

SSB 5351 Collaborative Workgroup Meeting

February 20, 2026 | Zoom | 10am-12pm

Attendance: Lisa Egbert, Ron Gray, Kim Hudak, Jina Jilek, Carolyn Logue, Jenna McKenzie, Sean Pickard, John Quirk, and Matt Sinnott

Ruckelshaus Center Staff: Amanda Murphy, Director of Projects and Gaby Diamond, Project Specialist

OIC Staff: Sydney Rogalla

Additional Attendees: Mark Hanscome, Eric Lo, Crystal McGaffin, and Kevin Schilling

Agenda Items: Carriers were asked to bring back information from their finance/data teams about how doable the Colorado and/or California dental loss ratio (DLR) data would be and the OIC will report back what their needs would be to collect additional information from carriers on DLR. The Facilitation Team drafted a “first offer” for the Workgroup to review, Delta Dental of Washington (DDWA) prepared a presentation on relative payment based on provider network status (in and out of network walk through).

Carrier Information on DLR (based off CA and CO data): DDWA, Willamette, and Regence/USABLE shared with the group similar responses around potential additional reporting requirements. Colorado’s template seemed more straightforward to understand and report, and all agreed the data reporting would be doable. The definitions of terms to report will be important for all as well as if the Collaborative wants a differentiation between Preferred Provider Organization (PPO) and Health Maintenance Organization (HMO) markets.

Sydney Rogalla (OIC) shared if the group was interested in pursuing the DLR study, the data would not be collected until 2028 because it would require a change to [RCW 48.43.743](#). Depending on how many years of data the Collaborative decides to recommend collecting, it might not be until 2030 that the group could re-assess the need for a DLR. Aside from an RCW change, the current form to collect data would need to be expanded, or a new form would need to be made. It would also be a big lift if the Collaborative recommended new software like tableau. Another idea would be to ask carriers to go back a few years and report previous data, a look-back period, but that would only work if all carriers had the specific data (i.e. fraud prevention and quality improvement activities). Timing is important and will need to be specific in any recommendations.

First Offer of DLR Recommendation: Amanda Murphy (Facilitator) shared the first offer of a DLR data collection and reporting recommendation. Members’ feedback summarized:

- Overall sentiment is positive; the offer is strong and covers most of what has been discussed.
- CO and CA have a “non-claim cost” for expenditures, which is not defined in CO’s template, but might come up even if its not included in the final.
- A member suggested adding a bullet point to the goals, “To make visible further information regarding expenditures that are related to the operations and community benefit of carriers” and other members agreed.
- Another member requested to use “dental benefits” instead of “insurance”.
- There should also be a preamble, or something that explains where this content is coming from (reference CO and CA).
- More discussion should be had around national data reporting in addition to WA state specific reporting. As well as whether the differentiation between PPO and HMO should be included.
- Indicating which elements are in the numerator and denominator will asl be important.

The next steps will be to find definitions of the potential data reporting terms and determine how they will be defined. Looking at Washington states already defined terms and using CO and CA templates will help the group refine the terms.

Delta Dental of WA Presentation: John Quirk and Sean Pickard presented the pathways for in and out of network experience as a patient going through the Delta Dental of Washington system. The in-network experience typically aligns with the expectations of the purchaser so there is a seamless experience for the patient including access to their “Find a Dentist” tool, predictable services (mysmile cost estimator), no billing above the rate, rigorous credentials, and submits filings to the OIC. If a patient is looking for a dentist out-of-network, they will not be able to use the online tools and will not have full cost transparency. Pre-determination is the best way to find out the costs for out-of-network services. Additional questions or topics to address at the full Collaborative:

- What is the timeline for patients seeking out-of-network services to get cost information?
- How is the allowed out-of-network fee determined?
- What percentage of Delta’s customers use the online call center before treatment?
- More information on the level and types of communication to patients.
- Can you see how many patients are using the cost estimator?
- Denturists and their status with joining networks.
- Breakdown of mysmile tools and user experience.

Action Items/Takeaways:

- The Facilitation Team will update the DLR offer statement to share with the full group at the next Collaborative meeting.
- All Workgroup members will send Amanda Murphy (or anyone on the Facilitation Team) a list of terms they think need to be defined.