

# **LOUISIANA DEPARTMENT OF INSURANCE**

## **STRATEGIC PLAN**

**FISCAL YEARS 2011-2012 – 2015-2016**



**COMMISSIONER OF INSURANCE – HONORABLE JAMES J. DONELON**

**DEPUTY COMMISSIONER OF MANAGEMENT AND FINANCE – SHIRLEY D. BOWLER**

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## **LOUISIANA DEPARTMENT OF INSURANCE**

### **VISION:**

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

### **MISSION:**

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

### **PHILOSOPHY:**

The philosophy of the Louisiana Department of Insurance is that its responsibilities as the regulator of the insurance industry in the state and as advocate for insurance consumers impacts the quality of life of the state's citizens because the availability and affordability of insurance through financially sound insurers is essential to economic development, maintaining existing business and industry and the protection of the lives and property of the state's citizens.

## DEPARTMENT GOALS

- I. Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state's insurance consumers.
- II. Provide necessary administrative and operational support to the entire department, attract insurers to the state in order to promote a more competitive market, and work to stabilize the property insurance market.

## **PROCESS DOCUMENTATION**

### **PRINCIPAL USERS/CLIENTS**

Department-wide: Insurance consumers (policyholders, beneficiaries, claimants); insurers and producers; the citizens of the state.

Our responsibilities for insurance regulation and consumer advocacy are ongoing; we strive to improve the quality of our services in those areas. The insurance market in Louisiana in recent years has not been as competitive as it should be. Add to that the de-stabilization of the property insurance market as a result of hurricanes Rita and Katrina, and the department faces a major challenge. A healthy, competitive market will improve the availability of insurance, and, eventually, bring about more reasonable rates. We are aggressively working to attract financially sound, consumer-responsive insurers to do business in Louisiana, and we are striving to stabilize the property insurance market in the state.

**Program A – Administration/Fiscal:** All department employees; all contractors working for the department; insurers and producers impacted by department policy and enforcement actions; insurance consumers and the public whose interests are affected by the department’s ability to meet its responsibilities to regulate the industry and serve as advocate for insurance consumers.

**Program B – Market Compliance:** Insurance producers and companies regulated by the department; insurance consumers (policyholders, claimants, beneficiaries); the public whose quality of life is affected by economic development, the state’s ability to maintain existing business and industry, and the availability and affordability of insurance coverage necessary for the protection of life and property.

## PROCESS DOCUMENTATION

### OVERVIEW

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

The Department of Insurance maintains its commitment to transparent and accountable and effective government by providing information regarding the department and its services to the public via its website and in response to all public records requests. Our concentrated efforts for enforcing existing laws fairly and consistently, and propose new laws as needed help attract insurers to the state in order to promote a more competitive market. Ongoing efforts to serve the consumers whose interests we protect and the producers and insurers we regulate are tied closely to our ability to keep pace with technological advances.

Office of Consumer Advocacy was created by Act 222 by the Louisiana Legislature in 2007 to assist consumers with insurance inquiries and to enforce the Policyholder Bill of Rights (La. R.S. 22:1455). Significant progress has been made in the Department's outreach to consumers through the Office of Consumer Advocacy, the Louisiana Auto Theft and Insurance Fraud Prevention Authority, The Health Care Commission, the Senior Health Insurance Information Program, and the Office of Minority Affairs, all of which are increasing their audiences throughout Louisiana and helping to educate consumers about their insurance choices.

There have been relatively few changes to performance indicators. Performance goals for many department functions were altered by 20 percent to allow for reduced performance outputs resulting from budget cuts. Some former Key and Supporting indicators have been moved to General indicator status; some General indicators have been eliminated because they are no longer relevant to the plan and/or provide little or no useful information to the department, to the policy maker or to the public. Internal Audit section made changes to their indicators to make it more goal orientated and

rational for management. Division of Legal Services added new indicators to measure the breakdown of company and producer investigations. New indicators have been created for the programs of the Office of Consumer Advocacy; new indicators were also created in several divisions to measure the level of achievement of objectives.

Implementation of budget reduction strategies started in FY 2009-10. These strategic cost savings were implemented so that the DOI would be able to continue its performance at levels that meet regulatory and consumer expectations. Some of these cost savings measures had early implementation and resulted in the return of \$2.3 million of unexpended budget in FY 08-09. Strategies developed included reduction in spending for travel, supplies, and professional service contracts.

The Louisiana DOI was authorized to join the Interstate Insurance Product Regulation Compact (IIPRC) effective August 15, 2008. This multi-state public entity serves as an instrumentality of the 36 Member States. The IIPRS serves as a central point of electronic filing for certain insurance products, including life insurance, annuities, disability income and long-term care insurance to develop uniform product standards across all member states.

The goal of the Office of Receivership has been modified. While the FY 2008-09 through FY 2012-13 Strategic Plan indicated that it was a key objective for the Office of Receivership to bring to court-approved closure all estates of companies in receivership at the beginning of FY 2001 by the end of FY 2008 and to bring to court-approved closure within 5 years of their being placed in receiverships, estates of all companies placed in receivership after July 1, 2001, actual performance did not meet that objective. As of the end of FY 2008-09, there were three estates in receivership from FY 2000-01 that continued to be open and three other estates which have been open for more than five years. The department's current expectation is that all estates held in the Office of Receivership at the beginning of FY 2001 are closed by the end of FY 2011 and that all estates placed in receivership after July 1, 2008 be closed within five years of being placed in receivership. As the process for closing estates accelerates, the DOI is cognizant that the estates will no longer be available as the source of revenue to support the warehousing of the insurance companies' records. Records required to be maintained on behalf of the liquidated companies are currently housed in a warehouse leased by the Louisiana Receivership Office, Inc. As fewer estates remain it becomes the responsibility of the DOI to maintain these records in accordance with approved retention policy. As a non-state lessee, LRO, Inc. was not bound by state property requirements for leased space, and, consequently, spent less per square foot. Detailed strategies for transitioning the dissolution of LRO, Inc., are being developed in concert with a consultant.

All DOI employees formerly housed in leased space have been relocated to the Poydras Building, for budget and management reasons. This includes the entire Fraud section of the Office of Legal Services and the unclassified and classified personnel of the Office of Receivership.

Currently, the DOI has limited rate review authority, consisting only of prior approval of long term care rated through the Life and Annuity Division and prior approval of Medicare supplement rates and oversight of community based rating within the guidelines established in LRS 22:1095 through the Office of Health Insurance. Beginning Jan. 1, 2011, under the authority of the federal Patient Protection and Affordable Care Act (PPACA), states will begin reviewing health insurance for “unreasonable rate requests.” Rules and regulations for implementation of this standard have not yet been adopted at the federal level.

## PROCESS DOCUMENTATION

### OPPORTUNITIES

- Consumer Education - DOI continues to outreach consumers through the Office of Consumer advocacy, the Louisiana Auto Theft and Insurance Fraud Prevention Authority, the Health Care Commission, the Senior Health Insurance Information Programs, and the Office of Minority Affairs.
- Support of NAIC models for national standardization in certain regulatory areas – essentially those that are in concert with the department’s vision and in the best interests of Louisiana and its citizens.
- Increased delivery of information and services to the public through DOI’s website and in response to all public records requests.
- Flexibility at upper management levels
- Education of insurers in submission of compliant applications and filings and forms filings
- Increase the number of quality insurers doing business in the state to make a more competitive market.
- Improved internal use of Information Technology to allow us to work more efficiently and intelligently

## CHALLENGES

- The department strives to be creative and flexible in meeting the challenges that threaten its ability to meet its mandated responsibilities as insurance regulator and consumer advocate.
- Costs of keeping pace with advances in Information Technology in general and the higher-than-anticipated costs associated with participating in the statewide IT plan/program
- Legislative mandates
- Stabilization of the property insurance market in the state
- Attracting more financially sound, consumer responsive insurers to do business in Louisiana
- Maintaining regulation of the industry by the states as opposed to the Federal Government
- Unrealistic expectations on the part of the public with regard to insurance pricing and scope of coverage provided
- Costs of maintaining our physical plant – new Poydras Building, including high costs for DPS personnel, security, utilities, etc.
- Dependence of year-to-year funding by appropriation of the legislature at levels lower than the costs borne by regulated entities.
- Assessment collected by the department also supports several retirement and pension funds and the municipal fire and police civil service; each time a portion increase is legislated for one or more of those entities our share of that assessment is decreased by that amount. Various legislated credits apply to our portion of the assessment, but not to the portions of other entities receiving funding from it.

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

### **STATUTORY AUTHORITY**

LSA-Const. Art. IV, § 11; LSA-R.S. 36:681-696; Acts 2009, No. 10, § 7(C) of the Regular Session of the Louisiana Legislature; LSA-R.S. 22:2-3; LSA-R.S. 22:31-33; LSA-R.S. 22:41; LSA-R.S. 22:1071; LSA-R.S. 22:1476; LSA-R.S. 9:2800.7; LSA-R.S. 22:2291-2347, and LSA-R.S. 40:1428

### **OPPORTUNITIES AND CHALLENGES**

Opportunities and challenges cited for the entire department are the opportunities and challenges of Program A – Administration/Fiscal.

### **MISSION**

The mission of Program A is to provide necessary administrative and operational support to all areas of the department, and to attract insurers to do business in the state in order to promote a more competitive market, and stabilize the property insurance market.

### **GOALS**

The goal for Program A is the same as the department-wide goal:

- GOAL II      Provide necessary administrative and operational support to the entire department, attract insurers to do business in the state in order to promote a more competitive market, and stabilize the property insurance market.

## PROGRAM A – ADMINISTRATION/FISCAL

### OFFICES AND ACTIVITIES

LRS 36:681-696

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

- **Internal Audit** assists management by identifying weaknesses and deficiencies in departmental operations and making recommendations for necessary corrective actions. Internal Audit also provides management assistance to divisions upon request. This division also performs special projects, as assigned by the Commissioner through his designee.
- **Public Affairs** communicates the Department’s message through printed materials including press releases, brochures, weekly newspaper columns, radio scripts, and newsletter articles; accepts media calls and public information requests; coordinates media interview requests and speaking engagements for the Commissioner and DOI staff; responsible for the Department’s web site content and public e-mail system; edits public information disseminated by the Department; writes Department’s Public Service Announcements; coordinates consumer information booths at conferences, fairs or festivals.
- **Minority Affairs** works to increase the active involvement of minorities in Louisiana's insurance industry by providing educational and information services to minorities to foster a greater awareness of the opportunities available in the insurance industry and of the skills, training, and education necessary to prepare for opportunities in employment, appointment as agents and contracting for services with insurance companies.
- **Office of Consumer Advocacy** provides assistance to the public by receiving inquiries and complaints, preparing and disseminating information as the department deems appropriate to inform or assist consumers, provide direct assistance and advocacy for consumers who request such assistance, report apparent or potential violations of law.

**OFFICE OF MANAGEMENT AND FINANCE (LRS 36:684)** – Oversees the management of the department’s fiscal, budget and human resources, IT, purchasing, supplies, equipment, inventory/property control, administrative services and is responsible for strategic and operational planning for the entire department.

- **Fiscal Affairs** deposits revenue to the State Treasury, handles accounts payable and receivable, travel and statutory deposits.
- **Information Technology** maintains the department’s databases and systems, assists various divisions in developing on-line access to certain information and services for the public, insurance industry and department staff.
- **Assessments and Data Management** invoices and collects Assessments (LA Insurance Rating, fraud & HIPAA), receipts all revenue, classifies some revenue, maintains database on injury lawsuits in the state until January 1, 2012 (HB 497 of the 2010 Louisiana Legislative Session).
- **Human Resource** manages the department’s human resources and building security.
- **Administrative Services** maintains records and performs physical inventory, handles mail and messenger services, building maintenance, fleet management, contracts, leases.
- **Strategic and Operational Planning** prepares strategic and operational plans for the department; collects, analyzes and reports quarterly performance results; collects information for and writes legislative fiscal notes and fiscal economic and family impact statements; services as liaison with the Legislative Fiscal Office and House Fiscal Affairs.
- **Budget** manages the department’s appropriation by compiling the necessary information for budget development, budget projections, monitoring budget changes through expenditures, revenue collections, legislation and mid-year adjustments.
- **Purchasing** procures stock and special supplies, equipment, furniture and printing services by using ISIS and/or obtaining bids according to state law and purchasing rules and regulations. Maintains office inventory including data base.

**PROGRAM A – ADMINISTRATION/FISCAL**  
**PERFORMANCE INDICATORS**

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

**GOAL II** Provide necessary administrative and operational support to the entire department, attract insurers to do business in the state in order to promote a more competitive market, and stabilize the property insurance market.

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

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children’s Budget Link: N/A

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

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

**STRATEGIC OBJECTIVES:**

II.1.1 Work with the NAIC and other states to develop nationwide standards for insurance regulation and sharing of information among the states.

II.1.2 Work with all areas of the department, the legislature, other state agencies and private interests to increase the number of financially sound, consumer responsive insurers doing business in the state

**PERFORMANCE INDICATORS:**

6389	KEY	Percentage of NAIC accreditation retained
912	GENERAL	Number of licensed domestic insurers
913	GENERAL	Number of licensed foreign/alien insurance companies
914	GENERAL	Number of surplus lines companies approved and monitored
911	GENERAL	Total number of companies licensed and approved

**Explanatory Notes:** The National Association of Insurance Commissioners (NAIC) is the national organization that exists to promote effective insurance regulation and protection of consumers. Our accreditation remains in effect until suspended or revoked. Periodic audits are conducted by NAIC to determine if continued accreditation is appropriate. The indicator is expressed as a percentage because LAPAS can accept only numeric expression. The Louisiana Department of Insurance was most recently accredited by the NAIC in June 2009.

## PERFORMANCE INDICATOR DOCUMENTATION

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

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

LaPAS Code	Level	Performance Indicator Name
<b>6389</b>	<b>Key</b>	<b>Percentage of NAIC accreditation retained</b>
Type and Level	Quality; KEY	
Rationale	This indicator measures the overall success of the department based on standards set by the National Association of Insurance Commissioners. Audits are done regularly to determine whether we maintain our accreditation.	
Use	The indicator will be used both internally and externally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The Office of Financial Solvency coordinates NAIC audits of the department and would be notified in the event of any suspension or withdrawal of accreditation.	
Calculation Methodology	NAIC contacts the assistant commissioner in the Office of Financial Solvency if accreditation is in effect.	
Scope	The indicator is aggregated.	
Caveats	LAPAS only accepts numeric data; therefore, the indicator is reported as a percentage rather than yes or no.	
Responsible Person	Caroline Brock, Deputy Commissioner of Financial Solvency – Phone: (225) 342-1631; FAX: (225) 342-9203; <a href="mailto:cbrock@ldi.state.la.us">cbrock@ldi.state.la.us</a>	

## PERFORMANCE INDICATOR DOCUMENTATION

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

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

LaPAS Code	Level	Performance Indicator Name
<b>912</b>	<b>General</b>	<b>Number of licensed domestic insurance companies</b>
Type and Level	Quality; GENERAL	
Rationale	This indicator measures our success in expanding the competitive market by tracking the number of insurers operating in the state. Typically, the more insurers, the more competitive the rates for the insured.	
Use	The indicator will be used both internally and externally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The data is collected through the RED system and reported annually from the Company Licensing division.	
Calculation Methodology	The calculation method is a cumulative count.	
Scope	The indicator is aggregated.	
Caveats	There are no caveats.	
Responsible Person	Michael Boutwell, Assistant Commissioner of Licensing and Market Compliance; Phone (225) 342-0800; <a href="mailto:mboutwell@ldi.state.la.us">mboutwell@ldi.state.la.us</a>	

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF THE COMMISSIONER

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

LaPAS Code	Level	Performance Indicator Name
<b>913</b>	<b>General</b>	<b>Number of licensed foreign/alien insurance companies</b>
Type and Level	Quality; GENERAL	
Rationale	This indicator measures our success in expanding the competitive market, by tracking the number of insurers operating in the state. Typically, the more insurers, the more competitive the rates for the insured.	
Use	The indicator will be used both internally and externally.	
Clarity	The indicator is clear. A foreign insurer is domiciled in another state or other U.S. regulatory jurisdiction; an alien insurer is domiciled in another country.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The data is collected through the RED system and reported annually from the Company Licensing division.	
Calculation Methodology	The calculation method is a cumulative count.	
Scope	The indicator is aggregated.	
Caveats	There are no caveats.	
Responsible Person	Michael Boutwell, Assistant Commissioner of Licensing and Market Compliance; Phone (225) 342-0800; <a href="mailto:mboutwell@ldi.state.la.us">mboutwell@ldi.state.la.us</a>	

## PERFORMANCE INDICATOR DOCUMENTATION

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

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

LaPAS Code	Level	Performance Indicator Name
<b>914</b>	<b>General</b>	<b>Number of surplus lines companies approved and monitored</b>
Type and Level	Quality; GENERAL	
Rationale	This indicator measures our success in expanding the competitive market by tracking the number of insurers operating in the state which will create a more competitive market. Typically, the more insurers, the more competitive the rates for the insured.	
Use	The indicator will be used both internally and externally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The data is collected through the RED system and reported annually from the Company Licensing division.	
Calculation Methodology	The calculation method is a cumulative count.	
Scope	The indicator is aggregated.	
Caveats	There are no caveats.	
Responsible Person	Michael Boutwell, Assistant Commissioner of Licensing and Market Compliance; Phone (225) 342-0800; <a href="mailto:mboutwell@ldi.state.la.us">mboutwell@ldi.state.la.us</a>	

## PERFORMANCE INDICATOR DOCUMENTATION

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

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

LaPAS Code	Level	Performance Indicator Name
<b>911</b>	<b>General</b>	<b>Total number of companies licensed and approved</b>
Type and Level	Quality; GENERAL	
Rationale	This indicator measures our success in expanding the competitive market by tracking the number of insurers operating in the state which will create a more competitive market. Typically, the more insurers, the more competitive the rates for the insured.	
Use	The indicator will be used both internally and externally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The data is collected through the RED system and reported annually from the Company Licensing division.	
Calculation Methodology	The calculation method is a cumulative count.	
Scope	The indicator is aggregated.	
Caveats	There are no caveats.	
Responsible Person	Michael Boutwell, Assistant Commissioner of Licensing and Market Compliance; Phone (225) 342-0800; <a href="mailto:mboutwell@ldi.state.la.us">mboutwell@ldi.state.la.us</a>	

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

**GOAL II** Provide necessary administrative and operational support to the entire department, attract insurers to do business in the state in order to promote a more competitive market, and stabilize the property insurance market.

