizens and others eligible for Medicare with awareness of health insurance programs available to them.

LaPAS Code	Level	Performance Indicator Name
<b>999</b>	<b>Key</b>	<b>Number of senior health group presentations provided</b>

Type and Level	Output; Key
Rationale, Relevance, Reliability	The indicator measures the number of group presentations provided. Group presentations are a SHIIP grant requirement.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of SHIIP, as collected in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	Includes presentations by partners. LaPAS and CMS do not have the same reporting deadlines.
Accuracy, Maintenance, Support	Each group presentation is documented in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Responsible Person	Vicki Dufrene, Director; SHIIP; Phone (225) 219-7731; Fax (225) 219-0685; <a href="mailto:vdufrene@ldi.la.gov">vdufrene@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY SHIIP

**OBJECTIVE II.5** Through the Senior Health Insurance Information Program, to assist senior citizens and others eligible for Medicare with awareness of health insurance programs available to them.

LaPAS Code	Level	Performance Indicator Name
<b>996</b>	<b>Key</b>	<b>Total persons reached through presentations, booths and exhibits, and assistance (CMS PM2)</b>

Type and Level	Output; Key
Rationale, Relevance, Reliability	The indicator measures the number in attendance at group presentations and booth/exhibits, a count required by the SHIIP grant.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of SHIIP, as collected in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Calculation Methodology	The calculation method is a standard count of attendance for presentations for the fiscal year.
Scope	The indicator is aggregated.
Caveats	The method of counting varies by event and may include a headcount, sign in sheets, verification of count with host agency/group or estimate the count by the number of materials distributed. LaPAS and CMS do not have the same reporting deadlines.
Accuracy, Maintenance, Support	Each group presentation is documented in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Responsible Person	Vicki Dufrene, Director; SHIIP; Phone (225) 219-7731; Fax (225) 219-0685; <a href="mailto:vdufrene@ldi.la.gov">vdufrene@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY SHIIP

**OBJECTIVE II.5** Through the Senior Health Insurance Information Program, to assist senior citizens and others eligible for Medicare with awareness of health insurance programs available to them.

LaPAS Code	Level	Performance Indicator Name
<b>12125</b>	<b>Key</b>	<b>Number of client contacts, in person office, telephone all durations, and contacts by email, postal or fax (CMS PM1)</b>

Type and Level	Output; Key
Rationale, Relevance, Reliability	The indicator measures the number of seniors receiving services through telephone, fairs, group presentations, email, fax, personal interview, etc. Direct client contact is a SHIIP grant requirement.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of SHIIP, as collected in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Calculation Methodology	The calculation is a standard count, combining results from LDI staff, contracted partners and SHIIP volunteers.
Scope	The indicator is aggregated.
Caveats	Persons who attend more than one presentation are counted each time in attendance. LaPAS and CMS do not have the same reporting deadlines.
Accuracy, Maintenance, Support	Information gathered from each contact is documented in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Responsible Person	Vicki Dufrene, Director; SHIIP; Phone (225) 219-7731; Fax (225) 219-0685; <a href="mailto:vdufrene@ldi.la.gov">vdufrene@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY SHIIP

**OBJECTIVE II.5** Through the Senior Health Insurance Information Program, to assist senior citizens and others eligible for Medicare with awareness of health insurance programs available to them.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>Key</b>	<b>Number of substantial personal direct client contacts (telephone calls of duration 10 minutes or more, in-person office, in-depth email communication) (CMS PM3)</b>

Type and Level	Quality; Key
Rationale, Relevance, Reliability	This indicator measures the substantial personal direct contact reach of SHIIP.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of SHIIP, as collected in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Calculation Methodology	The calculation is a standard count, combining results from LDI staff, contracted partners and SHIIP volunteers.
Scope	The indicator is aggregated.
Caveats	LaPAS and CMS do not have the same reporting deadlines.
Accuracy, Maintenance, Support	Each counselor training session is documented in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Responsible Person	Vicki Dufrene, Director; SHIIP; Phone (225) 219-7731; Fax (225) 219-0685; <a href="mailto:vdufrene@ldi.la.gov">vdufrene@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY SHIIP

**OBJECTIVE II.5** Through the Senior Health Insurance Information Program, to assist senior citizens and others eligible for Medicare with awareness of health insurance programs available to them.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>Supporting</b>	<b>Number of contacts with Medicare beneficiaries coded as in the CMS-defined Disable Program under age 65 (CMS PM4)</b>

Type and Level	Output; Supporting
Rationale, Relevance, Reliability	This is a specific performance measure recommended by CMS for expanded funding opportunities.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of SHIIP, as collected in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Calculation Methodology	The calculation is a standard count, combining results from LDI staff, contracted partners and SHIIP volunteers.
Scope	The indicator is aggregated.
Caveats	LaPAS and CMS do not have the same reporting deadlines.
Accuracy, Maintenance, Support	Each contact with a Medicare beneficiary coded as disabled is documented in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Responsible Person	Vicki Dufrene, Director; SHIIP; Phone (225) 219-7731; Fax (225) 219-0685; <a href="mailto:vdufrene@ldi.la.gov">vdufrene@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY SHIIP

**OBJECTIVE II.5** Through the Senior Health Insurance Information Program, to assist senior citizens and others eligible for Medicare with awareness of health insurance programs available to them.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>Supporting</b>	<b>Number of contacts with people with incomes less than 150 percent of federal poverty level and contacts that discussed low income subsidy (CMS PM5)</b>

Type and Level	Output; Supporting
Rationale, Relevance, Reliability	This is a specific performance measure recommended by CMS for expanded funding opportunities.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear. Three qualifying topics are found on CMS Client Contact Form.
Data Source, Collection, Reporting	The records of SHIIP, as collected in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Calculation Methodology	The calculation is a standard count, combining results from LDI staff, contracted partners and SHIIP volunteers.
Scope	The indicator is aggregated.
Caveats	LaPAS and CMS do not have the same reporting deadlines.
Accuracy, Maintenance, Support	Each client contact is documented in SHIIP Connect and exported to the CMS National Performance Reporting Program. Extractable report filters individual contacts with people having incomes less than 150 percent of the federal poverty level.
Responsible Person	Vicki Dufrene, Director; SHIIP; Phone (225) 219-7731; Fax (225) 219-0685; <a href="mailto:vdufrene@ldi.la.gov">vdufrene@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY SHIIP

**OBJECTIVE II.5** Through the Senior Health Insurance Information Program, to assist senior citizens and others eligible for Medicare with awareness of health insurance programs available to them.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>Supporting</b>	<b>Total counseling hours provided (CMS PM8)</b>

Type and Level	Output; Supporting
Rationale, Relevance, Reliability	This is a specific performance measure recommended by CMS for expanded funding opportunities.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of SHIIP, as collected in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Calculation Methodology	The calculation is a standard count, combining results from LDI staff, contracted partners and SHIIP volunteers.
Scope	The indicator is aggregated.
Caveats	LaPAS and CMS do not have the same reporting deadlines.
Accuracy, Maintenance, Support	Counseling hours are documented in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Responsible Person	Vicki Dufrene, Director; SHIIP; Phone (225) 219-7731; Fax (225) 219-0685; <a href="mailto:vdufrene@ldi.la.gov">vdufrene@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY SHIIP

**OBJECTIVE II.5** Through the Senior Health Insurance Information Program, to assist senior citizens and others eligible for Medicare with awareness of health insurance programs available to them.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>Supporting</b>	<b>Total number of active SHIIP counselors</b>

Type and Level	Output; Supporting
Rationale, Relevance, Reliability	This is a specific performance measure recommended by CMS for expanded funding opportunities.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of SHIIP, as collected in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Calculation Methodology	The calculation is a standard count, combining results from LDI staff, contracted partners and SHIIP volunteers.
Scope	The indicator is aggregated.
Caveats	LaPAS and CMS do not have the same reporting deadlines.
Accuracy, Maintenance, Support	Each active SHIIP counselor is documented in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Responsible Person	Vicki Dufrene, Director; SHIIP; Phone (225) 219-7731; Fax (225) 219-0685; <a href="mailto:vdufrene@ldi.la.gov">vdufrene@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY SHIIP

**OBJECTIVE II.5** Through the Senior Health Insurance Information Program, to assist senior citizens and others eligible for Medicare with awareness of health insurance programs available to them.

LaPAS Code	Level	Performance Indicator Name
<b>17795</b>	<b>General</b>	<b>Number of health counselor training sessions conducted</b>

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of counselor training sessions conducted during the fiscal year. This includes volunteers, contract workers and employees. Training sessions include webinars, video conferencing, personal training, etc.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of SHIIP, as collected in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Calculation Methodology	The calculation is a standard count, combining results from LDI staff and contracted partners.
Scope	The indicator is aggregated.
Caveats	Includes training sessions conducted by partners and contractors. LaPAS and CMS do not have the same reporting deadlines.
Accuracy, Maintenance, Support	Each counselor training session is documented in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Responsible Person	Vicki Dufrene, Director; SHIIP; Phone (225) 219-7731; Fax (225) 219-0685; <a href="mailto:vdufrene@ldi.la.gov">vdufrene@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY SHIIP

**OBJECTIVE II.5** Through the Senior Health Insurance Information Program, to assist senior citizens and others eligible for Medicare with awareness of health insurance programs available to them.

LaPAS Code	Level	Performance Indicator Name
<b>995</b>	<b>General</b>	<b>Estimated savings to counseled health clients</b>

Type and Level	Outcome; General
Rationale, Relevance, Reliability	The indicator measures the amount of savings to counseled health clients in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of SHIIP, as collected in SHIIP Connect.
Calculation Methodology	The calculation method is a sum of all reported savings. Definition of “savings” is prescribed by the Centers for Medicare and Medicaid Services (CMS).
Scope	The indicator is aggregated.
Caveats	SHIIP is funded by a federal grant. Savings to clients are calculated using guidelines developed by CMS. Savings may result when assistance leads to the percentage not covered by Medicare being counted, or a client learning that he/she is eligible for other programs that can lead to Medicaid paying deductibles, premiums or co-payments, or in determining the best Medicare insurance product for the client's needs. Clients counseled into Medicaid and prescription drugs assistance are also included in the savings calculation. Savings, if any, vary depending upon the situation of the individual being counseled. LaPAS and CMS do not have the same reporting deadlines.
Accuracy, Maintenance, Support	Savings associated with each direct client contact is documented in SHIIP Connect.
Responsible Person	Vicki Dufrene, Director; SHIIP; Phone (225) 219-7731; Fax (225) 219-0685; <a href="mailto:vdufrene@ldi.la.gov">vdufrene@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY SHIIP

**OBJECTIVE II.5** Through the Senior Health Insurance Information Program, to assist senior citizens and others eligible for Medicare with awareness of health insurance programs available to them.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>General</b>	<b>Number of agencies reporting data</b>

Type and Level	Output; General
Rationale, Relevance, Reliability	This measures the active SHIIP partnerships throughout the state and maximizes the coordinated reach for providing Medicare and Affordable Care Act information.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of SHIIP, as collected in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Calculation Methodology	The calculation is a standard count, combining results from LDI, contracted partners and SHIIP volunteers.
Scope	The indicator is aggregated.
Caveats	LaPAS and CMS do not have the same reporting deadlines.
Accuracy, Maintenance, Support	Each reporting agency to SHIIP Connect has a unique ID and can be counted in SHIIP Connect and through CMS National Performance Reporting Program.
Responsible Person	Vicki Dufrene, Director; SHIIP; Phone (225) 219-7731; Fax (225) 219-0685; <a href="mailto:vdufrene@ldi.la.gov">vdufrene@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY SHIIP

**OBJECTIVE II.5** Through the Senior Health Insurance Information Program, to assist senior citizens and others eligible for Medicare with awareness of health insurance programs available to them.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>General</b>	<b>Number of volunteer counselors</b>

Type and Level	Output; General
Rationale, Relevance, Reliability	This is a specific performance measure recommended by CMS for expanded funding opportunities.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of SHIIP, as collected in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Calculation Methodology	The calculation is a standard count, combining results from LDI staff, contracted partners and SHIIP volunteers.
Scope	The indicator is aggregated.
Caveats	LaPAS and CMS do not have the same reporting deadlines.
Accuracy, Maintenance, Support	Each volunteer counselor is documented in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Responsible Person	Vicki Dufrene, Director; SHIIP; Phone (225) 219-7731; Fax (225) 219-0685; <a href="mailto:vdufrene@ldi.la.gov">vdufrene@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY SHIP

**OBJECTIVE II.5** Through the Senior Health Insurance Information Program, to assist senior citizens and others eligible for Medicare with awareness of health insurance programs available to them.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>General</b>	<b>Number of Medicare beneficiaries in the state, as of September 30</b>

Type and Level	Input; General
Rationale, Relevance, Reliability	This becomes the basis for reporting results to CMS. All reports to CMS are per 1,000 Medicare beneficiaries in Louisiana.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	CMS provides this data.
Calculation Methodology	Actual reported count, as of September 30 each year.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	CMS maintains and reports this data.
Responsible Person	Vicki Dufrene, Director; SHIP; Phone (225) 219-7731; Fax (225) 219-0685; <a href="mailto:vdufrene@ldi.la.gov">vdufrene@ldi.la.gov</a>

**04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE  
PROGRAM A – ADMINISTRATION/FISCAL  
PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – FISCAL AFFAIRS**

**GOAL II** Provide necessary administrative and operational support to the entire Department, attract insurers to the state in order to promote a more competitive market, work to stabilize the property insurance market and provide outreach and consumer assistance.

**OBJECTIVE II.6** Through the Fiscal Affairs Division, to deposit revenue to the State Treasury and handle accounts payable and receivable, travel and statutory deposits.

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children’s Budget Link: N/A

Human Resource Policies Beneficial to Women and Families Link: N/A

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

**STRATEGIES**

II.6.1 Categorize and track all revenue to assure accuracy of collections and proper crediting of all receipts and to support the revenue projection process.

II.6.2 Maximize authorized assessment collections through timely invoicing and to provide notice of delinquencies to appropriate divisions of the market compliance program for collection or other disciplinary action (license suspension, revocation, cease and desist, fine, etc.).

**PERFORMANCE INDICATORS**

890	Supporting	Total amount of revenue collected from taxes, assessments, fees, penalties and miscellaneous amounts \$ in millions
898	General	Number of different tax types collected
899	General	Number of different fees and assessments collected
893	General	Tax collections as percentage of taxable premiums
895	General	Total amount of Louisiana Insurance Rating assessment collected \$ in millions
6397	General	Total fees collected \$ in millions
NEW	General	Total taxes collected \$ in millions
896	General	Louisiana Insurance Rating assessment collection as percentage of subject premiums
23501	General	Amount reverted at end of FY \$ in millions
24327	General	Administrative fund assessment as percentage of health premium
24328	General	Fraud assessment as percentage of subject premium

**EXPLANATORY NOTE**

New indicator is added to give more complete presentation of revenue in LaPAS.

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – FISCAL AFFAIRS

OBJECTIVE II.6 Through the Fiscal Affairs Division, to deposit revenue to the State Treasury and handle accounts payable and receivable, travel and statutory deposits.

LaPAS Code	Level	Performance Indicator Name
<b>890</b>	<b>Supporting</b>	<b>Total amount of revenue collected from taxes, assessments, fees, penalties and miscellaneous amounts \$ in millions.</b>

Type and Level	Input; Supporting
Rationale, Relevance, Reliability	The indicator measures the amount of revenue collected from taxes, assessments, fees, penalties and miscellaneous amounts \$ in millions. This is the funding source for LDI and self-generated fund operations. Audited and presented in Annual Fiscal Report, which rolls into the Consolidated Annual Fiscal Report.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Fiscal Affairs Division.
Calculation Methodology	Standard sum.
Scope	The indicator is aggregated.
Caveats	Includes 45-day close, provided LaPAS fourth quarter deadline remains after the close.
Accuracy, Maintenance, Support	Revenue collections are audited and supported by the Annual Fiscal Report and bundle reports from ISIS. Records are maintained according to records retention schedule.
Responsible Person	Penny Rodriguez, Fiscal Officer; Phone (225) 342-5351; Fax (225) 219-7872; <a href="mailto:prodriguez@ldi.la.gov">prodriguez@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – FISCAL AFFAIRS

OBJECTIVE II.6 Through the Fiscal Affairs Division, to deposit revenue to the State Treasury and handle accounts payable and receivable, travel and statutory deposits.

LaPAS Code	Level	Performance Indicator Name
<b>898</b>	<b>General</b>	<b>Number of different tax types collected</b>

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the number of tax types collected by the department and shows increase or decrease in line item collections for different types of premium taxes.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Fiscal Affairs Division.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	This count includes only those for which there were actual collections.
Accuracy, Maintenance, Support	Revenue collections are audited and supported by the Annual Fiscal Report and bundle reports from ISIS. Records are maintained according to records retention schedule.
Responsible Person	Penny Rodriguez, Fiscal Officer; Phone (225) 342-5351; Fax (225) 219-7872; <a href="mailto:prodriguez@ldi.la.gov">prodriguez@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – FISCAL AFFAIRS

OBJECTIVE II.6 Through the Fiscal Affairs Division, to deposit revenue to the State Treasury and handle accounts payable and receivable, travel and statutory deposits.

LaPAS Code	Level	Performance Indicator Name
<b>899</b>	<b>General</b>	<b>Number of different fees and assessments collected</b>

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the number of fees and assessments collected by the department and shows increase or decrease in line item collections for self-generated revenue.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Fiscal Affairs Division.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	The count includes only fees for which there were actual collections.
Accuracy, Maintenance, Support	Revenue collections are audited and supported by the Annual Fiscal Report and bundle reports from ISIS. Records are maintained according to records retention schedule.
Responsible Person	Penny Rodriguez, Fiscal Officer; Phone (225) 342-5351; Fax (225) 219-7872; <a href="mailto:prodriguez@ldi.la.gov">prodriguez@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – FISCAL AFFAIRS

OBJECTIVE II.6 Through the Fiscal Affairs Division, to deposit revenue to the State Treasury and handle accounts payable and receivable, travel and statutory deposits.

LaPAS Code	Level	Performance Indicator Name
<b>893</b>	<b>General</b>	<b>Tax collections as percentage of taxable premiums</b>

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the percentage of taxable premiums represented by tax. The tax is a cost of conducting the business of insurance in Louisiana (offset against corporate franchise tax).
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Fiscal Affairs Division as reported by the Office of Financial Solvency.
Calculation Methodology	Divide total collections by taxable premium, expressed as a percentage.
Scope	The indicator is aggregated. It includes fire department; fire, casualty and misc.; life, accident and health; fire marshal; surplus lines; fireman training; retaliatory.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Revenue collections are audited and supported by the Annual Fiscal Report and bundle reports from ISIS. Records are maintained according to records retention schedule.
Responsible Person	Penny Rodriguez, Fiscal Officer; Phone (225) 342-5351; Fax (225) 219-7872; <a href="mailto:prodriguez@ldi.la.gov">prodriguez@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – FISCAL AFFAIRS

OBJECTIVE II.6 Through the Fiscal Affairs Division, to deposit revenue to the State Treasury and handle accounts payable and receivable, travel and statutory deposits.

LaPAS Code	Level	Performance Indicator Name
<b>895</b>	<b>General</b>	<b>Total amount of Louisiana Insurance Rating assessment collected \$ in millions</b>

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the total premiums subject to the LIR assessment, which funds several retirement and pension funds, the municipal fire and police Civil Service, and LDI. It assists in projections of future revenue.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Fiscal Affairs Division as reported by the Revenue Services Division.
Calculation Methodology	Standard sum.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Revenue collections are audited and supported by the Annual Fiscal Report and bundle reports from ISIS. Records are maintained according to records retention schedule.
Responsible Person	Penny Rodriguez, Fiscal Officer; Phone (225) 342-5351; Fax (225) 219-7872; <a href="mailto:prodriguez@ldi.la.gov">prodriguez@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – FISCAL AFFAIRS

OBJECTIVE II.6 Through the Fiscal Affairs Division, to deposit revenue to the State Treasury and handle accounts payable and receivable, travel and statutory deposits.

