

AGENCY STRATEGIC PLAN
FISCAL YEARS 2019 TO 2023

SUBMITTED TO THE
OFFICE OF THE GOVERNOR'S BUDGET AND POLICY TEAMS
AND THE LEGISLATIVE BUDGET BOARD

BY

OFFICE OF PUBLIC INSURANCE COUNSEL



June 8, 2018

AGENCY STRATEGIC PLAN
FISCAL YEARS 2019 TO 2023

SUBMITTED TO THE
OFFICE OF THE GOVERNOR'S BUDGET AND POLICY TEAMS
AND THE LEGISLATIVE BUDGET BOARD

BY

OFFICE OF PUBLIC INSURANCE COUNSEL

JUNE 8, 2018

SIGNED:



Melissa R. Hamilton, PUBLIC COUNSEL

TABLE OF CONTENTS

AGENCY MISSION 1

AGENCY OPERATIONAL GOALS AND ACTION PLAN 1

SUPPLEMENTAL SCHEDULES 6

A. BUDGET STRUCTURE

B. PERFORMANCE MEASURE DEFINITIONS

C. HISTORICALLY UNDERUTILIZED BUSINESS PLAN

D. STATEWIDE CAPITAL PLANNING

E. HEALTH AND HUMAN SERVICES STRATEGIC PLANNING

F. AGENCY WORKFORCE PLAN AND THE TEXAS WORKFORCE SYSTEM
STRATEGIC PLAN

G. REPORT ON CUSTOMER SERVICE

H. ASSESSMENT OF ADVISORY COMMITTEES

AGENCY MISSION

The Texas Legislature established the Office of Public Insurance Counsel (OPIC) as an independent agency in Chapter 501 of the Insurance Code and charged the agency with representing the interests of Texas consumers in insurance matters. OPIC fulfills this statutory duty by representing the interests of consumers in the regulation of insurance rates, rules, and policy forms; recommending legislation to the Texas Legislature that would positively affect the interests of insurance consumers; and intervening in legal and other matters, as appropriate, for positions that are most advantageous to a substantial number of insurance consumers. OPIC also engages consumers directly through the Consumer Bill of Rights, which is distributed to each policyholder on issuance of homeowners' and personal automobile policies. OPIC's consumer outreach and education efforts make Texans more aware of insurance issues and help them better understand the insurance products they purchase.

AGENCY OPERATIONAL GOALS AND ACTION PLAN

OPERATIONAL GOAL

To effectively represent the interests of Texas insurance consumers in rate, rulemaking, judicial and legislative proceedings, and other public forums involving insurance matters.

SPECIFIC ACTION ITEMS TO ACHIEVE GOAL (All Action Items Below Are Ongoing)

1. Review rate filings and work diligently against unjustified rate increases and toward increased benefits to policyholders;
2. Prevent or limit the reduction of coverage available to insurance consumers;
3. Work to make the overall insurance market more responsive to Texas insurance consumers; and
4. Act as a resource for the Texas Legislature in legislative hearings and other legislative proceedings that address issues affecting Texas insurance consumers.

DESCRIBE HOW YOUR GOAL OR ACTION ITEM SUPPORTS EACH STATEWIDE OBJECTIVE

1. Accountable to tax and fee payers of Texas.

OPIC is dedicated to diligently representing the interests of Texas consumers in a cost-efficient manner. OPIC is funded by a 5.7 cent fee on certain insurance policies sold in Texas. That fee is paid into General Revenue and OPIC typically operates on about 40% or less of the funds generated by the fee. In recent years, the appropriation received is less than one million dollars per year.

The affordability and availability of insurance is, and will continue to be, an important issue to Texans. Similarly, the ability of Texas residents to insure their businesses, property, and health are of vital importance to the economic health of the State of Texas. OPIC uses the funds collected to meet these needs by fulfilling the agency's statutory duties.

OPIC uses the funds to intervene, as appropriate, on rate, rule, and form filings. OPIC intervenes to protect Texans from unjustified rate increases, to limit reductions in policy form coverages, and to help other regulatory agencies produce rules that benefit Texas consumers. OPIC also engages

in consumer outreach and education to provide meaningful information that helps Texas consumers obtain the insurance that best meets their needs. And, OPIC provides information about insurance issues affecting Texas consumers to the Texas Legislature both during the session and the interim.

2. Efficient such that maximum results are produced with a minimum waste of taxpayer funds, including through the elimination of redundant and non-core functions.

Because OPIC is a small agency with a limited scope of authority, redundancy and assumption of non-core functions are not issues that arise often. Redundancy and assumption of non-core functions are further avoided by focusing the agency's time and resources on its statutory duties. OPIC is also prudent in exercising its statutory duties, focusing the agency's resources on the issues of greatest concern to Texas consumers.

OPIC negotiates rate reductions and form changes with insurance companies and the Texas Department of Insurance (TDI) before initiating litigation or before the implementation of rates and forms, if possible. This avoids costly litigation or retroactive review of a rate or form while achieving appropriate savings and protections for consumers.

3. Effective in successfully fulfilling core functions, measuring success in achieving performance measures and implementing plans to continuously improve.

OPIC generally achieves a high rate of success in its core functions and performance measures by focusing the agency's limited resources on the statutory duties defined in Chapter 501 of the Texas Insurance Code.

OPIC is also looking to better meet its statutory duties. For example, OPIC plans to use a new tool in fulfilling its statutory duty to recommend legislation that positively affects insurance consumers. In December 2018, OPIC will produce a recommendations report. The report will present legislative recommendations for consideration by the 86th Texas Legislature.

4. Attentive to providing excellent customer service.

OPIC serves insurance consumers whose needs vary by line of insurance, such as drivers buying personal automobile insurance, and small employers and individuals shopping for life or health coverage. Moreover, insurance consumers throughout the state often have different needs. For example, homeowners in North Texas may focus on coverage for roofs and related deductibles due to the prevalence of local hailstorms. Coastal residents may be more concerned with their homeowners' rates and the cost of wind coverage due to the possibility of tropical storms and hurricanes. Rural residents may be concerned with access to health insurance as they shop for a managed care plan with services in their sparsely populated area. Other concerns seem to be shared statewide. Residents across the state are concerned about large numbers of uninsured drivers and access to health insurance. Additionally, Hurricane Harvey raised awareness across the state about the importance of adequate flood coverage.

OPIC recognizes both the local and statewide concerns facing Texas insurance consumers. OPIC monitors rules and form and rate filings on a statewide basis; however, the agency also pays attention to how certain filings and rules impact specific areas in the state. OPIC staff also monitor insurance news and caselaw to identify potential new concerns for consumers and to begin thinking of ways that the agency can best address those concerns in the regulatory and legislative arenas.

5. Transparent such that agency actions can be understood by any Texan.

OPIC considers openness and transparency with Texans paramount. Due to its size and other factors, OPIC has not been particularly well known by the public in past years. OPIC, however, is actively working to improve its visibility so that more Texans will avail themselves of the agency's resources. The agency is currently undergoing a significant update to its website and social media applications to improve their usefulness to consumers. Once those improvements are complete, the agency plans to increase OPIC's marketing and to engage in other efforts to make the agency and its services known to more Texas consumers. For this set of action items, the goal will be to increase awareness of OPIC's resources related to policy coverage and to information about ways to receive assistance in a dispute with an insurer. In addition, OPIC ensures that public open records and other information requests receive both timely and complete responses.

