

AGENCY STRATEGIC PLAN
FISCAL YEARS 2021 TO 2025

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

BY

OFFICE OF PUBLIC INSURANCE COUNSEL



June 1, 2020

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SIGNED: _____

Melissa R. Hamilton, PUBLIC COUNSEL

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AGENCY MISSION

The Office of Public Insurance Counsel (OPIC) represents the interests of Texas consumers in insurance matters. OPIC empowers and educates consumers and works on their behalf to create and maintain a balanced marketplace.

AGENCY GOALS AND ACTION PLAN

GOAL I

Represent the interest of Texas insurance consumers effectively in rate, rule, and policy form filings, as well any judicial and legislative proceedings, and other public forums involving insurance matters. (Texas Insurance Code Chapter 501)

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

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

HOW GOAL OR ACTION ITEM SUPPORTS EACH STATEWIDE OBJECTIVE

1. Accountable to tax and fee payers of Texas.

FUNDING AND ACCOUNTABILITY:

OPIC is a net positive contributor to General Revenue. OPIC is dedicated to diligently representing the interests of Texas consumers in a cost-efficient manner.

OPIC's enabling statute (Insurance Code Chapter 501, Subchapter E) creates the primary funding mechanism for the agency. The General Appropriations Act (GAA) allocates this funding for Goal 1.

Goal 1 is funded by an annual 5.7 cent fee on certain insurance policies sold in Texas. That fee is collected by the Comptroller of Public Accounts (CPA). OPIC is appropriated about 40% of those funds, totaling approximately \$850,000, each fiscal year. The remaining \$1.8 million generated by the fee is deposited into General Revenue Fund 1 for the State to use as it deems necessary.

Last biennium, OPIC had particularly successful results, saving Texas consumers at least \$25 for every \$1 appropriated to the agency for Goal 1.

Goal 2 is funded by an Interagency Cooperation Contract for Insurance Information to Consumers with the Texas Department of Insurance (TDI). These funds, totaling \$191,670 each fiscal year, come from maintenance taxes and fees in TDI's Fund 36¹. They support OPIC in providing consumers with insurance information to make informed decisions. For example, OPIC's consumer education efforts include the HelpInsure.com website, social media outreach, and policy comparison tool; as well as review of certain TDI consumer publications.

OPIC tracks the number of consumers assisted, policy form revisions made at our request or because of our objection, rate discussions and objections, and savings to consumers that result from our actions. The agency works with the Legislative Budget Board (LBB) to improve the relevance and transparency of our performance measures. The results show that OPIC's efforts save consumers much more money than the agency is allocated.

Documented savings to consumers have historically exceeded the agency's operating budget.

DUTIES AND ACCOUNTABILITY:

OPIC's statutory duty is to represent the interests of insurance consumers in Texas, and the agency uses its funds to fulfill that duty. 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's efforts are crucial in ensuring that consumers are able to make educated decisions about their insurance.

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.

¹ Due to the agency's evolution in response to legislative and market changes, consumer outreach and education have become higher priorities for OPIC. As a result, the amount of the interagency contract with TDI is insufficient to achieve the agency's goals. Per the instructions in the GAA, Article IX, Section 14.01, up to 20% of funds can be switched between goals. This has been the case for OPIC. Although the amount of funding varies by year, funding for Goal 1 is used to meet Goal 2.

Since OPIC is a small agency with a limited scope of authority, redundancy and assumption of non-core functions are not issues that arise often. Each of OPIC's staff members has a specific, defined role, with duties that need a high level of expertise, experience, and education, and there is very little overlap among the positions. Redundancy and assumption of non-core functions is further avoided by focusing on 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 TDI before initiating a State Office of Administrative Hearings proceeding 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 produced a Recommendations Report containing legislative recommendations for the 86th Texas Legislature. We plan to provide a Recommendations Report to the 87th Texas Legislature as well.

OPIC maintains a system to track metrics related to core agency functions. The agency recently updated and revised this tracking system to better capture agency performance. This tracking system forms the basis of OPIC's performance measures reporting. Agency performance measures capture the effectiveness of the agency in fulfilling its statutory duties.

Over time, the agency's mission has evolved with technological advances and changes to the insurance regulatory structure. OPIC maximizes the impact of its 10 fulltime employees (FTEs) by hiring and retaining staff with specialized knowledge and experience. This staff, along with the agency's commitment to using technological advances available, allows the small agency to maximize the impact of its efforts. OPIC now reviews hundreds of personal lines policy forms and endorsements each year for coverage deficiencies and violations of law. The agency reviews a similar number of rate filings annually for instances of unfair, illegal or excessive rates.

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. OPIC provides assistance to consumers, insurance agents, and other stakeholders on a regular basis as part of our normal operations. In addition to our toll-free telephone number, OPIC receives inquiries and feedback through both our agent and consumer website portals, and through social media communications.

The addition of the portals has resulted in an increase in inquiries as well as allow a broader range of staff to address questions and concerns. OPIC tracks all telephone, website, and electronic mail inquiries and documents responses. The agency administers an annual customer satisfaction survey, the results of which are reported to state leadership and certain state agencies.

OPIC recognizes both the local and statewide concerns facing Texas insurance consumers. OPIC monitors rules, policy forms, and rate filings on a statewide basis; however, the agency also considers how certain filings and rules impact specific areas in the state. OPIC staff also monitors 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. OPIC ensures that public open records and other information requests receive timely and complete responses.

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 has undergone a significant update to its website and social media applications to improve their usefulness to consumers.

