

SSB 5351 Collaborative Workgroup Meeting
April 17, 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, and Matt Sinnott

Ruckelshaus Center Staff: Amanda Murphy and Gaby Diamond

OIC Staff: Sydney Rogalla

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

Agenda Items: Continue discussion from the April 3rd meeting on the proposal.

Facilitator Amanda Murphy welcomed members to the meeting. She introduced the goal of bringing a potential recommendation together for the full Collaborative. She showed the group a document with the potential recommendations from the last meeting for members to discuss and potentially move forward.

A member asked if other carriers would present on their in and out-of-network processes from other carriers besides Delta Dental of Washington (DDWA). Given the timeline, members agreed there might not be time for all the carriers to show their processes and since they are likely similar to DDWA, they will present on the differences. Carriers will present this information along with the rate (or range of rates) for in and out-of-network reimbursement for dental code 1110 and denturist code 5110.

Potential Denturist Recommendation

The members discussed and decided to bring forward to the SSB 5351 Collaborative the potential recommendation around denturists, with some additions.

“The SSB 5351 Collaborative recommends to the Legislature to build on passage of HB 1683 (Chapter 216, Laws of 2023 – 68th Legislature 2023 Regular Session) to require dental benefit carriers to allow licensed denturists in Washington to join dental provider networks if the denturist chooses to join and meet network requirements. In addition, to also have dental benefits carriers recognize out-of-network denturists as direct-bill providers. See RCW 48.43.745: Chapter 48.43 RCW: INSURANCE REFORM”

Potential All-Payer Claims Database (APCD) Data Report Recommendation

Sydney Rogalla (OIC) will have an example of the APCD to share at the April 24th Collaborative meeting. The following questions were discussed:

- How many codes are possible to pull from the APCD?
 - It depends. The more in depth the group wants to go, might mean looking into fewer codes.
- When a carrier submits claims that show \$0, does that mean the patient hit their limit/annual maximum?

- It also depends, but generally reaching the out-of-pocket maximum is likely the majority of those instances. It could be ineligibility, like a claim processed before a member's eligibility ended.
- Can bundled codes skew the data?
 - Bundled codes are most likely standard among practices, for example, Medicaid claims would be denied if bundled codes were billed separately so would likely not skew the data.

The Workgroup discussed how to determine the number of codes that would be ideal to propose. All providers and carriers will identify their most commonly used codes and share those with the Facilitation Team before the April 24th Collaborative meeting.

Members discussed changes to the proposed recommendation around:

- ensuring patient data is anonymous
- payer identification needs (depending on the law change and carriers)
- removing some language around the term “discrepancy”
- adding language to clarify that there are no in-network changes being made.

The group discussed urban and rural elements but did not agree on them; some think the three-digit ZIP code should illuminate that. Members agreed there is no need for an advisory committee component, because the data will be pulled once. The group also discussed National Provider Identifier types and location, but members decided they needed more information before making any decisions.

The recommendation at this point read as follows:

“Data that specifically shows reimbursement rates for in-network and out-of-net claims is not fully available. Therefore, the SSB 5351 Collaborative recommends the Legislature authorize the OIC to pull existing data from the Washington State All Payer Claims Database (WA-APCD) to generate a one-time, publicly accessible report to the Legislature on relative payments based on network status on all payers that provide dental, to inform future legislative discussions.

Data Required from WA-APCD for this Proposal:

- *The **billed charge** from the provider to the payer for all claims with the identified code bundles (defined below) contained in WA-APCD.*
- *The **allowed amount** for the payer for all claims with the identified code bundles contained in WA-APCD.*
- *The **paid amount** (plan payment portion of the allowed amount) from the payer for all claims with the identified code bundles contained in WA-APCD.*
- *The **network or non-network designation** status of the provider associated with claims with the identified code bundles contained in the WA-APCD.*
- ***Three-digit zip code** (for example “985” for zip code 98501) for*

- *The rendering provider NPI and location where the service was rendered associated with each claim with the identified code bundles contained in the WA-APCD.*
- **Payer identification** for each claim with the identified code bundles contained in the WA-APCD)”

Potential Transparency Recommendation

The group discussed another potential recommendation from the March 20th Workgroup meeting that a member proposed revising and forwarding to the Collaborative for consideration. Members noted that the potential recommendation has some missing pieces and could be reworded to better reflect its presumed intent.

A member suggested language like *“Upon request by a patient, an in-network dentist must make a pre-determination request of the carrier. Upon receipt of sufficient information, the carrier must respond within 2 days.”* Some members are uncomfortable supporting a requirement like this, because it may add additional responsibilities for administrative staff (or providers doing administrative work). This proposal makes more sense if it’s aimed at in-network providers, but not for out-of-network providers.

Wrap Up:

Amanda reviewed the draft agenda for the next Collaborative meeting. Some members asked to change the agenda to bring forward additional proposals for recommendations. Members agreed to move the first two potential recommendations forward (denturists and APCD report). Amanda asked members with additional proposals to share them with the Workgroup and ask for feedback, so if it is discussed at the Collaborative meeting, it will not be a surprise to members.

Decision/Action Items:

- The Facilitation Team will reach out to all carriers and ask them to bring information about the differences between their out of network process and Delta Dental of Washington’s process. This request is in addition to the rate or range of rates for reimbursement for the specific codes.
- Workgroup members decided to bring forward the recommendation around denturists to the Collaborative.
- Providers and carriers will make a list of their most used codes to share with the Facilitation Team by the end of the day on Wednesday April 22nd.
- Members with additional proposals will share them with the Workgroup and ask for feedback before the April 24th Collaborative meeting.

Links:

- Colorado State’s Dental Health Analysis website: [Colorado Dental Health Analysis - CIVHC.org](https://www.civhc.org/colorado-dental-health-analysis)
- RCW 70.01.030 Healthcare fees and charges- Estimate: [RCW 70.01.030](https://leg.wa.gov/rcw/default.aspx?cite=70.01.030):

Adjourn