OPERATIONAL GOAL

To increase effective consumer choice by educating Texas insurance consumers about their rights and responsibilities and about the operation of Texas insurance markets.

SPECIFIC ACTION ITEMS TO ACHIEVE GOAL (All Action Items Below Are Ongoing)

1. Contact Texas insurance consumers by efficient and effective means to educate them about their rights and responsibilities;
2. Educate insurance consumers about the operation of Texas insurance markets and insurance products available; and
3. Help consumers obtain the insurance products that best meet their needs.

DESCRIBE HOW YOUR GOAL OR ACTION ITEM SUPPORTS EACH STATEWIDE OBJECTIVE

1. Accountable to tax and fee payers of Texas.

OPIC is dedicated to diligently representing the interests of Texas consumers in a cost-efficient manner. OPIC is funded by a 5.7 cent fee on certain insurance policies sold in Texas. That fee is paid into General Revenue and OPIC typically operates on about 40% or less of the funds generated by the fee. In recent years, the appropriation received is less than one million dollars per year.

OPIC continually strives to make sure all expenditures support our ongoing goals that make Texas consumers better equipped to select the insurance products that best meet their needs. OPIC uses its website and social media applications to provide outreach and education to the greatest number of Texans in the most cost-efficient manner. We also post our higher value contracts and our budget on our website for the public to review.

2. Efficient such that maximum results are produced with a minimum waste of taxpayer funds, including through the elimination of redundant and non-core functions.

With the increased prevalence of the internet and social media, OPIC has been able to communicate with more consumers in a cost-effective manner through our website and our social media applications of Facebook and Twitter. Recognizing that the agency's website and social media applications are one of the most efficient and effective means for consumer education, OPIC is extensively overhauling its website and social media applications. Both the website and social media applications are being fully vetted for form, content, and usability. OPIC plans to produce a significantly improved website and social media applications, which will provide the most useful and current information to consumers in a manner easy to understand and use.

Additionally, OPIC produces agency articles, brochures, health plan report cards, and many other products disseminated via the website and social media at a nominal cost to the agency. OPIC's website contains a policy comparison tool that allows consumers to choose the policy that best meets their coverage needs. OPIC also coordinates with TDI to maximize impact and to make sure that our efforts are not duplicative with respect to our educational services and materials.

3. Effective in successfully fulfilling core functions, measuring success in achieving performance measures and implementing plans to continuously improve.

OPIC constantly strives to be a more effective and efficient organization. As the agency charged with representing the interests of Texas consumers in insurance matters, OPIC performs a number of functions related to consumer outreach and education; however, all of these functions are designed to work together, to be mutually beneficial and supportive.

OPIC produces two important consumer resource documents, the Consumer Bill of Rights and Health Maintenance Organization (HMO) Report Cards. Both sets of documents are mandated by Texas law. The Consumer Bill of Rights is included with personal automobile and homeowners' policies and lists the rights that insurance consumers have under Texas law. OPIC is currently updating the Consumer Bills of Rights to reflect legislative changes and to make the documents easier to navigate and understand. OPIC produces the HMO Report Cards in conjunction with the Department of State Health Services to provide consumers with information about the HMO products available and consumer satisfaction with those products.

While OPIC is proud of the agency's efforts on behalf of consumers, we know that there is always room for improvement. As previously mentioned, OPIC is engaging in a complete overhaul of the agency's website and social media applications to make them more consumer friendly and to provide more helpful information to consumers navigating the insurance market in Texas. OPIC is also developing a website and social media strategy to create a maximally effective consumer education resource.

For Texas insurance consumers, knowledge is power. OPIC works to get consumers the resources they need to make educated insurance purchase decisions.

4. Providing excellent customer service.

OPIC recognizes both the local and statewide concerns facing Texas insurance consumers. OPIC focuses its consumer education and outreach both on issues of local concern and issues of statewide concern. OPIC uses its website and social media applications to provide information of concern to consumers across the state and to consumers in particular areas of the state. OPIC staff also monitor insurance news and caselaw to identify potential new concerns for consumers and to begin thinking of ways that the agency can best address those concerns.

OPIC continually strives to achieve a high level of customer service. OPIC employs well qualified staff who provide quality information and assistance to consumers, both directly through phone calls and emails and indirectly through the website, social media applications, and agency publications.

OPIC maintains a toll-free number for consumer access and makes sure requests from the public are addressed quickly so that consumers receive the information and services they need in a prompt manner. OPIC is also engaged in an agency wide initiative to use plain language in all communications with consumers.

5. Transparent such that agency actions can be understood by any Texan.

Openness and transparency are important in achieving the agency's consumer education goal. OPIC's web, social media, and advertising strategies are designed to enhance our transparency to all Texans so that they can understand our role in the marketplace, evaluate our actions, and utilize the information provided to make them effective and strategic in their insurance purchases.

One of our most important web-based services, which was previously mentioned, is the policy comparison tool for personal automobile, homeowners', and condominium coverages. This tool allows consumers to compare insurance coverages offered by different companies. The policy comparison tool was the first of its kind launched in the United States and has received acclaim from consumers, agents and regulators alike. In addition, since September 2008, the agency has partnered with TDI to produce a website (HelpInsure.com) combining consumer information produced by the agencies as well as adding new information as required by legislation passed by the 80th Texas Legislature.

Perhaps most importantly, OPIC has recently focused on improving consumer education and outreach by refining and revamping the agency's website and social media platforms. The goal is to create a website and social media applications that better serve Texas consumers by improving their format and content. Both the website and social media applications are being fully vetted for form, content, and usability. OPIC plans to produce a significantly improved website and social media applications, which will provide the most useful and current information to consumers in a manner that is easy to understand and use. Key to attaining this goal is using plain language. OPIC has already partnered with TDI to provide OPIC staff with trainings on how to use plain language. The trainings begin in August 2018.

SCHEDULE A: BUDGET STRUCTURE

AGENCY GOAL 1: ADVOCATE FOR INSURANCE CONSUMERS

Advocate positions advantageous to Texas consumers effectively in rate, rulemaking, judicial and legislative proceedings, and other public forums involving insurance matters. (TEX. INS. CODE ANN. Chapter 501)

OBJECTIVE 1: FAIR INSURANCE RATES/RULES

In each year, participate in all rate hearings, rate filings, and rulemaking proceedings, as well as any judicial proceedings, including appeals subsequent to administrative proceedings and amicus briefs, having a significant impact on Texas insurance consumers to ensure that insurance rates in Texas are fair and that rules are adequate to protect Texas insurance consumers; and act as a resource in legislative proceedings addressing issues affecting Texas insurance consumers.

STRATEGY 1: PARTICIPATE IN RATE/RULE HEARINGS

Participate in rate hearings, rate filings, and rulemaking proceedings, as well as any judicial proceedings including appeals subsequent to administrative proceedings and amicus briefs, on behalf of Texas insurance consumers by using expert witnesses, providing staff and consumer testimony, and relying on staff research and staff attorneys; and provide information and research to the Legislature and executive branch.