LaPAS Code	Level	Performance Indicator Name
<b>6397</b>	<b>General</b>	<b>Total fees collected \$ in millions</b>

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator provides the amount of revenue collected by LDI in the form of fees. It assists in projections of future revenue.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Fiscal Affairs Division.
Calculation Methodology	Standard sum.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Revenue collections are audited and supported by the Annual Fiscal Report and bundle reports from ISIS. Records are maintained according to records retention schedule.
Responsible Person	Penny Rodriguez, Fiscal Officer; Phone (225) 342-5351; Fax (225) 219-7872; <a href="mailto:prodriguez@ldi.la.gov">prodriguez@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – FISCAL AFFAIRS

OBJECTIVE II.6 Through the Fiscal Affairs Division, to deposit revenue to the State Treasury and handle accounts payable and receivable, travel and statutory deposits.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>General</b>	<b>Total taxes collected \$ in millions</b>

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator provides the amount of revenue collected by LDI in the form of premium taxes. It is a cost of conducting the business of insurance in Louisiana.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Fiscal Affairs Division.
Calculation Methodology	Standard sum.
Scope	The indicator is aggregated. It includes fire department; fire, casualty and misc.; life, accident and health; fire marshal; surplus lines; fireman training; retaliatory.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Revenue collections are audited and supported by the Annual Fiscal Report and bundle reports from ISIS. Records are maintained according to records retention schedule.
Responsible Person	Penny Rodriguez, Fiscal Officer; Phone (225) 342-5351; Fax (225) 219-7872; <a href="mailto:prodriguez@ldi.la.gov">prodriguez@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – FISCAL AFFAIRS

OBJECTIVE II.6 Through the Fiscal Affairs Division, to deposit revenue to the State Treasury and handle accounts payable and receivable, travel and statutory deposits.

LaPAS Code	Level	Performance Indicator Name
<b>896</b>	<b>General</b>	<b>Louisiana Insurance Rating assessment collection as percentage of subject premiums</b>

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator provides the percentage of subject premiums that make up the LIR assessment. It is a cost of conducting the business of insurance in Louisiana.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Fiscal Affairs Division as reported by the Revenue Services Division.
Calculation Methodology	Divide assessment collection by assessable premiums, expressed as percentage.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Revenue collections are audited and supported by the Annual Fiscal Report and bundle reports from ISIS. Records are maintained according to records retention schedule.
Responsible Person	Penny Rodriguez, Fiscal Officer; Phone (225) 342-5351; Fax (225) 219-7872; <a href="mailto:prodriguez@ldi.la.gov">prodriguez@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – FISCAL AFFAIRS

OBJECTIVE II.6 Through the Fiscal Affairs Division, to deposit revenue to the State Treasury and handle accounts payable and receivable, travel and statutory deposits.

LaPAS Code	Level	Performance Indicator Name
<b>23501</b>	<b>General</b>	<b>Amount reverted at end of FY \$ in millions</b>

Type and Level	Outcome; General
Rationale, Relevance, Reliability	The indicator measures the amount \$ in millions that were reverted at the end of the fiscal year.
Use	The indicator will be used internally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Fiscal Affairs Division.
Calculation Methodology	Subtract EOY actual self-generated expenses from EOY total self-generated operating collections.
Scope	The indicator is aggregated.
Caveats	Calculation limited to self-generated expenses and collections only. Excludes statutory dedications and federal funds.
Accuracy, Maintenance, Support	Revenue collections are audited and supported by the Annual Fiscal Report and bundle reports from ISIS. Records are maintained according to records retention schedule.
Responsible Person	Penny Rodriguez, Fiscal Officer; Phone (225) 342-5351; Fax (225) 219-7872; <a href="mailto:prodriguez@ldi.la.gov">prodriguez@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – FISCAL AFFAIRS

OBJECTIVE II.6 Through the Fiscal Affairs Division, to deposit revenue to the State Treasury and handle accounts payable and receivable, travel and statutory deposits.

LaPAS Code	Level	Performance Indicator Name
<b>24327</b>	<b>General</b>	<b>Administrative fund assessment as percentage of health premium</b>

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the percentage of administrative fund assessment that are of health premiums. It is a cost of conducting the business of insurance in Louisiana.
Use	The indicator will be used internally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Fiscal Affairs Division.
Calculation Methodology	Divide the total assessed by the total health premiums written subject to assessment, expressed as percentage.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Revenue collections are audited and supported by the Annual Fiscal Report and bundle reports from ISIS. Records are maintained according to records retention schedule.
Responsible Person	Penny Rodriguez, Fiscal Officer; Phone (225) 342-5351; Fax (225) 219-7872; <a href="mailto:prodriguez@ldi.la.gov">prodriguez@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – FISCAL AFFAIRS

OBJECTIVE II.6 Through the Fiscal Affairs Division, to deposit revenue to the State Treasury and handle accounts payable and receivable, travel and statutory deposits.

LaPAS Code	Level	Performance Indicator Name
<b>24328</b>	<b>General</b>	<b>Fraud assessment as percentage of subject premium</b>

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator provides the percentage of subject premiums that make up the LA Fraud assessment. It is a cost of conducting the business of insurance in Louisiana.
Use	The indicator will be used internally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Fiscal Affairs Division.
Calculation Methodology	Divide the total assessed by the total premiums subject to the assessment, expressed as percentage.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Revenue collections are audited and supported by the Annual Fiscal Report and bundle reports from ISIS. Records are maintained according to records retention schedule.
Responsible Person	Penny Rodriguez, Fiscal Officer; Phone (225) 342-5351; Fax (225) 219-7872; <a href="mailto:prodriguez@ldi.la.gov">prodriguez@ldi.la.gov</a>

**04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE  
PROGRAM A – ADMINISTRATION/FISCAL  
PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – REVENUE SERVICES**

**GOAL II** Provide necessary administrative and operational support to the entire Department, attract insurers to the state in order to promote a more competitive market, work to stabilize the property insurance market and provide outreach and consumer assistance.

**OBJECTIVE II.7** Through the Revenue Services Division, to collect all assessments and premium taxes due and to perform desk examinations of premium tax returns.

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children’s Budget Link: N/A

Human Resource Policies Beneficial to Women and Families Link: N/A

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

**STRATEGIES**

II.7.1 Provide assurance that premium taxes and assessments owed are remitted.

**PERFORMANCE INDICATORS**

901	Supporting	Number of desk examinations performed for tax purposes
891	General	Taxable premiums \$ in billions
894	General	Total premiums subject to Louisiana Insurance Rating assessment \$ in billions
NEW	General	LDI budget as percentage of total revenue collected

**EXPLANATORY NOTES**

With the reallocation the tax activity from the Office of Financial Solvency to the Office of Management & Finance, Division of Revenue Services, a performance indicator (PI 901) in the former Tax Division of the Office of Financial Solvency is reassigned to the Management and Finance – Revenue Services program activity.

Within the Office of Management & Finance, some performance indicators (PI 891, PI 894) are reallocated from Fiscal Affairs to Revenue Services.

New indicator provides basis for comparison to other states.

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF MANAGEMENT & FINANCE – REVENUE SERVICES DIVISION

OBJECTIVE II.7 Through the Revenue Services Division, to collect all assessments and premium taxes due and to perform desk examinations of premium tax returns.

LaPAS Code	Level	Performance Indicator Name
<b>901</b>	<b>Supporting</b>	<b>Number of desk examinations performed for tax purposes</b>

Type and Level	Output; Supporting
Rationale, Relevance, Reliability	The indicator measures the number of desk examinations performed for tax purposes during the reporting period.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Revenue Services Division.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Records of desk examination are captured in the LDI Premium Tax System through the LDI Entity Management System.
Responsible Person	Tommy Coco, Compliance Examiner Deputy Chief; Phone (225) 342-1012; Fax (225) 342-9708; <a href="mailto:tcoco@ldi.la.gov">tcoco@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE  
 PROGRAM A – ADMINISTRATION/FISCAL  
 PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – REVENUE SERVICES

OBJECTIVE II.7 Through the Revenue Services Division, to collect all assessments and premium taxes due and to perform desk examinations of premium tax returns.

LaPAS Code	Level	Performance Indicator Name
<b>891</b>	<b>General</b>	<b>Taxable premiums \$ in billions</b>

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the amount of taxable premiums, which is the basis for various assessments collected by the Department and of the premium tax collection made by the Department on behalf of the State General Fund.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Fiscal Affairs Division as reported by the Office of Financial Solvency.
Calculation Methodology	The calculation method is a sum.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Data is captured in the LDI Premium Tax System through the LDI Entity Management System.
Responsible Person	Tommy Coco, Compliance Examiner Deputy Chief; Phone (225) 342-1012; Fax (225) 342-9708; <a href="mailto:tcoco@ldi.la.gov">tcoco@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE  
 PROGRAM A – ADMINISTRATION/FISCAL  
 PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – REVENUE SERVICES

OBJECTIVE II.7 Through the Revenue Services Division, to collect all assessments and premium taxes due and to perform desk examinations of premium tax returns.

LaPAS Code	Level	Performance Indicator Name
<b>894</b>	<b>General</b>	<b>Total premiums subject to Louisiana Insurance Rating assessment \$ in billions</b>

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the total premiums subject to the LIR assessment which funds several retirement and pension funds, the municipal fire and police civil service and LDI.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Fiscal Affairs Division as reported by the Revenue Services Division.
Calculation Methodology	The calculation method is a sum.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Data is captured in the LDI Premium Tax System through the LDI Entity Management System.
Responsible Person	Tommy Coco, Compliance Examiner Deputy Chief; Phone (225) 342-1012; Fax (225) 342-9708; <a href="mailto:tcoco@ldi.la.gov">tcoco@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE  
 PROGRAM A – ADMINISTRATION/FISCAL  
 PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – REVENUE SERVICES

OBJECTIVE II.7 Through the Revenue Services Division, to collect all assessments and premium taxes due and to perform desk examinations of premium tax returns.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>General</b>	<b>LDI budget as percentage of total revenue collected</b>

Type and Level	Outcome; General
Rationale, Relevance, Reliability	The indicator provides a basis for comparison to other state insurance department budgets.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The calculation is a percentage calculation of the LDI appropriated budget divided by total revenue collected by LDI.
Calculation Methodology	Divide LDI's appropriated budget by the total revenue collected, expressed as a percentage.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Factors for this calculation are obtained from Fiscal Affairs and HB 1, along with any budget adjustments during the fiscal year.
Responsible Person	Tommy Coco, Compliance Examiner Deputy Chief; Phone (225) 342-1012; Fax (225) 342-9708; <a href="mailto:tcoco@ldi.la.gov">tcoco@ldi.la.gov</a>

**04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE  
PROGRAM A – ADMINISTRATION/FISCAL  
PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – INFORMATION TECHNOLOGY**

**GOAL II** Provide necessary administrative and operational support to the entire Department, attract insurers to the state in order to promote a more competitive market, work to stabilize the property insurance market and provide outreach and consumer assistance.

**OBJECTIVE II.8** Through the Information Technology Division, to provide maintenance and support of the Department’s IT systems, databases, and internet access, and to improve consumer and industry service and information access via technology.

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children’s Budget Link: N/A

Human Resource Policies Beneficial to Women and Families Link: N/A

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

**STRATEGIES**

- II.8.1 Increase the scope of services and information available through the LDI website
- II.8.2 Maintain and support, and update or expand as necessary the Department’s various databases and systems.

**PERFORMANCE INDICATORS**

- 22835** Supporting Number of technology projects planned to maximize employee productivity, improve or maintain compatibility with regulated entities, and warehouse data
- 22836** Supporting Percentage of planned technology projects reaching completion

**EXPLANATORY NOTE**

Given the rapid changes in communication devices and public expectations, the LDI revises the statement of this objective to include all technology improvements which connect the LDI to consumers and regulated entities, not limited to the Internet.

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – INFORMATION TECHNOLOGY

**OBJECTIVE II.8** Through the Information Technology Division, to provide maintenance and support of the Department’s IT systems, databases, and internet access, and to improve consumer and industry service and information access via technology.

LaPAS Code	Level	Performance Indicator Name
<b>22835</b>	<b>Supporting</b>	<b>Number of technology projects planned to maximize employee productivity, improve or maintain compatibility with regulated entities, and warehouse data</b>

Type and Level	Input; Supporting
Rationale, Relevance, Reliability	The indicator measures the number of IT projects planned for the entire fiscal year. The LDI’s IT Strategic Plan is aligned with the state’s IT initiative.
Use	The indicator will be used internally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Information Technology Division.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	Specific projects receiving IT approval will be footnoted in annual operations plan.
Accuracy, Maintenance, Support	All LDI IT projects are approved by the Louisiana State Office of Information Technology through the IT-10 process.
Responsible Person	Raymond Trogolo, IT Director; Phone (225) 342-8591; Fax (225) 342-6324; <a href="mailto:rtrogolo@ldi.la.gov">rtrogolo@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – INFORMATION TECHNOLOGY

**OBJECTIVE II.8** Through the Information Technology Division, to provide maintenance and support of the Department’s IT systems, databases, and internet access, and to improve consumer and industry service and information access via technology.

LaPAS Code	Level	Performance Indicator Name
<b>22836</b>	<b>Supporting</b>	<b>Percentage of planned technology projects reaching completion</b>

Type and Level	Efficiency; Supporting
Rationale, Relevance, Reliability	The indicator measures the percentage of planned IT projects actually completed. The LDI’s IT Strategic Plan is aligned with the state’s IT initiative.
Use	The indicator will be used internally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Information Technology Division.
Calculation Methodology	Divide number projects completed by the number of projects planned, expressed as percentage.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	All LDI IT projects are approved by the Louisiana State Office of Information Technology through the IT-10 process.
Responsible Person	Raymond Trogolo, IT Director; Phone (225) 342-8591; Fax (225) 342-6324; <a href="mailto:rtrogolo@ldi.la.gov">rtrogolo@ldi.la.gov</a>

## **PROGRAM B – MARKET COMPLIANCE**

### **STATUTORY AUTHORITY**

La. Const. art. IV, § 11; La. R.S. 36:681-696; Louisiana Insurance Code (Title 22); La. R.S. 40:1424; La. R.S. 23:1191-1200.5; and La. R.S. 33:1341-1350.2.

### **MISSION AND GOALS**

The mission and goal for Program B are the same as the Department-wide Mission with emphasis on Goal I:

**MISSION** The mission of the Louisiana Department of Insurance is to regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and to serve as advocate for the state’s insurance consumers.

**GOAL I** Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers by enforcing existing laws fairly and consistently and by proposing new laws as necessary.

### **OBJECTIVES**

- I.1 Through the Producer Licensing Division, to oversee the licensing of producers and claims adjusters in the state and to work with the Information Technology Division to effect a smooth transition to the ecommerce environment.
- I.2 Through the Company Licensing Division, to review applications for all license or registration types, other than insurance producers and adjusters, required to be filed with and approved by the Department of Insurance.
- I.3 Through the Life, Annuity and Long-term Care Compliance Division, to investigate to conclusion consumer complaints against life, annuity and long-term care insurers and producers within 42 days.
- I.4 Through the Life, Annuity and Long-term Care Forms Division, to review and issue a final decision on all forms, advertising, and long-term care rates in a timely manner.
- I.5 Through the Health Compliance Division, to investigate to conclusion consumer or provider health-insurance related complaints within 42 days and to review licensing applications of Utilization Review Organizations (URO) and Independent Review Organizations (IRO) and annual reports of IROs.
- I.6 Through the Health Forms Division, to approve or disapprove all major medical policy forms and health maintenance organization subscriber agreements, supplemental health policies, and Medicare supplement rates and advertising as authorized within an average of 30 days.
- I.7 Through the Office of Financial Solvency, to monitor the financial soundness and compliance of regulated entities, to provide assurance that premium tax owed is remitted, and to manage estates of companies in receivership.

- I.8 Through the P&C Compliance Division, to investigate to conclusion consumer complaints against Property & Casualty insurers and producers within 42 days.
- I.9 Through the P&C Forms Division, to pre-approve or disapprove all contract forms for insurers' use with consumers within 30 days.
- I.10 Through the P&C Rating Division, to process rate change requests.
- I.11 Through the Division of Insurance Fraud, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness.

**PROGRAM B – MARKET COMPLIANCE**  
**OFFICES AND ACTIVITIES**  
**LA. R.S. 36:681-696**

**OFFICE OF LICENSING & COMPLIANCE:** (LA. R.S. 36:692) Consists of Producer Licensing Division, Company Licensing Division and Life, Annuity & Long-term Care Division.

**Producer Licensing Division** maintains license, records and company appointments of all producers, surplus lines brokers and adjusters to determine their qualification to conduct business in accordance with Louisiana laws.

**Company Licensing Division** oversees the licensing of foreign and domestic insurance companies, third party administrators, dental referral plans, health maintenance organizations, risk purchasing groups, risk retention groups, vehicle mechanical breakdown insurers and viatical settlement brokers and providers, and medical necessity review organizations. The Company Licensing Division provides registration for Home Service Contract Providers.

**Life, Annuity and Long-term Care Division** enforces the provisions of the Louisiana Insurance Code pertaining to life insurance, annuities and long term care products. This Division's program activities are subdivided into Compliance, which investigates consumer complaints, and Forms, which reviews for approval life insurance, annuity and long term care contract forms that insurers propose to market in this state and implements approvals made by the Interstate Insurance Product Regulation Compact.

**OFFICE OF HEALTH INSURANCE:** (LA. R.S. 36:694) Consolidates the regulation of state and federal requirements applicable to commercial and government-operated health benefit plans. The Office of Health Insurance consists of two regulatory divisions and an advisory commission.

**Health Compliance Division** monitors the marketing, customer service and claims handling practices of health insurance issuers and producers conducting business in the state of Louisiana. This Division investigates health insurance related consumer complaints and performs statutory regulatory functions of utilization review organizations and independent review organizations.

**Health Forms Division**, reviews and approves/disapproves contract/policy forms, advertising and, where authorized, rates. The staff reviews all filings for compliance with applicable statutes, rules and regulations and implements approvals made by the Interstate Insurance Product Regulation Compact.

**Louisiana Health Care Commission** engages representatives of the health insurance and health care delivery systems to recommend public policies and perform activities which extend access to health care.

**OFFICE OF FINANCIAL SOLVENCY:** (LA. R.S. 36:693) Analyzes and examines the financial condition and market conduct activities of all insurers approved to conduct the business of insurance in Louisiana. The type of regulated insurer varies and includes Louisiana domiciled (domestic), out of state (foreign) and out of country (alien) insurers. These companies may operate as life, health, property and casualty, health maintenance organizations, surplus lines, self-insurance funds (primarily workers' compensation insurance), and vehicle mechanical breakdown companies. OFS actuaries support the regulatory activities related to insurers' reserve adequacy and rates for Life, Health and Property & Casualty. The Office of Financial Solvency plans, coordinates and administers the rehabilitation and liquidation of insolvent insurers pursuant to Part XVI and other applicable statutes contained in the Louisiana Insurance Code and under the supervision of the 19<sup>th</sup> Judicial District Court of Louisiana.

**OFFICE OF PROPERTY & CASUALTY:** (La. R.S. 36:688) Regulates insurance matters relative to the lines of coverage that are considered property and casualty lines. OPC consists of three regulatory divisions and an advisory commission.

**P&C Compliance Division** monitors the marketing, customer service and claims handling practices of property and casualty insurers and producers conducting business in the state of Louisiana. Additionally, this Division provides information, advice and assistance to consumers and industry representatives by responding to inquiries, making public presentations and supplying pamphlets and brochures to interested parties.

**P&C Forms Division** reviews, approves and/or disapproves contract forms submitted by insurers. Division staff reviews the forms for compliance with applicable statutes, rules and regulations.