OPIC's resources have been updated to provide information in plain language. OPIC created resources such as the agency's policy comparison tool, articles on how to read a policy declarations page, and communications detailing the practical financial impact of changes in coverage. These resources are easy to use and provide meaningful, practical assistance to consumers. OPIC plans to continue with the plain language initiative and both develop new and improve upon existing resources to further help consumers in an effective way.

OPIC produces a summary at the end of every year of the agency's activities and achievements, including successes in reducing rates and preserving coverages. This compilation is available on the agency's website and also communicated via social media. OPIC also develops projects such as Shop Your Policy where our staff shopped their own insurance policies for improved coverage and rates to better assess the insurance marketplace. The results of that project were communicated to consumers via the agency's website and social media.

GOAL II

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. (Texas Insurance Code Chapter 501)

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.

HOW GOAL OR ACTION ITEM SUPPORTS EACH STATEWIDE OBJECTIVE

1. Accountable to tax and fee payers of Texas.

FUNDS AND ACCOUNTABILITY:

OPIC is a net positive contributor to General Revenue. OPIC is dedicated to diligently representing the interests of Texas consumers in a cost-efficient manner.

OPIC's enabling statute (Insurance Code Chapter 501, Subchapter E) creates the primary funding mechanism for the agency. The GAA allocates this funding for Goal 1.

Goal 1 is funded by an annual 5.7 cent fee on certain insurance policies sold in Texas. That fee is collected by the Comptroller of Public Accounts. OPIC is appropriated about 40% of those funds, totaling approximately \$850,000, each fiscal year. The remaining \$1.8 million generated by the fee is deposited into General Revenue Fund 1 for the State to use as it deems necessary.

Goal 2 is funded by an Interagency Cooperation Contract for Insurance Information to Consumers with the TDI. These funds, totaling \$191,670 each fiscal year, come from maintenance taxes and fees in TDI's Fund 36². They support OPIC in providing consumers with insurance information to make informed decisions. For example, OPIC's consumer education efforts include the HelpInsure.com website, social media outreach, and policy comparison tool; as well as review of certain TDI consumer publications.

² Due to the agency's evolution in response to legislative and market changes, consumer outreach and education have become higher priorities for OPIC. As a result, the amount of the interagency contract with TDI is insufficient to achieve the agency's goals. Per the instructions in the GAA, Article IX, Section 14.01, up to 20% of funds can be switched between goals. This has been the case for OPIC. Although the amount of funding varies by year, funding for Goal 1 is used to meet Goal 2.

OPIC tracks the number of consumers assisted, policy form revisions, and savings to consumers that result from our actions. The agency also tracks the number of policyholders reached by the Consumer Bill of Rights. The Consumer Bill of Rights is a statutorily mandated document providing a summary of the protections for insurance consumers that have been put into law by the Texas Legislature.

The agency works with the LBB to improve the relevance and transparency of our performance measures. OPIC tracks the number of consumers assisted, policyholders reached by our bills of rights, policy form revisions, and savings to consumers that result from our actions. The agency works with the LBB to improve the relevance and transparency of our performance measures.

Documented savings to consumers have historically exceeded the agency's operating budget.

DUTIES AND ACCOUNTABILITY:

OPIC's statutory duty is to represent the interests of insurance consumers in Texas, and the agency uses its funds to fulfill that duty. Educating Texas insurance consumers about their rights and responsibilities is, and will continue to be, an important issue. OPIC's efforts are crucial in ensuring that consumers are able to make educated decisions about their insurance.

OPIC 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.

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 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 engaged in an extensive overhaul of its website and social media applications in 2018. Both are also continuously vetted for form, content, and usability to ensure they provide the most useful and current information to consumers in a manner that is easy to understand and easy to use.

OPIC similarly produces content almost daily for social media. OPIC staff creates social media content to address relevant issues for consumers and current day-to-day insurance concerns. OPIC tracks a series of web and social media engagement metrics on both an absolute and historical basis to capture the agency's effectiveness in performing all of these tasks and

reaching Texas consumers. These measures consistently demonstrate growth in consumer outreach.

Additionally, OPIC produces agency articles, brochures, health plan report cards, and many other products that are disseminated via the website and social media at a nominal cost to the agency (and thus the taxpayer). OPIC's website contains a policy comparison tool that allows consumers to compare policies in order 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 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 maintains a system to track metrics related to core agency functions. The agency recently updated and revised this tracking system to better capture agency performance. This tracking system forms the basis of OPIC's performance measures reporting. Agency performance measures capture the effectiveness of the agency in fulfilling its statutory duties.

Over time, the agency's mission has evolved with technological advances and changes to the insurance regulatory structure. OPIC maximizes the impact of its 10 FTEs by hiring and retaining staff with specialized knowledge and experience. This staff, along with the agency's commitment to using technological advances available, allows the small agency to maximize the impact of its efforts. In addition, OPIC increased resources for consumer education particularly in the form of website and social media content. The agency's website and social media applications help a small agency in Austin, Texas, reach consumers across a vast and diverse state in an efficient and economical manner.

The agency added website portals to allow feedback and questions from consumers, insurance agents, and other stakeholders electronically. OPIC staff regularly meets to address future efforts toward remaining an efficient and effective organization.

OPIC continues to produce and update the Consumer Bills of Rights for personal auto, homeowners, and credit life insurance, in accordance with Texas Insurance Code Section 501.156. The Bills of Rights provide consumers with a summary of the protections put in place for insurance consumers by the Texas Legislature. Texas law requires Bills of Rights to be included with each consumer's policy, so they have a direct impact on consumers by helping policyholders understand the rights they have under state law.