OUTCOME MEASURES:

Percentage of Rate Hearings in Which OPIC Participated
Percentage of Rate and Rule Proceedings in Which OPIC Participated
Percentage of Rates and Rules Changed as a Result of OPIC Participation

OUTPUT MEASURES:

Number of Rate Hearings in Which OPIC Participated
Number of Rate Filings in Which OPIC Participated
Number of Rulemaking Proceedings in Which OPIC Participated
Number of Proposed Rules Analyzed
Number of Rate Filings Analyzed
Number of Responses to Legislative Request for Research or Information (beginning 2020-21 biennium)

EFFICIENCY MEASURES:

Average Cost Per Rate Hearing in Which OPIC Participated

AGENCY GOAL 2: INCREASE CONSUMER CHOICE

To increase effective consumer choice by educating Texas insurance consumers about their rights and responsibilities and about the operation of Texas insurance markets, and to obtain market information which results in rate, rule, or legislative proposals benefiting Texas insurance consumers. (TEX. INS. CODE ANN. Chapter 501)

OBJECTIVE 1: CONTACT INSURANCE CONSUMERS

To contact Texas insurance consumers by efficient means about insurance coverage and the insurance marketplace by reaching approximately 62 percent of those consumers each year and to participate in public forums to obtain information in order to formulate positions advantageous to insurance consumers.

STRATEGY 1: INSURANCE INFORMATION

To contact Texas consumers to obtain market information and to provide consumers with information needed in order to make informed choices by conducting issue research, producing informational materials, and making public presentations, and formulating and revising consumer bills of rights.

OUTCOME MEASURES:

Percentage of Texas Insurance Consumers Reached by OPIC Outreach Efforts
Percentage of Bills of Rights Submitted for Adoption within Established Timelines

OUTPUT MEASURES:

Number of Bills of Rights or Revisions Proposed
Number of Report Cards and Publications Produced & Distributed
Number of Public Presentations or Communications

EFFICIENCY MEASURES:

Average Cost Per Consumer Reached through Agency Publications

SCHEDULE B: PERFORMANCE MEASURE

DEFINITIONS

GOAL 1: Advocate positions advantageous to Texas consumers effectively in rate, rulemaking, judicial and legislative proceedings, and other public forums involving insurance matters. (TEX. INS. CODE ANN. Chapter 501)

OBJECTIVE 1: In each year, participate in all rate hearings, rate filings, and rulemaking proceedings, as well as any judicial proceedings, including appeals subsequent to administrative proceedings and amicus briefs, having a significant impact on Texas insurance consumers to ensure that insurance rates in Texas are fair and that rules are adequate to protect Texas insurance consumers; and act as a resource in legislative proceedings addressing issues affecting Texas insurance consumers.

STRATEGY 1: Participate in rate hearings, rate filings, and rulemaking proceedings, as well as any judicial proceedings including appeals subsequent to administrative proceedings and amicus briefs, on behalf of Texas insurance consumers by using expert witnesses, providing staff and consumer testimony, and relying on staff research and staff attorneys; and provide information and research to the Legislature and executive branch.

OUTCOME MEASURE: Percentage of Rate Hearings in which OPIC Participated

Definition: The percentage of rate hearings in which the agency participated. Rate hearings include administrative proceedings held before the Commissioner of Insurance or an administrative law judge to set or disapprove rates and classification plans for various lines of insurance, as well as judicial appeals subsequent to such administrative proceedings.

Purpose/Importance: Participation in rate hearings addresses the agency's statutory duty to intervene on behalf of consumers in matters involving rates affecting all lines of insurance for which the commissioner sets or disapproves rates. Advocating for insurance consumers in these rate hearings is one of the primary goals of the agency. It is important to monitor any trends in these hearings in order to determine market trends and to aid the agency in its budget planning process.

Source/Collection of Data: Data used for this calculation is from an agency database maintained and utilized to track projects, activities, and outcomes of the agency.

Method of Calculation: The number of rate hearings in which the agency participated during the reporting period is divided by the total number of such hearings for the reporting period. The result is multiplied by 100 to achieve a percentage.

Data Limitations: The number of rate hearings is largely determined by outside influences such as a statutory change, the number and timing of rate filings made by insurers and the reasonableness of the rates requested in the filings as well as the number of hearings scheduled by the Texas Department of Insurance.

Calculation Type: Non-cumulative

New Measure: No

Target Attainment: Higher than target

OUTCOME MEASURE: Percentage of Rate and Rule Proceedings in which OPIC Participated

Definition: The percentage of rate and rule proceedings in which the agency participated. Rate proceedings include rates filed by individual insurance companies which are reviewed to determine if they affect, or have the potential to affect, a class or a substantial number of consumers. Rulemaking proceedings include proposals for rule and form changes filed by insurance companies, insurance industry trade groups, the Texas Department of Insurance staff, individual consumers, consumer groups, or the agency which are reviewed to determine if they affect, or have the potential to affect, a class or a substantial number of consumers.

Purpose/Importance: This measure addresses the agency's statutory duty to intervene on behalf of consumers in matters involving rates, rules, and forms in various lines of insurance. It is important to monitor any trends in the number or type of these proceedings conducted in order to determine market trends and to aid the agency in its budget planning process.

Source/Collection of Data: An agency database is maintained and utilized to track projects, activities, and outcomes for the agency. Information regarding rate and rulemaking proceedings is entered by agency staff on a regular basis. Data is collected from various sources including the Texas Register.

Method of Calculation: The number of rate and rulemaking proceedings in which the agency participated during the reporting period is divided by the total number of such proceedings for the reporting period. . The result is multiplied by 100 to achieve a percentage.

Data Limitations: The number of rate and rulemaking proceedings in which the agency participates is largely determined by outside influences such as the number of such filings or proposals made and the reasonableness of the rates requested in the filings.

Calculation Type: Non-cumulative

New Measure: No

Target Attainment: Higher than Target

OUTCOME MEASURE: Percentage of Rates and Rules Changed as a Result of OPIC Participation

Definition: The percentage of rates and rules changed as a result of agency participation. Rates and rules changed as a result of OPIC participation includes the adoption or partial adoption of a consumer benefit, including rate reductions, rate justifications, form changes, increased coverage or other benefits, as a result of the agency's analysis, recommendation, and participation in rate or rulemaking proceedings.

Purpose/Importance: Participation in rate and rulemaking proceedings addresses the agency's statutory duty to intervene on behalf of consumers in matters involving rates, rules, and forms affecting various lines of insurance. Participating and advocating for insurance consumers in these proceedings is one of the primary goals of the agency. It is important to monitor these goals to determine the level of benefit received by consumers.

Source/Collection of Data: An agency database is maintained and utilized to track projects, activities, and outcomes for the agency. Information regarding rate filings and rule proceedings is entered by agency staff on a regular basis.

Method of Calculation: The total number of rate and rule proceedings in which the agency was successful in obtaining benefits for consumers during the reporting period is divided by the total number of such proceedings for the reporting period. . The result is multiplied by 100 to achieve a percentage.