**P&C Rating Division** reviews, approves and/or disapproves all manual rates and rules submitted to the Commissioner of Insurance for approval. By statute, the rates submitted by insurers are reviewed by the Division and staff actuaries to ensure that rates are not excessive, inadequate or unfairly discriminatory. The Commissioner of Insurance must approve rates and rules prior to implementation by an insurer.

**Louisiana Property and Casualty Insurance Commission (LPCIC)** studies and provides recommendations to the Legislature on issues relative to automobile, homeowners and workers' compensation insurance. The LPCIC submits an annual report to the Governor, Commissioner of Insurance and the Legislature that contains recommendations based upon its research, meetings and any testimony rendered during its meetings of the previous year.

**DIVISION OF LEGAL SERVICES:** (LA. R.S. 36:689) Acts as the legal counsel and enforcement arm of the Department. Its functions include drafting regulations, directives, bulletins and advisory letters; preparing and monitoring legislation; representing the Department in litigation before federal, state courts, and the Division of Administrative Law; enforcing insurance regulatory laws in administrative hearings; and assisting Department staff by providing legal advice on policy forms and any other insurance related matters. It also serves as a liaison between the Department and other federal, state and local government departments, agencies and commissions as well as insurance companies, producers and consumers.

**DIVISION OF INSURANCE FRAUD:** (LA. R.S. 36:691.1) Investigates all instances of alleged or suspected fraud committed by or upon insurance producers, brokers and companies. The Division of Insurance Fraud assists local, state and federal authorities in fraud investigations, as necessary, and cooperates with industry associations and organizations in the investigation and prevention of fraud. The Louisiana Auto Theft and Insurance Fraud Prevention Authority (LATIFPA) is a public agency within the Division of Insurance Fraud, whose purpose is to combat motor vehicle insurance fraud, including fraud by theft and other criminal acts. The Louisiana Legislature also established the Automobile Theft and Insurance Fraud Prevention Authority Fund within the LATIFPA, which collects and disburses funds through a grant process to combat motor vehicle theft and insurance fraud.

# PROGRAM B – MARKET COMPLIANCE

## PERFORMANCE INDICATORS

Discontinued Performance Measures in Program B		
PI Number	PI Name	Reason for Discontinuing
<b>908</b>	Total recovery of assets from liquidated companies (OFS; formerly Office of Receivership)	Re-evaluated relevance when moving from Receivership to Solvency; not related to activities of single fiscal year.
<b>6420</b>	Average number of days to review all company filings and applications (Company Licensing)	This measure was disaggregated into three other measures dividing the types based on the time consuming nature of the review; disaggregated measures are more reliable for measuring staff efficiency.
<b>14044</b>	Number of MNROs examined (Health)	MNROs cease to exist on Jan. 1, 2015; there is no statutory schedule for examining their statutory successors URO or IROs.
<b>6411</b>	Number of market conduct examinations performed (OFS)	These are not performed by statutory requirement. As needed basis is difficult to predict. Market conduct is examined with financial exams.
<b>20428</b>	Number of market conduct examinations performed (OFS)	Duplicate of 6411. Both are discontinued. Last reported in LaPAS under this number in FY 2009-2010.
<b>11940</b>	Percentage of companies other than domestic companies analyzed – financial (OFS)	The LDI can no longer provide a reliable basis count for the percentage: the number of foreign and alien companies doing business in Louisiana can only be estimated since NRRRA significantly limited states’ regulatory authority over nonadmitted companies. Further, this number is always low, and NAIC accreditation allows us to rely on other states’ examinations and analysis.
<b>889</b>	Additional taxes and penalties assessed as a result of audit in \$ million (OFS/tax)	Penalty and audit functions are in separate divisions under Strategic Plan. Inappropriate as Key indicator and of little relevance as general data with advent of NRRRA.
<b>900</b>	Number of field examinations of surplus lines brokers (OFS/tax)	Examinations of resident surplus lines brokers will be included in count of financial examinations.
<b>6396</b>	Percentage of surplus lines examined (OFS/tax)	Examinations of resident surplus lines brokers will be included in count of financial examinations. NRRRA limited state authority for nonresident brokers and nonadmitted companies.

<b>KEY</b>	<b>INPUT</b>
	<b>OUTPUT</b>
	<b>OUTCOME</b>
	<b>EFFICIENCY</b>
	<b>QUALITY</b>

**04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE**  
**PROGRAM B – MARKET COMPLIANCE**  
**PROGRAM ACTIVITY: OFFICE OF LICENSING AND COMPLIANCE – PRODUCER LICENSING**

**GOAL I** Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers by enforcing existing laws fairly and consistently and by proposing new laws as necessary.

**OBJECTIVE I.1** Through the Producer Licensing Division, to oversee the licensing of producers and claims adjusters in the state and to work with the Information Technology Division to effect a smooth transition to the ecommerce environment.

State Outcome Goals Link: Transparent, Accountable and Effective Government  
 Children’s Budget Link: N/A  
 Human Resource Policies Beneficial to Women and Families Link: N/A  
 Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

**STRATEGIES**

- I.1.1 Work with IT Division to increase access to department services and information via internet/website.
- I.1.2 Work with NAIC to develop nationwide standards for insurance regulation and consumer protection, and propose legislation as necessary to support those standards.

**PERFORMANCE INDICATORS**

6417	Key	Number of producer license renewals processed
934	Key	Number of company appointments processed
25030	Key	Number of adjuster renewals processed
NEW	Key	Average number of days to process problematic applications and renewals
933	General	Total number of licensed producers
6416	General	Number of new producer licenses issued
24330	General	Total number of adjusters
25031	General	Number of new adjuster licenses issued
NEW	General	Percentage of first time applications submitted electronically
NEW	General	Percentage of renewal applications submitted electronically

**EXPLANATORY NOTE**

A company appointment is the contract between the producer and the insurance company that allows the producer to offer the company's products to his/her clients; company appointments must be made each year. Licenses are issued for a two year period to Property & Casualty producers and in alternating years to Life and Health producers.

Since the prior Strategic Plan, the counts of new licensees as producers and adjusters are reported as General Data, with the new producer count changing from a Key Indicator to General Data and new adjuster licensees added to the General Data report. Also, subsequent to the prior Strategic Plan, number of adjuster renewals was added to the Key Indicators for this activity.

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING AND COMPLIANCE – PRODUCER LICENSING

OBJECTIVE I.1 Through the Producer Licensing Division, to oversee the licensing of producers and claims adjusters in the state and to work with the Information Technology Division to effect a smooth transition to the ecommerce environment.

LaPAS Code	Level	Performance Indicator Name
<b>6417</b>	<b>Key</b>	<b>Number of producer license renewals processed</b>

Type and Level	Output; Key
Rationale, Relevance, Reliability	The indicator measures the number producer licenses renewals processed.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing & Compliance in the Entity Management System.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Entity Management System (EMS) at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Lorie Gasior, Asst. Director, Producer Licensing; Phone (225) 219-7784; Fax (225) 342-3754; <a href="mailto:lgasior@ldi.la.gov">lgasior@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING AND COMPLIANCE – PRODUCER LICENSING

OBJECTIVE I.1 Through the Producer Licensing Division, to oversee the licensing of producers and claims adjusters in the state and to work with the Information Technology Division to effect a smooth transition to the ecommerce environment.

LaPAS Code	Level	Performance Indicator Name
<b>934</b>	<b>Key</b>	<b>Number of company appointments processed</b>

Type and Level	Output; Key
Rationale, Relevance, Reliability	The indicator measures the number of company appointments processed.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing & Compliance in the Entity Management System.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Entity Management System (EMS) at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Lorie Gasior, Asst. Director, Producer Licensing; Phone (225) 219-7784; Fax (225) 342-3754; <a href="mailto:lgasior@ldi.la.gov">lgasior@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING AND COMPLIANCE – PRODUCER LICENSING

**OBJECTIVE I.1** Through the Producer Licensing Division, to oversee the licensing of producers and claims adjusters in the state and to work with the Information Technology Division to effect a smooth transition to the ecommerce environment.

LaPAS Code	Level	Performance Indicator Name
<b>25030</b>	<b>Key</b>	<b>Number of adjuster renewals processed</b>

Type and Level	Output; Key
Rationale, Relevance, Reliability	The indicator measures the number of adjusters renewals processed.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing & Compliance in the Entity Management System.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Entity Management System (EMS) at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Lorie Gasior, Asst. Director, Producer Licensing; Phone (225) 219-7784; Fax (225) 342-3754; <a href="mailto:lgasior@ldi.la.gov">lgasior@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING AND COMPLIANCE – PRODUCER LICENSING

OBJECTIVE I.1 Through the Producer Licensing Division, to oversee the licensing of producers and claims adjusters in the state and to work with the Information Technology Division to effect a smooth transition to the ecommerce environment.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>Key</b>	<b>Average number of days to process problematic applications and renewals</b>

Type and Level	Efficiency; General
Rationale, Relevance, Reliability	The indicator measures the staff efficiency at resolving applications and renewals with background issues (criminal, civil and regulatory) so the licensing processing does not improperly hinder an individual's livelihood while maintaining the appropriate level of consumer protection.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing & Compliance in the Entity Management System.
Calculation Methodology	Divide the total number of days from receipt of a complete application to the issuance of a final decision for all applications of this type by the total number of applications of this type completed during the reporting period.
Scope	The indicator aggregates both producer and adjuster applicants.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Entity Management System (EMS) at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Lorie Gasior, Asst. Director, Producer Licensing; Phone (225) 219-7784; Fax (225) 342-3754; <a href="mailto:lgasior@ldi.la.gov">lgasior@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING AND COMPLIANCE – PRODUCER LICENSING

OBJECTIVE I.1 Through the Producer Licensing Division, to oversee the licensing of producers and claims adjusters in the state and to work with the Information Technology Division to effect a smooth transition to the ecommerce environment.

LaPAS Code	Level	Performance Indicator Name
<b>933</b>	<b>General</b>	<b>Total number of licensed producers</b>

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of producers licensed in the state.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing & Compliance in the Entity Management System.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	Measured as the total number of people and agencies licensed as producers. Adjusters are not counted for this indicator.
Accuracy, Maintenance, Support	Report run from Entity Management System (EMS) at close of reporting period. Report is maintained with work papers of fourth quarter reporting of performance indicator.
Responsible Person	Lorie Gasior, Asst. Director, Producer Licensing; Phone (225) 219-7784; Fax (225) 342-3754; <a href="mailto:lgasior@ldi.la.gov">lgasior@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING AND COMPLIANCE – PRODUCER LICENSING

OBJECTIVE I.1 Through the Producer Licensing Division, to oversee the licensing of producers and claims adjusters in the state and to work with the Information Technology Division to effect a smooth transition to the ecommerce environment.

LaPAS Code	Level	Performance Indicator Name
<b>6416</b>	<b>General</b>	<b>Number of new producer licenses issued</b>

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of new producer licenses issued.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing & Compliance in the Entity Management System.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Entity Management System (EMS) at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Lorie Gasior, Asst. Director, Producer Licensing; Phone (225) 219-7784; Fax (225) 342-3754; <a href="mailto:lgasior@ldi.la.gov">lgasior@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING AND COMPLIANCE – PRODUCER LICENSING

OBJECTIVE I.1 Through the Producer Licensing Division, to oversee the licensing of producers and claims adjusters in the state and to work with the Information Technology Division to effect a smooth transition to the ecommerce environment.

LaPAS Code	Level	Performance Indicator Name
<b>24330</b>	<b>General</b>	<b>Total number of adjusters</b>

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of claims adjusters registered in the state.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing & Compliance in the Entity Management System.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Entity Management System (EMS) at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Lorie Gasior, Asst. Director, Producer Licensing; Phone (225) 219-7784; Fax (225) 342-3754; <a href="mailto:lgasior@ldi.la.gov">lgasior@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING AND COMPLIANCE – PRODUCER LICENSING

OBJECTIVE I.1 Through the Producer Licensing Division, to oversee the licensing of producers and claims adjusters in the state and to work with the Information Technology Division to effect a smooth transition to the ecommerce environment.

LaPAS Code	Level	Performance Indicator Name
<b>25031</b>	<b>General</b>	<b>Number of new adjuster licenses issued</b>

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of new adjuster licenses issued.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing & Compliance in the Entity Management System.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Entity Management System (EMS) at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Lorie Gasior, Asst. Director, Producer Licensing; Phone (225) 219-7784; Fax (225) 342-3754; <a href="mailto:lgasior@ldi.la.gov">lgasior@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING AND COMPLIANCE – PRODUCER LICENSING

OBJECTIVE I.1 Through the Producer Licensing Division, to oversee the licensing of producers and claims adjusters in the state and to work with the Information Technology Division to effect a smooth transition to the ecommerce environment.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>General</b>	<b>Percentage of first time applications submitted electronically</b>

Type and Level	Outcome; General
Rationale, Relevance, Reliability	The indicator measures the adaptation of new licensee applicants to an ecommerce environment.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing & Compliance in the Entity Management System.
Calculation Methodology	Divide the count of applications received electronically by the total number of applications received during the reporting period, expressed as a percentage.
Scope	The indicator aggregates both producer and adjuster applicants.
Caveats	The only caveat is that problem applications (for example, applicants answer yes to questions about prior administrative actions, child support obligations, criminal history, etc.) are removed from electronic processing and not included.
Accuracy, Maintenance, Support	Report run from Entity Management System (EMS) at close of reporting period. Report is maintained with work papers of fourth quarter reporting of performance indicator.
Responsible Person	Lorie Gasior, Asst. Director, Producer Licensing; Phone (225) 219-7784; Fax (225) 342-3754; <a href="mailto:lgasior@ldi.la.gov">lgasior@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING AND COMPLIANCE – PRODUCER LICENSING

OBJECTIVE I.1 Through the Producer Licensing Division, to oversee the licensing of producers and claims adjusters in the state and to work with the Information Technology Division to effect a smooth transition to the ecommerce environment.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>General</b>	<b>Percentage of renewal applications submitted electronically</b>

Type and Level	Outcome; General
Rationale, Relevance, Reliability	The indicator measures the adaptation of existing licensees to an ecommerce environment.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing & Compliance in the Entity Management System.
Calculation Methodology	Divide the count of renewals received electronically by the total number of renewals received during the reporting period, expressed as a percentage.
Scope	The indicator aggregates both producer and adjuster applicants.
Caveats	The only caveat is that problem renewals (for example, applicants answer yes to questions about prior administrative actions, child support obligations, criminal history, etc.) are removed from electronic processing and not included.
Accuracy, Maintenance, Support	Report run from Entity Management System (EMS) at close of reporting period. Report is maintained with work papers of fourth quarter reporting of performance indicator.
Responsible Person	Lorie Gasior, Asst. Director, Producer Licensing; Phone (225) 219-7784; Fax (225) 342-3754; <a href="mailto:lgasior@ldi.la.gov">lgasior@ldi.la.gov</a>

**04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE**  
**PROGRAM B – MARKET COMPLIANCE**  
**PROGRAM ACTIVITY: OFFICE OF LICENSING & COMPLIANCE – COMPANY LICENSING**

**GOAL I** Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers by enforcing existing laws fairly and consistently and by proposing new laws as necessary.

**OBJECTIVE I.2** Through the Company Licensing Division, to review applications for all license or registration types, other than insurance producers and adjusters, required to be filed with and approved by the Department of Insurance.

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children’s Budget Link: N/A

Human Resource Policies Beneficial to Women and Families Link: N/A

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

**STRATEGIES**

- I.2.1 Develop instructions for insurers and other entities required to be licensed to follow in preparing filings and applications for submission to the department and return to insurers those filings that do not comply with the instructions.
- I.2.2 Complete the review of applications for Certificate of Authority and health maintenance organization licensure within 60 days of receipt of complete application.
- I.2.3 Complete the review of applications for vehicle mechanical breakdown insurers, property residual value insurers, risk purchasing groups, risk retention groups, viatical settlement brokers, viatical settlement providers, viatical settlement investment agent, discount medical plans, utilization review organizations, independent review organizations, dental referral plans, dissolution of domestic insurers and other applications within 50 days of receipt of complete application.
- I.2.4 Complete the processing of annual reports for third party administrators, viatical settlement providers, viatical settlement brokers and viatical settlement investment agents within 75 days of the due date thereof.
- I.2.5 Complete the processing of requests for Certificates of Compliance, Letters of No Objection and amendments to existing licenses and registrations within 30 days of receipt of the request or notice of amendments.

## PERFORMANCE INDICATORS

22844	Key	Average number of days to complete review of Certificate of Authority and health maintenance organization applications
22845	Key	Average number of days to review all other licensing and registration applications
22846	Key	Average number of days to complete processing of requests for Certificate of Compliance or No Objection Letter
22847	Key	Percentage of all applications and requests processed within the performance standard
940	General	Number of company licensing applications and filings received
941	General	Number of company licensing applications and filings processed

## EXPLANATORY NOTE

Because of NRRA, licensing of surplus lines companies doing business in Louisiana is simplified and there is less review authority in nonresident states. Therefore, PI 22844 no longer includes a count of surplus lines licenses, which will be included instead in PI 22845.

PI 6420 is discontinued; previously this indicator was used to measure all company applications, but once different types were reported separately based on the complexity of the applications and risk bearing entities, continuing to report this indicator is no longer rational or relevant, as the separate indicators are more reliable measures of staff efficiency.

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING & COMPLIANCE – COMPANY LICENSING

**OBJECTIVE I.2** Through the Company Licensing Division, to review applications for all license or registration types, other than insurance producers and adjusters, required to be filed with and approved by the Department of Insurance.

LaPAS Code	Level	Performance Indicator Name
<b>22844</b>	<b>Key</b>	<b>Average number of days to complete review of Certificate of Authority and health maintenance organization applications</b>

Type and Level	Efficiency, Key
Rationale, Relevance, Reliability	The indicator measures the average time taken to review Certificate of Authority and health maintenance organizations applications. This indicator shows the efficiency of the review process and affects competition in the Louisiana insurance market.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing & Compliance, Company Licensing Division in the Entity Management System.
Calculation Methodology	Divide the total number of days review time for all applications by the number of application decisions made during the reporting period.
Scope	The indicator is aggregated.
Caveats	Count covers all days from receipt of complete application to final decision by LDI.
Accuracy, Maintenance, Support	Report run from Entity Management System (EMS) at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Terry Stubbs, Asst. Director of Licensing/Company Licensing; Phone (225) 219-4318; Fax (225) 219-9322; <a href="mailto:tstubbs@ldi.la.gov">tstubbs@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING & COMPLIANCE – COMPANY LICENSING

**OBJECTIVE I.2** Through the Company Licensing Division, to review applications for all license or registration types, other than insurance producers and adjusters, required to be filed with and approved by the Department of Insurance.

LaPAS Code	Level	Performance Indicator Name
<b>22845</b>	<b>Key</b>	<b>Average number of days to review all other licensing and registration applications</b>

Type and Level	Efficiency, Key
Rationale, Relevance, Reliability	The indicator measures the average time taken to review all other licensing and registration applications.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing & Compliance, Company Licensing Division in the Entity Management System.
Calculation Methodology	The calculation method is the average number of days from filing to completion of reviews for all applications completed during the quarter.
Scope	The indicator is aggregated.
Caveats	“All other” consists of applications for vehicle mechanical breakdown insurers, property residual value insurers, risk purchasing groups, risk retention groups, viatical settlement brokers, viatical settlement providers, viatical settlement investment agent, discount medical plans, utilization review organizations, independent review organizations, dental referral plans, dissolution of domestic insurers and other applications.
Accuracy, Maintenance, Support	Report run from Entity Management System (EMS) at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Terry Stubbs, Asst. Director of Licensing/Company Licensing; Phone (225) 219-4318; Fax (225) 219-9322; <a href="mailto:tstubbs@ldi.la.gov">tstubbs@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING & COMPLIANCE – COMPANY LICENSING

**OBJECTIVE I.2** Through the Company Licensing Division, to review applications for all license or registration types, other than insurance producers and adjusters, required to be filed with and approved by the Department of Insurance.