OPIC also produces two reports to enable consumers to compare Health Maintenance Organizations (HMOs) quality of care and performance, per requirements in Insurance Code Chapter 501, Subchapter F. This report is important to help consumers and small business owners navigate their often-confusing health insurance options.

4. Attentive to providing excellent customer service.

OPIC provides assistance to consumers, insurance agents, and other stakeholders on a regular basis as part of our normal operations. In addition to our toll-free telephone number, OPIC receives inquiries and feedback about various lines of insurance through both our agent and consumer website portals, and through social media communications.

The addition of the portals and social media outreach efforts have resulted in an increase in inquiries and an increase in the number of consumers OPIC is able to assist. OPIC tracks all telephone, website, social media, and electronic mail inquiries and documents responses. The agency administers an annual customer satisfaction survey the results of which are reported to state leadership and certain state agencies.

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 monitors insurance news and case law 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. OPIC ensures that public open records and other information requests receive timely and complete responses.

OPIC is actively working to improve its visibility so that more Texans will avail themselves of the agency's resources. The agency is continually monitoring and updating its website to improve accessibility and consumer-friendliness, and actively seeks new ways to reach consumers through social media.

To enhance transparency and reach more consumers, OPIC's resources have been updated to provide information in plain language. OPIC also created resources such as the agency's Policy Comparison Tool, articles on how to read a policy declarations page, and communications detailing the practical financial impact of changes in coverage.

One of our most important web-based services is the Policy Comparison Tool for personal automobile, homeowners, renters, and condo coverages. This tool allows consumers with no insurance expertise 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. OPIC recently began the process of overhauling the tool to make it more useful and to reflect market and legislative changes. This effort to keep the tool up to date will continue beyond the current overhaul, and the agency expects revisions to the tool to be an ongoing endeavor.

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 Legislature. The website allows consumers to compare rates for certain lines of insurance. Together with OPIC's Policy Comparison Tool, consumers can compare insurer rates and coverages to see what best meets their needs. By virtue of legislation passed by the 84th Legislature, OPIC was also allowed to expand its offerings by posting property and casualty forms on the internet. These efforts work together to help consumers shop more effectively for the coverages they need.

An example of OPIC's ongoing responsiveness to current events, during the COVID-19 pandemic, OPIC created a special resource page for pandemic-related issues like business interruption coverage, personal auto insurer rebates and grace periods, and health insurance options. We have received positive feedback from various stakeholders about the usefulness of our page. The resources on this page are easy to use and provide meaningful, practical assistance to consumers. OPIC plans to continue with the plain language initiative and both develop new, and improve upon existing, resources to help consumers with common insurance issues and emerging insurance issues in an effective way.

OPIC produces a summary at the end of every year of the agency's activities and achievements, including information about new consumer resources and the success of consumer education and outreach efforts. For example, in 2019, OPIC is now reaching 524 new Texas consumers on Facebook and Twitter. This compilation is available on the agency's website and also communicated via social media. OPIC also develops projects such as Shop Your Policy where our staff shopped their own insurance policies for improved coverage and rates to better assess the insurance marketplace. The results of that project were communicated to consumers via the agency's website and social media.

SCHEDULE A: BUDGET STRUCTURE

AGENCY GOAL 1: REPRESENT TX INSURANCE CONSUMERS

Represent the interest of Texas insurance consumers effectively in rate, rule, and policy form filings, as well any 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, rule, and policy form filings, as well 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 RATES/RULES/FORMS

Participate in rate hearings, rate, rule, and policy form filings, 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.

OUTPUT MEASURES:

- Number of Rate Hearings in Which OPIC Participated
- Number of Policy Form Filings Reviewed
- Number of Policy Form Filings Analyzed
- Number of Rule Filings Reviewed
- Number of Rule Filings Analyzed
- Number of Rate Filings Reviewed
- Number of Rate Filings Analyzed
- Number of Responses to Legislative Request for Research or Information

EFFICIENCY MEASURES:

- Average Cost Per Rate Hearing in Which OPIC Participated

OUTCOME MEASURES:

- Percentage of Rate, Rule, and Policy Form Filings Participation by OPIC
- Percentage of Rates, Rules, and Policy Forms Changed as a Result of OPIC Participation

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

Contact Insurance Consumers Regarding Insurance Coverage/Markets

To contact Texas insurance consumers by efficient means about insurance coverage and the insurance marketplace by reaching 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.

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

OUTCOME MEASURES:

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

SCHEDULE B: PERFORMANCE MEASURES

GOAL 1: REPRESENT TX INSURANCE CONSUMERS

Represent the interest of Texas insurance consumers effectively in rate, rule, and policy form filings, as well any judicial and legislative proceedings, and other public forums involving insurance matters. (TEX. INS. CODE ANN. Chapter 501)

OBJECTIVE 1: FAIR INSURANCE RATES/RULES/FORMS

In each year, participate in all rate hearings, rate, rule, and policy form filings, as well 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 RATES/RULES/FORMS

Participate in rate hearings, rate, rule, and policy form filings, 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.

OUTPUT MEASURE 1: 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: 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.

DATA SOURCE: 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.

METHODOLOGY: 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 statutory changes, the number and timing of rate filings made by insurers, the reasonableness of the rates requested in the filings, as well as the number of hearings scheduled by TDI.

CALCULATION METHOD: Cumulative

NEW MEASURE: No

TARGET ATTAINMENT: Higher than Target

OUTPUT MEASURE 2: Number of Policy Form Filings Reviewed

DEFINITION: The number of policy form filings initiated at TDI or other government agency which the agency reviewed to identify effects on consumers and whether any further analysis was necessary during the reporting period.

