WASHINGTON STATE UNIVERSITY

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 3: December 12, 2025

Virtual | Zoom

Member Attendance: *see Appendix to these notes*

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

Meeting Goals:

- Continue to get to know each other and develop common understanding of purpose, roles, and responsibilities of the SSB 5351 Collaborative
- Review and finalize operating procedures
- Develop shared learning and understanding about relative payment for dentists or denturists based upon provider network status – through the lens of each members constituent/entity they are representing
- Discuss and decide on approach and process for identifying and working through issues regarding relative payment for dentists or denturists based upon provider network status
- Review workplan for January-June of 2026, including working groups and full group meeting schedule.

Welcome, Introductions, and Agenda Review

Amanda Murphy (Ruckelshaus Center Senior Facilitator) welcomed members and reviewed Zoom etiquette for virtual meetings. She asked members to introduce themselves before reviewing the meeting agenda and the October meeting summary. She reminded Collaborative members that they had agreed to start approving meeting summaries. Once approved by the Collaborative, the facilitation team will upload the documents to the project website.

Group Decision: *The members approved the October 30th meeting summary, and the facilitation team will upload the document to the website.*

Review and Finalize Operating Procedures

Amanda reviewed a section of the Operating Procedures that the group had asked to include, entitled "ADHERENCE to Operating Procedures." The members' discussion followed:

- Because the components of these Procedures are clear, once a potential conflict is identified and that gets clearly communicated, the party is not likely going to continue nonadherence.
- If there is a question about whether a member entity is not adhering to the ground rules, I am concerned this will lead us to taking votes. I don't think that would be helpful.

- If a member knowingly does something that the group and the facilitators find problematic, the facilitation team should include that in a quarterly report to the legislature.
- If a member entity is not adhering to the Procedures but the issue is not directly tied to the topics of Dental Loss Ratio (DLR) or relative payment to providers based on network status, those members should work on that outside of these meetings with the facilitators rather than the whole group spending time on issues that only concern some entities.
- The group briefly discussed social media and made a slight wording change to clarify that these Protocols are "including" social media.

Group Decision: *Amanda asked members to react on zoom with a thumbs up if they agree to the operating procedures with these edits. All members shared a thumbs up and the facilitation team posted the approved operating procedures to the 5351 Collaborative website.*

***Shared Learning*: Relative Payment Based on Provider Network Status**
At the November 21 meeting, a subset of members presented a "Walk a mile in my shoes" description of what "Relative payment to Providers Based on Network Status" is like for their constituency. At this meeting, the remaining members delivered their presentations.

Willamette Dental (*Matt Sinnott*)
Willamette Dental operates with a unique model: clinically owned and operated as an integrated delivery system serving residents in WA, OR, and ID. Willamette both finances the plan and provides care, which means their network consists of fully employed clinicians, dental hygienists, and front office teams with no claim-submission requirements. They have the unique perspective of being both a provider and an insurer while managing a global budget in which 98 percent of premium revenue goes towards the provider group.

As insurers, they assess and determine network adequacy based on zip code, as well as feedback from the provider group. Willamette is not a preferred provider organization (PPO) but a common professional corporation led by dentists. They do not contract out work since they employ all providers. All providers use uniform risk assessment, an integrated health information technology system that puts electronic health record (EHR) data to use for insurance and electronic quality measures. Willamette does not have "out-of-network claims" since all providers are employees, though they do have emergency out-of-network benefits if someone needs immediate care.

Willamette understands both sides of the difficult situation and wants to move forward in a way that's reasonable, fair, affordable, and maintains market vitality.

Questions for Willamette (with Responses):
- How does Willamette handle outside referrals?
    - Typically, the provider makes the decision and only makes referrals for specific services. Willamette does not negotiate with the outside provider and will pay them the UCR (usual and customary rate).
- When referring out, how does Willamette identify a high-quality provider?
    - We rely on the leadership of our providers, managing dentists, and the local and clinical group decision based on reputation or quality of relationships. We do not access outside data but do ensure those providers are credentialed and licensed.