LaPAS Code	Level	Performance Indicator Name
<b>22846</b>	<b>Key</b>	<b>Average number of days to complete processing of requests for Certificate of Compliance or No objection letter</b>

Type and Level	Efficiency, Key
Rationale, Relevance, Reliability	The indicator measures the average time taken to review Certificate of Compliance or No Objection Letter requests.
Use	The indicator will be used both internally and externally.
Clarity	While the name of the indicator is brief, this indicator also measures time spent processing amendments to articles of incorporation for domestic, foreign and alien insurers, mergers of foreign insurers.
Data Source, Collection, Reporting	The records of the Office of Licensing & Compliance, Company Licensing Division in the Entity Management System.
Calculation Methodology	The calculation method is the average number of days from filing to completion of reviews for all applications completed during the reporting period.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Entity Management System (EMS) at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Terry Stubbs, Asst. Director of Licensing/Company Licensing; Phone (225) 219-4318; Fax (225) 219-9322; <a href="mailto:tstubbs@ldi.la.gov">tstubbs@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING & COMPLIANCE – COMPANY LICENSING

**OBJECTIVE I.2** Through the Company Licensing Division, to review applications for all license or registration types, other than insurance producers and adjusters, required to be filed with and approved by the Department of Insurance.

LaPAS Code	Level	Performance Indicator Name
<b>22847</b>	<b>Key</b>	<b>Percentage of all applications and requests processed within the performance standard</b>

Type and Level	Efficiency, Key
Rationale, Relevance, Reliability	The indicator measures the percentage of all applications and requests that are processed within the performance standard. This indicator shows the efficiency of the review process and affects competition in the Louisiana insurance market.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing & Compliance, Company Licensing Division in the Entity Management System.
Calculation Methodology	Divide the total number of applications completed within their respective performance standard by the total number of applications completed during the reporting period.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Entity Management System (EMS) at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Terry Stubbs, Asst. Director of Licensing/Company Licensing; Phone (225) 219-4318; Fax (225) 219-9322; <a href="mailto:tstubbs@ldi.la.gov">tstubbs@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING & COMPLIANCE – COMPANY LICENSING

**OBJECTIVE I.2** Through the Company Licensing Division, to review applications for all license or registration types, other than insurance producers and adjusters, required to be filed with and approved by the Department of Insurance.

LaPAS Code	Level	Performance Indicator Name
<b>940</b>	<b>General</b>	<b>Number of company licensing applications and filings received</b>

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the number of company filings and applications received. This data helps identify staffing needs and opportunities for efficiencies achieved through technology.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing & Compliance, Company Licensing Division in the Entity Management System.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Entity Management System (EMS) at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Terry Stubbs, Asst. Director of Licensing/Company Licensing; Phone (225) 219-4318; Fax (225) 219-9322; <a href="mailto:tstubbs@ldi.la.gov">tstubbs@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING & COMPLIANCE – COMPANY LICENSING

**OBJECTIVE I.2** Through the Company Licensing Division, to review applications for all license or registration types, other than insurance producers and adjusters, required to be filed with and approved by the Department of Insurance.

LaPAS Code	Level	Performance Indicator Name
<b>941</b>	<b>General</b>	<b>Number of company licensing applications and filings processed</b>

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of company applications and filings processed.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing & Compliance, Company Licensing Division in the Entity Management System.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are filings submitted in one fiscal year but completed in a subsequent fiscal year.
Accuracy, Maintenance, Support	Report run from Entity Management System (EMS) at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Terry Stubbs, Asst. Director of Licensing/Company Licensing; Phone (225) 219-4318; Fax (225) 219-9322; <a href="mailto:tstubbs@ldi.la.gov">tstubbs@ldi.la.gov</a>

**04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE**  
**PROGRAM B – MARKET COMPLIANCE**  
**PROGRAM ACTIVITY: OFFICE OF LICENSING & COMPLIANCE – COMPLIANCE DIVISION**

**GOAL I** Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers by enforcing existing laws fairly and consistently and by proposing new laws as necessary.

**OBJECTIVE I.3** Through the Life, Annuity and Long-term Care Compliance Division, to investigate to conclusion consumer complaints against life, annuity and long-term care insurers and producers within 42 days.

State Outcome Goals Link: Transparent, Accountable and Effective Government  
Children’s Budget Link: N/A  
Human Resource Policies Beneficial to Women and Families Link: N/A  
Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

**STRATEGIES**

- I.3.1 Increase the depth of knowledge among personnel through increased training and monitoring of newer examiners by more experienced examiners.
- I.3.2 Distribute and manage workload to reach conclusion of consumer investigations quickly.

**PERFORMANCE INDICATORS**

- 13958 Key Average number of days to conclude a life, annuity or long-term care complaint investigation
- 22848 Key Percentage of life, annuity and long-term care complaint investigations completed within the performance standard
- 13960 General Number of life, annuity and long-term care complaints received
- 13961 General Number of life, annuity and long-term care complaint investigations concluded
- 13959 General Amount of claim payments and premium refunds recovered for life, annuity and long-term care complainants

**EXPLANATORY NOTES**

A consumer complaint may or may not result in a claim payment or premium refund from the insurer or producer, depending on the facts of the matter giving rise to the complaint. Complaints are investigated to determine whether the insurer or producer performed in compliance with the law and the terms and conditions of the policy. A consumer may expect payment for an item not covered by the policy or may not agree with the way a transaction was handled, but the company or producer may have acted properly and within the law.

Technical wording changes are made to performance indicators to reflect that this activity includes long-term care insurance products in addition to life insurance and annuity products.

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING & COMPLIANCE – COMPLIANCE DIVISION

**OBJECTIVE I.3** Through the Life, Annuity and Long-term Care Compliance Division, to investigate to conclusion consumer complaints against life, annuity and long-term care insurers and producers within 42 days.

LaPAS Code	Level	Performance Indicator Name
<b>13958</b>	<b>Key</b>	<b>Average number of days to conclude a life, annuity or long-term care complaint investigation</b>

Type and Level	Efficiency; Key
Rationale, Relevance, Reliability	The indicator measures the average time required to investigate a consumer complaint. The indicator assesses staff efficiency by measuring how consistently staff responds quickly to a complaint and completes an investigation.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing & Compliance, Life, Annuity and Long-term Care Division in the CRAFT system.
Calculation Methodology	The calculation method is the average number of days for all investigations closed during the reporting period.
Scope	The indicator is aggregated.
Caveats	Only closed files are included in this calculation. By law, regulated entities have 25 to 30 days to respond to an LDI directive requesting the company or producer’s explanation regarding the complaint.
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) system at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Sam Brooks, Asst. Director, Compliance Division of Life, Annuity & Long-term Care; Phone (225) 342-1253 <a href="mailto:sbrooks@ldi.la.gov">sbrooks@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING & COMPLIANCE – COMPLIANCE DIVISION

**OBJECTIVE I.3** Through the Life, Annuity and Long-term Care Compliance Division, to investigate to conclusion consumer complaints against life, annuity and long-term care insurers and producers within 42 days.

LaPAS Code	Level	Performance Indicator Name
<b>22848</b>	<b>Key</b>	<b>Percentage of life, annuity and long-term care complaint investigations completed within the performance standard</b>

Type and Level	Efficiency; Key
Rationale, Relevance, Reliability	The indicator measures the percentage of life, annuity and long-term care complaint investigations completed within the performance standard. The indicator assesses staff efficiency by measuring how quickly staff responds to a complaint and completes an investigation.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing & Compliance, Life, Annuity and Long-term Care division in the CRAFT system.
Calculation Methodology	The calculation method is a standard percentage calculation of the number of investigations closed within 60 days divided by the total number of investigations closed during the reporting period.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) system at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Sam Brooks, Asst. Director, Compliance Division of Life, Annuity & Long-term Care; Phone (225) 342-1253 <a href="mailto:sbrooks@ldi.la.gov">sbrooks@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING & COMPLIANCE – COMPLIANCE DIVISION

**OBJECTIVE I.3** Through the Life, Annuity and Long-term Care Compliance Division, to investigate to conclusion consumer complaints against life, annuity and long-term care insurers and producers within 42 days.

LaPAS Code	Level	Performance Indicator Name
<b>13960</b>	<b>General</b>	<b>Number of life, annuity and long-term care complaints received</b>

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the number of consumer complaints received for the fiscal year. Tracking complaint volume assists management in making staffing decisions and may help indicate trends in market conduct of insurers.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing & Compliance, Life, Annuity and Long-term Care Division.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) system at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Sam Brooks, Asst. Director, Compliance Division of Life, Annuity & Long-term Care; Phone (225) 342-1253 <a href="mailto:sbrooks@ldi.la.gov">sbrooks@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING & COMPLIANCE – COMPLIANCE DIVISION

**OBJECTIVE I.3** Through the Life, Annuity and Long-term Care Compliance Division, to investigate to conclusion consumer complaints against life, annuity and long-term care insurers and producers within 42 days.

LaPAS Code	Level	Performance Indicator Name
<b>13961</b>	<b>General</b>	<b>Number of life, annuity and long-term care complaint investigations concluded</b>

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of consumer complaints concluded in the fiscal year. Tracking number of complaints closed is another measure that staff is able to keep up with caseload and may help indicate trends in market conduct of insurers.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing & Compliance, Life, Annuity and Long-term Care Division.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) system at close of reporting period. Report is maintained with work papers of reporting of performance indicator.
Responsible Person	Sam Brooks, Asst. Director, Compliance Division of Life, Annuity & Long-term Care; Phone (225) 342-1253 <a href="mailto:sbrooks@ldi.la.gov">sbrooks@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING & COMPLIANCE – COMPLIANCE DIVISION

**OBJECTIVE I.3** Through the Life, Annuity and Long-term Care Compliance Division, to investigate to conclusion consumer complaints against life, annuity and long-term care insurers and producers within 42 days.

LaPAS Code	Level	Performance Indicator Name
<b>13959</b>	<b>General</b>	<b>Amount of claim payments and premium refunds recovered for life, annuity and long-term care complainants</b>

Type and Level	Outcome; General
Rationale, Relevance, Reliability	The indicator measures the amount of premium refunds and claim payments recovered for life, annuity and long-term care complainants during the fiscal year. It provides a limited basis for cost-benefit analysis for the LDI's assisting consumers in their complaints against regulated entities and also may reveal trends in market conduct of insurers.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing & Compliance, Life, Annuity and Long-term Care Division.
Calculation Methodology	The calculation method is a standard sum of all premium refunds and claim payments related to complaint investigations.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) system at close of reporting period. Report is maintained with work papers of reporting of performance indicator.
Responsible Person	Sam Brooks, Asst. Director, Compliance Division of Life, Annuity & Long-term Care; Phone (225) 342-1253 <a href="mailto:sbrooks@ldi.la.gov">sbrooks@ldi.la.gov</a>

**04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE  
PROGRAM B – MARKET COMPLIANCE  
PROGRAM ACTIVITY: OFFICE OF LICENSING & COMPLIANCE – FORMS DIVISION**

**GOAL I** Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers by enforcing existing laws fairly and consistently and by proposing new laws as necessary.

**OBJECTIVE I.4** Through the Life, Annuity and Long-term Care Forms Division, to review and issue a final decision on all forms, advertising, and long-term care rates in a timely manner.

State Outcome Goals Link: Transparent, Accountable and Effective Government  
Children’s Budget Link: N/A  
Human Resource Policies Beneficial to Women and Families Link: N/A  
Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

**STRATEGIES**

- I.4.1 Increase the expertise and knowledge among personnel through increased training and monitoring of newer examiners by more experienced examiners.
- I.4.2 Develop instructions for insurers to follow in preparing filings and applications for submission to the department and return to insurers those filings that do not comply with the instructions.
- I.4.3 Review and issue final decision on all forms, advertising and rates for which pre-approval is required within 35 days of receipt of a complete filing.
- I.4.4 Review and acknowledge all forms, advertising and rates which are filed for informational purposes within 10 days of receipt of a complete filing.

**PERFORMANCE INDICATORS**

<b>13988</b>	Key	Average number of days to process life, annuity and long-term care forms, advertising and rates, which require pre-approval
<b>22849</b>	Key	Percentage of life, annuity and long-term care forms, advertising and rate reviews completed within the performance standard
<b>13987</b>	General	Percentage of life, annuity and long-term care forms, advertising and rates, which require pre-approval, approved
<b>13990</b>	General	Number of life, annuity and long-term care forms, advertising and rates received
<b>13991</b>	General	Number of life, annuity and long-term care forms, advertising and rates processed
<b>NEW</b>	General	Number of life, annuity and long-term care forms, advertising and rates filed for informational purposes only
<b>NEW</b>	General	Number of life, annuity and long-term care forms approved through the Interstate Insurance Product Regulation Compact (IIPRC)

## **EXPLANATORY NOTES**

All forms must be reviewed and approved by LDI before they can be offered for sale in the state unless approved through the Interstate Insurance Product Regulation Compact. Delays in the process can result in consumers not having access to products and to insurers not being able to sell the products. Good efficiency in this area is important to our Department-wide efforts to attract more companies to do business in the state.

Technical wording changes are made to performance indicators to reflect that this activity includes Long-term Care insurance products in addition to Life Insurance and Annuity products. Where appropriate, the name of the performance indicator is changed from “contract/policy forms” to “forms, advertising and rates.”

Performance indicators on processing time for forms filed are measured by filings. While each filing is tied to a single insurance product, multiple forms may be included in a single filing.

Since the prior Strategic Plan, reporting of the Percentage of Life & Annuity contract/policy forms approved (PI 13987) changed from Key to General Data, as the approvals are more a measure of the insurance industry performance than a measure of regulatory activity.

Information filings are no longer included in the calculation of PI 13988 (average days to process forms, advertising and rates which require preapproval). The performance standard will be extended from 30 to 35 days.

New to General Performance Data in the Division of Life, Annuity and Long-term Care - Forms, is a measure quantifying approval output for Life, Annuity and Long-term Care forms through the Interstate Insurance Product Regulation Compact (IIPRC). These approvals are also counted in the information filing, a new general data report.

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING & COMPLIANCE – FORMS DIVISION

OBJECTIVE I.4 Through the Life, Annuity and Long-term Care Forms Division, to review and issue a final decision on all forms, advertising, and long-term care rates in a timely manner.

LaPAS Code	Level	Performance Indicator Name
<b>13988</b>	<b>Key</b>	<b>Average number of days to process life, annuity and long-term care forms, advertising and rates, which require pre-approval</b>

Type and Level	Efficiency; Key
Rationale, Relevance, Reliability	The indicator measures the average time it takes to process forms, advertising and rates which require pre-approval in the reporting period. This indicator shows the efficiency of the review process and affects competition in the Louisiana insurance market.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing & Compliance, Life, Annuity and Long-term Care Division in CRAFT.
Calculation Methodology	Divide the total days required for all form approval processing by the number of forms processed during the reporting period.
Scope	The indicator is aggregated. It includes all forms processed by LDI for approval, but excludes information filings and forms approved through the Interstate Insurance Product Regulation Compact.
Caveats	This average calculation includes only forms where processing was completed during the reporting period. It ignores pending filings.
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) system. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Beth O’Quin, Asst. Director, Forms Division of Life, Annuity and Long-term Care; Phone (225) 342-6990; Fax (225) 342-7401; <a href="mailto:boquin@ldi.la.gov">boquin@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING & COMPLIANCE – FORMS DIVISION

**OBJECTIVE I.4** Through the Life, Annuity and Long-term Care Forms Division, to review and issue a final decision on all forms, advertising, and long-term care rates in a timely manner.

LaPAS Code	Level	Performance Indicator Name
<b>22849</b>	<b>Key</b>	<b>Percentage of life, annuity and long-term care forms, advertising and rate reviews completed within the performance standard</b>

Type and Level	Efficiency; Key
Rationale, Relevance, Reliability	The indicator measures the percentage of life, annuity and long-term care forms that are completed within the performance standard. This indicator shows the efficiency of the review process and affects competition in the Louisiana insurance market.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing & Compliance, Life, Annuity and Long-term Care Division in CRAFT.
Calculation Methodology	Divide the number of life, annuity and long-term care forms approved or disapproved within 30 days by the total number of forms processed during the reporting period.
Scope	The indicator is aggregated. It includes all forms approvals/disapprovals processed by LDI but excludes approvals through the IIPRC.
Caveats	This includes only form submissions subject to the pre-approval process.
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) system. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Beth O'Quin, Asst. Director, Forms Division of Life, Annuity and Long-term Care; Phone (225) 342-6990; Fax (225) 342-7401; <a href="mailto:boquin@ldi.la.gov">boquin@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING & COMPLIANCE – FORMS DIVISION

**OBJECTIVE I.4** Through the Life, Annuity and Long-term Care Forms Division, to review and issue a final decision on all forms, advertising, and long-term care rates in a timely manner.

LaPAS Code	Level	Performance Indicator Name
<b>13987</b>	<b>General</b>	<b>Percentage of life, annuity and long-term care forms, advertising and rates, which require pre-approval, approved</b>

Type and Level	Outcome; General
Rationale, Relevance, Reliability	The indicator measures the percentage of life, annuity and long-term care forms approved as a ratio of all forms closed during the reporting period, limited to forms requiring approval.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing & Compliance, Life, Annuity and Long-term Care Division in CRAFT.
Calculation Methodology	Divide the number of forms approved by the number of forms subject to approval for the fiscal year, expressed as percentage.
Scope	The indicator is aggregated. It includes all forms processed for approval by LDI and IIPRC and all advertising and rates processed by LDI.
Caveats	This includes only form submissions subject to the pre-approval process.
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) system. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Beth O’Quin, Asst. Director, Forms Division of Life, Annuity and Long-term Care; Phone (225) 342-6990; Fax (225) 342-7401; <a href="mailto:boquin@ldi.la.gov">boquin@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING & COMPLIANCE – FORMS DIVISION

OBJECTIVE I.4 Through the Life, Annuity and Long-term Care Forms Division, to review and issue a final decision on all forms, advertising, and long-term care rates in a timely manner.

LaPAS Code	Level	Performance Indicator Name
<b>13990</b>	<b>General</b>	<b>Number of life, annuity and long-term care forms, advertising and rates received</b>

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the volume of life, annuity and long-term care forms, advertising and rates received in a fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing & Compliance, Life, Annuity and Long-term Care Division in CRAFT.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated. It includes forms processed through the IIPRC.
Caveats	It includes all forms received whether received for approval process or information filing.
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) system. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Beth O'Quin, Asst. Director, Forms Division of Life, Annuity and Long-term Care; Phone (225) 342-6990; Fax (225) 342-7401; <a href="mailto:boquin@ldi.la.gov">boquin@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING & COMPLIANCE – FORMS DIVISION

OBJECTIVE I.4 Through the Life, Annuity and Long-term Care Forms Division, to review and issue a final decision on all forms, advertising, and long-term care rates in a timely manner.