Data Limitations: The number of rate filings or rule proceedings analyzed and negotiated by the agency is largely determined by outside influences such as the number and timing of such filings or proposals made and the reasonableness of the rates requested or the number of proposals set for hearing by the Texas Department of Insurance.

Calculation Type: Non-cumulative

New Measure: No

Target Attainment: Higher than Target

OUTPUT MEASURE: Number of Rate Hearings in which OPIC Participated

Definition: The number of rate hearings in which the agency participated. Rate hearings include administrative proceedings held before the Commissioner of Insurance or an administrative law judge to set or disapprove rates and classification plans for various lines of insurance as well as judicial appeals subsequent to such administrative proceedings.

Purpose/Importance: This measure is intended to show the number of rate hearings held during any given year. Participation in these hearings addresses the agency's statutory duty to intervene on behalf of consumers on matters involving rates of various lines of insurance. It is important to monitor these proceedings in order to determine market trends and to aid the agency in its budget planning process.

Source/Collection of Data: An agency database is maintained and utilized to track projects, activities, and outcomes for the agency. Information regarding rate hearings is entered by agency staff on a regular basis.

Method of Calculation: Rate hearings in which the agency participated as a party of record during the reporting period are totaled

Data Limitations: The number of rate hearings is largely determined by outside influences such as a statutory change, the number and timing of rate filings made by insurers and the reasonableness of the

rates requested in the filings as well as the number of hearings scheduled by the Texas Department of Insurance.

Calculation Type: Cumulative

New Measure: No

Target Attainment: Higher than Target

OUTPUT MEASURE: Number of Rate Filings in which OPIC Participated

Definition: The number of individual insurance company rate filings in which the agency participated during the reporting period. This measure includes filings which the agency contested by filing formal comments, an objection, request for disapproval, or request for hearing.

Purpose/Importance: This measure addresses the agency's statutory duty to intervene on behalf of consumers in matters involving rates of various lines of insurance. This is one of the primary goals of the agency, and it is important to monitor the number of significant rate filings in order to determine market trends and to aid the agency in its budget planning process.

Source/Collection of Data: An agency database is maintained and utilized to track projects, activities, and outcomes for the agency. Information regarding individual rate filings is entered by agency staff on a regular basis.

Method of Calculation: Rates filed by individual insurance companies in which the agency participated during the reporting period are totaled.

Data Limitations: The number of rate filings in which the agency participated is largely determined by outside influences such as the number and timing of such filings and the reasonableness of the rates requested in the filings.

Calculation Type: Cumulative

New Measure: No

Target Attainment: Higher than Target

OUTPUT MEASURE: Number of Rulemaking Proceedings in which OPIC Participated

Definition: The number of rulemaking proceedings on proposed rules, rule changes, or forms in which the agency participated by providing written and/or oral testimony during the reporting period. This measure includes discussions or negotiations prior to postings or hearings that may result in the agency's recommendation being incorporated into the proposal prior to publication, or which eliminates the need for a hearing. Rulemaking proceedings include administrative proceedings on proposals by the Texas Department of Insurance, insurance companies, insurance industry trade groups, consumer groups,

individual consumers, the agency, or other entities which affect or have the potential to affect a class or a substantial number of consumers as well as judicial appeals subsequent to such administrative proceedings. This measure also includes the agency's involvement in judicial proceedings that affect or have the potential to affect a class or a substantial number of consumers.

Purpose/Importance: This measure addresses the agency's statutory duty to intervene on behalf of consumers in matters involving rules and forms affecting various lines of insurance. It is important to monitor the number or type of rulemaking proceedings conducted in order to determine market trends and to aid the agency in its budget planning process.

Source/Collection of Data: An agency database is maintained and utilized to track projects, activities, and outcomes for the agency. Information regarding rulemaking proceedings and proposals is entered by agency staff on a regular basis. Data is collected from the Texas Register and the agency conducting the proceeding.

Method of Calculation: Rulemaking proceedings in which the agency participated during the reporting period are totaled.

Data Limitations: The number of rulemaking proceedings analyzed and participated in by the agency is largely determined by outside influences such as the number of such proposals made by others and the number of those proposals set for hearing by the Texas Department of Insurance.

Calculation Type: Cumulative

New Measure: No

Target Attainment: Higher than Target

OUTPUT MEASURE: Number of Proposed Rules Analyzed

Definition: The number of rules and forms proposed at the Texas Department of Insurance or other government agency which the agency analyzed but did not provide oral or written testimony or take any other action on during the reporting period.

Purpose/Importance: This measure addresses the agency's statutory duty to intervene on behalf of consumers in matters involving rules and forms affecting various lines of insurance. It is important to monitor the number or type of rulemaking proposals in order to determine market trends and to aid the agency in its budget planning process.

Source/Collection of Data: An agency database is maintained and utilized to track projects, activities, and outcomes for the agency. Information regarding rulemaking proceedings and proposals is entered by agency staff on a regular basis. Data is collected from the Texas Register and the agency receiving the rule proposal.

Method of Calculation: Rule proposals, including proposals at the Texas Department of Insurance or another government agency which the agency analyzed but did not take action on during the reporting period are totaled.

Data Limitations: The number of proposed rules and forms analyzed by the agency is largely determined by outside influences such as the number and type of such proposals made by others.

Calculation Type: Cumulative

New Measure: No

Target Attainment: Higher than Target

OUTPUT MEASURE: Number of Rate Filings Analyzed

Definition: The number of rate filings which the agency analyzed but did not provide oral or written testimony or take any other action on during the reporting period.

Purpose/Importance: This measure addresses the agency's statutory duty to intervene on behalf of consumers in matters involving rates related to various lines of insurance. It is important to monitor the number or type of rate filings in order to determine market trends and to aid the agency in its budget planning process.

Source/Collection of Data: An agency database is maintained and utilized to track projects, activities, and outcomes for the agency. Information regarding rate filings is entered by agency staff on a regular basis. Data is collected from the Texas Register and the agency receiving the rate filing.

Method of Calculation: Rate filings which the agency analyzed but did not take action on during the reporting period are totaled.

Data Limitations: The number of rate filings analyzed by the agency is largely determined by outside influences such as the number and type of filings made by insurers.

Calculation Type: Cumulative

New Measure: No

Target Attainment: Higher than Target

OUTPUT MEASURE: Number of Responses to Legislative Request for Research or Information

Definition: The number of Legislative requests, including those related to a bill, in which the agency participated by performing an analysis of the bill and/or provided a written or oral response during the reporting period. This measure only includes requests from Legislative member offices.

Purpose/Importance: This measure addresses the agency's statutory duty to intervene on behalf of consumers in matters affecting various lines of insurance and to recommend legislation to the Legislature that would positively affect the interests of insurance consumers. It is important to monitor this measure in order to aid the agency in its budget planning process.

Source/Collection of Data: Data used for this calculation is from an agency database maintained and utilized to track legislative bill analyses and requests for research or information.

Method of Calculation: The number of responses to legislative requests for research or information, including those related to a bill, during the reporting period are totaled. Each bill and/or research topic is only counted once for this measure.