- How do you know what the UCR is and how you determine that rate?
    - Market data on average costs, but typically we pay the local provider what they are willing to take for the service. We do not negotiate, since we need their services more than they need business.
- How many providers does Willamette employ, and how many people are covered?
    - 1100 clinicians (dentists, hygienists, etc.) total with about 75 general dentists, 15-20 specialists, and between 200-300 dental assistants in Washington State. We cover 500,000 people.

Washington State Society of Oral and Maxillofacial Surgeons (WSSOMS – *Jenna McKenzie*)
There are about 200 oral and maxillofacial surgeons in Washington. They feel that there is not enough transparency in fee schedules or frequency in addressing and negotiating fee schedules. They have concerns about out-of-network reimbursements and how they are presented by insurance companies to both patients and providers and see providers and patients getting better treatment. Insurance companies, providers, and patients are all a part of the same system; how can we work together on that?

A survey went to all members, and they shared their top codes and prices paid for them. Many oral and maxillofacial surgeons are told to bill medical insurance. If insurers want codes and reimbursement rates, we are happy to share them.

Questions for WSSOMS (with Responses):

- Speaking of transparency, can people call a surgeon and ask for the cost of service?
    - Yes, but it depends on the method of payment, so they can give a quote.
    - The UCR depends on geographic location, overhead costs, and availability.
- How do your members decide about joining a network?
    - They feel pressure to join networks since networks can allow them to access more patients but find it challenging to go through the process of joining.

Lifewise Assurance/Premera (*Megan Hartman*)
Premera is a not-for-profit local health plan serving Washington state since 1933. Premera mostly offers health plans, plus a smaller number of dental plans, altogether covering 2.5 million people in Washington and Alaska. Premera is committed to positively impacting communities and "working to make healthcare work better."

Understanding that dental hygiene impacts overall health, we have over 64,000 stand-alone dental insured patients. Premera offers individual and group market plans, with a majority receiving coverage through an employer group. The three main plans are customizable with affordability and access in mind, with in-network and out-of-network benefits the same. About 85 percent of claims from the first half of 2025 were submitted by in-network providers. We encourage members to use their benefits through marketing materials and resources online.

Questions for Premera (with Responses):

- Can you share a breakdown of covered lives in the various plans?
    - For Premera's full book of business:
        - Dental Optima – 96%

        - Optima Flex – 3%
        - Voluntary – less than 1%
- Since a lot of your plans don't require in-network providers, can denturists join the network?
    - Denturists currently get paid the same, but I will ask about joining the network.
- Do all plans have the same cost sharing from in to out of network?
    - For large enough groups, they can customize, and they are typically different.
- What is the range on cost sharing?
    - Will get back to you. *NOTE: facilitation team asked for follow-up on this. The Dental Optima and Optima Flex plans have customizable coinsurance amounts between 0%-30%*

Patient Coalition of Washington (*Jim Freeburg*)

From a customer perspective, when thinking about the choices a dental patient faces, there are three key decision points:

1. Choosing a dental plan (or chosen for you by your employer)
    a. Patients look at price and see if their current dentist is a part of their plan
2. Choosing a dentist
    a. Word of mouth is the main way patients find a good dentist, but it is hard to know what a good and affordable dentist is.
3. Seeking care and services
    a. Patients often do not seek care because it is expensive and many are scared.

Sometimes people make those three decisions well, sometimes poorly, and some people do not even follow through on making those decisions and forego dental care. There is a huge spectrum of patients; healthy or not, rural or urban, informed and uninformed. You might be great at choosing a plan, but maybe you don't choose the right dentist, or don't go in for care. A well-run system will recognize these shortcomings and address them.

Additionally, patients don't have many ways to understand how to gauge the quality of dentists. There seems to be an understanding around basic cleanings, but emergency care and elected care can be challenging. Affordability is key, and often providers do not share what they charge for those services. There is a lack of transparency across the whole system, and there are no laws requiring cash prices to be provided. Patients should know what treatments are going to cost.

