

SSB 5351 Collaborative
DLR Data Collection & Reporting Recommendation
AGREED on by CONSENSUS on March 27, 2026

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

- 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