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

DATA SOURCE: An agency database is maintained and utilized to track projects, activities, and outcomes for the agency. Information regarding policy form filings is entered by agency staff on a regular basis.

METHODOLOGY: Policy form filings which the agency reviewed during the reporting period are totaled.

DATA LIMITATIONS: The number of policy form filings reviewed by the agency is largely determined by the number and type of filings made by insurers.

CALCULATION METHOD: Cumulative

NEW MEASURE: Yes

TARGET ATTAINMENT: Higher than target

OUTPUT MEASURE 3: Number of Policy Form Filings Analyze

DEFINITION: The number of policy form filings which the agency analyzed or provided oral and/or written comments or testimony during the reporting period.

PURPOSE: This measure addresses the agency's statutory duty to intervene on behalf of consumers in matters involving policy forms affecting various lines of insurance. It is important to monitor the number

or type of filings in order to determine market trends and to aid the agency in its budget planning process.

DATA SOURCE: An agency database is maintained and utilized to track projects, activities, and outcomes for the agency. Information regarding policy form filings is entered by agency staff on a regular basis.

METHODOLOGY: Policy form filings which the agency analyzed or provided oral and/or written comments or testimony during the reporting period are totaled.

DATA LIMITATIONS: The number of policy form filings analyzed by the agency is largely determined by outside influences such as the number or type of filings made by others.

CALCULATION METHOD: Cumulative

NEW MEASURE: Yes

TARGET ATTAINMENT: Higher than target

OUTPUT MEASURE 4: Number of Rule Filings Reviewed

DEFINITION: The number of rule filings initiated at TDI or other government agency which the agency reviewed to identify effects on consumers and whether any further analysis was necessary during the reporting period.

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

DATA SOURCE: An agency database is maintained and utilized to track projects, activities, and outcomes for the agency. Information regarding rule filings is entered by agency staff on a regular basis. Data is collected from the Texas Register and other sources.

METHODOLOGY: Rule filings which the agency reviewed during the reporting period are totaled.

DATA LIMITATIONS: The number of rule filings reviewed by the agency is largely determined by outside influences such as the number and type of filings made by others.

CALCULATION METHOD: Cumulative

NEW MEASURE: Yes

TARGET ATTAINMENT: Higher than target

OUTPUT MEASURE 5: Number of Rule Filings Analyzed

DEFINITION: The number of rule filings initiated the TDI or other government agency which the agency analyzed or provided oral and/or written comments or testimony during the reporting period.

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

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

METHODOLOGY: Rule filings which the agency analyzed or provided oral and/or written comments or testimony during the reporting period are totaled.

DATA LIMITATIONS: The number of rule filings analyzed by the agency is largely determined by outside influences such as the number and type of filings made by others.

CALCULATION METHOD: Cumulative

NEW MEASURE: Yes

TARGET ATTAINMENT: Higher than Target

OUTPUT MEASURE 6: Number of Rate Filings Reviewed

DEFINITION: The number of rate filings which the agency reviewed to identify effects on consumers and whether any further analysis was necessary during the reporting period.

PURPOSE: 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 filings in order to determine market trends and to aid the agency in its budget planning process.

DATA SOURCE: 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.

METHODOLOGY: Rate filings which the agency reviewed during the reporting period are totaled.

DATA LIMITATIONS: The number of rate filings reviewed by the agency is largely determined by outside influences, such as the number and type of filings made by insurers.

CALCULATION METHOD: Cumulative

NEW MEASURE: Yes

TARGET ATTAINMENT: Higher than target

OUTPUT MEASURE 7: Number of Rate Filings Analyzed

DEFINITION: The number of rate filings which the agency analyzed or provided oral and/or written comments or testimony during the reporting period.

PURPOSE: 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 filings in order to determine market trends and to aid the agency in its budget planning process.

DATA SOURCE: 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.

METHODOLOGY: Rate filings which the agency analyzed or provided oral and/or written comments or testimony 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 filing, and the reasonableness of the rates requested in the filings.

CALCULATION METHOD: Cumulative

NEW MEASURE: Yes

TARGET ATTAINMENT: Higher than Target

OUTPUT MEASURE 8: 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: 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.

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

METHODOLOGY: 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 METHOD: Cumulative

NEW MEASURE: No

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: 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 and representing the interests of 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.

DATA SOURCE: 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.

METHODOLOGY: 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 TDI.

CALCULATION METHOD: Non-cumulative

NEW MEASURE: No

TARGET ATTAINMENT: Lower than Target

OUTCOME MEASURE 2: Percentage of Rate, Rule, and Policy Form Filings Participation by OPIC

DEFINITION: The percentage of rate, rule, and policy form filings in which the agency participated. These activities include rates filed by insurance companies, and rule and policy form changes filed by insurance companies, insurance industry trade groups, TDI 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: This measure addresses the agency's statutory duty to intervene on behalf of consumers in matters involving rate, rule, and policy form filings in various lines of insurance. It is important to monitor any trends in the number or type of these filings in order to determine market trends and to aid the agency in its budget planning process.

DATA SOURCE: An agency database is maintained and utilized to track projects, activities, and outcomes for the agency. Information regarding rate, rule, and policy form filings is entered by agency staff on a regular basis. Data is collected from various sources including the Texas Register.

METHODOLOGY: The number of rate, rule, and policy form filings in which the agency participated during the reporting period is divided by the total number of filings for the reporting period. The result is multiplied by 100 to achieve a percentage.