Questions for Patient Coalition (with Responses):

- How does the Patient Coalition collect information from the patient's perspective?
    - Dental care is not the primary focus of the coalition, so we have not done our own polling. The American Dental Association (ADA) has presented information about why patients don't access dental care: it is too expensive, and people fear going.
- The Patient Coalition focuses on health as well; are there any ideals from that side that could guide us?
    - It would help a great deal to require disclosure of charges to patients. Without useful tools for patients to know payment beforehand and also have a way to

understand quality, providers can game the system. So, while transparency is useful, other safeguards need to be in place.

- Is there a way to collect the rules and laws about fees and bring them to guide future discussions?
    - The OIC can look into putting this together. There are two federal laws in healthcare if the group wants that comparison, otherwise, a lot is driven by contracts with individuals (and those might not be public).

Association of WA Healthcare Plans, Regence, USAblelife (AWHP - *Jennifer Muhm / Kim Hudak*)
Usable Life administers the dental plans for Regence by region and provides them for individuals, small employers, and large employers. Standalone plans provide preventative and diagnostic care, basic and restorative care, access to endodontists and periodontists, implants, crowns, dentures, and root canals. Benefits mostly do not require pre-authorization.

We provide coverage for nearly 38,000 people. We file dental rates by each area, which are approved by the OIC (with the same base rate across the state). We have steady rates and plan to decrease them for 2025-2026 (waiting for approval). Claims experiences, trends, and administrative assumptions drive the decrease.

DLR reporting is new, and we are uncertain that it will address all the issues—so we advocate that the DLR reporting continue for a certain period to see if there are outliers among the carriers.

Regence also:

- encourages members to use their dental services through quarterly outreach,
- reminds providers, and
- is working on employer-to-employee programs with digestible information.

Questions for AWHP/Regence/USAblelife (with Responses):

- How do you help consumers find the final costs?
    - Our website has a search function for specific services.
- Can you explain more about the premium decrease? Does the OIC approve every rate change?
    - It was not a large decrease and varies by region. The OIC looks at the reasons for rate changes, not specifically the actual rate change.
- Regence allows denturists to be in their network; do you know how many are in your network? Is there a waiting period?
    - We do not have data on how many members see denturists, but we could run data on claims from denturists. There is a waiting period on some plans.
- What is the percentage of in-network vs. out-of-network claims?
    - Unsure, we can look into that. *NOTE: facilitation team asked for follow-up on this.*

Dental Health Services (*Lisa Trussell*)
Dental Health Services is a small, pre-paid, managed care dental provider with no Preferred Provider Organization (PPO) and no annual maximum on benefits. Because of the Affordable Care Act (ACA) and the costs of health insurance, it can be difficult for small employers to offer

benefits. Dental benefits are not mandated, so smaller employers contract with us for their employees, but the employees pay for their premium.

One issue we face because we do not offer PPO is it's difficult to find dentists to contract with. Dentists determine medical necessities, and we offer our patients 11-12 pages of codes that show what is covered and their corresponding co-payment schedules for their plan. We are not a major player, and we operate because of the pre-pay model. A lot of our business is with unions.

Questions for Dental Health Services (with Responses):

- Do you know if there is any impact on the care patients receive because the codes are provided directly?
    - No, but that would be interesting to find out. For lower income individuals it helps with knowing costs and having options.

Orthodontists, Periodontists, Endodontists, and Pediatrics: (*Jina Jilek and Ron Gray*)
Most patients think their dental benefits cover specialty visits, which leads to confusion at their visit. Any patient that comes in will have a consultation then receive their treatment plan, but they get confused once they receive the payments. Sometimes benefits only cover a certain procedure once every two years or treatments are only partially covered. There are often a lot of denials and delays along with limitations to the dental plans. It is also common for patients to experience payment delays, especially closer to the end of the year. Patients may delay care because of the costs, or if they must find a new provider.