LaPAS Code	Level	Performance Indicator Name
<b>13991</b>	<b>General</b>	<b>Number of life, annuity and long-term care forms, advertising and rates processed</b>

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of forms, advertising and rates processed.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing & Compliance, Life, Annuity and Long-term Care Division in CRAFT.
Calculation Methodology	The calculation method is a standard count of closed filings.
Scope	The indicator is disaggregated. It does not include IIPRC filings.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) system. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Beth O’Quin, Asst. Director, Forms Division of Life, Annuity and Long-term Care; Phone (225) 342-6990; Fax (225) 342-7401; <a href="mailto:boquin@ldi.la.gov">boquin@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE  
 PROGRAM B – MARKET COMPLIANCE  
 PROGRAM ACTIVITY: OFFICE OF LICENSING & COMPLIANCE - FORMS DIVISION

**OBJECTIVE I.4** Through the Life, Annuity and Long-term Care Forms Division, to review and issue a final decision on all forms, advertising, and long-term care rates in a timely manner.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>General</b>	<b>Number of life, annuity and long-term care forms, advertising and rates filed for informational purposes only</b>

Type and Level	Input; General
Rationale, Relevance, Reliability	Tracking form volume assists management in making staffing decisions and may indicate market trends.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing & Compliance, Life, Annuity and Long-term Care Division in CRAFT.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated. It includes all informational forms received by LDI, and includes forms approved through the Interstate Insurance Product Regulation Compact.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) system. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Beth O'Quin, Asst. Director, Forms Division of Life, Annuity and Long-term Care; Phone (225) 342-6990; Fax (225) 342-7401; <a href="mailto:boquin@ldi.la.gov">boquin@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING & COMPLIANCE – FORMS DIVISION

**OBJECTIVE I.4** Through the Life, Annuity and Long-term Care Forms Division, to review and issue a final decision on all forms, advertising, and long-term care rates in a timely manner.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>General</b>	<b>Number of life, annuity and long-term care forms approved through the Interstate Insurance Product Regulation Compact (IIPRC)</b>

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of contract/policy forms approved by the IIPRC for use in Louisiana. Tracking form volume may indicate market trends and impact LDI staffing needs.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing & Compliance, Life, Annuity and Long-term Care Division
Calculation Methodology	The calculation method is a standard count of closed filings.
Scope	The indicator is disaggregated. It includes only IIPRC filings.
Caveats	There are no caveats. (subset of informational filings)
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) system. Report is maintained with work papers of fourth quarter reporting of performance indicator.
Responsible Person	Beth O'Quin, Asst. Director, Forms Division of Life, Annuity and Long-term Care; Phone (225) 342-6990; Fax (225) 342-7401; <a href="mailto:boquin@ldi.la.gov">boquin@ldi.la.gov</a>

**04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE**  
**PROGRAM B – MARKET COMPLIANCE**  
**PROGRAM ACTIVITY: OFFICE OF HEALTH INSURANCE – HEALTH COMPLIANCE**

**GOAL I** Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers by enforcing existing laws fairly and consistently and by proposing new laws as necessary.

**OBJECTIVE I.5** Through the Health Compliance Division, to investigate to conclusion consumer or provider health-insurance related complaints within 42 days and to review licensing applications of Utilization Review Organizations (URO) and Independent Review Organizations (IRO) and annual reports of IROs.

State Outcome Goals Link: Transparent, Accountable and Effective Government  
Children’s Budget Link: N/A  
Human Resource Policies Beneficial to Women and Families Link: N/A  
Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

**STRATEGIES**

- I.5.1 Increase the depth of knowledge among personnel through increased training and monitoring of newer examiners by more experienced examiners.
- I.5.2 Distribute and manage work load to reach conclusion of consumer investigations quickly.
- I.5.3 Develop instructions for insurers to follow in preparing filings which include annual reports, applications (new and renewals) for submission to the LDI and return to insurers those filings that do not comply with such instructions.

**PERFORMANCE INDICATORS**

987	Key	Average number of days to conclude a health insurance complaint investigation
22856	Key	Percentage of health complaint investigations concluded within the performance standard
6424	General	Number of health complaints received
6425	General	Number of health complaint investigations concluded
989	General	Amount of claim payments and premium refunds recovered for health coverage complainants in dollars
24331	General	Amount of claim payments and premium refunds recovered from self-insured plans in dollars
12134	General	Number of Utilization Review Organization (URO) applications received

12147	General	Number of Utilization Review Organization (URO) applications processed
NEW	General	Number of Independent Review Organization (IRO) applications received (new and renewal)
NEW	General	Number of Independent Review Organization (IRO) applications processed (new and renewal)
22859	General	Average number of days to process Independent Review Organization (IRO) annual reports

**EXPLANATORY NOTE**

A consumer complaint may or may not result in a claim payment or premium refund from the insurer or producer, depending on the facts of the matter giving rise to the complaint. Complaints are investigated to determine whether the insurer or producer performed in compliance with the law and the terms and conditions of the policy. A consumer may expect payment for an item not covered by the policy or may not agree with the way a transaction was handled, but the company or producer may have acted properly and within the law.

The Compliance Division incorporates performance objectives and measures previously included in the Office of Health Insurance Supplemental Health/MNRO Division. The wording is revised to make the measure applicable to Utilization Review Organizations (URO) or Independent Review Organizations (IRO), as applicable by statute. New indicators are developed to report performance related to IROs. Because market conduct examinations are no longer required on a statutory schedule, PI 14044 is discontinued.

Until January 1, 2015, PI 22859 will continue to count average number of days to process MNRO annual reports; on this date, MNROs are repealed and IRO licensees will fill the role of independent review. (UROs are not required to file annual reports.)

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH INSURANCE – HEALTH COMPLIANCE

**OBJECTIVE I.5** Through the Health Compliance Division, to investigate to conclusion consumer or provider health-insurance related complaints within 42 days and to review licensing applications of Utilization Review Organizations (URO) and Independent Review Organizations (IRO) and annual reports of IROs.

LaPAS Code	Level	Performance Indicator Name
<b>987</b>	<b>Key</b>	<b>Average number of days to conclude a health insurance complaint investigation</b>

Type and Level	Efficiency; Key
Rationale, Relevance, Reliability	The indicator measures the average number of days it takes to investigate to conclusion a consumer or provider’s health insurance complaint, whether related to major medical or supplemental health insurance products. The indicator assesses staff efficiency by measuring how consistently staff responds quickly to a complaint and completes an investigation.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the CRAFT system.
Calculation Methodology	Divide the total number of days to close complaints by the total number of complaints closed during the reporting period.
Scope	The indicator is aggregated.
Caveats	Only completed complaint files are included in the calculation. By law, regulated entities have 25 to 30 days to respond to an LDI directive requesting the company or producer’s explanation regarding the complaint.
Accuracy, Maintenance, Support	Reports are run from the Complaint, Rate and Form Tracking (CRAFT) system at the close of the reporting period. Reports are maintained with staff work papers within the Office of Health Insurance.
Responsible Person	Tangela Byrd, Director, Compliance; Phone (225) 342-5972; Fax (225) 342-5711; <a href="mailto:tbyrd@ldi.la.gov">tbyrd@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH INSURANCE – HEALTH COMPLIANCE

**OBJECTIVE I.5** Through the Health Compliance Division, to investigate to conclusion consumer or provider health-insurance related complaints within 42 days and to review licensing applications of Utilization Review Organizations (URO) and Independent Review Organizations (IRO) and annual reports of IROs.

LaPAS Code	Level	Performance Indicator Name
<b>22856</b>	<b>Key</b>	<b>Percentage of health complaint investigations concluded within the performance standard</b>

Type and Level	Efficiency; Key
Rationale, Relevance, Reliability	The indicator measures the percentage of health complaint investigations concluded within the performance standard. The indicator assesses staff efficiency by measuring how quickly staff responds to a complaint and completes an investigation.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the CRAFT system.
Calculation Methodology	Divide the number of investigations closed within the performance standard by the total number of investigations closed during the reporting period, expressed as percentage.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Reports are run from the Complaint, Rate and Form Tracking (CRAFT) system at the close of the reporting period. Reports are maintained with staff work papers within the Office of Health Insurance.
Responsible Person	Tangela Byrd, Director, Compliance; Phone (225) 342-5972; Fax (225) 342-5711; <a href="mailto:tbyrd@ldi.la.gov">tbyrd@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROG PROGRAM ACTIVITY: OFFICE OF HEALTH INSURANCE – HEALTH COMPLIANCE

**OBJECTIVE I.5** Through the Health Compliance Division, to investigate to conclusion consumer or provider health-insurance related complaints within 42 days and to review licensing applications of Utilization Review Organizations (URO) and Independent Review Organizations (IRO) and annual reports of IROs.

LaPAS Code	Level	Performance Indicator Name
<b>6424</b>	<b>General</b>	<b>Number of health complaints received</b>

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the number of health complaints received for the fiscal year. Tracking complaint volume assists management in making staffing decisions and may help indicate trends in market conduct of insurers.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the CRAFT system.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Reports are run from the Complaint, Rate and Form Tracking (CRAFT) system at the close of the reporting period. Reports are maintained with staff work papers within the Office of Health Insurance.
Responsible Person	Tangela Byrd, Director, Compliance; Phone (225) 342-5972; Fax (225) 342-5711; <a href="mailto:tbyrd@ldi.la.gov">tbyrd@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH INSURANCE – HEALTH COMPLIANCE

**OBJECTIVE I.5** Through the Health Compliance Division, to investigate to conclusion consumer or provider health-insurance related complaints within 42 days and to review licensing applications of Utilization Review Organizations (URO) and Independent Review Organizations (IRO) and annual reports of IROs.

LaPAS Code	Level	Performance Indicator Name
<b>6425</b>	<b>General</b>	<b>Number of health complaint investigations concluded</b>

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of health complaint investigations concluded in the fiscal year. Tracking number of complaints closed is another measure that staff is able to keep up with caseload and may help indicate trends in market conduct of insurers.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the CRAFT system.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Reports are run from the Complaint, Rate and Form Tracking (CRAFT) system at the close of the reporting period. Reports are maintained with staff work papers within the Office of Health Insurance.
Responsible Person	Tangela Byrd, Director, Compliance; Phone (225) 342-5972; Fax (225) 342-5711; <a href="mailto:tbyrd@ldi.la.gov">tbyrd@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH INSURANCE – HEALTH COMPLIANCE

**OBJECTIVE I.5** Through the Health Compliance Division, to investigate to conclusion consumer or provider health-insurance related complaints within 42 days and to review licensing applications of Utilization Review Organizations (URO) and Independent Review Organizations (IRO) and annual reports of IROs.

LaPAS Code	Level	Performance Indicator Name
<b>989</b>	<b>General</b>	<b>Amount of claim payments and premium refunds recovered for health coverage complainants in dollars</b>

Type and Level	Outcome; General
Rationale, Relevance, Reliability	The indicator measures the amount recovered for health complainants during the fiscal year. It provides a limited basis for cost-benefit analysis for the LDI's assisting consumers in their complaints against regulated entities and also may reveal trends in market conduct of insurers.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the CRAFT system.
Calculation Methodology	The calculation method is a sum of all recoveries for complaints closed during the reporting period.
Scope	The indicator is aggregated.
Caveats	This does not include the recoveries for complainants of self-insured plans, reported in PI 24331.
Accuracy, Maintenance, Support	Reports are run from the Complaint, Rate and Form Tracking (CRAFT) system at the close of the reporting period. Reports are maintained with staff work papers within the Office of Health Insurance.
Responsible Person	Tangela Byrd, Director, Compliance; Phone (225) 342-5972; Fax (225) 342-5711; <a href="mailto:tbyrd@ldi.la.gov">tbyrd@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH INSURANCE – HEALTH COMPLIANCE

**OBJECTIVE I.5** Through the Health Compliance Division, to investigate to conclusion consumer or provider health-insurance related complaints within 42 days and to review licensing applications of Utilization Review Organizations (URO) and Independent Review Organizations (IRO) and annual reports of IROs.

LaPAS Code	Level	Performance Indicator Name
<b>24331</b>	<b>General</b>	<b>Amount of claim payments and premium refunds recovered from self-insured plans in dollars</b>

Type and Level	Outcome; General
Rationale, Relevance, Reliability	The indicator measures the amount recovered from self-insured plans during the fiscal year. This indicator allows the LDI to distinguish claim payments and premium refunds from fully insured products. Additionally, this indicator is a courtesy service provided by the LDI to further assist consumers and providers with matters pertaining to their self-insured plans.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Complaint, Rate and Form Tracking (CRAFT) system.
Calculation Methodology	The calculation method is a sum of all recoveries for complaints closed during the reporting period.
Scope	The indicator is aggregated.
Caveats	The funds recovered from self-insured plans are not included in the total reported for PI 989.
Accuracy, Maintenance, Support	Reports are run from the Complaint, Rate and Form Tracking (CRAFT) system at the close of the reporting period. Reports are maintained with staff work papers within the Office of Health Insurance.
Responsible Person	Tangela Byrd, Director, Compliance; Phone (225) 342-5972; Fax (225) 342-5711; <a href="mailto:tbyrd@ldi.la.gov">tbyrd@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH INSURANCE – HEALTH COMPLIANCE

**OBJECTIVE I.5** Through the Health Compliance Division, to investigate to conclusion consumer or provider health-insurance related complaints within 42 days and to review licensing applications of Utilization Review Organizations (URO) and Independent Review Organizations (IRO) and annual reports of IROs.

LaPAS Code	Level	Performance Indicator Name
<b>12134</b>	<b>General</b>	<b>Number of Utilization Review Organization (URO) applications received</b>

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the number of URO applications received in the fiscal year. The indicator is a measure of the market place use of licensed UROs.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Entity Management System (EMS).
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Entity Management System (EMS) at close of reporting period. Report is maintained with staff work within the Office of Health Insurance.
Responsible Person	Tangela Byrd, Director, Compliance; Phone (225) 342-5972; Fax (225) 342-5711; <a href="mailto:tbyrd@ldi.la.gov">tbyrd@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH INSURANCE – HEALTH COMPLIANCE

**OBJECTIVE I.5** Through the Health Compliance Division, to investigate to conclusion consumer or provider health-insurance related complaints within 42 days and to review licensing applications of Utilization Review Organizations (URO) and Independent Review Organizations (IRO) and annual reports of IROs.

LaPAS Code	Level	Performance Indicator Name
<b>12147</b>	<b>General</b>	<b>Number of Utilization Review Organization (URO) applications processed</b>

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of URO applications processed in the fiscal year. It indicates the staff workload associated with this activity and assures that an adequate number of UROs are available in the market.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Entity Management System (EMS).
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Entity Management System (EMS) at close of reporting period. Report is maintained with staff work papers within the Office of Health Insurance.
Responsible Person	Tangela Byrd, Director, Compliance; Phone (225) 342-5972; Fax (225) 342-5711; <a href="mailto:tbyrd@ldi.la.gov">tbyrd@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH INSURANCE – HEALTH COMPLIANCE

**OBJECTIVE I.5** Through the Health Compliance Division, to investigate to conclusion consumer or provider health-insurance related complaints within 42 days and to review licensing applications of Utilization Review Organizations (URO) and Independent Review Organizations (IRO) and annual reports of IROs.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>General</b>	<b>Number of Independent Review Organization (IRO) applications received (new and renewal)</b>

Type and Level	Input, General
Rationale, Relevance, Reliability	The indicator measures the number of IRO applications received in the fiscal year. The indicator is a measure of the market place use of licensed IROs.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Entity Management System (EMS).
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Entity Management System (EMS) at close of reporting period. Report is maintained with staff work papers in the Office of Health Insurance.
Responsible Person	Tangela Byrd, Director, Compliance; Phone (225) 342-5972; Fax (225) 342-5711; <a href="mailto:tbyrd@ldi.la.gov">tbyrd@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH INSURANCE – HEALTH COMPLIANCE

**OBJECTIVE I.5** Through the Health Compliance Division, to investigate to conclusion consumer or provider health-insurance related complaints within 42 days and to review licensing applications of Utilization Review Organizations (URO) and Independent Review Organizations (IRO) and annual reports of IROs.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>General</b>	<b>Number of Independent Review Organization (IRO) applications processed (new and renewal)</b>

Type and Level	Output, General
Rationale, Relevance, Reliability	The indicator measures the number of IRO applications processed in the fiscal year. It indicates the staff workload associated with this activity and assures that an adequate number of IROs are available in the market.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Entity Management System (EMS).
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Entity Management System (EMS) at close of reporting period. Report is maintained with staff work papers in the Office of Health Insurance.
Responsible Person	Tangela Byrd, Director, Compliance; Phone (225) 342-5972; Fax (225) 342-5711; <a href="mailto:tbyrd@ldi.la.gov">tbyrd@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH INSURANCE – HEALTH COMPLIANCE

**OBJECTIVE I.5** Through the Health Compliance Division, to investigate to conclusion consumer or provider health-insurance related complaints within 42 days and to review licensing applications of Utilization Review Organizations (URO) and Independent Review Organizations (IRO) and annual reports of IROs.

LaPAS Code	Level	Performance Indicator Name
<b>22859</b>	<b>General</b>	<b>Average number of days to process Independent Review Organization (IRO) annual reports</b>

Type and Level	Efficiency; General
Rationale, Relevance, Reliability	The indicator measures the average number of days to process IRO annual reports. This is a staff productivity measure. Reporting process occurs only once per year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Health Insurance documented in EMS.
Calculation Methodology	Divide number of days for processing all annual reports by the number of reports processed.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report is prepared by the Office of Health and maintained with staff work papers within the Office of Health Insurance.
Responsible Person	Tangela Byrd, Director, Compliance; Phone (225) 342-5972; Fax (225) 342-5711; <a href="mailto:tbyrd@ldi.la.gov">tbyrd@ldi.la.gov</a>

**04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE  
PROGRAM B – MARKET COMPLIANCE  
PROGRAM ACTIVITY: OFFICE OF HEALTH INSURANCE – HEALTH FORMS**

**GOAL I** Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers by enforcing existing laws fairly and consistently and by proposing new laws as necessary.

**OBJECTIVE I.6** Through the Health Forms Division, to approve or disapprove all major medical policy forms and health maintenance organization subscriber agreements, supplemental health policies, and Medicare supplement rates and advertising as authorized within an average of 30 days.

State Outcome Goals Link: Transparent, Accountable and Effective Government  
Children’s Budget Link: N/A  
Human Resource Policies Beneficial to Women and Families Link: N/A  
Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

**STRATEGIES**

- I.6.1 Increase the expertise and knowledge among personnel through increased training and monitoring of newer examiners by more experienced examiners.
- I.6.2 Develop instructions for insurers to follow in preparing filings and applications for submission to the LDI and return to insurers those filings that do not comply with the instructions.

**PERFORMANCE INDICATORS**

- 12290** Key Average number of days to process health filings, which include policy forms, health maintenance organization subscriber agreements, Medicare supplement advertising and rates
- 22857** Key Percentage of health filing reviews completed within the performance standard
- 986** General Number of health policy forms and health maintenance organization subscriber agreements, Medicare supplement advertising and rates received
- 10212** General Number of health policy forms and health maintenance organization subscriber agreements, and Medicare supplement advertising and rates processed
- 985** General Percentage of health policy forms and health maintenance organization subscriber agreements approved
- NEW** General Number of disability forms approved through the Interstate Insurance Product Regulation Compact (IIPRC)

## **EXPLANATORY NOTES**

All policy forms and health maintenance organization subscriber agreements must be reviewed and approved by the LDI before they can be offered for sale in the state. Delays in the process can result in consumers not having access to products and insurers not being able to sell the products. Good efficiency in this area is important to Department-wide efforts to attract more companies to do business in the state. Where multi-state insurers offer disability insurance, their policy forms may be filed for approval through the IIPRC.

New to General Performance Data in the Office of Health Insurance, is a measure quantifying approval output for disability forms through the Interstate Insurance Product Regulation Compact (IIPRC).

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH INSURANCE – HEALTH FORMS

**OBJECTIVE I.6** Through the Health Forms Division, to approve or disapprove all major medical policy forms and health maintenance organization subscriber agreements, supplemental health policies, and Medicare supplement rates and advertising as authorized within an average of 30 days.