DATA LIMITATIONS: The number of rate, rule, and policy form filings in which the agency participates is largely determined by outside influences such as the number of filings or proposals made and the reasonableness of the rates and policy forms submitted.

CALCULATION METHOD: Non-cumulative

NEW MEASURE: Yes

TARGET ATTAINMENT: Higher than Target

OUTCOME MEASURE 3: Percentage of Rates, Rules, and Policy Forms Changed as a Result of OPIC Participation

DEFINITION: The percentage of rates, rules, and policy forms changed as a result of agency participation. Rates, rules, and policy forms 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.

PURPOSE: Participation in rate, rule, and policy form filings addresses the agency's statutory duty to intervene on behalf of consumers in matters involving rates, rules, and policy forms affecting various lines of insurance. Participating and representing the interests of insurance consumers in these filings 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.

DATA SOURCE: An agency database is maintained and utilized to track projects, activities, and outcomes for the agency. Information regarding rate, rule, and policy form filings is entered by agency staff on a regular basis.

METHODOLOGY: The total number of rate, rule, and policy form filings in which the agency was successful in obtaining benefits for consumers during the reporting period is divided by the total number of filings for the reporting period. The result is multiplied by 100 to achieve a percentage.

DATA LIMITATIONS: The number of rate, rule, and policy form filings analyzed and negotiated by the agency is largely determined by outside influences such as the number and timing of filings made and the reasonableness of the rate, rule, and policy form filings.

CALCULATION METHOD: Non-cumulative

NEW MEASURE: Yes

TARGET ATTAINMENT: Higher than Target

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 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.

OUTPUT MEASURE 1: Number of Bills of Rights or Revisions Proposed

DEFINITION: The number of completed Consumer Bills of Rights or revisions submitted to the TDI for adoption during the reporting period.

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

DATA SOURCE: 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.

METHODOLOGY: Consumer Bills of Rights and revisions submitted to the TDI during the reporting period are totaled.

DATA LIMITATIONS: Revisions to the Bills of Rights may be required depending upon legislative or regulatory action.

CALCULATION METHOD: Cumulative

NEW MEASURE: No

TARGET ATTAINMENT: Higher than Target

OUTPUT MEASURE 2: 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: This measure addresses the statutory duties of the agency to educate consumers and represent the interests of consumers. It is important to monitor these costs to aid the agency in its budget planning process.

DATA SOURCE: Data used for this calculation is from an agency database and monthly server profiles on the agency's internet activity.

METHODOLOGY: 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 METHOD: Cumulative

NEW MEASURE: No

TARGET ATTAINMENT: Higher than Target

OUTPUT MEASURE 3: 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: This measure addresses the agency's statutory duties to educate consumers, represent the interests 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.

DATA SOURCE: 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.

METHODOLOGY: 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 METHOD: 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: 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 consumers, represent the interests 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.

DATA SOURCE: 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.

METHODOLOGY: 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: Website visits and actual distribution of hard copy material is used. While website 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 METHOD: Non-cumulative

NEW MEASURE: No

TARGET ATTAINMENT: Lower than Target

OUTCOME MEASURE 1: Percent 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: The percentage of consumers reached addresses the agency's statutory duties to educate consumers, represent the interests 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.

DATA SOURCE: 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 TDI. The agency uses an internet service to summarize and report its web site activity.

METHODOLOGY: 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 METHOD: Non-cumulative

NEW MEASURE: No

TARGET ATTAINMENT: Higher than Target

OUTCOME MEASURE 2: Percentage of Bills of Rights Submitted for Adoption within Established Timelines

DEFINITION: The percentage of Consumer Bills of Rights and revisions submitted to TDI for adoption within established timelines.

PURPOSE: 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.

DATA SOURCE: An agency database is maintained and updated regularly regarding Bills of Rights information.

METHODOLOGY: The number of Consumer Bills of Rights and revisions submitted to TDI 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 METHOD: Non-cumulative

NEW MEASURE: No

TARGET ATTAINMENT: Higher 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

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 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 PLAN

NOT APPLICABLE

SCHEDULE E: HEALTH AND HUMAN SERVICES STRATEGIC PLAN

NOT APPLICABLE

SCHEDULE F: AGENCY WORKFORCE PLAN

Anticipated Changes to the Agency's Role

Senate Bill 14, 78th Legislature, Regular Session (2003) changed insurance rate regulation in Texas. Many insurance companies that were previously exempt became regulated. A file-and-use system was implemented for rates and a prior approval system was implemented for policy forms.

OPIC's duty to review rates for their impact on consumers did not change. However, since insurers now set the effective dates for their rates, OPIC often has less time to review those rates than in previous years. The result is that OPIC staff must complete more work in a more compressed time frame than before SB 14.

SB 14 also dramatically changed OPIC's workload and role regarding policy forms. Policy forms moved from a promulgated system to a prior approval system. This increased the role of OPIC in form filing review as the volume of filings rose dramatically. As with rates, OPIC's staff saw an increase in workload with a compressed timeframe for completion of their statutory duties.

OPIC continues to actively review and analyze rate and form filings for personal automobile and homeowners lines of insurance, intervening both formally and informally as needed.

OPIC also plays an important role in reviewing and commenting on rule proposals, which includes participating in regulatory hearings, when appropriate. These comments impact insurance regulation and policy statewide.

OPIC serves as a resource to the Texas Legislature both during the session and the interim. Last session OPIC expanded this role by producing the agency's first Recommendations Report. In the report, OPIC brought consumer protection issues to the Legislature's attention for consideration as legislation. One of the recommendations OPIC made related to flood disclosures on homeowners and residential property policies. The Texas Legislature worked with OPIC and other stakeholders to pass SB 442, 86th Legislature, Regular Session (2019) to protect consumers by ensuring they receive a notice if their policy does not provide flood coverage. OPIC plans to produce this report again for the 87th Session.