Negotiating fee schedules is also a challenge, since specialists are basically asked to provide care for 2025-level fees but receive only 1999-level reimbursements. Since Covid-19, payroll has increased 50-70% and other costs like rent and materials have also increased—but fees have remained at pre-Covid rates. Adjustments are made without transparency and limiting payments to out-of-network hurts the patient.

Questions for Ortho's, Perio's, Endo's, and Pediatrics (with Responses):

- Would a standardized reimbursement rate help, and would that include standardizing the charges?
    - No, that gets into antitrust pricing.
- If a patient comes into an office, can you tell them the price?
    - Yes, we can see the codes, but it depends on what the doctor recommends, and each doctor may have different opinions.
- If a patient had the codes, could you give them the cost without a consultation?
    - No, the doctor cannot sign off on someone else's treatment plan. And, until the patient's insurance is run, we aren't sure what's covered. The contracted rate could be shared, but to really determine rates you'd need to go through the administrative process (to avoid violating HIPAA).

National Federation of Independent Business (NFIB – *Patrick Connor*)
NFIB represents small business owners and small employers. We produce a national priorities report every four years, and the price of health insurance has been at the top since 1986.

Transparency is a big issue: it's frustrating that consumers can't get enough (or any) information. NFIB strongly supports payer claims reports because we see the need for more transparency.

We are skeptical of implementing a DLR because of the gamesmanship we have seen related to the MLR. We want to ensure that dental care is affordable. It's frustrating that even if patients can afford the premium, they can't afford to use it.

Washington Health Alliance (WHA – *Denise Giambalvo*)
WHA is a not for profit, purchaser led, multi-stakeholder collaborative force for systems change toward healthcare affordability for Washingtonians. The WHA database has been taking medical claims since 2007. They currently do not take dental claims, but are happy to take them to better understand the health of the population.

Delta Dental is a member of the WHA. WHA has worked with Boeing to bring Delta Dental to the table to greatly reduce the overprescribing of opioids. Transparency and quality are important to purchasers, along with cost of care, affordability, network accuracy and advocacy.

Questions for WHA and NFIB (with Responses):

- Do you have an idea of what quality measures might be out there?
    - Generally, people want to shop for a second opinion.
- What measures could a purchaser or consumer use to gauge quality? Through diagnostic codes?
    - There are initiatives to get feedback (qualitative data) on people's experience of care but there are also differences between medical and dental diagnostic codes.

Amanda thanked the remaining members for presenting and for the questions from the group.

Group Discussion: Relative Payment Based on Provider Network Status
Amanda shared the list of issues connected to this topic that the facilitation team compiled during presentations and asked the group how they wanted to move forward with discussing the topics. Discussion points:

- The list is a good starting point. Maybe each member could rank the topics, and we can pick the five biggest issues and go from there.
- We need to remember and focus on what the legislature tasked us with.
- There's a chicken-and-egg dynamic here: it seems there are more concerns with relative reimbursement, but any implications there would affect DLR discussion.
- There's an opportunity to focus on transparency, specifically related to costs and prices communicated to patients.
- In the current market, which is supposed to be competitive, having policies in place to encourage competitiveness could help.
- We could apply a healthcare-style approach where we look at variation in amount paid for a service. Data collection on this would be a challenge, but important.
- It would help to have a visual grouping of the issues Amanda and Chris compiled.

- It would also help to have a summary by each group (payers, providers, patients, and purchasers) that outlines issues and problem statements to help the legislature better understand the perspectives.

Chris walked the Collaborative through some key mechanics of a workgroup (i.e., it allows time for deeper dives into issues and would NOT make any decisions but rather bring options back to the full group). Amanda suggested that the Collaborative form one workgroup to discuss both legislatively-mandated topics before asking if members wanted to start organizing the issues or let the workgroup make the first attempt. Amanda reminded members that the workgroup would not have structured agendas, that the facilitators play a more passive role, and that workgroups allow more informal back and forth. Members discussed:

- That makes sense that the workgroup can discuss the core constructs and bring back options to the entire group, then incorporate all the feedback into refined offers.
- I am comfortable with this, and it would be helpful if the workgroup could do both presentations and discussions.
- Ensure denturists are included in the discussions.