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

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

**STRATEGIC OBJECTIVES:**

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

**PERFORMANCE INDICATORS:**

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

## PERFORMANCE INDICATOR DOCUMENTATION

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

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

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

Type and Level	Output; Supporting
Rationale	The number of internal audits completed is indicative of the workload in that division. Audits may be relatively simple or may be more complex and time consuming.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Internal Audit division.
Calculation Methodology	The calculation method is a count.
Scope	The indicator is aggregated.
Caveats	This performance indicator was changed to a supporting indicator during the strategic review of the internal audit division.
Responsible Person	Nancy Vogt, Director of Internal Audit; Phone (225) 342-5037 <a href="mailto:nvogt@ldi.state.la.us">nvogt@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

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

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

Type and Level	Quality; Supporting
Rationale	This indicator measures the effectiveness of our internal audit activity by tracking the number of repeat findings and the effectiveness of the remedial measures taken after findings occur.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Internal Audit division.
Calculation Methodology	The calculation method is a count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Nancy Vogt, Director of Internal Audit; Phone (225) 342-5037 <a href="mailto:nvogt@ldi.state.la.us">nvogt@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

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

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

Type and Level	Efficiency; General
Rationale	The number of internal audit recommendations accepted reflects the effectiveness of the recommendations and the cooperation level of the division to which the recommendation applies.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Internal Audit division
Calculation Methodology	The calculation method is a percentage calculation of the number of internal audit recommendations accepted divided by the number of internal audit recommendations made.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Nancy Vogt, Director of Internal Audit; Phone (225) 342-5037 <a href="mailto:nvogt@ldi.state.la.us">nvogt@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

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

LaPAS Code	Level	Performance Indicator Name
<b>6395</b>	<b>General</b>	<b>Number of repeat findings in the legislative auditor’s annual report</b>
Type and Level	Quality; General	
Rationale	This indicator measures the effectiveness of our internal audit activity by tracking the number of repeat findings in the legislative auditor’s annual report.	
Use	The indicator will be used both internally and externally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records of the Internal Audit division, compared to the legislative auditor’s annual report	
Calculation Methodology	The calculation method is a count.	
Scope	The indicator is aggregated.	
Caveats	This indicator was changed to a general indicator while doing the strategic review of the internal audit division.	
Responsible Person	Nancy Vogt, Director of Internal Audit; Phone (225) 342-5037 <a href="mailto:nvogt@ldi.state.la.us">nvogt@ldi.state.la.us</a>	

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

**GOAL II** Provide necessary administrative and operational support to the entire department, attract insurers to do business in the state in order to promote a more competitive market, and stabilize the property insurance market.

**OBJECTIVE II.3 -** Through the Office of Minority Affairs, to assist minorities and other disadvantaged persons who wish to participate in the insurance industry in the state as producers or as employees of insurers or related service companies.

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children’s Budget Link: N/A

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

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

**STRATEGIC OBJECTIVES:**

- II.3.1 Make available via the internet, by mail, etc., and through training/educational seminars, information to assist minority and disadvantaged persons who wish to obtain employment in the insurance industry or related service companies.
- II.3.2 Conduct a survey every other year to determine minority/disadvantaged persons employed as professionals or para-professionals with insurers doing business in the state.

**PERFORMANCE INDICATORS:**

- 10161 Supporting Number of appointments by standard companies of minority/disadvantaged producers, facilitated by the Office of Minority Affairs.
- 13793 Supporting Number of persons attending semi-annual training seminars

**EXPLANATORY NOTE:** A standard company is an insurer that rates a risk up or down from standard rates, depending upon various factors, and uses standard terms and conditions in its policies. It has been difficult for minority/disadvantaged producers to obtain the contract or company appointment that would allow them to sell the standard insurers’ products to their clients. DOI conducts informal counseling and educational/training across the state.

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE II.3 - Through the Office of Minority Affairs, to assist minorities and other disadvantaged persons who wish to participate in the insurance industry in the state as producers or as employees of insurers or related service companies.

LaPAS Code	Level	Performance Indicator Name
<b>10161</b>	<b>Supporting</b>	<b>Number of appointments by standard companies of minority/disadvantaged producers, facilitated by the Office of Minority Affairs.</b>

Type and Level	Outcome; Supporting
Rationale	The indicator measures the results of the Office of Minority Affairs' activities in assisting minority/disadvantaged producers in obtaining appointments with standard companies.
Use	The indicator will be used internally.
Clarity	The indicator is clearer than previously written.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Minority Affairs.
Calculation Methodology	The calculation method is count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Richard Chambers, Deputy Commissioner of Minority Affairs; Phone (225) 342-8393; <a href="mailto:rchambers@ldi.state.la.us">rchambers@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE II.3 - Through the Office of Minority Affairs, to assist minorities and other disadvantaged persons who wish to participate in the insurance industry in the state as producers or as employees of insurers or related service companies.

LaPAS Code	Level	Performance Indicator Name
<b>13793</b>	<b>Supporting</b>	<b>Number of persons attending semi-annual training seminars</b>

Type and Level	Outcome; Supporting
Rationale	This indicator measures the reach of the Office of Minority Affairs' activities in assisting minority/disadvantaged producers.
Use	The indicator will be used internally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Minority Affairs.
Calculation Methodology	The calculation method is count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Richard Chambers, Deputy Commissioner of Minority Affairs; Phone (225) 342-8393; <a href="mailto:rchambers@ldi.state.la.us">rchambers@ldi.state.la.us</a>

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

**GOAL II** Provide necessary administrative and operational support to the entire department, attract insurers to do business in the state in order to promote a more competitive market, and stabilize the property insurance market.

**OBJECTIVE II.4 -** Through the Office of Consumer Advocacy, to provide assistance to the public by receiving inquiries and complaints, prepare and disseminate information to inform or assist consumers, provide direct assistance and advocacy for consumers who request such assistance, report apparent or potential violations of law.

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children’s Budget Link: N/A

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

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

**STRATEGIC OBJECTIVES:**

11.4.1 Serve as an advocate for consumers requesting assistance.

11.4.2 Disseminate information to consumers, civic associations, governmental organizations and other individuals through presentations and printed materials.

**PERFORMANCE INDICATORS:**

22837	Key	Average number of days to conclude a complaint investigation
22838	Key	Number of community based presentations
22839	General	Number of inquiries received
22840	General	Number of complaints received
22841	General	Number of inquiries/complaint investigations concluded
22842	General	Number of public information packets distributed to consumers
22843	General	Amount of claim payments/premium refunds recovered for complainants

**EXPLANATORY NOTE:** Generally the Office of Consumer Advocacy is the second point of assistance for consumer who complains of a licensee’s actions. Initially, complainants are referred to the consumer affairs division of the Office of Property and Casualty, Health, Licensing and Life and Annuity, unless OCA receives a complaint under exigent circumstances.

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER/CONSUMER AFFAIRS

**OBJECTIVE II.4 -** Through the Office of Consumer Advocacy, to provide assistance to the public by receiving inquiries and complaints, prepare and disseminate information to inform or assist consumers, provide direct assistance and advocacy for consumers who request such assistance, report apparent or potential violations of law.

LaPAS Code	Level	Performance Indicator Name
<b>22837</b>	<b>KEY</b>	<b>Average number of days to conclude a complaint investigation</b>

Type and Level	Efficiency; Key
Rationale	The indicator measures the average amount of time required to investigate a consumer inquiry or complaint.
Use	The indicator will be used internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Consumer Advocacy in the DOI CRAFT system.
Calculation Methodology	The calculation method is a standard average calculation for all complaints closed during the reporting period.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Clarissa Preston, Deputy Commissioner of Consumer Affairs; Phone (225) 219-4771; <a href="mailto:cpreston@ldi.state.la.us">cpreston@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER/CONSUMER AFFAIRS

OBJECTIVE II.4 - Through the Office of Consumer Advocacy, to provide assistance to the public by receiving inquiries and complaints, prepare and disseminate information to inform or assist consumers, provide direct assistance and advocacy for consumers who request such assistance, report apparent or potential violations of law.

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

Type and Level	Output; Key
Rationale	The indicator is a measure the reach of the Office of Consumer Advocacy into the community.
Use	The indicator will be used internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The internal records of the Office of Consumer Advocacy.
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	This indicator includes speaking engagement and radio and television appearances.
Responsible Person	Clarissa Preston, Deputy Commissioner of Consumer Affairs; Phone (225) 219-4771; <a href="mailto:cpreston@ldi.state.la.us">cpreston@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE II.4 - Through the Office of Consumer Advocacy, to provide assistance to the public by receiving inquiries and complaints, prepare and disseminate information to inform or assist consumers, provide direct assistance and advocacy for consumers who request such assistance, report apparent or potential violations of law.

LaPAS Code	Level	Performance Indicator Name
<b>22839</b>	<b>GENERAL</b>	<b>Number of inquiries received</b>
Type and Level	Input; General	
Rationale	The indicator measures the number of inquiries received in the Office of Consumer Affairs.	
Use	The indicator will be used internally and externally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records of the Office of Consumer Advocacy in the DOI CRAFT system.	
Calculation Methodology	The calculation method is a standard count.	
Scope	The indicator is aggregated.	
Caveats	There are no caveats.	
Responsible Person	Clarissa Preston, Deputy Commissioner of Consumer Affairs; Phone (225) 219-4771; <a href="mailto:cpreston@ldi.state.la.us">cpreston@ldi.state.la.us</a>	

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER/CONSUMER AFFAIRS

OBJECTIVE II.4 - Through the Office of Consumer Advocacy, to provide assistance to the public by receiving inquiries and complaints, prepare and disseminate information to inform or assist consumers, provide direct assistance and advocacy for consumers who request such assistance, report apparent or potential violations of law.

LaPAS Code	Level	Performance Indicator Name
<b>22840</b>	<b>GENERAL</b>	<b>Number of complaints received</b>
Type and Level	Input; General	
Rationale	The indicator measures the number of complaints received in the Office of Consumer Affairs.	
Use	The indicator will be used internally and externally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records of the Office of Consumer Advocacy in the DOI CRAFT system	
Calculation Methodology	The calculation method is a standard count.	
Scope	The indicator is aggregated.	
Caveats	Office of Consumer Advocacy is the final consumer contact after complaints handled in other divisions except for extraordinary circumstances.	
Responsible Person	Clarissa Preston, Deputy Commissioner of Consumer Affairs; Phone (225) 219-4771; <a href="mailto:cpreston@ldi.state.la.us">cpreston@ldi.state.la.us</a>	

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE II.4 - Through the Office of Consumer Advocacy, to provide assistance to the public by receiving inquiries and complaints, prepare and disseminate information to inform or assist consumers, provide direct assistance and advocacy for consumers who request such assistance, report apparent or potential violations of law.

LaPAS Code	Level	Performance Indicator Name
<b>22841</b>	<b>GENERAL</b>	<b>Number of inquiries/complaint investigations concluded</b>
Type and Level	Output; General	
Rationale	The indicator measures the number of inquiries/complaint investigations concluded in the Office of Consumer Affairs.	
Use	The indicator will be used internally. and externally	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records of the Office of Consumer Advocacy in the DOI CRAFT system	
Calculation Methodology	The calculation method is a standard count.	
Scope	The indicator is aggregated.	
Caveats	There are no caveats.	
Responsible Person	Clarissa Preston, Deputy Commissioner of Consumer Affairs; Phone (225) 219-4771; <a href="mailto:cpreston@ldi.state.la.us">cpreston@ldi.state.la.us</a>	

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE II.4 - Through the Office of Consumer Advocacy, to provide assistance to the public by receiving inquiries and complaints, prepare and disseminate information to inform or assist consumers, provide direct assistance and advocacy for consumers who request such assistance, report apparent or potential violations of law.

LaPAS Code	Level	Performance Indicator Name
<b>22842</b>	<b>GENERAL</b>	<b>Number of public information packets distributed to consumers</b>
Type and Level	Output; General	
Rationale	The indicator measures the number of information packets distributed by the Office of Consumer Affairs.	
Use	The indicator will be used internally. and externally	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records of the Office of Consumer Advocacy in the DOI CRAFT system	
Calculation Methodology	The calculation method is a standard count.	
Scope	The indicator is aggregated.	
Caveats	There are no caveats.	
Responsible Person	Clarissa Preston, Deputy Commissioner of Consumer Affairs; Phone (225) 219-4771; <a href="mailto:cpreston@ldi.state.la.us">cpreston@ldi.state.la.us</a>	

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE II.4 - Through the Office of Consumer Advocacy, to provide assistance to the public by receiving inquiries and complaints, prepare and disseminate information to inform or assist consumers, provide direct assistance and advocacy for consumers who request such assistance, report apparent or potential violations of law.

LaPAS Code	Level	Performance Indicator Name
<b>22843</b>	<b>GENERAL</b>	<b>Amount of claim payments/premium refunds recovered for complainants</b>
Type and Level	Outcome; General	
Rationale	This indicator measures the amount of claim payments and/or premium refunds recovered from complaints made in the Office of Consumer Advocacy.	
Use	The indicator will be used internally. and externally	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records of the Office of Consumer Advocacy	
Calculation Methodology	The calculation method is a standard sum.	
Scope	The indicator is aggregated.	
Caveats	There are no caveats.	
Responsible Person	Clarissa Preston, Deputy Commissioner of Consumer Affairs; Phone (225) 219-4771; <a href="mailto:cpreston@ldi.state.la.us">cpreston@ldi.state.la.us</a>	

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

**GOAL II** Provide necessary administrative and operational support to the entire department, attract insurers to do business in the state in order to promote a more competitive market, and stabilize the property insurance market.

**OBJECTIVE II.5 -** Through the Fiscal Affairs Division, to collect, each fiscal year, revenue that the department is responsible to collect on its own behalf and on behalf of the state.

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

**STRATEGIC OBJECTIVES:**

- II.5.1 Categorize and track all revenue to assure accuracy of collections and proper crediting of all receipts and to support the revenue projection process.
- II.5.2 Maximize authorized assessment collections through timely invoicing and to provide notice of delinquencies to appropriate divisions of the market compliance program for collection or other disciplinary action (license suspension, revocation, cease and desist, fine, etc.)

**PERFORMANCE INDICATORS:**

890	Supporting	Total amount of revenue collected from taxes, assessments, fees, penalties and miscellaneous amounts in \$millions.
898	General	Number of different tax types collected
899	General	Number of different fees and assessments collected
891	General	Taxable premiums in \$billions
893	General	Tax collections as percentage of taxable premiums
894	General	Total premiums subject to Louisiana Insurance Rating assessment in \$billions
895	General	Total amount of LA Insurance Rating assessment collected in \$millions
6397	General	Total fees collected in \$millions
896	General	LA Insurance Rating assessment collection as percentage of subject premiums
NEW	General	Amount reverted at end of FY in \$millions
NEW	General	Administration fraud assessment as percentage of health premium
NEW	General	Fraud assessment as percentage of subject premium

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE II.5 - Through the Fiscal Affairs Division, to collect, each fiscal year, revenue that the department is responsible to collect on its own behalf and on behalf of the state.