Data Limitations: The number of responses completed is dependent upon the number of requests received from sources outside of the agency.

Calculation Type: Cumulative

New Measure: Yes

Target Attainment: Higher than Target

EFFICIENCY MEASURE: Average Cost Per Rate Hearing in Which OPIC Participated

Definition: The average cost per rate hearing in which the agency participated. Rate hearings include administrative proceedings held before the Commissioner of Insurance or an administrative law judge to set or disapprove rates and classification plans for various lines of insurance as well as judicial appeals subsequent to such administrative proceedings.

Purpose/Importance: This measure is intended to show the cost of these rate hearings. Participation in rate hearings addresses the agency's statutory duty to intervene on behalf of consumers in matters involving rates of various lines of insurance. Participating in and advocating for insurance consumers in these hearings is one of the primary goals of the agency. It is important to monitor these costs in order to aid the agency in its budget planning process.

Source/Collection of Data: Data used for this calculation is from an agency database, the comptroller's USAS system, and timesheets maintained by attorneys and support staff. An agency database is maintained and utilized to track projects, activities, and outcomes of the agency.

Method of Calculation: The total funds expended or costs incurred during the reporting period for participation in rate hearings is divided by the number of rate hearings in which the agency participated as a party of record during the reporting period. Costs include professional expert witness fees, staff salaries (attorney and support staff), and administrative costs and expenses. Administrative costs for capital expenditures are included and allocated in the same proportion that rate hearing activities bear to the total office activity for each reporting period.

Data Limitations: The number of rate hearings is largely determined by outside influences such as a statutory change, the number and timing of rate filings made by insurers and the reasonableness of the

rates requested in the filings as well as the number of hearings scheduled by the Texas Department of Insurance.

Calculation Type: Non-cumulative

New Measure: No

Target Attainment: Lower than Target

GOAL 2: To increase effective consumer choice by educating Texas insurance consumers about their rights and responsibilities and about the operation of Texas insurance markets, and to obtain market information which results in rate, rule, or legislative proposals benefiting Texas insurance consumers. (TEX. INS. CODE ANN. Chapter 501)

OBJECTIVE 1: To contact Texas insurance consumers by efficient means about insurance coverage and the insurance marketplace by reaching approximately 62 percent of those consumers each year and to participate in public forums to obtain information in order to formulate positions advantageous to insurance consumers.

STRATEGY 1: To contact Texas consumers to obtain market information and to provide consumers with information needed in order to make informed choices by conducting issue research, producing informational materials, making public presentations, and formulating and revising consumer bills of rights.

OUTCOME MEASURE: Percentage of Texas Insurance Consumers Reached by OPIC Outreach Efforts

Definition: The percentage of insurance consumers reached by the agency's outreach efforts. Insurance consumers reached include consumers who access or receive agency publications and information through electronic or other means.

Purpose/Importance: The percentage of consumers reached addresses the agency's statutory duties to educate and advocate on behalf of consumers, submit consumer bills of rights to be distributed to insurance policyholders, and provide consumers with a comparison and evaluation of HMOs in Texas. It is important to monitor these activities in order to determine market trends and to aid the agency in its budget planning process.

Source/Collection of Data: Data regarding agency publications is maintained on a database and updated regularly. Market information such as the number of insurance policyholders in the state is available from the Texas Department of Insurance. The agency uses an internet service to summarize and report its web site activity.

Method of Calculation: The estimated number of consumers to whom agency publications and information including interviews, HMO report cards, and consumer bills of rights are distributed through electronic or other means during the reporting period is divided by the total number of insurance consumers in the state during the reporting period. . The result is multiplied by 100 to achieve a percentage.

Data Limitations: Limited availability of data has resulted in estimates only for this measure. While web site visits and actual distribution of hard copy material is easily tracked, it is difficult to determine how many insurance consumers are accessing information through other media.

Calculation Type: Non-cumulative

New Measure: No

Target Attainment: Higher than Target

OUTCOME MEASURE: Percentage of Bills of Rights Submitted for Adoption within Established Timelines

Definition: The percentage of consumer bills of rights and revisions submitted to the Texas Department of Insurance for adoption within established timelines.

Purpose/Importance: This measure addresses the agency's statutory duty to submit bills of rights for distribution to consumers to advise them of their rights in various personal lines of insurance.

Source/Collection of Data: An agency database is maintained and updated regularly regarding bills of rights information.

Method of Calculation: The number of consumer bills of rights and revisions submitted to the Texas Department of Insurance for adoption during the reporting period is divided by the total number of bills of rights scheduled for completion by the agency during the reporting period. The result is multiplied by 100 to achieve a percentage.

Data Limitations: Revisions to the bills of rights may be required depending upon legislative or regulatory action.

Calculation Type: Non-cumulative

New Measure: No

Target Attainment: Higher than Target

OUTPUT MEASURE: Number of Bills of Rights or Revisions Proposed

Definition: The number of completed consumer bills of rights or revisions submitted to the Texas Department of Insurance for adoption during the reporting period.

Purpose/Importance: This measure addresses the statutory duty of the agency to submit for adoption a consumer bill of rights for each personal line of insurance.

Source/Collection of Data: Data used for this calculation is from an agency database maintained and utilized to track projects, activities, and outcomes of the agency. Information regarding bills of rights is entered by agency staff on a regular basis.

Method of Calculation: Consumer bills of rights and revisions submitted to the Texas Department of Insurance during the reporting period are totaled.

Data Limitations: Revisions to the bills of rights may be required depending upon legislative or regulatory action.

Calculation Type: Cumulative

New Measure: No

Target Attainment: Higher than Target

OUTPUT MEASURE: Number of Report Cards and Publications Produced and Distributed

Definition: The number of agency-produced publications, including but not limited to HMO report cards and educational brochures, which were distributed during the reporting period.

Purpose/Importance: This measure addresses the statutory duties of the agency to educate and advocate on behalf of consumers. It is important to monitor these costs to aid the agency in its budget planning process.

Source/Collection of Data: Data used for this calculation is from an agency database and monthly server profiles on the agency's internet activity.

Method of Calculation: Agency-produced publications, including but not limited to HMO report cards and educational brochures, which were distributed during the reporting period are totaled.

Data Limitations: Data used to determine internet activity is based on monthly reports from an outside source. While web site visits and actual distribution of hard copy material is easily tracked, it is difficult to determine how many insurance consumers are accessing agency-produced publications through other media.

Calculation Type: Cumulative

New Measure: No

Target Attainment: Higher than Target

OUTPUT MEASURE: Number of Public Presentations or Communications

Definition: The number of public presentations and communications, including presentations and communications to advisory groups or task forces, media, and other entities outside the agency.

Purpose/Importance: This measure addresses the agency's statutory duties to educate and advocate on behalf of insurance consumers and provide information related to various lines of insurance. It is important to monitor this measure in order to aid the agency in its budget planning process.

Source/Collection of Data: Data used for this calculation is from an agency database maintained and utilized to track projects, activities, and outcomes of the agency. Information regarding public presentations and communications to advisory groups or task forces, media, and other entities outside the agency is entered by agency staff on a regular basis.