Additionally, OPIC has 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, now places a greater emphasis on this role. OPIC has recently reengineered its website for plain language and better accessibility, and has expanded its social media outreach through platforms like Twitter and Facebook to reach more consumers. OPIC also produces annual HMO report cards for consumers to use when shopping for insurance. Similarly, OPIC produces a Consumer Bill of Rights for residential property and personal automobile policies to educate consumers about the protections provided for them in Texas law.

OPIC accomplishes all of these tasks with 10 FTEs.

As a result of budget reductions and greater efficiencies, OPIC's allowed FTE count decreased from 16.5 to 15.0 in the 2011 Texas Legislative session. The FTE count was further decreased to 13.0 in the 2019 session. Historically, OPIC has been able to absorb this decrease in FTEs with existing staff members taking over duties previously assigned to other FTEs. OPIC continues to be successful performing its statutory duties with fewer staff as the result of policies that allow the agency to hire and retain staff with extensive experience and specialized knowledge in their respective fields.

OPIC's experienced, knowledgeable staff has so far been able to cover the increased load, but now few skills overlap between positions. Each staff member is now also working at or near capacity. Retention of staff with that level of expertise and experience has therefore become critical for the agency.

While the agency has fulfilled its statutory duties with the current staff and FTE cap, the composition of the agency's staff could change in the future. It would be advantageous to have the flexibility to cross-train staff members in at least some areas of responsibility to ensure a retention of skills and knowledge for the agency. Moreover, as staff with the rare combination of knowledge and experience leave the workforce for retirement or other opportunities, the agency may have trouble filling the agency's need with one staff person and may instead need two staff members in their place. In that case, the salary of one FTE would be split among two FTEs but the agency would use one of the existing, unfilled FTEs to continue to meet its statutory obligations. Additional staff may also be needed if OPIC's statutory duties are expanded by the Texas Legislature.

Current Workforce Profile (Supply Analysis)

CRITICAL WORKFORCE SKILLS:

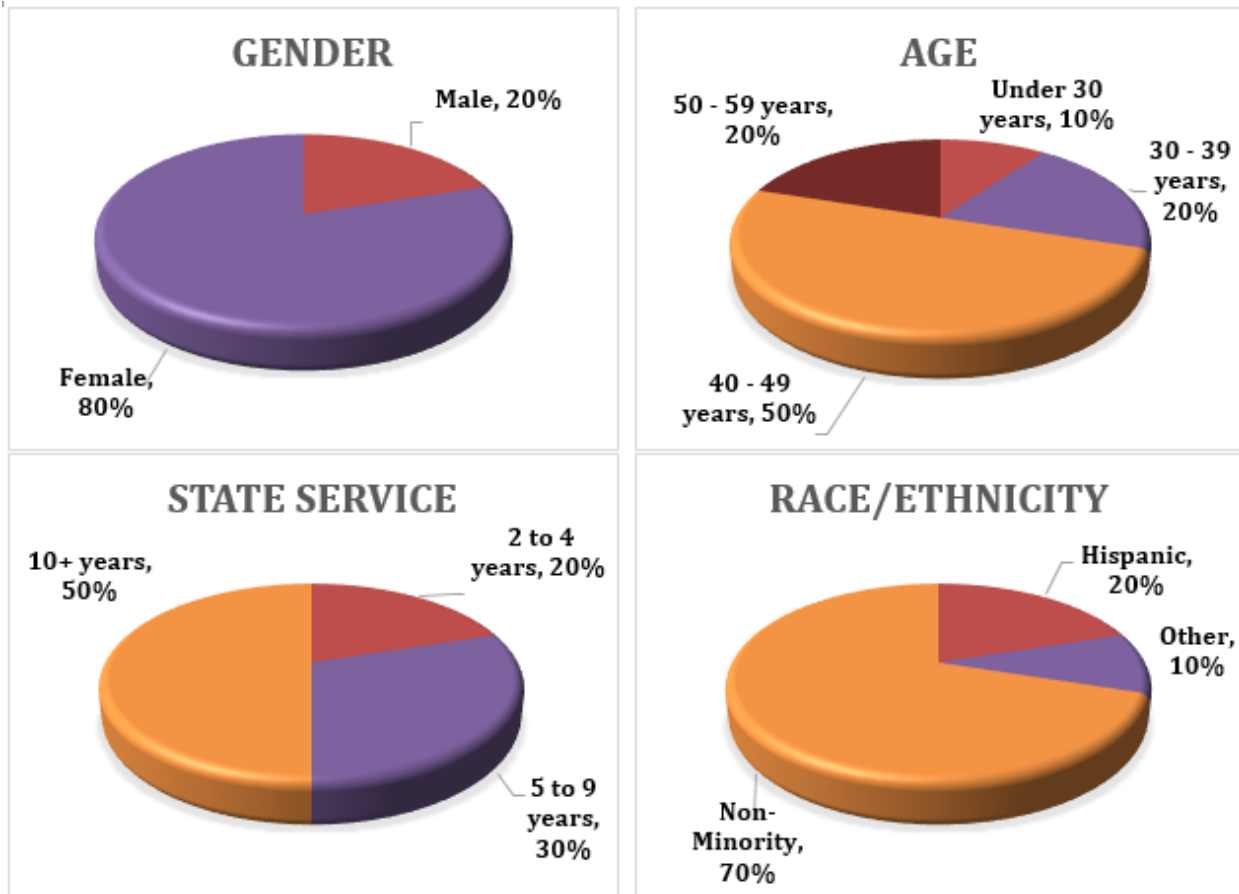
OPIC retains strong, well-qualified staff capable of performing the following functions that are critical to daily operations:

- 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, 2020. The Texas Legislature authorized 13.0 positions for the agency, consisting of attorneys, an economist/statistician, analysts, and support staff. Currently, this workforce consists of approximately twenty percent (20%) males and eighty percent (80%) females, with thirty percent (30%) under the age of 40 and seventy percent (70%) between the ages of 40 and 65. Ten percent (10%) of the workforce is a military veteran.