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

Type and Level	Input; Supporting
Rationale	The indicator measures the amount of revenue collected from taxes, assessments, fees, penalties and miscellaneous amounts in \$millions.
Use	The indicator will be used both internally and externally
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Fiscal Affairs division
Calculation Methodology	The calculation method is a standard sum.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Patti Kling, Fiscal Officer; Phone (225) 342-1489; <a href="mailto:pkling@ldi.state.la.us">pkling@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE II.5 - Through the Fiscal Affairs Division, to collect, each fiscal year, revenue that the department is responsible to collect on its own behalf and on behalf of the state.

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

Type and Level	Input; General
Rationale	The indicator measures the number of tax types collected by the department.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Fiscal Affairs division
Calculation Methodology	The calculation method is a count.
Scope	The indicator is aggregated.
Caveats	This count includes only those for which there were actual collections.
Responsible Person	Patti Kling, Fiscal Officer; Phone (225) 342-1489; <a href="mailto:pkling@ldi.state.la.us">pkling@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE II.5 - Through the Fiscal Affairs Division, to collect, each fiscal year, revenue that the department is responsible to collect on its own behalf and on behalf of the state.

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

Type and Level	Input; General
Rationale	The indicator measures the number of fees and assessments collected by the department.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Fiscal Affairs division
Calculation Methodology	The calculation method is a count.
Scope	The indicator is aggregated.
Caveats	The count includes only fees for which there were actual collections.
Responsible Person	Patti Kling, Fiscal Officer; Phone (225) 342-1489; <a href="mailto:pkling@ldi.state.la.us">pkling@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE II.5 - Through the Fiscal Affairs Division, to collect, each fiscal year, revenue that the department is responsible to collect on its own behalf and on behalf of the state.

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

Type and Level	Input; General
Rationale	The indicator measures the amount of taxable premiums which is the basis for various assessments collected by the department and of the premium tax collection made by the department on behalf of the State General Fund.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Fiscal Affairs division as reported by the Premium Tax and Surplus Lines division of the Office of Financial Solvency.
Calculation Methodology	The calculation method is a sum.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Patti Kling, Fiscal Officer; Phone (225) 342-1489; <a href="mailto:pkling@ldi.state.la.us">pkling@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE II.5 - Through the Fiscal Affairs Division, to collect, each fiscal year, revenue that the department is responsible to collect on its own behalf and on behalf of the state.

LaPAS Code	Level	Performance Indicator Name
<b>893</b>	<b>GENERAL</b>	<b>Tax collections as percentage of taxable premiums</b>
Type and Level	Input; General	
Rationale	The indicator measures the percentage of taxable premiums represented by tax.	
Use	The indicator will be used both internally and externally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records of the Fiscal Affairs division as reported by the Premium Tax and Surplus Lines division	
Calculation Methodology	The calculation method is a standard percentage calculation of collections divided by taxable premium.	
Scope	The indicator is aggregated.	
Caveats	There are no caveats.	
Responsible Person	Patti Kling, Fiscal Officer; Phone (225) 342-1489; <a href="mailto:pkling@ldi.state.la.us">pkling@ldi.state.la.us</a>	

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE II.5 - Through the Fiscal Affairs Division, to collect, each fiscal year, revenue that the department is responsible to collect on its own behalf and on behalf of the state.

LaPAS Code	Level	Performance Indicator Name
<b>894</b>	<b>GENERAL</b>	<b>Total premiums subject to Louisiana Insurance Rating assessment in \$ billions</b>
Type and Level	Input; General	
Rationale	The indicator measures the total premiums subject to the LIR assessment which funds several retirement and pension funds, the municipal fire and police civil service and DOI.	
Use	The indicator will be used both internally and externally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records of the Fiscal Affairs division as reported by the Assessments and Data Management division	
Calculation Methodology	The calculation method is a standard sum.	
Scope	The indicator is aggregated.	
Caveats	The LIRC has been abolished and the assessment formerly known as the LIRC assessment will be known as the LA Insurance Rating Assessment. There is no change in the thing being measured or the method of measurement; therefore, DOI has left the values in place for prior years.	
Responsible Person	Patti Kling, Fiscal Officer; Phone (225) 342-1489; <a href="mailto:pkling@ldi.state.la.us">pkling@ldi.state.la.us</a>	

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE II.5 - Through the Fiscal Affairs Division, to collect, each fiscal year, revenue that the department is responsible to collect on its own behalf and on behalf of the state.

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

Type and Level	Input; General
Rationale	The indicator measures the total premiums subject to the LA Insurance Rating assessment which funds several retirement and pension funds, the municipal fire and police Civil Service, and DOI.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Fiscal Affairs division as reported by the Assessments and Data Management division
Calculation Methodology	The calculation method is a standard sum.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Patti Kling, Fiscal Officer; Phone (225) 342-1489; <a href="mailto:pkling@ldi.state.la.us">pkling@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: MANAGEMENT AND FINANCE/ FISCAL AFFAIRS

OBJECTIVE II.5 - Through the Fiscal Affairs Division, to collect, each fiscal year, revenue that the department is responsible to collect on its own behalf and on behalf of the state.

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

Type and Level	Input; General
Rationale	The indicator provides the amount of revenue collected by DOI in the form of fees.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Fiscal Affairs division
Calculation Methodology	The calculation method is a standard sum.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Patti Kling, Fiscal Officer; Phone (225) 342-1489; <a href="mailto:pkling@ldi.state.la.us">pkling@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE II.5 - Through the Fiscal Affairs Division, to collect, each fiscal year, revenue that the department is responsible to collect on its own behalf and on behalf of the state.

LaPAS Code	Level	Performance Indicator Name
<b>896</b>	<b>GENERAL</b>	<b>LA Insurance Rating assessment collection as percentage of subject premiums</b>
Type and Level	Input; General	
Rationale	The indicator provides the percentage of subject premiums that make up the LA Insurance Rating assessment.	
Use	The indicator will be used both internally and externally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records of the Fiscal Affairs division as reported by the Assessments and Data Management division	
Calculation Methodology	The calculation method is standard percent calculation of the assessment collection divided by assessable premiums.	
Scope	The indicator is aggregated.	
Caveats	There are no caveats.	
Responsible Person	Patti Kling, Fiscal Officer; Phone (225) 342-1489; <a href="mailto:pkling@ldi.state.la.us">pkling@ldi.state.la.us</a>	

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE II.5 - Through the Fiscal Affairs Division, to collect, each fiscal year, revenue that the department is responsible to collect on its own behalf and on behalf of the state.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>GENERAL</b>	<b>Amount reverted at end of FY in \$millions</b>
Type and Level	Output; General	
Rationale	The indicator measures the amount in \$millions that were reverted at the end of the fiscal year.	
Use	The indicator will be used internally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records of the Fiscal Affairs division	
Calculation Methodology	The calculation method is a subtraction of EOY total operating collections less EOY actual expenses.	
Scope	The indicator is aggregated.	
Caveats	There are no caveats.	
Responsible Person	Patti Kling, Fiscal Officer; Phone (225) 342-1489; <a href="mailto:pkling@ldi.state.la.us">pkling@ldi.state.la.us</a>	

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE II.5 - Through the Fiscal Affairs Division, to collect, each fiscal year, revenue that the department is responsible to collect on its own behalf and on behalf of the state.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>GENERAL</b>	<b>Administrative fund assessment as percentage of health premiums</b>
Type and Level	Output; General	
Rationale	The indicator measures the percentage of administrative fund assessment that are of health premiums.	
Use	The indicator will be used internally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records of the Fiscal Affairs division	
Calculation Methodology	The calculation method is the total assessed divided by the total health premiums written to show the percentage of health premiums.	
Scope	The indicator is aggregated.	
Caveats	There are no caveats.	
Responsible Person	Patti Kling, Fiscal Officer; Phone (225) 342-1489; <a href="mailto:pkling@ldi.state.la.us">pkling@ldi.state.la.us</a>	

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE II.5 - Through the Fiscal Affairs Division, to collect, each fiscal year, revenue that the department is responsible to collect on its own behalf and on behalf of the state.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>GENERAL</b>	<b>Fraud assessment as percentage of subject premiums.</b>

Type and Level	Output; General
Rationale	The indicator measures the amount in \$millions that were reverted at the end of the fiscal year.
Use	The indicator will be used internally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Fiscal Affairs division
Calculation Methodology	The calculation method is the total assessed divided by the total premiums written to show the percentage of subject premiums.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Patti Kling, Fiscal Officer; Phone (225) 342-1489; <a href="mailto:pkling@ldi.state.la.us">pkling@ldi.state.la.us</a>

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

**GOAL II** Provide necessary administrative and operational support to the entire department, attract insurers to do business in the state in order to promote a more competitive market, and stabilize the property insurance market.

**OBJECTIVE II.6 -** Through the Information Technology Division, to provide maintenance and support of the department’s various databases, internet access and other IT systems, and to continue progress on ongoing initiatives to improve consumer and industry service and information access via the internet.

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children’s Budget Link: N/A

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

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

**STRATEGIC OBJECTIVES:**

II.6.1 Increase the scope of services and information available through the DOI website

II.6.2 Maintain and support, and update or expand as necessary the department’s various databases and systems.

**PERFORMANCE INDICATORS:**

22835 Supporting Number of technology projects planned to maximize employee productivity, improve or maintain compatibility with regulated entities, and warehouse data.

22836 Supporting Percent of technology planned projects completed which maximize employee productivity, improve or maintain compatibility with regulated entities, or warehouse data.

**EXPLANATORY NOTE:**

## PERFORMANCE INDICATOR DOCUMENTATION

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

**OBJECTIVE II.6 -** Through the Information Technology Division, to provide maintenance and support of the department’s various databases, internet access and other IT systems, and to continue progress on ongoing initiatives to improve consumer and industry service and information access via the internet.

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

Type and Level	Input; Supporting
Rationale	The indicator measures the number of IT projects planned for the entire fiscal year.
Use	The indicator will be used internally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Information Technology division
Calculation Methodology	The calculation method is a count.
Scope	The indicator is aggregated.
Caveats	Specific projects receiving IT approval will be footnoted in annual operations plan.
Responsible Person	Raymond Trogolo, IT Director; Phone (225) 342-8591; <a href="mailto:rtrogolo@ldi.state.la.us">rtrogolo@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE II.6 - Through the Information Technology Division, to provide maintenance and support of the department’s various databases, internet access and other IT systems, and to continue progress on ongoing initiatives to improve consumer and industry service and information access via the internet.

LaPAS Code	Level	Performance Indicator Name
<b>22836</b>	<b>SUPPORTING</b>	<b>Percent of technology projects completed to maximize employee productivity improve or maintain compatibility with regulated entities, and warehouse data.</b>

Type and Level	Input; Supporting
Rationale	The indicator measures the percentage of completed IT projects that are planned for the entire fiscal year.
Use	The indicator will be used internally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Information Technology division
Calculation Methodology	The calculation is a percentage calculation of number projects completed divided by the number of projects planned.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Raymond Trogolo, IT Director; Phone (225) 342-8591; <a href="mailto:rtrogolo@ldi.state.la.us">rtrogolo@ldi.state.la.us</a>

## **PROGRAM B – MARKET COMPLIANCE**

### **STATUTORY AUTHORITY**

LSA-Const. Art. IV, § 11; LSA-R.S. 36:681-696; Louisiana Insurance Code (Title 22); LSA-R.S. 40:1424; LSA-R.S. 23:1191-1200.5; LSA-R.S. 33:1341-1350.2, and 42 USC 1395b-4.

### **OPPORTUNITIES AND CHALLENGES**

Opportunities and challenges cited for the entire department are the opportunities and challenges of Program B – Market Compliance

### **MISSION**

The mission of Program B is to regulate the insurance industry in the state and serve as advocate for the state’s insurance consumers.

### **GOALS**

The goals for Program B are the same as the department-wide goal:

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

**PROGRAM B – MARKET COMPLIANCE**  
**OFFICES AND ACTIVITIES**  
**LRS 36:681-696**

**OFFICE OF RECEIVERSHIP:** (LRS 36:691) Plans, coordinates and administers the rehabilitation and liquidation of insolvent insurers pursuant to Part XVI and other applicable statutes contained in the Louisiana Insurance Code and under the supervision of the 19<sup>th</sup> Judicial District Court of Louisiana.

**OFFICE OF LICENSING AND COMPLIANCE:** (LRS 36:692) Consists of Company Licensing Division, Producer Licensing Division and Life & Annuity Division. Company Licensing Division oversees the licensing of foreign and domestic insurance companies, third party administrators, dental referral plans, health maintenance organizations, risk purchasing groups, risk retention groups, vehicle mechanical breakdown insurers and viatical settlement brokers and providers, and medical necessity review organizations. The Licensing Division provides registration for Home Service Contract Providers. Producer Licensing Division maintains license and records of all producers, surplus lines brokers and adjusters to determine their qualification to conduct business in accordance with Louisiana laws. The Life & Annuity Division enforces the provisions of the Louisiana Insurance Code pertaining to life insurance, annuities, and long term care products. Among other duties, this Division investigates consumer complaints, reviews for approval life insurance, annuity, and long term care contract forms that insurers propose to market in this state and implements approvals made by the Interstate Insurance Product Regulation Compact.

**OFFICE OF HEALTH INSURANCE:** (LRS 36:694) Consolidates the regulation of state and federal requirements applicable to commercial and government-operated health benefit plans. Provides protection to Louisiana consumers; assures continued viability of health benefit plans and determines whether enhancements or modifications are necessary to assure continued compliance. Reviews initial and renewal licensing applications from Medical Necessity Review Organizations (MNROs) and performs statutory examinations of MNROs, investigates health insurance related consumer complaints, reviews and approves/disapproves contract/policy forms, advertising and rates, provides health-insurance related information to senior citizens.; supports the activities of the Health Care Commission. Rate review may expand into review of major medical premium rates as a result of the federal Affordable Care Act of 2010.

**OFFICE OF FINANCIAL SOLVENCY:** (LRS 36:693) Monitors and examines the financial condition and market conduct activities of all insurers approved to conduct the business of insurance in Louisiana. The type of regulated insurer varies and includes Louisiana domiciled (domestic), out of state (foreign) and out of country (alien) insurers. These companies may operate as

life, health, property and casualty, health maintenance organizations, surplus lines, self-insurance funds (primarily workers' compensation insurance), and vehicle mechanical breakdown companies.

**OFFICE OF PROPERTY AND CASUALTY:** (LRS 36:688) Consolidates the regulation of state and federal requirements applicable to commercial and personal lines of property and casualty insurance. This office provides protection to Louisiana consumers and determines whether enhancements or modifications are necessary to assure continued compliance and provide the public and forum for addressing major property and casualty issues facing the state. There are three divisions in the Office of Property and Casualty: Insurance Rating and Policy Forms Division; Compliance Division; and Louisiana Property and Casualty Insurance Commission. The Insurance Rating and Policy Forms Division reviews rate and rule filings and policy form filings to ensure that Louisiana's rates are not excessive, inadequate or discriminatory and that insurance policies sold and administered in Louisiana are in compliance with applicable statutes, rules and regulations. Additionally, this division provides information, advice and assistance to consumers and industry representatives by responding to inquiries and making public presentations. The Compliance Division monitors the marketing, underwriting, customer service, and claims handling practices of Property and Casualty insurers and producers doing business in Louisiana. Additionally, this Division provides information, advice and assistance to consumers and industry representatives by responding to inquiries, making public presentations and supplying informational pamphlets and brochures. The Louisiana Property and Casualty Insurance Commission researches and studies laws and programs that affect automobile insurance rate and research the availability and affordability of property and casualty insurance, including, but not limited to, workers' compensation insurance and homeowners insurance in the state.

**DIVISION OF LEGAL SERVICES:** (LRS 36:689) The Division of Legal Services acts as the legal counsel and enforcement arm of the Department. Its functions include drafting regulations and directives; preparing and monitoring legislation; representing the Department in litigation before federal and state courts; enforcing insurance regulatory laws in administrative hearings; and assisting Department staff by providing legal advice on policy forms and any other insurance related matters. It also serves as a liaison between the Department and other federal, state and local government departments, agencies and commissions as well as insurance companies, producers and consumers. The Insurance Fraud Section investigates all instances of alleged or suspected fraud committed by or upon insurance agents, brokers and companies. The Fraud Section assists local, state and federal authorities in fraud investigations, as necessary, and cooperates with industry associations and organizations in the investigation and prevention of fraud. The Louisiana Auto Theft and Insurance Fraud Prevention Authority (LATIFPA) is a public agency within the Division of Legal Services, whose purpose is to combat motor vehicle insurance fraud, including fraud by theft and other criminal acts. The Louisiana Legislature also established the Automobile Theft and Insurance Fraud Prevention Authority Fund within the LATIFPA, which collects and disburses funds through a grant process for the purpose of combating motor vehicle theft and insurance fraud.

**PROGRAM B – MARKET COMPLIANCE**

**PERFORMANCE INDICATORS**

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

**GOAL I** Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers.

**OBJECTIVE I.1 -** Through the Office of Receivership, to bring to court-approved closure all estates of companies in receivership at the beginning of FY 2001 by the end of FY 2011 and to bring to court-approved closure within 5 years of their being placed in receivership estates of all companies placed in receivership after July 1, 2008.