Method of Calculation: Public presentations and communications, including presentations and communications to advisory groups or task forces, media, and other entities outside the agency during the reporting period are totaled.

Data Limitations: The number of public presentations and communications is largely determined by media interest and other outside interest in insurance issues during the reporting period. Advisory groups or task forces are usually set up by other agencies, often as directed by legislative mandate.

Calculation Type: Cumulative

New Measure: No

Target Attainment: Higher than Target

EFFICIENCY MEASURE: Average Cost Per Consumer Reached through Agency Publications

Definition: The average cost per consumer reached through agency publications. Funds expended or costs incurred per consumer during the reporting period for distributing publications to insurance consumers.

Purpose/Importance: This measure is intended to show the cost of reaching consumers with agency publications and information. The publication of educational information addresses the agency's statutory duties to educate and advocate on behalf of consumers, submit consumer bills of rights to be distributed to insurance policyholders, and provide consumers with a comparison and evaluation of HMOs in Texas. It is important to monitor these costs to aid the agency in its budget planning process.

Source/Collection of Data: Data used for this calculation is from an agency database and economic calculations regarding the number of insured in Texas for the reporting period. The agency database is maintained and utilized to track projects, activities, and outcomes of the agency.

Method of Calculation: Total funds expended or costs incurred during the reporting period for distribution of publications are divided by the estimated number of consumers reached during the reporting period. Costs include publication and distribution expenses such as supplies, printing costs, and postage. The number of consumers reached includes the number of consumers who access or receive agency publications and information including HMO report cards and consumer bills of rights, and other agency publications.

Data Limitations: Web site visits and actual distribution of hard copy material is used. While web site visits and actual distribution of hard copy material is easily tracked, it is difficult to determine how many insurance consumers are accessing information through other media.

Calculation Type: Non-cumulative

New Measure: No

Target Attainment: Lower than Target

SCHEDULE C: HISTORICALLY UNDERUTILIZED BUSINESS PLAN

Texas Government Code, Section 2161.181 requires that each state agency make a good faith effort to award procurement opportunities to businesses certified as historically underutilized, to ensure that a fair share of state business is awarded to Historically Underutilized Businesses (HUBs).

A certified HUB business must meet the criteria listed in Texas Administrative Code, Title 34, Chapter 20, Subchapter D, Section 20.282. The HUB Program is governed by the Texas Government Code, Title 10, Subtitle D, Chapter 2161.

POLICY STATEMENT

The Office of Public Insurance Counsel (OPIC) is committed to providing procurement and contracting opportunities for businesses owned by minorities, women, and service disabled veterans.

OPIC will make a good faith effort to award HUBs a portion of the total value of all contracts that OPIC expects to award in a fiscal year in accordance with the HUB goals set out by the State of Texas.

HUB COORDINATOR/PURCHASER

The HUB Coordinator/Purchaser will use the Comptroller of Public Accounts (CPA) Centralized Master Bidders List/Historically Underutilized Business (CMBL/HUB) directory as its primary source for notifying businesses of procurement related opportunities.

The HUB Coordinator/Purchaser will use this HUB policy for reaching the HUB contracting goals under Texas Government Code, Chapters 2161, as well as Chapters 2261 and 2262, and Texas Administrative Code, Title 34, Chapter 20.

The HUB Coordinator/Purchaser will continue to train to insure increased HUB participation and contracting.

To meet these goals and objectives, OPIC will continue to do the following:

- Comply with HUB planning and reporting requirements;
- Use CPA's CMBL/HUB directory to ensure that a good faith effort is made to increase the award of goods and services contracts to HUBs;
- Follow the HUB purchasing procedures and requirements established by CPA's Texas Procurement and Support Services Division;
- Inform staff of procurement procedures and requirements that encourage HUBs to compete for state contracts;
- Hold internal meetings with HUB vendors;
- Attend HUB meeting and forums;
- Use HUB resellers from the Texas Department of Information Resources contracts as often as possible; and

- Promote HUBs in the competitive and non-competitive process on all goods and services.

OPIC is continually striving to increase procurements with HUB vendors and will continue to explore new opportunities whenever possible.

SCHEDULE D: STATEWIDE CAPITAL PLANNING

NOT APPLICABLE

SCHEDULE E: HEALTH AND HUMAN SERVICES STRATEGIC PLANNING

NOT APPLICABLE

SCHEDULE F: AGENCY WORKFORCE PLAN

Anticipated Changes to the Agency's Role

Senate Bill 14 in 2003 changed insurance rate regulation in Texas. Many companies became regulated that were previously exempt. This increased the role of OPIC in rate and form filing review as the volume of filings rose. OPIC continues to actively monitor rate and form filings for personal automobile and homeowners' lines of insurance, intervening both formally and informally as needed.

OPIC has also taken on an increased role in public outreach and education. The agency believes that informed consumers make better decisions about which insurance products to purchase. This improves the overall efficiency of the insurance marketplace in Texas, making companies more competitive and thus more responsive to consumers. OPIC is committed to improving Texans' understanding of the insurance policies they typically purchase, and accordingly, OPIC now places a greater emphasis on this role and will continue to do so in the forthcoming years.

As a result of budget reductions and greater efficiencies, OPIC's allowed full time employee (FTE) count decreased from 16.5 to 15.0 in the 2011 Texas Legislative session. The nature of the workforce is unlikely to change; however, the role of staff may need to adapt to address any future changes made by the Texas Legislature to the agency's mission.

Current Workforce Profile (*Supply Analysis*)