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 percent (30%) of the agency's employees are minorities. Tenure remains high with fifty percent (50%) 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, 2020, for fiscal year (FY) 2020 is 11.8 percent (11.8%). An increase in that percentage between now and the end of FY 2020 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 considers retirement eligibility to be a significant issue. Over the past several years, experienced OPIC staff members have absorbed duties that were previously performed by staff members who left employment. OPIC currently has one employee 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
- Team building 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. There remains potential for a gap if there is ever significant turnover in key positions. Over time OPIC's FTE count has been reduced. OPIC responded to this reduction by having existing staff absorb additional duties and functions.

For example, in 2018, OPIC's purchaser left. In 2019, OPIC's accountant retired. Instead of hiring additional staff to fill these vacancies, the duties were absorbed by an existing FTE. While that transfer of duties was successful, that staff member is now working in an expanded capacity and continues to perform at a high level. That absorption of duties is only successful because of this particular staff member's unique combination of ability and experience. There is no longer room for that FTE to absorb additional duties. The same is true for other key staff in the agency.

Although OPIC staff currently performs the agency's statutory duties at maximum efficiency with successful outcomes, future vacancies could change that. OPIC is a small state agency of 10 FTEs (13 appropriated, with three current vacancies but lacking related funding). OPIC made the strategic decision to fill fewer FTEs but fill or expand the duties of those positions with people that have broad experience and specialized knowledge.

Experienced staff with a broad range of knowledge produce a better, more inclusive work product. They are able to make connections and spot issues that even multiple staff members with other types of experience will not be able to duplicate. It often takes years of dedicated training and work to cultivate the necessary skills and experience. The recruitment and retention of these types of employees is invaluable to a small agency like OPIC. The agency's size also presents challenges for cross-training and succession planning.

Strategic Development

Gap	Existing employees may not be adequately prepared for succession if there is turnover among key employees.
Goal	Further develop practices and procedures to maintain employee development and training for future succession and skill enhancement.
Rationale	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.
Action Steps	<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 459, in excess of the noted desired score of greater than 350. Additionally, eighty-eight percent (88%) of OPIC employees were rated as Highly Engaged.

The agency's highest scores were for the constructs of Supervision (475), Employee Engagement (472), and Strategic (470).

- The Supervision construct captures employee perception of the nature of relationships with supervisors within the agency. A high score suggests employees view their supervisors as fair, helpful, and critical to the flow of work.
- The Employee Engagement construct captures the degree to which employees are willing to go above and beyond, feel committed to the agency and are present while working. A high score suggests that employees feel their ideas count, their work impacts the agency, and their well-being and development are valued.
- The Strategic construct captures employee perception of their role in the agency and the agency's mission, vision, and strategic plan. A high score suggests that employees understand their role in the agency and consider the agency's reputation to be positive.

The areas with the lowest scores were Information Systems (457), Workplace (449), and Pay (392). A score of 350 is a tipping point between positive and negative perceptions. While none of the scores are below the tipping point, OPIC considers them to be an important focus for evaluating and improving the agency.

- The Pay construct captures employee perception about how well the compensation package offered by the agency holds up when compared to similar jobs in other organizations. A low score suggests that pay is a central concern or reason for discontent and is not comparable to similar organizations. This construct is somewhat outside of OPIC's control, but the agency does evaluate employees' levels of compensation relative to other state agencies. Similarly, the agency has implemented one time merits and raises when able to do so.
- The Workplace construct captures employee perception of the total work atmosphere, the degree to which they consider it safe, and the overall feel. A low score suggests that employees see the setting as unsafe and lacking in resources to complete their tasks. The low score of this construct is reflective of staff concerns with the work building's maintenance and lack of security after hours and on weekends. The agency expects the score of this construct to significantly rise when the agency is relocated, per SB 1349, 86th Legislature, Regular Session (2019).
- The Information Systems construct captures employee perceptions of whether computer and communication systems provide accessible, accurate, and clear information. The lower the score, the more likely employees are frustrated with their ability to secure needed information through current systems.

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.

SCHEDULE G: WORKFORCE DEVELOPMENT SYSTEM STRATEGIC PLAN

NOT APPLICABLE

SCHEDULE H: REPORT ON CUSTOMER SERVICE

Chapter 2114 of the Texas Government Code requires state agencies to periodically create and distribute an assessment of their customers' satisfaction with their agency.

Inventory Of External Customers Served By Strategy

Pursuant to Chapter 2114 of the Texas Government Code, the agency has identified its customers in correlation to its budget strategies below.

Agency customers include all insurance policyholders in Texas. For purposes of the survey, customers include:

- Texas insurance consumers who interact with the agency by phone, email, through its website, or social media;
- consumer or civic organizations that represent various specific groups of insurance consumers the agency has worked with; and
- members of the Texas Legislature and staff the agency has worked with.