Group Decision: *Amanda asked if anyone was opposed to one workgroup to discuss both the primary issues mandated by the legislature. No one opposed it and the group will move forward with one workgroup.*

Review 2026 Workplan

Amanda introduced a workplan (drafted by the facilitation team) and reviewed the key points. Gaby Diamond (Ruckelshaus Center Project Specialist) sent out the calendar invites for meeting dates for the remaining meeting times. The group agreed to schedule the first workgroup meeting for January 9th from 10am-1pm.

Important workplan dates to highlight:

- No meeting the week of January 12th, 2026 (session starts this week).
- Deep dive on DLR on January 30th full group meeting.
- May 29th: goal for final draft of report.
- June 18th will be the final Collaborative review of the report to add any last-minute things.
- Report is due to the Legislature on June 30th.
- It is not uncommon for groups to recommend the Legislature give them more time together to address certain issues.
- Workgroup will discuss a regular cadence for its meetings.

Member discussion:

- Bracken shared that the May 29th meeting falls on the same date as the WSDA Pacific Northwest Dental Conference at the Washington State Convention Center in Seattle. They offered to host the meeting and pay for parking at their event (since they will need to be on site). They can set up the meeting in a location such that Collaborative members do not have to walk through the conference.

- OIC and the Center do not have any issues with this, though request that WSDA ask dentists not to attend the Collaborative in the interest of keeping the group manageable.
- Members gave thumbs up, and the facilitators agreed to move forward with this.

Action Items, Closing, and Reflection

Amanda congratulated the group on approving the operating procedures and the October meeting summary. The workgroup will meet on January 9th from 10am—1pm on Zoom. The facilitation team will take the first draft of a table laying out the issues for the workgroup to discuss.

If anyone else wants to join the workgroup, contact gabrielle.diamond@wsu.edu.

Amanda thanked everyone for sharing their "walk-a-mile" presentation and asked members what they learned today. Responses included:

- The lack of transparency is a universal issue and a challenge, no matter where you are.
- I appreciate the different perspectives and conversations about quality.
- I appreciate the presentations and everyone's point of view.
- Transparency from all was interesting and enlightening to hear.
- Appreciation for the engagement, even on a Friday.
- Transparency and hope that we can work together.
- Looking forward to the issues list the facilitation team puts together. It's still difficult to see what we can do that will make a difference on these issues.
- I appreciate learning the variety of perspectives and learning that others have similar sentiments.
- Getting to know each other better and open lines of communication.
- I enjoyed hearing everyone's perspectives, hopeful we can work together and come to consensus.
- I appreciated hearing everyone today, and denturists becoming more prominent in discussions.
- Acknowledgement and appreciation that everyone is willing to be comfortably uncomfortable and share their feelings in a productive way.
- Anxious to see solutions but appreciate the different perspectives.
- I enjoyed hearing the consumer perspective.
- There is a broad array of experiences, lived and unique, so I'm looking forward to meaningful impacts to the system.
- Being comfortably uncomfortable is a great learning opportunity, thankful to have the opportunity.
- All the above, and thanks to the facilitation team for the structure of the meetings and grounding us.

Adjourn

Appendix: Meeting Attendance *X= attended*

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	X both attended
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	X	Melissa Johnson	X
Lisa Trussell, Dental Health Services Inc.	X		
Jenna McKenzie, Washington State Society of Oral and Maxillofacial Surgeons	X		
Jennifer Muhm, Association of Washington Healthcare Plans and Regence	X	Kim Hudak (USAblelife)	X
Marguerite Ro, AARP	X		
Jina Jilek, DoctorPerio (specialty practices like orthos, endos, perios, etc.)	X	Ron Gray (Advancedo)	X
Patrick Connor, National Federation of Independent Business	X	Lois Cook (America's Phone Guys)	
Denise Giambalvo, WA Health Alliance	X		