

SSB 5351 Collaborative Workgroup Meeting
March 20, 2026 | Zoom | 10am-12pm

Attendance: Carol Carbone, Lisa Egbert, Jim Freeburg, Ron Gray, Kim Hudak, Jina Jilek, Bracken Killpack, Carolyn Logue, Jenna McKenzie, Sean Pickard, John Quirk, Matt Sinnott

Ruckelshaus Center Staff: Amanda Murphy, Director of Projects; Chris Page, Director of Projects, and Gaby Diamond, Project Specialist.

OIC Staff: Sydney Rogalla

Additional Attendees: Mark Hanscome, Eric Lo and Crystal M

Agenda Items: Looking at the issues and solutions for relative payment based on provider network status from the 2/27 meeting. Discuss and answer the following questions about relative payment:

- Given the scope of this issue and the timeframe allocated to address, where should the group prioritize their focus?
- What aspects of this issue can be addressed within the scope and timeline allocated to this Collaborative?
- What aspects, while important and even potentially critical, cannot be addressed adequately within the scope and timeline?
- Other suggestions for options/approaches?

Amanda introduced the meeting and asked the group to discuss only at relative payment based on provider network status. Chris shared the problem and solution document (sticky note exercise from 2/27 Collaborative meeting). The Facilitation Team reached out to members that were not in attendance or missed the sticky note activity for their input. Amanda asked a member to share their proposal with the group:

Issues Related to Relative Payments Based on Network Status	Proposed solution to Relative Payment Based on Network Status
<p>Concerns about dental insurance carriers’ in-network and out-of-network reimbursement practices (e.g. allowed amount), behaviors, motives arising and equating to antitrust/ anticompetition due to market concentration. Therein, a subject of issues correlated to network participation and reimbursement:</p> <ul style="list-style-type: none"> • Lack of transparency 	<p>Broadly, a recent US Government Accountability Office (GAO) report raises the focus on and concerns about dental insurance market concentration issues leading to imbalanced, over-leveraged, and perhaps antitrust for providers. This also raises concerns about affordability, transparency, and value.</p> <ul style="list-style-type: none"> • <u>GAO-26-107787, PRIVATE DENTAL AND VISION INSURANCE: Market Concentration Varied Among States</u> <p>WA OIC could assess the GAO report in the context of active and ongoing policy work focused on affordability and market conduct (consolidation and concentration leading to antitrust issues). The Legislature should consider establishing a market concentration threshold, subject to one or more of the prevailing health insurance policy and regulations, that strives to create balance on in-network and out-of-network reimbursement, including but not limited to:</p> <ul style="list-style-type: none"> • Ratios • Floors

<ul style="list-style-type: none"> • Network Adequacy • Accounting for ERISA (e.g. self-insured) plans 	<ul style="list-style-type: none"> • Percentiles differences • Usual and Customary Rate (UCR) Benchmarking <p>For self-funded plans, there is little to do at the state level, but there are active policy proposals in US Congress:</p> <ul style="list-style-type: none"> • The Improving Dental Administration (IDA) Act aims to close loopholes under ERISA that allows dental insurance carriers to operate with less state oversight by upholding state regulations for self-funded dental plans. <p>Price transparency has proven to be complex, controversial, and tricky; therefore, we should understand what any federal and state precedent is. <i>The Limitations of Price Transparency: The Limitations of Price Transparency - Manatt, Phelps & Phillips, LLP</i></p>
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The United States Government Accountability Office (US GAO) came out with a report on dental and medical industries and the effects of vertical integration. The proposal encourages fact finding and looks broadly at affordability. Members expressed that there are two states that have done the same reimbursement for in and out of network providers, Texas and Alaska, and the group should investigate those more. The GAO report is helpful context, and the Collaborative should review it. Collective bargaining was discussed although it could be more time consuming. Price transparency in the context of this proposal means that both providers and carriers need to be transparent but also need to be careful because we do not yet understand the consequences. Market concentration also looks different in each state, making it hard to determine the causes of concentration. Affordability to the consumer and equilibrium for carriers and providers to be sustainable should be the focus. If access and affordability are the key factors, it doesn't make sense to force carriers to increase reimbursements out-of-network as it could lead to higher costs for the patient.

Denturists raised concerns over being allowed in Delta Dental of Washington's network. DDWA is currently working on a proposal for a pathway to bring denturists in network. [RCW 48.43.745](#) relates to this discussion.

Members discussed what would happen if in and out of network reimbursements were the same. Dentists expressed the need to stay in network for the patient volume.

After robust discussion around the proposal, members agreed to push it forward to the Collaborative for feedback. They did not agree that this is a "first offer" but a "potential first offer" to share and get feedback. Members also expressed the need for more data and information on all sides to address transparency. The OIC has access by carrier to this confidential and protected information. They could provide aggregated data, but cannot share identifiable information.

A proposal was shared in the zoom chat, "I propose that we recommend full transparency into the pricing practices of all dental providers and the reimbursement rates by carriers". The legislature should mandate data transparency. Members were not opposed to this proposal but wanted specific definitions of what transparency means. Some offered to add a "do no harm" element to the proposal, such as a no cost pre-determination within a certain time frame.

The group also discussed how the focus has been around money and not oral health overall, so a reminder that while the legislature gave the Collaborative a scope, oral health falls under things related to and is something that can be recommended to be discussed in the future. The patients should be the focus, and as a state, it would be good to know how well we are treating patients across the state.

Amanda thanked the Workgroup for getting into the details and problem solving.

Decision/Action items:

- Bring forward some elements of the first proposal to the Collaborative for feedback and discussion.
- Ask other dental benefits carriers to present the in and out of network process for their organization, similar to the OIC, DDWA, and WSDA’s previous presentations for the April Collaborative meeting.
 - Kim Hudak (Regence/USABLElife) will connect with her organization and see how much data can be shared, as well as prepare a presentation on how claims are processed in and out of network.
- DDWA will look into and bring back examples of allowed amounts for a particular service, what the plan paid, what co-insurance was, and what the balance billing is. If they have it ready, they will share it at the March 27th Collaborative meeting, if not they will share it at the next Workgroup meeting.
- Carol Carbone will share data on denturists, specifically the costs of reimbursements and the cost to make a denture by ZIP code.
- The Facilitation Team will send out the “potential first offers” document and request written feedback from Workgroup members by 10am Monday, March 23rd so the Facilitators can share out the proposal to the full Collaborative.

Meeting Links:

- <https://www.manatt.com/insights/newsletters/the-limitations-of-price-transparency>
- <https://app.leg.wa.gov/RCW/default.aspx?cite=48.43.745>