

THE WILLIAM D. RUCKELSHAUS CENTER

UNIVERSITY OF WASHINGTON

SSB 5351 Collaborative

(Dental Loss Ratio and Relative Payment to Providers Based on Network Status)

DRAFT Summary of Meeting 6: March 27, 2026

Member Attendance: see Appendix to these notes

Ruckelshaus Center Facilitation Team: Amanda Murphy, Chris Page, Gaby Diamond

Meeting Goals:

- Continue to develop shared understanding
- Finalize February meeting summary
- Provide announcements (as relevant/appropriate)
- Hear update from the Workgroup
- Review and finalize “second offer” of draft DLR data collection recommendation from Workgroup
- Discussion on In-Network vs. Out-of-Network reimbursement: review table of problem statements and solutions with Workgroup input and determine goal for relative payments based on network status.

WELCOME AND INTRODUCTION

Facilitator Amanda Murphy (Ruckelshaus Center) welcomed members and asked them to introduce themselves.

REVIEW OF AGENDA AND FEBRUARY MEETING SUMMARY

Amanda reviewed the agenda and asked if there were any questions about the agenda or the February meeting summary. There were no questions or corrections to the meeting summary.

Group Decision: *The members approved the February 27th meeting summary*

Action Item: *The Facilitation Team will upload it to the website.*

UPDATES AND ANNOUNCEMENTS

One member noted that the legislation for a Medical Loss Ratio (MLR) of 90 percent did not pass at session.

WORKGROUP “SECOND OFFER” OR DRAFT DLR DATA COLLECTION

RECOMMENDATION

Amanda introduced the “second offer” of a [draft recommendation](#) asked Workgroup members to add additional context, and asked all members ask questions and to provide input and suggested edits. key points include:

- This recommendation does not set a DLR percentage, it outlines elements of the DLR and what to collect to inform a future decision on if a percentage is needed.
- The elements in the numerator and denominator are the same as Colorado’s DLR

THE WILLIAM D. RUCKELSHAUS CENTER

UNIVERSITY OF WASHINGTON

- The data would not include self-insured.
- Suggestion to include language at the beginning to ensure this applies to all OIC regulated plans; “fully insured plans”.
- Members discussed the third bullet point under the last section (goal) and decided to change the language to “Access to information that could show...” because the data will not show how much of the premium the employer pays.
- A representative from Premera/Lifewise shared that some of the extra data Colorado collects is not collected by their organization or not easily extracted from the overall data with the majority being medical. Members agreed that some of the additional data elements reporting will be optional.
- Members also decided that nationwide data may be small or not collected, depending on the dental benefits organization. They added the language, “other states as available” in addition to Washington specific data.

Revised DLR Data Collection Recommendation – Call for Consensus

With the above revisions, the recommendation is as follows:

SSB 5351 Collaborative recommends that a carrier that issues, sells, renews, or offers a dental coverage plan in Washington State file a dental loss ratio data form electronically with the Office of the Insurance Commissioner for the preceding calendar year (fiscal year?) in which dental coverage was provided by the dental coverage plan.

This applies to OIC-regulated plans: fully-insured plans, as opposed to self-insured. The data elements to be reported for dental loss ratio include:

- Amount incurred for clinical dental services
- Expenditures on activities that improve dental care quality
- Claim through fraud protection efforts
- Total amount of premium revenue
- Federal and state taxes
- Licensing and regulatory fees paid
- Nonprofit community benefit expenses
- Any other payments required by federal law
- Member months
- Non-claim costs

DLR shall be calculated for each market segment by dividing the numerator by the denominator, where:

Numerator is the sum of

- Amount incurred for clinical dental services provided to enrollees
- Amount incurred on activities that improve dental care quality
- Amount of claim payments identified through fraud reduction efforts

Denominator is

THE WILLIAM D. RUCKELSHAUS CENTER

UNIVERSITY OF WASHINGTON

- Total amount of premium revenue
- Minus federal and state taxes
- Minus licensing and regulatory fees paid
- Minus nonprofit community benefit expenditures
- Minus other payments required by federal law

The SSB 5351 Collaborative recommends the above terms be included and a mechanism identified for defining terms. The Collaborative advises looking at states such as Colorado and California for reference.

Carriers should report for all of the dental business with situs in Washington and other states as available. Data reported should be made available to the public in a searchable format on a public website that allows for the comparison of these data elements, including DLR among carriers and plan type. Data should also be reported by market segment and product type.

The SSB 5351 Collaborative also recommends an advisory Committee be convened to provide input and guidance to the OIC once the OIC has collected data.