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

**STRATEGIC OBJECTIVES:**

I.1.1 Manage the estates of companies in receivership through liquidation of assets and court-approved closure.

**PERFORMANCE INDICATORS:**

904	Key	Number of companies brought to final closure
908	Key	Total recovery of assets from liquidated companies
NEW	Key	Number of companies held in receivership greater than 60 months.
NEW	Supporting	Average number of months in receivership for all estates closed during this reporting period.
12273	General	Number of companies in receivership at beginning of fiscal year
NEW	General	Average number of months estates currently in receivership have been held in receivership.

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

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF RECEIVERSHIP

OBJECTIVE I.1 - Through the Office of Receivership, to bring to court-approved closure all estates of companies in receivership at the beginning of FY 2001 by the end of FY 2011 and to bring to court-approved closure within 5 years of their being placed in receivership estates of all companies placed in receivership after July 1, 2008.

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

Type and Level	Output; Key
Rationale	The indicator measures the number of companies brought to final closure.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Receivership
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Barry Karns, Office of Receivership; Phone (225) 219-0620; <a href="mailto:barryk@ldi.state.la.us">barryk@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE 1.1 - Through the Office of Receivership, to bring to court-approved closure all estates of companies in receivership at the beginning of FY 2001 by the end of FY 2011 and to bring to court-approved closure within 5 years of their being placed in receivership estates of all companies placed in receivership after July 1, 2008.

LaPAS Code	Level	Performance Indicator Name
<b>908</b>	<b>KEY</b>	<b>Total recovery of assets from liquidated companies</b>
Type and Level	Output; Key	
Rationale	The indicator measures the amount of assets recovered from liquidated companies.	
Use	The indicator will be used both internally and externally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records of the Office of Receivership	
Calculation Methodology	The calculation method is a standard sum.	
Scope	The indicator is aggregated.	
Caveats	There are no caveats.	
Responsible Person	Barry Karns, Office of Receivership; Phone (225) 219-0620; <a href="mailto:barryk@ldi.state.la.us">barryk@ldi.state.la.us</a>	

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF RECEIVERSHIP

OBJECTIVE I.1 - Through the Office of Receivership, to bring to court-approved closure all estates of companies in receivership at the beginning of FY 2001 by the end of FY 2011 and to bring to court-approved closure within 5 years of their being placed in receivership estates of all companies placed in receivership after July 1, 2008.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>KEY</b>	<b>Number of companies held in receivership greater than 60 months</b>

Type and Level	Output; Key
Rationale	The indicator measures the companies in receivership greater than 60 months (5 years).
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Receivership
Calculation Methodology	The calculation method is to total the number of months for each estate held in receivership and to report the count of companies in receivership greater than 60 months.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Barry Karns, Office of Receivership; Phone (225) 219-0620; <a href="mailto:barryk@ldi.state.la.us">barryk@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF RECEIVERSHIP

OBJECTIVE I.1 - Through the Office of Receivership, to bring to court-approved closure all estates of companies in receivership at the beginning of FY 2001 by the end of FY 2011 and to bring to court-approved closure within 5 years of their being placed in receivership estates of all companies placed in receivership after July 1, 2008.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>SUPPORTING</b>	<b>Average number of months in receivership for estates closed during this reporting period.</b>

Type and Level	Output; Supporting
Rationale	The indicator measures the average number of months estates are closed in this reporting period.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Receivership
Calculation Methodology	The calculation method is a total months of all receiverships closed during reporting period divided by number of estates closed.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Barry Karns, Office of Receivership; Phone (225) 219-0620; <a href="mailto:barryk@ldi.state.la.us">barryk@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF RECEIVERSHIP

OBJECTIVE I.1 - Through the Office of Receivership, to bring to court-approved closure all estates of companies in receivership at the beginning of FY 2001 by the end of FY 2011 and to bring to court-approved closure within 5 years of their being placed in receivership estates of all companies placed in receivership after July 1, 2008.

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

Type and Level	Output; General
Rationale	The indicator measures the companies in receivership at the beginning of the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Receivership
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Barry Karns, Office of Receivership; Phone (225) 219-0620; <a href="mailto:barryk@ldi.state.la.us">barryk@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF RECEIVERSHIP

OBJECTIVE I.1 - Through the Office of Receivership, to bring to court-approved closure all estates of companies in receivership at the beginning of FY 2001 by the end of FY 2011 and to bring to court-approved closure within 5 years of their being placed in receivership estates of all companies placed in receivership after July 1, 2008.

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

Type and Level	Output; General
Rationale	The indicator measures the average number of months estates are held in receivership.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Receivership
Calculation Methodology	The calculation method is an average total number of months for all estates currently in receivership divided by the total number of estates currently in receivership.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Barry Karns, Office of Receivership; Phone (225) 219-0620; <a href="mailto:barryk@ldi.state.la.us">barryk@ldi.state.la.us</a>

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

**GOAL I** Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers.

**OBJECTIVE I.2 -** Through the Office of Licensing and Compliance, to oversee the licensing of producers and claims adjusters in the state and to work with the Information Technology division to effect a smooth transition to the e-commerce environment.

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children’s Budget Link: N/A

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

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

**STRATEGIC OBJECTIVES:**

I.2.1 Work with IT division to increase access to department services and information via internet/website

I.2.2 Work with NAIC to develop nationwide standards for insurance regulation and consumer protection, and propose legislation as necessary to support those standards.

**PERFORMANCE INDICATORS:**

6416	Key	Number of new producer licenses issued
6417	Key	Number of producer license renewals processed
934	Key	Number of company appointments processed
933	General	Total number of licensed producers
NEW	General	Total number of claims adjusters

**Explanatory Note:** A company appointment is the contract between the producer and the insurance company that allows the producer to offer the company’s products to his/her clients. Licenses are issued for a two year period to Property & Casualty producers in one year, to Life and Health producers in alternating years. In April 2009, DOI begin renewing licenses in the producer’s birth month.

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.2 - Through the Office of Licensing and Compliance, to oversee the licensing of producers and claims adjusters in the state and to work with the Information Technology division to effect a smooth transition to the e-commerce environment.

LaPAS Code	Level	Performance Indicator Name
<b>6416</b>	<b>KEY</b>	<b>Number of new producer licenses issued</b>
Type and Level	Output; Key	
Rationale	The indicator measures the number of new producer licenses issued.	
Use	The indicator will be used both internally and externally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records of the Office of Licensing and Compliance	
Calculation Methodology	The calculation method is a standard count.	
Scope	The indicator is aggregated.	
Caveats	There are no caveats.	
Responsible Person	Tammi Williams, Director, Producer Licensing; Phone (225) 342-5415; <a href="mailto:twilliams@ldi.state.la.us">twilliams@ldi.state.la.us</a>	

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING

OBJECTIVE I.2 - Through the Office of Licensing and Compliance, to oversee the licensing of producers and claims adjusters in the state and to work with the Information Technology division to effect a smooth transition to the e-commerce environment.

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

Type and Level	Output; Key
Rationale	The indicator measures the number producer licenses renewals processed.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Licensing and Compliance
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Tammi Williams, Director, Producer Licensing; Phone (225) 342-5415; <a href="mailto:twilliams@ldi.state.la.us">twilliams@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING

OBJECTIVE I.2 - Through the Office of Licensing and Compliance, to oversee the licensing of producers and claims adjusters in the state and to work with the Information Technology division to effect a smooth transition to the e-commerce environment.

LaPAS Code	Level	Performance Indicator Name
<b>934</b>	<b>KEY</b>	<b>Number of company appointments processed</b>
Type and Level	Output; Key	
Rationale	The indicator measures the number of company appointments processed.	
Use	The indicator will be used both internally and externally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records of the Office of Licensing and Compliance	
Calculation Methodology	The calculation method is a standard count.	
Scope	The indicator is aggregated.	
Caveats	There are no caveats.	
Responsible Person	Tammi Williams, Director, Producer Licensing; Phone (225) 342-5415; <a href="mailto:twilliams@ldi.state.la.us">twilliams@ldi.state.la.us</a>	

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.2 - Through the Office of Licensing and Compliance, to oversee the licensing of producers and claims adjusters in the state and to work with the Information Technology division to effect a smooth transition to the e-commerce environment.

LaPAS Code	Level	Performance Indicator Name
<b>933</b>	<b>GENERAL</b>	<b>Total Number of licensed producers</b>
Type and Level	Output; General	
Rationale	The indicator measures the number of producers licensed in the state.	
Use	The indicator will be used both internally and externally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records of the Office of Licensing and Compliance	
Calculation Methodology	The calculation method is a standard count.	
Scope	The indicator is aggregated.	
Caveats	Measured as the total number of people licensed as producers. Agencies and adjusters are not counted for this indicator.	
Responsible Person	Tammi Williams, Director, Producer Licensing; Phone (225) 342-5415; <a href="mailto:twilliams@ldi.state.la.us">twilliams@ldi.state.la.us</a>	

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING

OBJECTIVE 1.2 - Through the Office of Licensing and Compliance, to oversee the licensing of producers and claims adjusters in the state and to work with the Information Technology division to effect a smooth transition to the e-commerce environment.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>GENERAL</b>	<b>Total number of claims adjusters</b>

Type and Level	Output; General
Rationale	The indicator measures the number of claims adjusters registered in the state.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Licensing and Compliance
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Tammi Williams, Director, Producer Licensing; Phone (225) 342-5415; <a href="mailto:twilliams@ldi.state.la.us">twilliams@ldi.state.la.us</a>

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

**GOAL I** Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers.

**OBJECTIVE I.3-** Through the Company Licensing Division of the Office of Licensing and Compliance, to review company applications for Certificates of Authority within an average of 60 days, all other licensing and registration applications within 60 days and complete reviews of Certificates of Compliance and No Objection Letters within an average of 20 days.

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

**STRATEGIC OBJECTIVES:**

- I.3.1 Develop instructions for insurers to follow in preparing filings and applications for submission to the department and return to insurers those filings that do not comply with the instructions.
- I.3.2 Increase the expertise and knowledge among personnel through increased training and monitoring of newer examiners by more experienced examiners.

**PERFORMANCE INDICATORS:**

22844	Key	Average number of days to review Certificate of Authority Surplus Lines applications
22845	Key	Average number of days to review all other licensing/registration applications
22846	Key	Average number of days to review Certificate of Compliance/No Objection Letter requests
22847	Key	Percentage of all applications/requests processed within the performance standard
6420	Key	Average number of days to review all company filings and applications
940	General	Number of company licensing applications and filings received
941	General	Number of company licensing applications and filings processed

**EXPLANATORY NOTE:**

## PERFORMANCE INDICATOR DOCUMENTATION

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

**OBJECTIVE I.3-** Through the Company Licensing Division of the Office of Licensing and Compliance, to review company applications for Certificates of Authority within an average of 60 days, all other licensing and registration applications within 60 days and complete reviews of Certificates of Compliance and No Objection Letters within an average of 20 days.

LaPAS Code	Level	Performance Indicator Name
<b>22844</b>	<b>KEY</b>	<b>Average number of days to review Certificate of Authority/Surplus Lines applications</b>

Type and Level	Efficiency, Key
Rationale	The indicator measures the average time taken to review Certificate of Authority and/or Surplus Lines applications.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Licensing and Compliance, Company Licensing division
Calculation Methodology	The calculation method is the average number of days from filing to completion of reviews for all applications completed during the quarter.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Michael Boutwell, Assistant Commissioner of Licensing and Market Compliance; Phone (225) 342-0800; <a href="mailto:mboutwell@ldi.state.la.us">mboutwell@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

**OBJECTIVE I.3-** Through the Company Licensing Division of the Office of Licensing and Compliance, to review company applications for Certificates of Authority within an average of 60 days, all other licensing and registration applications within 60 days and complete reviews of Certificates of Compliance and No Objection Letters within an average of 20 days.

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

Type and Level	Efficiency, Key
Rationale	The indicator measures the average time taken to review all other licensing/registration applications.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Licensing and Compliance, Company Licensing division
Calculation Methodology	The calculation method is the average number of days from filing to completion of reviews for all applications completed during the quarter.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Michael Boutwell, Assistant Commissioner of Licensing and Market Compliance; Phone (225) 342-0800; <a href="mailto:mboutwell@ldi.state.la.us">mboutwell@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING

**OBJECTIVE I.3-** Through the Company Licensing Division of the Office of Licensing and Compliance, to review company applications for Certificates of Authority within an average of 60 days, all other licensing and registration applications within 60 days and complete reviews of Certificates of Compliance and No Objection Letters within an average of 20 days.

LaPAS Code	Level	Performance Indicator Name
<b>22846</b>	<b>KEY</b>	<b>Average number of days to review Certificate of Compliance/No objection letter requests</b>

Type and Level	Efficiency, Key
Rationale	The indicator measures the average time taken to review Certificate of Compliance/No Objection Letter requests.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Licensing and Compliance, Company Licensing division
Calculation Methodology	The calculation method is the average number of days from filing to completion of reviews for all applications completed during the quarter.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Michael Boutwell, Assistant Commissioner of Licensing and Market Compliance; Phone (225) 342-0800; <a href="mailto:mboutwell@ldi.state.la.us">mboutwell@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING

**OBJECTIVE I.3-** Through the Company Licensing Division of the Office of Licensing and Compliance, to review company applications for Certificates of Authority within an average of 60 days, all other licensing and registration applications within 60 days and complete reviews of Certificates of Compliance and No Objection Letters within an average of 20 days.

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

Type and Level	Efficiency, Key
Rationale	The indicator measures the percentage of all applications/requests that are processed within the performance standard.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Licensing and Compliance, Company Licensing division
Calculation Methodology	The calculation method is dividing the total number of applications completed within their respective performance standard by the total number of applications completed during the reporting period.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Michael Boutwell, Assistant Commissioner of Licensing and Market Compliance; Phone (225) 342-0800; <a href="mailto:mboutwell@ldi.state.la.us">mboutwell@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

**OBJECTIVE I.3-** Through the Company Licensing Division of the Office of Licensing and Compliance, to review company applications for Certificates of Authority within an average of 60 days, all other licensing and registration applications within 60 days and complete reviews of Certificates of Compliance and No Objection Letters within an average of 20 days.

LaPAS Code	Level	Performance Indicator Name
<b>6420</b>	<b>KEY</b>	<b>Average number of days to review all company filings and applications</b>

Type and Level	Efficiency, Key
Rationale	The indicator measures the efficiency with which company filings and applications are processed.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Licensing and Compliance, Company Licensing division
Calculation Methodology	The calculation method is a standard average calculation, treating all filings and applications as unique units in the calculation.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Michael Boutwell, Assistant Commissioner of Licensing and Market Compliance; Phone (225) 342-0800; <a href="mailto:mboutwell@ldi.state.la.us">mboutwell@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

**OBJECTIVE I.3-** Through the Company Licensing Division of the Office of Licensing and Compliance, to review company applications for Certificates of Authority within an average of 60 days, all other licensing and registration applications within 60 days and complete reviews of Certificates of Compliance and No Objection Letters within an average of 20 days.

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

Type and Level	Input; General
Rationale	The indicator measures the number of company filings and applications received.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Licensing and Compliance, Company Licensing division
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Michael Boutwell, Assistant Commissioner of Licensing and Market Compliance; Phone (225) 342-0800; <a href="mailto:mboutwell@ldi.state.la.us">mboutwell@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

**OBJECTIVE I.3-** Through the Company Licensing Division of the Office of Licensing and Compliance, to review company applications for Certificates of Authority within an average of 60 days, all other licensing and registration applications within 60 days and complete reviews of Certificates of Compliance and No Objection Letters within an average of 20 days.

LaPAS Code	Level	Performance Indicator Name
<b>941</b>	<b>GENERAL</b>	<b>Number of company licensing applications and filings processed</b>
Type and Level	Output; General	
Rationale	The indicator measures the number of company applications and filings processed.	
Use	The indicator will be used both internally and externally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records of the Office of Licensing and Compliance, Company Licensing division	
Calculation Methodology	The calculation method is a standard count.	
Scope	The indicator is aggregated.	
Caveats	There are filings submitted in one fiscal year but completed in a subsequent fiscal year.	
Responsible Person	Michael Boutwell, Assistant Commissioner of Licensing and Market Compliance; Phone (225) 342-0800; <a href="mailto:mboutwell@ldi.state.la.us">mboutwell@ldi.state.la.us</a>	

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

**GOAL I** Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers.

**OBJECTIVE I.4-** Through the Consumer Affairs Division, to assist consumers by investigating to conclusion consumer complaints against Life and Annuity insurers and producers within 60 days.

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

**STRATEGIC OBJECTIVES:**

- I.4.1 Increase the depth of knowledge among personnel through increased training and monitoring of newer examiners by more experienced examiners.
- I.4.2 Distribute and manage work load to reach conclusion of consumer investigations quickly.