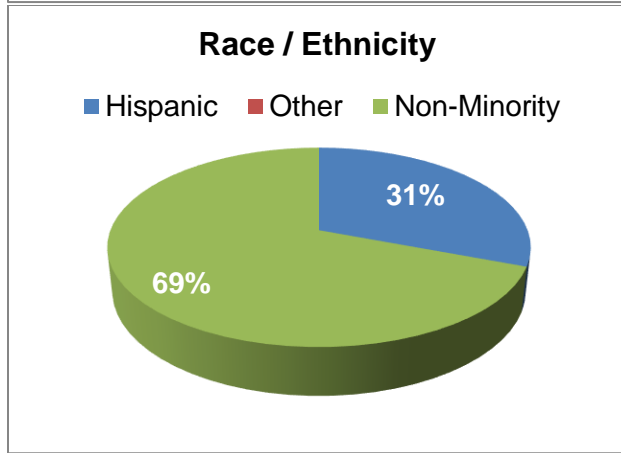
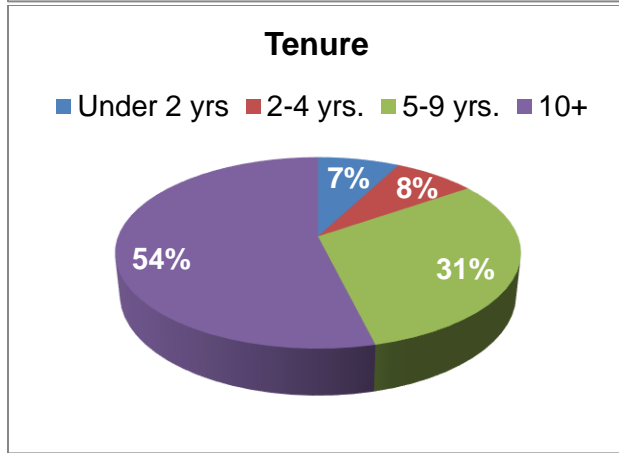
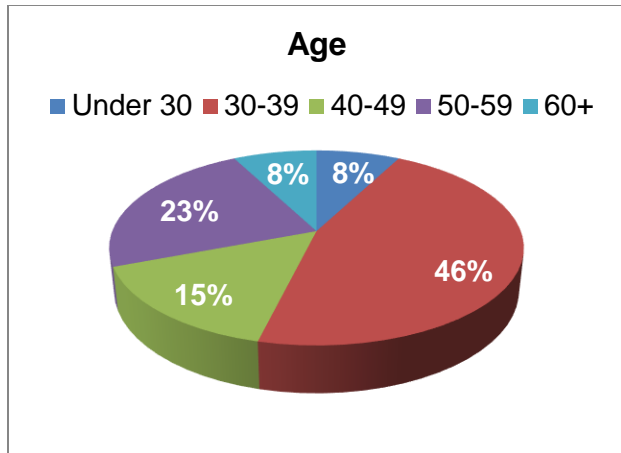
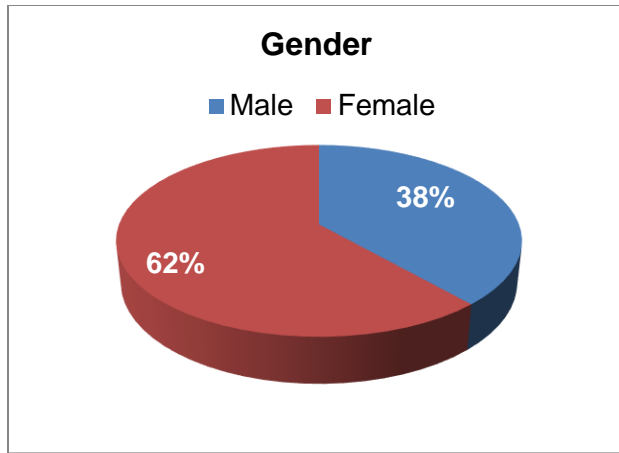
Critical Workforce Skills

OPIC retains strong, well-qualified staff capable of performing the following functions that are critical to daily operations:

- Insurance rate making analysis
- Legal and insurance policy analysis
- Legal and insurance related research
- Consumer education and outreach, including website and social media applications
- Administration (budgeting, accounting, purchasing, payroll, human resources)

Workforce Demographics

The following charts profile OPIC's workforce as of June 1, 2018. The Texas Legislature authorized 15.0 positions for the agency, consisting of attorneys, economists, statisticians, researchers, and support staff. Currently, this workforce is comprised of approximately thirty-eight percent (38%) males and sixty-two percent (62%) females, with fifty-four percent (54%) under the age of 40 and forty-six percent (46%) between the ages of 40 and 65. The agency strives toward maintaining a diverse workplace and has had no significant change in the race/ethnic breakdown of its workforce in the past several years. At present, thirty-one percent (31%) of the agency's employees are minorities. Tenure remains high with fifty-four percent (54%) of the agency workforce having over ten years of state service.



Employee Turnover

Historically, OPIC experiences less than one employee resignation or retirement per year. The turnover rate as of June 1, 2018, for fiscal year (FY) 2018 is 18.2 percent (18.2%). An increase in that percentage between now and the end of FY 2018 is unlikely. Future attrition is likely to remain in the range of zero to one person per year as employees eligible to retire do so.

Retirement Eligibility

At this time, the agency does not consider retirement eligibility to be a significant issue. OPIC has two employees eligible to retire immediately, and one additional employee eligible to retire within the next five years.

Future Workforce Profile (*Demand Analysis*)

Anticipating changes to the state insurance regulatory environment requires that the agency continually reevaluates the skill sets of its workforce.

Critical Functions

- Improved capability for quantitative statistical insurance research and rate analysis
- Enhanced targeted research project functions
- Enhanced consumer outreach/social media skills to support consumer education role

Expected Workforce Changes

- Improve use of technology to increase research productivity and outreach opportunities
- Increase level of cross-training to maximize productivity of existing staff
- Continue seeking employees with strong quantitative skill set

Anticipated Increase/Decrease in FTEs

- An increase to the agency's FTE count is anticipated

Future Workforce Skills Needed

- Statistical software
- Strategic planning
- Insurance experience
- Research skills
- Actuarial skills
- Marketing and consumer outreach skills
- Effective verbal and written communication skills
- Teambuilding skills
- Database design
- Mathematical background
- Legal analysis
- Project management skills

Gap Analysis

OPIC currently has sufficient personnel with the appropriate skills to make the transition to a more technical quantitative environment. The agency recently hired an FTE with enhanced social media and marketing skills to help achieve its mission. There remains potential for a gap if there is ever significant turnover in key positions. Should this occur, OPIC must be in a strong position to allow succession from within and recruit new employees with the appropriate skills needed to perform functions considered to be critical by the agency.

Historically, the agency has been able to recruit individuals with an insurance and policy background and those with strong quantitative analysis credentials. OPIC experiences some difficulty, however, finding individuals with both skill sets. This difficulty increases the importance of cross-training agency staff to enhance the quantity and quality of their skills. The agency must also continue to improve existing efforts to recruit new employees with the necessary skills.

Strategic Development

<i>Gap</i>	Existing employees may not be adequately prepared for succession if there is turnover among key employees.
<i>Goal</i>	Further develop practices and procedures to maintain employee development and training for future succession and skill enhancement.
<i>Rationale</i>	Small agencies are vulnerable to lack of succession when there is turnover at key positions. Expanding agency responsibilities contributes to a tendency toward task and subject matter specialization. The nature and complexity of insurance issues exacerbates this situation. It is important for the agency to create an environment where key employees mentor, train, and work with potential successors to ensure tasks can continue to be performed in the event of departure or extended absence.
<i>Action Steps</i>	<ul style="list-style-type: none"> • Continue to employ project management strategies to ensure pairing of experienced employees with newer employees of lesser experience. • Routinely survey employees to determine which skills they feel require more development. • Examine alternatives for employee training that maximizes resources. Examples of avenues for research include internal training, internet training, cross-agency training, and external training. • Maintain and further develop internal cross-training procedures to allow for greater breadth of responsibility and knowledge. • Continue to include personnel turnover as an area for review in the internal audit risk assessment.

Survey of Employee Engagement Results and Utilization Plans

OPIC employees were asked to participate in a survey measuring employee engagement. Executive management was very pleased with the results. The overall score for the agency was 429, in excess of the noted desired score of greater than 350. Additionally, fifty percent (50%) of OPIC employees were rated as Highly Engaged and twenty-five percent (25%) were rated as Engaged.

The agency's highest scores were for the constructs of Workplace (454), Community (452), and Supervision (446). The Workplace construct measures the employees' perceptions of the overall work environment and the degree to which they feel safe and able to obtain the necessary resources to do their jobs. The Community construct measures the employee's perceptions of the relationships between employees in the workplace, including the level of trust with their colleagues, feeling respected, feeling cared for, and diversity among colleagues. The Supervision construct measures the employees' perceptions of the nature of supervisory relationships and the degree to which they view their supervisors as fair, helpful and critical to the flow of work.