A.1.1. Strategy: PARTICIPATE IN RATES/RULES/FORMS

Participate in rate hearings, rate, rule, and policy form filings, 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.

Consumers or organizations that accessed the agency website and contacted the agency electronically to request information or services were contacted. In addition, consumer or civic organizations and members of the Legislature and their staff with which the agency worked were invited to fill the survey.

B.1.1. Strategy: 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.

Consumers or organizations that accessed the agency website and contacted the agency electronically to request information or services were contacted. In addition, consumer or civic organizations and members of the Legislature and their staff with which the agency worked were invited to fill the survey.

METHODOLOGY:

The customer satisfaction survey was distributed electronically in the spring of 2020. Because it would have been prohibitively expensive to obtain mailing lists and send surveys out to all insurance policyholders, the agency used its internal database, its website, and social media to distribute the survey. OPIC emailed the survey to recipients who contacted the agency, and for additional

transparency posted a link to the survey on our website and social media applications. An exact breakdown of the type of customer submitting surveys was not possible because the inclusion of personal information is optional.

SUMMARY OF SURVEY RESPONSES:

The agency's customer service survey measures satisfaction with the agency's facilities, staff interactions, communications, website, complaint handling processes, timeliness, printed information, and overall satisfaction with the agency. Customers responded using the following scale:

1 – Very unsatisfied 2 – Unsatisfied 3 – Neutral 4 – Satisfied 5 – Very satisfied N/A – Not Applicable

How satisfied customers are with the agency's:	1	2	3	4	5	N/A
1. FACILITIES , including their ability to access the agency, the office location, signs, and cleanliness	0%	0%	0%	0%	67%	33%
2. STAFF , including employee courtesy, friendliness, and knowledgeability, and whether staff members adequately identify themselves to customers by name, including the use of name plates or tags for accountability	0%	0%	0%	0%	100%	0%
3. COMMUNICATIONS , including toll-free telephone access, the average time spent on hold, call transfers, access to a live person, letters, electronic mail, and any applicable text messaging or mobile applications	0%	0%	17%	0%	83%	0%
4. INTERNET SITE , including the ease of use of the site, mobile access to the site, information on the location of the site and the agency, and information accessible through the site such as a listing of services and programs and whom to contact for further information or to complain	0%	0%	0%	0%	83%	17%
5. COMPLAINT HANDLING PROCESS , including whether it is easy to file a complaint and whether responses are timely	17%	0%	0%	0%	50%	33%
6. ABILITY TO TIMELY SERVE THEM , including the amount of time you wait for service in person	0%	0%	0%	0%	100%	0%

7. BROCHURES OR OTHER PRINTED INFORMATION , including the accuracy of that information	0%	0%	0%	0%	50%	50%
8. OVERALL SATISFACTION WITH THE AGENCY	17%	0%	0%	0%	83%	0%

ANALYSIS OF FINDINGS:

Despite efforts by the agency to receive feedback, only six customers responded to the survey. Survey respondents rated the agency highly with eighty-three percent (83%) indicating they were “satisfied” or “very satisfied” with regard to overall satisfaction with the agency. One hundred percent (100%) of respondents were “very satisfied” with agency staff and the agency’s ability to timely serve them. However, only sixty-seven percent (67%) were “satisfied” or “very satisfied” with the agency’s facilities, with the remainder choosing “not applicable”. This reflects the growing number of OPIC’s customers accessing our services via phone or internet without direct personal contact.

Eighty-three percent (83%) of survey respondents indicated they were “very satisfied” with the agency’s website. OPIC engaged in an extensive overhaul of its website beginning in 2018. It is continuously vetted for form, content, and usability to ensure it provides the most useful and current information to consumers in a manner that is easy to understand and easy to use. OPIC also increased social media efforts to direct people to the resources on OPIC’s website. OPIC created resources such as the agency’s policy comparison tool, articles on how to read a policy declarations page, and communications detailing the practical financial impact of changes in coverage. These resources are easy to use and provide meaningful, practical assistance to consumers. OPIC plans to continue with the plain language initiative and both develop new and improve upon existing resources to further help consumers in an effective way.

Performance Measure Information

OUTCOME MEASURE:

Percentage of Surveyed Customer Respondents Expressing Satisfaction with Services Received

DEFINITION: The total number of agency survey respondents indicating in question 8 that they are satisfied or very satisfied with the agency, divided by the total number of survey respondents.

83%

OUTPUT MEASURES:

Total Customers Surveyed

DEFINITION: The number of customers who receive access to the surveys regarding agency services. The number includes all customers who receive surveys in person or by phone, mail, email, web, or any other means.

47

(865 Facebook Followers and 725 Twitter Followers)

Response Rate

DEFINITION: The percentage of total customers surveyed who completed the survey.

12.8%

Total Customers Served

DEFINITION: The number of customers receiving services through the agency's programs.

Unknown

EFFICIENCY MEASURE:

Cost per Customer Surveyed

DEFINITION: Total costs for the agency to administer customer surveys divided by the total number of customers surveyed.

\$ 0.00

EXPLANATORY MEASURES:

Total Customers Identified

DEFINITION: The total population of customers in all unique customer groups.

19.1 million

Total Customers Groups Inventoried

DEFINITION: The total number of unique customer groups identified for each agency program. Customer groups served by more than one agency program should be counted only once.

3

Agency customers include all insurance policyholders in Texas. For purposes of the survey, customers include:

- Texas insurance consumers who interact with the agency by phone, email, through its website, or social media;
- Consumer or civic organizations that represent various specific groups of insurance consumers the agency has worked with; and
- Members of the Texas Legislature and staff the agency has worked with.