**PERFORMANCE INDICATORS:**

13958	Key	Average number of days to investigate to conclusion a Life & Annuity complaint
22848	Key	Percentage of L&A complaint investigations completed within the performance standard
13960	General	Number of L&A complaints received
13961	General	Number of L&A complaint investigations concluded
13959	General	Amount of claim payments/premium refunds recovered for complainants

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

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.4- Through the Consumer Affairs Division, to assist consumers by investigating to conclusion consumer complaints against Life and Annuity insurers and producers within 60 days.

LaPAS Code	Level	Performance Indicator Name
<b>13958</b>	<b>KEY</b>	<b>Average number of days to investigate to conclusion an L&amp;A complaint</b>

Type and Level	Efficiency; Key
Rationale	The indicator measures the average time required to investigate a consumer complaint. It was reduced from 70 days to 60 days in HB1 of the 2010 Regular Legislative Session.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Licensing and Compliance, Life & Annuity division
Calculation Methodology	The calculation method is the average number of days for all investigations closed during the quarter.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Sam Brooks, Director, Consumer Affairs of Life & Annuity; Phone (225) 342-1253 <a href="mailto:sbrooks@ldi.state.la.us">sbrooks@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.4- Through the Consumer Affairs Division, to assist consumers by investigating to conclusion consumer complaints against Life and Annuity insurers and producers within 60 days.

LaPAS Code	Level	Performance Indicator Name
<b>22848</b>	<b>KEY</b>	<b>Percentage of L&amp;A complaint investigations completed within the performance standard</b>

Type and Level	Efficiency; Key
Rationale	The indicator measures the percentage of L&A complaint investigations completed within the performance standard (60 days).
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Licensing and Compliance, Life & Annuity division
Calculation Methodology	The calculation method is a standard percentage calculation of the number of investigations closed within 60 days divided by the total number of investigations closed during the reporting period.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Sam Brooks, Director, Consumer Affairs of Life & Annuity; Phone (225) 342-1253 <a href="mailto:sbrooks@ldi.state.la.us">sbrooks@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.4- Through the Consumer Affairs Division, to assist consumers by investigating to conclusion consumer complaints against Life and Annuity insurers and producers within 60 days.

LaPAS Code	Level	Performance Indicator Name
<b>13960</b>	<b>GENERAL</b>	<b>Number of L&amp;A complaints received</b>

Type and Level	Input; General
Rationale	The indicator measures the number of consumer complaints received for the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Licensing and Compliance, Life & Annuity division
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Sam Brooks, Director, Consumer Affairs of Life & Annuity; Phone (225) 342-1253 <a href="mailto:sbrooks@ldi.state.la.us">sbrooks@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.4- Through the Consumer Affairs Division, to assist consumers by investigating to conclusion consumer complaints against Life and Annuity insurers and producers within 60 days.

LaPAS Code	Level	Performance Indicator Name
<b>13961</b>	<b>GENERAL</b>	<b>Number of L&amp;A complaint investigations concluded</b>

Type and Level	Output; General
Rationale	The indicator measures the number of consumer complaints concluded in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Licensing and Compliance, Life & Annuity division
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Sam Brooks, Director, Consumer Affairs of Life & Annuity; Phone (225) 342-1253 <a href="mailto:sbrooks@ldi.state.la.us">sbrooks@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.4- Through the Consumer Affairs Division, to assist consumers by investigating to conclusion consumer complaints against Life and Annuity insurers and producers within 60 days.

LaPAS Code	Level	Performance Indicator Name
<b>13959</b>	<b>GENERAL</b>	<b>Amount of claim payments/premium refunds recovered for complainants</b>

Type and Level	Outcome; General
Rationale	The indicator measures the amount of premium refunds and claim payments recovered for complainants during the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Licensing and Compliance, Life & Annuity division
Calculation Methodology	The calculation method is a standard sum of all premium refunds and claim payments related to complaint investigations.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Sam Brooks, Director, Consumer Affairs of Life & Annuity; Phone (225) 342-1253 <a href="mailto:sbrooks@ldi.state.la.us">sbrooks@ldi.state.la.us</a>

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

**GOAL I** Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers.

**OBJECTIVE I.5-** Through the Life and Annuity, Policy Forms Review Division in the Office of Licensing and Compliance, to pre-approve/disapprove all contract/policy forms, within 30 days.

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

**STRATEGIC OBJECTIVES:**

- I.5.1 Increase the expertise and knowledge among personnel through increased training and monitoring of newer examiners by more experienced examiners.
- I.5.2 Develop instructions for insurers to follow in preparing filings and applications for submission to the department and return to insurers those filings that do not comply with the instructions.

**PERFORMANCE INDICATORS:**

13988	Key	Average number of days to process L&A contract/policy forms
22849	Key	Percentage of L&A contract/policy forms reviews completed within 30 days
13987	Key	Percentage of L&A contract/policy forms approved
13990	General	Number of L&A contract/policy forms received
13991	General	Number of L&A contract/policy forms processed

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

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.5- Through the Life and Annuity, Policy Forms Review Division in the Office of Licensing and Compliance, to pre-approve/disapprove all contract/policy forms, within 30 days.

LaPAS Code	Level	Performance Indicator Name
<b>13988</b>	<b>KEY</b>	<b>Average number of days to process L&amp;A contract/policy forms</b>

Type and Level	Efficiency; Key
Rationale	The indicator measures the average time it takes to process contract/policy forms in the reporting period.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Licensing and Compliance, Life & Annuity division
Calculation Methodology	The calculation method is the average number of days to process all L&A contract/policy forms.
Scope	The indicator is aggregated.
Caveats	This average calculation includes only forms where processing was completed during the reporting period. It ignores pending filings.
Responsible Person	Beth O’Quin, Assistant Director, Division of Life & Annuity; Phone (225) 342-6990 <a href="mailto:boquin@ldi.state.la.us">boquin@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.5- Through the Life and Annuity, Policy Forms Review Division in the Office of Licensing and Compliance, to pre-approve/disapprove all contract/policy forms, within 30 days.

LaPAS Code	Level	Performance Indicator Name
<b>22849</b>	<b>KEY</b>	<b>Percentage of L&amp;A contract/policy forms reviews completed within 30 days</b>

Type and Level	Efficiency; Key
Rationale	The indicator measures the percentage of L&A contract/policy forms that are completed within the performance standard (30 days).
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Licensing and Compliance, Life & Annuity division
Calculation Methodology	The calculation method is a standard percentage calculation of the number of L&A contract/policy forms closed within 30 days by the total number of forms closed during the reporting period.
Scope	The indicator is aggregated.
Caveats	This includes all form submission approved, disapproved, acknowledged, certified approver and accepted as filed.
Responsible Person	Beth O’Quin, Assistant Director, Division of Life & Annuity; Phone (225) 342-6990 <a href="mailto:boquin@ldi.state.la.us">boquin@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.5- Through the Life and Annuity, Policy Forms Review Division in the Office of Licensing and Compliance, to pre-approve/disapprove all contract/policy forms, within 30 days.

LaPAS Code	Level	Performance Indicator Name
<b>13987</b>	<b>KEY</b>	<b>Percentage of L&amp;A contract/policy forms approved</b>

Type and Level	Efficiency; Key
Rationale	The indicator measures the percentage of L&A contract/policy forms approved as a ratio of all forms closed during the reporting period, limited to forms requiring approval.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Licensing and Compliance, Life & Annuity division
Calculation Methodology	The calculation method is a percentage of forms approved divided by the number of forms subject to approval for the fiscal year.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Beth O’Quin, Assistant Director, Division of Life & Annuity; Phone (225) 342-6990 <a href="mailto:boquin@ldi.state.la.us">boquin@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.5- Through the Life and Annuity, Policy Forms Review Division in the Office of Licensing and Compliance, to pre-approve/disapprove all contract/policy forms, within 30 days.

LaPAS Code	Level	Performance Indicator Name
<b>13990</b>	<b>GENERAL</b>	<b>Number of L&amp;A contract/policy forms received</b>

Type and Level	Efficiency; General
Rationale	The indicator measures the volume of L&A contract/policy forms received in a fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Licensing and Compliance, Life & Annuity division
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	It includes all forms received whether received for approval process or information filing.
Responsible Person	Beth O’Quin, Assistant Director, Division of Life & Annuity; Phone (225) 342-6990 <a href="mailto:boquin@ldi.state.la.us">boquin@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.5- Through the Life and Annuity, Policy Forms Review Division in the Office of Licensing and Compliance, to pre-approve/disapprove all contract/policy forms, within 30 days.

LaPAS Code	Level	Performance Indicator Name
<b>13991</b>	<b>GENERAL</b>	<b>Number of L&amp;A contract/policy forms processed</b>

Type and Level	Output; General
Rationale	The indicator measures the number of contract/policy forms processed.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Licensing and Compliance, Life & Annuity division
Calculation Methodology	The calculation method is a standard count of closed filings.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Beth O’Quin, Assistant Director, Division of Life & Annuity; Phone (225) 342-6990 <a href="mailto:boquin@ldi.state.la.us">boquin@ldi.state.la.us</a>

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

**GOAL I** Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers.

**OBJECTIVE I.6-** Through the Office of Health Insurance, to investigate to conclusion consumer health-insurance related complaints within 42 days.

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

**STRATEGIC OBJECTIVES:**

I.6.1 Increase the depth of knowledge among personnel through increased training and monitoring of newer examiners by more experienced examiners.

I.6.2 Distribute and manage work load to reach conclusion of consumer investigations quickly.

**PERFORMANCE INDICATORS:**

987	Key	Average number of days to investigate to conclusion a consumer health complaint
22856	Key	Percentage of health complaint investigations concluded within 42 days
6424	General	Number of health complaints received
6425	General	Number of health complaint investigations concluded
989	General	Amount of claim payments and/or premium refunds recovered for health coverage complainants
NEW	General	Amount of claim payments/premium refunds recovered from self insured plans

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

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.6- Through the Office of Health Insurance, to investigate to conclusion consumer health-insurance related complaints within 42 days.

LaPAS Code	Level	Performance Indicator Name
<b>987</b>	<b>KEY</b>	<b>Average number of days to investigate to conclusion a consumer health complaint</b>

Type and Level	Efficiency: Key
Rationale	The indicator measures the number of days it takes to investigate to conclusion a consumer health complaint, whether related to major medical or supplemental health insurance contracts.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the CRAFT system.
Calculation Methodology	The calculation method is a standard average of open days for all complaints closed during the reporting period.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Tom Portier, Director, HIPAA Quality Management; Phone (225) 342-6191 <a href="mailto:tportier@ldi.state.la.us">tportier@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.6- Through the Office of Health Insurance, to investigate to conclusion consumer health-insurance related complaints within 42 days.

LaPAS Code	Level	Performance Indicator Name
<b>22856</b>	<b>KEY</b>	<b>Percentage of health complaint investigations concluded within 42 days</b>

Type and Level	Efficiency: Key
Rationale	The indicator measures the percentage of health complaint investigations concluded within the performance standard.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the CRAFT system.
Calculation Methodology	The calculation method is a standard percentage calculation of investigations closed within 42 days divided by the total number of investigations closed during the quarter.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Tom Portier, Director, HIPAA Quality Management; Phone (225) 342-6191 <a href="mailto:tportier@ldi.state.la.us">tportier@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.6- Through the Office of Health Insurance, to investigate to conclusion consumer health-insurance related complaints within 42 days.

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

Type and Level	Input; General
Rationale	The indicator measures the number of health complaints received for the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the CRAFT system.
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Tom Portier, Director, HIPAA Quality Management; Phone (225) 342-6191 <a href="mailto:tportier@ldi.state.la.us">tportier@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.6- Through the Office of Health Insurance, to investigate to conclusion consumer health-insurance related complaints within 42 days.

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

Type and Level	Output; General
Rationale	The indicator measures the number of health complaint investigations concluded in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the CRAFT system.
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Tom Portier, Director, HIPAA Quality Management; Phone (225) 342-6191 <a href="mailto:tportier@ldi.state.la.us">tportier@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.6- Through the Office of Health Insurance, to investigate to conclusion consumer health-insurance related complaints within 42 days.

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

Type and Level	Outcome; General
Rationale	The indicator measures the amount recovered for health complainants during the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the CRAFT system.
Calculation Methodology	The calculation method is a sum of all recoveries for complaints closed during the reporting period.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Tom Portier, Director, HIPAA Quality Management; Phone (225) 342-6191 <a href="mailto:tportier@ldi.state.la.us">tportier@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.6- Through the Office of Health Insurance, to investigate to conclusion consumer health-insurance related complaints within 42 days.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>GENERAL</b>	<b>Amount of claim payments/premium refunds recovered from self insured plans</b>
Type and Level	Outcome; General	
Rationale	The indicator measures the amount recovered from self insured plans during the fiscal year.	
Use	The indicator will be used both internally and externally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records of the Office of Health. This may be available in the CRAFT system at a future date.	
Calculation Methodology	The calculation method is a sum of all recoveries for complaints closed during the reporting period.	
Scope	The indicator is aggregated.	
Caveats	The refunds recovered from self insured plans were previously included in performance indicator 989 – amount of claim payments and/or premium refunds recovered for health coverage complaints.	
Responsible Person	Tom Portier, Director, HIPAA Quality Management; Phone (225) 342-6191 <a href="mailto:tportier@ldi.state.la.us">tportier@ldi.state.la.us</a>	

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

**GOAL I** Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers.

**OBJECTIVE I.7-** Through the Office of Health Insurance, to pre-approve or disapprove all major medical, supplemental health policies, contract forms and rates and advertising as authorized within an average of thirty days.

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

**STRATEGIC OBJECTIVES:**

- I.7.1 Increase the expertise and knowledge among personnel through increased training and monitoring of newer examiners by more experienced examiners.
- I.7.2 Develop instructions for insurers to follow in preparing filings and applications for submission to the department and return to insurers those filings that do not comply with the instructions.

**PERFORMANCE INDICATORS:**

12290	Key	Average number of days to process Health contract/policy forms
22857	Key	Percentage of Health contract/policy forms reviews completed within the performance standard
986	General	Number of health contract/policy forms, advertising and rates received
10212	General	Number of health contract/policy forms, advertising and rates processed
985	General	Percentage of health contract/policy forms approved

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

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.7- Through the Office of Health Insurance, to pre-approve or disapprove all major medical supplemental health policies, contract forms and rates and advertising as authorized within an average of thirty days.

LaPAS Code	Level	Performance Indicator Name
<b>12290</b>	<b>KEY</b>	<b>Average number of days to process health contract/policy forms</b>

Type and Level	Efficiency; Key
Rationale	The indicator measures the average number of days to approve health contract/policy forms, advertising and rates.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the CRAFT system.
Calculation Methodology	The calculation method is the average number of days to process all L&A contract/policy forms divided by number of policy forms completed during the reporting period.
Scope	The indicator is aggregated.
Caveats	This average calculation includes only forms where processing was completed during the reporting period. It ignores pending filings.
Responsible Person	Tom Portier, Director, HIPAA Quality Management; Phone (225) 342-6191; <a href="mailto:tportier@ldi.state.la.us">tportier@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.7- Through the Office of Health Insurance, to pre-approve or disapprove all major medical supplemental health policies, contract forms and rates and advertising as authorized within an average of thirty days.

LaPAS Code	Level	Performance Indicator Name
<b>22857</b>	<b>KEY</b>	<b>Percentage of health contract/policy forms reviews completed within the performance standard</b>

Type and Level	Efficiency; Key
Rationale	The indicator measures the percentage of health contract/policy form reviews completed within the performance standard.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the CRAFT system.
Calculation Methodology	The calculation method is a standard percentage calculation of the number of health contract/policy forms closed within 30 days divided by the total number of forms closed during the reporting period.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Tom Portier, Director, HIPAA Quality Management; Phone (225) 342-6191; <a href="mailto:tportier@ldi.state.la.us">tportier@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.7- Through the Office of Health Insurance, to pre-approve or disapprove all major medical supplemental health policies, contract forms and rates and advertising as authorized within an average of thirty days.

LaPAS Code	Level	Performance Indicator Name
<b>986</b>	<b>GENERAL</b>	<b>Number of health contract/policy forms advertising and rates received</b>

Type and Level	Input; General
Rationale	The indicator measures the number of health contract/policy forms, advertising and rates received.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Health Insurance
Calculation Methodology	The calculation method is a standard count of all form, advertising & rate filings received regardless of the department's authority to approve prior to use or accept as filed.
Scope	The indicator is aggregated.
Caveats	Combines items received from MNRO, medical supplemental and major medical providers.
Responsible Person	Tom Portier, Director, HIPAA Quality Management; Phone (225) 342-6191; <a href="mailto:tportier@ldi.state.la.us">tportier@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.7- Through the Office of Health Insurance, to pre-approve or disapprove all major medical supplemental health policies, contract forms and rates and advertising as authorized within an average of thirty days.