LaPAS Code	Level	Performance Indicator Name
<b>12290</b>	<b>Key</b>	<b>Average number of days to process health filings, which include policy forms, health maintenance organization subscriber agreements, Medicare supplement advertising and rates</b>

Type and Level	Efficiency; Key
Rationale, Relevance, Reliability	The indicator measures the average number of days to process health filings, which include policy forms and health maintenance organization subscriber agreements, and Medicare supplement advertising and rates. Documented in CRAFT, timely forms processing supports a diverse and competitive insurance market.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Complaint, Rate and Form Tracking (CRAFT) system.
Calculation Methodology	Divide total number of days to process all health filings by the number of filings completed during the reporting period.
Scope	The indicator is aggregated.
Caveats	This average calculation includes only filings where processing was completed during the reporting period. It ignores pending filings. Each filing may consist of multiple forms related to a single product. This number excludes IIPRC filings.
Accuracy, Maintenance, Support	Reports are run from the Complaint, Rate and Form Tracking (CRAFT) system. Reports are maintained with staff work papers within the Office of Health and on the LDI server.
Responsible Person	Laura H. Bryan, Director, Forms, Office of Health Insurance; Phone (225) 219-9433; Fax (225) 342-5711; <a href="mailto:lbryan@ldi.la.gov">lbryan@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE  
 PROGRAM B – MARKET COMPLIANCE  
 PROGRAM ACTIVITY: OFFICE OF HEALTH INSURANCE – HEALTH FORMS

**OBJECTIVE I.6** Through the Health Forms Division, to approve or disapprove all major medical policy forms and health maintenance organization subscriber agreements, supplemental health policies, and Medicare supplement rates and advertising as authorized within an average of 30 days.

LaPAS Code	Level	Performance Indicator Name
<b>22857</b>	<b>Key</b>	<b>Percentage of health filing reviews completed within the performance standard</b>

Type and Level	Efficiency; Key
Rationale, Relevance, Reliability	The indicator measures the percentage of health filings completed within the performance standard. Each filing may consist of multiple forms related to a single product. Documented in CRAFT, timely forms processing supports a diverse and competitive insurance market.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Complaint, Rate and Form Tracking (CRAFT) system.
Calculation Methodology	Divide the number of health filing reviews closed within the performance standard by the total number of health filing reviews completed during the reporting period, expressed as percentage.
Scope	The indicator is aggregated.
Caveats	This excludes IIPRC filings.
Accuracy, Maintenance, Support	Reports are run from CRAFT. Reports are maintained with staff work papers within the Office of Health and on the LDI server.
Responsible Person	Laura H. Bryan, Director, Forms, Office of Health Insurance; Phone (225) 219-9433; Fax (225) 342-5711; <a href="mailto:lbryan@ldi.la.gov">lbryan@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH INSURANCE – HEALTH FORMS

**OBJECTIVE I.6** Through the Health Forms Division, to approve or disapprove all major medical policy forms and health maintenance organization subscriber agreements, supplemental health policies, and Medicare supplement rates and advertising as authorized within an average of 30 days.

LaPAS Code	Level	Performance Indicator Name
<b>986</b>	<b>General</b>	<b>Number of health policy forms and health maintenance organization subscriber agreements, and Medicare supplement advertising and rates received</b>

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the number of health policy forms and health maintenance organization subscriber agreements, and Medicare supplement advertising and rates received. Tracking volume provides data for staffing needs.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Complaint, Rate and Form Tracking (CRAFT) system.
Calculation Methodology	The calculation method is a standard count of all filings, which include policy form, health maintenance subscriber agreements, Medicare supplement advertising and rate received regardless of the Department’s authority to approve prior to use or accept as filed.
Scope	The indicator is aggregated.
Caveats	Includes IIPRC filings.
Accuracy, Maintenance, Support	Reports are run from the Complaint, Rate and Form Tracking (CRAFT) system. Reports are maintained with staff work papers within the Office of Health and on the LDI server.
Responsible Person	Laura H. Bryan, Director, Forms, Office of Health Insurance; Phone (225) 219-9433; Fax (225) 342-5711; <a href="mailto:lbryan@ldi.la.gov">lbryan@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH INSURANCE – HEALTH FORMS

**OBJECTIVE I.6** Through the Health Forms Division, to approve or disapprove all major medical policy forms and health maintenance organization subscriber agreements, supplemental health policies, and Medicare supplement rates and advertising as authorized within an average of 30 days.

LaPAS Code	Level	Performance Indicator Name
<b>10212</b>	<b>General</b>	<b>Number of health policy forms and health maintenance organization subscriber agreements, and Medicare supplement advertising and rates processed</b>

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of health policy forms and health maintenance organization subscriber agreements, and Medicare supplement advertising and rates processed. Tracking completed activity provides data on year-to-year progress.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Complaint, Rate and Form Tracking (CRAFT) system.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	This excludes IIPRC filings.
Accuracy, Maintenance, Support	Reports are run from the Complaint, Rate and Form Tracking (CRAFT) system. Reports are maintained with staff work papers within the Office of Health and on the LDI server.
Responsible Person	Laura H. Bryan, Director, Forms, Office of Health Insurance; Phone (225) 219-9433; Fax (225) 342-5711; <a href="mailto:lbryan@ldi.la.gov">lbryan@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH INSURANCE – HEALTH FORMS

**OBJECTIVE I.6** Through the Health Forms Division, to approve or disapprove all major medical policy forms and health maintenance organization subscriber agreements, supplemental health policies, and Medicare supplement rates and advertising as authorized within an average of 30 days.

LaPAS Code	Level	Performance Indicator Name
<b>985</b>	<b>General</b>	<b>Percentage of health policy forms and health maintenance organization subscriber agreements approved.</b>

Type and Level	Outcome; General
Rationale, Relevance, Reliability	The indicator measures the percentage of health contract/policy forms approved. It is relevant to understanding the quality of filings received and the effect of training, instruction and guidance provided by the LDI.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Complaint, Rate and Form Tracking (CRAFT) system.
Calculation Methodology	Divide the number of forms and subscriber agreements approved by the number of forms and subscriber agreements subject to approval for the fiscal year, expressed as a percentage.
Scope	The indicator is aggregated.
Caveats	This includes IIPRC filings.
Accuracy, Maintenance, Support	Reports are run from the Complaint, Rate and Form Tracking (CRAFT) system. Reports are maintained with staff work papers within the Office of Health and on the LDI server.
Responsible Person	Laura H. Bryan, Director, Forms, Office of Health Insurance; Phone (225) 219-9433; Fax (225) 342-5711; <a href="mailto:lbryan@ldi.la.gov">lbryan@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH INSURANCE – HEALTH FORMS

**OBJECTIVE I.6** Through the Health Forms Division, to approve or disapprove all major medical policy forms and health maintenance organization subscriber agreements, supplemental health policies, and Medicare supplement rates and advertising as authorized within an average of 30 days.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>General</b>	<b>Number of disability forms approved through the Interstate Insurance Product Regulation Compact (IIPRC)</b>

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator reflects the number of disability forms filed for use in multiple states through the IIPRC when Louisiana is one of the states where the filing will be used.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The data is received through SERFF and tracked in a centralized location within the CRAFT system.
Calculation Methodology	The calculation method is a standard count of closed filings.
Scope	The indicator is disaggregated. It includes only IIPRC filings.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Reports are run from the Complaint, Rate and Form Tracking (CRAFT) system. Reports are maintained with staff work papers within the Office of Health and on the LDI server.
Responsible Person	Laura H. Bryan, Director, Forms, Office of Health Insurance; Phone (225) 219-9433; Fax (225) 342-5711; <a href="mailto:lbryan@ldi.la.gov">lbryan@ldi.la.gov</a>

**04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE  
PROGRAM B – MARKET COMPLIANCE  
PROGRAM ACTIVITY: OFFICE OF FINANCIAL SOLVENCY**

**GOAL I** Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers by enforcing existing laws fairly and consistently and by proposing new laws as necessary.

**OBJECTIVE I.7** Through the Office of Financial Solvency, to monitor the financial soundness and compliance of regulated entities, to provide assurance that premium tax owed is remitted, and to manage estates of companies in receivership.

State Outcome Goals Link: Transparent, Accountable and Effective Government  
Children’s Budget Link: N/A  
Human Resource Policies Beneficial to Women and Families Link: N/A  
Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

**STRATEGIES**

- I.7.1 Monitor regulated entities through financial examination and analysis to detect all adverse financial and other conditions, and take remedial steps as necessary.
- I.7.2 Maintain compliance with Louisiana law and NAIC standards for financial and market conduct examinations.
- I.7.3 Include premium tax audit in all examinations.
- I.7.4 Manage the estates of companies in receivership through liquidation of assets and court-approved closure.

**PERFORMANCE INDICATORS**

11937	Key	Number of companies analyzed - market conduct
11939	Key	Percentage of filings by domestic companies analyzed – financial
6410	General	Number of companies examined – financial
11938	General	Percentage of domestic companies examined – financial
NEW	General	Number of examinations coordinated with other states
6412	General	Number of companies analyzed – financial
22850	General	Number of filings of domestic companies analyzed
13768	General	Number of companies in administrative supervision at beginning of fiscal year
921	General	Number of companies placed in administrative supervision during fiscal year
922	General	Number of companies returned to good health/removed from administrative supervision during fiscal year
12273	General	Number of companies in receivership at beginning of fiscal year

904	General	Number of companies in receivership brought to final closure
24329	General	Average number of months estates currently in receivership have been held in receivership

## EXPLANATORY NOTES

The LDI has an aggressive program of financial examinations and analyses. A field examination takes place on-site and is required by statute to be no less frequent than once every five years. Analysis occurs in the Department, using various filings, results of previous and current examinations, complaints and other data to determine if a company merits examination sooner than its scheduled date. By law, a company can be examined more frequently than every five years when indicated. This system allows for earlier detection of problems and earlier remediation. A market conduct examination may be conducted in concert with a financial examination; complaints may trigger a market conduct examination. Because of the NAIC accreditation process, the office is able to rely on financial analyses and examinations by accredited insurance departments in a foreign insurer's domiciliary state.

As a result of the federal Nonadmitted and Reinsurance Reform Act (NRRRA) which reduces the LDI's regulatory authority over nonresident surplus lines brokers, the Office of Financial Solvency discontinued indicators specific to examining and auditing surplus lines brokers. Discontinued indicators are PIs 889, 900, and 6396.

Recovered assets of companies in receivership go to the companies' creditors, two of which are the Louisiana Insurance Guaranty Fund (LIGA) and the Louisiana Life and Health Insurance Guaranty Association (LLHIGA). Neither the Department of Insurance nor the State General Fund receives any monies from the recovered assets of these companies. All final closures must be court approved.

The Office of Financial Solvency does not perform market conduct examinations on a statutorily mandated schedule; instead, the Office performs market conduct examinations of regulated entities only when indicated. Therefore, PI 6411 and its duplicate PI 20428 are discontinued. (PI 20428 was last reported to LaPAS in FY 2009-2010.)

Within the Office of Financial Solvency, PI 11940 is also discontinued, as the relevance and reliability of this percentage calculation is lost as the LDI can no longer provide a reliable basis count for the percentage: the number of foreign and alien companies doing business in Louisiana can only be estimated since NRRRA significantly limited states' regulatory authority over nonadmitted companies. Further, this number is always low, and NAIC accreditation allows the LDI to rely on other states' examinations and analysis.

Within OFS, changes to terminology and practices affected PI 13869. "Zone examination" is more appropriately referred to as "coordinated examination with other states" to reflect current NAIC practices, and as states work together on these multi-state company groups, no longer do states file minority or dissenting reports. Because of these significant changes, PI 13869 is replaced by a new General performance report, as coordination with other states, while reportable, is not an activity appropriate for setting quarterly or semiannual goals.

The Office of Financial Solvency assumes performance objectives previously included in the Office of Receivership. In this process, Key PI 904 is changed to General performance information, as the involvement of contracted receivers and the courts makes these unpredictable on a quarterly or semiannual basis. PI 908 is discontinued, as what was reported lacked relevance to a single fiscal year's activity. The LDI's Annual Fiscal Report is a more definitive source for the valuation of estates in receivership.

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF FINANCIAL SOLVENCY

OBJECTIVE I.7 Through the Office of Financial Solvency, to monitor the financial soundness and compliance of regulated entities, to provide assurance that premium tax owed is remitted, and to manage estates of companies in receivership.

LaPAS Code	Level	Performance Indicator Name
<b>11937</b>	<b>Key</b>	<b>Number of companies analyzed – market conduct</b>

Type and Level	Output; Key
Rationale, Relevance, Reliability	The indicator measures the number of market conduct analyses performed in the reporting period.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report that tracks all companies analyzed for market conduct is maintained in the Market Conduct section.
Responsible Person	Craig Gardner, Compliance Examiner Chief, Office of Financial Solvency; Phone (225) 342-8391; Fax (225) 342-9203; <a href="mailto:cgardner@ldi.la.gov">cgardner@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF FINANCIAL SOLVENCY

**OBJECTIVE I.7** Through the Office of Financial Solvency, to monitor the financial soundness and compliance of regulated entities, to provide assurance that premium tax owed is remitted, and to manage estates of companies in receivership.

LaPAS Code	Level	Performance Indicator Name
<b>11939</b>	<b>Key</b>	<b>Percentage of filings by domestic companies analyzed - financial</b>

Type and Level	Efficiency; Key
Rationale, Relevance, Reliability	The indicator measures the percentage of filings by domestic companies analyzed financially during the reporting period.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency.
Calculation Methodology	Divide the number of financial filings analyzed by the number of financial filings received, expressed as percentage.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report that details companies analyzed is maintained in the Analysis Division.
Responsible Person	Stewart Guerin, Compliance Examiner Chief, Office of Financial Solvency; Phone (225) 219-3929; Fax (225) 342-9203; <a href="mailto:sguerin@ldi.la.gov">sguerin@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF FINANCIAL SOLVENCY

OBJECTIVE I.7 Through the Office of Financial Solvency, to monitor the financial soundness and compliance of regulated entities, to provide assurance that premium tax owed is remitted, and to manage estates of companies in receivership.

LaPAS Code	Level	Performance Indicator Name
<b>6410</b>	<b>General</b>	<b>Number of companies examined - financial</b>

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of companies examined financially in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report that details companies examined is maintained in the Examinations Division.
Responsible Person	Cindy Riviere, Assistant Chief - Exams, Office of Financial Solvency; Phone (225) 342-9171; Fax (225) 342-9203; <a href="mailto:criviere@ldi.la.gov">criviere@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF FINANCIAL SOLVENCY

**OBJECTIVE I.7** Through the Office of Financial Solvency, to monitor the financial soundness and compliance of regulated entities, to provide assurance that premium tax owed is remitted, and to manage estates of companies in receivership.

LaPAS Code	Level	Performance Indicator Name
<b>11938</b>	<b>General</b>	<b>Percentage of domestic companies examined - financial</b>

Type and Level	Efficiency; General
Rationale, Relevance, Reliability	The indicator measures the percentage of domestic companies examined financially during the reporting period.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency.
Calculation Methodology	The calculation method is the number examined divided by the number of domestics licensed and subject to examination.
Scope	The indicator is aggregated.
Caveats	Calculation uses total number of domestic companies, without regard to the 5 year cycle since examinations can occur more frequently.
Accuracy, Maintenance, Support	Report that keeps track of companies examined is maintained in Examinations Division.
Responsible Person	Cindy Riviere, Assistant Chief Examiner - Exams, Office of Financial Solvency; Phone (225) 342-9171; Fax (225) 342-9203; <a href="mailto:criviere@ldi.la.gov">criviere@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF FINANCIAL SOLVENCY

OBJECTIVE I.7 Through the Office of Financial Solvency, to monitor the financial soundness and compliance of regulated entities, to provide assurance that premium tax owed is remitted, and to manage estates of companies in receivership.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>General</b>	<b>Number of examinations coordinated with other states</b>

Type and Level	Efficiency; General
Rationale, Relevance, Reliability	The indicator measures the number of exams coordinated with other states. These examinations are of companies in a group, which are regulated by more than one state.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	The Office of Financial Solvency maintains a report, which tracks exams coordinated with other states.
Responsible Person	Cindy Riviere, Assistant Chief Examiner - Exams, Office of Financial Solvency; Phone (225) 342-9171; Fax (225) 342-9203; <a href="mailto:criviere@ldi.la.gov">criviere@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF FINANCIAL SOLVENCY

OBJECTIVE I.7 Through the Office of Financial Solvency, to monitor the financial soundness and compliance of regulated entities, to provide assurance that premium tax owed is remitted, and to manage estates of companies in receivership.

LaPAS Code	Level	Performance Indicator Name
<b>6412</b>	<b>General</b>	<b>Number of companies analyzed - financial</b>

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of companies analyzed financially in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	A report tracking companies analyzed is maintained in the Analysis Division.
Responsible Person	Stewart Guerin, Compliance Examiner Chief, Office of Financial Solvency; Phone (225) 219-3929; Fax (225) 342-9203; <a href="mailto:sguerin@ldi.la.gov">sguerin@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF FINANCIAL SOLVENCY

OBJECTIVE I.7 Through the Office of Financial Solvency, to monitor the financial soundness and compliance of regulated entities, to provide assurance that premium tax owed is remitted, and to manage estates of companies in receivership.

LaPAS Code	Level	Performance Indicator Name
<b>22850</b>	<b>General</b>	<b>Number of filings of domestic companies analyzed</b>

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of filings of domestic companies analyzed during the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report which details domestic companies analyzed is maintained in the Analysis Division.
Responsible Person	Stewart Guerin, Compliance Examiner Chief, Office of Financial Solvency; Phone (225) 219-3929; Fax (225) 342-9203; <a href="mailto:sguerin@ldi.la.gov">sguerin@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF FINANCIAL SOLVENCY

**OBJECTIVE I.7** Through the Office of Financial Solvency, to monitor the financial soundness and compliance of regulated entities, to provide assurance that premium tax owed is remitted, and to manage estates of companies in receivership.

LaPAS Code	Level	Performance Indicator Name
<b>13768</b>	<b>General</b>	<b>Number of companies in administrative supervision at beginning of fiscal year</b>

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the number of companies in administrative supervision at the beginning of the fiscal year
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	A report detailing companies in supervision along with date placed in supervision and date released, if applicable, is maintained in the Office of Financial Solvency.
Responsible Person	Caroline Brock, Deputy Commissioner, Office of Financial Solvency; Phone (225) 342-1631; Fax (225) 342-9203; <a href="mailto:cbrock@ldi.la.gov">cbrock@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF FINANCIAL SOLVENCY

OBJECTIVE I.7 Through the Office of Financial Solvency, to monitor the financial soundness and compliance of regulated entities, to provide assurance that premium tax owed is remitted, and to manage estates of companies in receivership.

LaPAS Code	Level	Performance Indicator Name
<b>921</b>	<b>General</b>	<b>Number of companies placed in administrative supervision during the fiscal year</b>

Type and Level	Outcome; General
Rationale, Relevance, Reliability	The indicator measures the number of companies placed in administrative supervision during the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	The Office of Financial Solvency maintains a report that details companies in administrative supervision along with date placed in supervision and date released, if applicable.
Responsible Person	Caroline Brock, Deputy Commissioner, Office of Financial Solvency; Phone (225) 342-1631; Fax (225) 342-9203; <a href="mailto:cbrock@ldi.la.gov">cbrock@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF FINANCIAL SOLVENCY

**OBJECTIVE I.7** Through the Office of Financial Solvency, to monitor the financial soundness and compliance of regulated entities, to provide assurance that premium tax owed is remitted, and to manage estates of companies in receivership.

LaPAS Code	Level	Performance Indicator Name
<b>922</b>	<b>General</b>	<b>Number of companies returned to good health/removed from administrative supervision during fiscal year</b>

Type and Level	Outcome; General
Rationale, Relevance, Reliability	The indicator measures the number of companies removed from administrative supervision in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	The Office of Financial Solvency maintains a report that details companies in administrative supervision along with date placed in supervision and date released, if applicable.
Responsible Person	Caroline Brock, Deputy Commissioner, Office of Financial Solvency; Phone (225) 342-1631; Fax (225) 342-9203; <a href="mailto:cbrock@ldi.la.gov">cbrock@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF FINANCIAL SOLVENCY

OBJECTIVE I.7 Through the Office of Financial Solvency, to monitor the financial soundness and compliance of regulated entities, to provide assurance that premium tax owed is remitted, and to manage estates of companies in receivership.