The goal of collecting the above data elements is to promote:

- Greater transparency on how premium dollars are spent by dental carriers, including but not limited to product type, plan design, and market segment.
- Transparency and visibility regarding how dental benefit premium dollars pay for dental services as opposed to administrative, marketing, and operational costs
- Access to information that could show how much actual care coverage is provided relative to what is paid for that coverage
- To make further visible information regarding expenditures that are related to the operations, regulatory requirements, and community benefits of carriers

Group Decision/Consensus Agreement: *Amanda asked members to give a thumbs up, thumbs sideways or thumbs down for consensus on the DLR recommendations. She read through the member list and asked each organization if they approve, every member in attendance gave a thumbs up for consensus.*

Action item: *The Facilitation Team will draft up the explanation for the report for context for the first recommendation. The Facilitation Team will upload the [Final Consensus Recommendation](#) to the website. [Complete]*

IN-NETWORK VS. OUT OF-NETWORK REIMBURSEMENT: DISCUSS FIRST DRAFT OF POTENTIAL RECOMMENDATIONS

Amanda asked members to clearly define and decide on the direction for the Workgroup to come up with a draft offer on a recommendation around relative payment for providers based on network status. Given the scope of the work, and the time left, what can be done and what should be the focus of the

THE WILLIAM D. RUCKELSHAUS CENTER

UNIVERSITY OF WASHINGTON

Collaborative. She explained the document shared from the Sticky note activity, and how the Workgroup brainstormed some potential ideas to put in front of the group. There was no agreement with the Workgroup, so more direction and feedback from the Collaborative is needed. Chris shared screen with the draft potential recommendations that the Workgroup has been discussing so far.

Feedback from the Workgroup members:

- Matt Sinnott shared that he was surprised that his proposal from the last Workgroup meeting made it to the full Collaborative. His intention was not to put his thoughts forward as a recommendation and wanted to clarify. The proposal does not solve the problems but shows a 500,000-foot level framing.
 - The Collaborative should caution using terms like “anti-competition” and “anti-trust” because those terms can be inflammatory, and those terms will not be addressed in the process. If there are concerns, they should be addressed with the Attorney General (AG).
 - The GAO report is worth having members read, but it is not based on evidence or data around in and out of network or affordability.
- Members appreciated Matt’s comments, and the Facilitators explained that none of the ideas in the document are final, this was a way to complicate the narrative and discuss three topics: market concentration threshold, requiring full transparency in pricing practices, and bringing denturists in network.
- This situation reminded a member of the behavioral and mental health work around low reimbursement rates, which led to the Mental Health Parity and Addiction Equity Act (MHPAEA) at the federal level.
- A request to carriers was made to present (similar to the ones DDWA and WSDA had previously presented) about the difference in payments for in and out of network providers at the April 24th meeting.
- Denturists want to discuss the process for joining a network. They also have information available on their rates and reimbursements.

Feedback/discussion from the Collaborative:

- Like DLR, this recommendation should get specific in transparency in submitted, allowed, and paid amounts. Patient pay would also be great information to have.
- This data is already collected, but not publicly available. The [Washington State All Payer Claims Database \(WA-APCD\)](#) has medical and dental data but can only be accessed through legislative action ([RCW 43.371.050](#)).
 - The WA-APCD would show allowed amount and percentage of bill charges but would not show the patient amount.
 - The Collaborative could direct the OIC to pull data from the database and make a report on it. The process would extend this type of report to 2028-29.
- Some members asked if carriers at the table could present their available data, like the information that is found on [Fair Health](#). As well as the missing piece of claims data. Fair Health does not share what an average carrier out-of-network rate is.

THE WILLIAM D. RUCKELSHAUS CENTER

UNIVERSITY OF WASHINGTON

- Some of this information is available for DDWA through their pre-determination process. They are willing to find a path to share some data, but they cannot share all. DDWA suggested publishing average out of pocket costs by status for particular procedures.
 - **Q:** Would DDWA have the capacity to process more pre-determinations if that is the suggestion? **A:** Yes, especially if they are done electronically.
- **Q:** Does Fair Health data have amounts billed to the patient for out of network from providers? **A:** They show aggregated data for the 80th percentile of filed fees by out-of-network and allowed amount by ZIP code.
- Willamette Dental runs their model differently, and their providers do not submit claims, they are employees, so they do not have an “out of network” plan.
- Regence/USable should be able to provide information on the out-of-network payments, as well as how long their pre-determinations take.
- Premera will take it back and see which data they can share. For pre-authorizations, we average about 2-3 days.
- All carriers (if the information is available) will find out what the reimbursement percentage for in and out of network is for two procedures; Adult Cleaning (1110) and a partial denture (5110).
- Members discussed the need for more patient transparency, while also protecting providers from legal action for malpractice. It may be difficult to give an estimate for a specific procedure over the phone (without seeing the patient), but it should be easy for patients to know what dollar range it could be.
 - For medical services, federal legislation mandates sharing prices on 300 shoppable services. The price difference of medical services is larger than for dental services.
 - Price transparency lacks the quality aspect.
 - **Q:** Why was the legislation federal and not state? **A:** This is a problem across the country, and a part of the price transparency act.
- There is a need for specific and reliable information around patient access, providers sharing information, and carriers sharing information. Fair health is an option, but not sufficient for patients and most don't even know about it.
- A member suggested the Collaborative to recommend requesting the available information from the WA-APCD to get access to service level claims data across providers, and if do-able, pick ten service areas to get in and out of network information about, as well as across providers and plans. This would help map out how much price variation exists.