LaPAS Code	Level	Performance Indicator Name
<b>10212</b>	<b>GENERAL</b>	<b>Number of health contract/policy forms, advertising and rates processed</b>

Type and Level	Input; General
Rationale	The indicator measures the number of health contract/policy forms, advertising and rates processed.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Health Insurance
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Tom Portier, Director, HIPAA Quality Management; Phone (225) 342-6191; <a href="mailto:tportier@ldi.state.la.us">tportier@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.7- Through the Office of Health Insurance, to pre-approve or disapprove all major medical supplemental health policies, contract forms and rates and advertising as authorized within an average of thirty days.

LaPAS Code	Level	Performance Indicator Name
<b>985</b>	<b>GENERAL</b>	<b>Percentage of health contract/policy forms approved.</b>

Type and Level	Efficiency; General
Rationale	The indicator measures the percentage of health contract/policy forms approved.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Health Insurance
Calculation Methodology	The calculation method is a percentage of forms approved divided by the number of forms subject to approval for the fiscal year.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Tom Portier, Director, HIPAA Quality Management; Phone (225) 342-6191; <a href="mailto:tportier@ldi.state.la.us">tportier@ldi.state.la.us</a>

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

**GOAL I** Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers.

**OBJECTIVE I.8-** Through the Supplemental Health/MNRO Section of the Office of Health, to review licensing applications and filings (new and renewal) for MNROs and perform statutory examinations.

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

**STRATEGIC OBJECTIVES:**

- I.8.1 Increase the expertise and knowledge among personnel through increased training and monitoring of newer examiners by more experienced examiners.
- I.8.2 Develop instructions for insurers to follow in preparing filings and applications for submission to the department and return to insurers those filings that do not comply with the instructions.

**PERFORMANCE INDICATORS:**

14044	Key	Number of MNROs examined
22858	Key	Average number of days to process MNRO applications
12134	General	Number of MNRO filings and applications (new and renewal) received
12147	General	Number of MNRO filings and applications (new and renewal) processed
22859	General	Average number of days to process MNRO annual reports

**Explanatory Note:** MNROs (Medical Necessity Review Organizations) must, by statute, be examined no less frequently than once every three years. The first cycle began in fiscal 2003/04. Complaints or other indications of problems may lead to examination of an MNRO earlier than its scheduled examination date. Exit examinations may also occur earlier than the scheduled examination date.

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.8- Through the Supplemental Health/MNRO Section of the Office of Health, to review licensing applications and filings (new and renewal) for MNROs and perform statutory examinations.

LaPAS Code	Level	Performance Indicator Name
<b>14044</b>	<b>KEY</b>	<b>Number of MNROs examined</b>

Type and Level	Output; Key
Rationale	The indicator measures the number of MNROs examined during the reporting period.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Health Insurance, Supplemental Health/MNRO division
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Crystal Campbell, Director; Supplemental Health Products/MNRO Division; Phone (225) 219-9433 <a href="mailto:ccampbell@ldi.state.la.us">ccampbell@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.8- Through the Supplemental Health/MNRO Section of the Office of Health, to review licensing applications and filings (new and renewal) for MNROs and perform statutory examinations.

LaPAS Code	Level	Performance Indicator Name
<b>22858</b>	<b>KEY</b>	<b>Average number of days to process MNRO applications</b>

Type and Level	Efficiency; Key
Rationale	The indicator measures the average number of days to process MNRO applications during the reporting period.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Health; Supplemental Health Products/MNRO division
Calculation Methodology	The calculation method is the total number of days to process all MNRO applications divided by the number of applications processed for the reporting period.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Crystal Campbell, Director; Supplemental Health Products/MNRO Division; Phone (225) 219-9433 <a href="mailto:ccampbell@ldi.state.la.us">ccampbell@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.8- Through the Supplemental Health/MNRO Section of the Office of Health, to review licensing applications and filings (new and renewal) for MNROs and perform statutory examinations.

LaPAS Code	Level	Performance Indicator Name
<b>12134</b>	<b>GENERAL</b>	<b>Number of MNRO filings and applications (new and renewal) received</b>

Type and Level	Input; General
Rationale	The indicator measures the number of MNRO filings and applications received in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Health; Supplemental Health Products/MNRO division
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Crystal Campbell, Director; Supplemental Health Products/MNRO Division; Phone (225) 219-9433 <a href="mailto:ccampbell@ldi.state.la.us">ccampbell@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.8- Through the Supplemental Health/MNRO Section of the Office of Health, to review licensing applications and filings (new and renewal) for MNROs and perform statutory examinations.

LaPAS Code	Level	Performance Indicator Name
<b>12147</b>	<b>GENERAL</b>	<b>Number of MNRO filings and applications (new and renewal) processed</b>

Type and Level	Output; General
Rationale	The indicator measures the number of MNRO filings and applications processed in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Health; Supplemental Health Products/MNRO division
Calculation Methodology	The calculation method is a standard count of new and renewal applications processed during the fiscal year.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Crystal Campbell, Director; Supplemental Health Products/MNRO Division; Phone (225) 219-9433 <a href="mailto:ccampbell@ldi.state.la.us">ccampbell@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.8- Through the Supplemental Health/MNRO Section of the Office of Health, to review licensing applications and filings (new and renewal) for MNROs and perform statutory examinations.

LaPAS Code	Level	Performance Indicator Name
<b>22859</b>	<b>GENERAL</b>	<b>Average number of days to process MNRO annual reports</b>

Type and Level	Efficiency; General
Rationale	The indicator measures the average number of days to process MNRO annual reports.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Health; Supplemental Health Products division
Calculation Methodology	The calculation method is the number of days for all MNRO annual reports processed during the fiscal year divided by the number of reports processed.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Crystal Campbell, Director; Supplemental Health Products/MNRO Division; Phone (225) 219-9433 <a href="mailto:ccampbell@ldi.state.la.us">ccampbell@ldi.state.la.us</a>

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

**GOAL I** Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers.

**OBJECTIVE I.9-** To assist senior citizens with awareness of health insurance programs available to them.

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children’s Budget Link: N/A

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

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

**STRATEGIC OBJECTIVES:**

I.9.1 Increase the reach of the program through presentations at fairs, meetings, etc. across the state and through home site visits.

**PERFORMANCE INDICATORS:**

12125	Key	Number of seniors receiving services (telephone, home-site, fairs, group presentations, etc.)
999	Key	Number of senior health group presentations provided
996	General	Number in attendance at senior health group presentations
17795	General	Number of senior health volunteer counselors training sessions conducted
1000	General	Number of senior health publications distributed
995	General	Estimated savings to counseled senior health clients

**Explanatory Note:**

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH

OBJECTIVE I.9- To assist senior citizens with awareness of health insurance programs available to them.

LaPAS Code	Level	Performance Indicator Name
<b>12125</b>	<b>KEY</b>	<b>Number of seniors receiving services (telephone, home-site, fairs, group presentations, etc.)</b>

Type and Level	Output; Key
Rationale	The indicator measures the number of seniors receiving services from SHIIP during the reporting period.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Health; SHIIP division
Calculation Methodology	The calculation method is a standard count for the reporting period.
Scope	The indicator is aggregated.
Caveats	Persons who attend more than one presentation are counted each time in attendance.
Responsible Person	Vicki Dufrene, Director; SHIIP - Health; Phone (225) 219-7731; <a href="mailto:vdufrene@ldi.state.la.us">vdufrene@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.9- To assist senior citizens with awareness of health insurance programs available to them.

LaPAS Code	Level	Performance Indicator Name
<b>999</b>	<b>KEY</b>	<b>Number of senior health group presentations provided</b>
Type and Level	Output; Key	
Rationale	The indicator measures the number of group presentations provided.	
Use	The indicator will be used both internally and externally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records of the Office of Health; SHIP division	
Calculation Methodology	The calculation method is a standard count.	
Scope	The indicator is aggregated.	
Caveats	Includes presentations by training partners.	
Responsible Person	Vicki Dufrene, Director; SHIP - Health; Phone (225) 219-7731; <a href="mailto:vdufrene@ldi.state.la.us">vdufrene@ldi.state.la.us</a>	

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.9- To assist senior citizens with awareness of health insurance programs available to them.

LaPAS Code	Level	Performance Indicator Name
<b>996</b>	<b>GENERAL</b>	<b>Number in attendance at senior health group presentations</b>
Type and Level	Output; General	
Rationale	The indicator measures the number in attendance at group presentations during the fiscal year.	
Use	The indicator will be used both internally and externally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records of the Office of Health; SHIIP division	
Calculation Methodology	The calculation method is a standard count of attendance for presentations for the fiscal year.	
Scope	The indicator is aggregated.	
Caveats	The count varies from a headcount, sign in sheets, verification of count with host agency/group or estimate the count by the number of materials distributed.	
Responsible Person	Vicki Dufrene, Director; SHIIP - Health; Phone (225) 219-7731; <a href="mailto:vdufrene@ldi.state.la.us">vdufrene@ldi.state.la.us</a>	

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.9- To assist senior citizens with awareness of health insurance programs available to them.

LaPAS Code	Level	Performance Indicator Name
<b>17795</b>	<b>GENERAL</b>	<b>Number of senior health volunteer counselor training sessions conducted</b>
Type and Level	Output; General	
Rationale	The indicator measures the number of volunteer counselor training sessions conducted during the fiscal year.	
Use	The indicator will be used both internally and externally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records of the Office of Health; SHIIP division	
Calculation Methodology	The calculation method is a standard count.	
Scope	The indicator is aggregated.	
Caveats	There are no caveats.	
Responsible Person	Vicki Dufrene, Director; SHIIP - Health; Phone (225) 219-7731; <a href="mailto:vdufrene@ldi.state.la.us">vdufrene@ldi.state.la.us</a>	

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.9- To assist senior citizens with awareness of health insurance programs available to them.

LaPAS Code	Level	Performance Indicator Name
<b>1000</b>	<b>GENERAL</b>	<b>Number of senior health publications distributed</b>
Type and Level	Output; General	
Rationale	The indicator measures the number of senior health publications distributed in the fiscal year.	
Use	The indicator will be used both internally and externally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records of the Office of Health; SHIIP division	
Calculation Methodology	The calculation method is a standard count for the fiscal year.	
Scope	The indicator is aggregated.	
Caveats	The count varies from a headcount, sign in sheets, verification of count with host agency/group or estimate the count by the number of materials distributed.	
Responsible Person	Vicki Dufrene, Director; SHIIP - Health; Phone (225) 219-7731; <a href="mailto:vdufrene@ldi.state.la.us">vdufrene@ldi.state.la.us</a>	

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.9- To assist senior citizens with awareness of health insurance programs available to them.

LaPAS Code	Level	Performance Indicator Name
<b>995</b>	<b>GENERAL</b>	<b>Estimated savings to counseled senior health clients</b>
Type and Level	Outcome; General	
Rationale	The indicator measures the amount of savings to counseled senior health clients in the fiscal year.	
Use	The indicator will be used both internally and externally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records of the Office of Health; SHIIP division	
Calculation Methodology	The calculation method is prescribed by the Federal Health Care Financing Administration.	
Scope	The indicator is aggregated.	
Caveats	SHIIP (Senior Health Insurance Information Program) is funded by a federal grant. Savings to seniors are calculated using a formula developed by the Federal Health Care Financing Administration. Savings may result when assistance leads to the percentage not covered by Medicare being counted, or a client learning that he/she is eligible for other programs that can lead to Medicaid paying deductibles, premiums or co-payments, or in determining the best supplement of Medicare HMO coverage for the client's needs. Savings, if any, depend upon the situation of the individual senior being counseled.	
Responsible Person	Vicki Dufrene, Director; SHIIP - Health; Phone (225) 219-7731; <a href="mailto:vdufrene@ldi.state.la.us">vdufrene@ldi.state.la.us</a>	

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

**GOAL I** Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers.

**OBJECTIVE I.10-** Through the Office of Financial Solvency, to monitor the financial soundness of regulated entities by performing examinations (according to statutorily mandated schedules) and financial analyses each year.

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

**STRATEGIC OBJECTIVES:**

- I.10.1 Monitor regulated entities to detect all adverse financial and other conditions, take remedial steps as necessary.
- I.10.2 Maintain compliance with NAIC standards for financial and market conduct examinations.

**PERFORMANCE INDICATORS:**

6411	Key	Number of market conduct examinations performed
11937	Key	Number of companies analyzed – market conduct
11938	Key	Percentage of domestic companies examined – financial
11939	Key	Percentage of filings by domestic companies analyzed – financial
11940	Key	Percentage of companies other than domestic companies analyzed – financial
13869	Supporting	Number of zone examinations in which participating states file dissenting (minority) reports
6410	General	Number of companies examined - financial
6412	General	Number of companies analyzed – financial
13768	General	Number of companies placed in administrative supervision at beginning of fiscal year.
921	General	Number of companies placed in administrative supervision during fiscal year.
922	General	Number of companies returned to good health/removed from administrative supervision during fiscal year.
22850	General	Number of filings of domestic companies analyzed

**Explanatory Note:** The department has an aggressive program of financial examinations and analyses. A field examination takes place on-site and is required by statute to be no less frequent than once every five years. Analysis occurs in the department, using various filings, results of previous and current examinations, complaints and other data to determine if a company merits examination sooner than its scheduled date. By law, a company can be examined more frequently than every five years when indicated. This system allows for earlier detection of problems and earlier remediation. A market conduct examination may be conducted in concert with a financial examination or without connection to a financial examination. Complaints may trigger a market conduct examination. Because of the NAIC accreditation process, the office is able to rely on financial analyses and examinations by accredited insurance departments in a foreign insurer's domiciliary state. A zone examination is an examination involving other states in which a company does business; zone exams are fairly rare.

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.10- Through the Office of Financial Solvency, to monitor the financial soundness of regulated entities by performing examinations (according to statutorily mandated schedules) and financial analyses each year.

LaPAS Code	Level	Performance Indicator Name
<b>6411</b>	<b>KEY</b>	<b>Number of market conduct examinations performed</b>

Type and Level	Output; Key
Rationale	The indicator measures the number of market conduct examinations in the reporting period.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Ron Musser, Assistant Commissioner, Office of Financial Solvency; Phone (225) 342-8391; <a href="mailto:rmusser@ldi.state.la.us">rmusser@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.10- Through the Office of Financial Solvency, to monitor the financial soundness of regulated entities by performing examinations (according to statutorily mandated schedules) and financial analyses each year.

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

Type and Level	Output; Key
Rationale	The indicator measures the number of market conduct analysis performed in the reporting period.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Ron Musser, Assistant Commissioner, Office of Financial Solvency; Phone (225) 342-8391; <a href="mailto:rmusser@ldi.state.la.us">rmusser@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.10- Through the Office of Financial Solvency, to monitor the financial soundness of regulated entities by performing examinations (according to statutorily mandated schedules) and financial analyses each year.

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

Type and Level	Output; Key
Rationale	The indicator measures the percentage of domestic companies examined financially during the reporting period.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency
Calculation Methodology	The calculation method is the number examined divided by the number of domestics licensed and subject to examination.
Scope	The indicator is aggregated.
Caveats	Calculation uses total number of domestic companies, without regard to the 5 year cycle since examinations can occur more frequently.
Responsible Person	Stewart Guerin, Chief Examiner, Office of Financial Solvency; (225) 219-3929; <a href="mailto:squerin@ldi.state.la.us">squerin@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.10- Through the Office of Financial Solvency, to monitor the financial soundness of regulated entities by performing examinations (according to statutorily mandated schedules) and financial analyses each year.

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

Type and Level	Output; Key
Rationale	The indicator measures the percentage of filings by domestic companies analyzed financially during the reporting period.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency
Calculation Methodology	The calculation method is the number of financial filings analyzed divided by the number of financial filings received.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Stewart Guerin, Chief Examiner, Office of Financial Solvency; (225) 219-3929; <a href="mailto:squerin@ldi.state.la.us">squerin@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.10- Through the Office of Financial Solvency, to monitor the financial soundness of regulated entities by performing examinations (according to statutorily mandated schedules) and financial analyses each year.

LaPAS Code	Level	Performance Indicator Name
<b>11940</b>	<b>KEY</b>	<b>Percentage of companies other than domestic analyzed - financial</b>

Type and Level	Output; Key
Rationale	The indicator measures the number of companies other than domestic that are analyzed financially during the reporting period.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency
Calculation Methodology	The calculation method is number of non-domestic admitted and non-admitted companies analyzed divided by the number of non-domestic and non-admitted companies doing business in Louisiana.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Stewart Guerin, Chief Examiner, Office of Financial Solvency; (225) 219-3929; <a href="mailto:squerin@ldi.state.la.us">squerin@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.10- Through the Office of Financial Solvency, to monitor the financial soundness of regulated entities by performing examinations (according to statutorily mandated schedules) and financial analyses each year.

LaPAS Code	Level	Performance Indicator Name
<b>13869</b>	<b>SUPPORTING</b>	<b>Number of zone examinations in which participating states file dissenting (minority) reports</b>

Type and Level	Efficiency; Supporting
Rationale	The indicator measures the number of zone examinations in which participating states file dissenting (minority) reports.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Stewart Guerin, Chief Examiner, Office of Financial Solvency; (225) 219-3929; <a href="mailto:squerin@ldi.state.la.us">squerin@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.10- Through the Office of Financial Solvency, to monitor the financial soundness of regulated entities by performing examinations (according to statutorily mandated schedules) and financial analyses each year.