LaPAS Code	Level	Performance Indicator Name
<b>12273</b>	<b>General</b>	<b>Number of companies in receivership at beginning of fiscal year</b>

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the companies in receivership at the beginning of the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	The Office of Financial Solvency maintains a report which details companies in receivership.
Responsible Person	Barry Karns, Attorney, Office of Financial Solvency; Phone (225) 342-1631; Fax (225) 342-9203; <a href="mailto:barryk@ldi.la.gov">barryk@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF FINANCIAL SOLVENCY

**OBJECTIVE I.7** Through the Office of Financial Solvency, to monitor the financial soundness and compliance of regulated entities, to provide assurance that premium tax owed is remitted, and to manage estates of companies in receivership.

LaPAS Code	Level	Performance Indicator Name
<b>904</b>	<b>General</b>	<b>Number of companies in receivership brought to final closure</b>

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of companies brought to final closure.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	The Office of Financial Solvency maintains a report which details companies in receivership brought to final closure.
Responsible Person	Barry Karns, Attorney, Office of Financial Solvency; Phone (225) 342-1631; Fax (225) 342-9203; <a href="mailto:barryk@ldi.la.gov">barryk@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF FINANCIAL SOLVENCY

**OBJECTIVE I.7** Through the Office of Financial Solvency, to monitor the financial soundness and compliance of regulated entities, to provide assurance that premium tax owed is remitted, and to manage estates of companies in receivership.

LaPAS Code	Level	Performance Indicator Name
<b>24329</b>	<b>General</b>	<b>Average number of months estates currently in receivership have been held in receivership</b>

Type and Level	Efficiency; General
Rationale, Relevance, Reliability	The indicator measures the average number of months estates are held in receivership.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency.
Calculation Methodology	The calculation method is an average total number of months for all estates currently in receivership divided by the total number of estates currently in receivership.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	A report is maintained that details the average months that all open estates have remained open.
Responsible Person	Barry Karns, Attorney, Office of Financial Solvency; Phone (225) 342-1631; Fax (225) 342-9203; <a href="mailto:barryk@ldi.la.gov">barryk@ldi.la.gov</a>

**04-165 DEPARTMENT OF INSURANCE**  
**PROGRAM B – MARKET COMPLIANCE**  
**PROGRAM ACTIVITY: OFFICE OF PROPERTY & CASUALTY – P&C COMPLIANCE**

**GOAL I** Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers by enforcing existing laws fairly and consistently and by proposing new laws as necessary.

**OBJECTIVE I.8** Through the P&C Compliance Division, to investigate to conclusion consumer complaints against Property & Casualty insurers and producers within 42 days.

State Outcome Goals Link: Transparent, Accountable and Effective Government  
Children’s Budget Link: N/A  
Human Resource Policies Beneficial to Women and Families Link: N/A  
Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

**STRATEGIES**

- I.8.1 Increase the depth of knowledge among personnel through increased training and monitoring of newer examiners by more experienced examiners.
- I.8.2 Distribute and manage workload to reach conclusion of consumer complaint investigations quickly.

**PERFORMANCE INDICATORS**

10204	Key	Average number of days to conclude a property and casualty complaint investigation
25032	Key	Percentage of property and casualty complaint investigations concluded within the performance standard
14211	General	Number of property and casualty complaints received
14212	General	Number of property and casualty complaint investigations concluded
954	General	Amount of claim payments and premium refunds recovered for property and casualty complainants in dollars

**EXPLANATORY NOTES**

A consumer complaint may or may not result in a claim payment or premium refund from the insurer or producer, depending on the facts of the matter giving rise to the complaint. Complaints are investigated to determine whether the insurer or producer performed in compliance with the law and the terms and conditions of the policy. A consumer may expect payment for an item not covered by the policy or may not agree with the way a transaction was handled, but the company or producer may have acted properly and within the law.

PI 25032 has been added since the prior Strategic Plan. Similar measures had been added to the Office of Health Insurance and the Office of Licensing & Compliance.

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: PROPERTY & CASUALTY – P&C COMPLIANCE

**OBJECTIVE I.8** Through the P&C Compliance Division, to investigate to conclusion consumer complaints against Property & Casualty insurers and producers within 42 days.

LaPAS Code	Level	Performance Indicator Name
<b>10204</b>	<b>Key</b>	<b>Average number of days to conclude a property and casualty complaint investigation</b>

Type and Level	Efficiency; Key
Rationale, Relevance, Reliability	The indicator measures the average time required to investigate to conclusion a P&C complaint during the reporting period. The indicator assesses staff efficiency by measuring how quickly staff responds to a complaint and completes an investigation.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Property & Casualty in the Complaint, Rate and Form Tracking (CRAFT) system.
Calculation Methodology	Divide the total number of days to close complaints by the total number of complaints closed during the reporting period.
Scope	The indicator is aggregated.
Caveats	Only closed files are included in this calculation. By law, regulated entities have 25 to 30 days to respond to an LDI directive requesting the company or producer’s explanation regarding the complaint.
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) system at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Trent Beach, Director, Compliance – Office of Property & Casualty; Phone (225) 342-0073; Fax (225) 219-7815 <a href="mailto:tbeach@ldi.la.gov">tbeach@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: PROPERTY & CASUALTY – P&C COMPLIANCE

**OBJECTIVE I.8** Through the P&C Compliance Division, to investigate to conclusion consumer complaints against Property & Casualty insurers and producers within 42 days.

LaPAS Code	Level	Performance Indicator Name
<b>25032</b>	<b>Key</b>	<b>Percentage of property and casualty complaint investigations concluded within the performance standard</b>

Type and Level	Efficiency; Key
Rationale, Relevance, Reliability	The indicator measures the percentage of property and casualty complaint investigations concluded within the performance standard. The indicator assesses staff efficiency by measuring how consistently staff responds quickly to a complaint and completes an investigation.
Use	The indicator will be used internally for management of staff and other resources.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Property & Casualty in the Complaint, Rate and Form Tracking (CRAFT) system.
Calculation Methodology	Divide the number of investigations closed within the performance standard by the total number of investigations closed during the reporting period, expressed as percentage.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) system at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Trent Beach, Director, Compliance – Office of Property & Casualty; Phone (225) 342-0073; Fax (225) 219-7815 <a href="mailto:tbeach@ldi.la.gov">tbeach@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: PROPERTY & CASUALTY – P&C COMPLIANCE

**OBJECTIVE I.8** Through the P&C Compliance Division, to investigate to conclusion consumer complaints against Property & Casualty insurers and producers within 42 days.

LaPAS Code	Level	Performance Indicator Name
<b>14211</b>	<b>General</b>	<b>Number of property and casualty complaints received</b>

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator reports the number of P&C complaints received during the fiscal year. Tracking complaint volume assists management in making staffing decisions and may help indicate trends in market conduct of insurers.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Property & Casualty in the Complaint, Rate and Form Tracking (CRAFT) system.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) system at close of reporting period. Report is maintained with work papers of fourth quarter reporting of performance indicator.
Responsible Person	Trent Beach, Director, Compliance – Office of Property & Casualty; Phone (225) 342-0073; Fax (225) 219-7815 <a href="mailto:tbeach@ldi.la.gov">tbeach@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: PROPERTY & CASUALTY – P&C COMPLIANCE

**OBJECTIVE I.8** Through the P&C Compliance Division, to investigate to conclusion consumer complaints against Property & Casualty insurers and producers within 42 days.

LaPAS Code	Level	Performance Indicator Name
<b>14212</b>	<b>General</b>	<b>Number of property and casualty complaint investigations concluded</b>

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of P&C complaint investigations concluded in the fiscal year. Tracking number of complaints closed is another measure that staff is able to keep up with caseload and may help indicate trends in market conduct of insurers.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Property & Casualty in the Complaint, Rate and Form Tracking (CRAFT) system.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) system at close of reporting period. Report is maintained with work papers of fourth quarter reporting of performance indicator.
Caveats	There are no caveats.
Responsible Person	Trent Beach, Director, Compliance – Office of Property & Casualty; Phone (225) 342-0073; Fax (225) 219-7815 <a href="mailto:tbeach@ldi.la.gov">tbeach@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: PROPERTY & CASUALTY – P&C COMPLIANCE

**OBJECTIVE I.8** Through the P&C Compliance Division, to investigate to conclusion consumer complaints against Property & Casualty insurers and producers within 42 days.

LaPAS Code	Level	Performance Indicator Name
<b>954</b>	<b>General</b>	<b>Amount of claim payments and premium refunds recovered for property and casualty complainants in dollars</b>

Type and Level	Outcome; General
Rationale, Relevance, Reliability	The indicator measures the amount of claim payments and premium refunds recovered for P&C complainants for all complaints closed during the fiscal year. It provides a limited basis for cost-benefit analysis for the LDI's assisting consumers in their complaints against regulated entities and also may reveal trends in market conduct of insurers.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Property & Casualty in the Complaint, Rate and Form Tracking (CRAFT) system.
Calculation Methodology	The calculation method is a standard sum.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) system at close of reporting period. Report is maintained with work papers of fourth quarter reporting of performance indicator.
Responsible Person	Trent Beach, Director, Compliance – Office of Property & Casualty; Phone (225) 342-0073; Fax (225) 219-7815 <a href="mailto:tbeach@ldi.la.gov">tbeach@ldi.la.gov</a>

**04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE  
PROGRAM B – MARKET COMPLIANCE  
PROGRAM ACTIVITY: PROPERTY & CASUALTY – P&C FORMS**

**GOAL I** Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers by enforcing existing laws fairly and consistently and by proposing new laws as necessary.

**OBJECTIVE I.9** Through the P&C Forms Division, to pre-approve or disapprove all contract forms for insurers’ use with consumers within 30 days.

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children’s Budget Link: N/A

Human Resource Policies Beneficial to Women and Families Link: N/A

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

**STRATEGIES**

- I.9.1 Increase the expertise and knowledge among personnel through increased training and monitoring of newer examiners by more experienced examiners.
- I.9.2 Develop instructions for insurers to follow in preparing filings and applications for submission to the LDI and return to insurers those filings that do not comply with the instructions.

**PERFORMANCE INDICATORS**

13939	Key	Average number of days to process property and casualty contract/policy form filings
22852	Key	Percentage of property and casualty contract/policy form filing reviews completed within the performance standard
13942	General	Number of property and casualty contract/policy forms received
13943	General	Number of property and casualty contract/policy forms processed
13940	General	Percentage of property and casualty contract/policy forms approved
24953	General	Percentage of property and casualty contract/policy forms disapproved

**EXPLANATORY NOTE**

All contract/policy forms must be reviewed and approved by LDI before they can be offered for sale in the state. Delays in the process can result in consumers not having access to products and to insurers not being able to sell those products. Good efficiency in this area is important to our Department-wide efforts to attract more companies to do business in the state.

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: PROPERTY & CASUALTY – P&C FORMS

OBJECTIVE I.9 Through the P&C Forms Division, to pre-approve or disapprove all contract forms for insurers’ use with consumers within 30 days.

LaPAS Code	Level	Performance Indicator Name
<b>13939</b>	<b>Key</b>	<b>Average number of days to process property and casualty contract/policy form filings</b>

Type and Level	Efficiency; Key
Rationale, Relevance, Reliability	The indicator measures the average time required to process property and casualty contracts and policy forms during the reporting period. Documented in CRAFT, timely forms processing supports a diverse and competitive insurance market.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Property & Casualty in the Complaint, Rate and Form Tracking (CRAFT) system.
Calculation Methodology	Divide total number of days to process all property and casualty contract/policy form filings by total number of policy form filings completed during the reporting period.
Scope	The indicator is aggregated.
Caveats	This average calculation includes only forms where processing was completed during the reporting period. It ignores pending filings. Timing begins upon assignment of the filing to a staff member.
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) system at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Rachelle Carter, Director, P&C Forms Division; Phone (225) 219-5093; Fax (225) 342-6057; <a href="mailto:rcarter@ldi.la.gov">rcarter@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: PROPERTY & CASUALTY – P&C FORMS

OBJECTIVE I.9 Through the P&C Forms Division, to pre-approve or disapprove all contract forms for insurers’ use with consumers within 30 days.

LaPAS Code	Level	Performance Indicator Name
<b>22852</b>	<b>Key</b>	<b>Percentage of property and casualty contract/policy form filing reviews completed within the performance standard</b>

Type and Level	Efficiency; Key
Rationale, Relevance, Reliability	The indicator measures the percentage of property and casualty contract/policy forms processed within the performance standard. Documented in CRAFT, timely forms processing supports a diverse and competitive insurance market.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Property & Casualty in the Complaint, Rate and Form Tracking (CRAFT) system.
Calculation Methodology	Divide the number of P&C contract/policy forms processed within the performance standard by the total number of forms processed during the reporting period, expressed as percentage.
Scope	The indicator is aggregated.
Caveats	This performance measure ignores forms pending at end of reporting period.
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) system at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Rachelle Carter, Director, P&C Forms Division; Phone (225) 219-5093; Fax (225) 342-6057; <a href="mailto:rcarter@ldi.la.gov">rcarter@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: PROPERTY & CASUALTY – P&C FORMS

OBJECTIVE I.9 Through the P&C Forms Division, to pre-approve or disapprove all contract forms for insurers’ use with consumers within 30 days.

LaPAS Code	Level	Performance Indicator Name
<b>13942</b>	<b>General</b>	<b>Number of property and casualty contract/policy forms received</b>

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the number of property and casualty contract/policy forms received during the fiscal year. Tracking volume provides data for staffing needs.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Property & Casualty in the Complaint, Rate and Form Tracking (CRAFT) system.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) system at close of reporting period. Report is maintained with work papers of fourth quarter reporting of performance indicator.
Responsible Person	Rachelle Carter, Director, P&C Forms Division; Phone (225) 219-5093; Fax (225) 342-6057; <a href="mailto:rcarter@ldi.la.gov">rcarter@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: PROPERTY & CASUALTY – P&C FORMS

OBJECTIVE I.9 Through the P&C Forms Division, to pre-approve or disapprove all contract forms for insurers’ use with consumers within 30 days.

LaPAS Code	Level	Performance Indicator Name
<b>13943</b>	<b>General</b>	<b>Number of property and casualty contract/policy forms processed</b>

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of property and casualty contract/policy forms processed during the fiscal year. Tracking completed activity provides data on year-to-year progress.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Property & Casualty in the Complaint, Rate and Form Tracking (CRAFT) system.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) system at close of reporting period. Report is maintained with work papers of fourth quarter reporting of performance indicator.
Responsible Person	Rachelle Carter, Director, P&C Forms Division; Phone (225) 219-5093; Fax (225) 342-6057; <a href="mailto:rcarter@ldi.la.gov">rcarter@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: PROPERTY & CASUALTY – P&C FORMS

OBJECTIVE I.9 Through the P&C Forms Division, to pre-approve or disapprove all contract forms for insurers’ use with consumers within 30 days.

LaPAS Code	Level	Performance Indicator Name
<b>13940</b>	<b>General</b>	<b>Percentage of property and casualty contract/policy forms approved</b>

Type and Level	Outcome; General
Rationale, Relevance, Reliability	The indicator measures the percentage of property and casualty contract/policy forms approved during the fiscal year. It is relevant to understanding the quality of filings received and the effect of training, instruction and guidance provided by the LDI.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Property & Casualty in the Complaint, Rate and Form Tracking (CRAFT) system.
Calculation Methodology	Divide number of forms approved by the total forms processed during reporting period, expressed as percentage. See Caveats.
Scope	The indicator is aggregated.
Caveats	Percentage of all forms formula defines “total forms processed” as all forms received for prior approval plus forms for informational purposes only, plus forms withdrawn. “Forms approved” is the total LDI approved plus forms filed as certified approved (and does not include informational filings, forms withdrawn or filings where companies adopt filing organization’s forms).
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) system at close of reporting period. Report is maintained with work papers of fourth quarter reporting of performance indicator.
Responsible Person	Rachelle Carter, Director, P&C Forms Division; Phone (225) 219-5093; Fax (225) 342-6057; <a href="mailto:rcarter@ldi.la.gov">rcarter@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: PROPERTY & CASUALTY – P&C FORMS

OBJECTIVE I.9 Through the P&C Forms Division, to pre-approve or disapprove all contract forms for insurers’ use with consumers within 30 days.

LaPAS Code	Level	Performance Indicator Name
<b>24953</b>	<b>General</b>	<b>Percentage of property and casualty contract/policy forms disapproved</b>

Type and Level	Outcome; General
Rationale, Relevance, Reliability	The indicator measures the percentage of property and casualty contract/policy forms disapproved during the fiscal year. It provides feedback on the quality of filings received and on the effectiveness of the LDI’s training, instruction and guidance.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Property & Casualty in the Complaint, Rate and Form Tracking (CRAFT) system.
Calculation Methodology	The calculation method is a total disapproved divided by total forms processed during the reporting period. “Total forms processed” is all forms received for prior approval plus forms for informational purposes only, plus forms withdrawn. See Caveats.
Scope	The indicator is aggregated.
Caveats	This formula defines “total forms processed” as all forms received for prior approval plus forms for informational purposes only, plus forms withdrawn.
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) system at close of reporting period. Report is maintained with work papers of fourth quarter reporting of performance indicator.
Responsible Person	Rachelle Carter, Director, P&C Forms Division; Phone (225) 219-5093; Fax (225) 342-6057; <a href="mailto:rcarter@ldi.la.gov">rcarter@ldi.la.gov</a>

**04-165 DEPARTMENT OF INSURANCE  
PROGRAM B – MARKET COMPLIANCE  
PROGRAM ACTIVITY: OFFICE OF PROPERTY & CASUALTY – P&C RATING**

**GOAL I** Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers by enforcing existing laws fairly and consistently and by proposing new laws as necessary.

**OBJECTIVE I.10** Through the P&C Rating Division, to process rate change requests in a timely manner.

State Outcome Goals Link: Transparent, Accountable and Effective Government  
Children’s Budget Link: N/A  
Human Resource Policies Beneficial to Women and Families Link: N/A  
Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

**STRATEGIES**

- I.10.1 Develop and distribute instructions for industry to follow in preparing rate/rule filings for submission.
- I.10.2 Use automated tracking for rate/rule filings to determine turn-around times.

**PERFORMANCE INDICATORS**

- 13945 Supporting Average number of days from receipt of filing/submission by Office of Property & Casualty staff to referral to actuarial staff
- 13949 Supporting Average number of days from receipt of filing/submission by actuary from Office of Property & Casualty support staff to actuary’s recommendation
- 20282 Supporting Average number of days from receipt of rate filing/submission to final action by LDI
- 974 General Total written premium (property, casualty, surety and inland marine) subject to Louisiana regulation and/or taxation, \$ in billions (includes Surplus Lines and Residual Market)
- 22853 General Total written premium (property, casualty, surety and inland marine) classified as surplus lines \$ in billions
- 22854 General Total written premium (property, casualty, surety and inland marine) classified as residual market \$ in millions
- 971 General Number of submissions reviewed by actuary
- 22855 General Average percentage change in property and casualty rates at end of fiscal year

**EXPLANATORY NOTE**

Wording of PI 974 is changed to accommodate change in state regulatory authority over insurers operating on a surplus lines basis in Louisiana.

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: PROPERTY & CASUALTY –P&C RATING

OBJECTIVE I.10 Through the P&C Rating Division, to process rate change requests in a timely manner.