Action item: Four members offered to work together on a proposal around the above suggestion (last bullet). Those members (Carol Carbone, Denise Giambalvo, Bracken Killpack, and Sean Pickard) will meet next week to bring a draft proposal to the Workgroup meeting on 4/3.

- There is a limited population that has dental benefits, it's not required like medical insurance. It is also important to note that a majority of plans are through employers, and most employers choose robust networks.

THE WILLIAM D. RUCKELSHAUS CENTER

UNIVERSITY OF WASHINGTON

- Medical insurance and dental benefits are also structured differently. Typically, dental benefits are used for basic preventative care like cleanings, and not large procedures like a root canal. Medical insurance is the opposite.
- **Q:** Is price the biggest factor for patients seeking care? **A:** It may not be, some patients are afraid, prefer a woman over a man, need a location nearby, and many other things. There is nuance to why patients get or do not get care.
- **Q:** Is there a need for a law change if DDWA is starting the process of bringing denturists in network? **A:** Not a need, but it wouldn't hurt. DDWA is working on it regardless, but that doesn't apply to all carriers.

ACTION ITEMS, CLOSING, AND REFLECTION

Members agreed to end the meeting about an hour early, since they were at a good stopping point. The following action items were discussed:

- The Collaborative reached agreement through unanimous consensus on the DLR data collection recommendation. Congratulations!
- The Workgroup has guidance and input on relative payment for providers based on network status.
- A small workgroup was formed to get some language drafted to share with the Workgroup on April 3rd, 2026. The following members are working on this: Denise Giambalvo, Bracken Killpack, Sean Pickard, and Carol Carbone.
- Delta Dental of Washington will bring information to the Workgroup around a pathway for denturists to be in network.
- Real Life example work: 1101 Adult cleaning, and 5110 upper denture
- Carriers that have not already presented their in-network vs out-of-network process should have their information ready to present at the April 24th Collaborative meeting.

Amanda then asked members to share reflections from the meeting. Responses included:

- Lots of participation
- In the groan zone
- It feels good to be where we are at
- Confused and frustrated
- A lot to dive into
- Embracing the suck
- Highs and lows- in network, hope we can get to happy place together make everyone happy to be a part of that and hopeful
- Love seeing a narrative get complicated
- Back to school- not time to deep dive in normal workday and it's exciting

THE WILLIAM D. RUCKELSHAUS CENTER

UNIVERSITY OF WASHINGTON

- I am appreciative of everyone's time, energy, and effort
- Every time we meet, I think we get close to agreement. There are more important things to patients than price- you're not alone.
- Built a degree of trust and candor
- Appreciation for the workgroups. It's great to have a final product on DLR, so thanks for the extra time and attention
- I appreciate the work, different perspectives, and good conversation

ADJOURN

Appendix: Meeting Attendance X= attended in-person, V= attended virtually

| Member | Attendance | Alternate Member | Attendance |
|---|------------|---------------------------------------|------------|
| John Quirk, Delta Dental of Washington | X | Sean Pickard | X |
| Mackenzie Stewart, Lifewise Assurance Co./Premera Blue Cross | | Megan Hartman and/or Christina Mojica | V (Megan) |
| Jim Freeburg, Patient Coalition of Washington | X | | |
| Jane Beyer, WA State Office of the Insurance Commissioner | | Sydney Rogalla | X |
| Carol Carbone, Washington Denturist Association | X | Carolyn Logue | X |
| Bracken Killpack, Washington State Dental Association | X | Lisa Egbert | X |
| Matthew Sinnott, Willamette Dental | V | Melissa Johnson | V |
| Lisa Trussell, Dental Health Services Inc. | | | |
| Jenna McKenzie, Washington State Society of Oral and Maxillofacial Surgeons | X | | |
| Jennifer Muhm, Association of Washington Healthcare Plans and Regence | X | Kim Hudak (USAblelife) | V |
| Marguerite Ro, AARP | | | |

THE
WILLIAM D. RUCKELSHAUS CENTER

UNIVERSITY OF WASHINGTON

| | | | |
|--|---|----------------------------------|---|
| Jina Jilek, DoctorPerio (specialty practices like orthos, endos, perios, etc.) | X | Ron Gray (Advancedo) | X |
| Patrick Connor, National Federation of Independent Business | | Lois Cook (America's Phone Guys) | |
| Denise Giambalvo, WA Health Alliance | X | | |