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

Type and Level	Output; General
Rationale	The indicator measures the number of companies examined financially in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Stewart Guerin, Chief Examiner, Office of Financial Solvency; (225) 219-3929; <a href="mailto:sguerin@ldi.state.la.us">sguerin@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.10- Through the Office of Financial Solvency, to monitor the financial soundness of regulated entities by performing examinations (according to statutorily mandated schedules) and financial analyses each year.

LaPAS Code	Level	Performance Indicator Name
<b>20428</b>	<b>GENERAL</b>	<b>Number of companies examined – market conduct</b>

Type and Level	Output; General
Rationale	The indicator measures the number of companies examined for market conduct in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Ron Musser, Assistant Commissioner, Office of Financial Solvency; Phone (225) 342-8391; <a href="mailto:rmusser@ldi.state.la.us">rmusser@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.10- Through the Office of Financial Solvency, to monitor the financial soundness of regulated entities by performing examinations (according to statutorily mandated schedules) and financial analyses each year.

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

Type and Level	Output; General
Rationale	The indicator measures the number of companies analyzed financially in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Stewart Guerin, Chief Examiner, Office of Financial Solvency; (225) 219-3929; <a href="mailto:squerin@ldi.state.la.us">squerin@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.10- Through the Office of Financial Solvency, to monitor the financial soundness of regulated entities by performing examinations (according to statutorily mandated schedules) and financial analyses each year.

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

Type and Level	Input; General
Rationale	The indicator measures the number of companies in administrative supervision at the beginning of the fiscal year
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Stewart Guerin, Chief Examiner, Office of Financial Solvency; (225) 219-3929; <a href="mailto:squerin@ldi.state.la.us">squerin@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.10- Through the Office of Financial Solvency, to monitor the financial soundness of regulated entities by performing examinations (according to statutorily mandated schedules) and financial analyses each year.

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

Type and Level	Input; General
Rationale	The indicator measures the number of companies placed in administrative supervision during the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Stewart Guerin, Chief Examiner, Office of Financial Solvency; (225) 219-3929; <a href="mailto:squerin@ldi.state.la.us">squerin@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.10- Through the Office of Financial Solvency, to monitor the financial soundness of regulated entities by performing examinations (according to statutorily mandated schedules) and financial analyses each year.

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

Type and Level	Outcome; General
Rationale	The indicator measures the number of companies removed from administrative supervision in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Stewart Guerin, Chief Examiner, Office of Financial Solvency; (225) 219-3929; <a href="mailto:squerin@ldi.state.la.us">squerin@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.10- Through the Office of Financial Solvency, to monitor the financial soundness of regulated entities by performing examinations (according to statutorily mandated schedules) and financial analyses each year.

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

Type and Level	Output; General
Rationale	The indicator measures the number of filings of domestic companies analyzed during the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Stewart Guerin, Chief Examiner, Office of Financial Solvency; (225) 219-3929; <a href="mailto:squerin@ldi.state.la.us">squerin@ldi.state.la.us</a>

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

**GOAL I** Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers.

**OBJECTIVE I.11-** Continue to perform field audits of selected surplus lines brokers and desk examinations of all premium tax returns.

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children’s Budget Link: N/A

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

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

**STRATEGIC OBJECTIVES:**

I.11.1 Provide assurance that all premium tax owed is remitted.

**PERFORMANCE INDICATORS:**

889	Key	Additional taxes and penalties assessed as a result of audit (in \$millions)
6396	Key	Percentage of surplus lines brokers examined
900	Supporting	Number of field examinations of surplus lines brokers performed
901	Supporting	Number of desk examinations performed for tax purposes

**Explanatory Note:** A surplus lines broker is a person who solicits, negotiates, or procures a policy of insurance with an approved, unauthorized insurer, known as a surplus lines company, when insurance cannot be obtained from insurers licensed to do business in the state. All premium tax returns undergo desk examination.

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.11- Continue to perform field audits of selected surplus lines brokers and desk examinations of all premium tax returns.

LaPAS Code	Level	Performance Indicator Name
<b>889</b>	<b>KEY</b>	<b>Additional taxes and penalties assessed as a result of audit - in \$millions</b>

Type and Level	Outcome; Key
Rationale	The indicator measures the amount of additional taxes and penalties assessed as a result of audit.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Premium Tax and Surplus Lines Division, Office of Financial Solvency
Calculation Methodology	The calculation method is a standard sum.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Tommy Coco, Director, Premium Tax and Surplus Lines; Phone: (225) 342-1012; <a href="mailto:tcoco@ldi.state.la.us">tcoco@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.11- Continue to perform field audits of selected surplus lines brokers and desk examinations of all premium tax returns.

LaPAS Code	Level	Performance Indicator Name
<b>6396</b>	<b>SUPPORTING</b>	<b>Percentage of surplus lines brokers examined</b>
Type and Level	Output; Supporting	
Rationale	The indicator measures the percentage of surplus lines brokers examined.	
Use	The indicator will be used both internally and externally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records of the Premium Tax and Surplus Lines Division, Office of Financial Solvency	
Calculation Methodology	The calculation method is number examined divided by total number licenses.	
Scope	The indicator is aggregated.	
Caveats	There are no caveats.	
Responsible Person	Tommy Coco, Director, Premium Tax and Surplus Lines; Phone: (225) 342-1012; <a href="mailto:tcoco@ldi.state.la.us">tcoco@ldi.state.la.us</a>	

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.11- Continue to perform field audits of selected surplus lines brokers and desk examinations of all premium tax returns.

LaPAS Code	Level	Performance Indicator Name
<b>900</b>	<b>SUPPORTING</b>	<b>Number of field examinations of surplus lines brokers performed</b>
Type and Level	Output; Supporting	
Rationale	The indicator measures the number of surplus lines brokers examined.	
Use	The indicator will be used both internally and externally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records of the Premium Tax and Surplus Lines Division, Office of Financial Solvency	
Calculation Methodology	The calculation method is a standard count.	
Scope	The indicator is aggregated.	
Caveats	There are no caveats.	
Responsible Person	Tommy Coco, Director, Premium Tax and Surplus Lines; Phone: (225) 342-1012; <a href="mailto:tcoco@ldi.state.la.us">tcoco@ldi.state.la.us</a>	

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.11- Continue to perform field audits of selected surplus lines brokers and desk examinations of all premium tax returns.

LaPAS Code	Level	Performance Indicator Name
<b>901</b>	<b>SUPPORTING</b>	<b>Number of desk examinations performed for tax purposes</b>
Type and Level	Output; Supporting	
Rationale	The indicator measures the number of desk examinations performed for tax purposes during the reporting period.	
Use	The indicator will be used both internally and externally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records of the Premium Tax and Surplus Lines Division, Office of Financial Solvency	
Calculation Methodology	The calculation method is a standard count.	
Scope	The indicator is aggregated.	
Caveats	There are no caveats.	
Responsible Person	Tommy Coco, Director, Premium Tax and Surplus Lines; Phone: (225) 342-1012; <a href="mailto:tcoco@ldi.state.la.us">tcoco@ldi.state.la.us</a>	

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

**GOAL I** Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers.

**OBJECTIVE I.12-** Through the Consumer Affairs Division of the Office of Property & Casualty, to investigate to conclusion consumer complaints against Property & Casualty insurers and producers within an average of 80 days.

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

**STRATEGIC OBJECTIVES:**

- I.12.1 Increase the depth of knowledge among personnel through increased training and monitoring of newer examiners by more experienced examiners.
- I.12.2 Distribute and manage work load to reach conclusion of consumer investigations quickly.

**PERFORMANCE INDICATORS:**

10204	Key	Average number of days to conclude a P&C complaint investigation
14211	General	Number of P&C complaints received
14212	General	Number of P&C complaint investigations concluded
954	General	Amount of claim payments and/or premium refunds recovered for P&C complainants

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

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE  
 PROGRAM B – MARKET COMPLIANCE  
 PROGRAM ACTIVITY: PROPERTY & CASUALTY – CONSUMER AFFAIRS

OBJECTIVE I.12- Through the Consumer Affairs Division of the Office of Property & Casualty, to investigate to conclusion consumer complaints against Property & Casualty insurers and producers within an average of 80 days.

LaPAS Code	Level	Performance Indicator Name
<b>10204</b>	<b>KEY</b>	<b>Average number of days to conclude a P&amp;C complaint investigation</b>

Type and Level	Output; Key
Rationale	The indicator measures the average time required to conclude a P&C complaint examination during the reporting period.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records in CRAFT
Calculation Methodology	The calculation method is a standard average calculation for all complaints closed during the reporting period.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Trent Beach, Director, Consumer Affairs – P&C; Phone: (225) 342-0073; <a href="mailto:tbeach@ldi.state.la.us">tbeach@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE  
 PROGRAM B – MARKET COMPLIANCE  
 PROGRAM ACTIVITY: PROPERTY & CASUALTY – CONSUMER AFFAIRS

OBJECTIVE I.12- Through the Consumer Affairs Division of the Office of Property & Casualty, to investigate to conclusion consumer complaints against Property & Casualty insurers and producers within an average of 80 days.

LaPAS Code	Level	Performance Indicator Name
<b>14211</b>	<b>GENERAL</b>	<b>Number of property &amp; casualty complaints received</b>

Type and Level	Input; General
Rationale	The indicator measures the number of P&C complaints received during the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records in CRAFT
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Trent Beach, Director, Consumer Affairs – P&C; Phone: (225) 342-0073; <a href="mailto:tbeach@ldi.state.la.us">tbeach@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE  
 PROGRAM B – MARKET COMPLIANCE  
 PROGRAM ACTIVITY: PROPERTY & CASUALTY – CONSUMER AFFAIRS

OBJECTIVE I.12- Through the Consumer Affairs Division of the Office of Property & Casualty, to investigate to conclusion consumer complaints against Property & Casualty insurers and producers within an average of 80 days.

LaPAS Code	Level	Performance Indicator Name
<b>14212</b>	<b>GENERAL</b>	<b>Number of property &amp; casualty complaint investigations concluded</b>
Type and Level	Output; General	
Rationale	The indicator measures the number of P&C complaint investigations concluded in the fiscal year.	
Use	The indicator will be used both internally and externally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records in CRAFT	
Calculation Methodology	The calculation method is a standard count.	
Scope	The indicator is aggregated.	
Caveats	There are no caveats.	
Responsible Person	Trent Beach, Director, Consumer Affairs – P&C; Phone: (225) 342-0073; <a href="mailto:tbeach@ldi.state.la.us">tbeach@ldi.state.la.us</a>	

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE  
 PROGRAM B – MARKET COMPLIANCE  
 PROGRAM ACTIVITY: PROPERTY & CASUALTY – CONSUMER AFFAIRS

OBJECTIVE I.12- Through the Consumer Affairs Division of the Office of Property & Casualty, to investigate to conclusion consumer complaints against Property & Casualty insurers and producers within an average of 80 days.

LaPAS Code	Level	Performance Indicator Name
<b>954</b>	<b>GENERAL</b>	<b>Amount of claim payments and/or premium refunds recovered for P&amp;C complainants</b>

Type and Level	Outcome; General
Rationale	The indicator measures the amount of claim payments and/or premium refunds recovered for P&C complainants during the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records in CRAFT
Calculation Methodology	The calculation method is a standard sum.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Trent Beach, Director, Consumer Affairs – P&C; Phone: (225) 342-0073; <a href="mailto:tbeach@ldi.state.la.us">tbeach@ldi.state.la.us</a>

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

**GOAL I** Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers.

**OBJECTIVE I.13-** Through the Forms Review Division within the Office of Property & Casualty, to pre-approve or disapprove all contract forms for use by consumers within 30 days.

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

**STRATEGIC OBJECTIVES:**

- I.13.1 Increase the expertise and knowledge among personnel through increased training and monitoring of newer examiners by more experienced examiners.
- I.13.2 Develop instructions for insurers to follow in preparing filings and applications for submission to the department and return to insurers those filings that do not comply with the instructions.

**PERFORMANCE INDICATORS:**

13939	Key	Average number of days to process P&C contract/policy forms
22852	Key	Percentage of P&C contract/policy forms reviews completed within 30 days
13942	General	Number of P&C contract/policy forms received
13943	General	Number of P&C contract/policy forms processed
13940	General	Percentage of P&C contract/policy forms approved
NEW	General	Percentage of P&C contract/policy forms disapproved

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

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.13- Through the Forms Review Division within the Office of Property & Casualty, to pre-approve or disapprove all contract forms for use by consumers within 30 days.

LaPAS Code	Level	Performance Indicator Name
<b>13939</b>	<b>KEY</b>	<b>Average number of days to process P&amp;C contract/policy forms</b>

Type and Level	Efficiency; Key
Rationale	The indicator measures the average time required to process P&C contract/policy forms during the reporting period.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records in CRAFT
Calculation Methodology	The calculation method is the average number of days to process all P&C contract/policy forms divided by number of policy forms completed during the reporting period.
Scope	The indicator is aggregated.
Caveats	This average calculation includes only forms where processing was completed during the reporting period. It ignores pending filings.
Responsible Person	Rachelle Carter, Director, Consumer Affairs – P&C Forms; Phone: (225) 219-5100; <a href="mailto:rcarter@ldi.state.la.us">rcarter@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.13- Through the Forms Review Division within the Office of Property & Casualty, to pre-approve or disapprove all contract forms for use by consumers within 30 days.

LaPAS Code	Level	Performance Indicator Name
<b>22852</b>	<b>KEY</b>	<b>Percentage of P&amp;C contract/policy forms reviews completed within 30 days</b>

Type and Level	Efficiency; Key
Rationale	The indicator measures the percentage of P&C contract/policy forms reviews which were completed within 30 days during the reporting period.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records in CRAFT
Calculation Methodology	The calculation method is a standard percentage calculation of the number of P&C contract/policy forms closed within 30 days divided by the total number of forms closed during the reporting period.
Scope	The indicator is aggregated.
Caveats	It ignores forms pending at end of reporting period.
Responsible Person	Rachelle Carter, Director, Consumer Affairs – P&C Forms; Phone: (225) 219-5100; <a href="mailto:rcarter@ldi.state.la.us">rcarter@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.13- Through the Forms Review Division within the Office of Property & Casualty, to pre-approve or disapprove all contract forms for use by consumers within 30 days.

LaPAS Code	Level	Performance Indicator Name
<b>13942</b>	<b>GENERAL</b>	<b>Number of P&amp;C contract/policy forms received</b>
Type and Level	Input; General	
Rationale	The indicator measures the number of P&C contract/policy forms received during the fiscal year.	
Use	The indicator will be used both internally and externally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records of the Office of Property & Casualty, Forms Approval Division	
Calculation Methodology	The calculation method is a standard count.	
Scope	The indicator is aggregated.	
Caveats	There are no caveats.	
Responsible Person	Rachelle Carter, Director, Consumer Affairs – P&C Forms; Phone: (225) 219-5100; <a href="mailto:rcarter@ldi.state.la.us">rcarter@ldi.state.la.us</a>	

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.13- Through the Forms Review Division within the Office of Property & Casualty, to pre-approve or disapprove all contract forms for use by consumers within 30 days.

LaPAS Code	Level	Performance Indicator Name
<b>13943</b>	<b>GENERAL</b>	<b>Number of P&amp;C contract/policy forms processed</b>

Type and Level	Output; General
Rationale	The indicator measures the number of P&C contract/policy forms processed during the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Property & Casualty, Forms Approval Division
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Rachelle Carter, Director, Consumer Affairs – P&C Forms; Phone: (225) 219-5100; <a href="mailto:rcarter@ldi.state.la.us">rcarter@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.13- Through the Forms Review Division within the Office of Property & Casualty, to pre-approve or disapprove all contract forms for use by consumers within 30 days.

LaPAS Code	Level	Performance Indicator Name
<b>13940</b>	<b>GENERAL</b>	<b>Percentage of P&amp;C contract/policy forms approved</b>
Type and Level	Outcome; General	
Rationale	The indicator measures the percentage of contract/policy forms approved during the fiscal year.	
Use	The indicator will be used both internally and externally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records of the Office of Property & Casualty, Forms Approval Division	
Calculation Methodology	The calculation method is a percentage of forms approved divided by the number of forms processed.	
Scope	The indicator is aggregated.	
Caveats	Percentage of all forms filed. This formula uses as its total for all filings, including conditional approvals, forms received for informational purposes only, forms withdrawn and filings where companies adopt filing organizations' forms which the department had previously approved for use in Louisiana.	
Responsible Person	Rachelle Carter, Director, Consumer Affairs – P&C Forms; Phone: (225) 219-5100; <a href="mailto:rcarter@ldi.state.la.us">rcarter@ldi.state.la.us</a>	

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.13- Through the Forms Review Division within the Office of Property & Casualty, to pre-approve or disapprove all contract forms for use by consumers within 30 days.