LaPAS Code	Level	Performance Indicator Name
<b>13945</b>	<b>Supporting</b>	<b>Average number of days from receipt of filing/submission by Office of Property &amp; Casualty staff to referral to actuarial staff</b>

Type and Level	Efficiency; Supporting
Rationale, Relevance, Reliability	The indicator measures the number of days from receipt of a filing/submission to the beginning of actuarial services. This data allows management to evaluate the efficiency of the current review process.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Property & Casualty, Rate and Rule Division in the Complaint, Rate and Form Tracking (CRAFT) system.
Calculation Methodology	Divide the total number of days of OPC handling of rate filings by total number of rate filings completed during the reporting period.
Scope	The indicator is aggregated.
Caveats	Only filings completing this step are included in the calculation.
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) System at close of reporting period. Report is maintained with work papers of semiannual reporting of performance indicator.
Responsible Person	Linda Gonzales, Assistant Director, P&C Rating Division; Phone (225) 342-9055; Fax (225) 342-6057; <a href="mailto:lgonzales@ldi.la.gov">lgonzales@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: PROPERTY & CASUALTY –P&C RATING

OBJECTIVE I.10 Through the P&C Rating Division, to process rate change requests in a timely manner.

LaPAS Code	Level	Performance Indicator Name
<b>13949</b>	<b>Supporting</b>	<b>Average number of days from receipt of filing/submission by actuary from Office of Property &amp; Casualty support staff to actuary’s recommendation</b>

Type and Level	Efficiency; Supporting
Rationale, Relevance, Reliability	The indicator measures the number of days from receipt of a filing/submission by actuary to actuary’s recommendation. This data allows management to evaluate the efficiency of the current review process.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Property & Casualty, Rate and Rule Division in the Complaint, Rate and Form Tracking (CRAFT) system.
Calculation Methodology	Divide the total number of days of actuarial staff review of rate filings by total number of rate filings completed during the reporting period.
Scope	The indicator is aggregated.
Caveats	Only filings completing this step are included in the calculation.
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) System at close of reporting period. Report is maintained with work papers of semiannual reporting of performance indicator.
Responsible Person	Rich Piazza, Chief Actuary; Phone (225) 342-4689; Fax (225) 342-6057; <a href="mailto:rpiazza@ldi.la.gov">rpiazza@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: PROPERTY & CASUALTY –P&C RATING

OBJECTIVE I.10 Through the P&C Rating Division, to process rate change requests in a timely manner.

LaPAS Code	Level	Performance Indicator Name
<b>20282</b>	<b>Supporting</b>	<b>Average number of days from receipt of rate filing/submission to final action by LDI</b>

Type and Level	Efficiency; Supporting
Rationale, Relevance, Reliability	The indicator measures the number of days it takes LDI to complete review of a filing/submission. This data allows management to evaluate the efficiency of the current review process.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Property & Casualty, Rate and Rule Division in the Complaint, Rate and Form Tracking (CRAFT) system.
Calculation Methodology	Divide number of days from receipt to completion of review for all completed rate filings by the number of filings completing review during the reporting period.
Scope	The indicator is aggregated.
Caveats	Only filings completing entire rate review process are included in the calculation.
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) System at close of reporting period. Report is maintained with work papers of semiannual reporting of performance indicator.
Responsible Person	Linda Gonzales, Assistant Director, P&C Rating Division; Phone (225) 342-9055; Fax (225) 342-6057; <a href="mailto:lgonzales@ldi.la.gov">lgonzales@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: PROPERTY & CASUALTY –P&C RATING

OBJECTIVE I.10 Through the P&C Rating Division, to process rate change requests in a timely manner.

LaPAS Code	Level	Performance Indicator Name
<b>974</b>	<b>General</b>	<b>Total written premium (property, casualty, surety and inland marine) subject to Louisiana regulation and/or taxation, \$ in billions (includes Surplus Lines and Residual Market)</b>

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the amount of premiums (property, casualty, surety and inland marine) regulated by LDI during the fiscal year. The LDI uses the information to determine each company's share of Louisiana's insurance market.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office Financial Solvency.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	This total is for calendar year ending during fiscal year. Residual market includes premium from Louisiana Citizens Property Insurance Corporation and LWCC, but excludes the Louisiana Automobile Insurance Plan and group self-insurance for workers' compensation.
Accuracy, Maintenance, Support	Data is currently tracked and maintained by staff actuaries.
Responsible Person	Rich Piazza, Chief Actuary; Phone (225) 342-4689; Fax (225) 342-6057; <a href="mailto:rpiazza@ldi.la.gov">rpiazza@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: PROPERTY & CASUALTY –P&C RATING

OBJECTIVE I.10 Through the P&C Rating Division, to process rate change requests in a timely manner.

LaPAS Code	Level	Performance Indicator Name
<b>22853</b>	<b>General</b>	<b>Total written premium (property, casualty, surety and inland marine) classified as surplus lines \$ in billions</b>

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the total premiums written by surplus lines companies in the state during the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	This total is for calendar year ending during fiscal year.
Accuracy, Maintenance, Support	This data is captured via the Department’s Periodic Online Insurance Data Reporting System (POIDRS). Compliance with POIDRS is outlined in Louisiana Department of Insurance Directive 204. Surplus lines companies are also required to submit annual reports for the calendar year ending December 31 to the Louisiana Department of Insurance.
Responsible Person	Rich Piazza, Chief Actuary; Phone (225) 342-4689; Fax (225) 342-6057; <a href="mailto:rpiazza@ldi.la.gov">rpiazza@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: PROPERTY & CASUALTY –P&C RATING

OBJECTIVE I.10 Through the P&C Rating Division, to process rate change requests in a timely manner.

LaPAS Code	Level	Performance Indicator Name
<b>22854</b>	<b>General</b>	<b>Total written premium (property, casualty, surety and inland marine) classified as residual market \$ in millions</b>

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures total premiums written by the residual market companies in the state during the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	This total is for calendar year ending during fiscal year.
Accuracy, Maintenance, Support	The data is maintained by the Office of Financial Solvency via the submission of annual reports. By statute, the annual reports, which illustrate the financial data for a company for the previous year, shall be submitted to the Louisiana Department of Insurance by March 1 of each year.
Responsible Person	Rich Piazza, Chief Actuary; Phone (225) 342-4689; Fax (225) 342-6057; <a href="mailto:rpiazza@ldi.la.gov">rpiazza@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: PROPERTY & CASUALTY –P&C RATING

OBJECTIVE I.10 Through the P&C Rating Division, to process rate change requests in a timely manner.

LaPAS Code	Level	Performance Indicator Name
<b>971</b>	<b>General</b>	<b>Number of submissions reviewed by actuary</b>

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of rate filings/submissions reviewed by actuary during the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Property & Casualty, Rate and Rule Division in the Complaint, Rate and Form Tracking (CRAFT) system.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) System at close of reporting period. Report is maintained with work papers of fourth quarter reporting of performance indicator.
Responsible Person	Rich Piazza, Chief Actuary; Phone (225) 342-4689; Fax (225) 342-6057; <a href="mailto:rpiazza@ldi.la.gov">rpiazza@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: PROPERTY & CASUALTY –P&C RATING

OBJECTIVE I.10 Through the P&C Rating Division, to process rate change requests in a timely manner.

LaPAS Code	Level	Performance Indicator Name
<b>22855</b>	<b>General</b>	<b>Average percentage change in property and casualty rates at end of fiscal year</b>

Type and Level	Outcome; General
Rationale, Relevance, Reliability	The indicator measures the average percentage change in rates across all property and casualty lines in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Property & Casualty, Rate and Rule Division in the Complaint, Rate and Form Tracking (CRAFT) system.
Calculation Methodology	The calculation method is the average approved rate change across all lines of business calculated by using the companies' market share as a weight.
Scope	The indicator is aggregated.
Caveats	Companies that do not file or do file and are subsequently disapproved are assumed to have a zero percent rate change in the fiscal year.
Accuracy, Maintenance, Support	Report run from the Complaint, Rate and Form Tracking (CRAFT) System at close of reporting period. Report is maintained with work papers of fourth quarter reporting of performance indicator.
Responsible Person	Rich Piazza, Chief Actuary, Rate; Phone (225) 342-4689; Fax (225) 342-6057; <a href="mailto:rpiazza@ldi.la.gov">rpiazza@ldi.la.gov</a>

**04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE  
PROGRAM B – MARKET COMPLIANCE  
PROGRAM ACTIVITY: DIVISION OF INSURANCE FRAUD**

**GOAL I** Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers by enforcing existing laws fairly and consistently and by proposing new laws as necessary.

**OBJECTIVE I.11** Through the Division of Insurance Fraud, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness.

State Outcome Goals Link: Transparent, Accountable and Effective Government  
Children’s Budget Link: N/A  
Human Resource Policies Beneficial to Women and Families Link: N/A  
Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

**STRATEGIES**

- I.11.1 Screen applicants for insurance licenses to prevent those with disqualifying criminal records from participating in the business of insurance, unless granted a 1033 waiver.
- I.11.2 Provide referrals to appropriate law enforcement when preliminary investigation by the Division of Insurance Fraud reveals evidence meriting a criminal fraud investigation and prosecution.

**PERFORMANCE INDICATORS**

<b>12276</b>	Key	Percentage of initial claim fraud complaint investigations completed within 10 working days
<b>12278</b>	Key	Percentage of background checks completed within 15 working days
<b>962</b>	General	Number of background checks performed for company and producer licensing divisions
<b>12282</b>	General	Number of claim fraud investigations opened
<b>959</b>	General	Number of claim fraud investigations referred to law enforcement
<b>12279</b>	General	Number of producer investigations opened
<b>12281</b>	General	Number of producer investigations referred to law enforcement
<b>24332</b>	General	Number of company investigations opened
<b>24333</b>	General	Number of company investigations referred to law enforcement
<b>23502</b>	General	Number of claims adjuster investigations opened
<b>24334</b>	General	Number of claims adjuster investigations referred to law enforcement
<b>NEW</b>	General	Number of POST certified fraud investigators

**EXPLANATORY NOTE**

An initial investigation means a complaint is investigated to determine whether a full investigation should be initiated, or if the report should be entered into the database and maintained for possible additional investigation later. LDI performs biographical background checks on the officers, directors, persons who direct the company on a daily basis and owners of 10% or more of the company. Background checks on producers are limited to those who disclose they have been charged or convicted of a crime or who had an action taken against him/her by an insurance department, security regulator or other administrative entity.

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: DIVISION OF INSURANCE FRAUD

**OBJECTIVE I.11** Through the Division of Insurance Fraud, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness.

LaPAS Code	Level	Performance Indicator Name
<b>12276</b>	<b>Key</b>	<b>Percentage of initial claim fraud complaint investigations completed within 10 working days</b>

Type and Level	Efficiency; Key
Rationale, Relevance, Reliability	The indicator measures the percentage of initial claim fraud complaint investigations completed within 10 working days during the reporting period, thus tracking the amount of fraud reported and the Division of Insurance Fraud’s timely case management.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Division of Insurance Fraud.
Calculation Methodology	Divide the number of initial investigations completed within 10 days by total number completed, expressed as a percentage.
Scope	The indicator is aggregated.
Caveats	An initial investigation means a complaint is investigated to determine whether a full investigation should be initiated, or if the report should be entered into the database and maintained for possible additional investigation at a later date.
Accuracy, Maintenance, Support	Data is maintained in the Fraud Division’s database and spreadsheets. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Matthew Stewart, Director, Division of Insurance Fraud; Phone (225) 342-9209; Fax (225) 342-7393; <a href="mailto:mbstewart@ldi.la.gov">mbstewart@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: DIVISION OF INSURANCE FRAUD

OBJECTIVE I.11 Through the Division of Insurance Fraud, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness.

LaPAS Code	Level	Performance Indicator Name
<b>12278</b>	<b>Key</b>	<b>Percentage of background checks completed within 15 working days</b>

Type and Level	Efficiency; Key
Rationale, Relevance, Reliability	The indicator measures the percentage of background checks completed within 15 working days during the reporting period. This is a consumer protection activity; completing background checks quickly benefits the applicants, the LDI's licensing efficiency, as well as the marketplace.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Division of Insurance Fraud.
Calculation Methodology	Divide number of background checks completed within 15 days by the total number completed, expressed as a percentage.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Data is maintained in the Fraud Division's database and spreadsheets. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Matthew Stewart, Director, Division of Insurance Fraud; Phone (225) 342-9209; Fax (225) 342-7393; <a href="mailto:mbstewart@ldi.la.gov">mbstewart@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: DIVISION OF INSURANCE FRAUD

OBJECTIVE I.11 Through the Division of Insurance Fraud, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness.

LaPAS Code	Level	Performance Indicator Name
<b>962</b>	<b>General</b>	<b>Number of background checks performed for company and producer licensing divisions</b>

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of background checks performed for company and producer licensing divisions during the fiscal year. This is a consumer protection activity; completing background checks quickly benefits the applicants, the LDI’s licensing efficiency, as well as the marketplace.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Division of Insurance Fraud.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	LDI performs biographical background checks on the officers, directors, persons who direct the company on a daily basis and owners of 10% or more of the company. Background checks on producers are limited to those who disclose they have been charged or convicted of a crime or who had an action taken against him/her by an insurance department, security regulator or other administrative entity.
Accuracy, Maintenance, Support	Data is maintained in the Fraud Division’s database and spreadsheets. Report is maintained with work papers of reporting of performance indicator.
Responsible Person	Matthew Stewart, Director, Division of Insurance Fraud; Phone (225) 342-9209; Fax (225) 342-7393; <a href="mailto:mbstewart@ldi.la.gov">mbstewart@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: DIVISION OF INSURANCE FRAUD

OBJECTIVE I.11 Through the Division of Insurance Fraud, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness.

LaPAS Code	Level	Performance Indicator Name
<b>12282</b>	<b>General</b>	<b>Number of claim fraud investigations opened</b>

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the number of claim fraud investigations opened during the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Division of Insurance Fraud.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Data is maintained in the Fraud Division's database and spreadsheets. Report is maintained with work papers of reporting of performance indicator.
Responsible Person	Matthew Stewart, Director, Division of Insurance Fraud; Phone (225) 342-9209; Fax (225) 342-7393; <a href="mailto:mbstewart@ldi.la.gov">mbstewart@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: DIVISION OF INSURANCE FRAUD

OBJECTIVE I.11 Through the Division of Insurance Fraud, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness.

LaPAS Code	Level	Performance Indicator Name
<b>959</b>	<b>General</b>	<b>Number of claim fraud investigations referred to law enforcement</b>

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of claim fraud investigations referred to law enforcement during the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Division of Insurance Fraud.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Data is maintained in the Fraud Division’s database and spreadsheets. Report is maintained with work papers of reporting of performance indicator.
Responsible Person	Matthew Stewart, Director, Division of Insurance Fraud; Phone (225) 342-9209; Fax (225) 342-7393; <a href="mailto:mbstewart@ldi.la.gov">mbstewart@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: DIVISION OF INSURANCE FRAUD

OBJECTIVE I.11 Through the Division of Insurance Fraud, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness.

LaPAS Code	Level	Performance Indicator Name
<b>12279</b>	<b>General</b>	<b>Number of producer investigations opened</b>

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the number of producer investigations opened in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Division of Insurance Fraud.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Data is maintained in the Fraud Division’s database and spreadsheets. Report is maintained with work papers of reporting of performance indicator.
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## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: DIVISION OF INSURANCE FRAUD

OBJECTIVE I.11 Through the Division of Insurance Fraud, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness.

LaPAS Code	Level	Performance Indicator Name
<b>12281</b>	<b>General</b>	<b>Number of producer investigations referred to law enforcement</b>

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of producer investigations referred to law enforcement in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Division of Insurance Fraud.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Data is maintained in the Fraud Division’s database and spreadsheets. Report is maintained with work papers of reporting of performance indicator.
Responsible Person	Matthew Stewart, Director, Division of Insurance Fraud; Phone (225) 342-9209; Fax (225) 342-7393; <a href="mailto:mbstewart@ldi.la.gov">mbstewart@ldi.la.gov</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: DIVISION OF INSURANCE FRAUD

OBJECTIVE I.11 Through the Division of Insurance Fraud, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness.

LaPAS Code	Level	Performance Indicator Name
<b>24332</b>	<b>General</b>	<b>Number of company investigations opened</b>

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the number of company investigations opened in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Division of Insurance Fraud.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Data is maintained in the Fraud Division’s database and spreadsheets. Report is maintained with work papers of reporting of performance indicator.
Responsible Person	Matthew Stewart, Director, Division of Insurance Fraud; Phone (225) 342-9209; Fax (225) 342-7393; <a href="mailto:mbstewart@ldi.la.gov">mbstewart@ldi.la.gov</a>

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04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: DIVISION OF INSURANCE FRAUD

OBJECTIVE I.11 Through the Division of Insurance Fraud, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness.

LaPAS Code	Level	Performance Indicator Name
<b>24333</b>	<b>General</b>	<b>Number of company investigations referred to law enforcement</b>

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of company investigations referred to law enforcement in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Division of Insurance Fraud.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Data is maintained in the Fraud Division’s database and spreadsheets. Report is maintained with work papers of reporting of performance indicator.
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04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: DIVISION OF INSURANCE FRAUD

OBJECTIVE I.11 Through the Division of Insurance Fraud, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness.

LaPAS Code	Level	Performance Indicator Name
<b>23502</b>	<b>General</b>	<b>Number of claims adjuster investigations opened</b>

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the number of claims adjuster investigations opened in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Division of Insurance Fraud.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Data is maintained in the Fraud Division’s database and spreadsheets. Report is maintained with work papers of reporting of performance indicator.
Responsible Person	Matthew Stewart, Director, Division of Insurance Fraud; Phone (225) 342-9209; Fax (225) 342-7393; <a href="mailto:mbstewart@ldi.la.gov">mbstewart@ldi.la.gov</a>

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04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: DIVISION OF INSURANCE FRAUD

**OBJECTIVE I.11** Through the Division of Insurance Fraud, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness.

LaPAS Code	Level	Performance Indicator Name
<b>24334</b>	<b>General</b>	<b>Number of claims adjuster investigations referred to law enforcement</b>

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of claims adjuster investigations referred to law enforcement in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Division of Insurance Fraud.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
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OBJECTIVE I.11 Through the Division of Insurance Fraud, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>General</b>	<b>Number of POST certified fraud investigators</b>

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of fraud investigators who have completed law officer training and whom the Commissioner may authorize to carry firearms while conducting fraud investigations.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Division of Insurance Fraud.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Data is maintained in the Fraud Division’s database and spreadsheets. Report is maintained with work papers of reporting of performance indicator.
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# STRATEGIC PLANNING CHECKLIST



## Planning Process

- General description of process implementation included in plan process documentation
- Consultant used
- If so, identify: \_\_\_\_\_
- Department/agency explanation of how duplication of program operations will be avoided included in plan process documentation
- Incorporated statewide strategic initiatives
- Incorporated organization internal workforce plans and information technology plans

## Analysis Tools Used

- SWOT analysis
- Cost/benefit analysis
- Financial audit(s)
- Performance audit(s)
- Program evaluation(s)
- Benchmarking for best management practices
- Benchmarking for best measurement practices
- Stakeholder or customer surveys
- Undersecretary management report (Act 160 Report) used
- Other analysis or evaluation tools used
- If so, identify: \_\_\_\_\_

Attach analysis projects, reports, studies, evaluations, and other analysis tools.

## Stakeholders (Customers, Compliers, Expectation Groups, Others) identified

- Involved in planning process
- Discussion of stakeholders included in plan process documentation

## Authorization for goals

- Authorization exists
- Authorization needed
- Authorization included in plan process documentation

## External Operating Environment

- Factors identified and assessed
- Description of how external factors may affect plan included in plan process documentation

## Formulation of Objectives

- Variables (target group; program & policy variables; and external variables) assessed
- Objectives are SMART

## Building Strategies

- Organizational capacity analyzed
- Needed organizational structural or procedural changes identified
- Resource needs identified
- Strategies developed to implement needed changes or address resource needs
- Action plans developed; timelines confirmed; and responsibilities assigned

## Building in Accountability

- Balanced sets of performance indicators developed for each objective
- Documentation Sheets completed for each performance indicator
- Internal accountability process or system implemented to measure progress
- Data preservation and maintenance plan developed and implemented

## Fiscal Impact of Plan

- Impact on operating budget
- Impact on capital outlay budget
- Means of finance identified for budget change
- Return on investment determined to be favorable