The areas with the lowest scores were Pay (376), Employee Development (392) and Internal Communication (425). While none of the scores are low traditional measurements, OPIC considers them to be an important focus for evaluating and improving the agency. The Pay construct is somewhat outside of OPIC's control, but the agency does evaluate employees' levels of compensation relative to other state agencies. The Employee Development construct evaluates how employees feel about their needs for job growth and development. In response to this result, everyone recognizes the size of the agency may limit their options for promotion; however, management will seek opportunities to further develop employees. Concerning the Internal Communication construct, which measures employees' perceptions of whether communication in the organization is reasonable, candid and helpful, OPIC management continues to encourage timely, open, and frequent communication.

For future human resource planning, the survey results have shown that OPIC is doing many things right and employees are generally very pleased with the agency. It also tells executive management to continue to be especially attentive to those areas that are important to ensure improved agency performance.

TEXAS WORKFORCE SYSTEM STRATEGIC PLAN

NOT APPLICABLE

SCHEDULE G: REPORT ON CUSTOMER SERVICE

History

Chapter 2114 of the Texas Government Code requires state agencies to periodically create and distribute an assessment of their customers' satisfaction with their agency. The Office of Public Insurance Counsel (OPIC) customer satisfaction survey referenced in this report was distributed in the spring of 2018.

Customer Identification

The agency identified several customer groups to complete the survey. These customers include those who interact with the agency through its website, those who have ordered an agency produced publication online, by telephone, or mail, and consumer or civic organizations that represent various specific groups of insurance consumers. While many of the agency's customers correspond electronically, we believe that it is critical to receive feedback from those who do not have access to the internet or do not regularly use a computer. The customer group requesting publications satisfied this criterion due to the agency's database of customers who contacted us by telephone or mail.

Inventory of External Customers per Budget Strategy

Pursuant to Chapter 2114 of the Texas Government Code the agency has identified its customers in correlation to its budget strategies as follows:

Strategy:

Actively participate in rate hearings, analyze rate filings, and participate in rulemaking proceedings on behalf of Texas insurance consumers by using expert witnesses, providing staff and consumer testimony, and relying on staff research and staff attorneys.

Agency customers include all insurance policyholders in Texas. Because it would have been prohibitively expensive to obtain mailing lists and send surveys out to all insurance policyholders, the agency used only its internal database and its website. All consumers or organizations that accessed the agency internet website and/or ordered an agency produced publication, or contacted the agency electronically to request information or services within the past year were contacted. In addition, all consumer or civic organizations with which the agency worked were sent a survey.

Strategy:

Contact Texas consumers to obtain market information and to provide consumers with information needed in order to make informed choices by conducting issue research, producing informational materials, and making public presentations, and formulating and revising consumer bills of rights.

Agency customers include those who have received reports and publications from the agency and civic and consumer groups who have requested information, assistance, or agency participation in local forums. These customers were reached with a survey to all who accessed the internet website, ordered an agency produced publication, and consumer or civic groups who have requested services or information within the past year.

Response Rates

The response rate to OPIC's customer service survey was twenty-one percent (21%). However, all of the electronic surveys (100%) were completed and submitted using the agency's website. Because the inclusion of personal information is optional, an exact breakdown of the type of customer submitting surveys was not possible.

Analysis of Findings

Survey respondents rated the agency highly with seventy-eight percent (78%) giving the agency either an "excellent" or "good" overall rating. Eighteen percent (18%) of those responding to the survey reported having "no opinion" on questions regarding interaction with agency personnel. This may be attributable to the fact that a growing number of OPIC's customers are accessing our services on the internet without direct personal contact. Eighty-two percent (82%) of respondents found the agency staff to be courteous and helpful. Seventy percent (70%) found staff responsive to their concerns, and seventeen percent (17%) had no opinion.

The agency continues to examine the structure and contents of its website in order to provide more useful information to its users. The agency is currently engaged in an extensive website overhaul to improve accessibility, content, and format. This year, in reference to the agency's website being user friendly, seventy-eight percent (78%) gave a rating of either "excellent" or "good".

Summary of Survey Responses

How many times have you interacted with OPIC staff or accessed its website in the past 12 months?

<u>39%</u>	1-2 times
<u>22%</u>	3-4 times
<u>4%</u>	5 times
<u>35%</u>	More
<u>0%</u>	No Answer

What was the purpose of your interaction?

<u>43%</u>	General Information
<u>13%</u>	Complaint about Insurance Issues
<u>100%</u>	Seek Information on Specific Issues
<u>26%</u>	Request Publications
<u>39%</u>	Bring Attention to Certain Issues or Concerns
<u>9%</u>	Request Action
<u>30%</u>	Other

Of those seeking information on specific issues, the following is a breakdown of areas of interest:

<u>35%</u>	Auto Insurance
<u>57%</u>	Homeowners, Condo or Renters Insurance
<u>13%</u>	Health Insurance
<u>0%</u>	Long Term Care Insurance
<u>0%</u>	Life Insurance
<u>0%</u>	Disability Insurance
<u>13%</u>	Title Insurance
<u>17%</u>	Other

Of those ordering OPIC publications, the following is a breakdown of publications of interest:

<u>0%</u>	Comparing Texas HMOs
<u>50%</u>	Consumer Bill of Rights
<u>17%</u>	Informational Brochures
<u>33%</u>	Other

Summary of Survey Responses (continued)

	No Opinion	Excellent	Good	Fair	Poor
Quality of Service					
Staff is courteous & helpful	14%	77%	5%	5%	0%
Staff is easily accessible	17%	70%	9%	0%	4%
Staff is knowledgeable	17%	74%	4%	4%	0%
Staff is responsive to concerns	17%	61%	9%	4%	9%
Staff provides references to other helpful sources	22%	65%	4%	4%	4%
Staff provides services in a timely manner	22%	65%	0%	9%	4%
Quality of Information					
Information is accurate	13%	61%	22%	4%	0%
Information is helpful	13%	70%	13%	4%	0%
Information is well organized and easy to understand	13%	74%	9%	4%	0%
Website					
Site is user-friendly	0%	52%	26%	13%	9%
Current information is provided	4%	39%	30%	9%	17%
Electronic links to other sites are helpful	17%	48%	26%	9%	0%
Contact person is easily accessible	9%	61%	9%	13%	9%
Overall Rating					
How would you rate OPIC?	4%	57%	22%	9%	9%

Customer Service Standard Performance Measures

Outcome Measures

Surveyed customer respondents expressing overall satisfaction with services received	87%
Surveyed customer respondents identifying ways to improve service delivery	0%

Output Measures

Customers surveyed	23
Customers served	18.3 million

Efficiency Measures

Approximate cost per customer surveyed	\$ 0.00
--	---------

Explanatory Measures

Number of customers identified	18.3 million
Number of customer groups inventoried	3 groups

SCHEDULE H: ASSESSMENT OF ADVISORY COMMITTEES

NOT APPLICABLE