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>GENERAL</b>	<b>Percentage of P&amp;C contract/policy forms disapproved</b>

Type and Level	Outcome; General
Rationale	The indicator measures the percentage of contract/policy forms disapproved during the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Property & Casualty, Forms Approval Division
Calculation Methodology	The calculation method is a total disapproved divided by number of forms processed.
Scope	The indicator is aggregated.
Caveats	New indicator for FY 2010-11, to track the percentage of property & casualty contract/policy forms disapproved. This percentage recognizes conditional approvals, forms received for informational purposes only, forms withdrawn and filings where companies adopt filing organizations' forms which the department had previously approved for use in Louisiana in the total processed..
Responsible Person	Rachelle Carter, Director, Consumer Affairs – P&C Forms; Phone: (225) 219-5100; <a href="mailto:rcarter@ldi.state.la.us">rcarter@ldi.state.la.us</a>

**04-165 DEPARTMENT OF INSURANCE**

**PROGRAM B – MARKET COMPLIANCE**

**PROGRAM ACTIVITY: OFFICE OF PROPERTY & CASUALTY – RULE AND RATE DIVISION**

**GOAL I** Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers.

**OBJECTIVE I.14-** Through the Rate and Rule Division of the Office of Property & Casualty, to provide necessary preparatory activities for rate and rule change submissions that require action by the Department of Insurance.

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children’s Budget Link: N/A

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

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

**STRATEGIC OBJECTIVES:**

I.14.1 Develop and distribute instructions for industry to follow in preparing rate/rule filings for submission.

I.14.2 Use of automated tracking for rate/rule filings to determine turn-around times.

**PERFORMANCE INDICATORS:**

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

Explanatory Note:

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE  
 PROGRAM B – MARKET COMPLIANCE  
 PROGRAM ACTIVITY: PROPERTY & CASUALTY –RATE AND RULE

OBJECTIVE I.14- Through the Rate and Rule Division of the Office of Property & Casualty, to provide necessary preparatory activities for rate and rule change submissions that require action by the Department of Insurance.

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

Type and Level	Output; Supporting
Rationale	The indicator measures the number of days from receipt of a filing/submission to the beginning of actuarial services.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Property & Casualty, Rate and Rule Division
Calculation Methodology	The calculation method is a standard count average of the number of days for each filing/submission.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Linda Gonzales, Director, Rate and Rule; Phone: (225) 342-9055 <a href="mailto:lgonzales@ldi.state.la.us">lgonzales@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE  
 PROGRAM B – MARKET COMPLIANCE  
 PROGRAM ACTIVITY: PROPERTY & CASUALTY –RATE AND RULE

OBJECTIVE I.14- Through the Rate and Rule Division of the Office of Property & Casualty, to provide necessary preparatory activities for rate and rule change submissions that require action by the Department of Insurance.

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

Type and Level	Output; Supporting
Rationale	The indicator measures the number of days from receipt of a filing/submission by actuary to actuary’s recommendation.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Property & Casualty, Rate and Rule Division
Calculation Methodology	The calculation method is a standard average of days each completed filing remained with actuarial staff.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Rich Piazza, Actuary, Rate and Rule; Phone (225) 342-4689; <a href="mailto:rpiazza@ldi.state.la.us">rpiazza@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE  
 PROGRAM B – MARKET COMPLIANCE  
 PROGRAM ACTIVITY: PROPERTY & CASUALTY –RATE AND RULE

OBJECTIVE I.14- Through the Rate and Rule Division of the Office of Property & Casualty, to provide necessary preparatory activities for rate and rule change submissions that require action by the Department of Insurance.

LaPAS Code	Level	Performance Indicator Name
<b>20282</b>	<b>SUPPORTING</b>	<b>Average number of days from receipt of rate filing/submission to completion of review</b>

Type and Level	Output; Supporting
Rationale	The indicator measures the number of days it takes DOI to complete review of a filing/submission.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Property & Casualty, Rate and Rule Division
Calculation Methodology	The calculation method is a standard average of days taken for DOI action on each completed filing/submission.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Rich Piazza, Actuary, Rate and Rule; Phone (225) 342-4689; <a href="mailto:rpiazza@ldi.state.la.us">rpiazza@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE  
 PROGRAM B – MARKET COMPLIANCE  
 PROGRAM ACTIVITY: PROPERTY & CASUALTY –RATE AND RULE

OBJECTIVE I.14- Through the Rate and Rule Division of the Office of Property & Casualty, to provide necessary preparatory activities for rate and rule change submissions that require action by the Department of Insurance.

LaPAS Code	Level	Performance Indicator Name
<b>974</b>	<b>GENERAL</b>	<b>Total written premiums (property, casualty surety and inland marine) subject to regulation.</b>

Type and Level	Input; General
Rationale	The indicator measures the amount of premiums (property, casualty, surety and inland marine) regulated by DOI during the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Property & Casualty, Rate and Rule Division
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	This total is for calendar year ending during fiscal year.
Responsible Person	Linda Gonzales, Director, Rate and Rule; Phone: (225) 342-9055; <a href="mailto:lgonzales@ldi.state.la.us">lgonzales@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE  
 PROGRAM B – MARKET COMPLIANCE  
 PROGRAM ACTIVITY: PROPERTY & CASUALTY –RATE AND RULE

OBJECTIVE I.14- Through the Rate and Rule Division of the Office of Property & Casualty, to provide necessary preparatory activities for rate and rule change submissions that require action by the Department of Insurance.

LaPAS Code	Level	Performance Indicator Name
<b>22853</b>	<b>GENERAL</b>	<b>Total premiums written (property, casualty, surety &amp; inland marine) classified as surplus lines in \$billions</b>

Type and Level	Output; General
Rationale	The indicator measures the total premiums written by surplus lines companies in the state during the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Property & Casualty, Rate and Rule Division
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	This total is for calendar year ending during fiscal year.
Responsible Person	Linda Gonzales, Director, Rate and Rule; Phone: (225) 342-9055; <a href="mailto:lgonzales@ldi.state.la.us">lgonzales@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE  
 PROGRAM B – MARKET COMPLIANCE  
 PROGRAM ACTIVITY: PROPERTY & CASUALTY –RATE AND RULE

OBJECTIVE I.14- Through the Rate and Rule Division of the Office of Property & Casualty, to provide necessary preparatory activities for rate and rule change submissions that require action by the Department of Insurance.

LaPAS Code	Level	Performance Indicator Name
<b>22854</b>	<b>GENERAL</b>	<b>Total written premiums (property, casualty, surety &amp; inland marine) classified as residual market in \$millions.</b>

Type and Level	Output; General
Rationale	The indicator measures total premiums written by the residual market companies in the state during the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Office of Property & Casualty, Rate and Rule Division
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	This total is for calendar year ending during fiscal year.
Responsible Person	Linda Gonzales, Director, Rate and Rule; Phone: (225) 342-9055; <a href="mailto:lgonzales@ldi.state.la.us">lgonzales@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE  
 PROGRAM B – MARKET COMPLIANCE  
 PROGRAM ACTIVITY: PROPERTY & CASUALTY –RATE AND RULE

OBJECTIVE I.14- Through the Rate and Rule Division of the Office of Property & Casualty, to provide necessary preparatory activities for rate and rule change submissions that require action by the Department of Insurance.

LaPAS Code	Level	Performance Indicator Name
<b>971</b>	<b>GENERAL</b>	<b>Number of submissions reviewed by actuary</b>
Type and Level	Output; General	
Rationale	The indicator measures the number of rate filings/submissions reviewed by actuary during the fiscal year.	
Use	The indicator will be used both internally and externally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records of the Office of Property & Casualty, Rate and Rule Division	
Calculation Methodology	The calculation method is a standard count.	
Scope	The indicator is aggregated.	
Caveats	There are no caveats.	
Responsible Person	Rich Piazza, Actuary, Rate and Rule; Phone (225) 342-4689; <a href="mailto:rpiazza@ldi.state.la.us">rpiazza@ldi.state.la.us</a>	

## PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE  
 PROGRAM B – MARKET COMPLIANCE  
 PROGRAM ACTIVITY: PROPERTY & CASUALTY –RATE AND RULE

OBJECTIVE I.14- Through the Rate and Rule Division of the Office of Property & Casualty, to provide necessary preparatory activities for rate and rule change submissions that require action by the Department of Insurance.

LaPAS Code	Level	Performance Indicator Name
<b>22181</b>	<b>GENERAL</b>	<b>Average percentage change in rates at end of fiscal year</b>
Type and Level	Output; General	
Rationale	The indicator measures the average percentage change in rates across all lines in the fiscal year.	
Use	The indicator will be used both internally and externally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records of the Office of Property & Casualty, Rate and Rule Division	
Calculation Methodology	The calculation method is the average approved rate change across all lines of business calculated by using the approved company's market share as a weight.	
Scope	The indicator is aggregated.	
Caveats	Companies that do not file or do file and are subsequently disapproved are assumed to have a zero percent rate change in the fiscal year.	
Responsible Person	Rich Piazza, Actuary, Rate and Rule; Phone (225) 342-4689; <a href="mailto:rpiazza@ldi.state.la.us">rpiazza@ldi.state.la.us</a>	

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

**GOAL I** Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers.

**OBJECTIVE I.15-** Through the Fraud Section, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness

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

**Strategic Objectives:**

- I.15.1 Screen applicants for insurance licenses to prevent those with disqualifying criminal records from participating in the business of insurance, unless granted a 1033 waiver.
- I.15.2 Work with producer and company licensing division to educate insurance and producer license applicants in the proper submission of complete applications.
- I.15.3 Provide referrals to appropriate law enforcement when preliminary investigation by the Fraud Section reveals evidence meriting a criminal fraud prosecution.

**Performance Indicators:**

12276	Key	Percentage of initial claim fraud complaint investigations completed within 10 working days
12278	Key	Percentage of background checks completed within 15 working days
962	General	Number of background checks performed for company and producer licensing divisions
12282	General	Number of claim fraud investigations opened
959	General	Number of claim fraud investigations referred to law enforcement
12279	General	Number of producer investigations opened
12281	General	Number of producer investigations referred to law enforcement
NEW	General	Number of company investigations opened
NEW	General	Number of company investigations referred to law enforcement
NEW	General	Number of claims adjuster investigations opened
NEW	General	Number of claims adjuster investigations referred to law enforcement

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.15- Through the Fraud Section, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness

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

Type and Level	Efficiency; Key
Rationale	The indicator measures the percentage of initial claim fraud complaint investigations completed with 10 working days during the reporting period.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Division of Legal Services; Fraud Section
Calculation Methodology	The calculation method is a standard percentage number of completed within 15 days divided by number completed.
Scope	The indicator is aggregated.
Caveats	An initial investigation means a complaint is investigated to determine whether a full investigation should be initiated, or if the report should be entered into the database and maintained for possible additional investigation at a later date.
Responsible Person	Mike Calamari, Director, Fraud Division; Phone (225) 219-9759; <a href="mailto:mcalamari@ldi.state.la.us">mcalamari@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.15- Through the Fraud Section, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness

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

Type and Level	Efficiency; Key
Rationale	The indicator measures the percentage of background checks completed within 15 working days during the reporting period.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Division of Legal Services; Fraud Section
Calculation Methodology	The calculation method is the number of background checks completed in 15 days divided by number completed.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Mike Calamari, Director, Fraud Division; Phone (225) 219-9759; <a href="mailto:mcalamari@ldi.state.la.us">mcalamari@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.15- Through the Fraud Section, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness

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

Type and Level	Outcome; General
Rationale	The indicator measures the number of background checks performed for company and producer licensing divisions during the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Division of Legal Services; Fraud Section
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	DOI performs biographical background checks on the officers, directors, persons who direct the company on a daily basis and owners of 10% or more of the company. Background checks on producers are limited to those who disclose they have been charged or convicted of a crime or who had an action taken against him/her by an insurance department, security regulator or other administrative entity.
Responsible Person	Mike Calamari, Director, Fraud Division; Phone (225) 219-9759; <a href="mailto:mcalamari@ldi.state.la.us">mcalamari@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.15- Through the Fraud Section, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness

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

Type and Level	Input; General
Rationale	The indicator measures the number of claim fraud investigations opened during the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Division of Legal Services; Fraud Section
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Mike Calamari, Director, Fraud Division; Phone (225) 219-9759; <a href="mailto:mcalamari@ldi.state.la.us">mcalamari@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.15- Through the Fraud Section, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness

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

Type and Level	Output; General
Rationale	The indicator measures the number of claim fraud investigations referred to law enforcement during the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Division of Legal Services; Fraud Section
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Mike Calamari, Director, Fraud Division; Phone (225) 219-9759; <a href="mailto:mcalamari@ldi.state.la.us">mcalamari@ldi.state.la.us</a>

## PERFORMANCE INDICATOR DOCUMENTATION

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

OBJECTIVE I.15- Through the Fraud Section, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness

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

Type and Level	Input; General
Rationale	The indicator measures the number of producer investigations opened in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Division of Legal Services; Fraud Section
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Mike Calamari, Director, Fraud Division; Phone (225) 219-9759; <a href="mailto:mcalamari@ldi.state.la.us">mcalamari@ldi.state.la.us</a>

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

OBJECTIVE I.15- Through the Fraud Section, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness

LaPAS Code	Level	Performance Indicator Name
<b>12281</b>	<b>GENERAL</b>	<b>Number of producer investigations referred to law enforcement</b>
Type and Level	Output; General	
Rationale	The indicator measures the number of producer investigations referred to law enforcement in the fiscal year.	
Use	The indicator will be used both internally and externally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records of the Division of Legal Services; Fraud Section	
Calculation Methodology	The calculation method is a standard count.	
Scope	The indicator is aggregated.	
Caveats	There are no caveats.	
Responsible Person	Mike Calamari, Director, Fraud Division; Phone (225) 219-9759; <a href="mailto:mcalamari@ldi.state.la.us">mcalamari@ldi.state.la.us</a>	

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 PROGRAM B – MARKET COMPLIANCE  
 PROGRAM ACTIVITY: DIVISION OF LEGAL SERVICES

OBJECTIVE I.15- Through the Fraud Section, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>GENERAL</b>	<b>Number of company investigations opened</b>
Type and Level	Input; General	
Rationale	The indicator measures the number of company investigations opened in the fiscal year.	
Use	The indicator will be used both internally and externally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records of the Division of Legal Services; Fraud Section	
Calculation Methodology	The calculation method is a standard count.	
Scope	The indicator is aggregated.	
Caveats	There are no caveats.	
Responsible Person	Mike Calamari, Director, Fraud Division; Phone (225) 219-9759; <a href="mailto:mcalamari@ldi.state.la.us">mcalamari@ldi.state.la.us</a>	

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 PROGRAM ACTIVITY: DIVISION OF LEGAL SERVICES

OBJECTIVE I.15- Through the Fraud Section, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness

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

Type and Level	Output; General
Rationale	The indicator measures the number of company investigations referred to law enforcement in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.
Data Source, Collection, Reporting	The records of the Division of Legal Services; Fraud Section
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Responsible Person	Mike Calamari, Director, Fraud Division; Phone (225) 219-9759; <a href="mailto:mcalamari@ldi.state.la.us">mcalamari@ldi.state.la.us</a>

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OBJECTIVE I.15- Through the Fraud Section, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>GENERAL</b>	<b>Number of claims adjuster investigations opened</b>
Type and Level	Input; General	
Rationale	The indicator measures the number of claims adjuster investigations opened in the fiscal year.	
Use	The indicator will be used both internally and externally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records of the Division of Legal Services; Fraud Section	
Calculation Methodology	The calculation method is a standard count.	
Scope	The indicator is aggregated.	
Caveats	There are no caveats.	
Responsible Person	Mike Calamari, Director, Fraud Division; Phone (225) 219-9759; <a href="mailto:mcalamari@ldi.state.la.us">mcalamari@ldi.state.la.us</a>	

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 PROGRAM ACTIVITY: DIVISION OF LEGAL SERVICES

OBJECTIVE I.15- Through the Fraud Section, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness

LaPAS Code	Level	Performance Indicator Name
<b>NEW</b>	<b>GENERAL</b>	<b>Number of claims adjuster investigations referred to law enforcement</b>
Type and Level	Output; General	
Rationale	The indicator measures the number of claims adjuster investigations referred to law enforcement in the fiscal year.	
Use	The indicator will be used both internally and externally.	
Clarity	The indicator is clear.	
Validity, Reliability, Accuracy	The indicator is valid, reliable and accurate.	
Data Source, Collection, Reporting	The records of the Division of Legal Services; Fraud Section	
Calculation Methodology	The calculation method is a standard count.	
Scope	The indicator is aggregated.	
Caveats	There are no caveats.	
Responsible Person	Mike Calamari, Director, Fraud Division; Phone (225) 219-9759; <a href="mailto:mcalamari@ldi.state.la.us">mcalamari@ldi.state.la.us</a>	