

SSB 5351 Collaborative Workgroup Meeting

May 1, 2026 | Zoom | 10am-12pm

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

Ruckelshaus Center Staff: Amanda Murphy, Chris Page, and Gaby Diamond

OIC Staff: Jane Beyer and Sydney Rogalla

Additional Attendees: Mark Hanscom, Crystal McGaffin, and Kevin Schilling

Agenda Items:

- Discuss collaborative process and timeline
- Reviewing input on draft Relative Payment Recommendation #2 (presented at the April Meeting)
- Continue problem solving potential transparency recommendation
- Continue discussion on dental provider's proposal discussed during last week's work session

Amanda reviewed the workplan and reminded members of their accomplishments so far. She asked OIC to share any updates on the possibility of data collection for relative payment to providers based on network status. Sydney (OIC) shared that nothing is finalized but they will bring a plan back to the Workgroup meeting on May 15th. The main issues will be the specificity of ZIP codes and the time OIC staff will spend on this.

A full report would not include specific data pulls; it will be more of a presentation summarizing the data. If the OIC can collect the information, it will be fewer dental procedure codes than would be sent out to a third party if the Collaborative decides to continue down that path. Members should send their revised procedure code list to OIC (Jane and Sydney). Members appreciated the OIC staff's willingness to look into this and would be ok with statewide data if ZIP codes are too specific.

Potential Transparency Recommendation

After reviewing, providers felt they could live with this recommendation as presented if the carriers would communicate the criteria for pre-determination. Providers find claims are denied after submittal because of missing clinical criteria. Sometimes clinical criteria are available on websites but not always, patients are unaware of them, and they are not uniform across carriers.

Some carriers felt a mock-up document could be helpful to determine whether that would be helpful for patients before moving this forward. All providers shared they will need to bring this request back to their organization to get a better idea of if they are able to provide clinical criteria. There is a model of this on the healthcare/medical side, and patients felt it could be useful for more than just pre-determinations.

A few members requested some wording changes, specifically around in network language. Members wanted to review the document with changes and share their feedback with the Facilitation Team.

Dental Provider's Proposal

*This proposal recommends that dental insurance carriers reimburse **out-of-network (OON) dental claims at the lower of:***

- *The applicable in-network contracted rate, or*
- *80% of Usual, Customary, and Reasonable (UCR) charges, determined by geographic area code or region as based on Fair Health Consumers available data or any nationally recognized UCR data source, and the rates are updated at least annually.*
- *Applies to all covered dental procedures where an in-network contracted rate exists*
- *Applies only to OON claims; in-network contracts remain unaffected*
- *Policy stays in effect until future legislative policy supersedes it.*

Carriers felt this proposal was similar to where they started this process and are not confident that this solution will lead to in-network access, affordability, and transparency. Patient advocates expressed concern that this could lead to raising rates for patients and noted that that's a big reason people don't go to the dentist already.

Amanda asked members how they knew this proposal might raise costs. The OIC shared that the risk of balance billing to patients is the biggest issue because contracts with carriers bring protection to patients. It could also create incentives for providers to leave networks, which would elevate the risk of balance billing.

Providers are open to negotiation on the details of this proposal. They hope to assist patients seeking out of network care in getting them better use of their benefits. When a consumer goes out of network, they could potentially face three things:

- The allowed amount by the carrier is lower
- Plan design leads to the consumer paying a higher percentage of the service(s)
- Risk of balance billing

Carriers reiterated that they provide plans for robust in-network options, they will not incentivize out of network experiences. They also noted that this proposal is based on FairHealth data, which does not include all carriers and could present a skewed picture of the marketplace. Unless there is data to show a problem, at least one carrier (DDWA) will not be able to support this recommendation.

Some members feel there needs to be "healthy tension" since as provider costs go up every year, the balancing act for carriers becomes difficult. Dental benefits are not required, and most patients receive coverage through their employer. As prices increase, premiums might go up and employers may be less inclined to offer dental. Data to show there is an issue will be the best next step.

Providers also want to acknowledge that their in-network rates are discounted, and they have not received increased reimbursement rates for decades. Dentists are closer to going out of business because they cannot keep up with costs. Balance billing protections could be built into the system but rates for services are not based on current economics. Jane (OIC) noted that this has been done on the medical side, but it took five years, so it would not be a timely solution.

This proposal will be on the agenda for the next Workgroup meeting. The Facilitation Team asked members to reflect on what they heard from each other and come to the next meeting with their feedback.

Additional Member Proposals

Bracken shared a proposal around a dollar-based plan to give patients another way to look at dental benefits. This proposal would put this plan in PEBB/SEBB offers as a fourth option to gauge how much interest there might be. Amanda asked members to review the document with the intent to give feedback, noting that there is probably not enough time in the process to bring this proposal forward to the Collaborative.

Decision/Action items:

- Members that previously shared codes with the Facilitation Team should select the most important codes and send them to the OIC.
- Carriers will connect with their organizations and determine if and how to share clinical criteria for pre-determinations with providers and patients.
- All members will review the transparency recommendation language and share their feedback with the Facilitation Team by Friday, May 8th.
- All members will review the additional member proposals and bring their feedback to the May 15th meeting.

Links:

- [WAC 284-43-2050](#): Prior Authorization Process
- [WAC 284-43B-037](#): Arbitration Proceedings
- [Arbitration and using the balance billing data set | Office of the Insurance Commissioner](#)

Adjourn